

OLIVER AASMETS

The importance of microbiome
in human health



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OLIVER AASMETS

The importance of microbiome
in human health



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Institute of Molecular and Cell Biology, Institute of Genomics, University of Tartu, Estonia

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LIST OF ORIGINAL PUBLICATIONS

This thesis is based on the following original publications, referred to in the text by Roman numerals (Ref. I to Ref. III):

- I Aasmets, Oliver;** Lull, Kreete; Lang, Jennifer M.; Pan, Calvin; Kuusisto, Johanna; Fischer, Krista; Laakso, Markku; Lusi, Aldons J.; Org, Elin (2021). Machine Learning Reveals Time-Varying Microbial Predictors with Complex Effects on Glucose Regulation. *mSystems*, 6 (1), ARTN e01191-20. <https://doi.org/10.1128/mSystems.01191-20>.
- II Aasmets, Oliver*;** Krigul, Kertu Liis*; Lüll, Kreete; Metspalu, Andres; Org, Elin (2022). Gut metagenome associations with extensive digital health data in a volunteer-based Estonian microbiome cohort. *Nature Communications*, 13 (1), 1–11. <https://doi.org/10.1038/s41467-022-28464-9>.
- III Aasmets, Oliver;** Krigul, Kertu Liis; Org, Elin (2022). Evaluating the clinical relevance of the enterotypes in the Estonian Microbiome cohort. *Frontiers in Genetics*, 13. <https://doi.org/10.3389/fgene.2022.917926>.

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My contributions to the listed publications were as follows:

- Ref. I** Designed the study, performed the data analysis, and wrote the manuscript.
- Ref. II** Performed the data analysis, interpreted the data, prepared the figures, and wrote the manuscript.
- Ref. III** Designed the study, performed the data analysis, interpreted the data, prepared the figures, and wrote the manuscript.

LIST OF ABBREVIATIONS

CT	Community Type
DA	Differential Abundance
EstBB	Estonian Biobank
EstMB	Estonian Microbiome Cohort
ET	Enterotype
FINRISK	Finland Cardiovascular Risk Study
FMT	Fecal Microbiota Transplantation
HbA1c	Glycosylated Hemoglobin
METSIM	METabolic Syndrome In Men
ML	Machine Learning
OGTT	Oral Glucose Tolerance Test
qPCR	Quantitative Polymerase Chain Reaction
RMSE	Root Mean Square Error
SCFA	Short Chain Fatty Acids
TMAO	Trimethylamine N-oxide
T2D	Type 2 Diabetes
WGS	Whole Genome Sequencing
WHO	World Health Organization
rRNA	Ribosomal Ribonucleic Acid

INTRODUCTION

The technological revolution has provided us an opportunity to study the world beyond the limits that were holding us back only a couple of decades ago. One of such fields enjoying increasing popularity is the study of the human microbiome. Tiny microorganisms making up the microbiome, such as bacteria and viruses have been known to intervene with our health for centuries, but the ecosystem of the human microbiome and their functionality has turned out to be perhaps more complex than previously thought. It is rather clear though that the extent of the role of the microbiome to our own functioning and well-being is just starting to unravel. Nevertheless, microbiome has already been associated with a large variety of intrinsic and extrinsic factors, including various complex diseases. The accumulating evidence is leading a slow but steady progress towards clinical applications, which again feeds the public interest and popularity of the field with never ending gasp for new knowledge.

This thesis uses the value of the comprehensive phenotyping data from the Estonian Biobank and Finnish METSIM (METabolic Syndrome In Men) cohort to expand the understanding of the factors influencing our microbiome composition and assesses the possibility and challenges in using the microbiome composition for clinical applications. In the first part I will take the reader into the world of human microbiome by summarizing the key knowledge from the scientific literature. I will introduce the elements that give rise to the variability of the gut microbiome profile and describe the role of microbiome in human health together with a few examples about how microbiome can be used to improve our well-being. Additionally, I will introduce some challenges that need to be accounted for when studying the human microbiome. In the second part I will present the results of the three original publications. I will show that the gut microbiome can be used to predict changes in glucose regulation, which is important for handling the increasing prevalence of type 2 diabetes. Further, I will demonstrate, how population-based biobanks and especially electronic health records can expand our knowledge about the gut microbiome.

1. REVIEW OF THE LITERATURE

1.1. Human as a superorganism

We are not alone. Even without giving context, the statement can be considered true, because we are surrounded, inhabited, and vastly outnumbered by microorganisms in every way. These microorganisms include predominantly bacteria, viruses, fungi, and archaea and are collectively termed “microbiome”, which refers to their collective genome. Perhaps the perception about life around us is easier to grasp, but surprisingly microbial life analogously dominates our body considering the number of cells and genes we carry each day. The most recent estimates show that for each human cell, we have about 1.3 microbial cells and for each human gene, around 100 microbial genes, which in total make up approximately 200 grams of our body weight (Sender et al., 2016; Turnbaugh et al., 2007). This is likely a surprise for many, considering that a negative scent has often been laid on bacteria and viruses ranging from children’s books to advertisements, characterized for example by “Karius and Bactus” by Thorbjörn Egner. However, we live in a microbial world, not *vice versa*.

It is natural to assume that the microbial genes carry out a function in our body similarly to differences in human genome can correspond to differences in eye color and height. Thus, a reasonable question follows – does microbiome have a part in why we are different and why will one person develop a disease and the other does not. This is a natural starting point for human microbiome studies.

1.1.1. Landscape of the human microbiome

Characterization of the microbiome composition is a rather new skill for the human. In the early phases of the research, cultivation-based techniques were used to isolate and study certain bacteria. However, in 1996, a sequencing-based characterization of the fecal microbiota was first performed that revolutionized the field (Wilson & Blitchington, 1996). Sequencing allowed to analyze uncultured, anaerobic taxa, which was previously inconceivable. Although today the technological advantages do allow the characterization and cultivation of anaerobic bacteria (Lagier et al., 2018), the sequencing still forms the backbone of the research. Moreover, sequencing widens the scope by allowing to characterize viruses and other members of the ecosystem. As a result, the next-generation sequencing techniques are widely used and continuously developed. Two common strategies for sequencing the microbiome must be highlighted. Firstly, amplicon sequencing aims to sequence only a specific region of the microbial genome, such as the 16S rRNA gene. In contrary, “shotgun sequencing” aims to sequence the whole microbial genome. These two strategies have predominantly relied on reading small fragments of the DNA using so called short-read sequencing, but the field is already looking towards long-read sequencing (Karst et al., 2021; Tedersoo et al., 2021). Thanks to these technological breakthroughs,

we have obtained quite some knowledge about the human microbiome, but undoubtedly, we are still at the beginning of the journey. Here is what we do know.

Like distant geographic regions of the world are inhabited by different mammalian species, the microbiome composition is different depending on the body site we examine. For example, there is a unique composition on the skin, in the nasal cavity, in the gut and in the oral cavity (Huttenhower et al., 2012). Thus, differences in the availability of resources, such as oxygen, flow of nutritional ingredients and other environment properties such as pH and temperature give rise to differences in the microbial composition. In an ideal world with limitless research interest and funding, the different body sites would be studied in parallel to really gasp the idea of human as a “superorganism”, which could be used to improve health care and clinical applications. However, with limited resources, the focus has so far concentrated primarily on the gut, skin, and oral microbiomes, which are the easiest to sample. The body sites can additionally have local sub-communities. For example, sections of the gut have different properties in terms of oxygen content and pH and therefore also different microbial content, with the large intestine being the most densely populated part of the colon (Leshem et al., 2020). As the stool sample largely characterizes the microbiome composition of the distal part of the gastrointestinal (GI) tract, it has alternatively referred to as “fecal” microbiome to not oversimplify the gut. It is noteworthy that the performance of microbiome-based applications might differ depending on the body site examined. For example, the gut microbiome has shown to provide better discriminability for pancreatic ductal adenocarcinoma detection when compared to saliva samples (Kartal et al., 2022). Therefore, although ideally the human microbial landscape should be studied as a whole, this thesis focuses on the microbiome, which is characterized by sampling stool and referred to as “gut microbiome” from now on. Nevertheless, it is necessary to emphasize that similar questions can be asked about the other body sites.

Let’s change scales. There can also be remarkable differences in the microbiome composition when different human populations are compared. The extremes of this phenomena are said to follow western and non-western lifestyles. The most well-known example is about the Hadza hunter-gatherers who display a remarkably different gut microbiome when compared to western populations (Schnorr et al., 2014). It is clear that the Hadza live in a quite a different environment and follow a different lifestyle than an average westerner does, which is also reflected by the microbial composition. Moreover, the Hadza microbiome exhibits remarkable seasonal differences due to the availability of food, a property less evident for other populations (Smits et al., 2017). Differences in microbiome composition have even been shown between agricultural and urban regions within populations (Ayeni et al., 2018). Due to the large differences in the microbiome of western or “industrialized” populations, concerns have been raised about the “lost diversity” and even “rewilding” has been called upon to rediversify our microbiomes (Blaser, 2018). However, it is unclear, how these observations and suggestions translate to different populations. For example, Estonians have been largely dependent on “porridge and potatoes” for centuries and the diet is

far from the one of the Hadza. Adding that the horizontal and vertical transfer of the microbial strains over generations can yield demographic signatures with possibly population-specific health benefits (Suzuki et al., n.d.), population-based cohorts become fundamental to expand our knowledge and establish baselines and checkpoints for the future.

The story becomes even more complex. One of the most fascinating properties of the human microbiome is that it is not a characteristic we either have or don't have. Our gut microbiome is a complex ecosystem consisting of around 160–400 species (Lloyd-Price et al., 2016) and the system is in continuous movement. Although a topic of active discussion, we are not colonized by microbes before birth (de Goffau et al., 2019; Enav et al., 2022). The first microbes we obtain are usually from the birth canals and vaginal fluids and thereafter we are continuously being colonized by microbes from the environment, diet and social interactions (Enav et al., 2022). During the first years of life, the gut microbiome continues maturation and at 3–4 years, the microbiome starts to resemble the one of an adult (Derrien et al., 2019). But the composition isn't "ready", it is still open to development and changes. A large number of factors have been shown to be associated with the gut microbiome or shape the gut microbiome composition throughout life. For example, medication usage (S. K. Forslund et al., 2021; Jackson et al., 2018; Maier et al., 2018; Zhernakova et al., 2016), physical activity (Dziewiecka et al., 2022), host genetics (Kurilshikov et al., 2021), smoking (Gui et al., 2021), alcohol consumption (Segovia-Rodríguez et al., 2022) and time of the day (Nobs et al., 2019) among many other factors as summarized in **Figure 1**. Importantly, various diseases have been associated with the gut microbiome, which will be discussed closely in the following chapters. These results are to some extent expected as the human gut microbiome is a dynamic and open ecosystem, which needs to adapt to the changing environment. Largely due to this property, the human microbiome is highly personalized, and the microbiome composition can go through relatively large temporal changes (Olsson et al., 2022; Vandeputte et al., 2021). This dynamic nature turns out to be both, a curse, and a blessing for microbiome science.

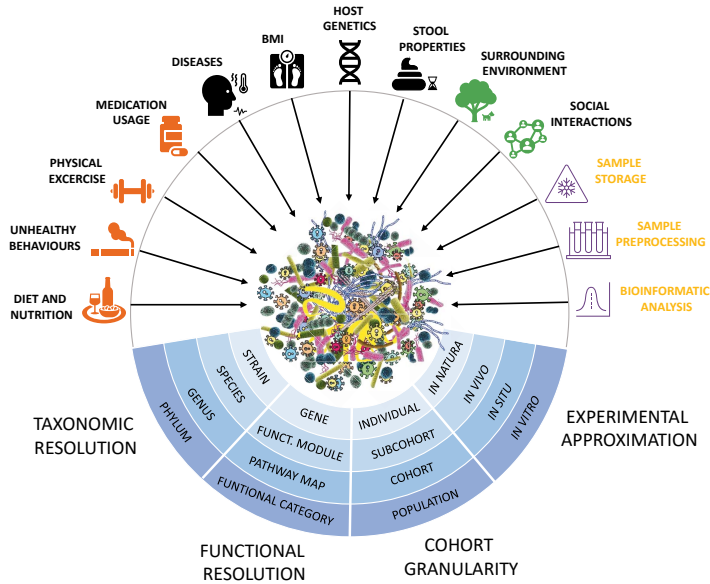


Figure 1. Intrinsic and extrinsic factors influencing the microbiome composition and considerations for study design in microbiome studies.

1.1.2. Microbiome in human health

There is nothing new in the history of microbiome research focusing on using the microbiome for inferring and treating health conditions. The first implications date back to the second part of the 19th century, when pioneers such as Pasteur and Koch carried out their landmark research. Pasteur’s research, in addition to trying to improve the quality of French beer, led to the disapproval of the “spontaneous generation” theory and development of the vaccine for rabies. Koch was able to show that in addition to viruses, bacteria can cause diseases, with examples about tuberculosis, gonorrhea and tetanus among many others confirmed by him or his coworkers (Keen, 2007). His postulates for determining the causal effect of microbes to diseases stand today, in the era of computational biology (Neville et al., 2018; Singh et al., 2016). Thus, the field has gone a long way considering that we have just learned that microscopic life doesn’t come from thin air. However, we are only now starting to understand the applicational potential and role of the whole microbiome composition in complex diseases.

Modern times yield modern diseases and there are a few that have gained a lot of attention from the microbiome perspective. The common denominator of the microbiome-associated diseases is usually a significant rise in the prevalence during the last century (Bach, 2002). These diseases include metabolic diseases such as type 2 diabetes (Gurung et al., 2020; J. Wang et al., 2012; Wu et al., 2010) and obesity (Alili et al., 2021), gastrointestinal disorders such as colorectal cancer (Wirbel et al., 2019; Zeller et al., 2014), Crohn’s disease and ulcerative colitis

(Kostic et al., 2014; Pascal et al., 2017), but also psychiatric disorders like anxiety disorder and depression (Simpson et al., 2021). Such diseases are often combined under a term “complex diseases” because they are caused by a combination of genetic, environmental and lifestyle factors. Likewise, a key conclusion from the microbiome studies focusing on the complex diseases is that they don’t have a single clear responsible member of the microbiome that is causal for the disease but rather there are changes in the whole community or subcommunities that contribute to the disease development. To indicate and cover this complexity in disease-related microbial signals, the term “microbial dysbiosis” is often being used, however argued to be too vague (Shanahan et al., 2021; Shanahan & Hill, 2019). We don’t yet know, how to define neither a “healthy” nor “unhealthy” microbiome – various states can refer to similar outcomes. Therefore, we firstly need come up with a baseline to define the dysbiotic state.

The motivation for further health-focused microbiome studies, however, is not based on mere associations and correlations. It is established that the gut microbiome carries out fundamental functions for our physiology. The presence of an active and diverse ecosystem itself protects us from the colonization of pathogens (Belkaid & Hand, 2014). The gut microbiome is responsible for the fermentation of non-digestible carbohydrates such as dietary fibers, production of a vast array of metabolites such as vitamins and short chain fatty acids (SCFAs) (Krautkramer et al., 2021; Morrison & Preston, 2016) and serving as an important mediator for our immune system (Belkaid & Hand, 2014). Nevertheless, the understanding about the functions gut microbiome carries out is constantly updated (Shine & Crawford, 2021). The microbiome holds a great metabolic potential and there is active research going on.

Therefore, our microbial pals are not mere passengers, but we are depending on them. Taken together, an intriguing concept forms: we are born as empty vessels, and we need to form ourselves a symbiotic microbial community that protects us and benefits us. However, if something goes wrong, health complications may follow. Considering that during the last few generations a lot has changed in the society, for example the proportion of vaginally born children is decreasing and the consumption of processed foods and drugs is increasing, we might run into trouble (Sonnenburg & Sonnenburg, 2019). These are remarkable times for microbiome research. We have technology to study the microbiome in a rapidly changing world and we are fueled by the already existing knowledge. Besides satisfying our desire for knowledge, the microbiome science can provide a new perspective for improving our health and clinical practice, which will be discussed in the following sections.

1.2. Microbiome in real-world applications

1.2.1. Microbiome for disease diagnostics and prognostics

Using the microbiome to improve the decision making in clinical applications is a natural next step following the accumulation of evidence for its biological mechanisms and disease associations.

Firstly, microbiome can be considered a marker for diagnosing a disease. It is especially reasonable to bear in mind the diseases that are difficult to diagnose. A notorious and probably most-studied of such diseases is colorectal cancer. The routine procedure for diagnosing colorectal cancer consists of detecting blood from the feces, which is followed by colonoscopy. The invasiveness of the colonoscopy is the logical target for microbiome-based alternatives: can we diagnose the disease by analyzing the fecal microbiome instead? It has been shown that there is a colorectal cancer specific microbial signal that can improve the detection of the disease when compared to traditional colorectal cancer risk factors (Wirbel et al., 2019). Similarly, microbiome can be used as a means to diagnose Pancreatic cancer (Kartal et al., 2022), and Crohn's disease and ulcerative colitis are also being actively researched in this regard (Kostic et al., 2014; Pascal et al., 2017). A related aim is to use microbiome for estimating the risk of developing a disease. The development of risk models based on microbiome data is currently restricted due to the availability of large-scale prospective cohorts. As one of the few, Finnish FINRISK cohort contains long follow-up data that has been used to identify microbial risk factors for cause-specific mortality, liver disease and type 2 diabetes (Y. Liu et al., 2022; Ruuskanen et al., 2022; Salosensaari et al., 2021). In other cases, the research is restricted by short follow-up or limited sample size (Gou et al., 2021; Leung et al., 2022).

There are several challenges to overcome before putting those models to work in clinical practice, some of which will be discussed in the next sections, but a principal problem needs to be highlighted. To accompany the development of the diagnostic and prognostic models with hope, trust, and cost-effectiveness, we need to be sure that the contribution of the microbiome is truly independent of the factors that are potentially easier and cheaper to measure. So far, only a few cost-effectiveness analyses have been carried out (Bajaj et al., 2020; Padula et al., 2020). Importantly, for many clinical applications we already have a "baseline" which microbiome analysis effectiveness can be compared to. For example, for diagnosing colorectal cancer, we are testing for blood in the fecal sample. So, the question is not whether the microbiome can be used to diagnose colorectal cancer, but whether the microbiome can provide some extra information to the fecal occult blood test to increase the sensitivity of the diagnostic test. Similar considerations must accompany all microbiome-based applications. For clinical trials, often not placebo is considered as a comparison for a new drug, but an existing drug or procedure that is the best performing intervention for the disease at the current moment. We should be aware of the simpler alternatives because microbiome today is not a simple alternative in those terms, although there are obvious benefits and successful use-cases.

1.2.2. Microbiome-guided health interventions

Perhaps the most influential microbiome-guided application for an individual today is personalized nutrition (Leshem et al., 2020; Shilo et al., 2022; Zeevi et al., 2015). Changing one's dietary preferences is possibly one of the easiest lifestyle interventions, which, turns out, can be individually directed to benefit health as needed. Luckily, this field has taken huge leaps in the last few years. The microbiome takes part in the degradation of multiple dietary ingredients, while being almost solely responsible for the degradation of dietary fiber (Cantarel et al., 2012). However, there is large inter-individual variability in the degrading capacity of the macro-nutrients, which can even lead to differences in energy harvest (Turnbaugh et al., 2006). Therefore, also the capability to produce the products of macronutrient degradation such as metabolites trimethylamine N-oxide (TMAO) and short-chain fatty acids (SCFAs), is personalized. This is a good motivation for the personalized nutrition as the SCFAs and TMAO are known to have physiological effects (Krautkramer et al., 2021). Interventional studies exposing our microbiomes to different diets have learned that our body responds differently to the same foods depending on the baseline microbiome composition (Suez et al., 2022; Zeevi et al., 2015). Successful applications have been built that leverage this concept to predict the changes in postprandial glucose levels, which can help to manage obesity and type 2 diabetes – two major threats to public health (Zeevi et al., 2015).

A rising field that displays similarities with the personalized nutrition approach is pharmacomicrobiomics – the study of how drugs work on a subject depending on the gut microbiome composition. It has been recognized that the microbiome can influence drug pharmacokinetics and pharmacodynamics in various ways (Zimmermann et al., 2021). Most alarmingly, microbiome can push a common drug to produce toxic metabolic subproducts, which result in adverse drug events (Zimmermann et al., 2019a). Similarly, the drug effects can be suppressed or even enhanced based on the available composition. For example, the response to statins has been shown to be more intense when there is an enrichment of the genus *Bacteroides* (Wilmanski et al., 2022). Remarkably, a systematic approach studying common host-targeted drugs showed that up to 65% of the drugs were metabolized by the microbial community (Zimmermann et al., 2019b). Thus, it can be expected that the current studies are just the start and future microbiome studies can advance the development of novel therapeutics, reduce the variation in drug-response and explain or even avoid adverse events. It is definitely one of the most exciting ways microbiome can be used to give a personal touch, however, the field is still in its infancy.

1.2.3. Interventions via changing the microbiome

As previously described, one possibility to take advantage of the gut microbiome would be to recognize the immense information and functional potential present and come up with applications that can benefit from it. This perspective is shared with the human genetics research, but the microbiome has a big advantage – it can be rapidly and easily modified. This is the beneficial part of the personalized and dynamic nature of the microbiome. Thus, if we would know what is “bad”, we would then turn it to “good” and we are done with increased disease risks, we can optimize our drug consumption and consume the diet we like with preferable outcomes. This is understandably an appealing perspective.

First option for the better could be to introduce beneficial microbes into the ecosystem or enhance the conditions of the already existent “good bacteria”. Probiotics and prebiotics respectively are perhaps the most well-known implementations of the two ideas. Probiotics are by definition live microorganisms that, when administered in adequate amounts, confer a health benefit on the host (Hill et al., 2014) and prebiotics is a substrate that is selectively utilized by host microorganisms conferring a health benefit (Gibson et al., 2017). Although numerous products on the market are advertised as probiotics or prebiotics, there are key challenges ahead for the field to make the next steps. For example, the major criticism is the lack of evidence for their favorable effect on health (Binda et al., 2020; McCoubrey et al., 2022). Currently, no probiotics have been licensed as medicines. Fortunately, the health claims are being addressed through ongoing clinical trials that follow the standard drug development pipelines, which are undoubtedly vital for the trustworthiness and development of the field in general (McCoubrey et al., 2022). Further considerations can be necessary. Conventional drugs are normally considered to dispense from the organism after there is no further addition of the molecule. However, probiotics can in theory permanently colonize and shift the whole composition, which therefore might have long-term consequences to the health when compared to standard drugs. Also, as with traditional drugs, individuals can respond to the probiotics differently. So, a moment of consideration – if we know that the human microbiome is highly personalized, can we assume that there is a uniform solution to a problem in a form of probiotics, prebiotics or postbiotics? An alternative solution can be to use fecal microbiota transplantation (FMT), which in essence aims to replace the whole existing community. Successful applications of FMT are already in clinical practice, oral FMT therapies are in stage III clinical trials (McCoubrey et al., 2022) and novel applications proposed. For example, FMT is currently the most efficient intervention to treating *C. difficile* infection (Quraishi et al., 2017).

Another solution for driving the microbiome towards the desired composition would be to eliminate the harmful ones. Antibiotics is the most well-known example of such approach. The conscious production and usage of antibiotics in medicine started in 1928, which led to the decrease in formerly deadly diseases. When earlier communicable infectious diseases were the main concern, non-communicable diseases became the main problem. Antibiotics have undoubtedly

made a revolution in medicine and Fleming truly deserved his Nobel prize. However, modern times raise modern problems and two major threats related to antibiotics usage have been raised. Firstly, there is a significant rise in the antibiotic resistance, referred to as the rise of the “super-bugs”, which were associated with 4.5 million deaths worldwide and the problem is intensifying (Murray et al., 2022). Secondly, evidence is building that the antibiotics are associated with higher risk for complex diseases such as type 1 diabetes and asthma, with microbiome being the likely mediator (Blaser, 2016). Thus, the concept and practice of using antibiotics might need a reevaluation. One alternative possibility for fighting the pathogen would be to “targeted elimination” approach. Analogously, if antibiotics usually target a large proportion of the microbiome composition like FMT, bacteria-specific antibiotics or phages can be used to eliminate the pathogens (Federici et al., 2021), as probiotics are used for adding a few beneficial members.

Despite the many possibilities to nudge the microbiome composition, achieving stable changes tends to be difficult. The microbiome composition tends to return to its initial state resulting in a need for repeated manipulation. This is at least partly common for antibiotics, diet, probiotics and FMT (Leeming et al., 2019; Li et al., 2016; Palleja et al., 2018; Suez et al., 2019). Interestingly, probiotics may reduce the time of recovery after the antibiotic treatment and autologous FMT could be a better solution (Suez et al., 2018), further highlighting the complexities of community manipulation. Although it is agreed that probiotics do not have to colonize the gut, changing the “state” of the ecological composition is a whole another field, which will likely have a great influence in the upcoming years. Putting the pieces together – identification of the microbial signals responsible for the disease occurrence, unfavorable reactions after dietary or drug administration and making the necessary adjustments for changing the effects are largely unresolved. These challenges make the field highly interesting as every piece of new information builds the knowledge needed to master the human as a superorganism. We still have some work to do.

1.3. Challenges in microbiome research

Although the microbiome science is enjoying a lot of attention and novel findings are being reported daily, the field is open to challenges and pitfalls like any other field. There are challenges lurking in every step of the research: selection of the study design, data collection, sample preprocessing, bioinformatical analysis, statistical analysis, and interpretation of the results among many others. However, perhaps one of the first, often subconscious decision point in the research is whether there is intention to draw biological conclusions or is there some sort of application kept in mind, that just takes advantage of the extra information available. The choice leads to different paths with partly overlapping, but partly distinct challenges as the knowledge searched for is different. For example, we can try to understand, which bugs and how influence the progression of colorectal

cancer or, we might be interested, whether we can use the microbiome for improving the diagnostics of colorectal cancer. For the former, a more detailed characterization of the microbiome profile might be needed whereas the diagnostic application relies more on the homogeneity and standardization of the data collection and modelling process. Then, the correctness of the approach is a secondary priority – if it works for diagnosing a disease, the primary aim is fulfilled. For example, returning to the discussion about whether the microbiome obtained from stool should be called “fecal” or “gut” microbiome, this is again relevant for only the one of the frameworks. For applications, using some smart capsules to characterize the microbiome of the small intestine is and will likely be unfeasible for a while, especially if no gain in performance is obtained. Often, however, no distinction is made and admirably the two ideals are simultaneously chased. The next sections aim to address some of the common challenges in microbiome research, with the focus towards prognostic modelling and biomarker detection. The aim of the following is to guide the reader into thinking about the relative standpoint a researcher takes and recognize the potential pitfalls in hope that the future studies can reduce the unknowns and mischiefs.

1.3.1. Considerations before the data analysis

The questions asked in research are largely driven by the study design and data availability. For example, even for the same question, the strength and extent of the claims made is understandably different for an interventional study and for a cross-sectional observational study. Perhaps an ideal study would collect highly precise information about one’s health, lifestyle, and the surrounding environment in addition to microbiome samples from various body sites and other multiomics-data throughout the life, each day and minute. This would be done to infinite number of subjects who have gone through a myriad of various interventions. Unfortunately, it is a dream that will remain a dream. Therefore, it is necessary to consider that there are limitations depending on the study design and cohort granularity (**Figure 1**). For example, referring to increased disease risks has more firmness, when it is calculated on large number of incident cases when compared to a small sample of prevalent cases, where medication usage could shadow the disease effects. When weighting evidence, the study design has its part, and it must be accounted for. However, there is no rule of thumb for study design as they are all shadowed by feasibility and the ideal plan.

Microbiome studies have additional considerations and decisions that give context to the results. Firstly, the choices for sample collection and DNA extraction can also have a fingerprint on the results (Fernández-Pato et al., 2022; Shaffer et al., 2022). Secondly, the taxonomic or functional resolution for characterizing the microbiome composition needs to be chosen (**Figure 1**). The decision in favor of species-level resolution, enterotypes (Arumugam et al., 2011), functional profiles, or even strain level resolution and studying structural variation (Zeevi et al., 2019) in the microbiome can largely direct the next steps that need to be taken.

Such selection can be attributable to the aim of the study as mentioned before – whether the goal is to build biological knowledge or use it in an application that searches for cost-efficiency among other aspects. For example, strains within a species can have a varying functional output (Leimbach et al., 2013). Then again, it might be more cost-efficient to use 16S rRNA sequencing if this is sufficient for the aim of the study. For example, the enterotypes based on genus-level taxonomic profile have been evaluated for directing personalized nutrition (Christensen et al., 2018). Either way, the decision can lead to the usage of 16S rRNA sequencing, shotgun metagenomics or quantitative PCR (qPCR) and the downstream analysis depends on the selection.

A challenge in microbiome studies has been the lack of reproducibility and replicability of the reported results. This includes results reporting biomarkers for various diseases, results showing how microbiome can improve the prediction of a diagnostic or prognostic models etc. For example, going through a database of microbe-disease interactions, one can easily stumble upon associations with effects in opposite directions for the same outcome. Moreover, every prevalent bacterial species and genus seems to be associated with a variety of diseases. The problem is complex and multifaceted. Answering the aforementioned challenges ranging from study design selection to biostatistics is part of the solution, but the first action point is more philosophical. In the era of “low-hanging fruits” and enthusiasm in microbiome research, optimistic bias is likely to pop up. Therefore, predefining the analysis plan as is done in clinical trials can alleviate the issues with repeatability and luckily such studies have become more prevalent (Eckermann et al., 2022; Sowah et al., 2022). The reasons might not be that the researcher consciously modified the results to match his/her interests, but it might be a subconscious tweak for the better. Thus, paying attention to the study design and sticking to the plan can save us. A parallel solution can be the propagation of “open science”. However, although ideally the phenotype and microbiome data would be publicly available for the common good, the jurisdiction and data privacy issues together with the competitive edge will not likely cross the borders in near future.

1.3.2. Challenges in data analysis

Reaching from the initial material to sequences is not an easy task, but the story continues. Broadly speaking, the sequences need to be given a meaning and the variability in the microbiome composition needs to be associated with the phenotype or trait of interest.

The first step involves bioinformatic analysis. Although the world of microbiome bioinformatics covers way more than taxonomic assignment, this task will be discussed to illustrate the depth of the challenges. There is a rich set of tools and software that are up for the task and are advocated for and against by different researchers. Many have also aimed to benchmark these common taxonomic profilers such as mOTUs (Milanese et al., 2019), MetaPhlan (Beghini et al., 2021)

and Kraken (Wood et al., 2019), but the results have been conflicting (Sczyrba et al., 2017; Ye et al., 2019). However, the benchmarks can be misleading because the performance is evaluated uniformly for all profilers although the algorithms in principle seek to characterize different aspects of the composition (Sun et al., 2021). **Figure 2** summarizes the caveats that have been discussed so far. Even if we consider the most prominent bacterial species such as *Akkermansia muciniphila*, *Bacteroides uniformis*, *Faecalibacterium prausnitzii* and *Prevotella copri*, we can obtain large differences in relative abundance estimates when different sequencing techniques and bioinformatic tools are used. Thus, it is crucial to emphasize that the final results are always dependent on the previous steps taken. We are essentially building a framework in which we are working in and the results can depend on road chosen.

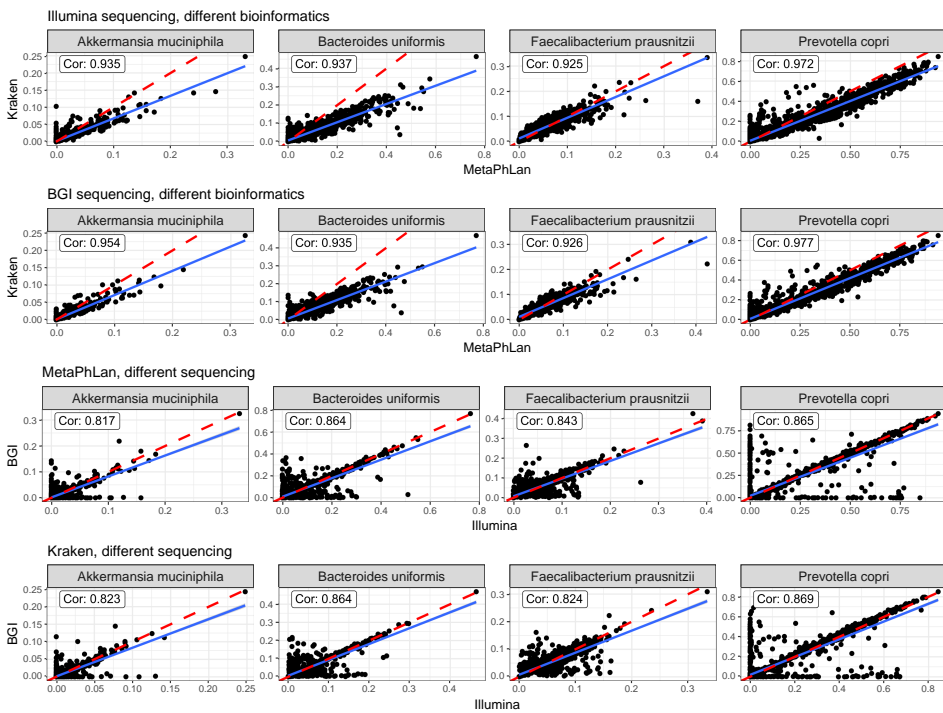


Figure 2. Comparison of the relative abundances of four gut commensals according to the sequencing method (DNBSEQ vs Illumina) and bioinformatic method used (Kraken vs MetaPhLan). The red line indicates the situation where $x = y$, the blue line represents the relationship in the data. Pearson correlation coefficient is shown. (*not published*)

Once reaching to the point where microbiome composition is characterized and quantified, the inter-individual variation of the composition can be linked to the trait of interest. The traditional strategies can be broadly divided into three groups based on the set of microbial features used for the association analysis (Bastiaanssen et al., 2022). Firstly, diversity analysis, a concept from general ecology, aims to characterize and analyze the whole microbiome composition

without paying direct interest on one single element of the composition. Similarly, clustering and stratification approaches such as “enterotyping” commonly take advantage of the information carried by the whole composition. Normally, the diversity analysis is followed by a differential abundance analysis that puts the focus on single species, functional pathway, or other univariate element of the composition, and associates it to the trait of interest. Thirdly, a subset of microbial features from the full set of composition elements can be used to derive more complex features. This might include data-driven features such as balances, amalgamations and (sub)networks of taxa, but also knowledge-based features such as ecological guilds and functional modules (Bastiaanssen et al., 2022). Each of these analyses associating microbial features with the trait come with their own challenges. For example, it is tricky to estimate microbial alpha-diversity (Willis, 2019), the beta-diversity analysis and clustering are dependent on the distance measure used for calculating the between-sample differences (Koren et al., 2013) and the differential abundance methods are showing disturbing inconsistencies (Nearing et al., 2022).

Differential abundance (DA) analysis in particular has become a topic of active discussion and development because of its great scientific and practical value. However, the DA algorithms come with remarkably different assumptions for declaring differential abundance, which are in practice rarely discussed. Hence, there is even a call to drop the idea and forget differential abundance analysis as it is impossible to test these assumptions (T. P. Quinn et al., 2021). Large fraction of the discrepancies can be attributed to the properties of the microbiome data. The relative abundance data available is mathematically defined as compositional data, which can lead to spurious results when not accounted for (Aitchison, 1982; Gloor & Reid, 2016; T. P. Quinn et al., 2019). For example, negative correlation bias arises due to the properties of the data, which renders the identification of correlations between the microbial abundances using traditional methods unreliable (Kurtz et al., 2015). Similarly, only some of the DA methods account for the compositional nature of the data. Luckily, compensating for the compositional nature of the data through log-ratio analysis has become more prevalent in the microbiome research. Nevertheless, although the mathematical properties of compositional data and possible pitfalls are thoroughly discussed, there are second thoughts about the impact of these problems due to the high dimensionality of modern microbiome data (Greenacre et al., 2022). Interestingly, there is a conflict between the mathematical excellence and practical solutions in several analysis steps, such as rarefaction for compensating for differences in sequencing depth (Hong et al., 2022), zero-imputation for log-ratio transformations (Baruzzo et al., 2021), and estimating alpha-diversity (Willis, 2019). Taken together, there are trade-offs during the analysis phase that a researcher is facing, and the results, conclusions and claims are dependent on those decisions. It is up for the researcher to apply as much rigor as possible and to be aware of the possible limitations.

Machine learning (ML) lies in between the three realms of microbial feature sets, and its impact and popularity makes it a whole another subtopic with tremendous amount of research and effort put into. Using the microbiome composition to predict a trait, for example diagnosing subjects with colorectal cancer as described in chapter 1.2.1 or predicting changes in glucose measurements are common tasks often attributed to the machine learning algorithms. Without a doubt, the results leveraging machine learning have been promising. Variety of the algorithms can work with the high dimensionality of the microbiome data, that is a relative strength as the complexities of interactions in the ecosystem can be taken into account by the learning system. There are concerns, however. Most importantly, the seeming simplicity of applying machine learning models on whatever data has its setbacks. Firstly, returning to the curse of the personalization and temporal dynamics of the gut microbiome composition, the huge variability complicates the construction of models which can generalize within and between cohorts (Wirbel et al., 2019). There are additional concerns with model evaluation with overpromised performances (T. P. Quinn, 2021), and with the lack of transparency and explainability of the models, that can hamper their implementation to clinical practice (T. P. Quinn et al., 2022). Also, there is no consensus about an algorithm that can provide the best performance (Marcos-Zambrano et al., 2021). Several steps can be taken to confront the aforementioned challenges. Firstly, considering the compositional nature of the microbiome data can improve the performance of the prediction models and lead to sparse models. For example, log-ratio transformations can improve the performance of common machine learning algorithms (Tolosana-Delgado et al., 2019) and significantly increase the sparsity (Coenders & Greenacre, 2021; Gordon-Rodriguez et al., 2021; T. Quinn & Erb, 2019; Rivera-Pinto et al., 2018). Then again, it has been shown that even the presence-absence of the taxa can be a viable alternative (Giliberti et al., 2022). Secondly, due to the microbiome datasets still being rather small, the model evaluation requires the estimation of variability of the performance, for example through rigorous testing schemes such as nested-cross-validation (Vabalas et al., 2019). Thus, balancing performance, robustness and interpretability will need to be resolved for the models to take the step from research to practice. Step ahead, the microbiome is prone to changes and so is the microbiome in the population-scale, which has been proposed for Western populations (Schnorr et al., 2014). This can lead to relatively rapid “distributional shifts” in the data, that can hamper the performance of the production-ready microbiome-based prediction tools raising the need for constant development and quality assessment (T. P. Quinn et al., 2022).

Finally, several larger-scale studies have revealed an interesting concept, which makes up a challenge on its own. Namely, several common diseases seem to show similar changes in the microbiome composition when compared to healthy controls (Armour et al., 2019; Jackson et al., 2018). A phenomenon often referred to as “common dysbiosis” or “shared dysbiosis”. When thinking back about the diagnostic and predictive applications we are interested in, identifying disease-specific signals becomes important. Thus, the analysis, either univariate or multivariate,

should be aware of the common part of the dysbiosis and try to dissect it. It might be that some common covariate leads to the common dysbiosis and the confounding effect of such confounder should be taken into account.

1.4. Perspectives for the human microbiome research

Despite the many challenges ahead, the next years of microbiome research will be undoubtedly interesting. The field will pick up pace with the number of sequenced microbiome samples rapidly increasing and private sector being more and more curious (Eisenstein, 2020). Here are some perspectives, dreams and wishes for the microbiome research for the upcoming years.

Perhaps the standardization of the microbiome analysis from sample collection to taxonomic and functional profiles would be a welcomed gift by and to the scientific community. This would allow to analyze the data globally with less variability attributed to technical errors and batch effects (Y. Wang & LêCao, 2020). This again can help us in the “replicability” crisis allowing direct comparisons of the results and larger sample sizes for the analysis. Also, applications such as disease diagnostics and prediction could be finalized into market-ready products. This would raise interest and funding, that could exponentially increase the pace of obtaining new knowledge.

The amount of research being published in the microbiome field is doubling approximately in every 3 years according to PubMed. Although this promises a fertile ground for progress, dissecting the results has become increasingly difficult. The research includes functional studies in animal models, population-based observational studies, interventional studies and clinical trials to name a few. In the end, all the results aim to conclude something about one system – human. Setting aside the challenges in more technical aspects, combining the available and upcoming results into that one framework is and will be a challenge. In the same line, the quest for causality is and will be an active research question. Luckily, there are studies paving the way, which have studied the causal role of microbiome through Mendelian randomization analysis (García-Santisteban et al., 2020; X. Liu et al., 2022), there are promising randomized double-blinded clinical trials ongoing, and we have a framework to modulate Koch’s postulates for human microbiome research as described. Then again, the mendelian randomization studies are limited in their applicability due to the shortage of the identified human genetics-microbiome interactions, and the clinical trials as a gold standard are heavily time-consuming. Therefore, there are high hopes for the upcoming years for methodological development that would help to expand the causal understanding of the seen associations.

The thesis has so far been entirely focused on the microbiome and in particular, gut microbiome. Human, however, is a complex system and microbiome is a team player in the game of taking care of the body and mind. Thus, the gut microbiome needs to be integrated and analyzed in the context of a multi-site, multi-omic, multi-factorial system incorporating human genetics, metabolomics,

but also environmental factors. As previously mentioned, this can serve two aims: the integration can help to digest the biological mechanisms or help to improve the performance and compare cost-efficiency of clinical applications. Luckily integrating these layers or viewpoints is ongoing and the stage is set for new discoveries with initiations such as the 10k project (Shilo et al., n.d.).

We are standing in an interesting point in time. On one hand, the scientists are aware of the potential microbiome can have for clinical practice and we can almost taste the success, but the microbiome just keeps on surprising. These are exciting years ahead.

2. AIMS OF THE STUDY

The general aims of this thesis were to study the host factors influencing human gut microbiome composition and how could the microbiome data be used to address the needs of the clinical applications. The specific aims were following:

- To study the potential for using gut microbiome for predicting changes in glucose regulation and to understand the robustness of the prediction models
- To characterize the lifestyle and health parameters that are associated with the gut microbiome composition using the value of the extensive biobank data and electronic health records
- To evaluate the relevance of the enterotypes for disease classification, prognostics, and subtype identification

3. RESULTS AND DISCUSSION

3.1. Using microbiome for predicting changes in glucose regulation (Ref. I)

Type 2 diabetes (T2D) is a great example of a modern lifestyle disease: the prevalence of T2D has more than doubled since 1980 and it has a large burden on the health care system, which makes it one of the most popular target diseases for microbiome studies (Gurung et al., 2020; World Health Organization, 2016). The characterizing nature of the disease is the body's inability to handle glucose, which elevates the glucose levels in the system, which in turn can lead to decreased quality of life, blindness, amputations, kidney failure etc (World Health Organization, 2016). Although seemingly simple, the mechanisms that help to control the glucose are rather difficult with multiple pathophysiological pathways involved making T2D a heterogenous disease. That said, type 2 diabetes is in a sense a "human defined" disease (Gale, 2013). The diagnosis of the type 2 diabetes relies, depending on the region, on two or three continuous measurements: fasting glucose, 2-hour glucose and glycosylated hemoglobin (HbA1c), which are turned into the disease using a human-defined threshold. Thus, case-control studies, which consider T2D a binary health state, might not capture the full complexity of the disease. Notably, the T2D is preceded by prediabetes, which is a condition that is characterized by higher-than-normal glucose levels, which haven't crossed the threshold yet. Importantly, the progress to T2D can be reversed during the prediabetic state, which emphasizes the need for detecting disease progression in the early phases (Tabák et al., 2012). Analysis of the continuous measurements directly can improve the understanding of the role of microbiome in T2D, which are the focus of the first manuscript of the thesis (Aasmets et al., 2021).

3.1.1. Description of the cohort and methods

This analysis took advantage of the Metabolic Syndrome In Men (METSIM) study, which is a cohort of Finnish men aged 45–73 years, who have been carefully phenotyped for metabolic diseases (Laakso et al., 2017). Specifically, a subset of the METSIM cohort were analyzed, who took part in the METSIM follow-up study and from whom stool samples were collected and sequenced using 16S rRNA amplicon sequencing (V4 hypervariable region). The subjects (N = 608) gave samples at three different timepoints- at baseline, 18-months after the baseline and 48-months after the baseline. At each time point, the subjects went through a 1-day outpatient visit during which they provided blood samples after an overnight fast and performed an oral glucose tolerance test (OGTT), which gives an extensive overview of the glucose regulation. The study design and modelling procedure is shown in **Figure 3**.

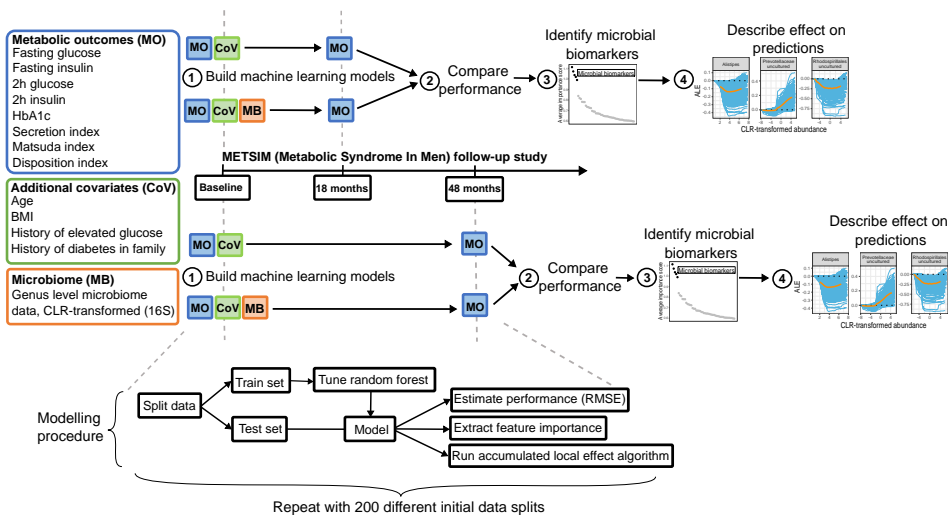


Figure 3. Study design and the modelling procedure.

Random forest models were built to predict the continuous “metabolic outcomes” (MO) in the follow-up timepoints using the baseline measures of MOs and centered log-ratio (CLR) transformed microbial genera abundances as predictors. Genera that appeared in at least 50% of the samples were included in the final modeling task, 172 in total. The MOs included parameters measured during the OGTT (fasting glucose, 2h glucose, HbA1c, fasting insulin, 2h insulin) and three glucose regulation indexes calculated based on the OGTT results (Matsuda insulin sensitivity index (Matsuda & DeFronzo, 1999), insulin secretion index and disposition index). The models including microbial predictors were compared to the models excluding microbial predictors to assess the added predictive value of the gut microbiome. The modelling procedure was repeated 200 times with different data splits for model training and evaluation to evaluate the robustness of the approach. Permutational feature importance together with accumulated local effect plots were used to identify and characterize the most significant microbial predictors for each MO and both follow-up periods.

3.1.2. Microbiome composition predicts changes in insulin secretion and glycated hemoglobin

Firstly, we asked whether including the microbiome data could increase the prediction accuracy for predicting changes in glucose regulation. To answer this question, we compared the performances measured by root-mean-square-error (RMSE) of the random forest models including and excluding microbial predictors. Results showed that for the 18-month follow-up time point, the microbiome can improve the prediction accuracy for predicting 2h insulin levels, insulin secretion index and HbA1c. In the 48-month time frame, the microbiome improved

the prediction accuracy for insulin secretion, fasting insulin and 2h insulin (**Table 1**). Remarkably, none of the direct glucose measures turned out to benefit from the microbial predictors, highlighting that the microbiome is likely involved in the insulin regulation process. These results were consistent to the mendelian randomization study, which showed a causal effect of short chain fatty acids (SFCA) to various insulin measures, primarily insulin secretion (Sanna et al., 2019). The next question after identifying the outcomes that can take advantage of the microbiome was to identify the microbial genera that are responsible for the improved accuracy. The most significant microbial predictors for the relevant metabolic outcomes according to the permutational variable importance are shown in **Figure 4**. For each MO, several prominent genera could be detected. For example, unclassified *Rhodospirillales* was identified as a predictor for fasting insulin and 2h insulin in the 48-month setting. Interestingly, bacteria from the *Rhodospirillales* order can produce acetic acid (Mamlouk & Gullo, 2013), which can improve insulin sensitivity (Johnston et al., 2004; Mitrou et al., 2015). Nevertheless, only a few of the identified genera had been previously reported nor did the findings include the most frequently reported T2D-associated taxa such as *Roseburia* or *Bifidobacterium* (Gurung et al., 2020). The inconsistent patterns identified can be attributable to study design. Cross-sectional study designs, which have been the source for a majority of the findings, can confuse disease-effects with the effects of other covariates such as medication-effects as has been shown for metformin, a common drug for T2D (K. Forslund et al., 2015).

Table 1. Model stability and generalizability.

Trait	18-month time frame		48-month time frame	
	Mean (sd) difference in RMSE	# models including microbiome performing better	Mean (sd) difference in RMSE	# models including microbiome performing better
Fasting glucose	0.001 (0.0594)	99 (49.5%)	-0.006 (0.0641)	112 (56%)
2h glucose	-0.02 (0.217)	118 (59%)	0.07 (0.332)	73 (36.5%)
Fasting insulin	0.20 (1.04)	73 (36.5%)	-0.29 (1.080)	137 (68.5%) *
2h insulin	-3.23 (10.840)	141 (70.5%) *	-1.42 (12.304)	122 (61%) *
HbA1c	-0.005 (0.0305)	129 (64.5%) *	-0.002 (0.0360)	111 (55.5%)
Secretion index	-0.36 (4.949)	122 (61%) *	-0.77 (3.254)	138 (69%) *
Matsuda index	0.07 (0.573)	90 (45%)	-0.01 (0.569)	103 (51.5%)
Disposition index	4.42 (26.590)	77 (38.5%)	2.01 (16.251)	86 (43%)

Mean differences in root-mean-square error (RMSE) between models including microbial predictors and models excluding microbial predictors. Negative value indicates a model including microbial predictors outperforming the model excluding microbial predictors. * shows statistically significant results according to the binomial test after Bonferroni correction.

Recently, several large-scale prospective studies have published their results, which allow a more comprehensive comparison. A prospective study of 2772 Chinese individuals incorporating similar follow-up period and continuous glucose and insulin measures confirmed the predictive properties of *Paraprevotella*, [*Ruminococcus*] *torques* group and Family XIII AD3011 group (H. Wang et al., 2022). Furthermore, analysis of the prospective data of FINRISK cohort identified several bacterial species associated with the T2D incidence with several species from the family *Lachnospiraceae* and genus *Alistipes* confirming the results (Ruskanen et al., 2022). Interestingly, the FINRISK data indicated that a short follow-up time might not be sufficient to identify the biomarkers for increased disease risk. Our results showed that genus *Alistipes* and genera from the family *Lachnospiraceae* are predictive of changes in insulin parameters, but not for glucose-parameters directly. Thus, it might be that although the signals are too weak for predicting the disease as a binary outcome, analyzing the continuous glucose regulation markers can identify the first signal of disease progression.

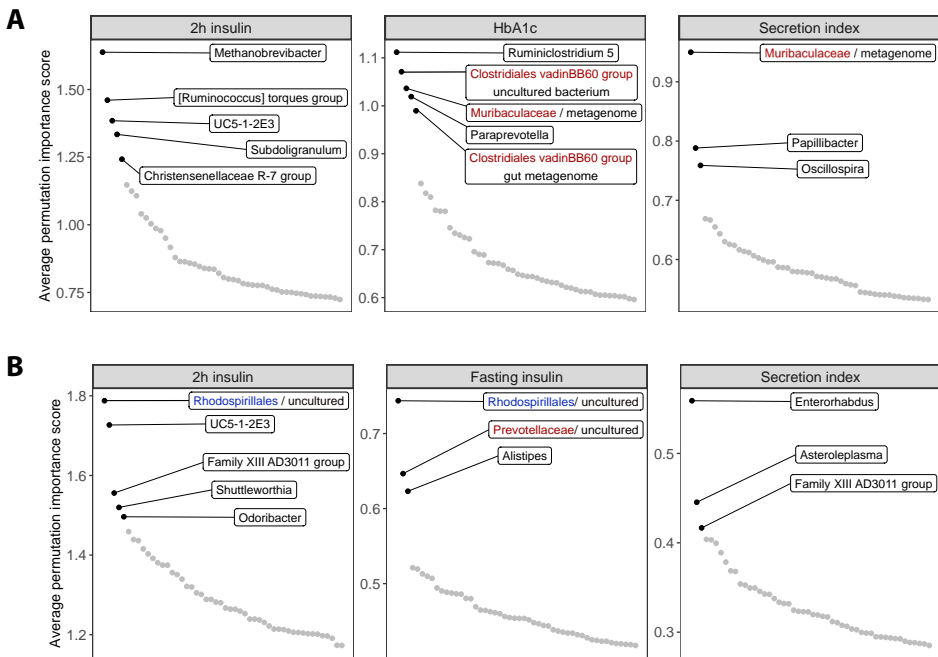


Figure 4. Average feature importance scores for top 50 microbial markers. Highlighted taxa are considered the most significant biomarkers. (A) Predictors for 18-month follow-up. (B) Predictors for 48-month follow-up.

Taking together, these results emphasize the need for detailed phenotyping of complex diseases to identify the first signals of disease progression and to understand the potential mechanisms microbiome is involved in. The WHO allows T2D to be analyzed using different measurements. Although clinically relevant, it might be that scientifically this definition “blurs” the question we are asking and the answer depends on the way T2D is truly diagnosed in clinical practice, which can be different by countries. This can be one piece of the puzzle for the difficulties researchers encounter when replicating the results of previous studies. It is possible that we try to compare slightly different phenotypes without realizing the “distributional shift” in the data as previously described. Therefore, ideally the two virtues of the METSIM and FINRISK studies would be combined with a large sample size, long follow-up, and deep phenotyping to take the most of the T2D studies.

3.1.3. Modelling microbiome data is challenging

The most significant takeaway from the analysis was the difficulty in obtaining a robust model and estimate of the model performance. The root-mean-squared-error (RMSE) of the model was largely dependent on the initial train-test split. In the best-case scenario, for 2h insulin in a 18-month time frame, the model including microbial predictors outperformed the model excluding microbial predictors in 70.5% of the splits (**Table 1**). The sample sizes in microbiome field today are small, which makes it problematic to evaluate the performance of the machine learning models correctly and robustly. In that scenario, without an understanding about the variability in the performance of such predictive models, we can get lucky in performance estimates just by chance. Such high variability arising from data split the had been also shown before (Topçuoğlu et al., 2020). The large inconsistencies in model performance estimates can be observed even when applying a model developed on one population on the data from another population (Wirbel et al., 2019) or even within a population (Ruuskanen et al., 2022). This is an important problem that requires further investigation, and it is likely an underestimated challenge that the microbiome community faces (T. P. Quinn et al., 2022). On one hand, the selection and efficacy of the algorithms that could best leverage the information hidden in the sequences can be improved. There is no strong consensus on the best-performing approaches, but there are several ideas in the air. For example, accounting for the data compositionality by using log-ratio transformations (Tolosana-Delgado et al., 2019) or data augmentation (Gordon-Rodriguez et al., 2022) can improve the model performance, sparsity and thereby interpretability. On the other hand, the populations can have specific demographic-signatures, which can hamper the development of universal and global tools (Suzuki et al., n.d.). Thereby, clinical applications exploiting the microbiome data might need to be developed for or adapted to each population to accompany reliable performance estimates.

3.2. Estonian Microbiome cohort gives novel insights into the microbiome-associated factors (Ref. II, III)

During the last decades, population-based biobanks have become important resources for building scientific knowledge, especially for the human genetics field. Relatively recently, large-scale collection of samples for microbiome research started, with new microbiome-based biobanks initialized and the existing biobanks expanding their data collection (Falony et al., 2016; Gacesa et al., 2022; Shilo et al., n.d.; Turnbaugh et al., 2007; Zhernakova et al., 2016). The biobanks generally contain rich phenotyping and multi-omics data, which allows to identify factors associated with the microbiome composition and study host-microbiome interactions. Such large-scale cohorts have contributed significantly to the collective knowledge and have been instrumental in generating hypothesis, validating experimental findings etc. However, as the number of microbiome cohorts is increasing, the scale of the cohorts can become limiting for tracking the participants in time. Most of the cohorts characterize the microbiome and the health state in one, cross-sectional manner, which limits the number of questions asked. This includes the clinical cohorts, which generally focus on only specific diseases. That said, the next section introduces the Estonian Microbiome cohort that takes advantage of the availability of electronic health records (EHR). The results of two studies will be shown, which highlight the added value of the EHR for microbiome studies.

3.2.1. Description of the cohort and methods

As part of the Estonian Biobank (EstBB), the Estonian Microbiome project (EstMB) was initiated in 2017, with more than 2500 individuals providing stool and oral samples for microbiome studies (1764 females and 745 males, aged 23–89, samples collected from the whole Estonia). Estonian Biobank is a volunteer-based cohort consisting of approximately around 20% of the Estonian adult population, that was initiated in 1999 with the objective to investigate the genetic, environmental, and behavioral background of common diseases and traits (Leitsalu et al., 2015). The biobank takes advantage of the linkage to the electronic health records (EHR), Human Genes Research Act and a wide array of biological samples. This study took advantage of the rich phenotype data to improve our knowledge of the microbiome-associated factors.

The electronic health records are one of the core strengths of the Biobank. They allow a detailed characterization of one's health through time as the diseases, drug prescriptions bought out, and medical procedures carried out are registered by the medical professionals with great accuracy. Adding the extensive self-reported questionnaires about the dietary preferences and lifestyle habits, a total of 71 diseases, 136 medications, 21 dietary items, 5 medical procedures and 19 additional lifestyle factors were questioned from the microbiome perspective – is the microbiome composition associated with these factors? This pheno-

typic variation was in **Ref II** associated with the microbial alpha diversity (observed richness and Shannon index with Spearman correlation), beta diversity (Aitchison distance and PERMANOVA) and with the abundance of each species separately (ALDEx2). Additionally, machine learning models (elastic net regression) were built using different predictor sets to characterize the potential of using microbiome data for disease classification and diagnostics. The shotgun metagenomic paired-end sequencing was performed by Novogene Bioinformatics Technology Co., Ltd. using the Illumina NovaSeq6000 platform, resulting in 4.62 ± 0.44 Gb of data per sample. As shotgun metagenomics data is available, the analysis was carried out for the taxonomic profile and for the functional profile characterized by the Kyoto Encyclopedia of Genes and Genomes (KEGG).

Ref III categorized the samples into distinct clusters based on their taxonomic profile using the Dirichlet-Multinomial Mixture model (DMM) (Holmes et al., 2012). A 5-cluster “community type” model (CT) and a 3-cluster “enterotype” model (ET) were considered for downstream analysis based on the Laplace approximation. The clusters were associated with the phenotype data using generalized linear models and chi-squared tests. Furthermore, incident diseases were analyzed with the Cox proportional hazards models to understand, whether the CT or ET models could be used to assess the risk for disease progression.

3.2.2. Microbiome composition reflects our lifestyle and health

The initial aim when analyzing the EstMB dataset was to get an understanding of the factors associated with the gut microbiome composition. Analysis identified a large number of phenotypic factors associated with either taxonomic and functional-level alpha-diversity, beta-diversity or with certain species or KEGG orthologs. In total, 136 out of 252 dietary-, disease-, medications usage- and other lifestyle factors were associated with the microbiome composition in some way. These factors together explained around 10.14% of the interindividual variation in the gut microbiota compositions. Firstly, the results of the community-scale analysis allow to make several observations (**Figure 5**). For example, the stool characteristics are the major drivers of the microbiome variation dominating the host-intrinsic factors including BMI and disease states. Secondly, factors generally associated with an unhealthy lifestyle: smoking, no physical exercise, high BMI, high consumption of soft drinks and processed meat products with low consumption of vegetables and berries, are associated with lower alpha-diversity. Same can be said about the prevalence of nearly all common diseases which, importantly, describe more variance in the microbiome composition when compared to the medications. These results have helped to expand the set of microbiome-associated factors by medical procedures such as removal of the cecum and medications such as glucocorticoids. Regardless, many of these results are not necessarily novel to the scientific community. For example, the phenotypic factors with the largest impact on the microbial variation including gut emptying frequency, stool consistency, BMI and gender have been previously observed in several population-based cohorts (Falony et al., 2016; Zhernakova et al., 2016).

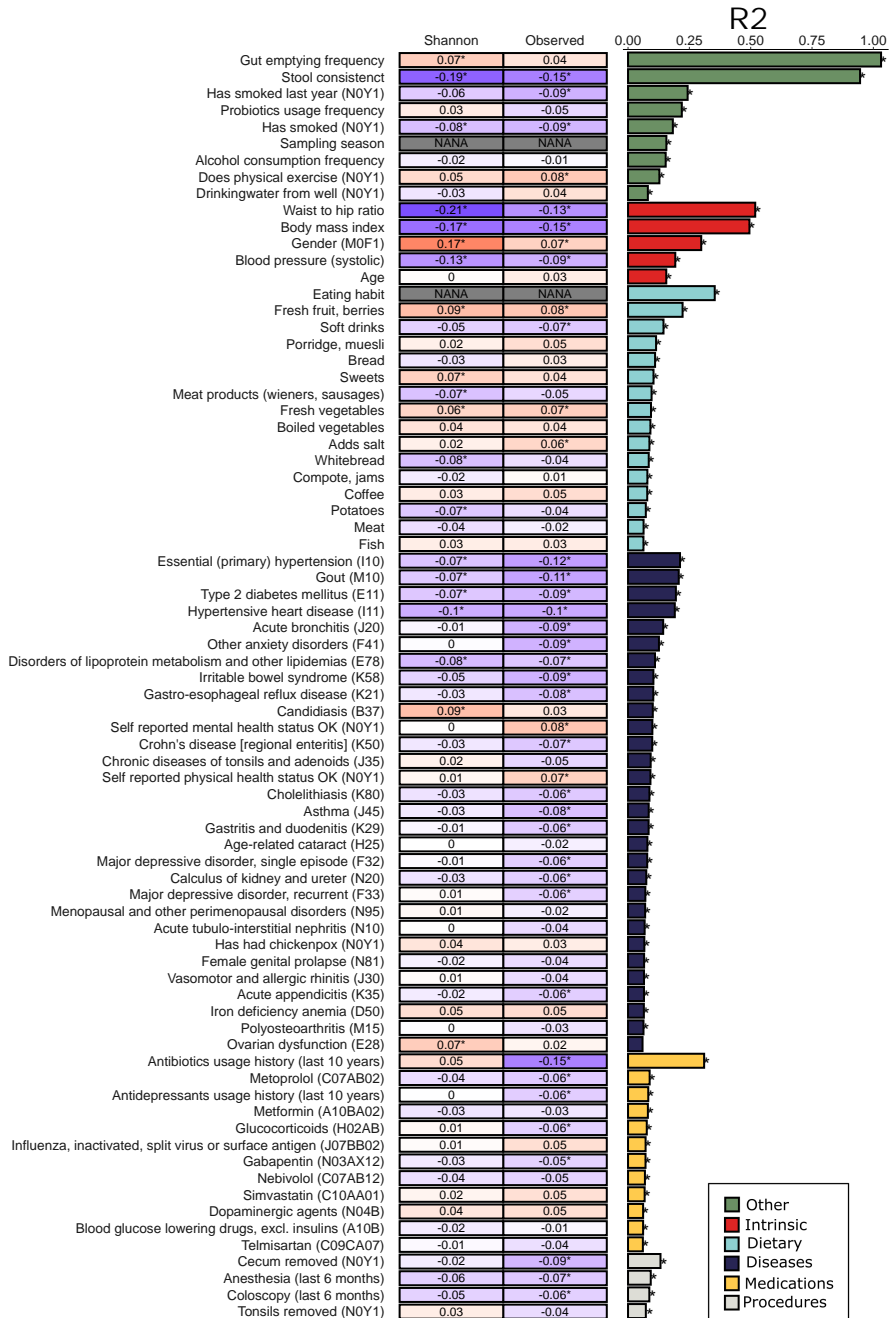


Figure 5. Statistically significant associations with species-level microbiome alpha and beta diversity. The bar plot indicates the explained variance in the interindividual variation of the microbial composition (based on the Euclidean distance on the centered log-ratio-transformed data). The heatmap shows the Spearman correlation coefficients of each factor with the Shannon's index of diversity and the observed species richness. Blue indicates a negative correlation, and red indicates a positive correlation. *FDR < 0.05.

The overarching virtue of the Estonian Microbiome cohort data relies on the possibility to use the electronic health records (EHR). As previously noted for T2D, the more detailed information we can analyze, the better. Most importantly, the EHR allow to pinpoint the drug usage and disease occurrences with great accuracy both prospectively and retrospectively, which gives rise to a range of questions. Our study took advantage of the EHR by studying the accumulative effects of drug usage. It turned out that the history of antibiotics usage characterized by the number of prescriptions over the last 10 years before the sample collection had a significant effect on microbiome composition, independent of the recent usage (**Figure 6**). The number of antibiotics prescriptions was significantly associated with the first principal components of the species-level microbiome composition and remarkably, this effect was already evident in subjects having used antibiotics at least 3 times in the previous 10 years. Similar observation with antibiotics was recently made by others (S. K. Forslund et al., 2021), but we were able to extend this idea to show also a weak accumulative effect of antidepressant usage.

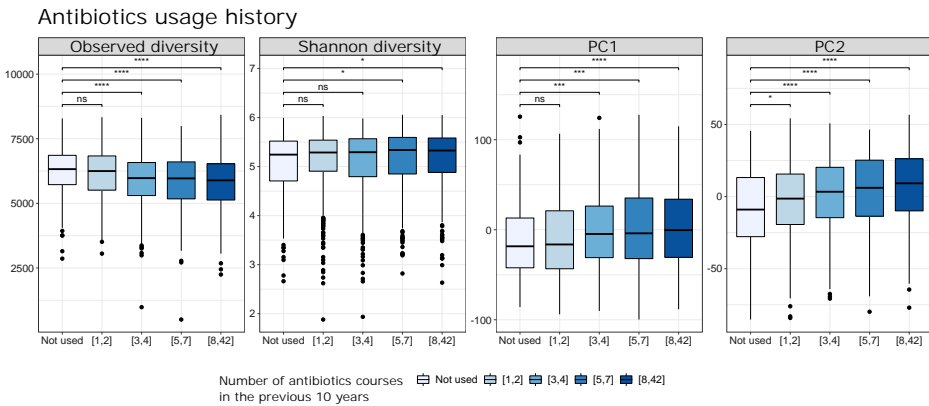


Figure 6. Associations with antibiotics usage history and the observed number of species (the y-axis represents the number of species), Shannon diversity (the y-axis represents the Shannon’s diversity index), or the first two principal components (PCs) of the species-level microbial composition. Asterisks indicate statistically significant differences between the drug usage history groups using Wilcoxon test (FDR < 0.05*, FDR < 0.01**, FDR < 0.001***, FDR < 0.0001****), and *ns* notes statistically nonsignificant results. Color key indicates the five distinct classes of medication users, the non-users and four additional classes based on the quartiles of the number of prescriptions filled over the 10-year period. The sample size for antibiotics were the following: nonusers $n = 243$; [1,2] $n = 549$; [3,4] $n = 440$; [5,7] $n = 395$; [8,42] $n = 400$.

This long-term effect of antibiotics was perhaps anticipated, but the extent and scope of the association turned out to be a surprise. Usage of antibiotics is a significant perturbation that asks for the community to rebuild itself and our results show that this restoration might not end in returning to the baseline state as thought (Palleja et al., 2018). We clearly saw that if more antibiotics were used in the past, the microbiome composition was more likely to be dominated by the genus *Bacteroides*. This finding has strong implication for the future studies.

Firstly, the history of antibiotics usage should be accounted for in microbiome studies. For example, adjusting for the usage of antibiotics in the differential abundance analysis can help to identify disease-specific microbial markers as shown in **Figure 7**. Remarkably, the number of univariate associations is significantly lower after the adjustment and the decrease in the number of associations is dependent on the disease. Secondly, the history of antibiotics usage should be considered in clinical applications. Asking about the number of prescriptions for antibiotics can be a simple solution to account for the microbiome component without the extra cost of sample collection and sequencing. Thus, the efficacy of a diagnostic test, which is based on characterizing microbiome composition should supersede the test that is based on the data about antibiotics consumption. Furthermore, following up on the “common dysbiosis” idea (Jackson et al., 2018; Xu et al., 2020), the long-term antibiotic usage can be a partial reason behind why we see such results (**Figure 7**). This question should be further investigated, and luckily the Estonian Microbiome cohort provides a great resource for answering questions alike.

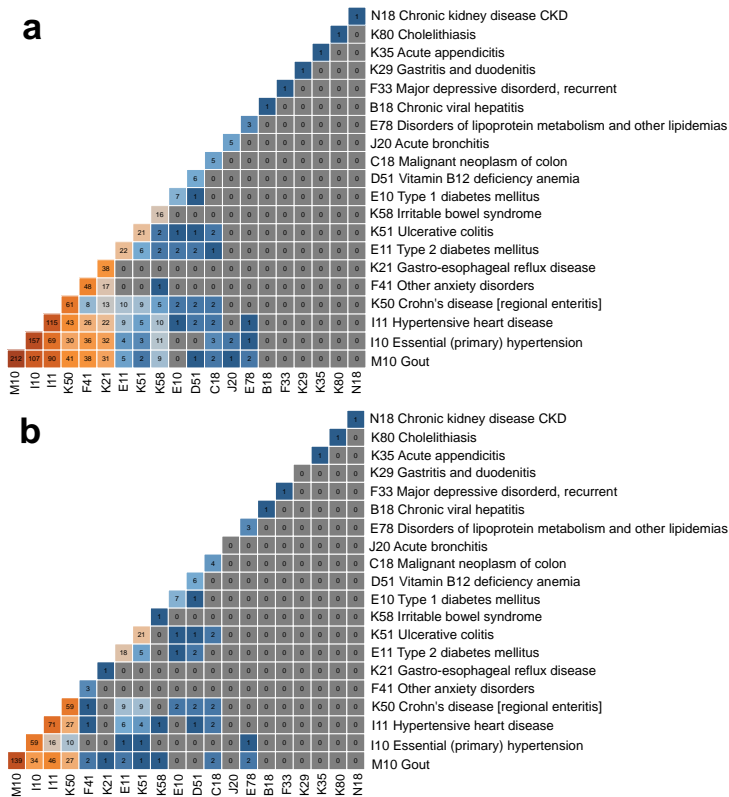


Figure 7. Effect of adjusting for antibiotic usage on the number of overlapping associations between various diseases. **a** – Heatmap of overlapping associations between various complex diseases before adjusting for antibiotic usage. **b** – Heatmap of overlapping associations between various complex diseases after taking long-term antibiotic usage into account.

3.2.3. The clinical relevance of enterotyping remains fragile

Human gut microbiome is an extremely difficult “organ” to analyze because of the large variability of the microbiome composition within and between individuals. When we look at two people, their microbiome compositions are profoundly different and when looking at the microbiome of one individual in time, we encounter significant fluctuations in the composition. Thus, instead of focusing on a set of species, strains or other taxonomic units, a clustering approach has been proposed, which divides the subjects into a small number of distinct clusters based on their microbiome composition. Often referred to as “enterotyping” (Arumugam et al., 2011), the clustering approach has been rigorously applied in the microbiome field (Christensen et al., 2018; Costea et al., 2017; Vandeputte et al., 2016). Nevertheless, the clinical relevance of such clustering has remained questionable, which this part of the thesis aimed to share a light on (Aasmets, Krigul, & Org, 2022). The microbiome genus-level composition was used to cluster the EstMB subjects into two competing set of clusters using the Dirichlet-Multinomial Mixture model (Holmes et al., 2012). An “enterotype” model (ET) consisting of 3 clusters and “community type” (CT) model consisting of 5 clusters were considered. Firstly, several associations between the identified clusters and phenotypic factors were identified (**Figure 8**).

From the clinical perspective, numerous diseases were found to be associated with the cluster composition giving hope for potential applications. Firstly, the enterotype composition could be considered for disease diagnostics. However, as the cluster composition is also associated with common confounders and risk factors such as age, gender and BMI, the diagnostic properties of the clustering should exceed the discriminability of the covariates only. After adjusting for age, gender, and BMI, several of the associations between diseases and microbial clusters were not statistically significant. Only associations with gout, disorders of lipoprotein metabolism, essential hypertension and chronic tubulo-interstitial nephritis for enterotype-model and gout and anxiety disorders for community type model remained statistically significant. Also, as we and others have shown that drug usage can confound the microbiome-disease interactions, we further adjusted the models for drug usage. After adjusting for drug usage, associations with anxiety disorder and tubulo-interstitial nephritis were not detected. Although the enterotype composition remained associated with different diseases, the enterotyping alone might not be sufficient for diagnostic purposes because different diseases are overrepresented in the same enterotypes. Next, we took advantage of the electronic health records and analyzed incident diseases to see whether the clustering approach would allow to estimate the risk of developing a condition. However, the survival analysis diseases didn’t identify any significant results, only suggestive evidence for higher risk of migraine in the *community type (CT) 3* cluster. As the median follow-up time of the cohort was 3.1 years, it is possible that the follow-up is too short to characterize the predictive ability of the enterotype composition. For example, it has been shown for type 2 diabetes that the differences in disease incidence among the relative abundance quartiles of the

identified biomarkers appears only after 5 years (Ruuskanen et al., 2022). Also, the enterotype of the human gut microbiome has been considered a relatively stable characteristic for an individual, but a recent study suggest that we can change our enterotypes more often than previously thought (Olsson et al., 2022). Therefore, although the enterotyping can paint a nice picture about the lifestyle and physical health of the subject, the evidence for the clinical relevance remains fragile.

Community type					Enterotype				
Community type 1	Community type 2	Community type 3	Community type 4	Community type 5	Enterotype B	Enterotype L	Enterotype P		
0.86	0.82	0.82	0.84	0.87	0.84	0.82	0.86	Intrinsic	
66.76%	77.76%	75.36%	68.65%	53.13%	72.4%	74.82%	60%	Waist to hip ratio	
138.06	133.65	133.81	134.36	138.81	136.24	133.3	137.14	Gender (M0F1)	
27.69	25.7	25.53	26.53	28.23	26.82	25.68	27.45	Blood pressure (systolic)	
49.23	48.93	52.3	49.88	49.59	49.01	51	49.59	Body mass index	
								Age	
5.78	5.33	4.88	4.85	4.9	5.59	5.03	4.75	Diseases	
3.6%	3.98%	2.1%	1.9%	0.9%	4.5%	2.55%	1.9%		Total number of prevalent diseases
6.65%	2.8%	1.96%	2.34%	4.18%	5.07%	1.91%	3.44%		Chronic tubulo-interstitial nephritis (N11)
30.75%	23.27%	20.36%	23.06%	28.66%	28.67%	20.91%	25.31%		Gout (M10)
21.88%	16.79%	13.75%	15.32%	11.04%	18.93%	15.18%	12.97%		Essential (primary) hypertension (I10)
27.42%	18.11%	20.36%	21.08%	25.07%	24.13%	18.27%	23.22%		Other anxiety disorders (F41)
6.64%	8.33%	5.69%	3.41%	3.37%	6.81%	6.68%	2.86%		Disorders of lipoprotein metabolism (E78)
2.77%	2.5%	0.71%	1.98%	2.69%	3.07%	1.09%	2.5%		Ovarian dysfunction (E28) (*)
5.39%	10.42%	5.69%	4.2%	7.87%	6.63%	7.78%	5.73%		Acute appendicitis (K35)
23.8%	22.53%	19.46%	2.7%	21.89%	25.87%	21.4%	20.78%		Female infertility (N97) (*)
23.8%	17.67%	18.93%	17.12%	25.07%	20.93%	18.09%	21.09%		Acute bronchitis (J20)
8.59%	3.24%	4.11%	4.86%	4.48%	5.73%	4.09%	4.69%		Hypertensive heart disease (I11)
25.73%	35.98%	31.28%	27.82%	30.9%	31.68%	30.98%	30.73%		Type 2 diabetes mellitus (E11)
									Candidiasis (B37) (*)
2.33	1.9	1.71	2	1.78	2.15	1.81	1.85		Medications
1.94%	1.18%	5%	3.06%	4.48%	1.47%	3.55%	3.91%	Total number of drugs taken	
1.94%	1.77%	1.61%	0.36%	0%	2.27%	1.18%	0%	Influenza antigen (J07BB02)	
2.77%	0.59%	0.71%	0.36%	0.3%	1.73%	0.55%	0.31%	giprofloxacin (J01MA02)	
5.76	5.16	4.38	4.15	4.21	5.43	4.61	4.07	Telmisartan+amlodipine (C09DB04)	
4.16%	3.24%	1.95%	3.96%	3.88%	4.13%	2%	4.69%	Antibiotics usage history (last 10 years)	
3.32%	2.5%	1.25%	3.26%	0.8%	3.2%	1.45%	0.94%	amoxicillin (J01CA04)	
0.28%	0.74%	2.14%	1.44%	2.39%	0.4%	1.73%	1.88%	Glucocorticoids (H02AB)	
4.99%	2.65%	1.61%	3.6%	2.99%	4.13%	1.73%	3.91%	Simvastatin (C10AA01)	
0.93%	1.65%	1.43%	0.72%	0.3%	1.87%	1%	0.31%	Nebivolol (C07AB12)	
0.28%	1.07%	1.07%	1.98%	0%	0.53%	1.55%	0.78%	Fluocortolone-hidrocaine (C05AA84)	
2.22%	0.59%	1.07%	0.54%	0%	1.33%	0.82%	0.31%	Betahistine (N07CA01)	
4.99%	2.36%	1.07%	4.14%	2.69%	3.33%	2.09%	3.75%	Agomelatine (N06AX22)	
4.75%	0.6%	1.43%	4.7	1.79%	3.41%	0.7%	3.55%	Alprazolam (N05BA12)	
4.43%	2.21%	0.71%	3.06%	1.19%	3.07%	2%	1.72%	Ketoprofen (M01AE03)	
1.11%	0.88%	0.18%	2.34%	0.3%	1.07%	1.09%	0.78%	clarithromycin (J01FA09)	
2.22%	2.5%	0.54%	0.72%	1.49%	2.13%	1.18%	1.25%	Gestodene+ethinylestradiol (G03AA10)	
0%	1.77%	0.89%	0.54%	0%	1.33%	0.82%	0.16%	Progestogens and estrogens (G03AA)	
								Ace inhibitors and diuretics (C09BA)	
3.37	3.67	4.01	3.75	3.73	3.52	3.89	3.69	Dietary	
3.4	3.4	3.15	3.35	3.7	5.88	6.31	5.95		Porridge, muesli
5.73	6.11	6.43	6.07	5.91	2.42	2.39	2.58		Meat products (wieners, sausages)
2.44	2.42	2.39	2.48	2.56	4.67	4.58	4.87		Fresh fruit, berries
4.75	4.63	4.53	4.7	4.92	3.89	4.06	3.97		Rice, pasta
3.91	3.96	3.90	3.95	3.99	4.81	4.95	4.72		Meat
4.6	5.07	4.91	4.76	4.7	1.85	1.68	1.83		Addis salt
2	1.71	1.58	1.86	1.83				Sweets	
								Soft drinks	
48.75%	40.5%	35%	38.74%	47.46%	45.2%	36.55%	43.75%	Other	
8.31%	7.95%	13.04%	12.25%	13.73%	7.73%	11.91%	12.81%		Has smoked (NOY1)
2.97	2.82	2.57	2.92	3.03	2.96	2.75	2.94		Drinkingwater from well (NOY1)
3.6%	2.5%	0.36%	1.62%	2.99%	2.8%	1.18%	2.66%		Frequency of alcohol consumption
								Born by caesarean section (NOY1)	

Figure 8. Associations with the enterotype (ET) model and community type (CT) model. Colored cells represent factor associated with CT and ET models respectively (FDR <= 0.1), white cells indicate no statistically significant association (FDR > 0.1). Blue colors indicate lower mean values or proportions for the cluster and orange color indicate higher values. Mean values or proportions (indicated by %) per cluster are shown. Asterisk (*) in the names of the factors indicate that a subpopulation consisting of women was used for calculating the displayed value.

3.2.4. We are still in the exploratory phase with microbiome studies

We are aware of numerous phenotypic factors that are associated with the microbiome composition, but it seems we are still missing a lot. For example, the well-characterized population-based cohorts have been able to characterize around 10% to 19% of the variation in the taxonomic composition (Aasmets, Krigul, Lüll,

et al., 2022; Zhernakova et al., 2016). It has been suggested that the properties of the microbial community, such as interactions between the community members, growth rates and immigration can have a larger effect (Vandeputte et al., 2021). For example, the intra-individual variance was estimated to be 23% in a Swedish cohort (Olsson et al., 2022). However, we now know that the drugs can have an “accumulative” effect on the gut microbiome composition, which is a totally new player. This knowledge can help to further pinpoint disease-specific signals, raise new hypothesis, and direct the microbiome-targeted applications. In this study we showed that in addition to antibiotics, the host-targeted drugs such as antidepressants can have similar effects. This is remarkable as nearly 24% of common host-targeted have shown an effect on the microbiome *in vitro* (Maier et al., 2018) raising the possibility that such accumulation effects are prevalent for various other drug classes. It is tempting to say that we are far from being finished with the exploratory studies. It also shows that information about the current state of the microbiome composition can be replaced by asking a simple question from the participant such as “how many antibiotics have you consumed in the last 2 years?”. Therefore, some applications that take advantage of the microbiome composition could potentially be replaced by a more cost-efficient questionnaire.

The accumulation of antibiotics and perhaps other host-targeted drugs in the human gut microbiome raises another possibility. As the antibiotic usage rates (drug usage in general) and distributions of consumed drug subclasses differ by populations, we might end up with a large-scale *in natura* experiment. It might be that this can create population-specific “dysbiotic” signatures that make it difficult to obtain similar signals in seemingly similar studies, hence another piece of puzzle to the replicability issue. The idea could be expanded by considering the horizontal or vertical transfer of microbes, which plays a role in diversifying our microbiomes. If we now live in a population with altered microbiome pool, it can become problematic – we have less to share, and the wheel keeps on spinning...

CONCLUSIONS

The evidence piled up by the literature leaves no doubt for the author of this thesis that human microbiome science is and will stay a rapidly advancing field in the coming years. Beyond the knowledge about the dynamics and host-targeted functions of the ecosystem itself, we will develop novel diagnostic measures and microbiome-based therapies that will improve the public health in a convenient and cost-efficient manner. Nevertheless, there is a lot of work to do and several challenges ahead that need to be resolved.

This thesis aimed to expand the knowledge about the factors influencing the gut microbiome composition and evaluate several ways gut microbiome data could be used for future applications. Several key findings from this thesis can show a way forward. Firstly, a detailed phenotypic characterization in microbiome studies is highly desirable. This thesis took advantage of two well-characterized cohorts by highlighting the part of glucose regulation, that microbiome is likely involved in and showing an accumulative effect of the history of antibiotics usage on the gut microbiome composition. The identified accumulative effect of long-term antibiotics usage highlights the need for further exploratory studies to identify the factors associated with the gut microbiome composition. Secondly, using microbiome data in data-driven applications will need to balance between the explainability, performance and robustness of the approach. Trying to generalize the microbiome variability by a clustering approach has its advantages for implementation, but the evidence of diagnostic or prognostic performance is weak. Using a more complex approach such as machine learning can potentially improve the performance but needs to be thoroughly evaluated to ascertain reliability and usefulness. Either way, the microbiome-based clinical applications should be tested against a simple alternative which doesn't include microbiome sampling. Nevertheless, these are not challenges that can't be overcome.

An interim conclusion about the microbiome field would be that we are currently simultaneously enjoying the virtues of new knowledge and opening potential for improving our everyday life. The challenges ahead do not overshadow the enthusiasm.

SUMMARY IN ESTONIAN

Mikrobioomi väärtus terviseuuringutes

Tehnoloogia meeletu areng on andnud inimesele võimaluse uurida ümbritsevat maailma nurkade alt, mille jaoks veel mõned kümnendid tagasi võimalused puudusid. Üks selliseid teadusvaldkondi on inimese mikrobioomi ehk meie kehal ja kehas elavate mikroorganismide nagu näiteks bakterite ja viiruste uurimine. On märkimisväärne, et mikroorganisme inimese kehas on rohkem kui inimesel enda rakke ning mikrobioom koondab endas kordades rohkem genee kui on inimesel vastu panna. Selline meeletu mikroobide mitmekesisus, millest enamus pesitseb inimese soolestikus, omab inimese tervisele ning edukale toimimisele olulist rolli. Näiteks lagundatakse mikrobiobide poolt toodetud ensüümide abil kiudained, mida inimene ise ei suuda seedida ning millest sünteesitakse inimese ainevahetusele vajalikke ühendeid nagu näiteks vitamiine ja lühikese ahelaga rasvhappeid. Mikrobioomil on oluline roll organismi immuunsüsteemi arengus ning funktsioneerimisel, mis on meie tervise oluline alustala.

Mikrobioomi kooslust omakorda mõjutab suurel määral meie elustiil, toitumisharjumused, ümbritsev keskkond ning tervislik seisund. Suurimad mikrobioomi koosluse mõjutajad on inimese kehakaal, väljaheite konsistents, sugu, suitsetamine ning ka mitmete komplekshaiguste esinemine ja ravimite tarbimine. On näidatud, et tervetel inimestel on mikrobioomi kooslus erinev kui inimestel, kellel esineb haigusi nagu teist tüüpi diabeet, depressioon, soolehaigused või isegi vähk. Just seosed haigustega on tekitanud huvi mikrobioomi kasutamiseks meditsiinis, milleks on mitu võimalust. Esiteks, inimese mikrobioomi on võimalik üsna lihtsasti muuta, mistõttu saaks potentsiaalselt ka läbi koosluse muutmise tervist parandada. Näiteks võiks saada inimesele kasulike bakterite ehk probiootikumide või bakteritele sobivate toidainete ehk prebiootikumidega suunata mikrobioomi kooslust sobivasse seisu. Teiseks saab inimese mikrobioomi kooslust kasutada selleks, et diagnoosida haigusi, prognoosida haiguste riski või ennustada, milline dieet või ravim inimesele sobib. Doktoritöö uuribki, mis mõjutab meie soolestiku mikrobioomi kooslust ning kuidas on seda võimalik kasutada meditsiinilistes rakendustes.

Väitekirja esimene pool annab teaduskirjandusele toetudes ülevaate inimese mikrobioomist, valdkonna põhilistest uurimissuundadest ning kirjeldab väljakutseid, millega tuleb mikrobioomi uurimisel arvestada. Põhjalikumalt käsitletakse soolestiku mikrobioomi kooslust mõjutavaid tegureid ning andmeanalüüsiga seonduvaid väljakutseid. Töö praktiline osa kirjeldab kolme doktoritöö osaks oleva teadusartikli tulemusi.

Esimene artikkel uurib teist tüüpi diabeeti, mis on krooniline haigus, mida iseloomustab normist kõrgem veresuhkru tase. Teist tüüpi diabeeti (T2D) haigestumus on nii Eestis kui ülemaailmselt tõusutrendis ning samuti on diabeedi ravile kuluv ressurss ja koormus meditsiinisüsteemile kasvamas. Haigusele eelneb eeldiabeedi seisund, kus glükoositaseme veres on kõrgeenenud, kuid ei saavuta veel diabeeti defineerivat taset. Märkimisväärne on, et eeldiabeedi seisundis on võimalik

haiguse progresseerumist tagasi pöörata. See aitaks oluliselt parandada rahva tervist ning vähendada koormust meditsiinisüsteemile, mistõttu on tähtis tuvastada haiguse progresseerumine võimalikult varajases staadiumis. Eelnevalt on teada, et soolestiku mikrobioomi kooslus on T2D põdevatel inimestel erinev kui tervetel, kuid vajalike andmete puudumise tõttu on jäänud selgusetuks, kas muutused mikrobioomis toimuvad juba enne haiguse avaldumist. Doktoritöös analüüsiti Soome METSIM kohorti, mis hõlmab endas andmeid tervete meeste kohta, kellel on detailselt mõõdetud T2D-ga seotud veremarkerid kolmes ajapunktis nelja aasta jooksul. Uuringu tulemused näitasid, et mikrobioomi aitab täpsemalt ennustada muutusi mitmetes parameetrites, milleks olid eelkõige insuliini eritamise seotud näitajaid nagu insuliini väärtus paastuveres ning insuliini sekretsiooni indeks. Töös kirjeldati ka bakteriperekondi, kelle arvukusel on suurim roll mudeli ennustatäpsuse parandamisel. Töö tulemused viitavad selgelt mikrobioomi rollile veresuhkru regulatsioonis ning rõhutavad mitmeid tähelepanu-punkte keeruka füsioloogiaga haiguste nagu T2D uurimisel ja analüüsimisel.

Teadustöö järgmises kahes artiklis uuriti soolestiku mikrobioomi mõjutavaid tegureid Eesti Geenivaramu (Estonian Biobank, EstBB) osana loodud Eesti Mikrobioomi kohordi (EstMB) näitel. Eesti Mikrobioomi kohort on populatsioonipõhine kohort geenidoonoritest, kes on andnud väljaheiteproovi soolestiku mikrobioomi analüüsimiseks. Tänu osalusele Eesti Geenivaramus on võimalik iga uuritava kohta lisaks põhjalikele elustiiliküsimustikele kasutada ka elektroonilise registrite andmeid, mis võimaldavad detailselt jälgida inimese tervist ja ravimite tarbimist ning nende seoseid mikrobioomiga analüüsida. Rikkalik terviseandmestik on tugevaks eeliseks võrreldes seniste suuremate mikrobioomi uuringutega, mis võimaldavad analüüsida vaid küsimustikel põhinevaid andmeid. Kasutades EstMB põhjalikku andmestikku, leiti 136 mikrobioomi kooslusega seotud tunnust, sealjuures mitmeid seni rapoteerimata seoseid. Analüüsitavad tunnused hõlmasid inimese elustiili kirjeldavaid tunnuseid nagu suitsetamine ning alkoholarbimine, haiguste esinemine, tarvitavad ravimid, toidueelistused ning muid inimest kirjeldavaid tunnuseid nagu sugu, vanus ning kehamassiindeks. Suurimad mikrobioomi varieeruvust kirjeldavad tunnused Eesti Mikrobioomi kohordis olid sarnaselt mitmetele eelnevalt publitseeritud töödele soole tühjendamise sagedus, kehamassiindeks, suitsetamine ning inimese sugu. Kõige märkimisväärsem leid oli antibiootikumide pikaajalise kasutamise akumulatsioon mõju mikrobioomi kooslusele. Selgus, et korduv antibiootikumide tarvitamine viimase 10 aasta jooksul mõjutab olulisel määral soolestiku mikrobioomi olene-mata sellest, kas antibiootikume on kasutatud hiljuti (viimase kuue kuu jooksul). Analüüsides pikaajalise antibiootikumide mõju arvesse võtmine võimaldab omakorda täpsustada haigusspetsiifilisi muutusi mikrobioomis. Lisaks uuriti, kas inimeste grupeerimine soolestiku mikroobide esinemissageduste põhjal kolmeks või viieks grupiks võimaldaks kasutust kliinilistes rakendustes. Eelnevalt on näidatud, et selline grupeerimine võib aidata suurt inimestevahelist varieeruvust mikrobioomi kooslustes arvesse võtta ning sellisel kujutamisel oleksid ka sobivad omadused tulemuste interpreteerimiseks. Meie uuringu tulemused näitasid, et selliselt mikrobioomi kooslust lihtsustades on võimalik küll anda hinnang inimese

üldisele elustiilile (nt toitumine), kuid tõendid gruppide kasutamiseks haiguste diagnoosimisel või haiguse riski hindamiseks on nõrgad.

Töö tulemused andsid suuna edasisteks uuringuteks. Esiteks, võimalikult täpse kliinilise informatsiooni kasutamine aitab mõista mikrobioomi olulisust ning kasutamise võimalusi meditsiinis. Doktoritöös analüüsiti kahe andmerikka kohordi andmeid, millest selgus, et mikrobioom aitab prognoosida muutusi glükoosi regulatsioonis väga kindlate markerite järgi ning pikaajaline antibiootikumide kasutamine kajastub soolestiku mikrobioomi koosluses. Teiseks, mikrobioomi kasutamine andmetel põhinevates rakendustes nõuab valiku tegemist meetodika läbipaistvuse, efektiivsuse ning robustsuse vahel. Mikrobioomi varieeruvuse üldistamine üksikutesse klastritesse omab eeliseid kliinilistes rakendustes, aga tõendusmaterjal sellise lähenemise rakendamiseks haiguste diagnoosimiseks või haigusriskide hindamiseks on vähene. Keerukamad lähenemised nagu masinõppe kasutamine võib aidata rakenduste efektiivsust tõsta, aga vajavad põhjalikku hindamist, et tagada usaldusväarsus ning kasutatavus.

Tõendite hulk, mis mikrobioomi inimese terviselega seostab, ei jäta töö autorile kahtlustki, et inimese mikrobioomi valdkond on ja jääb järgnevatel aastatel kiirelt arenevaks teadusvaldkonnaks. Lisaks mikrobioomi kui ökosüsteemi dünaamika tundma õppimisele on järgnevatel aastatel oodata mikrobioomil põhinevate diagnostiliste meetmete ning testide ja mikrobioomil põhinevate teraapiate kasutuselevõtt, mis võimaldaks senisest efektiivsemalt ning kuluefektiivsemalt rahvatervist parandada. Sellegipoolest on sellel teekonnal mitmeid väljakutseid, mis vajavad eelnevalt uurimist ning lahendamist.

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Dear friends and senior scientists. It has been a pleasure. The four years has passed rather quickly, perhaps due to the coffee breaks, summer days and pizza seminars. There has been a lot of inspiration, discussions, and motivation happening during these seemingly inadequate events, which I value a lot. Thank you! I remember a late-night beer in Narva-Jõesuu in my first days as a doctorate student at Institute of Genomics with certain gentlemen from the fourth floor who were well-spirited and cherished the work and colleagues in every way. Nothing has changed in that time, and I can proudly say that I truly share the beliefs and amazement of these two gentlemen. I am lucky with the colleagues. It is wonderful what you all have established and achieved during the years, and I am proud to be part of such a team. I hope your microbiomes behave nicely.

Dear Elin. I am truly astonished, how enthusiastic, passionate and energetic you are in everything you engage in. I wouldn't have decided to take on such a challenge in the first place if you hadn't given me hope and made a damn good pitch for science. The microbiome team was, is and will be grateful for the work you are doing to keep us safe, well-fed, and motivated. Help, one-on-one discussions, and inspiration is always there if needed (and sometimes just jumps in due to mixing up the offices). Not to mention the countless laughs we own you. I have learned a lot from you, and I am trying to implement several of those lessons into my own way of living as you read this section. Nevertheless, I still have a feeling that I should have written things down. I hope that our collaboration continues because I can only visualize success stories.

Dear Kertu-Liis. If we had put down 10% of the ideas and discussions we've had over the years, I guess we would have graduated several times by now, redefined science, and made Elin proud. Presumably and hopefully these times are still to come. You have raised me from the motivational grave and stood up for me more than you know. You are like mini-Elin (another compliment, but the resemblance is truly uncanny). Thank you for your support and energy and I hope that our retirement plan concerning publishing in Nature still holds.

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I am talking about diamonds! Finally, I would especially want to highlight prof. Reedik Mägi, who doesn't like spotlight.

Dear Marit, Ants and Aime. You all have your part in this thesis. I realized that I have tried to mix up your lessons and know-how throughout my career and choices, which has resulted in this writing. Ants, your interest in numbers, Aime, your influence on a 5-year-old Oliver to enjoy the nature and Marit with the clinical side. Thank you! Dear Lisett, you have way more courage and stubbornness than I do, which can lead to absolutely anywhere. Thank you for the inspiration!

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PUBLICATIONS

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Marcos-Zambrano, Laura Judith; Karaduzovic-Hadziabdic, Kanita; Loncar Turukalo, Tatjana; Przymus, Piotr; Trajkovic, Vladimir; **Aasmets, Oliver**; Berland, Magali; Gruca, Aleksandra; Hasic, Jasminka; Hron, Karel; Klammsteiner, Thomas; Kolev, Mikhail; Lahti, Leo; Lopes, Marta B.; Moreno, Victor; Naskinova, Irina; Org, Elin; Paciencia, Ines; Papoutsoglou, Georgios; Shigdel, Rajesh; Stres, Blaz; Vilne, Baiba; Yousef, Malik; Zdravevski, Eftim; Tsamardinos, Ioannis; Carrillo de Santa Pau, Enrique; Claesson, Marcus J; Moreno-Indias, Isabel; Truu, Jaak (2021). Applications of Machine Learning in Human Microbiome Studies: A Review on Feature Selection, Biomarker Identification, Disease Prediction and Treatment. *Frontiers in Microbiology*, 12, 313. <https://doi.org/10.3389/fmicb.2021.634511>.

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- Ratnik, Kaspar; Rull; Kristiina; **Aasmets, Oliver**; Kikas; Triin; Hanson, Ele; Kisand; Kalle; Fischer, Krista (2022). Novel Early Pregnancy Multimarker Screening Test for Preeclampsia Risk Prediction. *Frontiers in Cardiovascular Medicine*, 9 (932480), 1–11. <https://doi.org/10.3389/fcvm.2022.932480>.
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- | | |
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Marcos-Zambrano, Laura Judith; Karadzovic-Hadziabdic, Kanita; Loncar Turukalo, Tatjana; Przymus, Piotr; Trajkovik, Vladimir; **Aasmets, Oliver**; Berland, Magali; Gruca, Aleksandra; Hasic, Jasminka; Hron, Karel; Klammsteiner, Thomas; Kolev, Mikhail; Lahti, Leo; Lopes, Marta B.; Moreno, Victor; Naskinova, Irina; Org, Elin; Paciencia, Ines; Papoutsoglou, Georgios; Shigdel, Rajesh; Stres, Blaz; Vilne, Baiba; Yousef, Malik; Zdravevski, Eftim; Tsamardinos, Ioannis; Carrillo de Santa Pau, Enrique; Claesson, Marcus J; Moreno-Indias, Isabel; Truu, Jaak (2021). Applications of Machine Learning in Human Microbiome Studies: A Review on Feature Selection, Biomarker Identification, Disease Prediction and Treatment. *Frontiers in Microbiology*, 12, 313. <https://doi.org/10.3389/fmicb.2021.634511>.

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Aasmets, Oliver; Krigul, Kertu Liis; Lüll, Kreete; Metspalu, Andres; Org, Elin (2022). Gut metagenome associations with extensive digital health data in a volunteer-based Estonian microbiome cohort. *Nature Communications*, 13 (1), 1–11. <https://doi.org/10.1038/s41467-022-28464-9>.

Ratnik, Kaspar; Rull; Kristiina; **Aasmets, Oliver**; Kikas; Triin; Hanson, Ele; Kisand; Kalle; Fischer, Krista (2022). Novel Early Pregnancy Multimarker Screening Test for Preeclampsia Risk Prediction. *Frontiers in Cardiovascular Medicine*, 9 (932480), 1–11. <https://doi.org/10.3389/fcvm.2022.932480>.

Aasmets, Oliver; Krigul, Kertu Liis; Org, Elin (2022). Evaluating the clinical relevance of the enterotypes in the Estonian Microbiome cohort. *Frontiers in Genetics*, 13 (917926), 1–11. <https://doi.org/10.3389/fgene.2022.917926>.

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