

1 **Alterations in gut microbiota associated with**
2 **a cafeteria diet and the physiological**
3 **consequences in the host**

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16

17 **ABSTRACT**

18 **OBJECTIVE:** Gut microbiota have been described as key factors in the pathophysiology of obesity and
19 different components of metabolic syndrome (MetS). The cafeteria diet (CAF)-fed rat is a preclinical
20 model that reproduces most of the alterations found in human MetS by simulating a palatable human
21 unbalanced diet. Our objective was to assess the effects of CAF on gut microbiota and their associations
22 with different components of MetS in Wistar rats.

23 **METHODS:** Animals were fed a standard diet or CAF for 12 weeks. A partial least square-based
24 methodology was used to reveal associations between gut microbiota, characterized by 16S ribosomal
25 DNA gene sequencing, and biochemical, nutritional and physiological parameters.

26 **RESULTS:** CAF feeding resulted in obesity, dyslipidemia, insulin resistance and hepatic steatosis. These
27 changes were accompanied by a significant decrease in gut bacterial diversity, decreased Firmicutes and
28 an increase in Actinobacteria and Proteobacteria abundances, which were concomitant with increased
29 endotoxemia. Associations of different genera with the intake of lipids and carbohydrates were opposed
30 from those associated with the intake of fiber. Changes in gut microbiota were also associated with the
31 different physiological effects of CAF, mainly increased adiposity and altered levels of plasma leptin and
32 glycerol, consistent with altered adipose tissue metabolism. Also hepatic lipid accretion was associated
33 with changes in microbiota, highlighting the relevance of gut microbiota homeostasis in the adipose-liver
34 axis.

35 **CONCLUSIONS:** Overall, our results suggest that CAF feeding has a profound impact on the gut
36 microbiome and, in turn, that these changes may be associated with important features of MetS.

37

38 INTRODUCTION

39 The incidence of metabolic syndrome (MetS) is growing among developed and developing societies
40 because of the increasing prevalence of obesity among all population groups.^{1, 2} Different preclinical
41 models have been developed in order to study the mechanisms involved in the progression of this
42 complex condition, as well as to define effective treatments.^{3, 4} In this regard, the cafeteria diet (CAF)-
43 fed rodent has emerged as a valuable model because it develops the main features of MetS, that is,
44 obesity, dyslipidemia, insulin resistance, chronic low-grade inflammation and hypertension.^{5, 6} Although
45 the exact components of CAF vary among experimenters, the main and common characteristic of this
46 model is based on ad libitum access to a highly palatable diet consisting of a blend of commercially
47 available processed food rich in saturated fats and simple carbohydrates with a low fiber content. These
48 components are offered together with a commercial chow that contains all the nutritional requirements for
49 the animals in terms of vitamins, minerals and oligo elements. The high palatability of CAF influences
50 the mechanisms of satiety and the reward system,⁷ blunting the natural homeostatic control of energy
51 intake and inducing hyperphagia and therefore exacerbated food consumption, mimicking the
52 mechanisms that lead to obesity in humans under the so-called Western diet.^{8, 9} Therefore, the different
53 effects of diet-induced MetS have been widely explored by means of the CAF rodent model, either at the
54 physiological, psychological or molecular level, and the effects of different dietary interventions.^{5, 10, 11}

55

56 During the last few years, a growing body of evidence has shown that the response to a given diet
57 depends on the gut microbiome of the host among other factors such as the genetic background.^{12, 13,}
58 ^{14, 15, 16} In fact, different studies have highlighted important differences that exist in the gut microbiota
59 among subjects from around the world with extremely different diets.¹⁵ The exact mechanisms are still
60 under debate, but it has been widely demonstrated that the gut microbial community is shaped by diet
61 and, at the same time, has a key role in the transformation and absorption of nutrients by the host, such as

62 fibers, fatty acids or amino-acid-derived molecules among others, as well as endogenous metabolites,
63 such as bile acids.^{12, 17} Therefore, the microbiota determine how different key nutrients and bioactive
64 molecules exert their signaling actions through modulation of hormones and other receptors. At the same
65 time, the microbiota are a source of signaling metabolites, including lipopolysaccharide (LPS), a product
66 of Gram-negative bacteria that has been described as a key trigger of inflammation and its derived
67 alterations.^{12, 18} The gut microbiome has gained much attention in obesity research.^{12, 17, 19, 20, 21}
68 Studies in both preclinical models and human volunteers have shown that obesity and MetS are associated
69 with decreased gut microbial diversity and changes in the equilibrium of certain microbes at different
70 taxonomic levels.^{16, 22} Thus, fluctuations in the population of four major phyla, that is, Firmicutes,
71 Bacteroidetes, Actinobacteria and Proteobacteria, among others, have been strongly associated with
72 obesity and its related alterations, such as insulin resistance, dyslipidemia or non-alcoholic hepatic
73 steatosis. However, to date, no specific microbiome fingerprint for obesity has been identified.²²

74

75 The clear effects of CAF on different components of MetS and the role of gut microbiota in obesity and
76 its derived pathologies prompted us to hypothesize that CAF can alter the gut microbiome of healthy rats
77 and that these changes may be associated with some physiological alterations related to MetS caused by
78 this specific diet. Therefore, our objective was to assess the effects of CAF feeding on the gut microbiome
79 and to describe the associations between these changes and alterations of lipid metabolism in the CAF-fed
80 rat. To this aim, we fed Wistar rats with a standard diet (STD) or CAF for 12 weeks. The associations
81 between gut microbiota and nutrient intake and biometric and biochemical parameters were analyzed by
82 means of a sparse partial least square approach. We demonstrate that CAF impacts gut microbiota
83 composition and that these changes may be associated with the intake of specific nutrients and parameters
84 linked to the lipid metabolism of the adipose–liver axis.

85

86 MATERIALS AND METHODS

87 Animals and diets

88 The Animal Ethics Committee of the University Rovira i Virgili (Tarragona, Spain) approved all the
89 procedures. All animals were housed individually at 22°C with a light/dark cycle of 12 h (lights on at
90 0900 hours) and were given free access to food and water. Individual housing was intended to allow an
91 accurate estimation of food intake and to avoid crossed effects on microbiota because of the coprophagia
92 that is usual in rats.

93 Six-week-old male Wistar rats (Harlan Laboratories, Barcelona, Spain) were randomly distributed to two
94 experimental groups (n=8) depending on the diet received during 12 weeks: the STD group, which was
95 fed standard chow (Teklad Global 18% Protein Rodent Diet 2018, Harlan, Barcelona, Spain), and the
96 CAF group. Sample size and nutrient compositions of CAF and STD used herein were recently described
97 by Cigarroa et al. Blinding was not done. The standard chow used for both diets is designed for young
98 animals but was selected because of its higher content of vitamins and some minerals in order to
99 guarantee a correct intake of micronutrients by the CAF group.

100 Body weight and food intake were recorded weekly. For food intake estimation, the weight of chow and
101 of CAF diet components were recorded before and 24 h after consumption. To do that, CAF components
102 were confined in a container. After the feeding period, CAF remnants were manually recovered from rat
103 cages and containers and weighted. Nutrient consumption was calculated according to the nutritional
104 composition provided by the manufacturer of each component of the CAF diet or of the chow. For each
105 dietary component, the area under the curve was calculated along the experimental period to report the
106 total intake. Rats were killed after 6 h of fasting in order avoid interferences of the early postprandial state
107 in plasma metabolites and under anesthesia (sodium pentobarbital, 80 mg kg⁻¹ body weight). Blood was
108 collected by cardiac puncture and serum was obtained by centrifugation and stored at -20°C until
109 analysis. Cecum, liver, gastrocnemius and soleus muscles, interscapular brown adipose tissue and white

110 adipose tissue depots (retroperitoneal (RWAT), mesenteric (MWAT), epididymal (EWAT) and inguinal
111 (IWAT)) were rapidly removed, weighed, frozen in liquid nitrogen and stored at -80°C. Adiposity index
112 was computed as the sum of the EWAT, IWAT, MWAT and RWAT depot weights and expressed as a
113 percentage of the total body weight, as previously described.

114 Serum analysis

115 Enzymatic colorimetric kits were used for the determination of serum total cholesterol, triglycerides,
116 glucose and glycerol (QCA, Barcelona, Spain) and non-esterified free fatty acids (WAKO, Neuss,
117 Germany). Circulating insulin, adiponectin and leptin levels were measured using rat ELISA kits (Merck,
118 Madrid, Spain). Malondialdehyde was determined as previously described.

119 Lipid extraction and quantification

120 Lipids were extracted and quantified from the liver (100–120 mg) using methods described previously.
121 Briefly, lipids were extracted with 1 ml of hexane/isopropanol (3:2, vol/vol), degassed with nitrogen
122 before left overnight under orbital agitation at room temperature protected from light. After an extraction
123 with 0.3 ml of Na₂SO₄ (0.47 M), the lipid phase was dried and total lipids quantified gravimetrically
124 before emulsifying as described previously. Triglycerides, cholesterol and phospholipids were assayed
125 with commercial enzymatic kits (QCA).

126 Microbiota

127 The genomic bacterial DNA was obtained from 700 to 1000 mg of cecal content of previously snap-
128 frozen cecum with the QIAamp DNA stool kit (Qiagen, Hilden, Germany; cat. no. 51504) following the
129 manufacturer's protocol. Partial 16S ribosomal RNA gene sequences were amplified from 20 ng of
130 extracted DNA using three primer pairs (341F-532R, 515F-806R and 967F-1046R), which target the V3,
131 V4 and V6 regions, respectively. Equimolar pools of each fragment were combined to create the DNA
132 library, which was subjected to a clonal amplification by an emulsion PCR. After an Ion Sphere Particle
133 enrichment process, samples were loaded onto 318 chips and sequenced using the Ion Torrent PGM (Life
134 Technologies, Carlsbad, CA, USA). The individual sequence reads were filtered by the PGM software

135 (Life Technologies, Carlsbad, CA, USA) to remove low-quality and polyclonal sequences. Those reads
136 were processed using QIIME, selecting only sequences with 150–200 bp and omitting homopolymers.
137 16S ribosomal RNA operational taxonomic units (OTUs) were assigned using uclust (>97% sequence
138 homology) and a reference data set from GreenGenes (Lawrence Berkeley National Laboratory, Berkeley,
139 CA, USA).

140 Analysis of plasma LPS

141 Internal standards, 3-hydroxydecanoic acid, 3-hydroxydodecanoic acid, 3-hydroxytetradecanoic acid and
142 3-hydroxyhexadecanoic acid (Larodan, Solna, Sweden) and 3-hydroxytetradecanoic acid-2,2,3,4,4-d5
143 (Sigma, Spain), were added to hydrolysed (NaOH) and non-hydrolysed samples to estimate total and free
144 hydroxyfatty acids (3OHFA), respectively. After acidification (HCl) and liquid-liquid extraction with
145 chloroform, sample compounds were derivatized with N,O-bis(trimethylsilyl) trifluoroacetamide and
146 10% trimethylchlorosilane and 10% of pyridine. Samples were analyzed in a 7890A Series gas
147 chromatograph coupled to a 7000 GCQqQ (Agilent Technologies, Santa Clara, CA, USA). Ionization was
148 performed by electronic impact. LPS content was computed as the sum of nanomoles of individual
149 esterified 3OHFAs (total minus free) divided by 4 to account for the four molecules of 3OHFAs assumed
150 per molecule of LPS.

151 Statistical methods

152 Association studies were performed by applying a canonical sparse partial least square discriminant
153 analysis using genus abundances as one of the matrices and four different data sets as the second data
154 matrix in separate analyses using the Mixomics package for R following a previously described
155 methodology. These four independent data sets were absolute values of macronutrient intake, biometric
156 parameters as tissue weights and body weight itself, plasma biochemical parameters and liver biochemical
157 parameters. Relevance networks were constructed with the software cytoscape 3.0 for each analysis
158 following previously described methodologies and for the four analyses simultaneously using the genus
159 identified in all the analyses as the link between networks. With the exception of the microbiome analysis
160 described above, the rest of the statistical analyses were conducted with R commander software for

161 Windows.

162 **RESULTS**

163 Rats fed a CAF for 12 weeks developed obesity and MetS

164 As expected, CAF was associated with hyperphagia, resulting in a twofold increase in energy intake. This
165 was mainly because of a fivefold and a twofold increase in lipid and carbohydrate intake, respectively.

166 Fiber intake and protein intake were reduced by 28% and 33%, respectively. As a result, at the end of the
167 experiment, CAF-fed animals presented a 30% increase in body weight because of a significant 78%
168 increase in the adiposity index. CAF animals presented enlarged pale livers with a higher lipid content
169 than their counterparts. Analysis of plasma parameters revealed a clear hypertriglyceridemia accompanied
170 by significantly increased free fatty acids and a statistical tendency toward increased glycemia in CAF
171 animals. It has to be taken into account that glycemia values were unusually high for both groups, likely
172 due to anesthesia, and further results obtained using these values should be interpreted carefully. Both
173 leptin and adiponectin were increased in the CAF group, suggesting alterations in adipose tissue
174 metabolism. Altogether, these results indicated that CAF-induced obesity and hepatic steatosis were
175 accompanied by altered lipid and glucose metabolism, resembling the human features of MetS.

176 Gut microbiota were altered by CAF

177 Cecum content was obtained and the microbiome was characterized. After analysis, 15,962 OTUs were
178 detected, and their changes between STD and CAF groups were quantified. Of these OTUs, 5,046 (31%)
179 presented statistically significant differences when assessed by means of the false discovery rate, with q-
180 values under 0.05. Analysis of the 27 phyla detected revealed that CAF induced a decrease in Firmicutes
181 ($q=0.0003$) but not in Bacteroidetes ($q=0.11$) relative to the STD-fed animals. The ratio of Bacteroidetes
182 to Firmicutes remained unaltered, though it tended to increase in CAF-fed animals (CAF= 1.26 ± 0.56 and
183 STD= 0.19 ± 0.02 ; $q=0.08$). Moreover, a large increase in Actinobacteria ($q=0.03$) and Proteobacteria
184 ($q=0.009$) was detected in the CAF group, although Actinobacteria was clearly increased only in five out
185 of eight CAF-fed animals. Together with these four major phyla, we found a significant 10-fold increase

186 in Cyanobacteria ($q=0.02$) and decreased levels of Armatimonadetes ($q=0.02$), Deferribacteres ($q=0.003$),
187 Fibrobacteres ($q=0.04$), Nitrospirae ($q=0.01$) SC4 ($q=0.0001$), TM7 ($q=0.004$) and Tenericutes ($q=0.006$).
188 Despite the increase in predominant phyla in animals fed CAF, the alpha diversity, calculated either as the
189 Shannon index, Simpson index or observed OTUs, was significantly lower ($q=0.002$) in the CAF group
190 relative to the STD group. The estimation of beta diversity by Principal Coordinates Analysis revealed a
191 clear and statistically significant separation between STD and CAF metagenomes ($P=0.01$). Moreover, a
192 hierarchical clustering analysis of the 299 genera quantified further confirmed clear differences among
193 metagenomes. Both analyses also show that the differences within CAF-fed animals are much greater
194 than those within their STD counterparts.

195 Associations between dietary components and gut metagenome in rats fed STD and CAF

196 Values of genus abundances and dietary components intake were subjected to sparse partial least squares
197 analysis. The associations with a R^2 coefficient over 0.7 were selected, resulting in 26 genera belonging to
198 the following six phyla: Firmicutes (10 genera), Bacteroidetes (6 genera), Proteobacteria (7 genera),
199 Chloroflexi (1 genus), Deferribacteres (1 genus) and SC4 (1 genus). Regarding dietary components, fiber
200 was associated with 18 genera, carbohydrates with 20 genera, fatty acids and lipids with 22 genera and
201 cholesterol with 23 genera. In turn, protein was only associated with two genera. Remarkably, all
202 Firmicutes were positively associated with fiber intake. The details and directionality of the associations
203 (positive or negative) are detailed in Supplementary Figure 1 and Figure 2. Codes for bacteria are
204 described in Table 2.

205 Associations between physiological parameters and metagenome in rats fed STD and CAF

206 Selection of associations with R^2 over 0.7 revealed that, together with Firmicutes, only two more phyla
207 presented negative associations, while the rest were positively associated with white adipose tissues and
208 negatively associated with muscle weight. Proteobacteria were represented by seven genera. Again,
209 associations with muscle were inverse to those shown by adipose tissues. Other represented phyla were
210 Bacteroidetes, Chloroflexi, Lentisphaerae and SC4. IWAT, EWAT and MWAT were the adipose tissues
211 with most associations, with 18, 17 and 16, respectively. RWAT and BAT were only associated with the

212 abundance of 10 genera. Together with the IWAT, the muscle was the most associated tissue with 18
213 associations.
214 Concerning the plasma parameters, those showing associations with phyla with a R^2 over 0.7 were
215 glucose (three associations), insulin (four associations), triglycerides (seven associations), non-esterified
216 free fatty acid (seven associations) and adiponectin (one association). Surprisingly, glycerol concentration
217 was the biochemical parameter with more associations (18) followed by the hormone leptin (16).
218 Regarding phyla, the most represented was again Firmicutes (nine genus), followed by Bacteroidetes
219 (eight genus) and Proteobacteria (five genus). Other phyla found to be associated with plasma parameters
220 were Chloroflexi (two), Lentisphaerae (one), SC14 (one) and Tenericutes (one). Associations showed a
221 certain degree of specificity. Thus, both glucose and insulin showed positive associations with different
222 phyla, whereas glycerol was negatively associated with Firmicutes and mostly positively (four out of five)
223 associated with Bacteroidetes. Associations of non-esterified free fatty acids were all positive and reduced
224 to Firmicutes except one with Chloroflexi. Most of the associations of leptin concentration were negative,
225 independently of the phyla.

226 Liver lipids were mainly associated with the abundance of Firmicutes (seven) and Proteobacteria (four)
227 and, to a lesser extent with Bacteroidetes (two), Chloroflexi (two) and SC14. As has been described for
228 the weight of tissues, the combination of these associations with the metagenome-macronutrients network
229 revealed associations between liver lipids and genera not associated with macronutrients.

230 The 40 genera that were found to be associated with nutrition or physiological parameters and
231 summarized in Table 2 were used as a link to the different physiological parameters, producing the
232 association network shown in Figure 2, which compiles the different results described in this section.

233 CAF increased endotoxemia

234 The increase in Proteobacteria prompted us to analyze the levels of endotoxemia in another cohort of STD
235 and CAF-fed rats. As shown in Figure 3, all species of 3OHFAs were increased in the plasma of rats fed

236 CAF for 12 weeks, resulting in a statistically significant increase in plasma LPS concentration compared
237 with rats fed STD.
238

239

240 **DISCUSSION**

241 Different works have shown that obesity involves a reduction in gut species richness in preclinical models
242 and in humans.^{12, 13, 16, 32} In Danish subjects, lower gut bacterial diversity was associated with higher
243 adiposity, insulin resistance and dyslipidemia, key components of MetS.³² In fact, loss of gut microbial
244 diversity has been proposed as a hallmark of western societies when compared with rural areas around the
245 world.¹² This concept has been explored in mice, and research demonstrates that a Western-like diet with
246 reduced fiber maintained over generations results in an eventual loss of bacterial diversity.¹³ Taken
247 together, converging evidence indicates an association between gut microbial diversity and an obesity-
248 prone phenotype. In agreement with this point of view, our results suggest that CAF-induced obesity
249 leads to poorer alpha diversity.

250

251 A remarkable number of genera, 15 out of 40, associated with physiological and biochemical alterations
252 in our study were changed by CAF in the direction described by previous works intended to identify the
253 changes that obesity and its related alterations induce in gut microbial communities (summarized in
254 Supplementary Table 2). These positive matches reinforce our findings and support the approach used
255 herein to assess the cross-talk between the gut microbiome and host metabolism. Moreover, of the 40
256 genera included in the associations network, 25 have not been previously related to obesity to our
257 knowledge. Nevertheless, since this is an association study, which is not addressed to underscore the
258 cause of the associations found, more research assessing the relevance of these genera in the origin of
259 metabolic alterations would shed light on the associations described herein.

260

261 At the phylum level, we found that CAF resulted in a clear reduction in Firmicutes. Despite the

262 observation that initial obesity was related to increased Firmicutes abundance and decreased
263 Bacteroidetes to Firmicutes ratio,^{20, 21, 22} further studies have been unable to detect such changes in
264 different human cohorts.^{19, 22, 33, 34} Moreover, our results agree with a recent study describing a
265 decrease in Firmicutes phylum in rats with obesity induced by different obesogenic diets.³⁵ Similarly,
266 obesity has been associated with decreased Bacteroidetes,^{36, 37} but, again, we have not found evidence
267 consistent with this previous observation. Despite these contrasting findings, we show other results that
268 agree with previous works. Thus, we observed a marked increase in Actinobacteria in CAF animals
269 relative to their STD counterparts, and an abundance of this phylum has been previously associated with
270 obesity,^{17, 19, 22} although some genera within this phylum, such as Bifidobacterium, might present the
271 opposite behavior.³⁸ Among the different Actinobacteria detected, only the genus Propionibacterium was
272 positively associated with plasma concentrations of insulin and glucose. In agreement with our
273 observations, a study in obese women found similar results, indicating a positive correlation between
274 Propionibacterium and glucose homeostasis parameters.³⁹

275

276 Together with the changes indicated above for Bacteroidetes, Firmicutes and Actinobacteria,
277 Proteobacteria is another predominant phylum in the gut microbiome that was markedly increased by
278 CAF. The positive association between these species and obesity or other diseases has been widely
279 described in different studies, in both preclinical models and human subjects.^{20, 40, 41, 42} Moreover,
280 different families of Proteobacteria have been described as important LPS producers, such as the
281 Enterobacteriaceae family,⁴³ which was one of the Proteobacteria increased by CAF in the present work.
282 Bacterial LPS has been proposed as a trigger of different metabolic disorders, including increased
283 adiposity and insulin resistance.^{44, 45} In the present study, we found a large increase in plasma LPS that
284 completely agrees with the role of endotoxemia in the metabolic effects of diet-induced obesity.
285 Moreover, together with the major phyla described above, we found changes in the abundance of other
286 phyla previously associated with obesity, such as Cyanobacteria,⁴⁶ Deferribacteres,^{18, 47}

287 Fibrobacteres,⁴⁸ Tenericutes 37, 46 and TM7.⁴⁹ Other phyla, such as Nitrospirae and SC4, were also
288 altered between CAF and STD groups; however, to our knowledge, little is known regarding the role of
289 these phyla in obesity.

290

291 Our results strongly suggest that the balance among fiber, simple carbohydrate and fat intake has a key
292 role in the effects of diet on gut microbial populations. This result agrees with the relevance of fiber in
293 shaping the gut microbiome.^{12, 15} In this sense, we found positive associations between fiber intake and
294 a phylum of well-known fermenters, such as Firmicutes. Fermentative bacteria are important for the
295 breakdown of non-digestible carbohydrates leading to the production of short chain fatty acids (SCFAs)
296 that are proposed as key factors in the development and progression of obesity and related alterations,
297 although their exact role is not yet fully understood. On the one hand, it has been proposed that SCFA
298 might represent a salvage pathway of energy derived from non-digestible carbohydrates, as SCFA can be
299 used as precursors of fatty acids by different tissues.⁵⁰ Although in our experiment CAF animals
300 presented a decrease in Firmicutes, a reduction in SCFA derived from fermentative bacteria would not
301 have a relevant impact on energy balance, as the energy provided by these metabolites is irrelevant when
302 compared with the exacerbated energy intake induced by the hyperphagia associated with CAF. Contrary
303 to the putative role of SCFA in energy salvage, different studies have demonstrated that these metabolites
304 present a wide array of beneficial actions, increasing fatty acid oxidation and energy expenditure by
305 different mechanisms and leading to reduced adiposity, ectopic deposition of hepatic fat and insulin
306 resistance.⁵¹ Thus, SCFA can signal directly to different tissues after absorption, activating peroxisome
307 proliferator activated receptors and AMP activated kinase in liver and adipose tissues inducing fatty acid
308 catabolic pathways and reducing body fat content.^{51, 52} In our case, Firmicutes showed an important
309 number of negative associations with adipose tissue weights and hepatic lipids and, at the same time,
310 positive associations with the intake of fiber. Therefore, it is plausible to hypothesize that the reduced
311 intake of fiber observed in CAF animals resulted in a decrease in fermentative bacteria leading to a

312 reduced production of metabolites, such as SCFA. Indeed, in a recent experiment of our laboratory, we
313 analyzed the levels of SCFA in feces of Wistar rats fed STD and CAF diets for 9 weeks, observing a
314 threefold decrease of SFCA expressed as the sum of acetic, propionic and butyric acids, resulting in a P-
315 value under 0.001 when analyzed by Student's t-test (data not shown). These results would support our
316 hypothesis. If these changes were also found in blood, could contribute to suboptimal activation of
317 catabolic pathways in the host and, together with other factors such as increased metabolic endotoxemia
318 and exacerbated fat and glucose absorption, could also contribute to increased fat deposition in adipose
319 tissues and liver. In fact, Vrieze et al. found that treatment of MetS patients with microbiota from lean
320 subjects results in ameliorated insulin resistance accompanied by an increased population of
321 Firmicutes.⁵³ Therefore, the associations found between microbiota and tissues such as adipose, liver or
322 muscle might reflect the cross talk between microbiota and the host metabolism mediated by different
323 metabolites and hormones.

324

325 Among the different plasma components analyzed, both glycerol and leptin clearly showed the highest
326 number of associations with cecum bacteria, mainly Firmicutes, Bacteroidetes and Proteobacteria. Both
327 glycerol and leptin are highly related to adipose tissue. Thus, leptin is commonly used as a biomarker of
328 adipose tissue status, whereas glycerol is a well-accepted biomarker of adipose tissue lipolysis.^{54, 55} As
329 has been discussed above, the host microbiota affect different tissues by different mechanisms, with
330 adipose tissue metabolism being a clear target of this cross talk.¹² Together with the high number of
331 associations found between gut bacteria and adiposity-related parameters, such as adiposity index or the
332 weight of different adipose depots, our results agree with the accepted hypothesis that gut microbiota
333 modulate, in part, adipose tissue physiology. In addition, the association between the microbiome and
334 liver lipids found in this work is remarkable, and previous studies have shown that the gut microbiome
335 can influence liver health via different mechanisms, involving a wide array of microbial metabolites, such
336 as SCFA, bile acids, choline or ethanol, as well as by increasing LPS producing bacteria and consequently

337 endotoxemia.^{36, 40} In agreement with our work, results from a recent study suggest that analysis of
338 microbiota in human stool samples can be used as a biomarker of non alcoholic fatty liver disease
339 progression.⁵⁶ In that work, differences at the phylum level between advanced and mild non alcoholic
340 fatty liver disease were decreased Firmicutes and increased Proteobacteria, changes that have been also
341 identified by our analysis when comparing rats with normal and steatosis livers. Taken together, these
342 results may be related to the known link between adipose tissue remodeling and liver health, as the
343 hepatic metabolism of lipids is highly interconnected with the metabolism of the adipose tissue in order to
344 maintain the homeostasis of lipid metabolism.^{57, 58} Our association study highlights the relevance of the
345 microbiota on this adipose–liver axis, a putative link that has been explored by other authors.⁴⁰
346 Nevertheless, more research is needed to clearly define the extent to which the microbiota affect this
347 complex system.

348

349 We have demonstrated that CAF modifies markedly the host microbiome. Recent literature suggests that
350 dietary habits have a profound impact on gut microbiome diversity and microbial populations. Our results
351 strongly suggest that the balance between fiber, simple carbohydrates and fats determines the abundance
352 of different genera, which, in turn, can be associated with physiological outcomes. In this sense, we
353 describe clear associations between the alteration of gut microbiota and the physiology of adipose tissues
354 and liver health. Our results reveal that the CAF-fed rat is a useful model for studying diet-induced
355 dysbiosis and may provide further evidence supporting a role of the gut microbiota in obesity and its
356 derived pathologies, such as non alcoholic fatty liver disease or insulin resistance. The associations
357 between specific bacterial genera and physiology require further investigation to assess the relevance of
358 each association and whether these results can be used to design new strategies based on microbiome
359 modulation for improving metabolic dysfunctions.

360

361 **CONFLICT OF INTEREST**

362 The authors declare no conflict of interest.

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367 **REFERENCES**

- 368 1. Hildrum B, Mykletun A, Hole T, Midthjell K, Dahl AA. Age-specific prevalence of the metabolic
369 syndrome defined by the International Diabetes Federation and the National Cholesterol Education
370 Program: the Norwegian HUNT 2 study. *BMC Public Health* 2007; 7: 220.
- 371 2. Eckel RH, KGMM Alberti, Grundy SM, Zimmet PZ. The metabolic syndrome. *Lancet* 2005; 365:
372 1415–1428.
- 373 3. Wong SK, Chin K-Y, Suhaimi FH, Fairus A, Ima-Nirwana S, Alberti K et al. Animal models of
374 metabolic syndrome: a review. *Nutr Metab (Lond)* 2016; 13: 65.
- 375 4. Panchal SK, Brown L, Panchal SK, Brown L. Rodent models for metabolic syndrome research. *J*
376 *Biomed Biotechnol* 2011; 2011: 351982.
- 377 5. Gomez-Smith M, Karthikeyan S, Jeffers MS, Janik R, Thomason LA, Stefanovic B et al. A
378 physiological characterization of the cafeteria diet model of metabolic syndrome in the rat. *Physiol*
379 *Behav* 2016; 167: 382–391.
- 380 6. Sampey BP, Vanhoose AM, Winfield HM, Freemerman AJ, Muehlbauer MJ, Fueger PT et al.
381 Cafeteria diet is a robust model of human metabolic syndrome with liver and adipose inflammation:
382 comparison to high-fat diet. *Obesity* 2011; 19: 1109–1117.

- 383 7. de Macedo IC, de Freitas JS, da Silva Torres IL. The influence of palatable diets in reward system
384 activation: a mini review. *Adv Pharmacol Sci* 2016; 2016: 7238679.
- 385 8. Saper CB, Chou TC, Elmquist JK. The need to feed: homeostatic and hedonic control of eating.
386 *Neuron* 2002; 36: 199–211.
- 387 9. Estadella D, Oyama LM, Dâmaso AR, Ribeiro EB, Oller Do Nascimento CM. Effect of palatable
388 hyperlipidic diet on lipid metabolism of sedentary and exercised rats. *Nutrition* 2004; 20: 218–224.
- 389 10. Cigarroa I, Lalanza JF, Caimari A, del Bas JM, Capdevila L, Arola L et al. Treadmill intervention
390 attenuates the cafeteria diet-induced impairment of stress-coping strategies in young adult female
391 rats. *PLoS ONE* 2016; 11: e0153687.
- 392 11. Lalanza JF, Caimari A, Del Bas JM, Torregrosa D, Cigarroa I, Pallas M et al. Effects of a post-
393 weaning cafeteria diet in young rats: metabolic syndrome, reduced activity and low anxiety-like
394 behaviour. *PLoS One* 2014; 9: 285049.
- 395 12. Sonnenburg JL, Bäckhed F. Diet-microbiota interactions as moderators of human metabolism.
396 *Nature* 2016; 535: 56–64.
- 397 13. Sonnenburg ED, Smits SA, Tikhonov M, Higginbottom SK, Wingreen NS, Sonnenburg JL. Diet-
398 induced extinctions in the gut microbiota compound over generations. *Nature* 2016; 529: 212–215.
- 399 14. Fischbach MA, Sonnenburg JL. Eating for two: how metabolism establishes interspecies
400 interactions in the gut. *Cell Host Microbe* 2011; 10: 336–347.
- 401 15. De Filippo C, Cavalieri D, Paola M, Di, Ramazzotti M, Poullet JB, Massart S et al. Impact of diet in
402 shaping gut microbiota revealed by a comparative study in children from Europe and rural Africa.
403 *Proc Natl Acad Sci USA* 2010; 107: 14691.
- 404 16. Cotillard A, Kennedy SP, Kong LC, Prifti E, Pons N, Le Chatelier E et al. Dietary intervention
405 impact on gut microbial gene richness. *Nature* 2013; 500: 585–588.
- 406 17. Clarke SF, Murphy EF, Nilaweera K, Ross PR, Shanahan F, O’Toole PW et al. The gut microbiota
407 and its relationship to diet and obesity: new insights. *Gut Microbes* 2012; 3: 186–202.
- 408 18. Clarke SF, Murphy EF, O’Sullivan O, Ross RP, O’Toole PW, Shanahan F et al. Targeting the

409 microbiota to address diet-induced obesity: a time dependent challenge. PLoS ONE 2013; 8:
410 e65790.

411 19. Turnbaugh PJ, Hamady M, Yatsunenko T, Cantarel BL, Duncan A, Ley RE et al. A core gut
412 microbiome in obese and lean twins. Nature 2009; 457: 480–484.

413 20. DiBaise JK, Frank DN, Mathur R. Impact of the gut microbiota on the development of obesity:
414 current concepts. Am J Gastroenterol Suppl 2012; 1: 22–27.

415 21. Turnbaugh PJ, Ley RE, Mahowald MA, Magrini V, Mardis ER, Gordon JI. An obesity-associated
416 gut microbiome with increased capacity for energy harvest. Nature 2006; 444: 1027–1031.

417 22. Walters WA, Xu Z, Knight R. Meta-analyses of human gut microbes associated with obesity and
418 IBD. FEBS Lett 2014; 588: 4223–4233.

419 23. Caimari A, Del Bas JM, Crescenti A, Arola L. Low doses of grape seed procyanidins reduce
420 adiposity and improve the plasma lipid profile in hamsters. Int J Obes 2013; 37: 576–583.

421 24. Prabhakar PV, Reddy UA, Singh SP, Balasubramanyam A, Rahman MF, Indu Kumari S et al.
422 Oxidative stress induced by aluminum oxide nanomaterials after acute oral treatment in Wistar rats.
423 J Appl Toxicol 2012; 32: 436–445.

424 25. Rodriguez-Sureda V, Peinado-Onsurbe J. A procedure for measuring triacylglyceride and
425 cholesterol content using a small amount of tissue. Anal Biochem 2005; 343: 277–282.

426 26. Caporaso JG, Kuczynski J, Stombaugh J, Bittinger K, Bushman FD, Costello EK et al. QIIME
427 allows analysis of high-throughput community sequencing data. Nat Methods 2010; 7: 335–336.

428 27. Lê Cao K-A, Rohart F, Gonzalez I, Dejean S mixOmics: Omics Data Integration Project. R Packag
429 version 611 [https://CRANR-project.org/package = mixOmics](https://CRANR-project.org/package=mixOmics) 2016.

430 28. Lê Cao K-A, Martin PGP, Robert-Granié C, Besse P. Sparse canonical methods for biological data
431 integration: application to a cross-platform study. BMC Bioinformatics 2009; 10:34.

432 29. Shannon P, Markiel A, Ozier O, Baliga NS, Wang JT, Ramage D et al. Cytoscape: a software
433 environment for integrated models of biomolecular interaction networks. Genome Res 2003; 13:
434 2498–2504.

- 435 30. González I, Cao K-AL, Davis MJ, Déjean S. Visualising associations between paired ‘omics’ data
436 sets. *BioData Min* 2012; 5: 19.
- 437 31. Fox J. The R commander: a basic-statistics graphical user interface to R. *J Stat Softw* 2005; 14: 1–
438 42.
- 439 32. Le Chatelier E, Nielsen T, Qin J, Prifti E, Hildebrand F, Falony G et al. Richness of human gut
440 microbiome correlates with metabolic markers. *Nature* 2013; 500: 541–546.
- 441 33. Fernandes J, Su W, Rahat-Rozenbloom S, Wolever TMS, Comelli EM, Adiposity, gut microbiota
442 and faecal short chain fatty acids are linked in adult humans. *Nutr Diabetes* 2014; 4: e121.
- 443 34. Schwartz A, Taras D, Schäfer K, Beijer S, Bos NA, Donus C et al. Microbiota and SCFA in lean
444 and overweight healthy subjects. *Obesity (Silver Spring)* 2010; 18: 190–195.
- 445 35. Lecomte V, Kaakoush NO, Maloney CA, Raipuria M, Huinao KD, Mitchell HM et al. Changes in
446 gut microbiota in rats fed a high fat diet correlate with obesity-associated metabolic parameters.
447 *PLoS ONE* 2015; 10: e0126931.
- 448 36. Minemura M, Shimizu Y. Gut microbiota and liver diseases. *World J Gastroenterol* 2015; 21: 1691–
449 1702.
- 450 37. Million M, Lagier J-C, Yahav D, Paul M. Gut bacterial microbiota and obesity. *Clin Microbiol*
451 *Infect* 2013; 19: 305–313.
- 452 38. Cani PD, Neyrinck AM, Fava F, Knauf C, Burcelin RG, Tuohy KM et al. Selective increases of
453 bifidobacteria in gut microflora improve high-fat-diet-induced diabetes in mice through a
454 mechanism associated with endotoxaemia. *Diabetologia* 2007; 50: 2374–2383.
- 455 39. Dewulf EM, Cani PD, Claus SP, Fuentes S, Puylaert PGB, Neyrinck AM et al. Insight into the
456 prebiotic concept: lessons from an exploratory, double blind intervention study with inulin-type
457 fructans in obese women. *Gut* 2013; 62: 1112–1121.
- 458 40. Machado MV, Cortez-Pinto H. Diet, microbiota, obesity, and NAFLD: a dangerous quartet. *Int J*
459 *Mol Sci* 2016; 17:1–20.
- 460 41. Llorente C, Schnabl B. The gut microbiota and liver disease. *Cell Mol Gastroenterol Hepatol* 2015;

- 461 1: 275–284.
- 462 42. Shin N-R, Whon TW, Bae J-W, Woese CR, Fox GE, Lauber CL et al. Proteobacteria: microbial
463 signature of dysbiosis in gut microbiota. *Trends Biotechnol* 2015; 33: 496–503.
- 464 43. Frirdich E, Whitfield C. Lipopolysaccharide inner core oligosaccharide structure and outer
465 membrane stability in human pathogens belonging to the Enterobacteriaceae. *J Endotoxin Res* 2005;
466 11: 133–144.
- 467 44. Cani PD, Bibiloni R, Knauf C, Waget A, Neyrinck AM, Delzenne NM et al. Changes in gut
468 microbiota control metabolic endotoxemia-induced inflammation in high-fat diet-induced obesity
469 and diabetes in mice. *Diabetes* 2008; 57: 1470–1481.
- 470 45. Cani PD, Amar J, Iglesias MA, Poggi M, Knauf C, Bastelica D et al. Metabolic endotoxemia
471 initiates obesity and insulin resistance. *Diabetes* 2007; 56: 1761–1772.
- 472 46. Everard A, Lazarevic V, Gaia N, Johansson M, Ståhlman M, Bäckhed F et al. Microbiome of
473 prebiotic-treated mice reveals novel targets involved in host response during obesity. *ISME J* 2014;
474 8: 2116–2130.
- 475 47. Walker A, Pfitzner B, Neschen S, Kahle M, Harir M, Lucio M et al. Distinct signatures of host-
476 microbial meta-metabolome and gut microbiome in two C57BL/6 strains under high-fat diet. *ISME*
477 2014; 8: 2380–2396.
- 478 48. Geurts L, Lazarevic V, Derrien M, Everard A, Van Roye M, Knauf C et al. Altered gut microbiota
479 and endocannabinoid system tone in obese and diabetic leptin-resistant mice: impact on apelin
480 regulation in adipose tissue. *Front Microbiol* 2011; 2: 149.
- 481 49. Pfalzer AC, Nesbeth P-DC, Parnell LD, Iyer LK, Liu Z, Kane AV et al. Diet and genetically-
482 induced obesity differentially affect the fecal microbiome and metabolome in *Apc1638N* mice.
483 *PLoS ONE* 2015; 10: e0135758.
- 484 50. Ramakrishna BS. Role of the gut microbiota in human nutrition and metabolism. *J Gastroenterol*
485 *Hepatol* 2013; 28: 9–17.
- 486 51. Canfora EE, Jocken JW, Blaak EE. Short-chain fatty acids in control of body weight and insulin

- 487 sensitivity. *Nat Rev Endocrinol* 2015; 11: 577–591.
- 488 52. den Besten G, Bleeker A, Gerding A, van Eunen K, Havinga R, van Dijk TH et al. Short-chain fatty
489 acids protect against high-fat diet-induced obesity via a PPAR γ -dependent switch from lipogenesis
490 to fat oxidation. *Diabetes* 2015; 64: 2398–2408.
- 491 53. Vrieze A, Van Nood E, Holleman F, Salojärvi J, Kootte RS, Bartelsman JFWM et al. Transfer of
492 intestinal microbiota from lean donors increases insulin sensitivity in individuals with metabolic
493 syndrome. *Gastroenterology* 2012; 143: 913–916.e7.
- 494 54. VAUGHAN M. The production and release of glycerol by adipose tissue incubated in vitro. *J Biol*
495 *Chem* 1962; 237: 3354–3358.
- 496 55. Nurjhan N, Consoli A, Gerich J. Increased lipolysis and its consequences on gluconeogenesis in
497 non-insulin-dependent diabetes mellitus. *J Clin Invest* 1992; 89: 169–175.
- 498 56. Loomba R, Seguritan V, Li W, Long T, Klitgord N, Bhatt A et al. Gut microbiome-based
499 metagenomic signature for non-invasive detection of advanced fibrosis in human nonalcoholic fatty
500 liver disease. *Cell Metab* 2017; 25: 1054–1062.e5.
- 501 57. Virtue S, Vidal-Puig A. Adipose tissue expandability, lipotoxicity and the metabolic syndrome-an
502 allostatic perspective. *Biochim Biophys Acta* 2010; 1801: 338–349.
- 503 58. Fabbrini E, Sullivan S, Klein S. Obesity and nonalcoholic fatty liver disease: biochemical,
504 metabolic, and clinical implications. *Hepatology* 2010; 51: 679–689.

505 **FIGURE CAPTIONS**

506 **Figure 1.** Changes in the metagenome of rats fed a CAF or a STD were assessed by (a) phyla abundance,
507 (b) differences in alpha diversity between CAF- and STD-fed animals calculated by the Shannon,
508 observed OTUs and Simpson indexes; (c) analysis of beta diversity represented by scores of each CAF-
509 and STD-fed animals after principal coordinates analysis; (d) hierarchical clustering analysis for the 16
510 animals colorized as indicated and the corresponding heatmap depicting the fold-change with respect to

511 the average abundance of each genus. * Denotes a $P < 0.05$ between the highlighted groups by T
512 statistics.

513 **Figure 2.** Network of associations between genus and nutritional, physiological and biochemical
514 parameters. Associations with an $R^2 > 0.7$ between depicted genus and parameters as reported by sparse
515 partial least squares analysis are represented as the edges of a network. Red edges depict positive
516 associations and green edges indicate negative associations between the connected nodes. Increased
517 intensity denotes higher R^2 . The size of each node is proportional to the number of connected edges.
518 Genera are coded in Table 2. The form of the node for each genus represents its phylum as diamonds
519 (Firmicutes), squares (Bacteroidetes), triangles (Chloroflexi), hexagons (proteobacteria) and octagons
520 (SC4). Actinobacteria, Deferribacteres and Tenericutes are represented by a circle. SFA, saturated fatty
521 acids; MUFA, monounsaturated fatty acids; PUFA, polyunsaturated fatty acids; total FA, total fatty acids;
522 TG, triglycerides, TC, total cholesterol, PL, phospholipids, NEFA, non-esterified fatty acids; RWAT,
523 retroperitoneal white adipose tissue; EWAT, epididymal adipose tissue; IWAT, inguinal adipose tissue;
524 MWAT, mesenteric adipose tissue; MUS, muscle; BAT, brown adipose tissue.

525 **Figure 3.** Analysis of LPSs in plasma of rats fed a CAF or a STD. Plasma concentrations of hydroxyl-
526 fatty acids of 8, 10, 12, 14, 16 and 18 carbons were determined and the concentration of total LPS was
527 calculated from their concentration as reported in the Materials and methods section. The results are
528 represented as the mean \pm s.e.m. of each group. * Denotes a $P < 0.05$ between the CAF and STD groups
529 by T statistics.

530

531 **TABLES**

532 **Table 1.** Macronutrient intake during 12 weeks, tissue weights and plasma and liver biochemistry in rats
533 fed a STD or a CAF.

	STD	CAF	P-value
Macronutrient intake			
Energy intake (kJ day ⁻¹)	182 ± 5	410 ± 8	6.E-09
Proteins (g day ⁻¹)	3.3 ± 0.1	2.4 ± 0.2	7.E-04
Lipids (g day ⁻¹)	0.59 ± 0.01	3.6 ± 0.2	3.E-09
Carbohydrates (g day ⁻¹)	6.9 ± 0.2	15.4 ± 0.7	1.E-08
Fiber (g day ⁻¹)	0.41 ± 0.01	0.14 ± 0.02	4.E-08
Saturated fatty acids (g day ⁻¹)	0.20 ± 0.01	1.8 ± 0.1	3.E-10
Monounsaturated fatty acids (g day ⁻¹)	0.23 ± 0.01	1.11 ± 0.08	2.E-08
Polyunsaturated fatty	0.14 ± 0.01	0.44 ± 0.01	1.E-06

acids (g day ⁻¹)			
Total fatty acids (g day ⁻¹)	0.45 ± 0.01	3.0 ± 0.2	2.E-09
Cholesterol (g day ⁻¹)	0.0027 ± 7.E-05	0.014 ± 9.E-04	1.E-08
Water (g day ⁻¹)	34 ± 2	60 ± 3	4.E-06
Tissue weights (absolute values)			
Body weight (g)	453 ± 11	598 ± 20	2.E-05
Liver (g)	12 ± 1	16 ± 1	1.E-04
RWAT (g)	17 ± 1	36 ± 2	8.E-07
EWAT (g)	16 ± 1	31 ± 3	9.E-05
IWAT (g)	23 ± 1	63 ± 7	9.E-05
MWAT (g)	10 ± 1	21 ± 2	1.E-04
BAT (g)	0.62 ± 0.01	1.26 ± 0.13	5.E-04
Gastrocnemius and soleus (g)	2.63 ± 0.05	2.56 ± 0.05	3.E-01
Tissue weights (relative to body			

weight)			
Liver (%)	2.68 ± 0.06	2.76 ± 0.12	6.E-01
RWAT (%)	3.7 ± 0.2	5.9 ± 0.2	4.E-06
EWAT (%)	3.5 ± 0.2	5.1 ± 0.3	3.E-04
IWAT (%)	5.0 ± 0.2	10.4 ± 0.9	5.E-05
MWAT (%)	2.2 ± 0.1	3.5 ± 0.2	8.E-05
Adiposity index	14.3 ± 0.5	25.0 ± 1.4	5.E-06
BAT (%)	0.14 ± 0.01	0.21 ± 0.02	4.E-03
Gastrocnemius and soleus (%)	0.58 ± 0.02	0.43 ± 0.02	7.E-05
Plasma parameters			
Triglycerides (mM)	1.7 ± 0.2	3.3 ± 0.3	5.E-04
Cholesterol (mM)	2.5 ± 0.2	2.6 ± 0.1	5.E-01
Glucose (mM)	11.2 ± 0.7	13.4 ± 0.8	7.E-02
Malondialdehyde (nM)	257 ± 8	404 ± 82	1.E-01
Insulin (nM)	6.6 ± 0.6	8.4 ± 0.6	1.E-01

Adiponectin ($\mu\text{g ml}^{-1}$)	3.3 ± 0.2	5.0 ± 0.3	5.E-04
Glycerol (mM)	0.14 ± 0.02	0.32 ± 0.02	4.E-05
NEFA (mM)	0.23 ± 0.02	0.33 ± 0.02	7.E-04
Leptin (ng ml^{-1})	19 ± 1	106 ± 11	1.E-06
Liver biochemistry			
Total lipids (mg g^{-1})	42 ± 3	78 ± 6	6.E-05
Triglycerides (mg g^{-1})	5.4 ± 0.4	11.7 ± 0.9	3.E-05
Total cholesterol (mg g^{-1})	2.4 ± 0.2	4.7 ± 0.4	4.E-05
Phospholipids (mg g^{-1})	10.9 ± 0.9	14.6 ± 0.7	6.E-03

534 *Abbreviations: BAT, brown adipose tissue; CAF, cafeteria diet; EWAT, epididymal adipose tissue; IWAT,*
535 *inguinal adipose tissue; MWAT, mesenteric adipose tissue; NEFA, non-esterified fatty acids; RWAT,*
536 *retroperitoneal white adipose tissue; STD, standard diet. Values are represented as mean \pm s.e.m.*

537 **Table 2.** Bacteria highly associated with physiological parameters in rats fed a STD and a CAF for 12
538 weeks.

Code	Fold-change	P-value	Phylum	Class	Order	Family	Genus
------	-------------	---------	--------	-------	-------	--------	-------

bact18	99.79	2.E-02	Actinobacteria	Actinobacteria	Actinomycetales	Propionibacteriaceae	Propionibacterium
bact35	7.78	2.E-04	Bacteroidetes	Bacteroidia	Bacteroidales	Bacteroidaceae	Bacteroides
bact36	Up	1.E-02	Bacteroidetes	Bacteroidia	Bacteroidales	Porphyromonadaceae	Candidatus Azobacteroides
bact37	13.70	4.E-02	Bacteroidetes	Bacteroidia	Bacteroidales	Porphyromonadaceae	Paludibacter
bact38	16.12	9.E-04	Bacteroidetes	Bacteroidia	Bacteroidales	Porphyromonadaceae	Parabacteroides
bact41	0.05	1.E-05	Bacteroidetes	Bacteroidia	Bacteroidales	Prevotellaceae	-
bact42	0.07	5.E-04	Bacteroidetes	Bacteroidia	Bacteroidales	Prevotellaceae	Prevotella
bact46	111.80	2.E-03	Bacteroidetes	Bacteroidia	Bacteroidales	Rikenellaceae	Alistipes

bact47	0.38	5.E-04	Bacteroidetes	Bacteroidia	Bacteroidales	S24-7	-
bact50	4.65	8.E-02	Bacteroidetes	Bacteroidia	Bacteroidales	(Paraprevotellaceae)	-
bact60	0.01	3.E-06	Chloroflexi	Anaerolineae	50208	-	-
bact62	0.26	3.E-02	Firmicutes	Clostridia	Clostridiales	Ruminococcaceae	Anaerofilum
bact69	0.00	3.E-03	Deferribacteres	Deferribacteres	Deferribacterales	Deferribacteraceae	Mucispirillum
bact72	Down	9.E-05	Firmicutes	Bacilli	Bacillales	Alicyclobacillaceae	-
bact89	0.10	2.E-04	Firmicutes	Bacilli	Lactobacillales	Aerococcaceae	Facklamia
bact96	25.24	1.E-02	Firmicutes	Bacilli	Lactobacillales	Lactobacillaceae	Pediococcus
bact103	0.04	1.E-10	Firmicutes	Clostridia	Clostridiales	-	-

bact111	0.05	2.E-08	Firmicutes	Clostridia	Clostridiales	Dehalobacteriaceae	Dehalobacterium
bact120	Up	9.E-03	Firmicutes	Clostridia	Clostridiales	Lachnospiraceae	Epulopiscium
bact135	0.17	5.E-06	Firmicutes	Clostridia	Clostridiales	Ruminococcaceae	-
bact136	12.99	1.E-02	Proteobacteria	Deltaproteobacteria	Desulfovibrionales	Desulfovibrionaceae	Bilophila
bact138	34.01	5.E-03	Firmicutes	Clostridia	Clostridiales	Ruminococcaceae	Clostridium
bact140	0.11	5.E-07	Firmicutes	Clostridia	Clostridiales	Ruminococcaceae	Oscillospira
bact142	0.18	3.E-06	Firmicutes	Clostridia	Clostridiales	Ruminococcaceae	Ruminococcus
bact152	74.66	9.E-03	Firmicutes	Clostridia	Clostridiales	Veillonellaceae	Phascolarctobacterium
bact164	0.03	8.E-04	Firmicutes	Clostridia	MBA08	-	-

bact180	15.11	8.E-03	Proteobacteria	Gammaproteobacteria	Enterobacteriales	Enterobacteriaceae	-
bact206	20.70	1.E-04	Proteobacteria	Betaproteobacteria	Burkholderiales	Alcaligenaceae	Sutterella
bact211	0.00	7.E-05	Proteobacteria	Deltaproteobacteria	-	-	-
bact216	Up	5.E-02	Lentisphaerae	(Lentisphaeria)	Lentisphaerales	Lentisphaeraceae	Lentisphaera
bact220	0.01	6.E-04	Proteobacteria	Deltaproteobacteria	Myxococcales	0319-6G20	-
bact224	0.02	3.E-06	Proteobacteria	Deltaproteobacteria	Thermodesulfobacteriales	-	-
bact229	81.72	7.E-02	Proteobacteria	Gammaproteobacteria	Aeromonadales	-	-
bact231	Up	2.E-01	Proteobacteria	Gammaproteobacteria	Aeromonadales	Aeromonadales	Zobellella

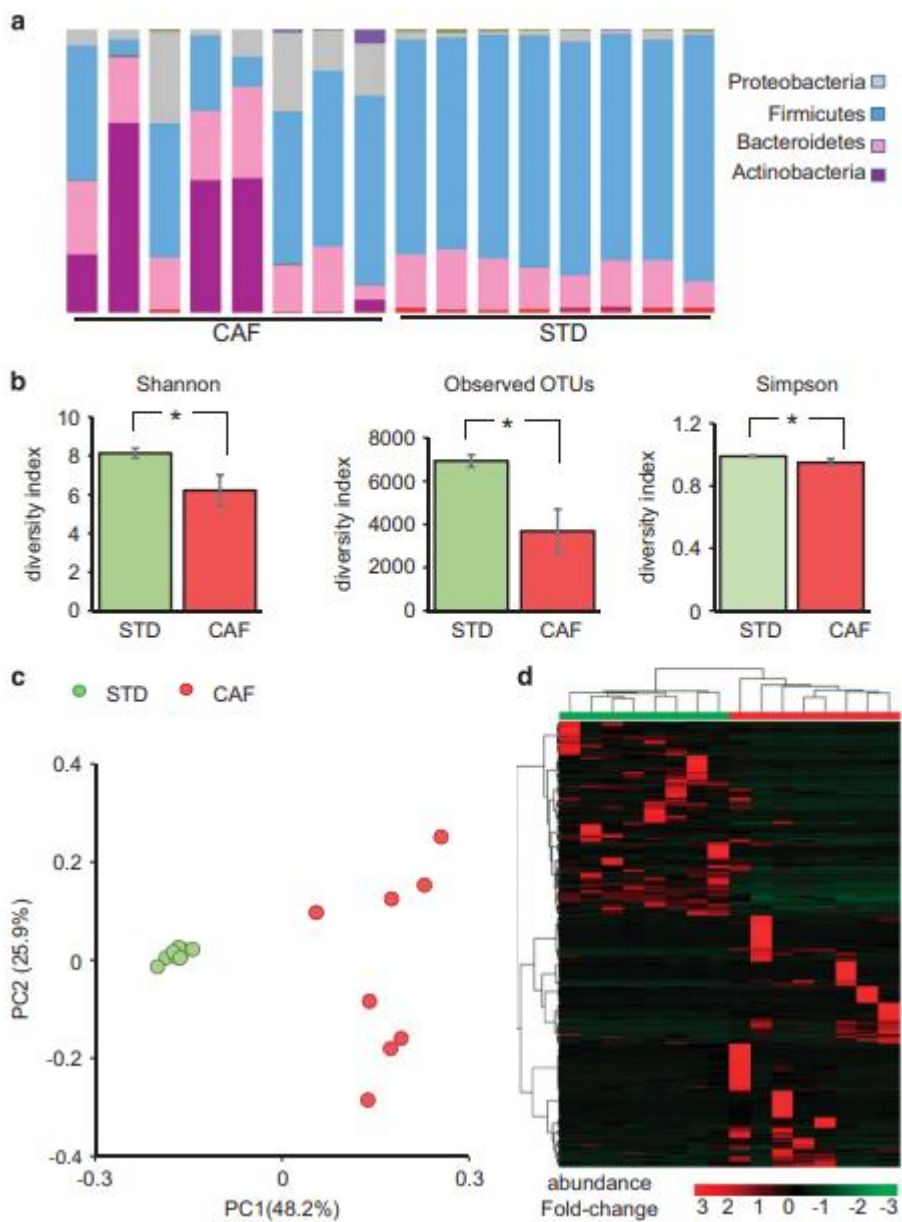
			acteria	roteobac teria	nadales	nadaceae	a
bact238	Up	5.E-02	Chlorofl exi	Ktedono bacteria	Ktedono bacterale s	Ktedono bacterac eae	FFCH10 602
bact244	3.94	7.E-02	Proteoba acteria	Gammap roteobac teria	Enteroba cteriales	Enteroba cteriacea e	Morgane lla
bact261	25.31	7.E-03	Proteoba acteria	Gammap roteobac teria	Pseudom onadales	Moraxell aceae	Acinetob acter
bact271	33.23	3.E-02	Proteoba acteria	Gammap roteobac teria	Xantho monadal es	Xantho monadac eae	Stenotro phomon as
bact273	Down	1.E-04	SC4	-	-	-	-
bact285	0.10	6.E-03	Tenericu tes	Mollicut es	RF39	-	-

539 *Abbreviations: CAF, cafeteria diet; STD, standard diet.*

540

541 **FIGURES**

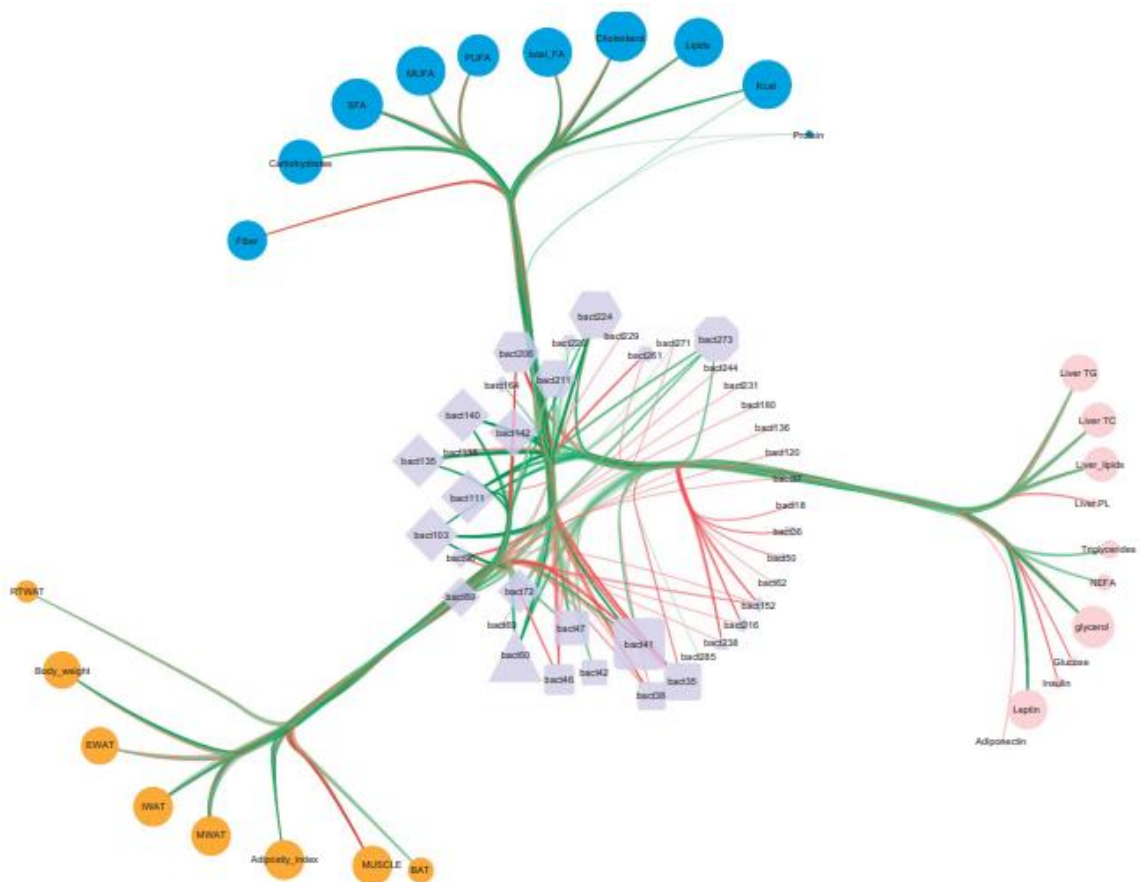
542 Figure 1



543

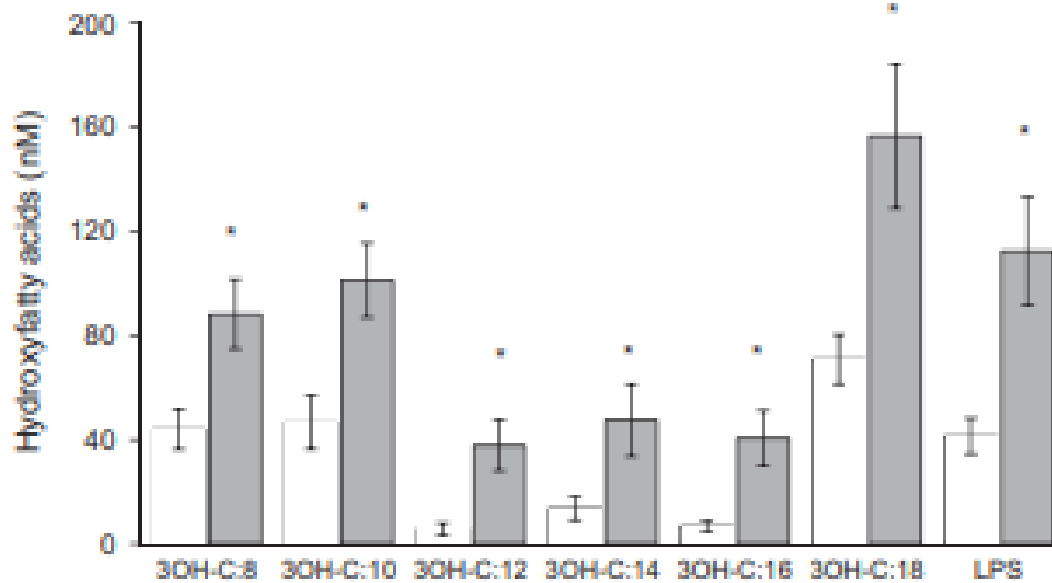
544

545 Figure 2



546

547



Genus	Study	Subjects	Relation with diet or obesity	Agreement with the present study
Propionibacterium	Dewulf, 2013 ¹	Obese women	Positively correlated with changes in body composition and glucose homeostasis	Yes
Bacteroides	Caesar, 2015 ²	Mice	Increased by lard feeding	Yes
	Everard, 2014 ³	Mice	Increased by high-fat feeding	Yes
	Kaakoush, 2017 ⁴	Rats	Increased by a CAF diet	Yes
	Hamilton, 2015 ⁵	Rats	Increased by a high-fat diet	Yes
	Lecomte, 2015 ⁶	Rats	Increased by a high-fat diet	Yes
	Liu, 2016 ⁷	Rats	Decreased by a high-fat diet	No
	Parnell, 2012 ⁸	Lean and obese rats	Decreased in obese rats. Negatively correlated with body weight, body fat and energy intake. Increased with high fiber intake.	No
	David, 2013 ⁹	Men and women (BMI 19-32)	Increased by an animal-based diet (rich in fat and protein and low in fiber)	Yes
Parabacteroides	Wu, 2011 ¹⁰	Healthy men and women	Associated with protein and animal fat	Yes
	Boursier, 2016 ¹¹	Men and women with NAFDL	Increased in NASH patients	Yes
	Everard, 2014 ³	Mice	Increased by high-fat feeding	Yes
Prevotella	Lecomte, 2015 ⁶	Rats	Increased by a high-fat diet	Yes
	Liu, 2016 ⁷	Rats	Decreased by a high-fat diet	No
	Wong, 2013 ¹²	Healthy men and women or with NASH	Increased in NASH patients	Yes
Prevotella	Everard, 2014 ³	Mice	Decreased by a high-fat diet	Yes
	Hamilton, 2015 ⁵	Rats	Decreased by a high-fat diet	Yes
	Wu, 2011 ¹⁰	Healthy men and women	Associated with high-carbohydrate intake. Enriched in vegetarians.	Yes

Genus	Study	Subjects	Relation with diet or obesity	Agreement with the present study
	Ou, 2013 ¹³	Healthy men and women from America or Africa	Increased in native Africans (high fiber intake) compared to African Americans (high fat intake)	Yes
	Boursier, 2016 ¹¹	Men and women with NAFLD	Decreased in NASH patients	Yes
Alistipes	Daniel, 2014 ¹⁴	Mice	Increased by high-fat feeding	Yes
	David, 2013 ⁹	Men and women (BMI 19-32)	Increased by an animal-based diet (rich in fat and protein and low in fiber)	Yes
	Zhu, 2013 ¹⁵	Healthy, obese and NASH adolescents	Decreased in obese and NASH adolescents	No
Mucispirillum	Ravussin, 2012 ¹⁶	Mice	Increased by high-fat feeding. Positively correlated with plasma leptin.	No
	Everard, 2014 ³	Mice	Increased by high-fat feeding	No
	Hamilton, 2015 ⁵	Rats	Increased by high-fat feeding	No
Dehalobacterium	Fu, 2015 ¹⁷	Men and women from LifeLines-DEEP cohort	Negatively associated with BMI	Yes
	Chan, 2015 ¹⁸	ApoE ^{-/-} mice	Decreased by a high-fat diet-induced atherosclerosis	Yes
Bilophila	Everard, 2014 ³	Mice	Increased by high-fat feeding	Yes
	Caesar, 2015 ²	Mice	Increased by lard feeding	Yes
	David, 2013 ⁹	Men and women (BMI 19-32)	Increased by an animal-based diet (rich in fat and protein and low in fiber)	Yes
Clostridium	Chan, 2015 ¹⁸	ApoE ^{-/-} mice	Increased in high-fat diet-induced atherosclerosis. Positively correlated with cholesterol levels	Yes
Oscillospira	Chan, 2015 ¹⁸	ApoE ^{-/-} mice	Decreased in high-fat diet-induced atherosclerosis. Correlated with saturated fat intake.	Yes
	Liu, 2016 ⁷	Rats	Increased by high-fat feeding	No
	Ou, 2013 ¹³	Healthy men and women from America or Africa	Decreased in Americans (high fat intake) compared to Africans (high fiber intake)	Yes

Genus	Study	Subjects	Relation with diet or obesity	Agreement with the present study
	Zhu, 2013 ¹⁵	Healthy, obese and NASH adolescents	Decreased in obese and NASH adolescents	Yes
	Goodrich, 2014	Normal weight and obese twin pairs	Enriched in lean subjects	Yes
	Escobar, 2014	Normal-weight and obese adults	Decreased in obese subjects	Yes
Ruminococcus	Kaakoush, 2017 ⁴	Rats	Increased by a CAF diet	No
	Zhu, 2013 ¹⁵	Healthy, obese and NASH adolescents	Decreased in obese and NASH adolescents	Yes
	Boursier, 2016 ¹¹	Men and women with NAFDL	Increased in fibrosis	-
Phascolarctobacterium	Lecomte, 2015 ⁶	Rats	Increased by a high-fat diet	Yes
Sutterella	Liu, 2016 ⁷	Rats	Increased by a restrictive high-sugar diet and by a high-protein diet	Yes
	Mandal, 2016 ¹⁹	Pregnant women	Inversely associated with fiber intake	Yes
Morganella	Lecomte, 2015 ⁶	Rats	Increased by a high-fat diet	Yes
Acinetobacter	Ou, 2013 ¹³	Healthy men and women from America or Africa	Increased in Americans (high fat intake) compared to Africans (high fiber intake)	Yes
	Chiu, 2014 ²⁰	Normal-weight and obese adults	Positively associated with obesity	Yes

NASH, non-alcoholic steatohepatitis

References

1. Dewulf EM, Cani PD, Claus SP, et al. Insight into the prebiotic concept: lessons from an exploratory, double blind intervention study with inulin-type fructans in obese women. *Gut*. 2013;62(8):1112-1121. doi:10.1136/gutjnl-2012-303304.
2. Caesar R, Tremaroli V, Kovatcheva-Datchary P, Cani PD, Bäckhed F. Crosstalk between Gut Microbiota and Dietary Lipids Aggravates WAT Inflammation through TLR Signaling. *Cell Metab*. 2015;22(4):658-668. doi:10.1016/j.cmet.2015.07.026.
3. Everard A, Lazarevic V, Ga N, et al. Microbiome of prebiotic-treated mice reveals novel targets involved in host response during obesity. 2014;8. doi:10.1038/ismej.2014.45.
4. Kaakoush NO, Martire SI, Raipuria M, et al. Alternating or continuous exposure to cafeteria diet leads to similar shifts in gut microbiota compared to chow diet. *Mol Nutr Food Res*. 2017;61(1):1500815. doi:10.1002/mnfr.201500815.
5. Hamilton, M K; Boudry, G; Lemay, D G; Raybould HE. Changes in intestinal barrier function and gut microbiota in high-fat diet-fed rats are dynamic and region dependent. *Am J Physiol Gastrointest Liver Physiol*. 2015;308(10):G840-51. doi:10.1152/ajpgi.00029.2015.
6. Lecomte V, Kaakoush NO, Maloney CA, et al. Changes in Gut Microbiota in Rats Fed a High Fat Diet Correlate with Obesity-Associated Metabolic Parameters. Nerurkar P V., ed. *PLoS One*. 2015;10(5):e0126931. doi:10.1371/journal.pone.0126931.
7. Liu J-P, Zou W-L, Chen S-J, et al. Effects of different diets on intestinal microbiota and nonalcoholic fatty liver disease development. *World J Gastroenterol*. 2016;22(32):7353-7364. doi:10.3748/wjg.v22.i32.7353.
8. Parnell JA, Reimer RA. Prebiotic fibres dose-dependently increase satiety hormones and alter Bacteroidetes and Firmicutes in lean and obese JCR:LA-cp rats. *Br J Nutr*. 2012;107(4):601-613. doi:10.1017/S0007114511003163.
9. David LA, Maurice CF, Carmody RN, et al. Diet rapidly and reproducibly alters the human gut microbiome. *Nature*. 2013;505(7484):559-563. doi:10.1038/nature12820.
10. Wu GD, Chen J, Hoffmann C, et al. Linking long-term dietary patterns with gut microbial enterotypes. *Science*. 2011;334(6052):105-108. doi:10.1126/science.1208344.
11. Boursier J, Mueller O, Barret M, et al. The severity of nonalcoholic fatty liver disease is associated with gut dysbiosis and shift in the metabolic function of the gut microbiota. *Hepatology*. 2016;63(3):764-775. doi:10.1002/hep.28356.
12. Wong VW-S, Tse C-H, Lam TT-Y, et al. Molecular Characterization of the Fecal Microbiota in Patients with Nonalcoholic Steatohepatitis – A Longitudinal Study. Federici M, ed. *PLoS One*. 2013;8(4):e62885. doi:10.1371/journal.pone.0062885.
13. Ou J, Carbonero F, Zoetendal EG, et al. Diet, microbiota, and microbial metabolites in colon cancer risk in rural Africans and African Americans. *Am J Clin Nutr*. 2013;98(1):111-120. doi:10.3945/ajcn.112.056689.
14. Daniel H, Gholami AM, Berry D, et al. High-fat diet alters gut microbiota physiology in mice. *ISME J*. 2014;8(2):295-308. doi:10.1038/ismej.2013.155.

15. Zhu L, Baker SS, Gill C, et al. Characterization of gut microbiomes in nonalcoholic steatohepatitis (NASH) patients: A connection between endogenous alcohol and NASH. *Hepatology*. 2013;57(2):601-609. doi:10.1002/hep.26093.
16. Ravussin Y, Koren O, Spor A, et al. Responses of gut microbiota to diet composition and weight loss in lean and obese mice. *Obesity (Silver Spring)*. 2012;20(4):738-747. doi:10.1038/oby.2011.111.
17. Fu J, Bonder MJ, Cenit MC, et al. The gut microbiome contributes to a substantial proportion of the variation in blood lipids. *Circ Res*. 2015;117(9):817-824. doi:10.1161/CIRCRESAHA.115.306807.
18. Chan YK, Brar MS, Kirjavainen P V., et al. High fat diet induced atherosclerosis is accompanied with low colonic bacterial diversity and altered abundances that correlates with plaque size, plasma A-FABP and cholesterol: a pilot study of high fat diet and its intervention with *Lactobacillus rhamno*. *BMC Microbiol*. 2016;16(1):264. doi:10.1186/s12866-016-0883-4.
19. Mandal S, Godfrey KM, McDonald D, et al. Fat and vitamin intakes during pregnancy have stronger relations with a pro-inflammatory maternal microbiota than does carbohydrate intake. *Microbiome*. 2016;4(1):55. doi:10.1186/s40168-016-0200-3.
20. Chiu C-M, Huang W-C, Weng S-L, et al. Systematic analysis of the association between gut flora and obesity through high-throughput sequencing and bioinformatics approaches. *Biomed Res Int*. 2014;2014:906168. doi:10.1155/2014/906168.