

# Analysis of samples with low abundance of microbial DNA

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## Introduction

Recent studies confirmed bacterial presence even in internal tissues or body fluids such as liver, breast tissue, or brain, blood, initially presumed as sterile in healthy individuals (1, 2, 3, 4). However, the amount of bacterial components (including DNA) could be extremely low and represents several issues during laboratory preparation: Introduction of **contaminant bacterial DNA** from the environment, isolation and PCR kit itself in the sample during laboratory preparation poses the problematic riddle in a sense of correct interpretation of the bacterial profile (5,6). Regarding the previous point, it is often difficult to decide whether is sample negative (contain no bacterial DNA at all) because of variable contamination manifestation. If a **low level of bacterial DNA** is presented, the sample is prone to manifestations of contamination on the sequencing profile because of the lower ability to compete for reagents in the PCR reaction during the library preparation (6). In the case of tissue and some body fluid samples, during library preparation a non-specific products can be amplified and sequenced because of **high proportion of present eukaryotic DNA** or reaction could be attenuated by other byproducts of tissue and body fluid isolation such as PCR inhibitors (7).

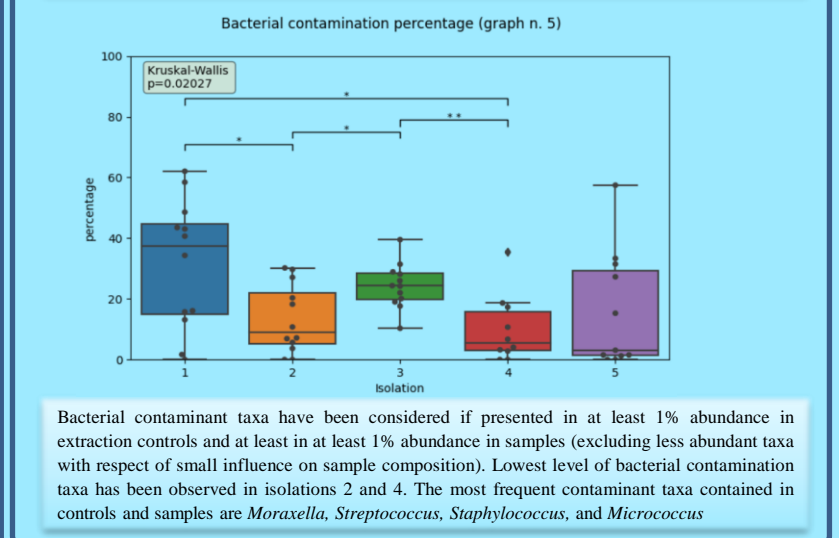
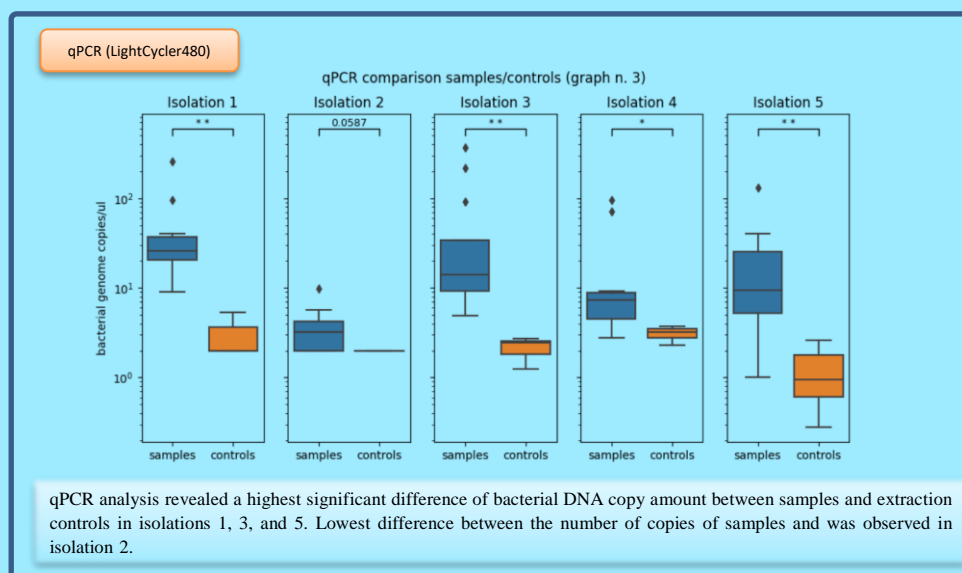
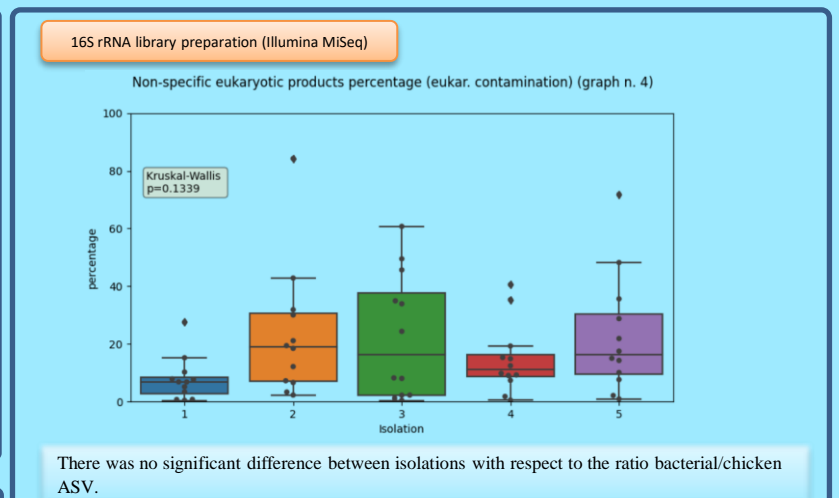
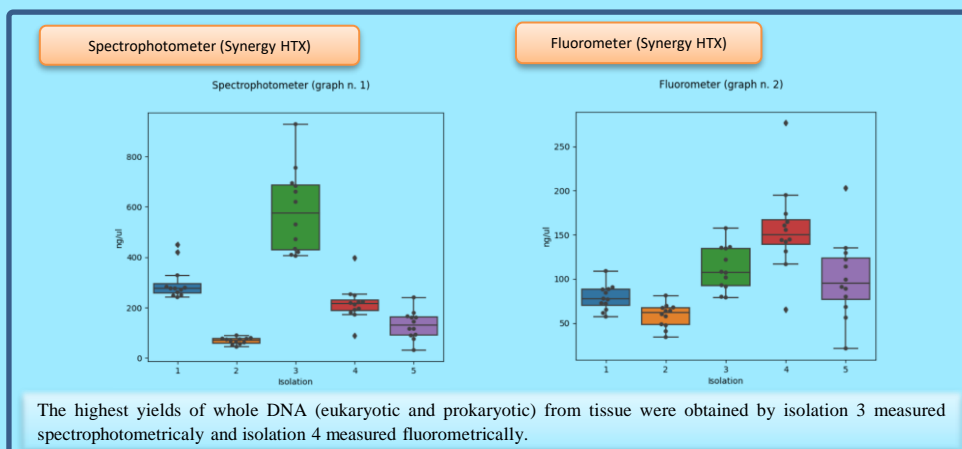
Our **goal is to identify an isolation protocol with best attributes** (highest yield of whole DNA, highest yield of bacterial DNA, lowest percentage of non-specific eukaryotic products, lowest percentage of bacterial contaminant taxa) that allows us to achieve accurate and reproducible results in the field of analysis of tissues with .

## Materials and methods

Five isolation protocols were designed (combining different customs and proprietary approaches of enzymatic and mechanical lysis) was tested to obtain the highest yield of bacterial DNA from tissue and six different samples of chicken liver in duplicates have been isolated in duplicates. Each isolation has been carried out with three extraction controls to capture contamination. Quality and quantity of whole DNA has been checked spectrophotometrically and fluorometrically (Synergy HTX). Quantitative PCR (qPCR) (LightCycler480) of controls and samples has been performed to confirm (or disprove) the presence of bacterial DNA in the isolates and determine difference of bacterial DNA amount between samples and extraction controls. Finally, a 16S library has been prepared from all samples and controls for further sequencing (Illumina MiSeq) for comparison of bacterial and eukaryotic contamination influence for each isolation.



## Results



## Conclusion

- **High yield of whole DNA** may implicate also proportionally high bacterial DNA yield. Our measurements reveals that **isolation 3** (spectrophotometer) and **4** (fluorometer) produce highest amounts of whole DNA.

- Bacterial genome copies amount difference between samples and extraction controls measured by qPCR describes **prokaryotic DNA extraction effectivity** of particular kit. Best isolations with highest ratio of extracted prokaryotic DNA in samples and contaminant DNA in controls and are **isolation 1, 3 and 5**.

- According to our data we can not conclude which isolation produce less **non-specific eukaryotic products** during library preparation.

- **Bacterial contamination** has been estimated from sequencing data. Lowest contamination levels reveals **isolation 2 and 4**. More accurate bacterial contamination would be calculated by additional statistical software.

Based on aforementioned data suitable isolation protocols are **isolation 3 and 4**. Single best isolation will be chosen after validating results on higher number of samples.

## References

- (1) Castillo, D. J., et al. (2019). The Healthy Human Blood Microbiome: Fact or Fiction? *Frontiers in Cellular and Infection Microbiology*, 9.
- (2) Ezzat, A. I., et al. (2014). Metagenomic Study of the Liver Microbiota in Liver Cancer-Metagenomic and Metatranscriptomic Analyses of the Hepatocellular Carcinoma-Associated Microbial Communities and the Potential Role of Microbial Communities in Liver Cancer. *J Gastroint Dig Syst*, 4, 228.
- (3) Gerard, H. C., et al. (2006). Chlamydomphila (Chlamydia) pneumoniae in the Alzheimer's brain. *Fems Immunology and Medical Microbiology*, 48(3), 355-366.
- (4) Urbaniak, C., et al. (2014). Microbiota of Human Breast Tissue. *Applied and Environmental Microbiology*, 80(10), 3007-3014.
- (5) Salter, S. J., et al. (2014). Reagent and laboratory contamination can critically impact sequence-based microbiome analyses. *BMC Biol*, 12, 87.
- (2) Gu, W., et al. (2019). Clinical Metagenomic Next-Generation Sequencing for Pathogen Detection. *Annu Rev Pathol*, 14, 319-338
- (3) Luch, et al. The Characterization of Novel Tissue Microbiota Using an Optimized 16S Metagenomic Sequencing Pipeline. *PLoS One*, 2015 Nov 6;10(11):e0142334.