Supporting Methods

Comparison of healthy subjects from the Human Microbiome Project (HMP) cohort to periodontitis subjects from the current study

Data from periodontally healthy subjects, publicly available via the HMP [1], was used to confirm associations of different taxa with health or periodontitis. According to the HMP Manual of Procedures (http://hmpdacc.org/doc/HMP_MOP_Version12_0_072910.pdf), 18 to 40 year old subjects were enrolled at two US locations and did not have 1) PDs ≥ than 4 mm; 2) > 8 missing teeth and 3) > 10% of sites with BoP. Moreover, among inclusion criteria were no antibiotic use within six months and no chronic medical conditions. It is reported healthy subjects had subgingival plaque collected from the mesio buccal surface of six index teeth, prior to pooling of same subject samples.

Sff files from all subjects with sequenced V1-V3 regions of the 16S rRNA gene were downloaded from the HMP website (http://www.hmpdacc.org/HMR16S/). HMP amplicons had been generated using primers 27F 5’AGAGTTTGATCCTGGCTCAG3’ and 534R 5’ATTACCGCGGCTGCTGG3’ and sequenced in the reverse direction on the 454 platform. DNA isolation procedures, library construction and sequencing protocols were accessed at http://www.hmpdacc.org/doc/HMP_MDG_454_16S_Protocol.pdf.

Raw data files from the HMP and periodontitis datasets were processed simultaneously in Mothur [2, 3]. Briefly, datasets were denoised, trimmed, and chimeras removed. Since datasets were sequenced from opposite directions, only 41 bps overlapped after alignment of trimmed sequences. Therefore, we did not perform an Operational Taxonomic Unit
(OTU)-based analysis to compare the HMP and periodontitis datasets, but followed the “phylotype pipeline” described by Schloss et al. [3]. This involves binning of sequences according to taxonomy, which was determined using Mothur’s version of the Ribosomal Database Project (RDP) classifier [4] and the HOMD [5] as template.

HMP and periodontitis libraries were randomly subsampled to contain 3,500 sequences. This reduced the dataset to 79 healthy subjects and 34 with periodontitis. The Jaccard Index was used to compare distance among communities according to taxa prevalence and the $\theta_{YC}$ index [6] to estimate distances according to structure. Principal Coordinate Analysis (PCoA) of distances among communities based on these metrics was performed in Mothur and graphs visualized using the rgl application within R (http://www.r-project.org/). Amova [7] was used to test if separation between health and periodontitis data clouds was significant. Differences in phylotype abundances between health and periodontitis were determined with LEfSe [8] and prevalence differences via $\chi^2$.

**$\beta$-diversity analysis of periodontitis samples in relation to CKD and diabetes**

The Jaccard Index was used to compare distance among periodontitis communities according to OTU prevalence and the $\theta_{YC}$ index [6] to estimate distances according to structure. Principal Coordinate Analysis (PCoA) was performed in Mothur and graphs visualized using the rgl application within R (http://www.r-project.org/). Amova [7] was used to test if separation between data clouds was significant.
References cited in this section


