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25	ABSTRACT
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27	Human oral cavity contains a highly personalized microbiome that is essential to
28	maintaining health but capable of causing oral and systemic diseases. Thus, an in-depth
29	definition of "healthy oral microbiome" is critical to understanding variations in disease
30	states from preclinical conditions and disease onset through progressive states of disease.
31	With rapid advances in DNA sequencing and analytical technologies, population-based
32	studies have documented the ranges and diversity of both taxonomic compositions and
33	functional potentials observed in the oral microbiome in healthy individuals. Besides
34	factors specific to the host, such as age and race/ethnicity, environmental factors also
35	appear to contribute to the variability of the healthy oral microbiome. Here, we review
36	bioinformatic techniques for metagenomic dataset, with some comments on their
37	strengths and limitations. We also summarize our knowledge on the interpersonal and
38	intrapersonal diversity of the oral microbiome, in the light of recent large-scale and
39	longitudinal studies including Human Microbiome Project.
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INTRODUCTION

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The human microbiota (the collection of microbes that live on and inside us) consists of a wide range of microorganisms whose aggregate membership exceeds human somatic and germ cells by at least an order of magnitude (1,2). The collection of genes in the microbiota is called the human microbiome (2) but "microbiota" and "microbiome" are often used interchangeably (3). As one of the most clinically relevant microbial habitats, the human oral cavity is colonized by a personalized set of microorganisms, including bacteria, archaea, fungi, and viruses (4). During health, the oral microbiota lives in harmony with the host, as found at other body sites. The host is providing its microbiome with an environment, in which they can flourish and keep their host healthy (5). On the other hand, the oral microbiome is also considered a key source in the etiology of oral diseases, including dental caries and the periodontal diseases, as well as many systemic diseases such as diabetes and cardiovascular diseases (5,6). Because of its crucial role in oral and systemic health, the oral microbiome has become an essential part of microbiomics. An in-depth definition of healthy microbiome is indispensable step toward detecting significant variations both in disease states and in pre-clinical conditions as well as understanding disease onset and progression (7). The advent of next generation sequencing (NGS) or high-throughput sequencing has revolutionized the field of microbiome analysis, providing the tools necessary to address the issue (8). This led to the launch of the NIH's Human Microbiome Project (HMP), constructed as a large, genome-scale community research project (NIH HMP Working Group, 2009). This project enrolled over 200 healthy adults and collected samples from 15 to 18 body

73	habitats, including oral, stool, skin, nasal, and vaginal areas, over one to three visits (9).
74	Besides two major scientific reports (9,10) several companion papers have analyzed
75	HMP oral datasets (7, 11-13), revealing great variability of the oral microbiome among
76	and within healthy individuals. Furthermore, other recent large-scale and longitudinal
77	studies have expanded our view of the oral microbiome beyond that of the HMP.
78	In this paper, we review bioinformatic techniques for metagenomic dataset
79	including microbial community profiling, and highlight strengths and weaknesses of the
80	experimental approaches. We also summarize important findings that lead to the curren
81	understanding of the ranges of healthy microbial diveristy. While viruses, fungi, archaea
82	and protozoa form a part of a normal microbiome (4) the majority of the research is
83	concentrated on the domain Bacteria. Therefore, we will focus exclusively on the oral
84	bacteria in this review.

BIOINFORMATIC ANALYSIS OF MICROBIOME SEQUENCE DATA

Two distinct metagenomics approaches are commonly used: marker gene metagenomics and full shotgun metagenomics. Marker gene metagenomics is a fast and cost-effective way to obtain a taxonomic distribution profile. In this approach, specific regions of evolutionarily conserved marker genes are firstly amplified by PCR and subsequently sequenced (14). In the case of bacterial (and/or archaeal) community analysis, the target region usually contains the 16S ribosomal RNA (rRNA) gene (15), hence herein the approach is referred to as 16S rRNA profiling. Meanwhile full shotgun metagenomics, also referred as metagenomic whole genome sequencing (WGS), does not target a specific locus or marker genes, but instead involves breaking the isolated metagenomic

DNA into small pieces and subsequent sequencing the individual pieces (14). The
sequenced small fragments (i.e., sequencing raw reads) can be used not only for
taxonomy profiling (who is there?) as well as for functional profiling (what are they
doing?) (14). In this section, we briefly describe the scheme of the techniques and the
bioinformatic pipelines to analyze microbiome sequence data obtained from the both
methods.
16S rRNA profiling
Ever since their introduction as markers for the bacterial phylogeny by Woese et al (16),
the 16S rRNA gene has been considered the gold standard for phylogenetic studies of
microbial communities and for assigning taxonomic names to bacteria (11). Bacterial
16S rRNA genes generally contain nine hypervariable regions (V1-V9) that demonstrate
considerable sequence diversity among different bacterial species (17). Numerous
studies have assessed the 16S rRNA gene regions to choose most appropriate conserved
regions that can be used generate amplicons using universal primers as well as most

(1) Preprocessing and denoising of raw sequencing reads

assignment, and (3) Evaluation of microbial diversity.

Although there are standard operations and protocols to generate the sequencing library

effective hypervariable regions to target (17-23): unfortunately, no single hypervariable

region is able to distinguish among all bacteria and a bias can be introduced by primer

specificity as well as efficiency. Basically, the 16S rRNA profiling can be summarized

into three steps; (1) Preprocessing and denoising of raw reads, (2) Taxonomic

in NGS, stochastic errors in the biological processes for the library creation and/or
incomplete chemical reactions in sequencing could affect the overall quality of the
sequencing library and sequencing datasets. Therefore, raw sequencing reads generated
from sequencing machine should be carefully checked for the successful downstream
analysis in the preprocessing step. A number of computational tools have been used for
the preprocessing: for example, FastQC
(bioinformatics.babraham.ac.uk/projects/fastqc/) provides a quick quality check by
running a modular set of analyses such as "per base sequence quality", "per sequence
quality score", "sequence length distribution", "adapter content", etc.; FASTX-toolkit
(http://hannonlab.cshl.edu/fastx_toolkit/) allows detecting and trimming the low quality
region of the individual read (especially 3'-end of the reads); DUST is used to remove
low-complexity regions in the sequencing read (24). Intrinsically, the NGS techniques
can harbor various errors in the sequencing reads such as imprecise signals from longer
homopolymer runs and chimera sequences. In the denoising step, those errors were
identified and corrected for the accurate taxonomic assignments of the sequencing reads
Many popular software, such as QIIME (25) and mothur (26), have implemented the
denoising algorithms. In particular, UCHIME is designed to detect chimeric sequences
by comparing reference sequences to a database or by performing de novo classification
(clustering) (27). Preprocessed and denoised raw sequencing reads are subsequently
subject to taxonomic assignment process.

(2) Taxonomic assignment

As NGS allows investigators to detect and identify novel bacteria that have previously

gone undetected, assignment of 16S rRNA gene sequences from uncultured bacteria
into a bacterial taxonomy is even more challenging. Two frequently used methods
assign reads into bins based on either their similarity to reference sequences (i.e.,
phylotyping) or their similarity to other sequences in the community (i.e., operational
taxonomic units [OTUs]) (28). First method relies upon aligning reads with the
reference 16S rRNA database using sequence alignment algorithms, such as BLAST
(29). Besides NCBI Genbank, a number of rRNA databases have been constructed and
used for the taxonomic assignment (Table 1). Each database has own criteria for the
curation of data from the original resources. For example, Human Oral Microbiome
Database (HOMD) (30) and CORE (31) database have been constructed using 16S
rRNA sequences exclusively from human oral bacteria. The other approach is to group
16S rRNA sequencing reads into bins called OTUs with distance-based agglomerative
clustering methods, such as CD-HIT (32) and UCLUST (33). Defining species by 97%
identity in 16S rRNA gene sequence is a commonly used criterion, but these distinctions
are still controversial (11,34).
Current NGS platforms produce vastly greater numbers of reads than Sanger
sequencing while the reads are relatively much shorter. Unfortunately, existing tools are
generally not sufficient to provide species names or phylogenetic information for the
millions of short sequence reads (11). For example, the most commonly used tool for
assigning taxonomy, the Ribosomal Database Project (RDP) Classifier (35), does not
assign taxonomic names below the genus level. (11,36). Moreover, RDP shows
insufficient resolution for classifying the GN02 and Synergistetes, as revealed in our
previous study (37). To complement analyses relying on limited taxonomic names, 16S
rRNA sequences are usually grouped using the OTU approach described above. Huse et

al. (11) explored the HMP oral microbiota from over 200 individuals and identified
between 857 and 4,216 OTUs (Table 2). In terms of community membership, oral
communities were especially diverse, showing the highest estimate of total richness
after the stool. Notably, richness as measured by the V1-V3 primers was consistently
higher than richness measured by V3-V5 (11). In addition, some taxa (e.g. Lactobacilli
OTUs) are resolved better with V1-V3 while others (e.g. Bifidobacteriaceae OTUs)
with the V3-V5 (11). These differences may be due a mismatch of the primers for
amplification or an inability to differentiate the taxon in that region of the rRNA gene
(11). Therefore, as with all 16S rRNA sequencing projects, the specific richness and
diversity results should be compared with other results using the same 16S rRNA region,
and the presence of primer bias should not be discounted (11). Furthermore, platform-
dependent sequencing errors will also affect the taxonomic classification of reads,
potentially leading to spurious OTUs and inflated measurements of diversity, thus
making direct comparisons between studies difficult (12).

(3) Evaluation of microbial diversity

Diversity measurement is important for understanding community structure and dynamics. Two diversity measurements are frequently used to assess and compare microbial communities; alpha (or within-sample) diversity and beta (or between-sample) diversity. Alpha diversity is usually characterized using the total number of organisms within a sample (richness, might be measured as the number of OTUs), the relative abundances of the organisms (evenness), or indices that combine these two dimensions. Beta diversity, on the other hand, is often characterized using the number

of species (or OTUs) shared between two communities. In particular, UniFrac, a robust
method for comparing the differences between microbial communities between samples
measures the proportion of shared branch lengths on a phylogenetic tree between
samples (3,38). Principal Coordinates Analysis (PCoA) can summarize and visualize the
UniFrac distances between samples in a scatterplot where points (representing samples)
that are more distant from one another are more dissimilar.

Metagenomic WGS data analysis

The 16S rRNA profiling is powerful, effective and straightforward techniques to study microbial communities, but it only provides the taxonomic composition. Meanwhile, metagenomic WGS data can provide not only taxonomy but also the biological functional profiles for the microbial communities. The principles of taxonomy profiling process employing WGS data is similar to those described above, hence, in this section, we will focus on the functional profiling of microbial community. The analysis pipeline can be divided into four stages, (1) Preprocessing, (2) Reconstruction of raw sequencing reads (assembly), (3) Gene prediction, and (4) Functional annotations.

(1) Preprocessing

Preprocessing is to assess the overall quality of WGS data and most steps are similar to those in 16S rRNA profiling. Additionally, raw metagenomic NGS reads associated with a host (e.g. human) should be checked for the host DNA contamination and the contaminated sequencing reads should be removed. Fast short read mapping tools such

as BWA (39) and Bowtie 2 (40) are used to detect the contaminated sequencing reads by aligning raw sequencing reads against host genome (e.g. human genome).

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(2) Reconstruction of raw sequencing reads (assembly)

The metagenomic WGS technique generates raw sequencing reads from the whole microbial genomes in the microbial community. Thus, to identify the specific genomes and/or complete protein coding genes in the genomes accurately, it is helpful to reconstruct the microbial genomes from raw sequencing reads. However, obtaining complete genomes has been challenging not only because of highly repetitive DNA sequences abundant in a broad range of species (from bacteria to mammals) but also because of short reads and high data volumes produced by NGS technology. Therefore, an assembly of shorter reads into genomic contigs and orientation of these into scaffolds is often performed. Most of the metagenomic WGS read assembly tools are designed and implemented based on the graph theory algorithm, de Bruijn graph. Initially, the method fragments all sequencing reads into k-mers and then, the generated k-mers can be used as the edges in the de Bruijn graph. The nodes of (k-1)-mer prefix and suffix are linked by the edges of k-mers for the graph. Finally, the assembler identifies Eulerian paths that go across all edges just once in the graph (41). Velvet (42), ABySS (41) and SOAPdenovo (44) use the de Bruijn graph to assemble whole metagenomes from raw sequencing reads. In HMP, the raw sequencing reads from 749 metagenomic samples were successfully used to assembly of contigs using an optimized SOAPdenovo protocol (8). Recently, more sophisticated algorithms have been developed and applied to the next-generation assemblers such as Meta-IDBA (45), MetaVelvet-SL (46) and

235	IDBA-UD	(47))
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(3) Gene prediction

The next stage of the analysis pipeline is to identify genes in the reads or assembled
contigs and/or scaffolds. The prediction of genes in metagenomic contents is still a
fairly difficult problem, although several gene prediction algorithms have been
successfully employed for prokaryotic genomes. To predict genes in metagenomic study
especially for de novo genes, several computational methods have been developed,
including MetaGeneMark (48), MetaProdigal (49), Glimmer-MG (50), and
FragGeneScan (51). Notably, the performance of gene-predicting tools varies
considerably: for example, in a comparison of five widely used ab initio gene-calling
algorithms including FragGeneScan and MetaGeneMark, FragGeneScan is rather
accurate for predicting reading frames on short raw reads (75–1000 bp) while other
tools, such as MetaGeneMark, are better suited for higher-quality sequences such as
assembled contigs (52). Moreover, it has been reported that combining various
programs' predictions can improve the accuracy of prediction and annotation of
metagenomic reads (53). Accordingly, researchers should carefully decide what tools to
use in their metagenomic study, potentially impacting the results and conclusion.

(4) Functional annotations

After gene prediction, the identified genes are functionally annotated by comparing the

known genes in the functional annotation databases such as PFAM (54), IMG/M (55),
COG (56) and MetaRef (57). Further analysis of the relationship between the
microbiome and the host phenotype is performed using metabolic pathway information
database, i.e., KEGG (58), eggNOG (59) and MinPath (60). In the part of HMP,
Abubucker et al. devised HMP Unified Metabolic Analysis Network (HUMAnN) to
construct metabolic networks of the microbial communities (61). In this study, raw
sequencing reads were searched against a protein sequence databases and HUMAnN
recovers the abundances of individual orthologues gene families and pathway. More
specifically, MBLASTX, KEGG orthology and MinPath have been used to assign genes
and available pathways. Recently, several metagenomic analysis pipeline software, such
as MG-RAST (62) and IMG/MER (https://img.jgi.doe.gov/cgi-bin/mer/main.cgi) has
been developed. The pipelines provide the functional annotation modules in their fully
automated pipeline web-server and thus, researchers can easily perform functional
annotation tasks using their own data in the web (15).

COMPOSITION AND DIVERSITY OF ORAL MICROBIOME

The HMP assessed oral microbiome composition of seven intra oral sites (buccal mucosa, hard palate, keratinized gingiva, saliva, sub- and supra gingival plaque, and tongue dorsum) and two oropharyngeal sites (throat and palatine tonsils) from 182~206 healthy subjects (18 to 40 years old) and found 185-322 genera, belonging to 13-19 bacterial phyla (13). Dominating phyla were *Firmicutes, Bacteroidetes, Proteobacteria*, *Fusobacteria* and *Actinobacteria*, accounting for over 95% of the entire oral

microbiome. An individual sample from a single site of a single subject contained 23-50 genera from 6-9 phyla (13). Among all body habitats, the oral habitats have the highest alpha diversity showing the highest OTU level richness after the stool (Table 2), while the skin and vaginal microbiota show lower alpha diversity (11,13). In comparisons between samples from the same habitat among subjects (beta diversity), oral sites have the lowest beta diversities, which means that members of the population shared relatively similar organisms in oral sites than in other body sites (10). However, HMP oral datasets also emphasize the highly variable nature across individuals, especially at the sub-genus level: even OTUs present in nearly every subject, or that dominate in some samples, showed orders of magnitude variation in relative abundance (11). In the following sections we discuss in more detail about the specific factors that contribute to the variability of the healthy oral microbiome.

Different oral biogeographic niches

The oral cavity is a moist environment which is kept at a relatively constant temperature (34 to 36°C) and a pH close to neutrality in most areas and thus supports the growth of a wide variety of microorganisms (63). The oral cavity is composed of diverse habitats with different anatomical structures and physicochemical factors: the oral mucosa covers the cheek, tongue, gingiva, palate, and floor of the mouth and allows rapid elimination of adhering bacteria due to a continuous desquamation of its surface epithelial cells (63). On the other hand, papillary surface of the tongue provides sites of colonization that are protected from mechanical removal. The hard surfaces of teeth offer many different sites for colonization by bacteria below (subgingival) and above (supragingival) the gingival margin. The gingival crevice, the area between the

junctional epithelium of the gingiva and teeth, provides a unique colonization site that
include both hard and soft tissues (63). The epithelium may be keratinized (palate) or
nonkeratinized (gingival crevice). Hence, the oral cavity is not considered a uniform
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HMP revealed a substantial divergence in the species richness and evenness among different oral habitats as well as identified microorganisms with specific niche preferences. Hard palate showed the lowest estimate of total richness, while the gingival plaque showed the high estimate of total richness (11) (Table 2). Oral sites, particularly saliva, have the highest evenness while buccal mucosa and keratinized gingiva have lower alpha diversity than the other oral sites (10,13). Each oral habitat in almost every subject was characterized by one or a few signature taxa making up the plurality of the community with highly variable relative abundance both among individuals and oral habitats. Most oral habitats are dominated by Streptococcus, but these are followed in abundance by *Haemophilus* in the buccal mucosa, *Actinomyces* in the supragingival plaque, and *Prevotella* in the subgingival plaque (10,13). There is overlap of species detected in almost all oral sites, such as certain species of Streptococcus (OTUs #2, 5 and 6), Gemella (OTUs #7 and 8), Granulicatella (OTU #13), Fusobacterium (OTUs #9 and 27), and Veillonella (OTUs #4 and 7) (11). However, several abundant genera had multiple OTUs with distinct preferences for often only one or two of the nine oral sites, such as Bacteroides, Prevotella, Corynebacterium, Fusobacterium, Pasteurella, and Neisseria (11). For example, Corynebacterium matruchotii (OTU #15) was present almost exclusively in the supragingival plaque, while Corynebacterium argentoratense (OTU #188) mostly in saliva and to a lesser extent on the hard palate (11). It may be due to the shedding of the epithelial cells and the shear forces from chewing in the buccal

327	fold and the hard palate (64). In an analysis of oral samples collected from the elderly
328	(range 73–93), Lautropia mirabilis was significantly associated with the supragingival
329	plaque while Treponema socranskii was found only in the subgingival plaque (65),
330	which may be explained by the low oxidation-reduction potential of subgingival plaque.
331	In the oropharynx, the distribution of Firmicutes, Proteobacteria, and Bacteroidetes was
332	similar to that in saliva, but more <i>Proteobacteria</i> than in the mouth (66).
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334	Influence of geography, climate and ethnicity
335	Although the HMP generated an incredible volume of data, the resulting 16S rRNA
336	datasets are composed of samples from medical students in the USA and host
337	information is nearly prohibitive to access, which lead to removal of the potential to
338	observe any systematic patterns and regional or ethnic differences (67). A population-
339	scale study of 120 healthy individuals from 12 worldwide locations found a significant
340	association between variation in the saliva microbiome and the distance of each location
341	from the equator (68). Notably, the saliva microbiome of Batwa Pygmies, a former
342	hunter-gatherer group from Africa, was found to be much more diverse than the saliva
343	microbiome of two agricultural African groups, most likely because of their different
344	lifestyle and diet (69). Another study of 3 human groups from different geographic and
345	climatic areas (76 native Alaskans, 10 Germans and 66 Africans) showed the
346	distinctiveness of the saliva microbiome, the reasons of which (e.g. differential
347	lifestyles including diet and/or host genetics and physiology including the immune
348	system) remain to be elucidated (70). Alpha diversity was highest for the German group
349	and lowest for the African group, while the opposite was true for beta diversity. It is

intriguing to speculate that higher population density of Germany may provide more

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351	opportunities for bacteria to be spread among individuals (71).
352	Ethnicity is likely to exert a selection pressure on the oral microbiome: Mason et a
353	(71), analyzed dental plaque and saliva samples collected from 192 subjects belonging
354	to four ethnic affiliations (non-Hispanic blacks, non-Hispanic whites, Chinese, and
355	Latinos) and found obvious ethnicity-specific clustering of microbial communities,
356	expanding prior observations (72-74). This selection pressure seems genetic rather than
357	environmental, since the two ethnicities that shared a common food, nutritional and
358	lifestyle heritage (Caucasians and African Americans) demonstrated significant
359	microbial divergence (71). It is known that not only innate immune responses to
360	infectious agents but also tooth morphologies vary according to ethnic affiliation (75-
361	78). Hence, it is possible that ethnicity plays a role in bacterial selection by defining the
362	environment for bacterial colonization (71).
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364	Vertical and horizontal transmission
365	Vertical transmission from mother to child starts at birth (79). Depending on the
366	delivery mode (vaginal or Caesarian), infants acquire bacterial communities resembling
367	their own mother's vaginal microbiota or similar to those found on the skin surface (80)
368	A study of healthy three-month-old infants delivered vaginally (25 infants) and born by
369	C-section (38 infants) found differences in the infant's oral microbiota due to mode of
370	delivery, with vaginally delivered infants having a higher taxonomic diversity (81). The
371	method of feeding (breast-feeding or infant formula) also affects the infant's
372	microbiome as well: oral lactobacilli with antimicrobial properties were found in breast
373	fed infants but not found in formula-fed infants (82,83). Horizontal transmission of oral
374	microbiota among siblings and other individuals sharing the same environment also

contributes to oral microbiome diversity. In a study of 264 saliva samples collected from
107 individuals including 45 twin pairs, at up to three time-points during 10-year
spanning adolescence, twins resembled each other more closely than the whole
population at all time-points, but became less similar to each other when they aged and
no longer cohabited (84).

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Temporal variation

Studies looking at the temporal variation of the oral microbiome have found conflicting results: in a longitudinal study of five adults at three time-points (from 5 to 29 days), salivary microbial community appeared to be stable at different time points (85). HMP consortium (10) and Zhou et al. (13) reported that, among 22 HMP habitats of human body, the oral habitat has the most stable microbiota, showing the highest community similarity between two visits (mean time interval between visits is 212 days) while the skin and vaginal microbiota are less stable. In contrast, a reanalysis of the HMP datasets by a method for quantifying the difference between two cohorts revealed that the relative abundances of core OTUs in individual sample showed significantly greater changes from 1st to 2nd visit at oral and stool body regions compared with vaginal body region (12). More recently, a longitudinal study of 85 adults weekly over 3 months showed high levels of temporal variability in both diversity and community structure in tongue microbiome, as in other body habitats studied (86). Furthermore, this study found that both the composition of an individual's microbiome and their degree of temporal variability shows a personalized feature. Collectively, although intrapersonal variation over time is lower than interpersonal variation, intrapersonal temporal dynamics are need to be considered when attempting to link changes in microbiome

399	structure to changes in health status (86).
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401	Age-related changes
402	Along with a variety of physiological changes which accompany the aging process,
403	microbial habitats also greatly change in the oral cavity: the eruption of primary teeth
404	and replacement of the primary dentition with permanent dentition may lead to shifts in
405	microbial community composition at different phases in people's lives (87). Edentulous
406	infants have been found to have lower diversity than their mothers or primary care
407	givers in the oral microbial composition (88). In the deciduous dentition, a higher
408	proportion of Proteobacteria (Gammaproteobacteria, Moraxellaceae) was found than
409	that of Bacteroidetes. With increasing age, Bacteroidetes (mainly genus Prevotella),
410	Veillonellaceae family, Spirochaetes, and candidate divisionTM7 increased (89).
411	Several organisms, including members of the genera Veillonella, Actinomyces and
412	Streptococcus, were reported to have age-specific abundance profiles during
413	adolescence (84). Xu et al., (87) analyzed of the oral (saliva, supragingiva and mucosa)
414	microbiome across a wide age range (3 days-76 years), in which only a very small
415	overlap of shared OTU was observed. In this study, a distinct temporal shift was
416	observed in the relative abundance of most genera. The average relative abundance of
417	the dominant bacterial phyla, Actinobacteria, Bacteroides, Firmicutes, Fusobacteria,
418	Proteobacteria, Spirochetes and candidate division TM7 varied by age/dentition stage
419	(87).
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421	CONCLUDING REMARKS

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The tremendous diversity of oral microbiome has only begun to be realized and a

number of challenges, such as the vast uncultivated species and the lack of reference
genomes, currently remain (90). Until recently, about half of all known bacterial phyla
were identified only from their 16S rRNA gene sequences (91). In fact, the bacteria that
can be grown in the laboratory are only a portion of the total diversity that exists in the
oral cavity (92). One method to address this challenge is single-cell genomics, which is
a powerful tool for accessing genetic information from uncultivated microorganisms
(93). Future work combining metagenomics and single cell genomics, as well as
advances in each separate method, should help to overcome these issues, providing new
insights into uncultivated lineages (94).
Rapidly developing sequencing methods and analytical techniques are enhancing
our ability to understand the human microbiome, leading to the concept of a 'personal
microbiome'. The focus now shifts from characterizing oral microbiota to functional
studies encompassing genomics, transcriptomics, and metabolomics of both host and
microbes. Future investigations will inevitably be personal omics profiling in order to
probe the temporal patterns associated with both molecular changes and related
physiological health and disease. This knowledge is vital for the development of
efficacious prevention and treatment protocols for oral diseases and, ultimately,

medicine.

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contributes to the development of personalized medicine and personalized dental

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Table 1. A list of 16S ribosomal RNA database

Name	16S rRNA coverage	Database URL (reference)		
CORE	Human Oral Bacteria	http://microbiome.osu.edu/ (32)		
RDP	Archaea and Bacteria	https://rdp.cme.msu.edu/ (33)		
Human Oral Microbiolome Database	Human Oral Bacteria	http://www.homd.org/index.php (65)		
EzTaxon-e	Archaea and Bacteria	http://www.ezbiocloud.net/eztaxon (95)		
SILVA	Archaea and Bacteria	https://www.arb-silva.de/ (96)		
Greengenes	Archaea and Bacteria	http://greengenes.secondgenome.com/ (97)		

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Table 2. Counts of patients included, OTUs and estimated richness (number of species)

found for both the V1–V3 and the V3–V5 regions (11).

	V1-V3			V3-V5		
Body Site	Patients	OTUs	^a Estimated richness	Patients	OTUs	^a Estimated richness
Buccal mucosa	114	2025	6635	198	898	4650
Hard palate	112	1741	3793	190	912	3125
Keratinized gingiva	117	1545	4387	206	857	3352
Palatine Tonsils	119	3683	10023	204	1633	9020
Saliva	99	2341	6546	181	1399	6801
Subgingival plaque	119	4216	14410	204	1672	11501
Supragingival plaque	121	3851	11154	205	1587	8254
Throat	110	2343	5601	192	1136	4154
Tongue dorsum	119	3651	7910	205	1503	7947
^b Posterior fornix	59	428	1151	95	400	1466
^b Stool	118	6050	23665	209	5391	33627

- 703 ^a Upper and lower confidence limits are not included in this table.
- 704 ^b Example of extraoral sites. The stool samples have the highest estimate of total
- richness, followed by the oral sites, particularly the plaque and tonsils. The skin sites,
- such as posterior fornix, have the lowest estimated richness.