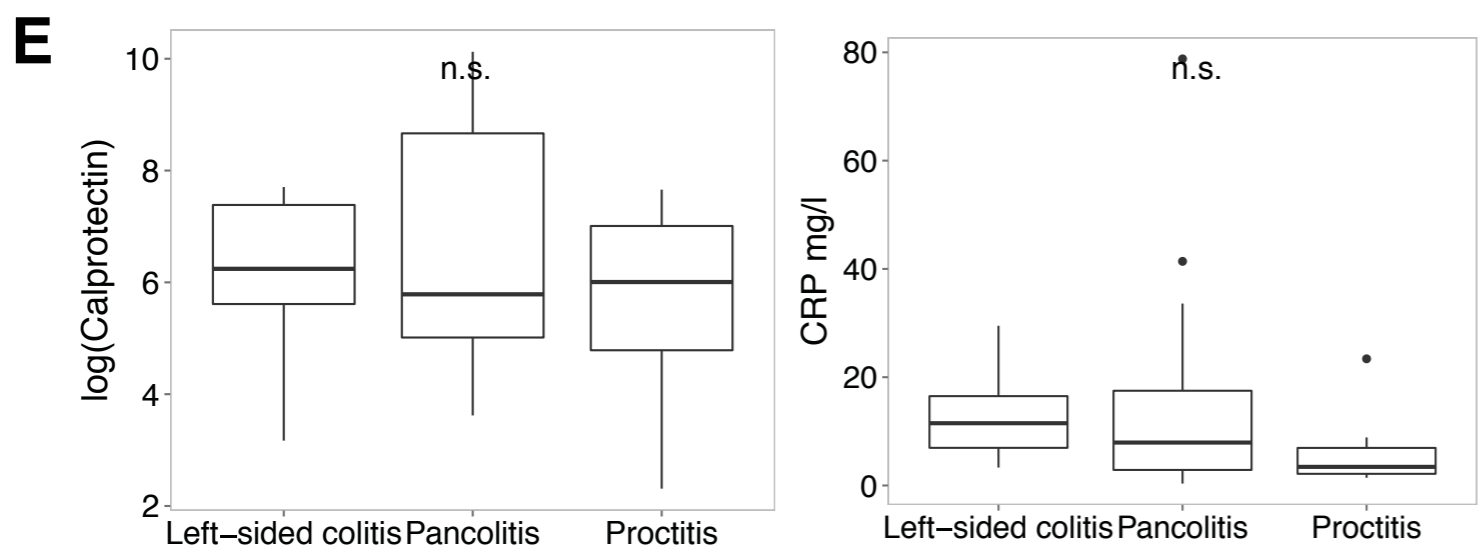
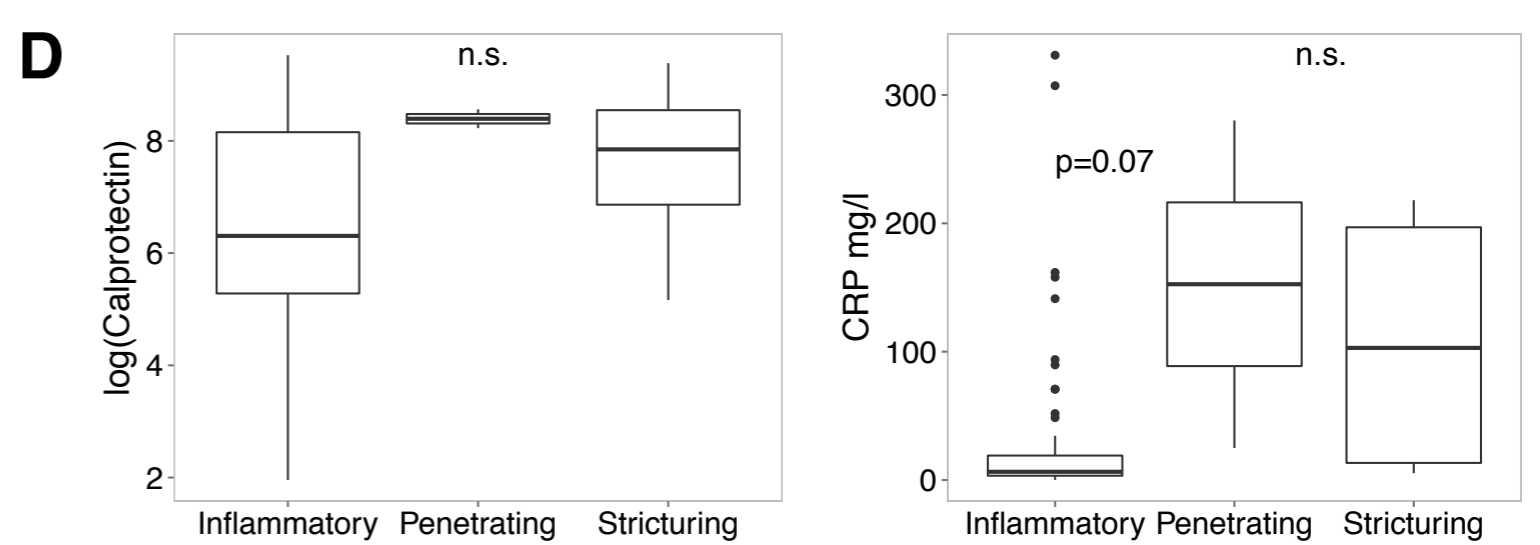
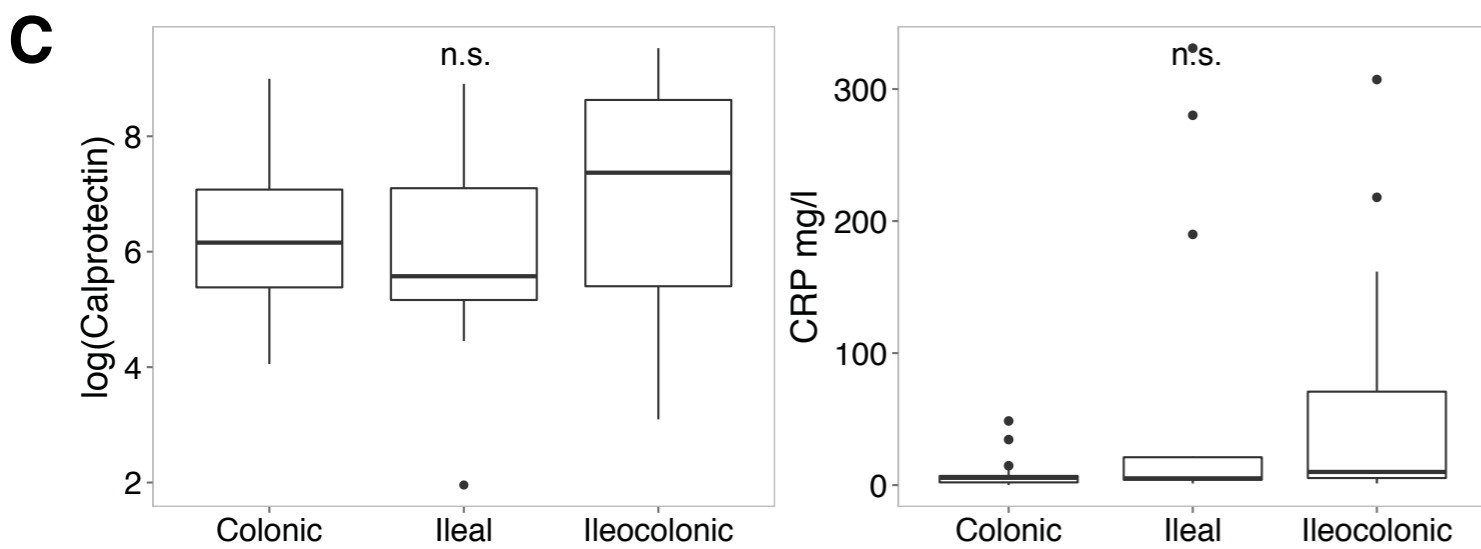
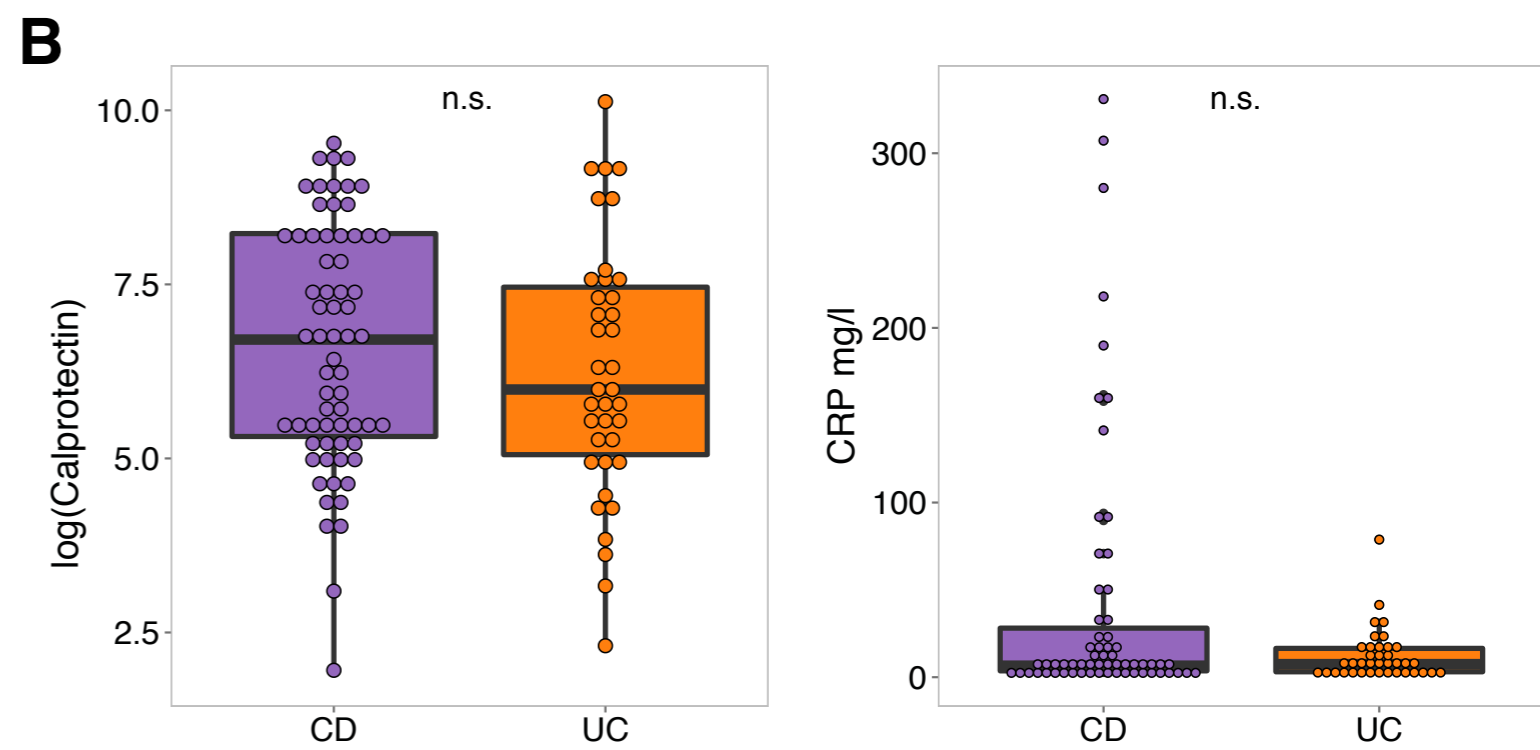
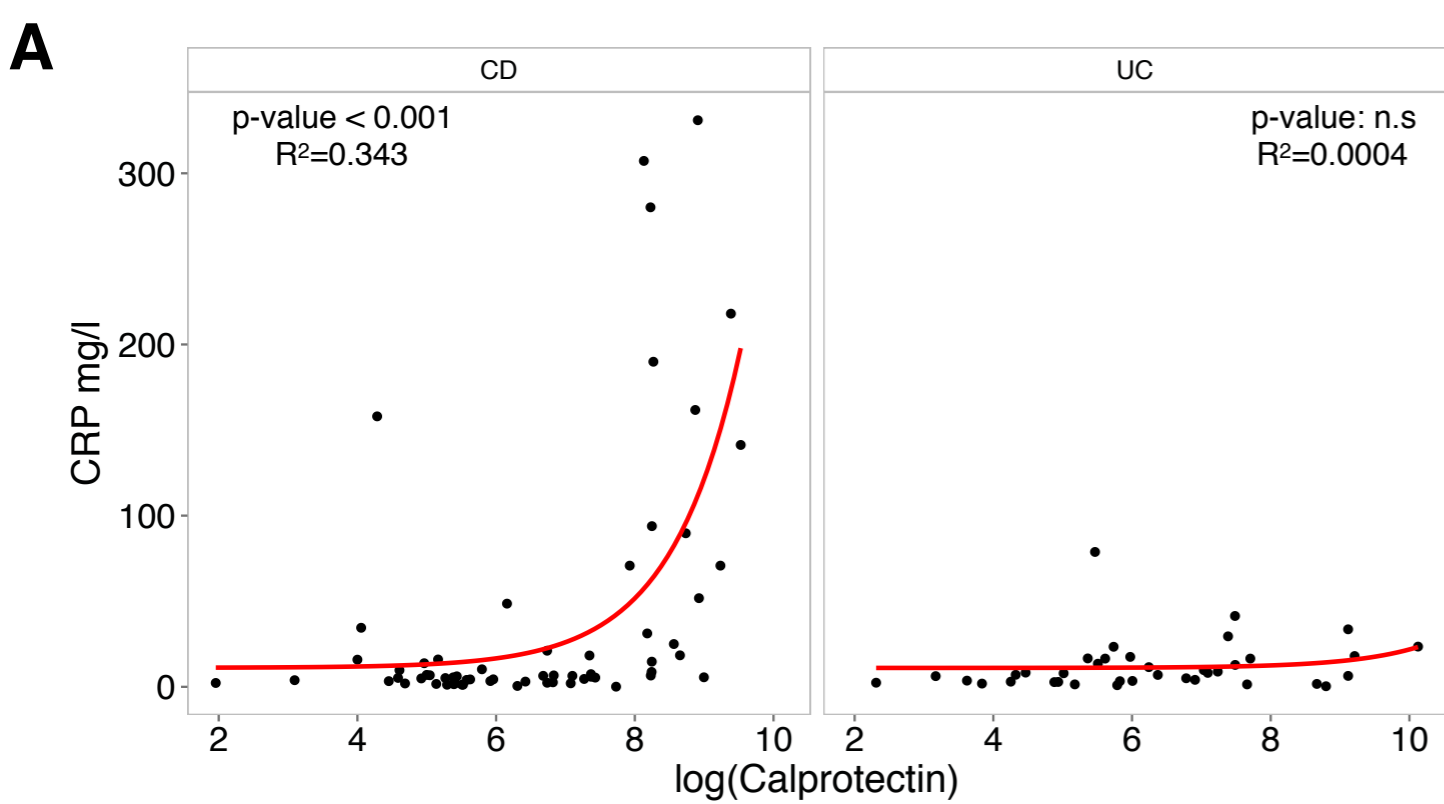


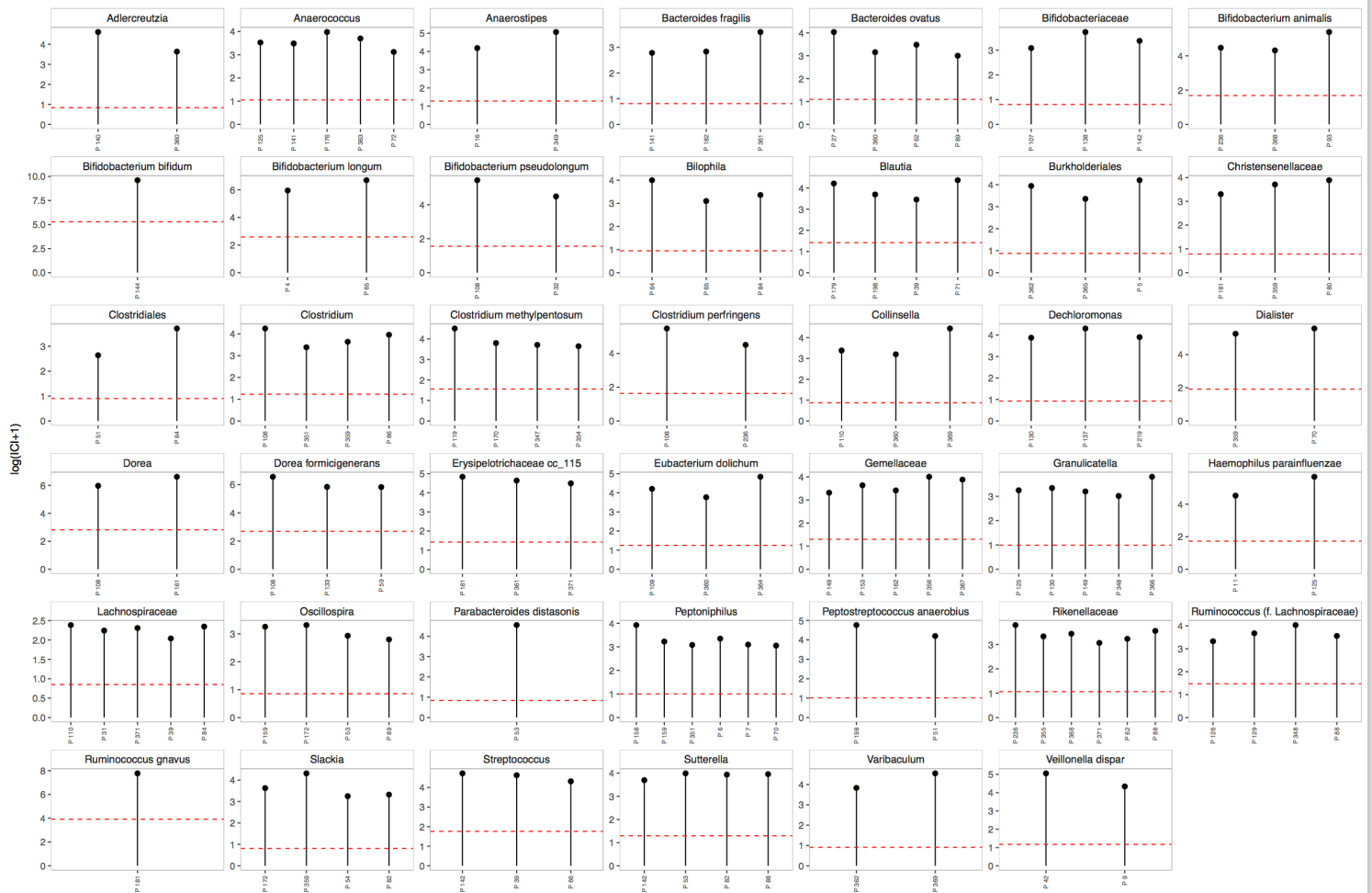
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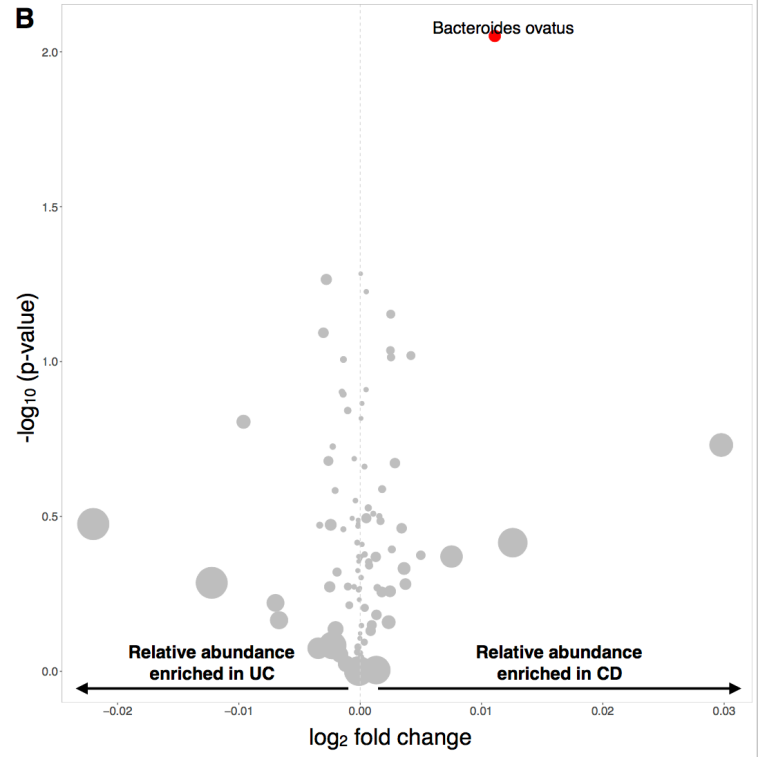
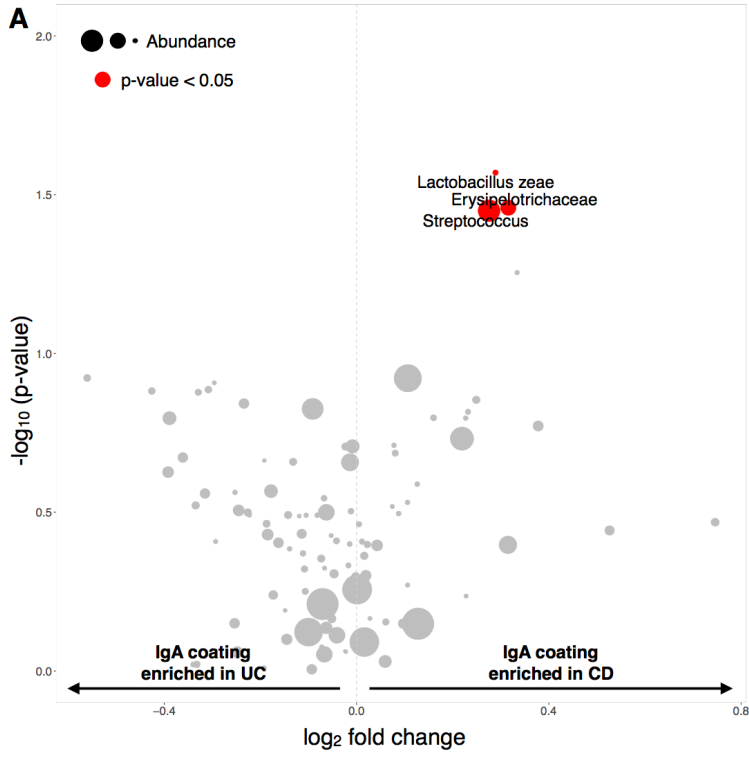
**Supplemental Information**

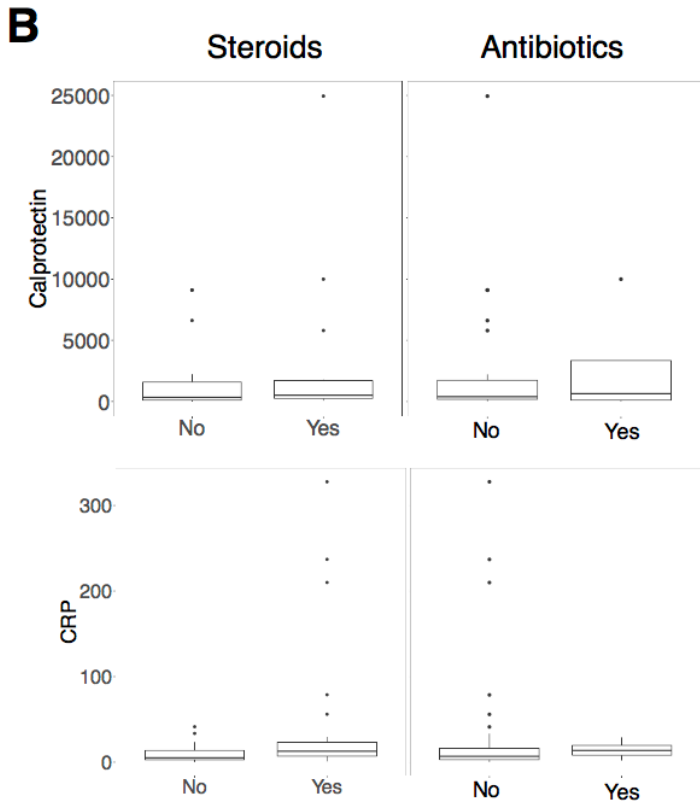
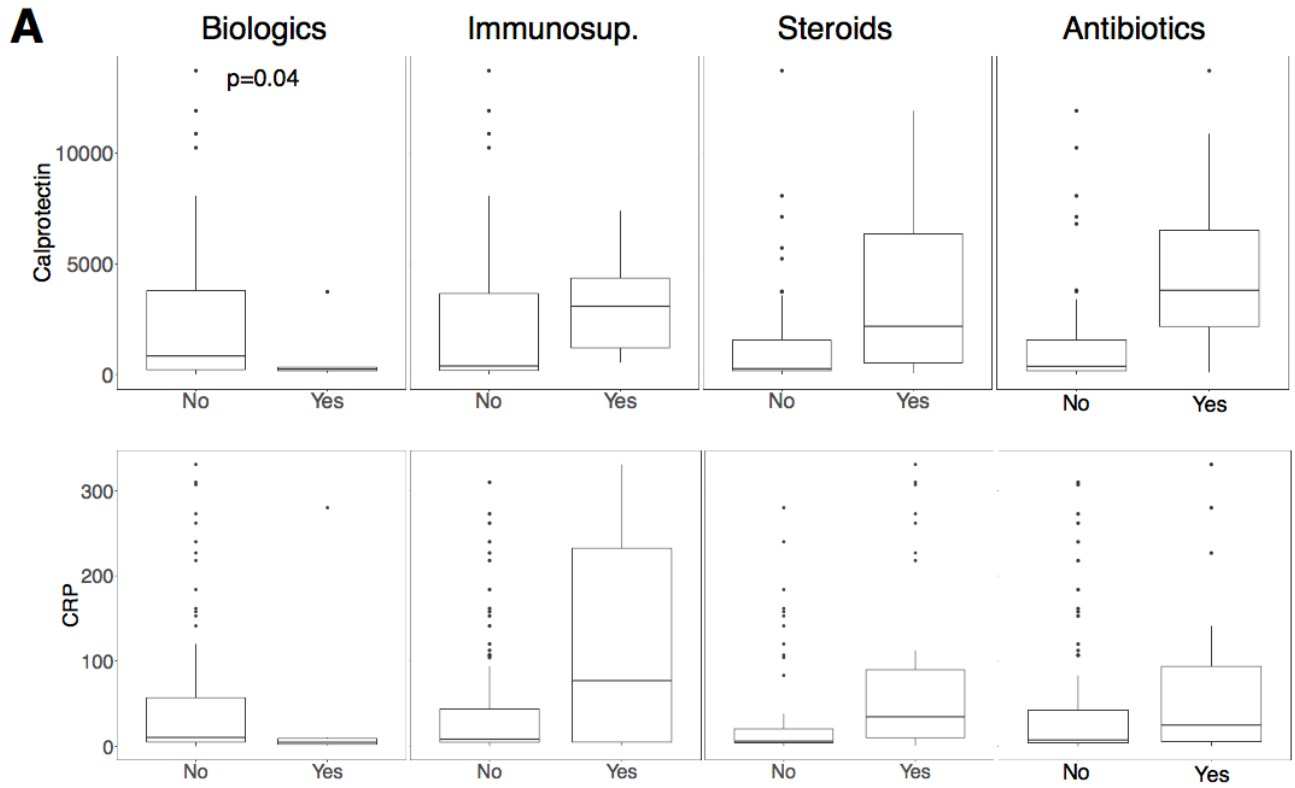
**Immunoglobulin A Targets a Unique Subset  
of the Microbiota in Inflammatory Bowel Disease**

**Jason M. Shapiro, Marcel R. de Zoete, Noah W. Palm, Yaro Laenen, Rene Bright, Meaghan Mallette, Kevin Bu, Agata A. Bielecka, Fang Xu, Andres Hurtado-Lorenzo, Samir A. Shah, Judy H. Cho, Neal S. LeLeiko, Bruce E. Sands, Richard A. Flavell, and J.C. Clemente**









**Supplemental Figure 1. Inflammatory markers and disease behavior in OSCCAR.**

Evaluation of serum (C-reactive Protein, CRP) and stool (fecal calprotectin) markers of inflammation in the OSCCAR cohort. Correlation of CRP and calprotectin (Panel A). Inflammatory markers examined relative to IBD diagnosis (Panel B), Crohn's disease location (Panel C), Crohn's disease behavior (Panel D) and ulcerative colitis disease extent (Panel E), Related to Table 1.

**Supplemental Figure 2. Bacterial taxa with high IgA coating in IBD.** Specific bacterial taxa enriched in IBD (as measured by relative abundance) also observed to be highly coated with secretory IgA in a select number of patients, Related to Figure 2.

**Supplemental Figure 3. Bacterial differential enrichment in IBD patients.** Differential patterns of IgA-coating (Panel A) and Relative Abundance (Panel B) in CD and UC, Related to Figure 2.

**Supplemental Figure 4. Impact of medication in inflammatory markers.** Effect of IBD treatment exposures on serum CRP and Fecal calprotectin in Crohn's disease (Panel A) and ulcerative colitis (Panel B), Related to Figure 4.