

## Supplementary Table

**Supplementary Table 1.** Patients with recurrent aphthous stomatitis (RAS) with regular medication.

Age (yrs)	Gender (F/M)	Lesion size	Disease	Medication
59	F	Minor RAS	Acid reflux	Omeprazole, Sodium citrate, Sodium bicarbonate
47	F	Minor RAS	Parkinson´s disease	Pramipexole, Ferrous succinate, Fexofenadine
57	F	Minor RAS	Acid reflux, Sciatica	Omeprazole, Ketoprofen, Estradiol
40	M	Minor RAS	High blood pressure	Enalapril
23	F	Minor RAS	Crohn´s disease, Migraine, Rheumatic disease	Tramadol
57	F	Minor RAS	Asthma, Psoriatic arthritis, Fibromyalgia	Budesonide, Paracetamol
59	F	Minor RAS	Arthritis, Goitre	Simvastatin, Estradiol, Medroxyprogesterone
33	M	Minor RAS	Bechterew´s disease	Paracetamol, Diclofenac, Citalopram, Omeprazole
19	F	Minor RAS	ADHD	Methylphenidate
37	F	Minor RAS	Asthma, Bipolar disorder	Budesonide, Lamotrigin, Sertraline
17	F	Minor RAS	Ulcerative Colitis	Azathioprine, Prednisolone, Mesalazine
68	F	Minor RAS	Psoriatic arthritis	Ibuprofen
35	F	Major RAS	Anxiety	Ephedrine/Caffeine
61	F	Major RAS	Hypothyroidism/Rheumatic disease	Thalidomide, Levothyroxine, Ibuprofen
45	F	Major RAS	Systemic Lupus Erythematosus (SLE), Epilepsy	Acetylsalicylic acid, Valproic acid
59	F	Major RAS	Chronic lung embolism	Sildenafil, Warfarin, Citalopram, Omeprazole
65	F	Major RAS	Arthritis	Diclofenac
23	M	Major RAS	Diabetes type I, Coeliac disease	Insulin
19	M	Major RAS	Asthma	Budesonide
9	M	Major RAS	Crohn´s disease	Sulfasalazin, Methotrexate
19	F	Major RAS	Congenital Disorder of Glycosylation	Carbamazepine, Omeprazole, Levothyroxine, Diazepam
34	F	Major RAS	Depression	Duloxetine
23	F	Major RAS	Asthma	Budesonide
18	M	Major RAS	Asthma	Budesonide



**Supplementary Figure 1. Variable Influence of Projection (VIP) plot.** The VIP plot depicts the contribution of each X-variable for the model, Partial Least Squares-discriminant analysis (PLS-DA), comparing the buccal microbiota (identified as Terminal-Restriction Fragment Length Polymorphism (T-RFLP) peaks) and the Y-variables, i.e., the study population (identified as patients with RAS and control subjects). The higher the VIP-value, the larger the contribution to the model becomes. X-variables with VIP-values  $\geq 1$  are considered to contribute to the model, whereas X-variables with VIP-values  $\leq 1$  are considered not to contribute significantly, whereby they can be excluded.