

ASMS 2016 MP-079

Atsuhiko TOYAMA¹, Kumie SATOU², Yuki NAKAMURA², Ichiro HIRANO¹

(1) Shimadzu Corporation, Kyoto, Japan.

(2) LSI Medience Corporation, Tokyo, Japan.

Introduction

Catecholamines and other neurotransmitters in circulation are readily metabolized to give vanillylmandelic acid (VMA), homovanillic acid (HVA) or 5-hydroxyindolacetic acid (5-HIAA), which are excreted to urine at much higher abundance than their precursor molecules. Given this and also the non-invasive nature of sample collection, urinary neurotransmitter metabolites are growing research target in clinical context. Our aim in this study is to accelerate clinical research by providing a fast and robust LC/MS/MS method for determining urinary neurotransmitter metabolites VMA, HVA and 5-HIAA.

Methods

Sample Processing

Analytical conditions

Described herein is a dilute-and-shoot LC/MS/MS method for determining the urinary concentration of VMA, HVA, 5-HIAA using high-sensitivity triple quadrupole mass spectrometer Shimadzu LCMS-8060. Briefly, 20 µL of urine sample was mixed with 980 µL of diluent (methanol that contained deuterium labeled internal standard for each

compound) in a deep-well plate. After mixing by gentle vortexing, the plate was transferred directly to autosampler and 1 μ L was subjected to LC/MS/MS analysis. The pretreatment steps are robot-friendly and can easily be automated, although the study described here has been carried out by manual manipulation.

Compound Polarity Precursor m/z Product *m/z* CE (V) 137.1* 22 VMA 197.0 138.1 13 137 1* 22 VMA-d3 200.0 _ 138.1 13 181.0 29 HVA 122.1 137.0* 22 186.0 29 HVA-d5 _ 127.1 142.0* 22 146.15 11 5-HIAA 190.0 144.0 22 151.15 11 5-HIAA-d5 195.0 _ 148.0* 22

Table 1 MRM Transitions

*ions used for quantitation

Table 2 HPLC Conditions

Column	: Shim-pack GISS C18 (100 mm x 2.1 mm, 3 μm)
Mobile phase A	: 0.05% acetic acid in water
Mobile phase B	: Methanol
Flow rate	: 0.6 mL/min
Time program	: 2% B (0 min) \rightarrow 5% B (0.8 min) \rightarrow 30% B (0.81 min)
	\rightarrow 35% B (1.9 min) \rightarrow 100% B (1.91 – 2.5 min) \rightarrow 2% B
Column temp.	: 40 °C
Injection volume	: 1 µL





Shimadzu LCMS-8060 was used for MRM mass spectrometry

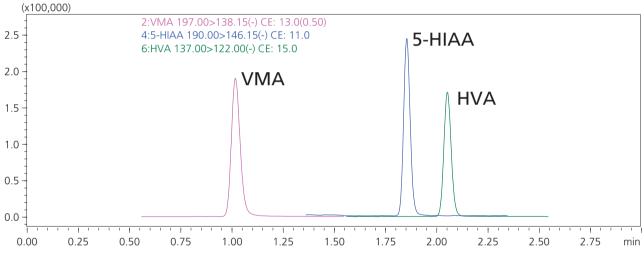


Fig. 1 Separation profile of VMA, HVA and 5-HIAA – 3 minutes in total

Results

Calibration range

We first evaluated sensitivity and quantitative range of HVA, VMA and 5-HIAA determination using freshly fortified neat standard solution. Table 3 summarizes the quantitative range; this calibration curve fulfilled the criteria of %RSD <15% and relative error <15% (<20% for LLOQ) for all calibration points in 5 repeat measurements.

Table 3 Quantitative range of neat standard detection. The concentrations are of original level in urine.

Compound	Calibration range (mg/L)	R ²
VMA	0.1 – 77.5	0.9994
HVA	0.1 – 77.5	0.9996
5-HIAA	0.1 – 77.5	0.9996

Detection of endogenous VMA, HVA, 5-HIAA in plasma sample

Next, human urine samples were pretreated and endogenous catecholamine metabolite compounds were determined by LC/MS/MS. The MRM chromatograms acquired (Fig. 2) showed no apparent interference from urinary components, demonstrating low ng/mL sensitivity in real sample.

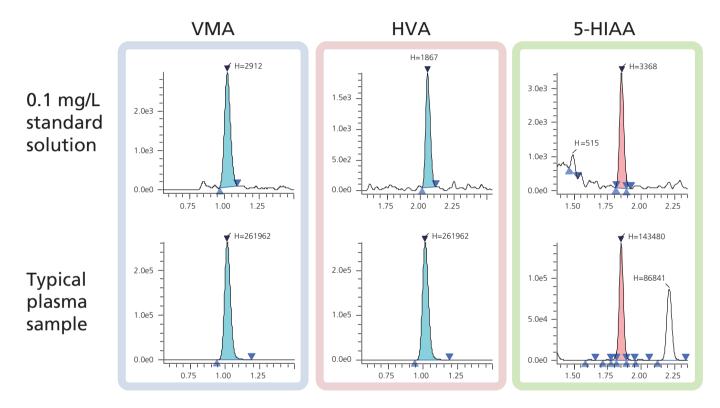


Fig. 2 Representative MRM chromatograms of VMA, HVA and 5-HIAA acquired from standard solution at LLOQ and non-spiked, human urine containing endogenous VMA, HVA and 5-HIAA at 6.2, 7.7 and 5.1 mg/L, respectively.

Pre-validation study

As a pre-validation study, we evaluated the accuracy of the neat standard curve with respect to matrix calibration curve, prepared using fresh, pooled urine sample that contained endogenous target compounds. As a result, while the true endogenous concentrations of VMA, HVA and 5-HIAA as determined by matrix calibration curve were 4.26, 4.91 and 3.43 mg/L, quantitation based on neat

standard curve were 4.16 (97.6%), 5.07 (103.2%) and 3.00 mg/L (87.6%), respectively. Similarly for urine samples with 2.5, 5, 10, 20 and 25 ng/mL spiked concentrations, the accuracy of developed quantitation were within 87-103% range and inter-assay precision was <3.3% (n=5), as summarized in Table 4.

Excellence in Science

High-sensitivity, high-throughput quantitation of catecholamine metabolites in urine by LC/MS/MS for clinical research

Data correlation with HPLC method

To evaluate whether the present LC/MS/MS platform gives consistent results relative to conventional methods, a sample aggregate (n=180) were analyzed side-by-side by LC/MS/MS and HPLC in the same laboratory. Results are represented as scatter plots in Fig. 3. All compounds demonstrated satisfactory correlation and slope.

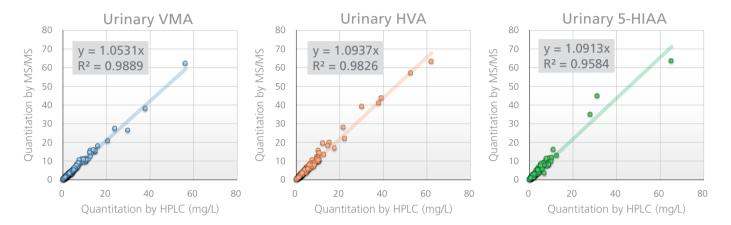


Fig. 3 Scatter plots showing the correlation between quantitation given by HPLC (X-axis) and LC/MS/MS method presented herein (Y-axis). Note that two samples that contained >100 mg/L of VMA and HVA were omitted from calculation as they dictated the correlation.

C	Added conc.	Target / IS area ratio	%RSD (n=5)	Determination based on		Accuracy
Compound				Matrix Calib.	Neat Calib.	(%)
VMA	0.00	0.400	1.58%	4.256	4.160	97.8%
	2.50	0.631	0.57%	6.707	6.540	97.5%
	5.00	0.871	0.64%	9.260	9.022	97.4%
	10.00	1.341	0.59%	14.253	13.860	97.2%
	20.00	2.272	1.06%	24.146	23.480	97.2%
	25.00	2.759	0.53%	29.316	28.500	97.2%
HVA	0.00	0.497	0.43%	4.912	5.070	103.2%
	2.50	0.753	1.58%	7.447	7.684	103.2%
	5.00	1.035	1.03%	10.237	10.560	103.2%
	10.00	1.517	1.14%	15.007	15.480	103.2%
	20.00	2.518	2.88%	24.902	25.700	103.2%
	25.00	3.037	1.28%	30.044	30.960	103.0%
5-HIAA -	0.00	0.283	2.05%	3.429	3.002	87.6%
	2.50	0.489	0.50%	5.922	5.188	87.6%
	5.00	0.697	3.34%	8.439	7.392	87.6%
	10.00	1.132	2.17%	13.706	12.020	87.7%
	20.00	1.948	1.27%	23.583	20.640	87.5%
	25.00	2.341	1.68%	28.340	24.820	87.6%

Table 4	Summary	of	pre-validation	i studv
	Summary	01	pre-valluation	istuuy

Concentration unit: mg/L



Conclusion

We developed an extremely fast LC/MS/MS workflow that achieved sufficient sensitivity and linearity to cover biologically relevant concentration range of VMA, HVA and 5-HIAA in urine and was demonstrated for accuracy, precision and robustness.

Disclaimer: LCMS-8060 is intended for Research Use Only (RUO). Not for use in diagnostic procedures.



Shimadzu Corporation www.shimadzu.com/an/ For Research Use Only. Not for use in diagnostic procedure. Not available in the USA, Canada, and China. This publication may contain references to products that are not available in your country. Please contact us to check the availability of these products in your country.

The content of this publication shall not be reproduced, altered or sold for any commercial purpose without the written approval of Shimadzu. Company names, product/service names and logos used in this publication are trademarks and trade names of Shimadzu Corporation or its affiliates, whether or not they are used with trademark symbol "TM" or "@". Third-party trademarks and trade names may be used in this publication to refer to either the entities or their products/services. Shimadzu disclaims any proprietary interest in trademarks and trade names of ther the networks and trade names of the na

The information contained herein is provided to you "as is" without warranty of any kind including without limitation warranties as to its accuracy or completeness. Shimadzu does not assume any responsibility or liability for any damage, whether direct or indirect, relating to the use of this publication. This publication is based upon the information available to Shimadzu on or before the date of publication, and subject to change without notice.

First Edition: June, 2016