Pre-treatment and one-shot separating analysis of whole catecholamine metabolites in plasma by using LC/MS

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Background: Catecholamines are biogenic amines playing an important role in the nervous system. Part of catecholamines have been used as tumor makers of phenochromocytoma, paraganglioma and neuroblastoma. The analysis of total catecholamine metabolites should be useful for one shot screening of multi aspects of diseases. However it is difficult to conduct, because the catecholamine metabolites are divided into three groups: five amines, one amino acid and three carbonic acids.

Method: Catecholamines and small molecules were separated from plasma proteins by an internal surface reversed phase column (protein-coated ODS column) and analyzed by LC/MS using ESI-TOF/MS.

Result: Using a reversed phase column and hydrophilic mobile phases, we succeeded in the separation of nine catecholamines, all of which structures are similar. These nine substances were eluted in the following order: Norepinephrine, Epinephrine, Normetanephrine, Dopamine, Metanephrine, DOPA, VMA, DOPAC and HVA. The reproducibility of this method was acceptable. The highest C.V. was 7.4%. In addition, various types of compounds were separated from and detected in plasma proteins by applying LC/MS.

Conclusion: Plasma direct injection method, which uses an internal surface reversed phase column and ion-pair reagent, allowed us to separate small molecules from plasma proteins. MS detected some compounds that HPLC could not succeed in the separating and detecting with UV detection. We think that the established method can be applied to find new markers in neuroblastoma, comparing the plasma of patients to that of normal infants. The method can be also used to help for making a diagnosis of other diseases and finding their new makers.

Keywords: neuroblastoma, Catecholamine, Internal surface reversed phase column, LC/MS DOPA, 3.4-Dihydroxy-phenylalanine; DOPAC, 3.4-Dihydroxy-phenylacetic acid; HVA,

Homovanillic acid; VMA, Vanillomandelic acid; and ESI-TOF/MS, electrospray ionization-time of flight/mass spectrometory.

Introduction

Neuroblastoma is a malignant tumor especially found in infants. The frequency of the incidence is the second highest after that of leukemia. Because of its high frequency and the possibility of curing the disease with early detection, the nation-wide neonatal mass-screening at six months of age was conducted in Japan between 1985 and 2004 in Japan. Infants with Neuroblastoma produce an excess of catecholamines compared to normal infants (1). Therefore, a considerable amount of VMA and HVA, the final metabolites of catecholamines, are excreted into the urine (2, 3, 4, 5, 6, 7). The present mass-screening observed an increase of the final metabolites by HPLC (8, 9). However this screening-method had problems with both accuracy of metabolite measurement and the determination of a definitive cut-off value. The committee of Ministry of Health, Labour and Welfare in Japan reached the conclusion that the screening has no effect on mortality from Neuroblastoma, and thus it was suspended (10, 11). Contrary to the negative opinions, some believe that the mass-screening actually helped reduce mortality due to Neuroblastoma. This disease is still a convalescent unsatisfactory disease and therefore, the mass-screening is vital to a reduction of the mortality due to infantile cancers (12,13,14). In order to restart the mass-screening, the current method, which targets only the final substances (VMA and HVA) and considers metabolic substances of catecholamine to be an insignificant subject, needed to be reexamined. We analyzed all metabolic substances of catecholamine, including metabolic by-products, and set up an analytical method using LC/MS. The urine is a proper sample for the screening, posing the least burden and risk to infants and their parents. However, the urine does not contain all of the compounds of the human body and also has a problem with the stability of components generated by contamination. The blood, on the other hand, contains all of the compounds of the human body. Thus we established a test method for analysis of the plasma.

In the plasma, small molecules unite with plasma proteins especially albumin. For the analysis of small molecules in the plasma, these small molecules needed to be separated from plasma proteins. For the separation, we employed a direct plasma injection analysis, which uses an internal surface reversed phase column. Fig. 1 shows the characteristics of the column. The outside surface of porous resins was coated with BSA, so that the column did not adsorb for the plasma proteins, but still had the reverse-phase characteristics for small molecules. The internal surface reversed phase column was selected as a precolumn for the deproteinization and a trapping of small molecules(15,16).

FIG.	1
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In the human body, catecholamines are formed by the following sequence of reactions: Tyrosine→3.4-Dihydroxy-phenylalanine (DOPA)→ Dopamine→Norepinephrine→ Epinephrine. They have physiological activity respectively. After they performed their roles, DOPA is metabolized and becomes Homovanillic acid (HVA) via 3.4-Dihydroxyphenylaacetic acid (DOPAC). Dopamine also changes into HVA. Norepinephrine transforms into Normetanephrine, and Epinephrine becomes Metanephrine. They then both transforms into Vanillomandelic acid (VMA). These reactions are catalyzed by the following enzymes: (1)Tyrosine-hydroxylase, (2)DOPA-decarboxylase, (3)Dopamine-β-hydroxylase, (4)Phenylethanolamine-N-methyltransferase, (5)catechol-O-methyl-tranceferase, (6)monoamine-oxidase. Finally HVA and VMA are excreted to the urine (Fig. 2).

FIG. 2

Materials and Methods

Chemicals

DOPA, Dopamine, DOPAC, Epinephrine, Normetanephrine, Metanephrine, HVA, VMA and Formic acid were obtained from SIGMA. Norepinephrine was from Fluka. Methanol, acetonitrile, Ammonia solution, Ammonium Hydrogencarbonate and. pentadecafluorooctanoic acid ($CF_3(CF_2)_6COOH$) were purchased from KANTO CHEMICAL. Trifluoroacetic acid (CF_3COOH), Pentafluoropropionic acid (CF_3CF_2COOH), Heptafluorobutyric acid ($CF_3(CF_2)_2COOH$) were obtained from ALDRICH. Nonafluorovaleric acid ($CF_3(CF_2)_3COOH$) was from TOKYO KASEI KOGYO. Methanol and acetonitrile were HPLC grade, and all other reagents were analytical grade. Water was deionized and purifed by Milli-Q^R Academic A10 purification system from Millipore.

Sample preparation

Standard solution of catecholamine metabolites was dissolved in water at a concentration of 1 mg/mL and mixed all in one solution to a final concentration of 100 μ g/mL. The mixed standard solution was diluted by foetal bovine serum or human plasma to be 10 μ g/mL and used as sample-spiked plasma.

Instrumentation

The HPLC-UV system was Gulliver Series from Jasco, consisting of DG-980-50 3-Line-Degasser, LG-1580-02 Termary Gradient Unit, PU-980 Intelligent HPLC Pump, and UV-970 Intelligent UV/VIS Detector. Pretreatment was performed by using the internal surface reversed phase column (TSK precolumn BSA-ODS:TOSOH) and a column packed anion exchange resin (TOYOPEARL QAE-550:TOSOH). The analysis column was L-column ODS (150x4.6 mm, 5 µm) from CERI. MS analysis was performed using a MarinerTM ESI-TOF/MS from Applied Biosystems.

Chromatographic Conditions

Mobile phases for the pretreatment column were (A) water containing 1 % of formic acid and (B) 200 mM Ammonium Hydrogencarbonate buffer/acetonitrile (5:95 v/v). The internal surface reversed phase column was equilibrated by solvent (A) at a flow rate of 0.5 mL/min, and samples were injected into the HPLC system. Following the removal of plasma proteins and other hydrophilic compounds, the mobile phase was changed to solvent (B) by switching a six-port valve. Catecholamine metabolites and hydrophobic compounds were eluted, and the fractions were collected. Then the fractions were evaporated. The residue was dissolved in 100 μ L of mobile phase, and 20 μ L was injected into the LC/MS system. Two mobile phases used for the analysis of these treated samples were (A) water containing 1 % of formic acid, and (C) methanol containing 1 % of formic acid. Separation was conducted at a flow rate of 0.2 mL/min. For the separation of amines, the concentration of solvent (C) was 5% for the first 18 minutes. In order to elute VMA, DOPAC and HVA the concentration of solvent (C) was raised to 45% for the next 12 minutes. The UV detector was set to monitor 280nm. The MS was used in the positive ion ESI mode.

Results and Discussion

Separation of catecholamine metabolites

We developed a method for the HPLC separation of catecholamine metabolites. The catecholamine metabolites were divided into two groups: five amines and one amino acid, and three carbonic acids. In order to separate five amines and one amino acid, of which structures are similar, the hydrophilic mobile phase needed to be used. In this case, we used 1% of formic acid/methanol (5:95 v/v) and accomplished a good separation. Fig. 3 shows the LC and MS chromatograms. The elution order was Norepinephrine, Epinephrine, Normetanephrine, Dopamine, Metanephrine and DOPA. The peaks of Norepinephrine were m/z152 ($[M+H-H_2O]^+$) and m/z170 ($[M+H]^+$). Epinephrine was detected m/z184 ($[M+H]^+$), Normetanephrine was detected m/z166 ($[M+H-H_2O]^+$) and m/z184 ($[M+H]^+$), Dopamine was detected m/z154 ($[M+H]^+$), Metanephrine and DOPA were detected m/z180 ($[M+H-H_2O]^+$) and m/z198 ($[M+H]^+$).

DOPAC, HVA and VMA have a strong affinity with ODS. To accelerate the elution of these three substances, the concentration of the organic mobile phase was raised from 5 to 45%. As a result, all procedures were carried out within 60 minutes. The elution order of carbonic acids was VMA, DOPAC and HVA (Fig. 4). The peaks of DOPAC were m/z169 ($[M+H]^+$), m/z186 ($[M+NH_4]^+$), and m/z191 ($[M+Na]^+$). HVA was detected m/z183 ($[M+H]^+$), m/z200 ($[M+NH_4]^+$), and m/z205 ($[M+Na]^+$). No peak was found in VMA. It is suspected that because VMA had a hydroxyl group close to the carboxyl group, the pKa was lower compared to other carbonic acids. Thus VMA could not ionize well with the ESI positive mode.

FIG. 3

By trapping of catecholamine metabolites to the internal surface reversed phase column, we separated catecholamine metabolites and small molecules from plasma proteins. Plasma proteins ran through the column without being trapped, because of the size exclusion and the coated BSA. We set the elution time of proteins by HPLC-UV and Lowry method (absorbance of 700 nm). At a flow rate of 0.5 mL/min and 100 μ L of sample volume, plasma proteins were eluted from the column within three minutes (Fig. 4-a,b). Under these conditions the internal surface ODS did not hold catecholamine metabolites enough, because they were ionized. In order to increase the affinity of ODS, we used an volatile ion-pair reagent(17,18). With the reagent, Trifluoroacetic acid (CF₃COOH) ,Pentafluoropropionic acid (CF₃CF₂COOH), Heptafluorobutyric acid (CF₃(CF₂)₂COOH) , Nonafluorovaleric acid (CF₃(CF₂)₃COOH) and pentadecafluorooctanoic acid (CF₃(CF₂)₆COOH) were tested (Fig.4c). We accomplished a good separation using 0.1 mM pentadecafluorooctanoic acid/ 1 % formic acid (Fig. 4-d). With this mobile phase, ion-pair reagent was not removed by evaporation. We placed a column packed strong anion exchange resin between the switching six-port valve and UV-Detector. As a result, the ion-pair reagent was adsorbed to anion exchange resin and removed.

FIG. 4

Recovery, reproducibility and detection limit

The recovery, reproducibility and detection limit of this method are summarized in Table. 1. The sample concentration was 10 μ g/mL and its volume was 100 μ L. The evaluation was done based on the peak area of chromatogram. The value of recovery as to VMA was rather low due to weak retention, but those for others were more than 90%. The values of reproducibility as to Norepinephrine, Epinephrine and VMA, which are retained weakly in the pretreatment column, were rather high, but others were within an acceptable level less than 6% C.V. Since the retention times of these compounds fluctuate in the pretreatment process depending on the pre-saturated ion-pair concentration, the dispersion of reproducibility in the compounds seemed to be caused by the concentration of ion-pair reagent in the internal surface reversed phase column. The detection limit at signal-to-noise ratio=3 were around 1 $\sim 1.5 \mu$ g/mL. In order to improve sensitivity, micro-LC/MS and Quadruple mass filter detection can be adopted.

TABLE. 1

Analysis of the total catecholamine metabolites in plasma

100 μ L of sample-spiked plasma was analyzed by the present method. Fig. 5 shows the results. We investigated a variety of compounds in plasma and achieved a clear separation by HPLC as shown by UV and MS detector. Fig. 6 shows the ion peaks without catecholamine metabolites. Some of the peaks were identified by both HPLC-UV and MS (Fig. 6a), and the rest of them were detected only by MS indicating that they had no significant UV absorption (Fig. 6b).

FIG. 5, FIG. 6

Conclusion

For analysis of the metabolic process of catecholamines released from cells such as nerve cells, we established an analytical method of all catecholamine metabolites using preconcentration column and LC/MS. We succeeded in separating catecholamine metabolites and hydrophobic compounds from plasma proteins in a single separation process by using the internal surface reversed phase column and ion-pair reagent in pretreatment process. In addition, MS was able to identify some compounds that could not be separated or detected by HPLC. The recovery were almost 90%, the reproducibility were less than 7% C.V. and the detection limit at signal-to-noise ratio=3 were around $1 \sim 1.5 \mu g/mL$. This established method can be applied to help finding new markers in Neuroblastoma, by comparing the plasma of patients to that of normal infants. The method can be also used for making a diagnosis of other diseases or finding their new markers.

Acknowledgment

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Reference

1, MASON GA, HART-MERCER J, MILLAR EJ, STRANG LB, WYNNE NA.: Adrenaline-secreting neuroblastoma in an infant. Lancet. 1957 Aug 17;270(6990):322-5.

2, Gitlow SE, Bertani LM, Rausen A, Gribetz D, Dziedzic SW.: Diagnosis of neuroblastoma by qualitative and quantitative determination of catecholamine metabolites in urine. Cancer. 1970 Jun;25(6):1377-83.

3, Liebner EJ, Rosenthal IM.: Serial catecholamines in the radiation management of children with neuroblastoma. Cancer. 1973 Sep;32(3):623-33.

4, Voorhess, M. L. & Gardner, L. I.: Neuroblastoma and catecholamine excretion. Lancet, I : 1288, 1961

5, KONTRAS SB.: Urinary excretion of 3-methoxy-4-hydroxymandelic acid in children with neuroblastoma. Cancer. 1962 Sep-Oct;15:978-86.

6, WILLIAMS CM, GREER M.: Homovanillic acid

and vanilmandelic acid in diagnosis of

neuroblastoma. JAMA. 1963 Mar

9;183:836-40.

7, SOURKES TL, DENTON RL, MURPHY GF, CHAVEZ B, SAINT CYR S.: The excretion of dihydroxyphenylalanine, dopamine, and dihydroxyphenylacetic acid in neuroblastoma. Pediatrics. 1963 Apr;31:660-8.

8, Sato Y, Hanai J, Takasugi N, Takeda T.: Determination of urinary vanillylmandelic acid and homovanillic acid by high performance liquid chromatography for mass screening of neuroblastoma.

Tohoku J Exp Med. 1986 Oct;150(2):169-74.

9, Sawada T.: Laboratory techniques and

neuroblastoma screening. Lancet. 1988 Nov

12; 2 (8620):

10, William G Woods, Mendel Tuchman, Leslie L Robison, Mark Bernstein, Jean-Marie Leclerc, Linda C Brisson, et al.: A population-based study of the usefulness of screening for neuroblastoma Lancet. 1996 Dec 21-28;348(9043):1682-7.

11, Schilling FH, Spix C, Berthold F, Erttmann R, Fehse N, Hero, B et al.: Neuroblastoma screening at one year of age. N Engl J Med. 2002 Apr 4;346(14):1047-53.

12, Nishi M, Takeda T, Hatae Y, Hanai J, Fujita K, Ichimiya H, Tanaka T.: Contribution of HPLC mass screening for neuroblastoma to a decrease in mortality. J Exp Clin Cancer Res. 2002 Mar;21(1):73-8.

13, Yamamoto K, Ohta S, Ito E, Hayashi Y, Asami T, Mabuchi O, et al.: Marginal decrease in mortality and marked increase in incidence as a result of neuroblastoma screening at 6 months of age: cohort study in seven prefectures in Japan. J Clin Oncol. 2002 Mar 1;20(5):1209-14.

14, Tsuchida Y, Ikeda H, Shitara T, Tanimura M.: Evaluation of the results of neuroblastoma screening at six months of age. Med Pediatr Oncol. 2000 Jan;34(1):80-1

15、HISANOBU YOSIDA, KEIKO TAKANO, IKUE MORITA, TUTOMU MASUJIMA AND HIDEO IMAL: Direct Injection of Plasma Samples for the Determination of Procainamide and N-Acetylprocainamide by Reverce Phase High-Performance Liquid Chromatograhy. Jap. J. Clin Chem. Vol. 12, No. 4, 1983. 312-218

16, IKUE MORITA, TUTOMU MASUJIMA HISANOBU YOSIDA, AND HIDEO IMAL: Direct Plasma Injection Method for the Analysis of Tryptophan Metabolites by High-Performance Liquid Chromatograhy Coupled with Precolumn Deproteinization. Jap. J. Clin Chem. Vol. 12, No. 4, 1983. 312-218

17, Ming-Ren Fuh, Chiuan-Hung Haung, Shiang-Ling Lin and Wynn H. T. Pan.: Determination of free-form amphetamine in rat brain by ion-pair liquid chromatography/electrospray mass spectrometry with in vivo microdialysis . J Chromatogr A. 2004 Mar 26;1031(1-2):197-201

18, Qu J, Wang Y, Luo G, Wu Z, Yang C.: Validated quantitation of underivatized amino acids in human blood samples by volatile ion-pair reversed-phase liquid chromatography coupled to isotope dilution tandem mass spectrometry. Anal Chem. 2002 May 1;74(9):2034-40

Fig.1 The characteristics of the internal surface reversed phase column. Tthis column was selected as a

precolumn for the deproteinization and a trapping of small molecules.

Fig. 2 The pathway of synthesis and metabolite about catecholamines

(1)Tyrosine-hydroxylase, (2)DOPA-decarboxylase, (3)Dopamine-\beta-hydroxylase, (4)Phenylethanolamine-N-

methyltransferase, (5)catechol-O-methyl-tranceferase, (6)monoamine-oxidase

Fig. 3-a The LC chromatogram. The elution order was Norepinephrine, Epinephrine, Normetanephrine,

Dopamine, Metanephrine, DOPA, VMA, DOPAC, and HVA. Flow rate: 0.2mL/min. The sample

concentration: 10 µg/mL. The sample volume: 20 µL. Detection: UV280 nm.

Fig. 3-b MS-TIC(ESI-TOF/MS; positive mode)

Fig. 3-c Norepinephrine $m/z 152([M+H - H_2O]^+)$, $m/z 170 ([M+H]^+)$

Fig. 3-d Epinephrine m/z 184 ($[M+H]^+$)

Fig. 3-e Normetanephrine m/z 166 ($[M+H - H_2O]^+$) m/z 184 ($[M+H]^+$)

Fig. 3-f Dopamine m/z 154 $([M+H]^+)$

Fig. 3-g Metanephrine, DOPA m/z 180 ([M+H -H₂O]⁺) m/z 198 ([M+H]⁺)

Fig. 3-h DOPAC m/z 169 [M+H]⁺ m/z 186 [M+NH₄]⁺ m/z 191 [M+Na]⁺

Fig. 3-i HVA m/z 183 [M+H]⁺ m/z 200 [M+NH₄]⁺ m/z 205 [M+Na]⁺

Fig. 4-a The LC chromatogram of Sample-spiked FCS. ODS did not hold catecholamine metabolites.

Fig. 4-b The change of proteins concentration. Plasma proteins ran dowm within 3 minutes.

Fig. 4-c The effect of ion-pair reagent. 0.1 mM pentadecafluorooctanoic acid/ 1 % formic acid gave a good separation.

Fig. 4-d A:Injection→3 min. B: After column switting

Fig. 5-a The LC chromatogram of sample-spiked plasma. We investigated a variety of compounds in plasma and succeed a clear separation by HPLC-UV detector as to standard compounds.

Fig. 5-b MS-TIC (ESI-TOF/MS; positive mode)

Fig. 5-c The MS chromatogram. Standerd compounds were detected their peaks respectively.

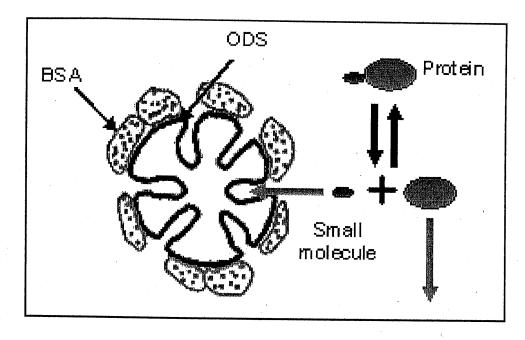
Fig. 6 The ion peaks without catecholamine metabolites detected by ESI-TOF/MS; positive mode

a Two peaks detected by both HPLC-UV and MS.

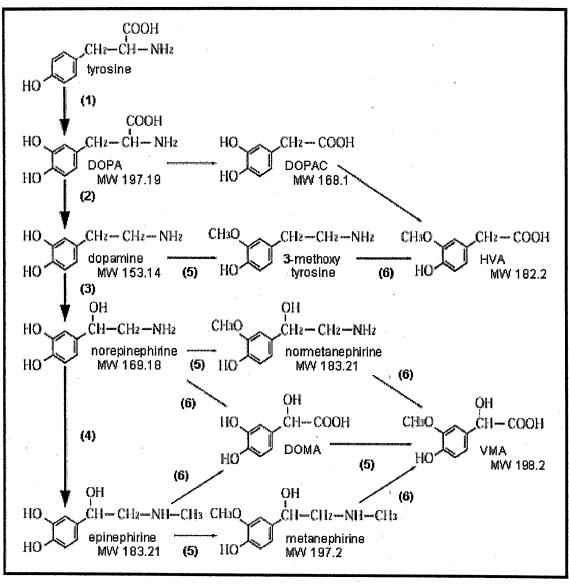
b Two peaks detected only by MS

Table 1. The evaluation of reproducibility, recovery and detection limit. (n=5)

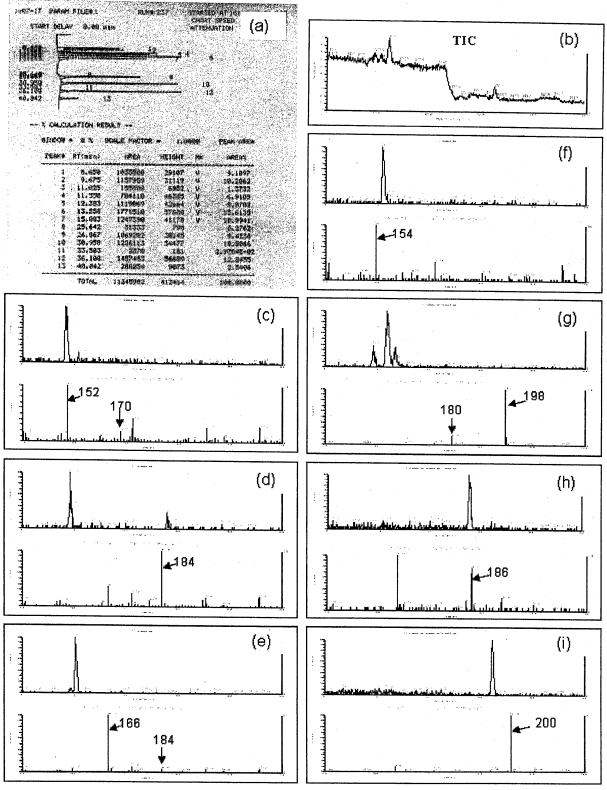
	recovery (%)	means	S.D.	C.V (%)	detection limit:S/N=3 (µg/mL)
Norepinephrine	94.1	305000	21400	7.0	1
Epinephrine	94.1	363000	27700	7.6	1
Normetanephrine	97.9	294000	7900	2.7	1
Dopamine	93.3	341000	12300	3.6	1
Metanephrine	93.3	357000	18400	5.2	1
DOPA	94.0	323000	7300	2.6	1.5
Tyrosine	97.4	207000	7200	3.5	1
VMA	87.0	145000	11000	7.4	
DOPAC	97.7	350000	11000	3.1	1.5
HVA	98.0	435000	26000	6.0	1



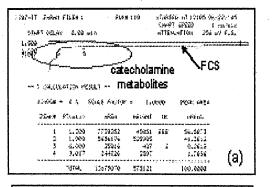


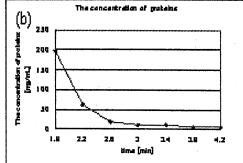












(c) 1:0.2% CF₃COOH 2:0.2% CF₃CF₂COOH 3:0.2% CF₃ (CF₂) $_{2}$ COOH 4:0.2% CF₃ (CF₂) $_{3}$ COOH 5:0.05 mMCF₃ (CF₂) $_{6}$ COOH 6:0.1 mMCF₃ (CF₂) $_{6}$ COOH Sample: Norepinephirine Mobile phase: 1% HCOOH Flow rate: 0.5 mL/min

r		
	FCS	Norepinephirine
1	0.96	1.65
2	1.06	1.79
3	0.92	2.12
4	1.19	2.38
5	1.00	2.62
6	1.06	>3.7

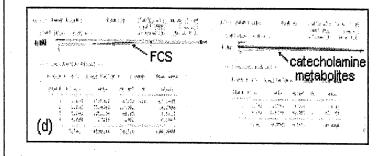


Fig. 4

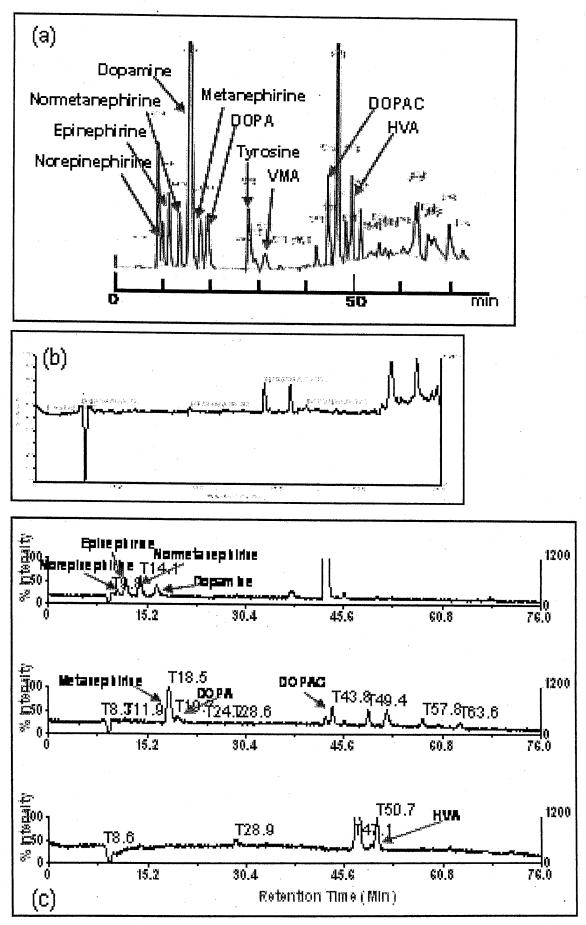


Fig. 5

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time							time	time m/z					time	m/z							
8.5	1 47	149	163	167	172	189	444.14	44.8	256				Sec.	56.1	239						
8.6	177							45.7	167	184			a	57.8	163	180					
8.9	266	267	268				Marine for	45.8	186					59	1 90						
9.6	271						mares	46.1	181				- the hase of	60.1	1 91						
9.7	265	267						46.7	283	300	301		~~~~~~	60.9	287	288			_		
9.8	172						ana.	47	239				5 Tintu	63.3	1 82						
9.9	208	234	264	279	280		Marana. /	47.6	188	205	206	207	N	63.6	1 91						
101	1 75							49.4	180	1 81	195			63.7	2 08						
102	1 62	163	227	228	229			49.5	265				164.14.	64.8	223	224	241	242	263		
14	204							49.7	222					65.2	288						
15	235						***********	50,4	222				150768-0	65.5	264	249	250	251	271	272	273
16	1 37							50.7	183	200	201			66.7	266	267	268				
17.5	150	151						50.8	282					67.6	286	287					
28.8	1 83							52.3	186	187	277		andu	68.1	294						
37.5	1 66						<i></i> ,	52.6	153					68.8	269	270					
41.9	1 95							53	256					69.9	280						
42.8	1 66	167	168	169				53.2	172					70.1	299						
43.2	1 81							53.3	160					70.8	284						
43.8	265				-		v	55.1	181					71.3	279	280	281				
43.9	1 63	180	262					56	291					72.3	252						

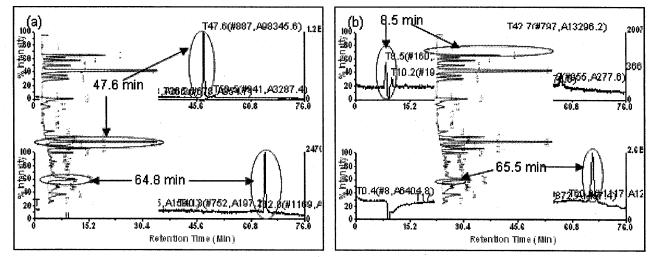


Fig. 6