Simple and Rapid Tandem Mass Spectrometry Method for the Analysis of Methylmalonic Acid in Urine

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Introduction¹

- Vitamin B12 deficiency can lead to irreversible neurological symptoms (e.g. memory deficits, gait ataxia)
- ➡ Up to 40% of older adults show metabolic signs of B12 deficiency
- ➡ Up to 56% of adults with metabolic signs of B12 deficiency present normal levels of serum B12
- ➡ B12 deficiency causes increased levels of serum and urine methylmalonic acid (MMA), a specific biomarker



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Results

Objectives

- To develop a multiplex UPLC-MS/MS method for the analysis of MMA and creatinine in urine (non-invasive specimen collection)
- ➡ To determine MMA/creatinine levels in a group of 35 older adults from the NuAge study (>70 yrs) at different stages of metabolic **B12 deficiency**
- To compare the MMA results obtained using this method with those obtained with a GC/MS validated method necessitating derivatization
- To perform correlation studies between urine and plasma MMA levels
- ➡ To analyze MMA/creatinine ratios in urine samples collected on filter paper from newborns having B12 deficiency

Method

Urine sample analysis by UPLC-MS/MS

- \rightarrow 30 µL of urine mixed with 60 µL of water containing MMA-D₃ and creatinine-D3 as internal standards
- → Calibration curves
 - → MMA: 0 to 500 μM
 - Creatinine: 0 to 30 mM

Figure 2: Comparison of MMA levels measured in urine from 35 older adults by UPLC-MS/MS and GC-MS

The results obtained with the new UPLC-MS/MS method correlate well with the results obtained with the validated GC-MS method



- ➡ Acquity I-Class UPLC (Waters)
 - \rightarrow Column Acquity CSH C18, 1.7 µm, 2.1 x 50 mm (Waters)
 - → Phase A = MeOH, 0.1% formic acid
 - \rightarrow Phase B = H₂O, 0.1% formic acid
 - \rightarrow Gradient: 0 \rightarrow 0.5 min, 100% B $0.5 \rightarrow 1.0 \text{ min}, 100 \rightarrow 90\% \text{ B}$
 - $1.0 \rightarrow 1.3 \text{ min}, 90\% \text{ B}$ **1.3** → **1.8** min, **90%** → **10%** B **1.8** → **2.3** min, 100% B
- Xevo TQ-S micro mass spectrometer (Waters)
 - Multiple reaction monitoring
 - \Rightarrow ESI+: Creatinine (+1): *m/z* 115.07 \rightarrow 45.05 **Creatinine-D**₃: $m/z \ 117.09 \rightarrow 47.07$ $m/z \ 117.02 \rightarrow 73.03$ ESI-: MMA: $MMA-D_3$: *m/z* 120.04 → 76.05

Waters Corp.

Urine and plasma sample analysis by GC-MS

➡ Method based on the following references^{2,3}

Results 1.30 MMA-D3 100 %

MMA (UPLC-MS/MS, µmol/mmol creat.)

Figure 3: Comparison of MMA levels measured in urine and in plasma for 35 older adults by UPLC-MS/MS

The correlations between MMA results obtained in urine and plasma for the same patients were significant (Spearman r = 0.59)

Newborn urine screening

MMA was analyzed in dried urine filter paper samples from 4 newborn babies collected at 21 days of life, presenting vitamin B12 deficiency. MMA concentration levels ranged from 114 to 3402 µmol/mMol creatinine

Conclusions

- A simple and rapid method for the multiplex analysis of urinary MMA and creatinine by UPLC-MS/MS was developed
- The results of the new UPLC-MS/MS method for the analysis of MMA correlate well with the results obtained with a GC-MS validated method
- The MMA levels measured in urine showed significantly positive correlations with the levels measured in plasma



Figure 1: UPLC-MS/MS ion chromatograms of MMA and creatinine in urine

The MMA concentration was measured in urine from 35 older adults at different stages of metabolic B12 deficiency and in dried urine spots of newborn babies with a B12 deficiency

Acknowledgements

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References:

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