Automated MALDI MRMS and NMR for biomarker based determination of diabetes during pregnancy

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Introduction

Mass spectrometry has increasingly been applied in the clinical setting due to the high and specific information content provided to researchers that enables a positive effect on patient outcomes. A different approach that eliminates the majority of sample preparation is MALDI-MS. Beyond mixing with a suitable ionization matrix, small amounts of sample $(\sim 1 \text{ uL})$ can be analyzed with no prior preparation or purification after clinical collection and in a high throughput fashion via MALDI automation

Sample Prep

Serum and urine were collected for clinical patients and stored at -80C. After thawing at 4C, samples were mixed 1:1 with DHB matrix and 1 μ L spotted onto a 384 sample AnchorChip target. No additional preparatory steps were required before mass spectrometry analysis.







(mass increases of 2H) resolving power ~325,000 required to make the split indicated in the inset.

MS Method

- Urine and serum samples were analyzed on a Bruker solariX XR at either 9.4 T or 12 T using MALDI. For urine samples, a 4 M transient with a low mass of m/z 75 was acquired.
- 12 scans were summed, leading to an average of ~40 seconds to analyze each spot.
- In selected cases (sp. serum), 2ω and AMP were employed to increase RP.

Data Analysis

• Data Analysis was performed in DA 5.0 and Metaboscape 3.0 for multivariate analysis of large sample sets.

Results

- For example in serum, we have been able to identify molecular compositions that correspond to over 100 lipid species with a mass error less than 250 ppb shown in Figure 1 (left).
- Due to the ionization mechanism during MALDI, most analytes are observed as singly charged species.
- Seen in Figure 1 (right), a mass resolving power of approximately 325,000 is required to resolve the A+2 peak of a preceding phosphocholine/ phosphoethanlolamine (PC/PE) lipid species from the A or monoisotopic peak of the following PC/PE with one less double bond.
- For urine, the MALDI automation approach has resulted in the ability to directly measure the chemical complexity of over 300 clinical urine samples plus internal/external controls and blanks (480 total spots) in less than 6 hours.
- A typical spectrum is shown in Figure 2 and demonstrates the molecular complexity of this biofluid. Shown in the Figure 2 inset is a 0.10 Th wide excerpt of the spectrum illustrating the need for the increased mass resolving power.
- Detailed analysis of this large sample set was performed within Metaboscape 3.0, using the T-Rex-2D algorithm. Annotation was done with SF and matching to the urine HMDB (http://www.hmdb.ca/).
- A key feature of the analysis is the identification of patients with elevated urine glucose levels shown in Figure 3.

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0.4						
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	1					
0.3						
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0.3	1 1 1 1	9 _{M4}	DLPCP_132_5	00.00	0.0.00	
0.0		MALDEPO	DLPCP_132_5		ALDI PCP	83 °
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0.3 0.0 (1)(1)	cket Table	°MAL MALDIPI	DUPCP_132,5 P_123 000 P_123 M440	1000 1000 1000 1000	1.0.0.0.	83 N
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Fig. 3) The bucket at m/z 203.05261 was detected as [M+Na]⁺ and assigned as D-Glucose (49 ppb). Bucket statistics for this metabolite shows that high intensities of D-Glucose can only be detected in samples of diabetic patients.

Conclusions

- minimal sample prep.





Automated MALDI MRMS provides the opportunity to obtain complementary information that support NMR findings on large clinical sample sets with

MetaboScape 3.0 enabled processing of MALDI-MRMS data facilitating this higher throughput profiling workflow.

Future work will focus on further refining the approach by incorporating isotopic fine structure and MS/MS to increase confidence in the assignment of composition and structure and to correlate MS and NMR results.

Metabolomics