

# Preanalytical Pitfalls in Untargeted Plasma Metabolomics of Endocrine Hypertension

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on behalf of the ENSAT-HT consortium - <https://www.ensat-ht.eu/>

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## Background

Despite considerable morbidity and mortality, numerous cases of endocrine hypertension (EHT), which includes primary aldosteronism (PA), pheochromocytoma and paraganglioma (PPGL), and Cushing's syndrome (CS), remain undetected. ENSAT-HT is a project which aims to establish a multi-omics screening method for EHT. We used untargeted Nuclear Magnetic Resonance (NMR) and Ultra High-Performance Liquid Chromatography – Quadrupole Time of Flight Mass Spectrometry (UHPLC-QTOF-MS) metabolomics to distinguish EHT from primary HT (PHT).

## AIM

To identify biomarkers as screening tools for the different forms of EHT by analyzing ENSAT-HT plasma samples, and to investigate potentially confounding effects of various origin, using sample and patient metadata.

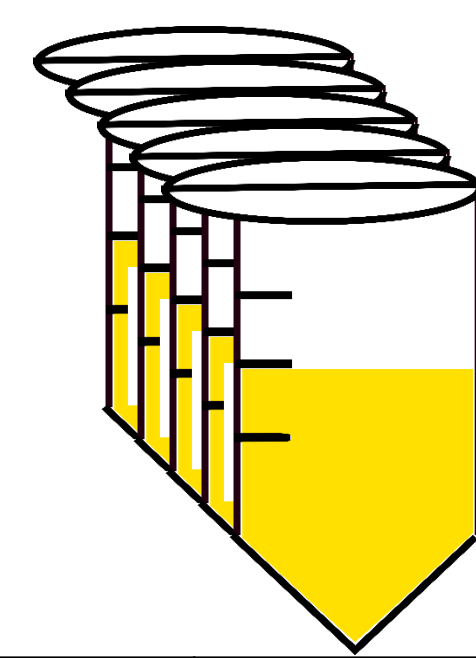
## Method #1: <sup>1</sup>NMR



Spectroscopy: We recorded and processed spectra on our Bruker DRX AVANCE spectrometer operating at 500.13 MHz, according to our NMR method as reported and previously applied [1,2].

Data analysis: We employed

- PCA for investigating the strongest tendencies within the data
- PLSDA to separate groups defined by confounders
- Sparse PLSDA to separate disease groups

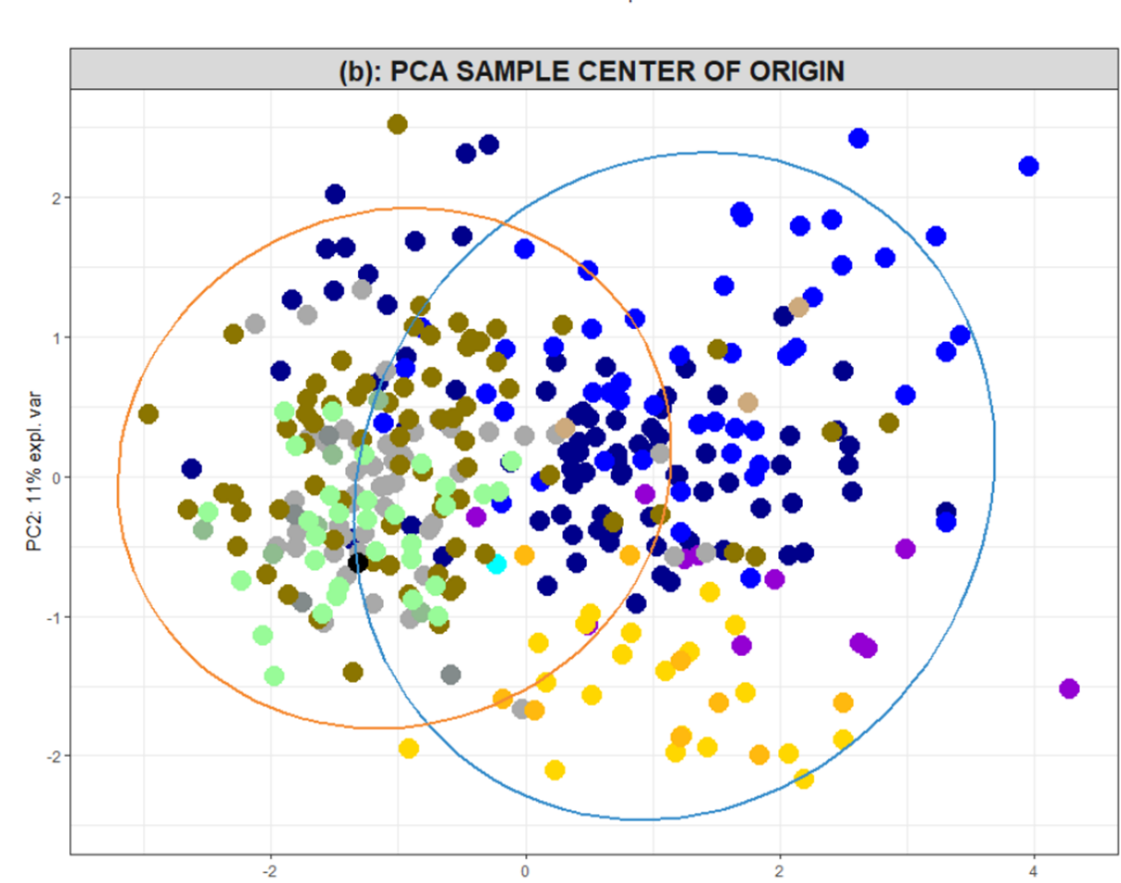
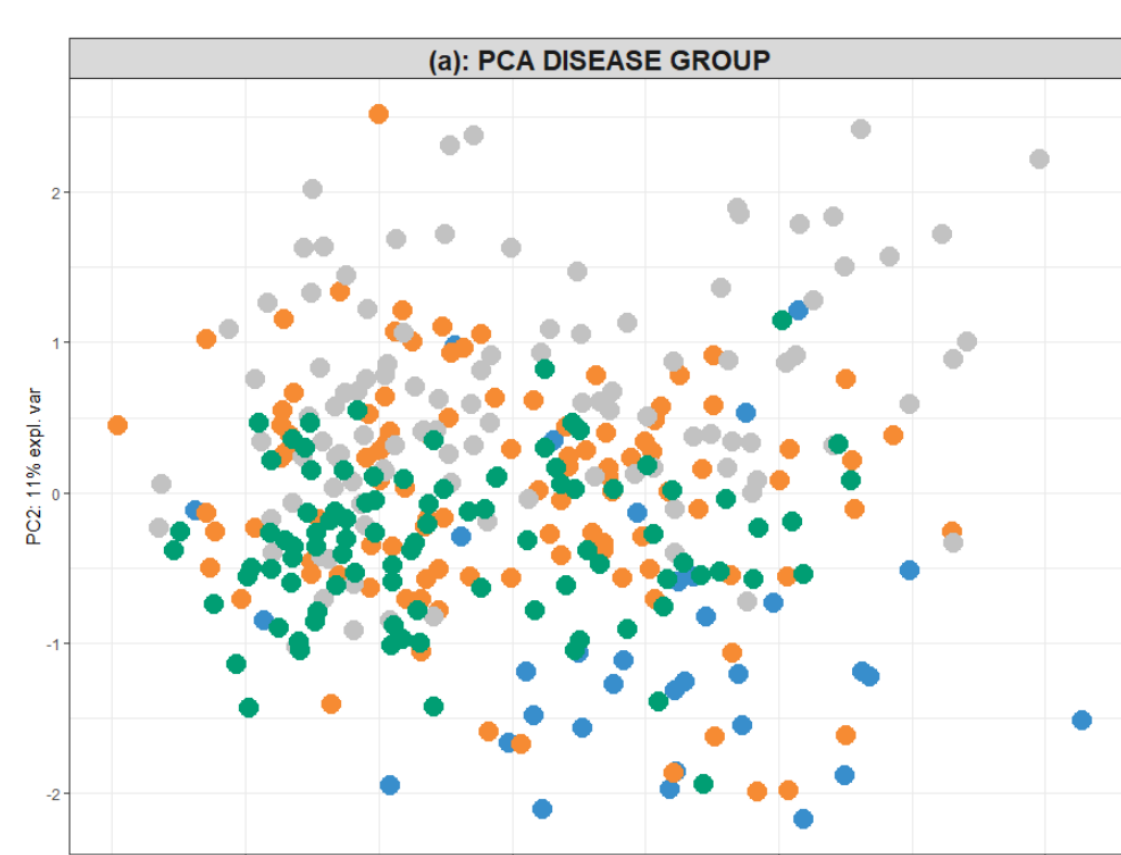


GROUP	PLASMA NMR/QTOF
CS	33/20
PA	104/65
PHT (controls)	106/66
PPGL	94/60

Samples were collected from biobanks across 13 centers, with patients sampled at different time points, resulting in significantly different sample ages amongst centers.

## Method #2: UHPLC-QTOF-MS

Samples were run on an Agilent QTOF 6545, according to a previously published method [3]. Samples were prepared according to a methanol precipitation protocol in 6 batches and were analyzed in an antiparallel fashion to account for drift. Data Processing was largely the same as with NMR, including peak picking and batch correction.



Metabolite	NMR Peaks (ppm)	Dataset	Reason*	Center 1 PHT/CLUSTER 2/ HIGH SAMPLE AGE
Acetylcarnitine	3.177	PA-PHT, PPGL-PHT	PLSDA CLUSTER, SAMPLE AGE	↓
Creatine	3.021, 3.917	PA-PHT, PPGL-PHT	PLSDA CLUSTER, SAMPLE AGE	↑
Dimethyl sulfone	3.137	PA-PHT, PPGL-PHT	PLSDA SAMPLE AGE	↑
Glucose	5.220, 5.227	PA-PHT, PPGL-PHT	PLSDA CLUSTER, SAMPLE AGE	↓
Glutamate	2.047, 2.060, 2.075, 2.095, 2.109, 2.108, 2.113, 2.122, 2.132, 2.140, 2.145, 2.325, 2.332, 2.341, 2.356	PA-PHT, PPGL-PHT	Center 1 PHT, PLSDA CLUSTER, SAMPLE AGE	↑
Glutamine	2.095, 2.103, 2.108, 2.113, 2.122, 2.132, 2.140, 2.145, 2.418, 2.428, 2.433, 2.444, 2.449, 2.460	PA-PHT, PPGL-PHT	Center 1 PHT, PLSDA CLUSTER, SAMPLE AGE	↓
Glycerol	3.555, 3.567	PA-PHT	PLSDA CLUSTER, SAMPLE AGE	↑
Glycine	3.548	PA-PHT, PPGL-PHT	PLSDA SAMPLE AGE	↓
Lactate	1.321, 1.307, 4.080, 4.094, 4.108, 4.121	PA-PHT, PPGL-PHT	PLSDA CLUSTER, SAMPLE AGE	↑
Methanol	3.346	PA-PHT, PPGL-PHT	PLSDA CLUSTER, SAMPLE AGE	↓
Methionine	2.122	Center 1 PHT, PPGL-PHT	PLSDA SAMPLE AGE	↓
Ornithine	3.041, 3.057	PA-PHT, PPGL-PHT	PLSDA CLUSTER, SAMPLE AGE	↑
Pyruvate	2.356	PA-PHT, PPGL-PHT	PLSDA CLUSTER, SAMPLE AGE	↓
Unknown metabolite	3.284	PA-PHT, PPGL-PHT	PLSDA CLUSTER, SAMPLE AGE	↑

Tables: Features found to be related to confounders. All listed NMR metabolites (left) were also related to disease group discrimination, as were QTOF features (right) highlighted in bold.

mzmed	rtmed	High In	Possibilities	CID	Level of Identification Rigor
130.0863	3.271	Center 3	Furanone derivative.	-	3
176.1155	5.874	Center 10	-	-	4
195.0263	1.768	Center 3	-	-	4
203.0289	3.165	Center 4	-	-	4
205.0834	8.811	Center 1	Carboxylic acid with tropylinium ion.	-	3
233.0784	4.321	Center 4	PEG	-	2
246.1882	6.488	Center 1	Glu-Val/ gamma Glu-Val	76807	3
247.1286	3.512	Center 1	Leu-Leu	-	2
248.1317	3.513	Center 1	>>	>>	2
259.1148	6.469	Center 3	-	-	4
270.1993	11.584	Center 4	-	-	4
282.2008	8.291	Center 3	-	-	4
293.1437	8.344	Center 4	PEG	-	2
293.2473	15.488	Center 1	-	-	4
296.1523	8.345	Center 4	PEG	-	2
302.0804	11.485	Center 3	-	-	4
303.2315	15.194	Center 1	-	-	4
305.1980	8.616	Center 4	PEG	-	2
307.1741	8.617	Center 4	PEG	-	2
310.2011	8.967	Center 1	-	-	4
311.2041	9.984	Center 3	-	-	4
317.2472	15.613	Center 1	-	-	4
329.1873	8.864	Center 4	PEG	-	2
333.1881	7.687	Center 3	-	-	4
337.1704	8.862	Center 4	PEG	-	2
357.2397	15.618	Center 1	-	-	4
373.2325	14.554	Center 1	-	-	4
373.2347	14.358	Center 1	-	-	4
375.2139	13.363	Center 1	-	-	4
383.2552	15.784	Center 1	-	-	4
384.2049	9.286	Center 4	PEG	-	2
389.1737	13.908	Center 1	-	-	4
414.7625	9.662	Center 4	PEG	-	2
448.2575	9.827	Center 4	PEG	-	2
470.2103	9.979	Center 4	PEG	-	2
536.3261	13.713	Center 1	-	-	4
559.1506	3.074	Center 3	Inosine	135398641	1

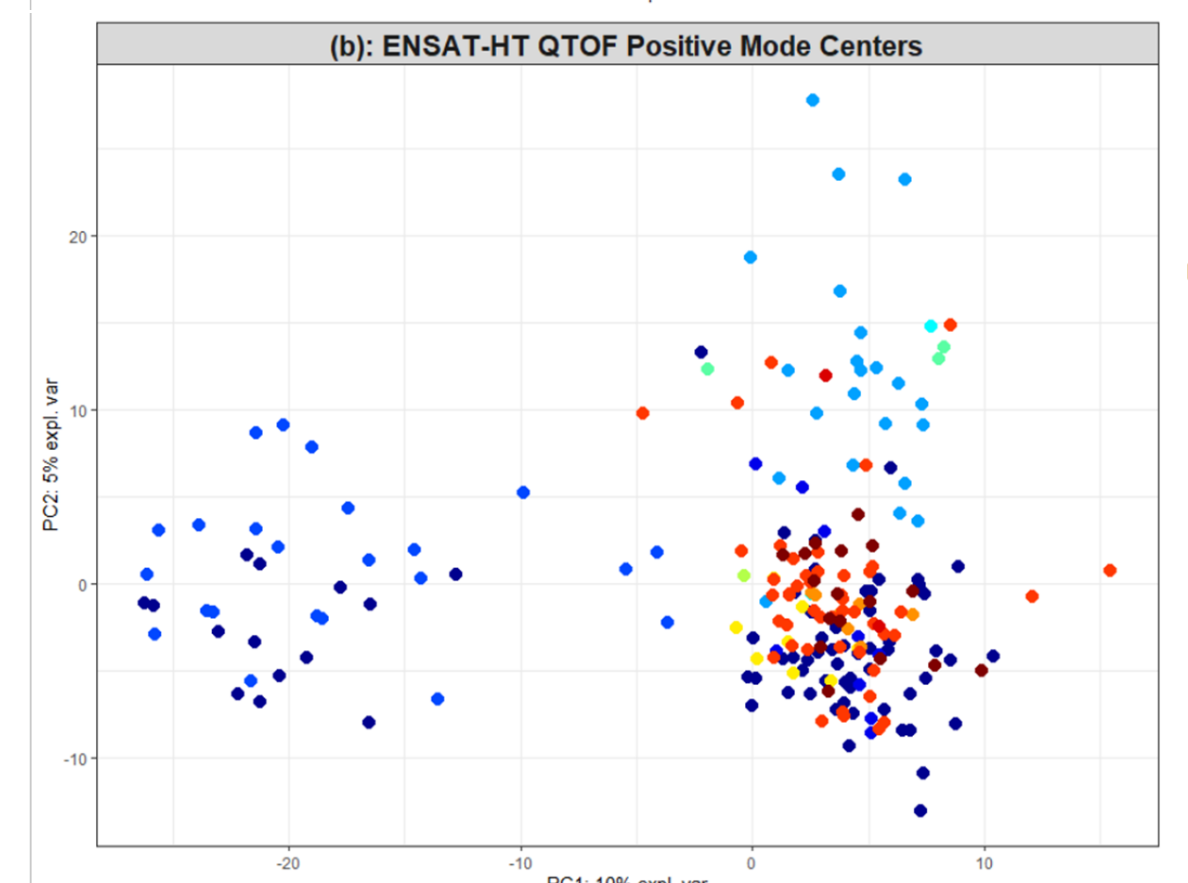
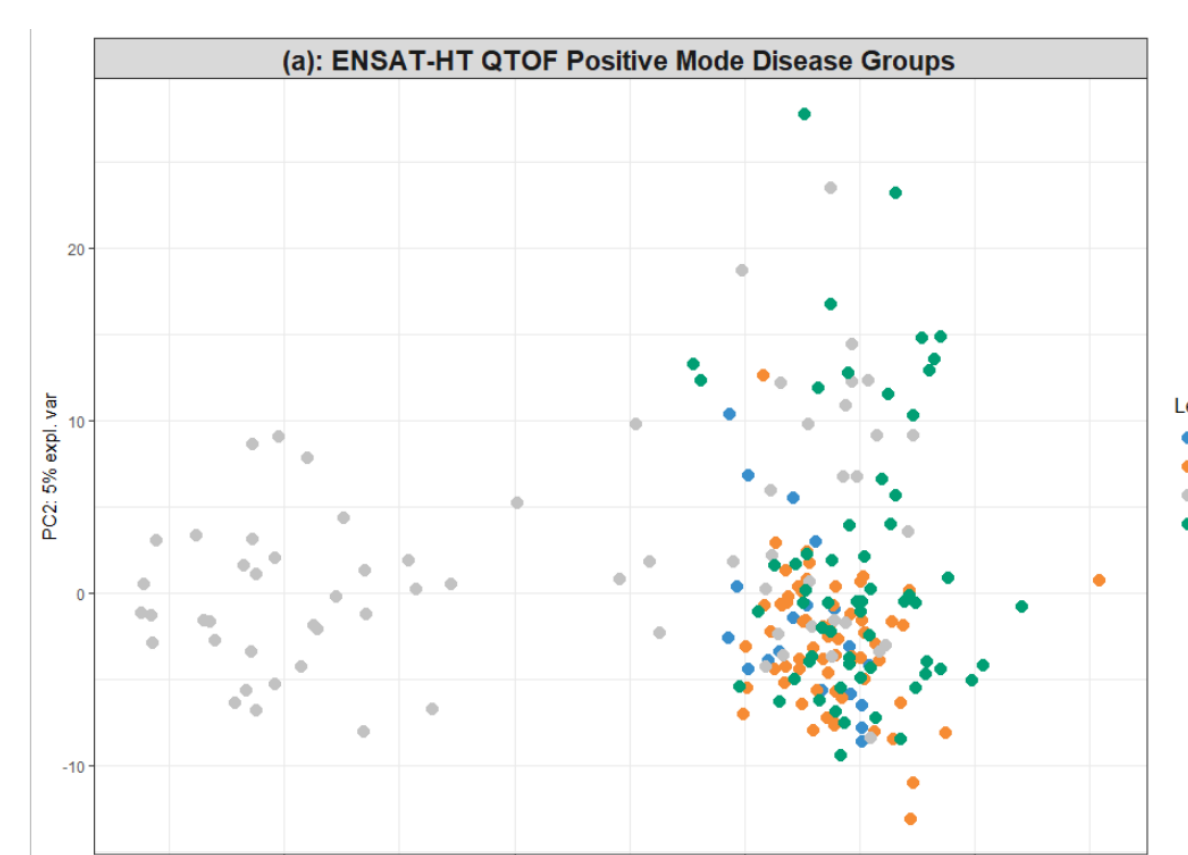


Figure 2: The PCA scores plots of the dataset collected from UHPLC-QTOF-MS in positive mode, colored by (a) disease group and (b) sample center of origin. Center 1 and Center 3 PHT samples form a separate cluster from all other study samples.

## Discussion

NMR: Cluster 2 plasma samples harvested from whole blood possibly after a precentrifugation delay in cold temperature [4], possible delay between plasma harvesting and storage at room temperature [4] for Center 1 PHT samples, methanol likely an impurity in Center 8 & 9 samples. Similar patterns to our sample age signature in literature after prolonged plasma storage at -80°C [5].

QTOF features identified: Leu-Leu - internal study links to freeze-thaw cycles, Inosine - precentrifugation delay [6], PEG - Polyethylene glycol ions reported in [7] found in Center 4 samples.

## Conclusion

Our study did not result in robust EHT biomarkers, due to the lack of adequate solutions and international consensus for containing the bias caused by preanalytical factors. This need should be covered by decisions on study design requirements for future multicenter metabolomics studies, with respect to future as well as published research findings on the effects of preanalytical conditions.

## References

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