Large-scale breath metabolomics by two-dimensional gas chromatography (GCxGC)

<u>Michael J. Wilde^{1*}</u>, Rebecca Cordell¹, Luke Bryant¹, Dahlia Salman², Dorota Ruszkiewicz², Bo Zhao³,

C. L. Paul Thomas², Chris E. Brightling³, Salman Siddiqui³, Paul S. Monks¹ and the EMBER consortium⁴

¹Department of Chemistry; ³Department of Infection, Immunity and Inflammation, University of Leicester, UK;

²Department of Chemistry, Loughborough University, UK; ⁴ember.le.ac.uk

EMBER UNIVERSITY OF

LEICESTER

*mjw77@le.ac.uk

@mikejwilde #ember

Optimisation of a high-throughput method for breath analysis by thermal desorption combined with flow modulated comprehensive two-dimensional gas chromatography with dual flame ionisation and quadrupole mass spectrometric detection (TD-GCxGC-FID/MS).

Context

- GC×GC affords unparalleled separation power over conventional GC-MS (Figure 1).
- GC-MS is still considered 'gold standard'.
- Previous GCxGC breath studies are small scale or involve use of expensive detectors and modulators with high consumable costs.
 Aims

Provide clinical and analytical researchers with a method that makes breath analysis by GCxGC a routine/high-throughput, costeffective and reliable option for large scale biomarker discovery.

Results

Full method development included optimisation of D¹ and D² flow rates, modulation period (P_M), load and flush times, D² stationary phase and column lengths. For example, optimal load time was 0.220 s, ±50 ms resulted in significant peak fronting and tailing (Figure 3).

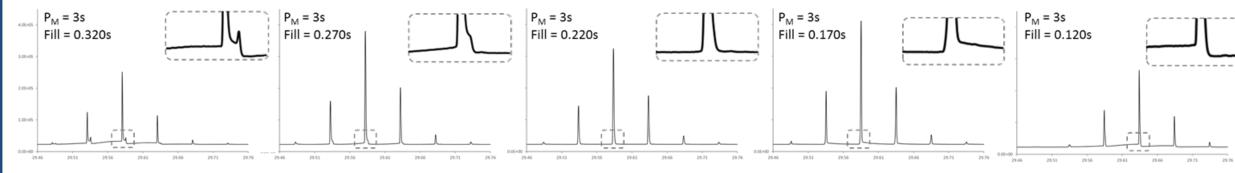
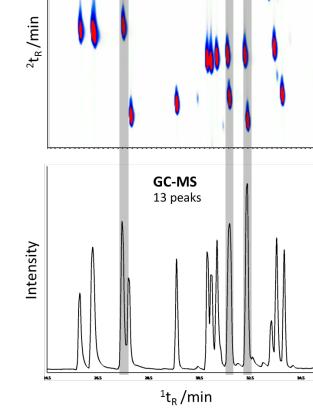


Figure 3: 1D representation of modulated peaks of α-pinene showing the effect of modulation and flow parameters on peak shape. Effect of load and inject time on modulated peak shape.

• Reference mixes were used to monitor column degradation. $\Delta^2 t_R^2$ gradually increased with initial ${}^2 t_R^2$ e.g. m = -0.00023 decane to m = -0.01194 anthracene, as expected within an orthogonal system (Figure 4).

This informed when to replace D² columns, for chromatographic alignment and for retention indices.



GC×GC

16 peaks

Study

the (bottom) GC trace.

1: (top)

chromatogram showing the

separation of peaks in the 2nd

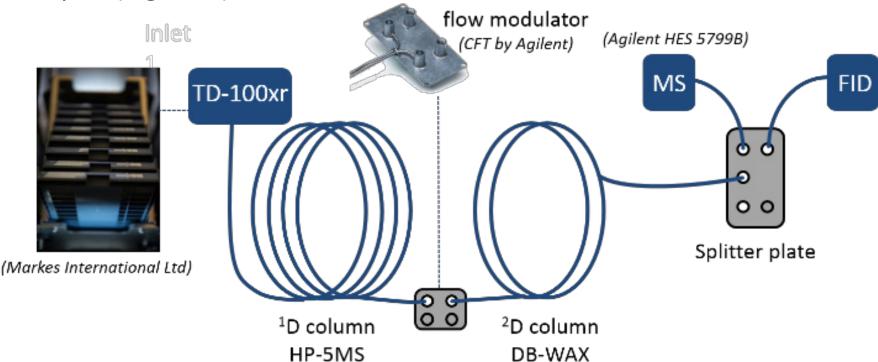
dimension which co-elute in

2D GCxGC

- East Midlands Breathomics Pathology Node (EMBER).
- Established UK breathomics centre, developing in-clinic analytical technologies.
- Discovery of biomarkers in breath in patients presenting with undifferentiated acute breathlessness.

Methods

- Patients were recruited with self-reported acute breathlessness. Indicator diagnoses of interest were asthma, COPD, pneumonia and heart failure.
- Breath samples were collected at 448 patient visits, using the ReCIVA breath sampler (*Owlstone Medical*). ×1 breath, air supply, room air per patient.
- Sorbent tubes were dry purged, spiked with internal standard and analysed by TD-GC×GC-FID/MS at the University of Leicester, UK.
- Instrumentation included a thermal desorption autosampler coupled to a GC×GC with flow modulator and purged splitter plate, with dual FID and qMS (Figure 2).



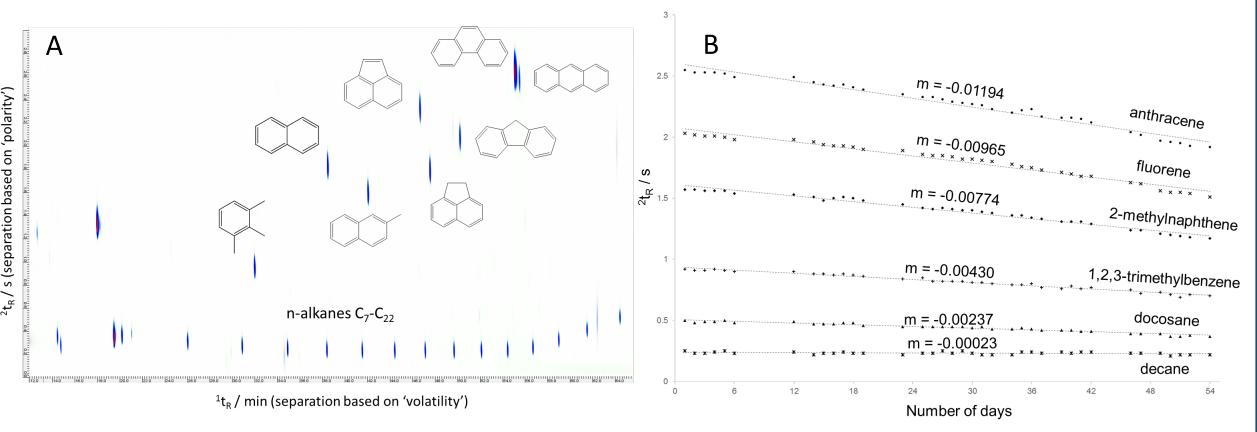


Figure 4: (A) 2D chromatogram of n-alkane and aromatic mixture. (B) Change in ²t_R over two months.

Figure 5 shows the separation of breath VOCs by GCxGC using the optimised method. Few published GCxGC chromatograms exist which clearly depict

- excellent separation of the complex breath matrix,
- underlying chromatogram structure (ordering of chemically related compounds),
- the types of groups present and relative abundances.

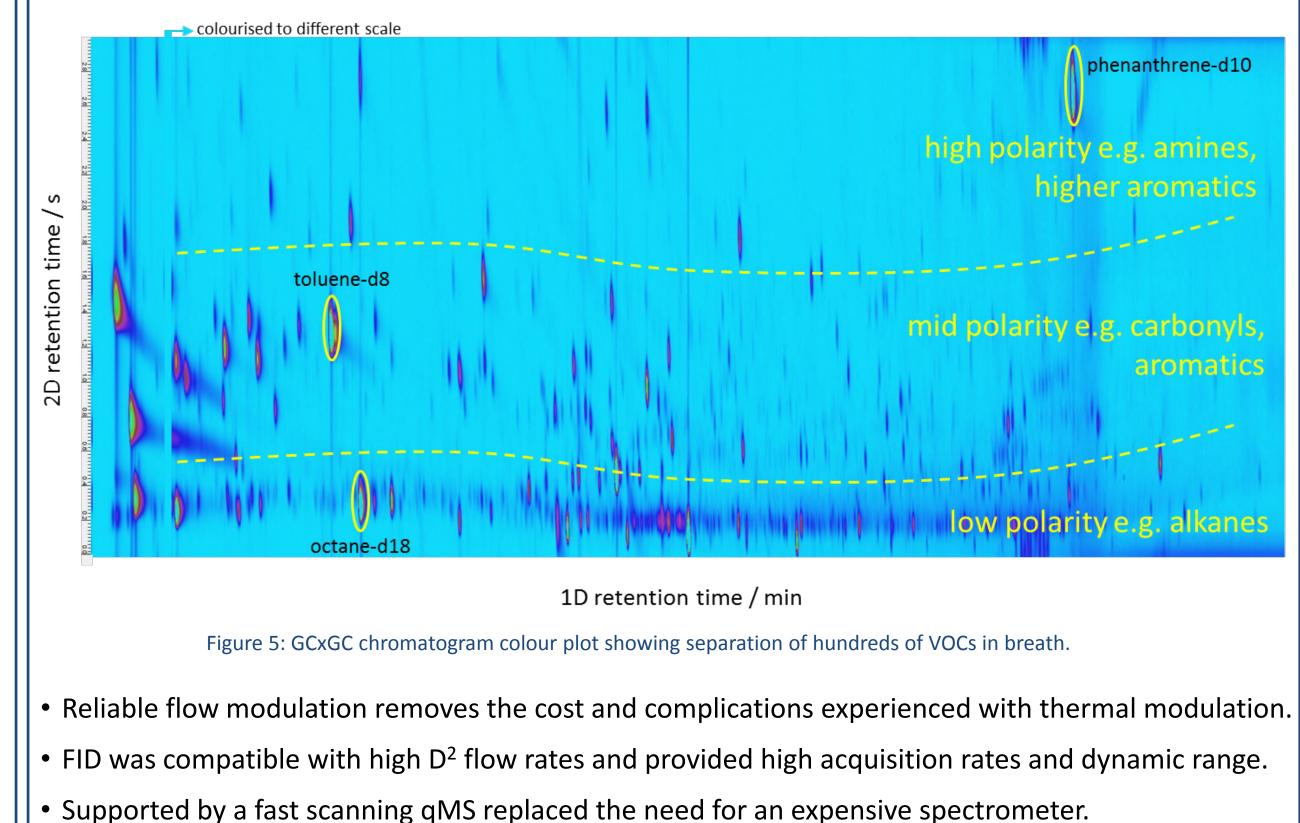


Figure 2: Analytical setup showing thermal desorption autosampler with flow modulation comprehensive two-dimensional gas chromatograph coupled to a splitter plate for dual flame ionisation and mass spectrometric detection.

Samples were analysed in batches with regular trap blanks and multicomponent reference mixtures to monitor retention behaviour, separation and detector response.

- 6 D² phases were tested
- Stabilwax, Rtx-200, Rtx-5MS, Rtx-1MS, BPX-50 and SLB-IL111.

Flow modulation was achieved using a microfluidic device based on Agilent's capillary flow technology.

Conclusions

- Optimised GC×GC method provides highly resolved chromatographic data.
- Low cost flow modulator and qMS makes advanced technique accessible.
- Collection protocol and automated analysis clinically viable and meets large recruitment targets.

• Demonstrates potential of GC×GC for routine breath analysis for large scale metabolomics studies.



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