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An evaluation of CEMA and adducts of cysteinylglycine as potential biomarkers of exposure to acrylonitrile, formaldehyde and acetaldehyde from cigarette smoke

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Biomarkers of exposure are being developed to evaluate toxicants internal dose

The US National Academy of Sciences' Institute of Medicine has defined a **biomarker of exposure** as: "a constituent or metabolite that is measured in a biological fluid or tissue (internal dose) that has the potential to interact with a biological macromolecule (effective dose)", and ideally is:

- 1. Specific to the source compound
- 2. Correlated with exposure dose
- 3. Easy to obtain
- 4. Able to be measured accurately

http://www.iom.edu/Reports/2001/Clearing-the-Smoke-The-Science-Base-for-Tobacco-Harm-Reduction.aspx

Formaldehyde, acetaldehyde and acrylonitrile are toxicants proposed for mandated lowering or monitoring in the 2008 Burns *et al.* paper



Family Smoking Prevention and Tobacco Control Act. Nicotine Tob. Res. e-pub Jan 10



Biomarkers of exposure have been validated for most of the Burns *et al.* list, however:

•The dose response-relationship for CEMA, a urinary biomarker for acrylonitrile exposure, should be assessed further

•There is currently no suitable urinary biomarker to measure acetaldehyde and formaldehyde exposure and putative biomarkers should be identified.

Simplified metabolic pathway of acrylonitrile, modified from Leonard *et al.*, 1999.



Leonard *et al.* (1999) Mutagenicity, carcinogenicity and teratogenicity of acrylonitrile. *Mut. Res.* 436: 263-83

A clinical study was designed to interrogate the doseresponse relationship of CEMA with smoking behavior

LC-MS/MS analysis with API 5000 IS: CEMA-d3 LOD: 0.06ng/ml LOQ: 0.17ng/ml

Key elements of the clinical study design

Residential study, 24 h urine Subjects smoke 15-20 cigs/day Non-smokers n=50 1 mg smokers n=48 4 mg smokers n=45 10 mg smokers n=47 Table 3. Mainstream acrylonitrile content in smoke of 1, 4, and 10 mg ISO tar products used in this study. Data is reported for the standard ISO and Massachusetts smoking regimes.

ISO Tar yields (mg/cig)	1	4.7	10.5
Acrylonitrile ISO regime (µg/cig)	0.72 ± 0.07	2.89 ± 0.17	7.56 ± 0.37
Massachusetts Tar yields (mg/cig)	7	13.6	24
Acrylonitrile Massachusetts	9.21 ± 0.46	12.36 ± 0.46	18.18 ± 0.4
regime (μg/cig)			

Minet *et al.* (2011) Urinary excretion of the acrylonitrile metabolite 2-cyanoethylmercapturic acid is correlated with a variety of biomarkers of tobacco smoke exposure and consumption. Biomarkers, 16(1): 89-96

Boxplots of urinary CEMA excretion rates by smoking status and ISO tar yields show significant differences between groups



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Minet et al. (2011)

Scatter plots and Pearson matrix confirms CEMA correlation with other markers of smoking dose



Minet *et al.* (2011)

Two proposed metabolic pathways for the disposition of formaldehyde and acetaldehyde formed by reaction with cysteinylglycine and cysteine



[1] Kera *et al.* (1985) Conjugation of acetaldehyde with cysteinylglycine, the first metabolite in glutathione breakdown by gamma-glutamyltranspeptidase. *Agents Actions.* 17(1): 48-52.

[2] Hemminki (1982) Urinary sulfur containing metabolites after administration of ethanol, acetaldehyde and formaldehyde to rats. *Toxicol Lett.* 11(1-2):1-6.

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A derivatization step is necessary to achieve linearity of the LC-MS/MS quantification method

Initial LC-MS/MS method showed non-linearity of the quantification derivatization with pentylchloroformate solved this issue



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Clinical samples were analyzed to assess the potential dose-response relationship of acetaldehyde and formaldehyde biomarkers with smoking behavior

LC-MS/MS analysis with API 5000 IS:¹³C₂-MTCG, ¹³C₂-MTCA LOD: 0.2-0.9 ng/ml LOQ: 0. 5-2.5 ng/ml (range for MTCG, MTCA, TCG, TCA)

Ambulatory study, 24 h urine Groups: 6 mg smokers cig: n=49 1 mg smokers cig: n=46 non-smokers: n=50 No alcohol consumption 72 h prior to urine collection

Acetaldehyde and formaldehyde yield

acetaldehy	acetaldehyde (^µ g/cig)		Formaldeh	yde ($^{\mu}$ g/ci	ig)
Smoking regime	6 mg	1 mg	Smoking regime	6 mg	1 mg
GRDI	729	79	GRDI	22	4
WG91	987	442	WG91	54	19
HCI	811	1152	HCI	60	47

Boxplots of urinary TCG, TCA, MTCG and MTCA excretion rates by smoking status and ISO tar yields show no significant differences between groups





Scatter plots and Pearson matrices show no correlation with other markers of smoking dose





CEMA demonstrated a good dose-response relationship with nicotine exposure and with a panel of smoke toxicant biomarkers

In contrast the putative biomarkers for acetaldehyde and formaldehyde exposure were not well correlated with nicotine exposure

We found a high urinary background for MTCG and TCG which interfere with the establishment of a reliable correlation in the context of tobacco smoking Alternative biomarkers for acetaldehyde and formaldehyde exposure include *N*⁶hydroxymethyldeoxyadenosine and *N*²-ethyldenedeoxyguanosine



№-hydroxymethyl-dAdo

N²-ethyldene-dGuo

Cancer Res. 2009 September 15; 69(18): 7170-7174. doi:10.1158/0008-5472.CAN-09-1571.

Clear Differences in Levels of a Formaldehyde-DNA Adduct in Leukocytes of Smokers and Non-smokers

Mingyao Wang, Guang Cheng, Silvia Balbo, Steven G. Carmella, Peter W. Villalta, and Stephen S. Hecht^{*} Masonic Cancer Center, University of Minnesota, Minneapolis, MN 55455

Chem Res Toxicol. 2007 January ; 20(1): 108-113.

Quantitation of an Acetaldehyde Adduct in Human Leukocyte DNA

and the Effect of Smoking Cessation

Li Chen, Mingyao Wang, Peter W. Villalta, Xianghua Luo, Rachel Feuer, Joni Jensen, Dorothy K. Hatsukami, and Stephen S. Hecht^{*} The Cancer Center and Transdisciplinary Tobacco Use Research Center, University of Minnesota, Minneapolis, Minnesota 55455

Smokers

Mean ± S.D. 179 ± 205

(29/32 positive)

Non-smokers

Mean ± S.D. 15.5 ± 33.8

(7/30 positive)

MTCG could potentially be a better biomarker of acetaldehyde exposure through alcohol consumption







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This presentation is available on bat-science.com