

# Supplementary material: Plasma Trimethylamine N-oxide and risk of cardiovascular events in patients with type 2 diabetes

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## Supplementary material

# Plasma Trimethylamine N-oxide and risk of cardiovascular events in patients with type 2 diabetes

Mikael Croyal, Pierre-Jean Saulnier, Audrey Aguesse, Elise Gand, Stéphanie Ragot, Ronan Roussel, Jean-Michel Halimi, Gregory Ducrocq, Bertrand Cariou, David Montaigne, Matthieu Wargny, Michel Krempf, Samy Hadjadj, for the SURDIAGENE study group.

Quantification of plasma TMAO and related metabolites - TMAO and its precursors (betaine, choline and carnitine) were analyzed in plasma samples by liquid chromatography-tandem mass spectrometry (LC-MS/MS). All solvents were LC-MS grade and purchased from Biosolve (Valkenswaard, Netherlands). Standard compounds were obtained from Sigma Aldrich (Saint-Quentin Fallavier, France). A pool of reference standard solutions was prepared and serially diluted in acetonitrile to obtain 7 standard solutions ranging 0.05-100 µmol/L. Ten microliters (10 µL) of exogenous internal standards at 25  $\mu$ mol/L in acetonitrile (<sup>2</sup>H<sub>9</sub>-choline, <sup>2</sup>H<sub>9</sub>-carnitine, <sup>13</sup>C<sub>2</sub>-betaine, and  $^{2}$ H<sub>9</sub>-TMAO) were added to 20  $\mu$ L of standard solutions and plasma samples. All samples were then treated with 75 µL of ter-butyl-bromoacetate at 50 mmol/L in acetonitrile and 10 µL of 70% ammonium hydroxide solution before being mixed and incubated in the dark at room temperature for 30 min. Then, 50 µL of acetonitrile containing 1% formic acid were added and samples were centrifuged 10 min at 10,000 × g (20 °C). Supernatants were then transferred to vials for LC-MS/MS analyses that were performed on a Xevo<sup>®</sup> TQD mass spectrometer with an electrospray interface and an Acquity H-Class<sup>®</sup> UPLC<sup>TM</sup> device (Waters Corporation, Milford, MA, USA). Samples (5 µL) were injected onto a HILIC-BEH column (1.7 µm; 2.1 × 100 mm, Waters Corporation) held at 35 °C, and compounds were separated with a linear gradient of mobile phase B (98% acetonitrile, 0.1% formic acid) in mobile phase A (10 mmol/L ammonium acetate, 0.1% formic acid) at a flow rate of 400 µL/min. Mobile phase A was kept constant for 1 min at 1%, linearly increased from 1% to 45% for 6.5 min, kept constant for 1 min, returned to the initial condition over 1 min, and kept constant for 1.5 min before the next injection. Targeted compounds were then detected by the mass spectrometer with the electrospray interface operating in the positive ion mode (capillary voltage, 1.5 kV; desolvatation gas  $(N_2)$  flow and temperature, 650 L/h and 350 °C; source temperature, 150 °C). The multiple reaction monitoring mode was applied for MS/MS detection as detailed in supplementary Table 1. Chromatographic peak area ratios between unlabeled compounds and their respective internal standards constituted the detector responses. Standard solutions were used to plot calibration curves for quantification. Linearity was expressed by mean r<sup>2</sup>, which was greater than 0.997 for all compounds (linear regression, 1/x weighting, origin excluded). The intra- and inter-assay imprecisions of the analytical method were assessed throughout experiments in spiked samples with known concentrations (16 experiments, 5 replicates per experiment for 4 spiked concentrations), and were below 9.7% for all compounds. At completion of the study, a representative set of samples (10% of the cohort) was arbitrarily reanalyzed and the new concentrations did not vary by more than 5.6% in comparison with the first analysis. Recoveries were assessed with internal standards and exceeded 96%.

Supplemental Table S1 – Multiple Reaction Monitoring (MRM) parameters used for LC-MS/MS analysis.

Compounds	MRM (m/z)	Cone voltage (V)	Collision energy (eV)		
ТМАО	$75.9 \rightarrow 58.9$	20	11		
<sup>2</sup> H <sub>9</sub> -TMAO	$85.0 \rightarrow 68.0$	20	11		
Betaine	$118.1 \rightarrow 58.1$	40	22		
<sup>13</sup> C <sub>2</sub> -betaine	$120.1 \rightarrow 58.1$	40	22		
Choline	$104.1 \rightarrow 60.1$	40	15		
<sup>2</sup> H <sub>9</sub> -choline	$113.2 \rightarrow 69.1$	40	15		
Carnitine	$162.1 \rightarrow 103.0$	25	14		
<sup>2</sup> H <sub>9</sub> -carnitine	$171.1 \rightarrow 69.1$	25	14		

Compounds	Freeze/thaw cycle 1	Freeze/thaw cycle 2	Freeze/thaw cycle 3	Recovery rate cycle 2 vs 1	Recovery rate cycle 3 vs 1
ТМАО	7.13 (3.23- 37.03)	7.32 (3.38- 35.55)	7.98 (3.46- 45.61)	$102.1 \pm 3.19$	$110.3 \pm 5.78$
Betaine	42.09 (20.57- 58.97)	43.39 (19.06- 58.95)	42.35 (21.24- 57.04)	$100.3 \pm 5.29$	$101.1 \pm 5.28$
Choline	1.52 (0.79- 2.59)	1.56 (0.85- 2.69)	1.63 (0.98- 2.82)	$103.8 \pm 5.84$	111.8 ± 8.64
Carnitine	44.97 (23.3- 69.91)	44.26 (26.11-71.50)	44.02 (25.00- 71.52)	$101.0 \pm 5.02$	$102.2 \pm 5.60$

Supplemental Table S2 – Recovery rates of TMAO and its derivates in samples, after 1, 2 and 3 freeze/thaw cycles in 10 independent samples.

Data are expressed as median (min-max) and recovery rate was calculated as:

Concentration at freeze/thaw cycle (2 or 3)  $\times$  100 ÷ concentration at freeze/thaw cycle 1.

MACE	ТМА	0		Betain	Betaine			Choline		
	HR	95% CI	p value	HR	95% CI	p value	HR	95% CI	p value	
Model 1										
Sex (reference men)	0.84	0.68-1.03	0.1007	0.86	0.70-1.06	0.1542	0.88	0.72-1.09	0.2450	
Age (yr)	1.06	1.05-1.08	< 0.0001	1.07	1.05-1.08	< 0.0001	1.06	1.05-1.07	<0.0001	
Personal history of MI (reference no)	1.86	1.47-2.35	<0.0001	1.80	1.42-2.28	<0.0001	1.70	1.34-2.15	<0.0001	
Biomarker (reference: Q1-Q3)			<0.0001			0.0903			<0.0001	
Q4	1.86	1.52-2.28		1.21	0.97-1.52		1.72	1.39-2.12		
Model 2										
Sex (reference men)	0.86	0.70-1.07	0.1758	0.87	0.70-1.08	0.1998	0.87	0.70-1.08	0.1943	
Age (yr)	1.05	1.04-1.07	< 0.0001	1.05	1.04-1.07	< 0.0001	1.05	1.04-1.07	<0.0001	
Personal history of MI (reference no)	1.70	1.34-2.16	<0.0001	1.65	1.30-2.09	<0.0001	1.65	1.30-2.10	<0.0001	
eGFR	0.92	0.87-0.97	0.0025	0.90	0.86-0.95	<0.0001	0.91	0.86-0.96	0.0005	
uACR (log)	1.55	1.36-1.76	<0.0001	1.55	1.37-1.77	< 0.0001	1.55	1.36-1.76	<0.0001	
Biomarker (reference: Q1-Q3)			0.019			0.265			0.239	
Q4	1.32	1.05-1.66		1.14	0.91-1.43		1.15	0.91-1.46		
Model 3										
Sex (reference men)	0.86	0.70-1.07	0.1684	0.85	0.68-1.05	0.1283	0.86	0.69-1.07	0.1648	
Age (yr)	1.04	1.03-1.06	< 0.0001	1.04	1.03-1.06	<0.0001	1.04	1.03-1.06	< 0.0001	
Personal history of MI (reference no)	1.35	1.05-1.72	0.0172	1.33	1.04-1.70	0.0243	1.31	1.03-1.68	0.0286	
eGFR	1.00	0.95-1.06	0.9325	0.98	0.93-1.03	0.4676	0.99	0.93-1.05	0.6615	
uACR (log mg/mmol)	1.34	1.17-1.53	<0.0001	1.35	0.18-1.54	<0.0001	1.34	1.17-1.53	<0.0001	
NT-proBNP (log pg/mL)	2.36	1.91-2.91	<0.0001	2.37	1.92-2.92	<0.0001	2.35	1.91-2.89	<0.0001	
Biomarker (reference: Q1-Q3)			0.0282			0.8973			0.4493	
Q4	1.31	1.03-1.66		0.99	0.78-1.24		1.10	0.86-1.40		

### Supplemental Table S3 – Multivariable Cox model analysis for risk of MACE.

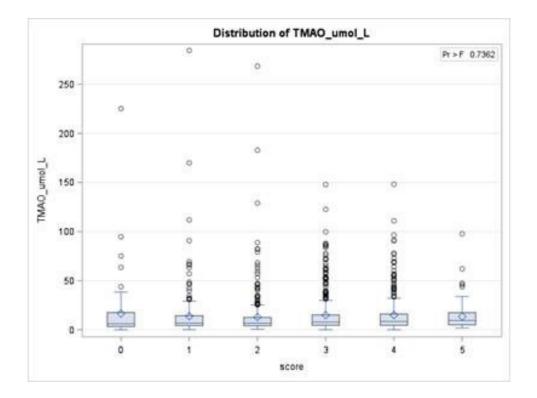
HR, hazard ratio; CI, confidence interval; TMAO, trimethylamine N-oxide; MI, myocardial infarction; eGFR, estimated glomerular filtration rate; uACR, urine albumin-to-creatinine ratio; NT-proBNP, N-terminal probrain natriuretic peptide; Q, quartile.

Mortality	ТМАО			Betai	Betaine			Choline		
	HR	95% CI	p value	HR	95% CI	p value	HR	95% CI	p value	
Model 1										
Sex (reference men)	0.65	0.54-0.77	<0.0001	0.68	0.57-0.81	<0.0001	0.70	0.59-0.84	<0.0001	
Age (yr)	1.08	1.07-1.09	<0.0001	1.08	1.07-1.09	<0.0001	1.08	1.07-1.09	<0.0001	
Biomarker (reference: Q1-Q3)			<0.0001			0.0024			<0.0001	
Q4	1.79	1.50-2.13		1.34	1.11-1.62		1.64	1.37-1.97		
Model 2										
Sex (reference men)	0.66	0.55-0.79	< 0.0001	0.70	0.58-0.83	< 0.0001	0.72	0.60-0.86	0.0003	
Age (yr)	1.08	1.07-1.09	< 0.0001	1.08	1.07-1.09	<0.0001	1.07	1.06-1.08	<0.0001	
Sinus rhythm (reference yes)	1.82	1.37-2.44	<0.0001	1.89	1.41-2.50	<0.0001	1.82	1.35-2.44	<0.0001	
SBP (mm Hg)	1.01	1.00-1.01	0.0005	1.01	1.00-1.01	0.0003	1.01	1.00-1.01	0.0004	
Biomarker (reference: Q1-Q3)			< 0.0001			0.0053			<0.0001	
Q4	1.75	1.17-2.09		1.31	1.08-1.58		1.59	1.33-1.91		
Model 3										
Sex (reference men)	0.64	0.54-0.77	< 0.0001	0.67	0.56-0.80	<0.0001	0.65	0.54-0.78	<0.0001	
Age (yr)	1.07	1.06-1.08	<0.0001	1.07	1.06-1.08	<0.0001	1.07	1.06-1.08	<0.0001	
Sinus rhythm (reference yes)	1.54	1.15-2.08	0.0036	1.54	1.15-2.08	0.0040	1.56	1.15-2.08	<0.0033	
SBP (mm Hg)	1.01	1.00-1.01	0.0164	1.01	1.00-1.01	0.0154	1.01	1.00-1.01	0.0152	
Angptl2 (log ng/mL)	1.77	1.07-2.94	0.0275	1.81	1.09-2.99	00212	1.80	1.08-2.98	0.0234	
sTNFR1 (log pg/mL)	5.46	3.41-8.75	< 0.0001	6.05	3.86-9.50	< 0.0001	5.73	3.59-9.12	<0.0001	
Biomarker (reference: Q1-Q3)			0.1514			0.0094			0.3621	
Q4	1.16	0.95-1.42		1.18	1.06-1.55		1.10	0.90-1.34		

## Supplemental Table S4 – Multivariable Cox model analysis for risk of all-cause mortality

HR, hazard ratio; CI, confidence interval; TMAO, trimethylamine N-oxide; SBP, systolic blood pressure; Angptl2, angiopoietin-2; sTNFR1, soluble tumor necrosis factor receptor 1; Q, quartile.

**Supplementary Figure -** Relationship between the number of markers of insulin resistance and TMAO concentrations.



"HOMA-IR proxy Score" was not associated with TMAO in our dataset (p=0.7362).

The following clinical characteristics were taken into account, following a modified IDF definition of the metabolic syndrome to identify the number of markers of insulin resistance:

1/ Obesity (of note waist circumference was unfortunately not available in our study)

- Up to 24.9 Kg/m2: 0 point
- 25-29.9 Kg/m2: 1 point
- Above 30: 2 points

### 2/ Triglycerides

• Fasting TG concentration > 149 mg/dl and/or fibrate treatment: 1 point (otherwise 0 point)

#### 3/HDL-C

• Fasting HDL-C concentration < 40 mg/dl in males and 50 mg/dl in females: 1 point (otherwise 0 point)

4/ Blood pressure (BP treatment was not considered, as BP medications were not specific for hypertension but could be also used for CVD/renal risk management)

• SBP/DBP equal to or higher than 135/85 mm Hg: 1 point (otherwise 0 point)