

27 **ABSTRACT**

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29 Inductively coupled plasma-mass spectrometry (ICP-MS) is currently the reference method for the 30 determination of inorganic elements, and has many applications in healthcare and the environmental 31 field. The objective of the present study was to develop and validate a high-resolution ICP-MS 32 method for the simultaneous quantification of 38 elements in samples of human whole blood, urine, 33 hair and tissues after microwave mineralization. The samples were incubated with nitric acid, 34 hydrogen peroxide and internal standards prior to microwave mineralization for 25 minutes. The 35 analysis was performed with an Element XR ICP-MS and validated using commercial reference 36 standards (whole blood, urine, and hair) and in-house quality control samples. The 38 elements 37 were detected in low-, medium- or high-resolution mode, depending on interferences and 38 sensitivity. The lower and upper limits of quantification were adjusted for each element. The 39 method was linear for all elements (correlation coefficient >0.996), and the inter- and intraday 40 precision values (coefficient of variation) were below 15%. Samples from a clinical trial were used 41 to confirm the high-resolution ICP-MS method's suitability for the assessment of patient samples. 42 43 **Keywords:** Inductively coupled plasma-sector field mass spectrometry; human blood; human hair;

44 human urine, human tissue; microwave digestion; elements

46 **1. INTRODUCTION**

47 Inductively coupled plasma mass spectrometry (ICP-MS) is used widely to analyze trace and ultra-48 trace elements in biological matrices. Human exposure to elements released from toxics, drugs and 49 implanted medical devices is conventionally monitored by assaying serum, blood, and urine. 50 However, tissue or hair samples often provide additional useful information. For instance, toxic 51 elements can enter the lungs through the inhalation of smoke or contaminated air. Furthermore, 52 elements absorbed by the digestive and/or pulmonary tract can find their way into the bloodstream 53 and become distributed throughout and incorporated into the body's various tissues - including the 54 hair. Hence, measurements in hair can reflect the body's cumulative exposure to the various 55 elements. Lastly, some elements may be deposited directly on the hair by external contamination [1- 56 4]. 57 The limits of detection (LOD) associated with conventional quadrupole ICP-MS mean that the 58 technique is not ideal for the simultaneous quantification of several trace elements in human blood 59 or serum samples [5]. Inductively coupled plasma - sector field mass spectrometry (ICP-SFMS) has 60 greater sensitivity and resolving power; this produces LOD in the pM range [6] and enables useful 61 performance over a broad concentration range. The use of ICP-MS to assay trace elements in 62 human samples (with or without prior mineralization) has already been reported. For example, ICP-63 MS with an octopole-based collision/reaction cell has been used to quantify 37 trace elements in 64 human blood [7]. After acid sample dilution, high-resolution ICP-MS has been applied to the 65 determination of 20 to 42 elements in human urine and serum; the concentrations were similar to 66 those observed in non-occupationally exposed populations [6, 8]. Methods for the ICP-SFMS 67 quantification of 4 to 8 abundant elements in human blood and/or serum after microwave digestion 68 have also been reported [9, 10]. Microwave digestion was shown to enhance the recovery of 69 elements and to be more reproducible and accurate than wet or dry digestion procedures [11, 12]. 70 However, all the methods reported to date have various shortcomings: (i) they can only detect a

71 small number of elements simultaneously; (ii) for some elements, the LOD is above the

72 concentration found in clinical samples; (iii) analyses are restricted to blood and serum samples (i.e.

73 hair and other human tissues could not be assessed); and (iv) microwave digestion is not applied.

74 The objective of the present study was to develop and validate a method for the simultaneous

75 quantitation of 38 trace elements in human tissues, urine and whole blood samples, following

76 microwave mineralization. The method's suitability for the analysis of clinical samples was also

77 demonstrated.

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79 **2. MATERIALS AND METHODS**

80 **2.1. Chemicals and reagents**

81 Analytical and internal standards were purchased from LGC Standards (Molsheim, France). ICP-82 MS-grade nitric acid, hydrochloric acid, hydrogen peroxide and Triton X100 were obtained from 83 Fisher Scientific (Illkirch, France). Whole blood, urine and hair quality control (QC) samples were 84 supplied by Centre de Toxicologie du Québec (Québec, Canada). Ultrapure deionized water 85 (18mΩ) was obtained from a water station (Purelab Flex, Elga Labwater, Antony, France). Argon 86 5.0 was purchased from Messer (Puteaux, France).

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88 **2.2. Working and calibration standard solutions**

Working and calibration standard solutions were prepared by diluting 1000 μ g.mL⁻¹ or (for Cu, Fe,

90 Rb, and Zn) 10000 μ g.mL⁻¹ single-element standard solutions. Three sets of 15 calibration standards

91 were prepared: the first set contained all the elements (except those detailed thereafter) in 5% $HNO₃$

- 92 in metal-free plastic tubes, the second contained Sb, Hf, Au, Pt, and Ru in 20% HCl in metal-free
- 93 plastic tubes, and the third contained Hg only in borosilicate tubes. The chosen standard
- 94 concentrations were based on those published previously for human samples. Hence, the calibration
- 95 range differed from one element to another: Goulle *et al*. and Cesbron *et al.* reported elemental

96 concentrations in whole blood, plasma, urine and hair samples from a population of healthy 97 volunteers in France [3, 13]; Heitland and Koster reported on the concentrations of 37 trace 98 elements in blood samples from inhabitants of northern Germany [7]; Schultze *et al.* described 99 whole blood and serum concentrations of metals in a Swedish population-based sample [14]; 100 Alimonti *et al.* and Minoia *et al.* reported concentrations of metals in blood, serum or urine samples 101 from healthy adults living in Rome [15] or Lombardy [16]. To prepare the calibration curve, 10 µL 102 of each calibration standard solution were added to 190 µL of deionized water. Quality control 103 samples were stored at -20°C, whereas calibration standard stock and working solutions were stored 104 at room temperature.

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106 **2.3. Sample preparation**

107 Whole blood, urine and tissue samples were processed directly, whereas hair samples were washed 108 first to eliminate any external contamination (using the method developed by the International 109 Atomic Energy Agency, with some modifications [17-19]). The strand of hairs was washed once 110 with 0.1% Triton X100, three times with deionized water and then once with acetone, prior to 111 drying in an oven at 40^oC.

112 Next, 200 µL of urine, whole blood or plasma, 15 mg of lung tissue, or 10 mg of hair were added to 113 quartz tubes containing 10 µL of the internal standard solution (10 µg/mL gallium and iridium, and 114 100 µg/mL indium and scandium). Two hundred microliters of nitric acid and 200 µL of hydrogen 115 peroxide were then added. The tubes were capped, transferred to the microwave reaction chamber 116 (Ultrawave, Milestone, Sorisole, Italy) and then microwaved at 1500 W (heating from ambient 117 temperature to 220°C over 15 min, followed maintenance at 220°C for 10 min) at a pressure of 110 118 bar. After the samples had cooled, they were transferred to 15 mL polypropylene tubes and made up 119 to a volume of 6 ml with deionized water.

121 **2.4. Instrumentation and the analytical procedure**

122 The samples were handled using an ASX-520 autosampler (CETAC technologies, Omaha, NE, 123 USA), a PFA-ST microflow nebulizer, and a PC³ Peltier-cooled cyclonic quartz chamber (both 124 from Elemental Scientific Instruments, Ltd, Birmingham, UK) maintained at +2°C. A demountable 125 quartz torch with a quartz injector (internal diameter: 1.75 mm), a platinum sampler, and skimmer 126 cones were used (Elemental Scientific Instruments, Ltd). The ICP-MS instrument was an Element 127 XR (Thermofisher, Les Ulis, France) controlled with Element ICP-MS software (v3.1.2.242). The 128 operating conditions (torch position, lenses, gas flows and detector voltage) were optimized daily in 129 low-, medium- and high-resolution modes, using a 100 ppt tuning solution (Thermofisher). This 130 yielded oxide levels $(^{238}U^{16}O^{238}U)$ below 10%, and a resolution of around 4000 and 10000 in the 131 medium- and high-resolution modes, respectively. Mass calibration was performed as required. The 132 main ICP-MS detection parameters are shown in Supplementary Table 1. The parameters used to 133 detect the elements of interest and their internal standards are summarized in Supplementary Table

134 2.

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136 **2.5. Validation of the ICP-MS method**

137 The ICP-MS method was validated using reference standards (at two different concentrations) for 138 whole blood, urine, and hair. Since theoretical concentrations were not available for all 38 elements 139 in the matrix, a set of in-house QC samples at three concentrations (containing the elements spiked 140 into blank water) were also analysed. To assess intra- and interday performance levels, all QC 141 samples were analysed on three different days as six replicates. Calibration curves included a 142 sample blank, a zero sample, and 7 to 15 calibration standards (depending on the element) over a 143 preselected concentration range for each element (based on the literature data for the different 144 matrices [3, 7, 13-16]). The intensity of each element in the sample blank was subtracted from the 145 intensity measured in each sample.

146 For each element, the ratio between the peak area and the peak area of the corresponding internal 147 standard was plotted against the concentration; the relationship was then probed in a regression 148 analysis. The correlation coefficient was analysed for each calibration curve. The precision was 149 defined as the coefficient of variation (CV), which was determined for each QC and had to be less 150 than \pm 15%. The lower limit of quantification (LLOQ) was defined as the calibration standard that 151 gave a signal intensity of at least ten times the standard deviation recorded for sample blanks.

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153 **2.6. Analysis of clinical trial samples**

154 To confirm its suitability for clinical samples, the method developed here was used to measure

155 elements in whole blood, hair and lung samples from 25 patients participating in a clinical trial

156 (designed to assess the role of trace elements in lung cancer; NCT01949181).

157 **3. RESULTS AND DISCUSSION**

158 **3.1. Sample preparation**

159 A variety of vessels and reagent mixtures were tested for microwave mineralization. Disposable 160 borosilicate glassware contaminated samples with several elements, whereas quartz tubes provided 161 reproducible results and low levels of contamination (results not shown). The composition of the 162 mineralization mixture was also optimized by comparing 100, 200 or 400 μ L HNO₃ in the presence 163 of absence of 100 or 200 μ L of H₂O₂ for the mineralization of 200 μ L of sample matrix. The 164 composition with 200 μ L HNO₃ and 200 μ L H₂O₂ yielded the most complete digestion (with the 165 absence of particulate matter and a sufficient amount of sample) and so was used for the subsequent 166 experiments. This digestion method was found to be appropriate for all samples: whole blood, 167 urine, hair, or lung tissue. In contrast to conventional dilution methods, the microwave 168 mineralization method destroys organic molecules in the matrix; this avoids the formation of 169 deposits on the cones, reduces fouling of the instrument, and therefore increases the sensitivity.

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171 **3.2. ICP-MS analysis**

172 Most elements were detected in low-resolution mode. However, polyatomic or isobaric 173 interferences (due to the environment or the sample preparation) occurred for some other elements. 174 Hence, Ti, V, Cr, Mn, Fe, Co, Ni, Cu, Zn and Tl had to be detected in medium-resolution mode, and 175 Ge, As, Se and Pd had to be detected in high-resolution mode [6]. Although a higher resolution 176 improved the method's specificity, the transmission was about 10% in medium-resolution mode and 177 1.5% in high-resolution; this decreased the sensitivity. However, our method was sensitive enough 178 to detect all the elements at the required concentrations.

179 We also optimized the number of runs and passes, which therefore modified the sample volume and 180 the sensitivity. With our final acquisition parameters (2 runs, 2 passes, and the sample parameters

181 described in Supplementary Table 2), the total run time was 3.8 min per sample, and the sample 182 volume was 2 mL.

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184 **3.3. Validation of the method**

185 The LLOQ and calibration curve were selected to cover the range of concentrations described in 186 human whole blood, urine or hair samples [3, 7, 13-16]. The LLOQ and ULOQ for each element 187 are given in Table 1. Some of the elements analyzed here (such as U, Ru and Hf) are not at all 188 abundant in human samples (i.e. pM concentrations), while others (such as Cu and Zn) are quite 189 abundant (μ M concentrations). Hence, the dynamic range was different for each element (from 1.3-190 to 7.0-log), with LLOQ ranging from 0.1 pM (Hf) to 10 µM (Zn). The regression was linear for all 191 elements other than 205 Tl, for which quadratic regression was used. The correlation coefficient for 192 calibration curves (analyzed on 6 different days) ranged from 0.9963 to 0.9999. For each element, 193 the LLOQ, ULOQ, number of calibration standards, and the calibration curve's slope, y-intercept 194 and correlation coefficient are shown in Table 1. 195 The measured concentrations and precision for the intraday and interday analysis of external QC 196 samples (whole blood, urine and hair) and internal QC samples are detailed in Tables 2-5. The 197 intraday, interday or total precision was always below 15%. The method developed here was 198 therefore highly precise for the determination of all 38 tested elements over a wide range of 199 concentrations and in all matrices.

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201 **3.4. Analysis of clinical trial samples**

202 The results for samples from 25 clinical trial participants are shown in the Figure. The method was 203 suitable for the analysis of clinical samples of whole blood, hair or lung tissue.

205 **4. CONCLUSION**

8. TABLES

Table 1: Limits of quantification and characteristics of the calibration curve for each element (*ⁿ* = 6, values are quoted as the mean ± standard deviation).

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Table 2: Validation data for whole blood QC samples. Measured concentrations are presented for three different days as the median [range] (µM) from six replicate samples. The values of the CVs correspond to the intraday, interday and total CVs, respectively.

Table 3: Validation data for urine QC samples. The measured concentrations are presented for the three different days as the median [range] (µM) from 6 replicate samples. The values of the CVs correspond to the intraday, interday and total CVs, respectively.

Table 4: Validation data for hair QC samples. The measured concentrations are presented for the three different days as the median [range] (µmol/g) from 6 replicate samples. The values of the CVs correspond to the intraday, interday and total CVs, respectively.

Table 5: Validation data for internal QC samples. The measured concentrations are presented for the three different days as the median [range] (µM) from 6 replicate samples. The values of the CVs correspond to the intraday, interday and total CVs, respectively.

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10. FIGURE LEGENDS

Figure 1: Concentrations of elements in (A) whole blood (μ M), (B) hair (μ mol/g) and (C) lung tissue (µmol/g) samples from 25 participants in a lung cancer clinical trial. The whiskers indicate the range of values, and the horizontal line indicates the mean.

Hair