

Human milk oligosaccharide (HMO) screening in term and preterm human milk (HM) samples

Isabel Ten-Doménech¹, Víctor Navarro-Esteve¹, Victoria Ramos-García¹, Anna Parra-Llorca¹, Alba Moreno-Giménez², Marta Roca², Guillermo Quintás^{2,3}, María-Jesús Vayá⁴, Máximo Vento^{1,5}, María Gormaz^{1,5}, Julia Kuligowski^{1*}



Instituto de Investigación Sanitaria La Fe

¹Neonatal Research Unit, Health Research Institute Hospital La Fe, Avda Fernando Abril Martorell 106, 46026 Valencia, Spain

²Analytical Unit, Health Research Institute La Fe, Avda Fernando Abril Martorell 106, 46026 Valencia, Spain

³Health and Biomedicine, Leitat Technological Center, Carrer de la Innovació, 2, 08225 Terrassa, Spain

⁴Centro de Transfusión de la Comunidad Valenciana, Avenida del Cid 65, 46014 Valencia, Spain

⁵Division of Neonatology, University & Polytechnic Hospital La Fe, Avda Fernando Abril Martorell 106, 46026 Valencia, Spain



*julia.kuligowski@uv.es

INTRODUCTION & OBJECTIVES

HMOs are the third most abundant solid component naturally present in HM. These multifunctional glycans shape the infants' gut-microbiota and modulate neonatal immunity. Up to 250 structurally different HMOs are known, but clinical studies so far only focused on a small number of HMOs.

The **objectives** of this study were to:

- Develop a method for the simultaneous annotation and quantification covering a wide range of HMOs
- Explore differences between the HMO pattern of milk from mothers of preterm and term infants
- Explore differences caused by pasteurization

HM PREPARATION



- Centrifugation (14000 g, 30 min, 4 °C)
- Addition of 4 x 2:1 v/v chloroform-MeOH
- Centrifugation
- Addition of 2 x of EtOH
- 4 °C overnight
- Centrifugation
- Evaporation
- Reconstitution in 200 µL H₂O

Human milk 50 µL

1. HMO isolation
2. Purification with porous graphitic carbon solid phase extraction

HMO ANALYSIS

HILIC - Q-Exactive Orbitrap MS



HILIC-Orbitrap-MS Method

- ✓ Q-exactive Orbitrap spectrometer in polarity switching ionization mode
- ✓ Column: ACQUITY Glycoprotein BEH Amide column, 300 Å (1.7 µm, 2.1 mm × 150 mm)
- ✓ Mobile phase: (A) 10 mmol/L ammonium formate with 0.1% (v/v) formic acid; (B) 99.9% (v/v) ACN with 0.1% (v/v) formic acid
- ✓ Acquisition time: 32 minutes
- ✓ Inclusion list for MSMS acquisition of HMOs

Automated MSMS-based annotation

Absolute quantification with standards



Multivariate analysis



Data Processing

HMO Screening

- ✓ Peak table generation with XCMS online
- ✓ Automated MSMS-based annotation of metabolites using the NIST milk oligosaccharide MS library¹ and in-house developed MATLAB scripts²

QUANTIFICATION

- ✓ External calibration lines for 2FL, 3FL, 3SL, 6SL, LNT, LNFP I, LNDHF I, DSLNT (authentic standards)
- ✓ Isomaltotriose used as ISTD

¹Remorosa, C. A. *et al.* "Increasing the Coverage of a Mass Spectral Library of Milk Oligosaccharides Using a Hybrid-Search-Based Bootstrapping Method and Milks from a Wide Variety of Mammals." *Analytical Chemistry* vol. 92,15 (2020): 10316–10326.

²Ten-Doménech, I. *et al.* "Comparing Targeted vs. Untargeted MS² Data-Dependent Acquisition for Peak Annotation in LC-MS Metabolomics." *Metabolites* vol. 10, 4 (2020):10040126.

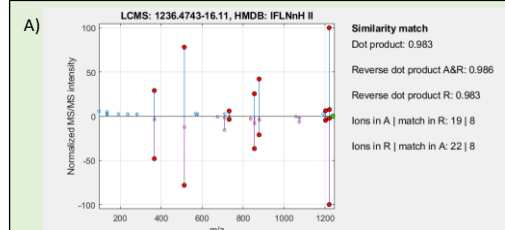
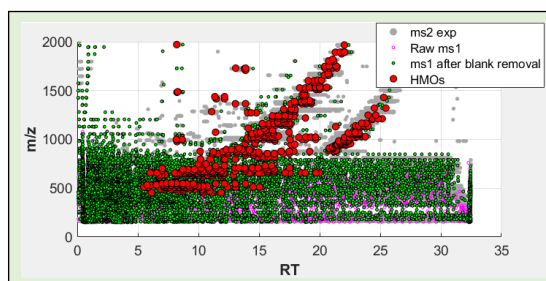
QUANTITATIVE ANALYSIS

Concentrations and main characteristics of quantified HMOs in **mother's own milk (MOM)** (including term and preterm) (n=10) collected during **early stages of lactation**.

Name	Mol. Weight (g/mol)	Adduct	RT (min)	Median (µM)	IQR (µM)
2'-Fucosyllactose (2FL)	488.174	NH ₄ ⁺	8.43	1468	757-1573
3'-Fucosyllactose (3FL)	488.174	NH ₄ ⁺	9.04	7	4-24
3'-Sialyllactose (3SL)	633.211	H ⁺	10.64	26	23-37
6'-Sialyllactose (6SL)	633.211	H ⁺	11.48	112	85-129
Lacto-N-Tetraose (LNT)	707.248	H ⁺	11.64	1111	982-1265
Lacto-N-FucoPentaose I (LNFP I)	853.306	H ⁺	13.35	407	184-653
Lacto-N-DifucoHexaose I (DNDFH I)	999.364	H ⁺	15.78	585	376-717
Disialyllacto-N-Tetraose (DSLNT)	1289.439	H ⁺	17.64	34	24-53

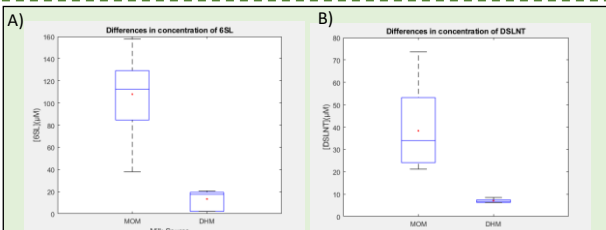
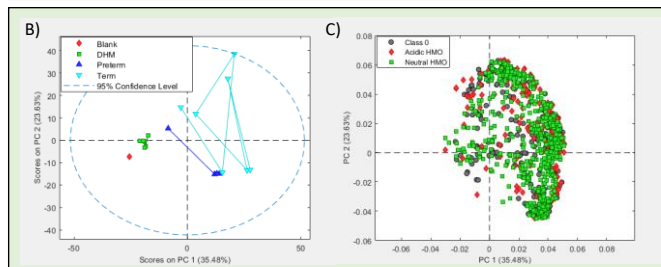
RESULTS

QUALITATIVE ANALYSIS



B) Principal component analysis was used to reveal samples with similar HMO profiles (i.e., DHM, preterm and term milk).

C) PCA loadings of annotated HMO features.



CONCLUSIONS

- ✓ We developed a method suitable for the **qualitative and quantitative analysis of over 100 HMOs** which will be applied in ongoing clinical studies focused on the impact of nutrition on preterm health.
- ✓ **DHM is less rich in HMOs** than MOM, possibly because differences due to the stage of lactation; some HMOs are **more abundant** in milk from mothers of **term** than **preterm** infants

ACKNOWLEDGEMENTS

The authors would like to express their gratitude to the mothers who gave their consent for donating milk samples. A.P.-L., I.T.-D. and J.K. received salary support by the *Instituto de Salud Carlos III* (Ministry of Economy and Competitiveness, Spain), grant numbers CM18/00165, CD19/00176 and CP16/00034, respectively. Furthermore, the authors acknowledge the financial support from the EU funded project NUTRISHIELD: Fact-based personalized nutrition for the young (H2020-SFS-2018-1/818110)

