RESEARCH ARTICLE



3-CMC, 4-CMC, and 4-BMC Human Metabolic Profiling: New Major Pathways to Document Consumption of Methcathinone Analogues?

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Abstract

Synthetic cathinones represent one of the largest and most abused new psychoactive substance classes, and have been involved in numerous intoxications and fatalities worldwide. Methcathinone analogues like 3-methylmethcathinone (3-MMC), 3-chloromethcathinone (3-CMC), and 4-CMC currently constitute most of synthetic cathinone seizures in Europe. Documenting their consumption in clinical/forensic casework is therefore essential to tackle this trend. Targeting metabolite markers is a go-to to document consumption in analytical toxicology, and metabolite profiling is crucial to support investigations. We sought to identify 3-CMC, 4-CMC, and 4-bromomethcathinone (4-BMC) human metabolites. The substances were incubated with human hepatocytes; incubates were screened by liquid chromatography-high-resolution tandem mass spectrometry and data were mined with Compound Discoverer (Themo Scientific). 3-CMC-positive blood, urine, and oral fluid and 4-CMCpositive urine and saliva from clinical/forensic casework were analyzed. Analyses were supported by metabolite predictions with GLORYx freeware. Twelve, ten, and ten metabolites were identified for 3-CMC, 4-CMC, and 4-BMC, respectively, with similar transformations occurring for the three cathinones. Major reactions included ketoreduction and N-demethylation. Surprisingly, predominant metabolites were produced by combination of N-demethylation and ω -carboxylation (main metabolite in 3-CMC-positive urine), and combination of β -ketoreduction, oxidative deamination, and O-glucuronidation (main metabolite in 4-CMC-positive urine). These latter metabolites were detected in negative-ionization mode only and their non-conjugated form was not detected after glucuronide hydrolysis; this metabolic pathway was never reported for any methcathinone analogue susceptible to undergo the same transformations. These results support the need for comprehensive screening strategies in metabolite identification studies, to avoid overlooking significant metabolites and major markers of consumption.

Keywords 3-bromomethcathinone (4-BMC \cdot Brephedrone) \cdot 3-chloromethcathinone (3-CMC) \cdot 4-chloromethcathinone (4-CMC \cdot Clephedrone) \cdot human metabolism \cdot synthetic cathinone

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Alps
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Introduction

Synthetic cathinones (SCs) represent one of the main new psychoactive substance (NPS) classes, along with synthetic cannabinoids and opioids. Generally marketed as legal alternative to illicit drugs, SCs are often sold labeled as "bath salts" and as replacements of popular stimulants, like amphetamines and analogues. SCs such as 3-methylmeth-cathinone (3-MMC), 3-chloromethylcathinone (3-CMC), and 4-CMC (clephedrone) constitute a large portion of total NPS seizures in the European drug market. Notably, in 2021, SC seizures represented more than 50% of the seized material, 3-CMC and 4-CMC accounting for 34 and 6%, respectively (1, 2). As amphetamine analogues, they

have stimulant and euphoric properties similar to those of 3,4-methylenedioxymethamphetamine (MDMA) or cocaine. However, they can also cause several adverse effects such as agitation, accelerated heart rate, high blood pressure, unconsciousness, and hallucination (3, 4). These effects are attributed to the SC affinity for dopamine, norepinephrine, and serotonin transporters, increasing the concentration of catecholamines in the central nervous system (1, 5).

Since their appearance in the 2000s, many different SCs emerged onto the illicit drug market with minor modifications at the backbone structure to circumvent legal controls and analytical detection while inducing similar or more potent effects (6). Notably, para- and meta-substituted methcathinones appeared to be highly potent alternatives to the classic cathinones (Fig. 1). In particular, in vivo investigations in rats demonstrated that halogenated derivatives exhibit dose- and time-dependent modulation of dopamine brain levels, with 4-CMC being more potent than 4-fluoromethcathinone (4-FMC) and 4-bromomethcathinone (4-BMC, brephedrone) (6, 7). Further studies are necessary to understand the differences in their pharmaco-toxicological profiles (4, 6-8). However, despite the health risks associated with their consumption, SCs have gained great popularity and several intoxications and fatalities related to halogenated SCs have been recently reported (1, 6, 9-15). Particularly, many cases involved 4-CMC consumption along with other NPSs. 3-CMC fatal cases were also reported (11–13, 15, 16).

Due to their extensive metabolic degradation, detection of new emerging SCs challenges analytical toxicologists (5, 17). The detection of metabolites is therefore a go-to to prove consumption in clinical and forensic casework. 4-FMC human metabolism was previously assessed (17). 3- and 4-CMC metabolic transformations have been recently studied, although the investigations were partial (5, 16, 18). To the best of our knowledge, 4-BMC metabolism has not been studied. Our investigation of the metabolism of SCs and search for alternative markers of consumption included the assessment of the human metabolism of 3-CMC, 4-CMC, and 4-BMC using *in silico* metabolite predictions, ten-donor-pooled human hepatocytes incubations, and 3-CMC- and 4-CMC-postive samples from authentic clinical and forensic cases. Incubates and samples were analyzed by liquid chromatography-high-resolution tandem mass spectrometry (LC-HRMS/MS) with positive and negative electrospray ionization, and data were automatically and manually mined for an exhaustive screening of phase I and phase II metabolites.

Experimental

In Silico Metabolite Prediction

Phase I and phase II putative metabolites of 3-CMC, 4-CMC, and 4-BMC were predicted using a machine-learning based tool, GLORYx freeware (19, 20). All the phase I and II first-generation metabolites generated with a prediction score equal or higher than 25% were reprocessed to simulate second-generation metabolism; the score threshold was established based on previous experiments evaluating several metabolite prediction software (3). Second-generation metabolites scores was multiplied to the score of the corresponding first-generation metabolite to calculate a final score (adjusted score).

Chemicals and Reagents

3-CMC, 4-CMC, and 4-BMC reference standards were obtained from Cayman Chemical (Ann Harbor, MI, USA), and diclofenac was purchased from Sigma Aldrich (Milan, Italy). Standard solutions were solubilized in methanol to 1 mg/mL and stored at -20 °C until the analysis.

Carlo Erba (Cornaredo, Italy) provided LC-MS grade water, acetonitrile, and methanol. LC-MS grade formic acid was purchased from Sigma Aldrich.

Williams' medium E, HEPES buffer (2-[4-(2-hydroxyethyl)-1-piperazinyl]ethanesulfonic acid), and *l*-glutamine were supplied by Sigma Aldrich. Supplemented Williams' Medium E (sWME) was prepared dissolving HEPES and *l*-glutamine at 2 and 20 mmol/L, respectively, in Williams' medium E. The solution was prepared extemporaneously. Thawing medium and cryopreserved ten-donor-pooled human hepatocytes were purchased from Lonza (Basel, Switzerland).

Fig. 1 Synthetic cathinone	Molecule	R₁	R₂	-
scanolu	Cathinone	Н	Н	Ö
	Methcathinone	CH₃	Н	
	3-MMC	CH₃	3'-CH₃	
	4-MMC	CH₃	4'-CH₃	
	3-CMC	CH₃	3'-CI	
	4-CMC	CH₃	4'-Cl	
	4-BMC	CH₃	4'-Br	\mathbf{v}

Human Hepatocyte Incubations

As previously described, incubations were conducted following our in-house protocol (21). Briefly, hepatocytes were thawed in thawing medium at 37 °C, then resuspended in sWME. After assessing cell viability with the trypan blue exclusion method, sWME volume was adjusted to 2×10^6 viable cells/mL. The cathinones were diluted to 20 µmol/L in sWME and 250 µL was incubated with 250 µL hepatocytes for 0 or 3 h at 37 °C. Reactions were quenched with an equal volume of ice-cold acetonitrile and centrifugation for 10 min, 15,000 g, at room temperature. The incubates were stored at -80 °C until analysis.

Authentic Samples

Biological samples from three positive cases were analyzed to confirm *in vitro* results. Case #1 was a suicide and was found positive for 3-CMC (70 ng/mL in blood); postmortem blood and urine were collected at the autopsy. Case #2 was an offense of driving under the influence; oral fluid was collected for roadside drug testing positive for both 3- and 4-CMC (non-quantitative). Case #3 was a patient admitted to the hospital and was found positive for 4-CMC (non-quantitative); urine was collected allegedly 3 h after consumption.

Sample Preparation

Hepatocyte Incubations

Incubates were thawed at room temperature, and 100 μ L was mixed with 100 μ L acetonitrile and centrifuged for 10 min, 15,000 g, at room temperature. The supernatant was dried at 37 °C under a nitrogen stream, reconstituted with 100 μ L mobile phases A:B 90:10 (v/v), and centrifuged for 10 min, 15,000 g, at room temperature. The supernatants were transferred into vials with glass inserts and 10 μ L was injected onto the chromatographic system.

Authentic Samples

For case #1, 400 μ L blood or urine were mixed with 1 mL acetonitrile and centrifuged for 5 min, 15,000 g, at room temperature. The supernatants were evaporated to dryness under nitrogen at 37 °C. The residues were reconstituted with 200 μ L mobile phases A:B 90:10 (v/v), and centrifuged for 10 min, 15,000 g, at room temperature. The supernatants were transferred into vials with glass inserts and 10 μ L was injected onto the chromatographic system.

For cases #2 (oral fluid) and #3 (urine), samples were thawed at room temperature, and 50 μ L was mixed with 150 μ L acetonitrile and centrifuged for 10 min, 15,000 g, at room temperature. The supernatants were evaporated to

dryness under nitrogen at 37 °C and then followed the same preparative steps as case #1.

Instrumental Conditions

LC-HRMS/MS analysis was performed with a Dionex Ulti-Mate 3000 chromatographic system coupled with a Thermo Scientific (Waltham, MA, USA) Q Exactive mass spectrometer equipped with heated electrospray ionization source. Each sample was injected once in positive- and once in negative-ionization mode.

Liquid Chromatography

Analyte separation was performed through a Kinetex Biphenyl column ($150 \times 2.1 \text{ mm}$, $2.6 \mu\text{m}$) from Phenomenex (Castel Maggiore, Italy) with a mobile phase gradient at 0.4 mL/min composed of 0.1% formic acid in water (A), and 0.1% formic acid in acetonitrile (B). The gradient started with 2% B held for 2 min, increased to 25% B within 12 min, increased to 95% within 2 min, and held for 4 min; initial conditions were restored within 0.1 min and maintained for 3.9 min. The chromatographic run lasted 24 min. The column oven was set at 37 ± 1 °C and the autosampler temperature was 10 ± 1 °C.

High-Resolution Tandem Mass Spectrometry

Source settings were: spray voltage, ± 3.5 kV; sheath gas flow rate, 50 arbitrary units (a.u.); auxiliary gas flow rate, 5 a.u.; auxiliary gas temperature, 300 °C; capillary temperature, 300 °C; S-lens radio frequency level, 50 a.u.

The mass spectrometer acquired from 1 to 20 min of the chromatographic run in full-scan HRMS (FullMS)/data dependent MS/MS (ddMS²) mode. FullMS settings were: range, m/z 100–500; resolution at full width at half maximum at m/z 200, 70,000; automatic gain control (AGC) target, 10⁶; and maximum injection time (IT), 200 ms. ddMS² settings were: AGC target, 2×10^5 ; maximum IT, 64 ms; isolation window, m/z 1.2; resolution, 17,500; and stepped normalized collision energy (NCE), 20, 80, and 100 a.u. A maximum number of five ddMS² scans were triggered for each FullMS scan (minimum intensity, 10⁴; dynamic exclusion, 2.0 s) depending on an inclusion list of putative metabolites based on in silico predictions and postulation (Supplementary Table S1) (5, 16, 18). Due to 4-BMC isotopic distribution, the 3-h incubate with hepatocytes was reinjected with two different inclusion lists using ⁷⁹Br or ⁸¹Br isotope to increase the chances to obtain non-interfered HRMS/MS spectra. Ions that were not included in the inclusion list also triggered ddMS² scans, although they were not priority ("pick others if idle" option). In addition, an exclusion list was compiled based on background noise, as



Fig. 2 HRMS/MS spectra of 3-CMC and major metabolites identified in human hepatocyte incubates and authentic samples and suggested fragmentation pattern. Unless stated otherwise, spectra were produced after positive electrospray ionization. Gluc, glucuronide; NEG, negative-ionization mode

evaluated during the injection of blank control samples (A:B 90:10, v/v). The Orbitrap was calibrated prior to analysis and a lock mass list with previously identified background ions was compiled in positive-ionization mode and used throughout the analysis for better accuracy (22).

Data Mining

LC-HRMS/MS data mining was performed with Compound DiscovererTM (Thermo Scientific, v. 3.2.0.421), applying a mixed targeted/untargeted workflow as previously described, with minor modifications (3, 23). Briefly, after spectrum selection and retention time alignment between raw data files, the ions were compared to a list of theoretical metabolites generated using combinations of selected transformations. The potential metabolites were then compared to mzCloud, ChemSpider and HighResNPS libraries. Besides, the HRMS/MS spectra and theoretical elemental composition of all ions with an intensity higher than 10⁵ were compared to the same databases. For each sample, signals with an intensity lower than 1% of the most intense metabolite identified were not considered.

Results

In Silico Metabolite Prediction

Predictions of 3-CMC, 4-CMC, and 4-BMC phase I and phase II metabolites in humans are displayed in Supplementary Table S2. A total of 9 first-generation (pA_1-pA_9) and 64 second-generation $(pA_{X-1} to pA_{X-13}, pA_X representing$ the corresponding first-generation metabolite) metaboliteswere predicted for 3-CMC; 20 metabolites were duplicates. $A total of 9 first-generation <math>(pB_1-pB_9)$ and 48 second-generation $(pB_{X-1}-pB_{X-13})$ metabolites were predicted for 4-CMC, 12 being duplicates. A total of 10 first-generation (pC_1-pC_{10}) and 54 second-generation $(pC_{X-1} to pC_{X-13})$ metabolites were predicted for 4-BMC, 13 being duplicates. The principal phase I transformations shared by all three analogues were *N*-acetylation, hydroxylation (phenyl ring or alkyl chain), β -ketoreduction, *N*-demethylation, and oxidative deamination.

To favor the acquisition of their product-ion spectra over other compounds during the LC-HRMS/MS analysis, all predicted metabolites were compiled in inclusion lists (Supplementary Table S1). All predicted metabolic reactions and combinations were included in the lists of possible transformations for data mining with Compound DiscovererTM.

In Vitro Metabolite Identification

The three analogues were only detected in positive-ionization mode: 3-CMC and 4-CMC eluted at 8.72 and 9.14 min, respectively, with a base peak at m/z 198.0678, while 4-BMC was detected at 10.02 min ($[M + H]^+$, m/z 242.0173). As expected from structural analogues, 3-CMC, 4-CMC, and 4-BMC displayed similar fragmentation pattern (Figs. 2, 3 and 4), the only significant difference being the relative intensity of the fragment produced by water loss, which was high in 3- and 4-CMC (m/z 180.0574), consistent with the literature (5, 18), and low in 4-BMC (m/z 224.0067). Subsequent hydrochloric or hydrobromic acid loss produced major fragments at m/z 144.0808/145.0886 in all three compounds. Minor fragment at m/z 103.0542 corresponded to the phenylethyl moiety.

3- and 4-CMC LC-HRMS area were 70% and 15% lower from 0 to 3 h of incubation, respectively. Nine 3-CMC metabolites (A_1-A_9) , by ascending retention time) and nine 4-CMC metabolites (B_1-B_9) were identified. 4-BMC LC-HRMS signal was 40% less intense from 0 h to 3 h of incubation, and ten metabolites (C_1-C_{10}) were identified. Considering that the three molecules were incubated simultaneously and analyzed under the same conditions, the discrepancy observed in the metabolic degradation rates might be explained by a different interaction with metabolic enzymes, cofactors, and transporters based on the halogen nature and position. However, no major differences were observed in the metabolites produced after incubation. β-Ketoreduction and N-demethylation were prominent reactions for all three molecules, and metabolites with ω -hydroxylation, ω -carboxylation, O-glucuronidation, and/ or N-acetylation were also detected; metabolites with oxidative deamination were only detected in combination with β-ketoreduction and O-glucuronidation. Although the reactions were the same between the three cathinones, beside N-acetylation being only identified with 3-CMC, the relative intensity of the metabolites with the same transformation showed better resemblance between 4-CMC and 4-BMC than between 3- and 4-CMC.

In vitro results are reported in Tables II, I, and III. Extracted-ion chromatograms of 3-CMC, 4-CMC, 4-BMC, and their metabolites after positive and negative ionization after incubation are displayed in Fig. 5. Structure elucidation of major metabolites is described below.

β-Ketoreduction

Reduction of the carbonyl group (+2H) generated the most intense metabolites for 3-CMC (A_3) , 4-CMC (B_4) , and



Fig. 3 HRMS/MS spectra of 4-CMC and major metabolites identified in human hepatocyte incubates and authentic samples and suggested fragmentation pattern. Unless stated otherwise, spectra were produced after positive electrospray ionization. Gluc, glucuronide; NEG, negative-ionization mode

4-BMC (C_4) after positive ionization. The transformation was suggested by a + 2.0156 Da ± 5 ppm mass shift from the corresponding parent and a substantial in-source water loss, typical of synthetic cathinones with a β -ketoreduction in similar instrumental and analytical conditions (3,24); for B_4 , the signal of the in-source fragment was even 20% higher than that of the precursor ion. The water loss was also the most intense fragment in A₃, B₄, and C₄ HRMS/ MS spectra, which also contained minor fragments at m/z 125.0153 ± 5 ppm (A₃ and B₄) or 168.9646 (C₄) and $115.0542/116.0621 \pm 5$ ppm, indicating loss of water and methylamine, and further hydrochloric or hydrobromic acid, respectively. Under the present chromatographic conditions, B₄ and C₄ LC-HRMS peaks, from 4-CMC and 4-BMC metabolism, respectively, presented a shoulder, suggesting the coelution of diastereoisomers due to the formation of a chiral center; A₃ from 3-CMC did not present a shoulder.

N-Demethylation

Another major transformation was the dealkylation of the *N*-methyl group (-CH₂), which was suggested by a - 14.0157 Da ± 5 ppm mass shift from the corresponding parent (A₂, B₃, and C₃ from 3-CMC, 4-CMC, and 4-BMC, respectively). The three metabolites had a fragmentation pattern similar to that of their respective parent in positiveionization mode with major water loss in 3- and 4-CMC spectra at *m*/*z* 166.0418 and further hydrochloric or hydrobromic loss at *m*/*z* 130.0651/131.0730, and fragment at *m*/*z* 103.0542 corresponding to the phenylethyl moiety for all three compounds.

β-Ketoreduction and N-Demethylation

Combination of the two major reactions β -ketoreduction (+2H) and *N*-demethylation (-CH₂) produced another metabolite in 3-CMC (A₁), and two other diastereoisomer metabolites in 4-CMC (B₁ and B₂), and 4-BMC (C₁ and C₂) incubates. The metabolites' structure was elucidated through their -12.0000 Da ±5 ppm mass shift from the corresponding parent, their substantial in-source water loss, and their HRMS/MS spectra displaying previously described fragments at *m*/*z* 115.0542/116.0621 ± 5 ppm and 168.0575 ± 5 ppm (A₁, B₁, and B₂) or 212.0069 (C₁ and C₂) due to water loss. Under the chromatographic conditions of the analysis, B₁/B₂ and C₁/C₂ diastereoisomers, due to 4-CMC and 4-BMC ketoreduction, respectively, were

completely resolved; A_1 from 3-CMC only presented one peak.

N-Demethylation and ω -Carboxylation

Although ω -carboxylation (-2H+2O) alone was not detected with a signal higher than the established threshold, it was found in combination with N-demethylation $(-CH_2)$ in 3-CMC (A_4), 4-CMC (B_5), and 4-BMC (C_6) incubates in both positive- and negative-ionization modes. Elemental composition change was indicated by a + 15.9586 Da ± 5 ppm mass shift from the respective parent. In negative mode, C_6 fragmentation generated the bromide ion at m/z78.9192; the corresponding fragment was not detected in A_4 and B_5 spectra, the chloride ion having a mass lower than 50 Da. Other intense fragments were found at m/z 168.0222 ± 5 ppm (A₄ and B₅) or 211.9722 (C₆) due to formic acid loss, and 111.0007 ± 5 ppm (A₄ and B₅) or 154.9507 (C_6) formed by the chlorophenyl or bromophenyl ions, respectively. In positive-ionization mode, characteristic fragments were produced by α -cleavage on either side of the carbonyl group at m/z 110.9995 and 138.9944 for A₄ and B₅, and 154.9492 and 182.9431 for C₆, indicating that the transformation occurred at the methyl. Fragments at m/z 129.0102 for A₄ and B₅ and 172.9597 for C₆ were produced by the chloro/bromobenzyl ring after rearrangement to include an oxygen atom, likely from the carboxylic acid group. A₄, B₅, and C₆ ranked first, second, and second most intense metabolites in 3-CMC, 4-CMC, and 4-BMC, respectively, due to their high intensity in negative-ionization mode entailed by the presence of a carboxyl group.

β-Ketoreduction, Oxidative Deamination, and O-Glucuronidation

Three metabolites with the same mass and fragmentation pattern were only detected in negative-ionization mode, although with a relatively intense signal, in 3-CMC (A₅, A_6 , and A_8), 4-CMC (B_6 , B_8 , and B_9), and 4-BMC (C_7 , C_9 , and C_{10}) incubates. These metabolites were produced by oxidative deamination (-NH₂+OH), O-glucuronidation $(+C_6H_8O_6)$, and β -ketoreduction (+2H), as suggested by their +163.0016 Da ± 5 ppm mass shift from their respective parent; they are the only phase II metabolites detected in vitro. The lack of signal in positive-ionization mode, despite their intensity after negative ionization, may be explained be the substitution of the amine group, which is much more prone to carry a positive charge during electrospray ionization. The spectra of the metabolites contained the glucuronide loss at m/z 167.0269 ± 5 ppm for 3- and 4-CMC metabolites or 210.9767 ± 5 ppm for 4-BMC and typical ions from the glucuronide fragmentation at m/z 71.0139 ± 5 ppm, 75.0087 ± 5 ppm, 85.0295 ± 5 ppm, and 113.0244 ± 5 ppm



Fig.4 HRMS/MS spectra of 4-BMC and major metabolites identified in human hepatocyte incubates and suggested fragmentation pattern. Unless stated otherwise, spectra were produced after positive electrospray ionization. Gluc, glucuronide; NEG, negative-ionization mode

ND

ND

 $[M + H]^{+}$ [M-H] β-Ketoreduction C₉H₁₂ONCl 7.35 186.0679 (-0.6) 6.8×10^{6} 2.0×10^{6} 1.2×10^{8} 2.9×10^{8} A₁ + N-Demethyl-ND ND ND ND ND ation N-Demethylation C₉H₁₀ClNO 7.96 184.0522 (-0.9) 3.9×10^{7} ND 2.5×10^{8} 7.4×10^{7} A_2 ND ND ND ND ND ND 5.4×10^{5} 6.2×10^{7} A_A β-Ketoreduction C16H22CINO7 8.09 376.1158 (+0.1) ND + O-glucuronida-374.1018 (+1.6) ND 2.6×10^{5} 2.1×10^{7} ND tion 2.5×10^{9} 3.3×10^{9} 2.4×10^{8} 2.1×10^{8} β-Ketoreduction C10H14CINO 8.59 200.0835 (-0.8) A₃ ND ND ND ND ND β-Ketoreduction 9.01 376.1158 (+0.1) ND 1.4×10^{6} 1.5×10^{8} ND ND C16H22CINO7 A_B + O-glucuronida-374.1018 (+1.6) ND 6.6 X 10⁵ 5.9×10^{7} tion 3-CMC C10H12CINO 198.0679 (-0.6) 1.8×10^{9} ND 1.9×10^{7} 2.5×10^{9} 8.74 ND ND ND ND ND N-Demethylation C₉H₈ClNO₃ 10.97 214.0264(-0.7) 4.8×10^{7} 9.2×10^{5} 1.2×10^{8} ND A_4 + ω-Carboxylation 212.0126 (+2.9) 1.1×10^{7} 1.2×10^{9} 2.8×10^{6} 2.8×10^{8} β-Ketoreduction 11.01 ND ND ND ND ND C15H19ClO8 A_5 361.0703 (+2.0) 9.7×10^{6} 1.9×10^{9} 3.5×10^{5} + Oxidative 3.2×10^{7} deamination + O-Glucuronidation β-Ketoreduction 11.42 ND ND ND ND ND C15H19ClO8 A_6 361.0703 (+2.0) 3.2×10^{6} 5.6×10^{6} 4.6×10^{8} ND + Oxidative deamination + O-Glucuronidation ND ND 2.2×10^{5} A_7 ω-Hydroxylation C10H12CINO2 11.87 214.0628 (-0.6) 1.3×10^{7} ND ND ND ND ND β-Ketoreduction 11.90 ND ND ND 4.1×10^9 ND A_8 C15H19ClO8 ND 3.3×10^{6} 361.0703 (+2.0) 9.2×10^{6} 5.8×10^{7} + Oxidative deamination + O-Glucuronidation β-Ketoreduction C15H19ClO8 12.08 ND ND ND ND ND A_C 1.7×10^{6a} $2.0\!\times\!10^6$ 1.7×10^{8} 361.0703 (+2.0) + Oxidative ND deamination

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Biotransformation

ID

Table I Metabolic Transformation, Elemental Composition, Retention time (RT), Accurate Mass of Protonated $([M+H]^+)$ and Deprotonated $([M-H]^-)$ Ion, Deviation from Exact Mass, and Liquid Chroma-

position

Elemental com-

RT

(min)

m/z (Δppm)

 $[M+H]^+$

[M-H]

Peak area

in incu-

bates

tography-High-Resolution Mass Spectrometry Peak Area of 3-CMC and Metabolites after 3-h Incubation with Human Hepatocytes and in Authentic Samples. Mass Tolerance, 5 ppm

(case #1)

Blood (case #1) Urine

ND not detected

 A_9

+ O-Glucuronidation

β-Ketoreduction

+ N-Acetylation

^aretrospectively detected in incubates after identification in real samples

C12H16CINO2

15.26

242.0940 (-1.0)

ND

 2.0×10^{7}

ND

ND

ND

under similar instrumental and analytical conditions (25,26), C_7 , C_9 , and C_{10} spectra also contained the bromide ion at m/z 78.9189 ± 5 ppm.

A fourth peak with the same m/z and fragmentation pattern was manually found with an intensity below the intensity threshold at 12.08, 11.87, and 12.67 min for 3-CMC,

4-CMC, and 4-BMC, respectively (one of these peaks was detected with an intensity above the threshold in the blood and urine of the 3-CMC-positive case #1 and named A_C – see below). Considering that β -ketoreduction may generate two diastereoisomers and, either for 3-CMC, 4-CMC, and 4-BMC, the four metabolites had similar HRMS/MS

ND

ND

#2)

Oral Fluid (case

Table II Metabolic Transformation, Elemental Composition, Retention Time (RT), Accurate Mass of Protonated $([M+H]^+)$ and Deprotonated $([M-H]^-)$ Ion, Deviation from Exact Mass, and Liquid

Chromatography-High-Resolution Mass Spectrometry Peak Area of 4-CMC and Metabolites after 3-h Incubation with Human Hepatocytes and in Authentic Samples. Mass Tolerance, 5 ppm

ID	Biotransformation	Elemental composition	RT, min	<i>m/z</i> (Δppm) [M+H] ⁺ [M-H] ⁻	Peak area in incubates [M+H] ⁺ [M-H] ⁻	Oral Fluid (case #2)	Urine (case #3)
B ₁	β-Ketoreduction + N-Demethylation	C ₉ H ₁₂ ONCl	7.67	186.0678 (-1.2) ND	5.9×10 ⁶ ND	5.1×10^7 ND	2.5×10 ⁶ ND
B ₂	β-Ketoreduction + N-Demethylation	C ₉ H ₁₂ ONCl	7.87	186.0679 (-0.6) ND	2.5×10^6 ND	2.3×10^7 ND	1.1×10 ⁶ ND
B ₃	N-Demethylation	C ₉ H ₁₀ CINO	8.40	184.0523 (-0.4) ND	3.3×10^7 ND	8.0×10 ⁵ ND	7.1×10 ⁶ ND
B_4	β-Ketoreduction	C ₁₀ H ₁₄ CINO	8.98	200.0835 (-0.8) ND	3.0×10^8 ND	7.7×10 ⁸ ND	7.8×10 ⁷ ND
4-CMC		C ₁₀ H ₁₂ CINO	9.14	198.0679 (-0.6) ND	2.2×10 ⁹ ND	2.5×10^7 ND	4.9×10 ⁸ ND
B ₅	<i>N</i> -Demethylation $+ \omega$ -Carboxylation	C ₉ H ₈ ClNO ₃	11.16	214.0264 (-0.7) 212.0126 (+2.9)	1.1×10^7 7.3×10^7	ND ND	1.9×10^7 2.1×10^8
B ₆	β-Ketoreduction + Oxidative deamination + O-Glucuronidation	C ₁₅ H ₁₉ ClO ₈	11.48	ND 361.0703 (+2.0)	ND 6.2×10^{6}	ND ND	$\begin{array}{c}\text{ND}\\\text{4.1}\times10^7\end{array}$
\mathbf{B}_7	ω-Hydroxylation	$C_{10}H_{13}CINO_2$	11.93	214.0629 (-0.2) ND	3.8×10^7 ND	ND ND	ND ND
B ₈	β-Ketoreduction + Oxidative deamination + O-Glucuronidation	C ₁₅ H ₁₉ ClO ₈	12.21	ND 361.0703 (+2.0)	ND 3.9×10^{6}	ND ND	$\begin{array}{c}\text{ND}\\5.7\times10^7\end{array}$
B ₉	β-Ketoreduction + Oxidative deamination + O-Glucuronidation	C ₁₅ H ₁₉ ClO ₈	12.53	ND 361.0702 (+1.7)	ND 1.0×10^7	ND ND	$\begin{array}{c}\text{ND}\\5.5\times10^7\end{array}$
B _A	Hydroxylation + <i>O</i> -Glucuronidation	C ₁₆ H ₂₀ ClNO ₈	13.75	390.0945 (-1.2) 388.0814 (+2.4)	2.9 x 10 ^{5a} 3.6 x 10 ^{5a}	ND ND	7.0×10^{6} 5.7×10^{6}

ND not detected

^a retrospectively detected in incubates after identification in real samples

spectra, it may be hypothesized that two sets of diastereoisomers (R/S) were produced with *O*-glucuronidation at either one or the other hydroxyl group formed by β -ketoreduction, producing two diastereoisomers (R/S) depending on the configuration of the newly formed asymmetric carbon, and oxidative deamination. The exact position of the glucuronides might be determined with further studies with nuclear magnetic resonance or comparison to analytical standards.

3- and 4-CMC in Vivo Metabolite Identification

In vivo results are compiled in Tables I and II. Extracted-ion chromatograms of 3-CMC, 4-CMC, and their metabolites after positive and negative ionization in authentic samples are displayed in Fig. 6.

Case #1: 3-CMC-Positive Blood and Urine

Except for A_2 , A_7 , and A_9 , all 3-CMC metabolites identified in human hepatocyte incubations were also detected

in the autoptic blood from case #1; 3-CMC itself was not detected. Except for A7 and A9, all metabolites identified in vitro were also detected in the urine. Two additional diastereoisomer metabolites (A_A and A_B by ascending retention time) produced by β -ketoreduction (+2H) and glucuronidation $(+C_6H_8O_6)$ were identified both in blood and urine, as suggested by their +178.0478 Da mass shift from 3-CMC and their fragmentation spectra that are similar to that of the corresponding non-conjugated metabolite A₃. Another additional metabolite (A_C) produced by β -ketoreduction, oxidative deamination, and O-glucuronidation was also identified in blood and urine, as suggested by the +163.0016 Da ± 5 ppm mass shift from the parent and the fragmentation similar to that of A₄, A₅, and A₈, which underwent the same transformations; A_C was retrospectively identified in human hepatocyte incubates. A₃ (β -ketoreduction) was the metabolite with the most intense signal in positive-ionization mode in blood, and A_4 (N-demethylation and ω -carboxylation) and A₈ (β-ketoreduction, oxidative deamination, and O-glucuronidation) were intense only in negative-ionization mode.

Table IIIMetabolicTransformation, ElementalComposition, Retention Time(RT), Accurate Mass OfProtonated ([M+H]⁺) andDeprotonated ([M-H]⁻) Ion,Deviation from Exact Mass, andLiquid Chromatography-High-Resolution Mass SpectrometryPeak Area of 4-BMC andMetabolites after 3-h Incubationwith Human Hepatocytes. MassTolerance, 5 ppm

ID	Biotransformation	Elemental composition	RT, min	<i>m/z</i> (Δppm) [M+H] ⁺ [M-H] ⁻	Peak area [M+H] ⁺ [M-H] ⁻
C ₁	β-Ketoreduction + N-Demethylation	C ₉ H ₁₂ BrNO	8.65	230.0174 (-0.4) ND	1.4×10 ⁷ ND
C ₂	β -Ketoreduction + <i>N</i> -Demethylation	C ₉ H ₁₂ BrNO	8.79	230.0174 (-0.4) ND	7.4×10 ⁶ ND
C ₃	N-Demethylation	C ₉ H ₁₀ BrNO	9.32	228.0018 (-0.2) ND	6.2×10 ⁷ ND
C_4	β-Ketoreduction	C ₁₀ H ₁₄ BrNO	9.84	244.0330 (-0.6) ND	4.8×10 ⁸ ND
4-BMC		C ₁₀ H ₁₂ BrNO	10.02	242.0174 (-0.4) ND	2.6×10 ⁹ ND
C ₅	β -Ketoreduction + ω-Hydroxylation	$C_{10}H_{14}BrNO_2$	11.46	260.0280 (-0.3) ND	8.7×10 ⁶ ND
C ₆	<i>N</i> -Demethylation $+ \omega$ -Carboxylation	C ₉ H ₈ BrNO ₃	12.21	257.9759 (-0.5) 255.9620 (+2.0)	2.6×10^7 1.3×10^8
C ₇	β-Ketoreduction + Oxidative deamination + O-Glucuronidation	C ₁₅ H ₁₈ BrO ₈	12.24	ND 405.0196 (+1.3)	ND 1.4×10^7
C ₈	ω-Hydroxylation	$C_{10}H_{12}BrNO_2$	12.92	258.0123 (-0.5) ND	5.0×10 ⁷ ND
C ₉	β-Ketoreduction + Oxidative deamination + O-Glucuronidation	$\mathrm{C_{15}H_{18}BrO_8}$	13.01	ND 405.0195 (+1.1)	$\frac{\text{ND}}{9.0 \times 10^6}$
C ₁₀	β-Ketoreduction + Oxidative deamination + O-Glucuronidation	C ₁₅ H ₁₈ BrO ₈	13.31	ND 405.0196 (+1.3)	$\begin{array}{c}\text{ND}\\2.3\times10^7\end{array}$

hydrolysis in urine.

ND not detected

Similarly, A_3 was detected with a high intensity in positiveionization mode in urine, but A_4 , A_5 (β -ketoreduction, oxidative deamination, and *O*-glucuronidation), and A_8 were detected with a high intensity after negative ionization, A_8 signal being the most intense among the metabolites when considering both ionization modes. Although A_5 , A_6 , and A_8 were not detected when re-extracting the urine samples after β -glucuronidase hydrolysis along with controls, the corresponding non-conjugated metabolites were not detected.

Case #2: 3- and 4-CMC-Positive Oral Fluid

3-CMC metabolites A_1 , A_2 , A_3 , A_4 , A_7 , and A_8 were detected in the oral fluid of case #2, along with the parent; no additional metabolite was identified. 3-CMC, A_1 (β -ketoreduction and *N*-demethylation), and A_3 (β -ketoreduction) had the most intense signals. 4-CMC metabolites B_1 , B_2 , B_3 , and B_4 were detected, along with the parent, and B_4 (β -ketoreduction) was preponderant.

Case #3: 4-CMC-Positive Urine

Except for B_7 , all 4-CMC metabolites identified in human hepatocyte incubations were also detected in the urine of

case #3, along with the parent. An additional minor metabolite (B_A) produced by hydroxylation (+O) and glucuronidation $(+C_6H_8O_6)$ was identified in urine, as suggested by the +192.0272 Da mass shift from 4-CMC and its fragmentation that is similar to that of the corresponding non-conjugated metabolite B_7 . B_A was retrospectively detected in human hepatocyte incubates, although with an intensity below the established threshold. 4-CMC and B_4 (β -ketoreduction) had the most intense signal in positive-ionization mode, and B₅ (*N*-demethylation and ω -carboxylation), B₆ (β -ketoreduction, oxidative deamination, and O-glucuronidation), B₈ (β-ketoreduction, oxidative deamination, and O-glucuronidation), and B_{0} (β -ketoreduction, oxidative deamination, and O-glucuronidation) were major after negative ionization, B_5 signal being the most intense among the metabolites when considering both ionization modes. B₆, B₈, and B₉ corresponding non-conjugated forms were not detected after glucuronide

Fig. 5 Extracted-ion chromatograms of 3-CMC, 4-CMC, 4-BMC, and metabolites identified in human hepatocyte incubates. Mass tolerance, 5 ppm



Discussion

The abundance of the metabolites cannot be accurately determined under the present analytical conditions due to the lack of analytical standards for the metabolites identified. UV detection might have more accurately reflected the relative amount of the metabolites, although its sensitivity might have been a limiting parameter. The comparison can therefore only be based on the relative signal intensity of the analytes, which can be affected by sample preparation, matrix effect, and susceptibility to electrospray ionization. This latter bias is particularly critical in the present study as major metabolites detected in negative-ionization mode, and produced by combination of β-ketoreduction, oxidative deamination, and O-glucuronidation, are not ionized in positive mode and therefore not detected. Additionally, the ionization of these major metabolites in negative-ionization mode being due to the carboxylic acid group of the glucuronide, the corresponding non-conjugated metabolites (β -ketoreduction and oxidative deamination) and all metabolites that undergo oxidative deamination might have been produced, but were not detected under the present analytical conditions. This hypothesis is corroborated by the non-detection of the corresponding non-conjugated metabolites (and the conjugated ones) in hydrolyzed urine.

The three cathinones displayed a similar metabolic fate, as shown in Fig. 7.

In Vitro Versus in Vivo

Hepatocyte incubations are a good model to predict in vivo metabolism, although they do not reproduce all processes such as extrahepatic metabolism, reabsorption, and enterohepatic circulation. However, good correlation between 3-CMC incubation with human hepatocytes and authentic samples from cases #1 and #2 was found, as the same metabolites were identified except for A_A and A_B (β -ketoreduction and glucuronidation), which were only detected in the urine of case #1, albeit with a low intensity compared to the other metabolites, and A_9 (β -ketoreduction and N-acetylation), which was only detected in vitro. In postmortem case #1, 3-CMC was not detected in blood and its signal was low in urine compared to that of the main metabolites, which may indicate that a long time elapsed between consumption and death. Consistent with in vitro results, the metabolites with the most intense signal in urine and blood were produced **Fig. 6** Extracted-ion chromatograms of 3-CMC, 4-CMC, and metabolites identified in authentic samples. Mass tolerance, 5 ppm



through β -ketoreduction (A₃) in positive-ionization mode; β -ketoreduction, oxidative deamination, and further *O*-glucuronidation (A₅, A₆, and A₈), and *N*-demethylation and ω -carboxylation (A₄), when considering the signal in negative-ionization mode. In case #2 oral fluid, 3-CMC was intense, pointing towards a recent consumption, and A₃ (β -ketoreduction) was the only major metabolite.

Good correlation was also found between 4-CMC *in* vitro versus in vivo samples, despite B_7 (ω -hydroxylation) being major in incubates but not detected in authentic samples. Conversely, 4-CMC was intense in case #3 urine, and metabolites B_4 (β -ketoreduction) in positive-ionization mode and B_8 and B_9 (β -ketoreduction, oxidative deamination, and O-glucuronidation) after negative ionization, were

predominant. Of note, in case #2, the distinction between 3and 4-CMC metabolites with the same transformations was only possible through their retention times as determined *in vitro*, considering that they yield the same fragments with similar relative intensities.

Comparison to the Literature

In the present study, 3-CMC, 4-CMC, and 4-BMC human metabolism was investigated with *in silico* metabolite prediction, human hepatocyte incubations, and authentic positive samples for a comprehensive overview. The samples were analyzed by LC-HRMS/MS and targeted and untargeted data mining strategy for an exhaustive screening.

Fig. 7 3-CMC, 4-CMC, and 4-BMC metabolic fate in humans. Gluc, glucuronide; bold arrows indicate major pathways



3-CMC metabolism was previously studied using human liver microsomes by Lopes et al. (5) and in a case report by Romańczuk et al. (16). 4-CMC metabolism also was recently assessed by Massano et al. during a clinical study with several participants (18). Consistent with our results, the authors found that β -ketoreduction and N-demethylation were major 3- and 4-CMC metabolic pathways. However, none of the studies reported the detection of metabolites formed through N-demethylation and ω -carboxylation $(A_4 \text{ and } B_5)$, or β -ketoreduction, oxidative deamination, and O-glucuronidation (A₅, A₆, A₈, A_C, B₆, B₈, and B₉), although A₄, A₈, B₆, B₈, and B₉ were major in our study, especially in urine where A₈ and B₅ were the main metabolites in cases #1 and #3, respectively. In the study by Lopes et al., 3-CMC metabolism was assessed using human liver microsome incubations without authentic samples, which are a good first approach in identifying the metabolites of specific molecules but do not contain all hepatic enzymes and endogenous cofactors and do not provide the natural orientation of membrane enzymes (5). In the studies by Romańczuk et al. and Massano et al., the analyses were conducted by LC-MS/MS in after electrospray ionization in positive mode only (16,18), which may explain why A_4 and B₅ (higher signal in negative-ionization mode) and A₅, A₆, A₈, A_C, B₆, B₈, and B₉ (no signal in positive-ionization mode) were not detected. In the three articles, the approach used for data mining was not described and the metabolites might have been not detected because they were simply not expected and therefore not searched. Noteworthy, the corresponding metabolites were never reported in the metabolism of other popular SCs such as 3- and 4-MMC, although the same transformation can theoretically occur (27-29). This highlights the need for a comprehensive screening of the data with targeted and untargeted strategies for metabolic identification studies, in general. Further comparison is complicated by the lack of detailed information regarding metabolite intensities.

Markers of Consumption

β-Ketoreduction was a major metabolic transformation in all the biological matrices analyzed, consistent with the metabolism of cathinones in general (30). Phase I metabolites with a combination of N-demethylation and ω -carboxylation and phase II metabolites with a combination of β-ketoreduction, oxidative deamination, and O-glucuronidation also had an intense signal, especially in negative-ionization mode. Based on our in vitro and in vivo findings, we suggest A₃, A₄, and A₈ in blood; A₃, A₄, A₅, and A₈ in urine; and A₃ in oral fluid; as specific metabolite marker of 3-CMC consumption. Similarly, we suggest B₄ and B₅ in blood; B₄, B₅, B₆, B₈, and B_0 in urine; and B_4 in oral fluid; as metabolite markers of 4-CMC use. Due to the similar metabolic profile in vitro, we suggest the corresponding metabolites C₄ and C₆ in blood; C₄, C₆, C₇, C₉, and C₁₀ in urine; and C₄ in oral fluid; as markers of 4-BMC use. The parent signal should also be monitored in cases or recent consumption. Careful attention should be taken to separate position isomers 3-CMC, 4-CMC, and their metabolites to avoid misidentification. Glucuronide hydrolysis of urine samples is not recommended, as the corresponding non-conjugated compounds were not detected with present analytical conditions.

Conclusions

We identified alternative major metabolites markers for documenting 3- and 4-CMC intake in clinical and forensic casework, and we investigated 4-BMC metabolism for the first time. Several major metabolites were poorly or even not detected after positive electrospray ionization, which is often the only ionization mode used in metabolite identification studies. Additionally, several major urinary metabolites were glucuronides whose non-conjugated forms are unlikely to be detected after electrospray ionization, although the analysis of urine samples only after glucuronide hydrolysis is often performed in this kind of studies. We therefore recommend toxicologists being cautious when interpreting data from hydrolyzed samples during routine drug screening, as major metabolites might have become undetectable.

Moreover, our results strongly support the need for comprehensive screening strategies in metabolite identification studies, to avoid overlooking important metabolites. Orthogonal data obtained from different types of analysis, i.e., different analytical columns, ionization modes, or even technologies, are especially paramount. Further investigation in the metabolism of other popular methcathinone analogues such as 3- and 4-MMC is needed, as the corresponding metabolites might be produced.

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Data Availability Derived data supporting the findings of this study are available from the corresponding author on request.

Declarations

Conflict of Interest The authors declare no competing interests.

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