Overview

Useful For
Screening children for catecholamine-secreting tumors with a random urine collection when requesting vanillylmandelic acid only

Supporting a diagnosis of neuroblastoma

Monitoring patients with a treated neuroblastoma

Highlights
Vanillylmandelic acid (VMA) and other catecholamine metabolites such as homovanillic acid (HVA) measurement in urine are used for screening children for catecholamine-secreting tumors such as neuroblastoma and other neural crest tumors and monitoring those who have had treatment for these tumors.

More than 90% of individuals with neuroblastoma have elevated VMA or HVA.

VMA is not the analyte of choice for diagnosis of pheochromocytoma, which is better detected by testing for metanephrines.

Treatment with L-dopa can impact test results and should be discontinued 24 hours prior to collection. Bactrim can impact test results and should be noted at time of collection.

Method Name
Liquid Chromatography-Tandem Mass Spectrometry (LC-MS/MS)

NY State Available
Yes

Specimen
Test Definition: VMAR
Vanillylmandelic Acid, Random, U

Specimen Type
Urine

Ordering Guidance
In the past, this test has been used to screen for pheochromocytoma. However, VMA is not the analyte of choice to rule out a diagnosis of pheochromocytoma. Recommended tests for this purpose are:

- PMET / Metanephrines, Fractionated, Free, Plasma
- METAF / Metanephrines, Fractionated, 24 Hour, Urine
- CATU / Catecholamine Fractionation, Free, 24 Hour, Urine

Necessary Information
1. Patient’s age is required.
2. All patients receiving L-dopa should be identified to the laboratory when this test is ordered.
3. Bactrim may interfere with detection of the analyte. All patients taking Bactrim should be identified to the laboratory when this test is ordered.

Specimen Required

Patient Preparation: Administration of L-dopa may falsely increase vanillylmandelic acid results; it should be discontinued 24 hours prior to and during collection of specimen.

Supplies: Urine Tubes, 10 mL (T068)

Collection Container/Tube: Clean, plastic urine collection container

Submission Container/Tube: Plastic, 10-mL urine tube

Specimen Volume: 5 mL

Collection Instructions:
1. Collect a random urine specimen.
2. Adjust the random urine pH to a level between 1 and 5 by adding 50% acetic acid dropwise and checking the pH.

Forms
If not ordering electronically, complete, print, and send an Oncology Test Request (T729) with the specimen.

Reject Due To
All specimens will be evaluated at Mayo Clinic Laboratories for test suitability.

**Specimen Minimum Volume**

2 mL

**Specimen Stability Information**

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<th>Temperature</th>
<th>Time</th>
<th>Special Container</th>
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<td>Urine</td>
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<td>Frozen</td>
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**Clinical & Interpretive**

**Clinical Information**

Vanillylmandelic acid (VMA) and other catecholamine metabolites (homovanillic acid: HVA and dopamine) are typically elevated in patients with catecholamine-secreting tumors (eg, neuroblastoma, pheochromocytoma, and other neural crest tumors). VMA and HVA levels may also be useful in monitoring patients who have been treated as a result of one of the above-mentioned tumors.

**Reference Values**

- <1 year: <25.0 mg/g creatinine
- 1 year: <22.5 mg/g creatinine
- 2-4 years: <16.0 mg/g creatinine
- 5-9 years: <12.0 mg/g creatinine
- 10-14 years: <8.0 mg/g creatinine
- > or =15 years (adults): <7.0 mg/g creatinine

**Interpretation**

Vanillylmandelic acid (VMA) and/or homovanillic acid concentrations are elevated in more than 90% of patients with neuroblastoma; both tests should be performed. A positive test could be due to a genetic or nongenetic condition. Additional confirmatory testing is required.

A normal result does not exclude the presence of a catecholamine-secreting tumor.
Elevated VMA values are suggestive of a pheochromocytoma, but they are not diagnostic.

**Cautions**
Values are more commonly elevated during a hypertensive episode.

Values may be normal in some individuals with a pheochromocytoma.

**Clinical Reference**


**Performance**

**Method Description**
Vanillylmandelic acid (VMA) is measured by solid-phase extraction (SPE) of a 1-mL aliquot of urine. A known amount of stable-isotope labeled VMA internal standard (IS) is added to each urine specimen prior to SPE. VMA and IS are eluted from the SPE column with methanol. The methanol is evaporated and the VMA and IS are redissolved in liquid chromatography tandem-mass spectrometry (LC-MS/MS) mobile phase. A portion of this prepared extract is injected onto a LC column that separates VMA and IS from the bulk of any remaining specimen matrix. The VMA and IS are measured by tandem-mass spectrometry using the selected reaction monitoring mode. VMA is quantified using the ratio to IS versus urine calibrators. (Magera MJ, Thompson AL, Stoor AL, et al: Determination of vanillylmandelic acid in urine by stable isotope dilution and electrospray tandem mass spectrometry. Clin Chem. 2003;49:825-826; Eisenhofer G, Grebe S, Cheung NV: Monoamine-producing tumors. In: Rifai N, Horvath AR, Wittwer CT, eds. Tietz Textbook of Clinical Chemistry and Molecular Diagnostics. 6th ed. Elsevier; 2018:chap 63)

**PDF Report**
No
Test Definition: VMAR
Vanillylmandelic Acid, Random, U

Specimen Retention Time
1 week

Performing Laboratory Location
Rochester

Fees & Codes

Test Classification
This test was developed, and its performance characteristics determined by Mayo Clinic in a manner consistent with CLIA requirements. This test has not been cleared or approved by the US Food and Drug Administration.

CPT Code Information
84585

LOINC® Information

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