Overview

Useful For
Monitoring tobacco use
Monitoring patients on nicotine-replacement therapy for concurrent use of tobacco products

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

NY State Available
Yes

Specimen

Specimen Type
Urine

Specimen Required

Supplies: Aliquot Tube, 5 mL (T465)

Container/Tube: Plastic, 5 mL, aliquot tube

Specimen Volume: 3 mL

Collection Instructions:
1. Collect a random urine specimen.
2. No preservative.

Forms
If not ordering electronically, complete, print, and send a Therapeutics Test Request (T831) with the specimen.

Specimen Minimum Volume
2 mL

Reject Due To

<table>
<thead>
<tr>
<th>Gross hemolysis</th>
<th>OK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gross icterus</td>
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Specimen Stability Information

<table>
<thead>
<tr>
<th>Specimen Type</th>
<th>Temperature</th>
<th>Time</th>
<th>Special Container</th>
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</thead>
<tbody>
<tr>
<td>Urine</td>
<td>Ambient (preferred)</td>
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<td></td>
</tr>
<tr>
<td></td>
<td>Frozen</td>
<td>365 days</td>
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Test Definition: NICOU
Nicotine and Metabolites, U

<table>
<thead>
<tr>
<th>Specimen Type</th>
<th>Temperature</th>
<th>Time</th>
<th>Special Container</th>
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<tbody>
<tr>
<td></td>
<td>Refrigerated</td>
<td>28 days</td>
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Clinical and Interpretive

Clinical Information
Tobacco use is the leading cause of death in the United States. Nicotine, coadministered in tobacco products such as cigarettes, pipe, cigar, or chew, is an addicting substance that causes individuals to continue use of tobacco despite concerted efforts to quit. Nicotine stimulates dopamine release and increases dopamine concentration in the nucleus accumbens, a mechanism that is thought to be the basis for addiction for drugs of abuse.

Nicotine is rapidly metabolized in the liver to cotinine, exhibiting an apparent elimination half-life of 2 hours. Cotinine exhibits an apparent elimination half-life of 15 hours. Patients using tobacco products excrete nicotine in urine in the concentration range of 1,000 to 5,000 ng/mL. Cotinine accumulates in urine in proportion to dose and hepatic metabolism (which is genetically determined); most tobacco users excrete cotinine in the range of 1,000 to 8,000 ng/mL. Urine concentrations of nicotine and metabolites in these ranges indicate the subject is using tobacco or is receiving high-dose nicotine patch therapy.

In addition to nicotine and metabolites, tobacco products also contain other alkaloids that can serve as unique markers of tobacco use. Two such markers are anabasine and nornicotine. Anabasine is present in tobacco products, but not nicotine replacement therapies. Nornicotine is present as an alkaloid in tobacco products and as a metabolite of nicotine. The presence of anabasine greater then 10 ng/mL or nornicotine greater then 30 ng/mL in urine indicates current tobacco use, irrespective of whether the subject is on nicotine replacement therapy. The presence of nornicotine without anabasine is consistent with use of nicotine replacement products. Heavy tobacco users who abstain from tobacco for 2 weeks exhibit urine nicotine values below 30 ng/mL, cotinine values below 50 ng/mL, anabasine levels below 2 ng/mL, and nornicotine levels below 2 ng/mL.

Passive exposure to tobacco smoke can cause accumulation of nicotine metabolites in nontobacco users. Urine cotinine has been observed to accumulate up to 20 ng/mL from passive exposure. Neither anabasine nor nornicotine accumulates from passive exposure.

Tobacco users engaged in programs to abstain from tobacco require support in the form of counseling, pharmacotherapy, and continuous encouragement. Occasionally, counselors may elect to monitor abstinence by biochemical measurement of nicotine and metabolites in a random urine specimen to verify abstinence. If results of biologic testing indicate the patient is actively using a tobacco product during therapy, additional counseling or intervention may be appropriate.

Quantification of urine nicotine and metabolites while a patient is actively using a tobacco product is useful to define the concentrations that a patient achieves through self-administration of tobacco. Nicotine replacement dose can then be tailored to achieve the same concentrations early in treatment to assure adequate nicotine replacement so the patient may avoid the strong craving they may experience early in the withdrawal phase. This can be confirmed by measurement of urine nicotine and metabolite concentrations at steady-state (2-3 days after replacement therapy is started). Once the patient is stabilized on the dose necessary to achieve complete replacement and responding well to therapy, the replacement dose can be slowly tapered to achieve complete withdrawal.

Reference Values
Non-tobacco user with no passive exposure:

NICOTINE
Test Definition: NICOU
Nicotine and Metabolites, U

<5.0 ng/mL
COTININE
<5.0 ng/mL
ANABASINE
<2.0 ng/mL
NORNICOTINE
<2.0 ng/mL

**Interpretation**

Urine nicotine in the range of 1,000 to 5,000 ng/mL with cotinine in the range of 1,000 to 8,000 ng/mL indicates the subject is either actively using a tobacco product or on high-dose nicotine patch therapy.

The presence of anabasine and nornicotine indicates a subject on patch therapy who is actively using a tobacco product.

Typical findings are as follows:

While using a tobacco product:
- Peak nicotine concentration: 1,000 to 5,000 ng/mL
- Peak cotinine concentration: 1,000 to 8,000 ng/mL
- Anabasine concentration: 10 to 500 ng/mL
- Nornicotine concentration: 30 to 900 ng/mL

Tobacco user after 2 weeks complete abstinence:
- Nicotine concentration: <30 ng/mL
- Cotinine concentration: <50 ng/mL
- Anabasine concentration: <2.0 ng/mL
- Nornicotine concentration: <2.0 ng/mL

Nontobacco user with passive exposure:
- Nicotine concentration: <20 ng/mL
- Cotinine concentration: <20 ng/mL
- Anabasine concentration: <2.0 ng/mL
- Nornicotine concentration: <2.0 ng/mL
Test Definition: NICOU
Nicotine and Metabolites, U

Nontobacco user with no passive exposure:
- Nicotine concentration: <5.0 ng/mL
- Cotinine concentration: <5.0 ng/mL
- Anabasine concentration: <2.0 ng/mL
- Nornicotine concentration: <2.0 ng/mL

Cautions
Knowledge of time elapsed between last dose and specimen collection is important for interpretation of test results.

Clinical Reference


Performance
Method Description

PDF Report
No

Day(s) and Time(s) Test Performed
Monday through Sunday

Analytic Time
2 days

Maximum Laboratory Time
5 days

Specimen Retention Time
2 weeks

Performing Laboratory Location
Rochester

Fees and Codes

Fees
Test Definition: NICOU
Nicotine and Metabolites, U

- Authorized users can sign in to Test Prices for detailed fee information.
- Clients without access to Test Prices can contact Customer Service 24 hours a day, seven days a week.
- Prospective clients should contact their Regional Manager. For assistance, contact Customer Service.

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 U.S. Food and Drug Administration.

CPT Code Information
80323
G0480 (if appropriate)

LOINC® Information

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<th>Test Order Name</th>
<th>Order LOINC Value</th>
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