

A CLINICAL RESEARCH METHOD FOR THE ANALYSIS OF IMMUNOSUPPRESSANT DRUGS IN WHOLE BLOOD USING CAPITAINETM B DEVICES

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INTRODUCTION

Traditional laboratory analysis of the immunosuppressant drugs cyclosporine, everolimus, sirolimus and tacrolimus is well-established in clinical research. However there remains a need for individuals to undergo an invasive, time-consuming and disruptive process under the supervision of trained staff in order to collect a sufficient volume of whole blood for laboratory analysis.

A reliable, remote sampling method may find utility in a clinical research setting. Here we describe the use of Capitainer[®] B Devices to obtain analytically sensitive, precise and accurate data for cyclosporine, everolimus, sirolimus and tacrolimus analysis using small sample volumes for clinical research studies.

The Waters ACQUITYTM UPLCTM I-Class FL with XevoTM TQ Absolute Mass Spectrometer was used to analyze these samples.

METHODS

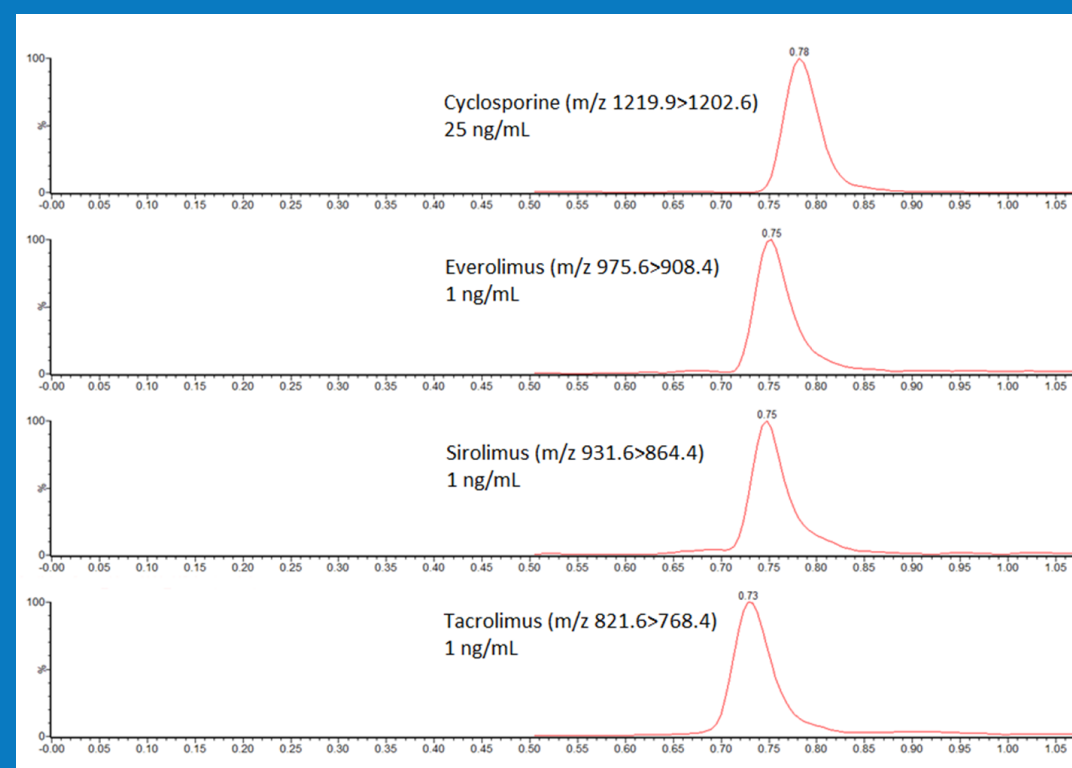
Materials and Sample Preparation

- MassTrakTM Immunosuppressant Calibrator and Control Sets were used (see poster 749 for more details).
- 30 μ L of whole blood was pipetted onto the inlet of the CapitainerTM B device, which resulted in a 10 μ L dried blood spot (DBS).
- Following overnight drying, the DBS was removed and placed in a 2mL microcentrifuge tube.
- 200 μ L of internal standard (12.5 ng/mL ²H₁₂-cyclosporine, 1 ng/mL ascomycin, ¹³C₂²H₄-everolimus and ²H₃-sirolimus in 10% methanol) was added, and the tube underwent mixing and sonication steps.
- Add 10 μ L of 0.05M hydrochloric acid and 1 mL *tert*-methyl butyl ether was added, vortex mixed and centrifuged.
- 850 μ L of the top layer was transferred to a clean, TruViewTM Total Recovery vial (p/n: 186005669CV), and dried under nitrogen at 40°C.
- Samples were reconstituted in 200 μ L mobile phase A:mobile phase B 50:50 (v:v).

LC-MS/MS Parameters

- Using an ACQUITY UPLC I-Class FL System, samples were injected onto an ACQUITY UPLC HSS C₁₈ SB Column, 1.8 μ m 2.1x30mm (p/n: 186004117), using a water/acetonitrile/ammonium fluoride gradient and analyzed with a Xevo TQ Absolute Mass Spectrometer in ESI+.
- The run time is 1.5 minutes (approximately 2.2 minutes injection-to-injection).

Analytical sensitivity from a 10 μ L DBS



Analytical sensitivity of a calibrator 1 sample containing 25 ng/mL cyclosporine and 1 ng/mL everolimus, sirolimus and tacrolimus

CONCLUSION

- Using Capitainer B microsampling devices and very small sample volumes (an initial 30 μ L whole blood sample resulted in a 10 μ L dried blood spot), an in-house laboratory method was developed for cyclosporine, everolimus, sirolimus and tacrolimus.
- The method met validation goals for linearity, analytical sensitivity, precision and accuracy demonstrating the potential for the Xevo TQ Absolute Mass Spectrometer for clinical research using microsampling.
- MassTrak Immunosuppressant Calibrator and Quality Control Sets may be used, allowing significant time and resource savings.

For Research Use Only. Not for use in diagnostic procedures.

RESULTS

Five analytical runs were performed using this method.

- **Linearity** of the calibration ranges (1-30 ng/mL for everolimus, sirolimus and tacrolimus; 25-1500 ng/mL for cyclosporine) was demonstrated with mean r^2 values for the calibration lines >0.99 over five analytical runs.
- **Total precision and repeatability** was $\leq 7.6\%$ CV (Figure 1) across the immunosuppressants at the QC three concentrations (2, 8 and 22 ng/mL for all analytes except cyclosporine, which were 150, 400 and 900 ng/mL), with five replicates over five analytical runs (n = 25) except cyclosporine, four runs and n=20.

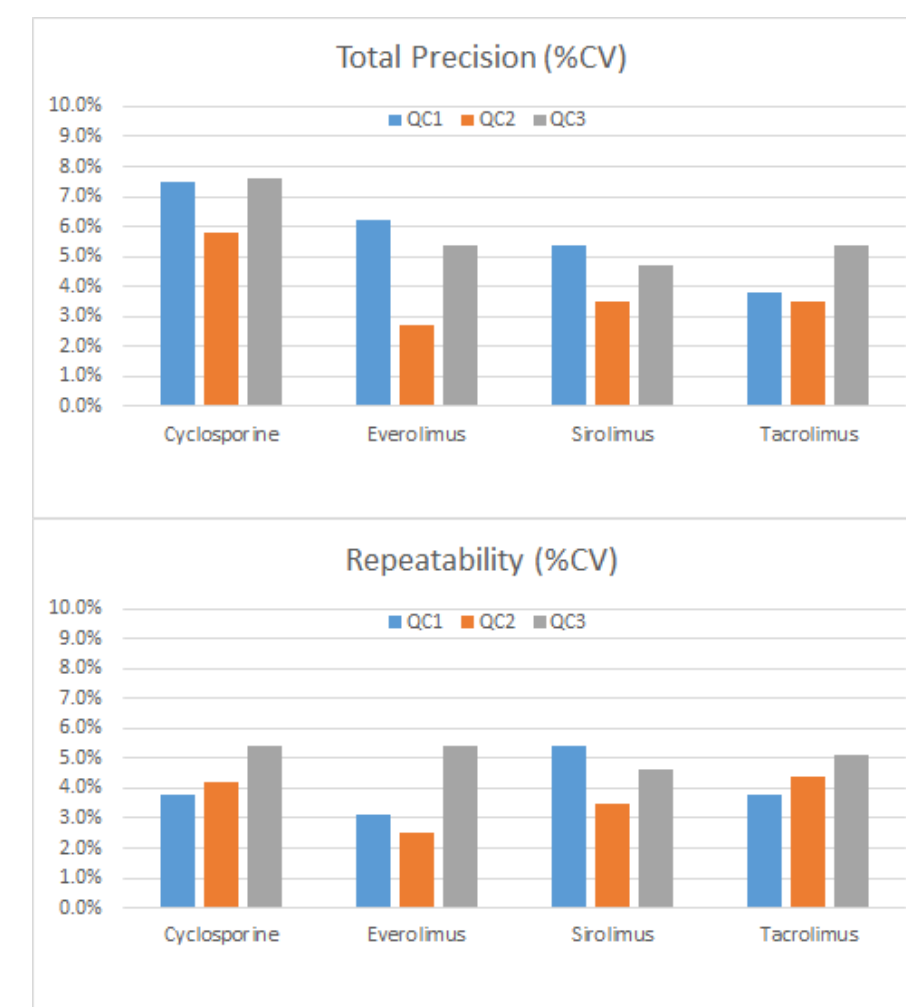


Figure 1. Total precision and repeatability

- **Mean Accuracy** (%bias) to whole blood External Quality Assurance samples was within $\pm 6\%$ of the LC-MS All Laboratory Trimmed Mean (ALTM, Table 1).

Analyte	Number of samples analyzed	Range (ng/mL)	Mean %bias from Scheme LC-MS ALTM
Cyclosporine	20	31.0-1814.1	+6.0
Everolimus	20	0-23.2	+2.9
Sirolimus	25	1.9-22.9	-5.0
Tacrolimus	25	1.6-27.0	+5.6

Table 1. EQA accuracy summary

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