Rapid Quantitative Analysis of Immunosuppressant Drug Panels in Blood and Plasma by LC-MS/MS

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Introduction

Two highly sensitive and specific research methods have been developed for the quantitation of a panel of up to five common immunosuppressant drugs – Cyclosporine A (CsA), Everolimus (Eve), Sirolimus (Sir), Tacrolimus (Tac) and Mycophenolic Acid (MPA). The first is a rapid, 2-minute method suitable for the reliable quantification of CsA, Eve, Sir and Tac. The second method contains a longer gradient, critical to the accurate analysis of Mycophenolic Acid (MPA).



When analyzing MPA, it is important to achieve chromatographic separation between MPA and its glucuronide (MPA-G). Without proper separation, in-source fragmentation of MPA-G can result in the loss of the glucuronide and falsely elevate quantitation of MPA.

Due to the distribution of these drugs in blood, MPA is typically measured in plasma while the remaining immunosuppressive drugs must be measured in whole blood. Despite this difference in sample type, a single sample preparation and hardware configuration has been developed for the analysis of all five drugs.

Experimental

Sample Preparation

100µl of plasma or whole blood is precipitated with precipitating reagent (ZnSO4:methanol) containing internal standards. After vortexing and centrifugation, the clear supernatant is separated and injected onto the LC-MS/MS for analysis.

Analyte	Internal Standard
Cyclosporin A	Cyclosporin D
Everolimus	Ascomycin
Sirolimus	Ascomycin
Tacrolimus	Ascomycin
Mycophenolic Acid	Mycophenolic Acid-d ₃
Table 1. Internal standard a	ssignment

LC Method

Both LC-MS/MS methods were developed using common instrumentation and reagents to provide the greatest flexibility and efficiency.

Agilent 1290 and 1260 HPLC binary pumps (1 each), well plate sampler with thermostat, temperaturecontrolled column compartment, 2 position/6 ports switching valve

Parameter	Value
Trapping Column	Zorbax Eclipse Plus C18, 2.1x12.5mm, 5µm
Analytical Column	Poroshell 120 EC-C18, 3x50mm, 2.7µm
Injection Volume	Up to 40 µl
Autosampler Temp	4°C
Needle Wash	Flush port for 10 to 60 seconds
Mobile Phase A	NH ₄ Acetate + Formic Acid in Water
Mobile Phase B	NH ₄ Acetate + Formic Acid in Methanol
Table 2. LC Paramete	ers



MS Method

lon mode: Gas tempe Drying gas Nebulizer Sheath ga Sheath flow Capillary v Nozzle voľ 01/03 Res Dwell time Delta EMV



Experimental

Agilent 6460 triple guadrupole mass spectrometer with JetStream technology

2	AJS ESI+	Compound	Prec Ion	Prod Ion	Dwell	Frag (V)	CE (V)	
perature:	225 °C	Cyclosporine D	1233.9	1216.9	10	175	12	
as (nitrogen):	9 L/min	Cyclosporine A	1219.9	1202.8	10	170	12	
r gas (nitrogen):	35 psi	Everolimus	975.6	908.5	10	185	12	
as (nitrogen):	325 °C	Sirolimus	931.6	864.5	10	170	12	
OW:	12 L/min	Tacrolimus	821.5	768.4	10	170	16	
voltage:	4000V	Ascomycin	809.5	756.4	10	175	16	
oltage:	300V	Mycophenolic Acid Gluc	514.2	207.0	10	95	36	
esolution:	0.7 unit	Mycophenolic Acid D ₃	324.2	210.1	10	80	16	
ne:	10 msec	Mycophenolic Acid	321.1	207.0	10	80	16	
V:	0 to 200V Table 2. MRM Parameters							
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Results and Discussion

A rapid, 2-minute method has been developed for the determination of four of the five common immunosuppressant drugs – Cyclosporin A, Everolimus, Sirolimus and Tacrolimus. All four of these drugs are measured in whole blood, so simultaneous determination is possible. The fifth drug – Mycophenolic Acid – requires a longer gradient for accurate guantitation. All five drugs can be measured using the 4-minute method but MPA is traditionally measured in plasma rather than whole blood. This means MPA typically will not be measured in combination with another immunosuppressant due to differences in sample type. However, identical instrumentation and reagents were used to develop both methods, meaning it is possible to quickly switch between methods, even within the same worklist. Both methods utilizes a back-flushing liquid chromatography configuration for online sample cleanup to improve quantitation. Samples are injected onto a trapping column where the immunosuppressants are retained and washed. The wash is sent to waste, reducing the amount of matrix sent to the mass spectrometer. Shortly before the analytes elute off of the first column, a valve is switched and the analytes are eluted onto an analytical column where further chromatography is performed.





Compound	R ²	Level	Concentration (ng/ml)	Accuracy (%) n = 3	Intraday CV (%) n = 3	Interday CV (%) n = 6
		LLOQ	2.0	110.0	3.85	3.90
Cyclosporin A	0.999	MID	250.0	98.4	2.38	1.65
		ULOQ	2000.0	100.9	0.95	1.30
		LLOQ	0.1	107.1	10.69	9.18
Everolimus	0.999	MID	12.5	100.7	1.03	1.83
		ULOQ	50.0	99.3	1.44	1.22
		LLOQ	0.1	100.7	7.54	6.83
Sirolimus	0.999	MID	12.5	103.1	2.79	2.04
		ULOQ	50.0	98.3	1.65	1.74
		LLOQ	0.1	101.2	7.34	5.84
Tacrolimus	0.999	MID	12.5	99.7	1.16	1.16
		ULOQ	50.0	99.3	1.38	1.16
		LLOQ	0.1	100.0	0.3	7.5
Mycophenolic Acid*	0.999	MID	3.1	100.6	0.7	0.6
, ,		ULOQ	25.0	101.7	0.6	0.7

<u>*MPA concentrations are in µg/ml concentrations</u>

Two specific, rapid and convenient methods for quantifying five immunosuppressive drugs with excellent reproducibility and accuracy have been developed for clinical research. A back-flushing liquid chromatography configuration for online sample cleanup has been implemented to reduce the throughput of matrix to the mass spectrometer. These methods utilize the same hardware and reagents to allow fast quantitation of all five of the analytes. This approach allows for the greatest flexibility while eliminating the need to maintain multiple configurations and solvents. The two-minute method is used for the quantitation of cyclosporin A, everolimus, sirolimus and tacrolimus to increase throughput when MPA determination is not required. The four-minute method allows for sufficient chromatographic separation between MPA and its glucuronide to ensure accurate quantitation.



Results and Discussion



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Figure 4. Calibration curves for CsA, Eve, MPA, Sir and Tac show excellent linearity $(R^2 > 0.999)$ Curves are weighted 1/x. Accuracy within ±10% is retained throughout the entire range for each curve.

Table 3. Summary of analyte performance for five immunosuppressive drugs

Conclusions