

# Quantification of four immunosuppressant drugs by Liquid Chromatography-Tandem Mass Spectrometry using Direct Injection.

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# Introduction

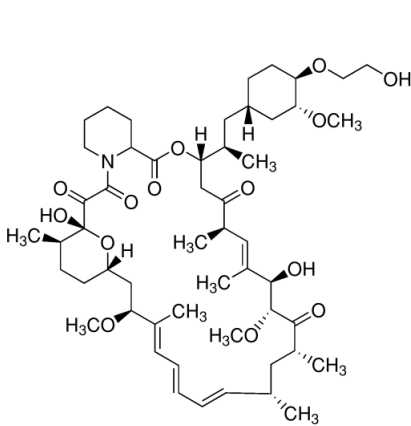
- Immunosuppressors: drugs used in transplanted patients to avoid graft rejection.
- Therapeutic drug monitoring (TDM) of immunosuppressors is important due to its narrow therapeutic window.
- Methods used for TDM should have adequate analytical performance and turn-around times.

# Introduction

- Analytical methods available for quantification include immunoassay and chromatographic methods (HPLC-UV; LC-MS/MS).
- Liquid chromatography tandem-mass spectrometry (LC-MS/MS) provide accuracy, speed and sensitivity compared to immunoassay based techniques.
- LC-MS/MS methods have the ability of measure the active compound and not drug metabolites.

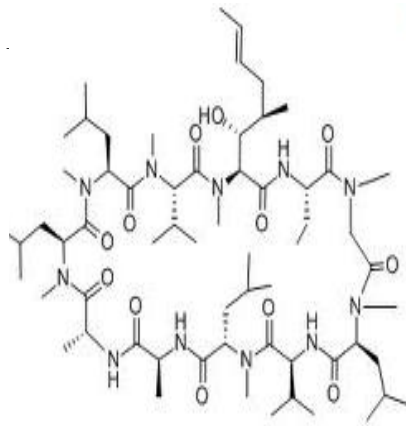
# Purpose

- Implementation of a rapid and simple LC-MS/MS method for simultaneous analysis of 4 immunosuppressors in whole blood:



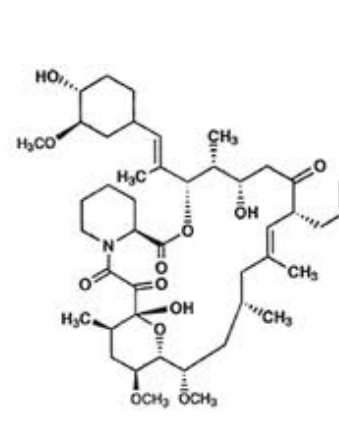
Cyclosporine A  
(CsA)

Mw 1202.8



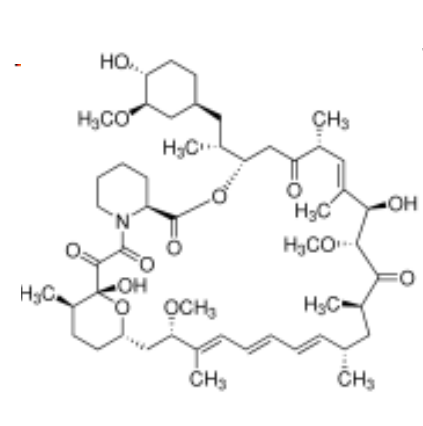
Everolimus  
(Ever)

Mw 958.2



Tacrolimus  
(Tac)

Mw:804.0



Sirolimus  
(Sir)

Mw:914.2

# Material and Methods

- Equipment: LC-MS/MS API 3200, AB SCIEX, coupled to HPLC Agilent 1200.
- Controls and calibrators: available from RECIPE or Chromsystems.
- Method: iMethod from AB SCIEX for simultaneous analysis of cyclosporine A, everolimus, tacrolimus and sirolimus.

# Material and Methods

MS conditions: ESI positive; MRM mode

MRM transitions for analytes and internal standards

Analyte	Q1 (m/z)	Q3 (m/z)	RT (min.)
Cyclosporine A	1202.8	425.4	1.17
Everolimus	975.7	908.7	1.09
Tacrolimus	821.5	768.4	1.09
Sirolimus	931.7	864.6	1.09
<b>Internal standards</b>			
Cyclosporine D	1216.8	425.4	1.17
Ascomicin	809.5	756.4	1.09

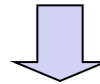
# Material and Methods

HPLC analytical conditions	
<b>Mode</b>	Gradient
<b>Mobile phase A</b>	water: ammonium acetate: formic acid (997:2:1)
<b>Mobile phase B</b>	metanol: ammonium acetate: formic acid (997:2:1)
<b>Flow rate</b>	0.750 mL/min
<b>Column oven temperature</b>	60 °C
<b>Autosampler temperature</b>	10 °C
<b>Pre-column</b>	C <sub>18</sub> ; 4x3 mm
<b>Injection volume</b>	50 µL
<b>Run time</b>	2 min.

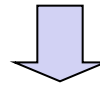
# Material and Methods

Sample  
preparation

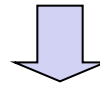
200  $\mu$ L of  
protein precipitation protein



Add 100  $\mu$ L of whole blood

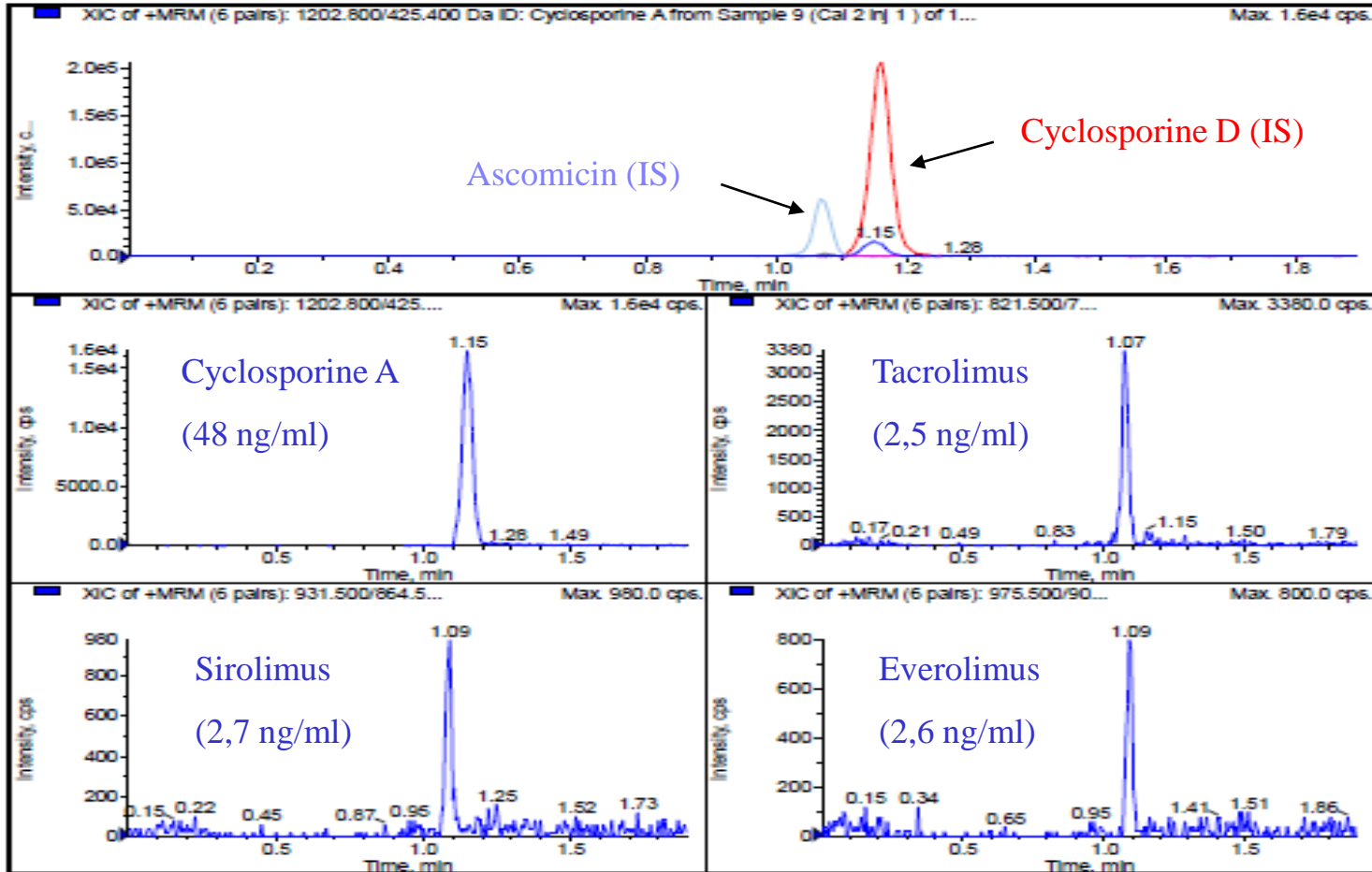


12000 rpm / 10 min



Inject supernatant

# Results and discussion



# Results and discussion

## 1. Linearity

Analyte	Calibration curve					
	Range (ng/mL)	R <sup>2</sup>	CV <sub>m</sub> (%) <10%	RIKILT Test (90-110)%	Mandel Test (PG<F)	
					PG	F
Cyclosporine A	48 - 1350	0.9999	1.4	96-102	0.7	18.5
Everolimus	2.6 - 44.9	0.9997	1.9	89-104	1.5	18.5
Tacrolimus	2.5 - 39.7	0.9998	2.1	98-102	1.3	18.5
Sirolimus	2.7 - 44.3	0.9996	2.5	96-107	-2.0	18.5

F: Fisher Snedecor distribution; (1, N-3);95%

# Results and discussion

## 2. Analytical limits

Analyte	LOD (ng/mL)	LOQ (ng/mL)
Cyclosporine A	14	48
Everolimus	0.9	2.6
Tacrolimus	0.7	2.5
Sirolimus	1.0	2.7

# Results and discussion

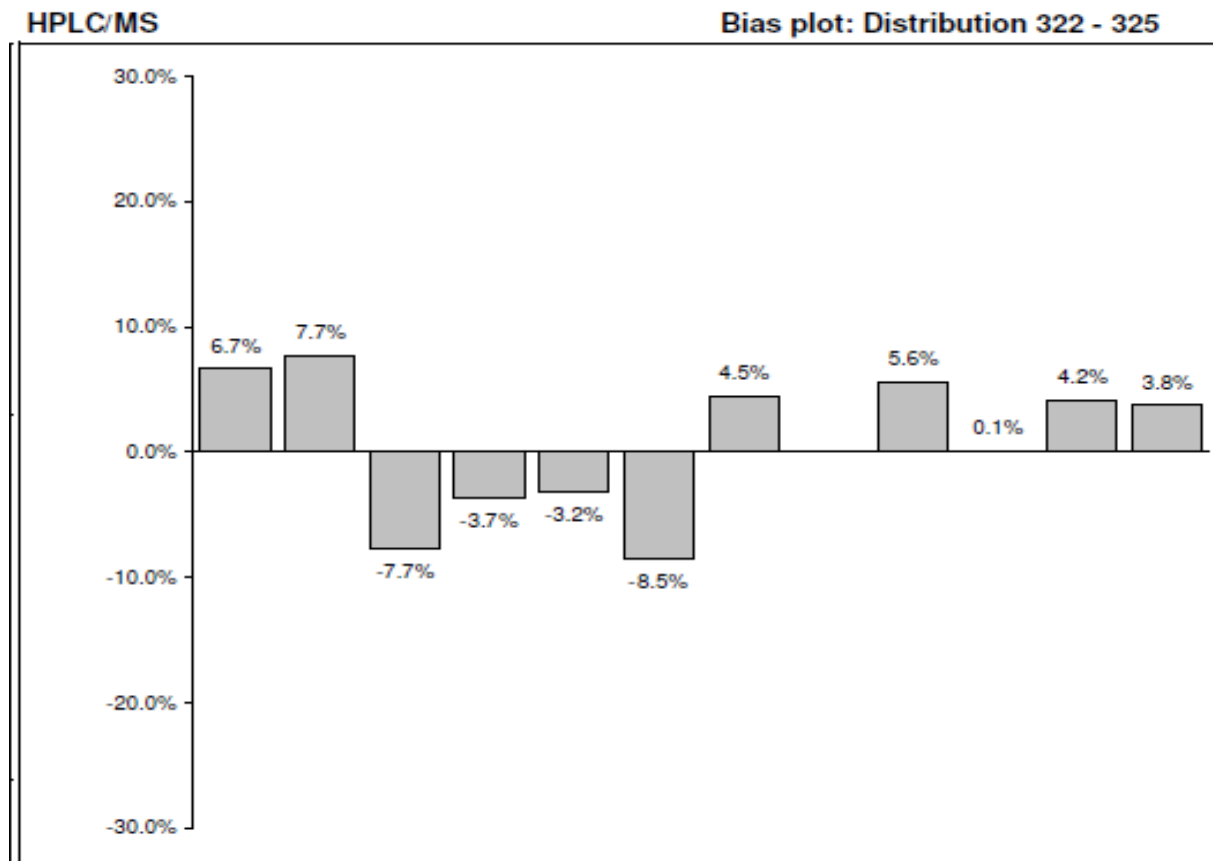
## 3. Repeatability

Analyte	RSD(%)		
	Low (QC I)	Medium (QC II)	High (QC III)
Cyclosporine A	3.8	2.7	1.9
Everolimus	11.2	10.8	8.8
Tacrolimus	7.9	5.4	5.4
Sirolimus	12.8	5.3	4.8

# Results and discussion

## 4. Accuracy

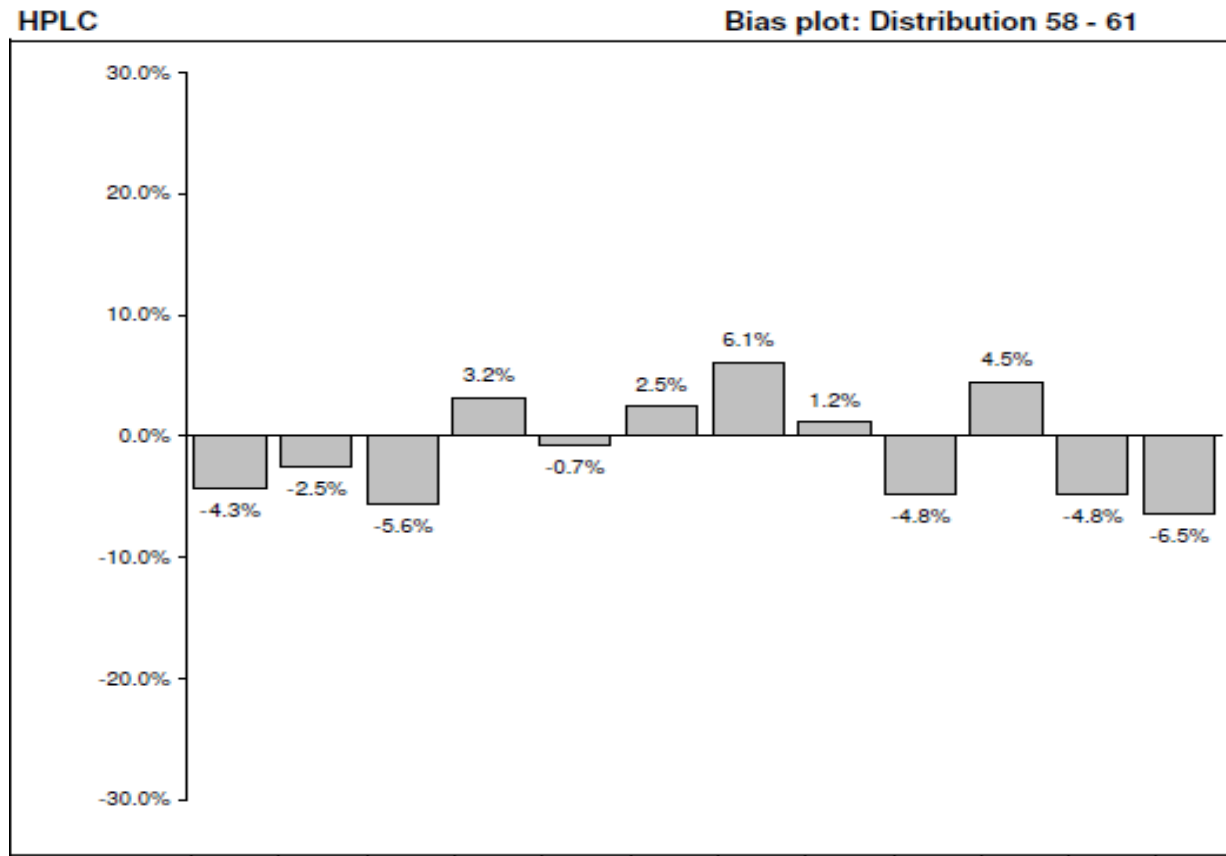
Results from participation in UK NEQAS proficiency test  
Cyclosporine A



# Results and discussion

## 4. Accuracy

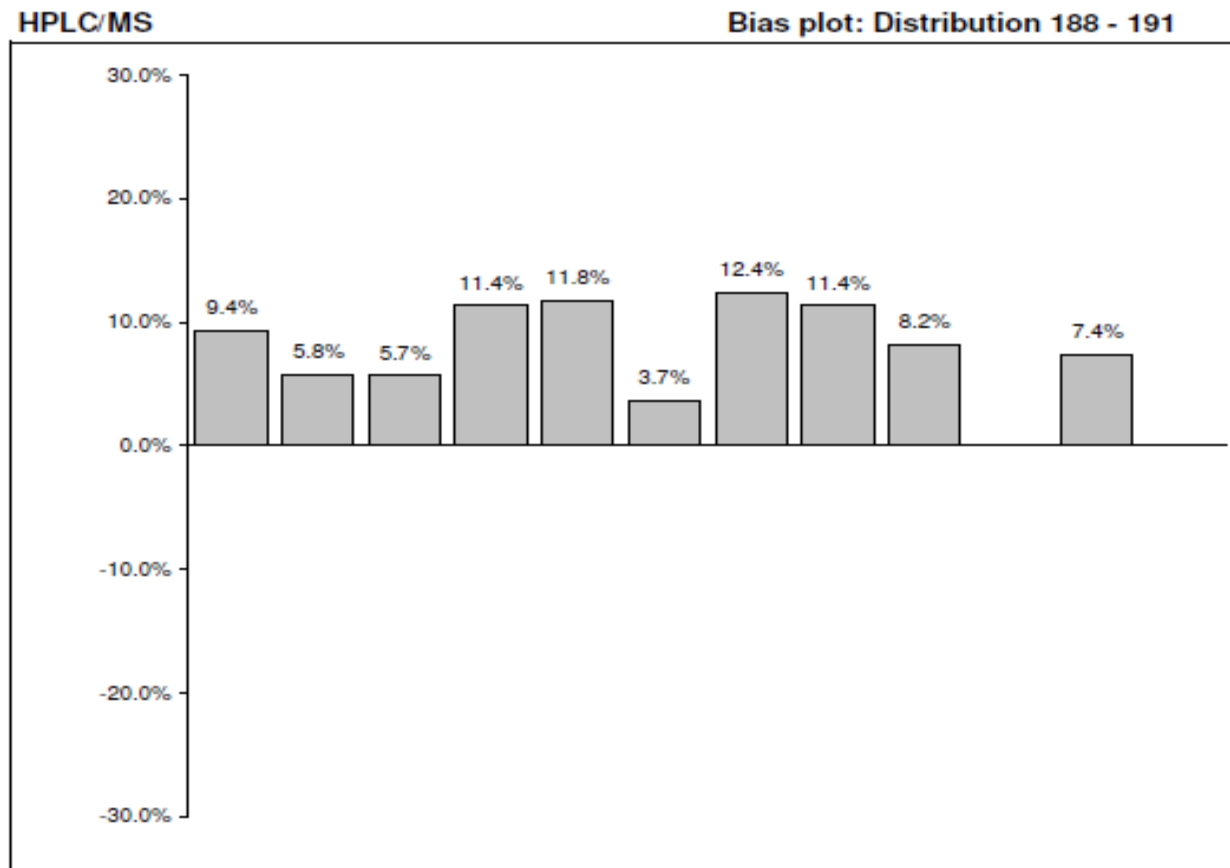
Results from participation in UK NEQAS proficiency test  
Everolimus



# Results and discussion

## 4. Accuracy

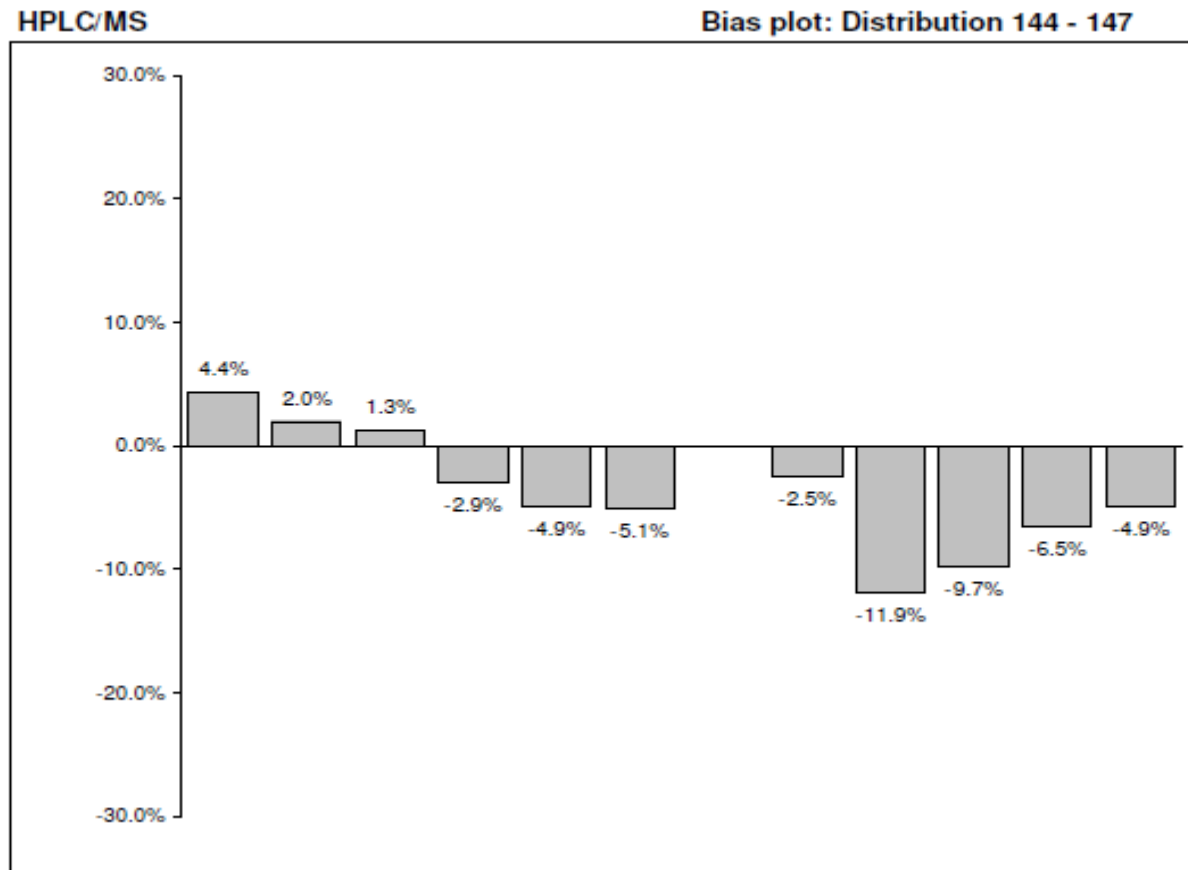
Results from participation in UK NEQAS proficiency test  
Tacrolimus



# Results and discussion

## 4. Accuracy

Results from participation in UK NEQAS proficiency test  
Sirolimus



# Results and discussion

## 5. Samples

Results for everolimus blood levels in 35 samples

Everolimus (ng/mL)			
	Subtherapeutic range (<3)	Therapeutic range (3-8)	Toxic range (>8)
N° of samples	22 (60%)	13 (37%)	1 (2.8 %)

# Conclusions

- The LC-MS/MS method is linear for all target compounds within the range used. The limits of quantification are adequate for TDM of CsA, Tac, Ever and Sir. The relative standard deviation for repeatability is below 15% for all drugs and the method is accurate.
- Sample preparation is rapid and simple and run time is short which enables high throughput.
- The reported method provides a rapid, specific and accurate measurement of CsA, Ever, Sir and Tac over a wide analytical range making it suitable for routine use in therapeutic drug monitoring.

# Acknowledgements

- Dra. Adelina Gomes from Instituto Nacional de Saúde Dr. Ricardo Jorge. Responsible for QCA III project for LC-MS/MS purchase.
- Dra. Maria Jorge Arroz from Centro Hospitalar de Lisboa Ocidental for providing the samples.