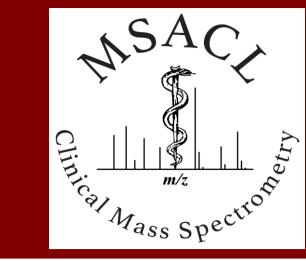
Simultaneous determination of 14 antiretroviral drugs in plasma by micro-LC-MS/MS for therapeutic drug monitoring

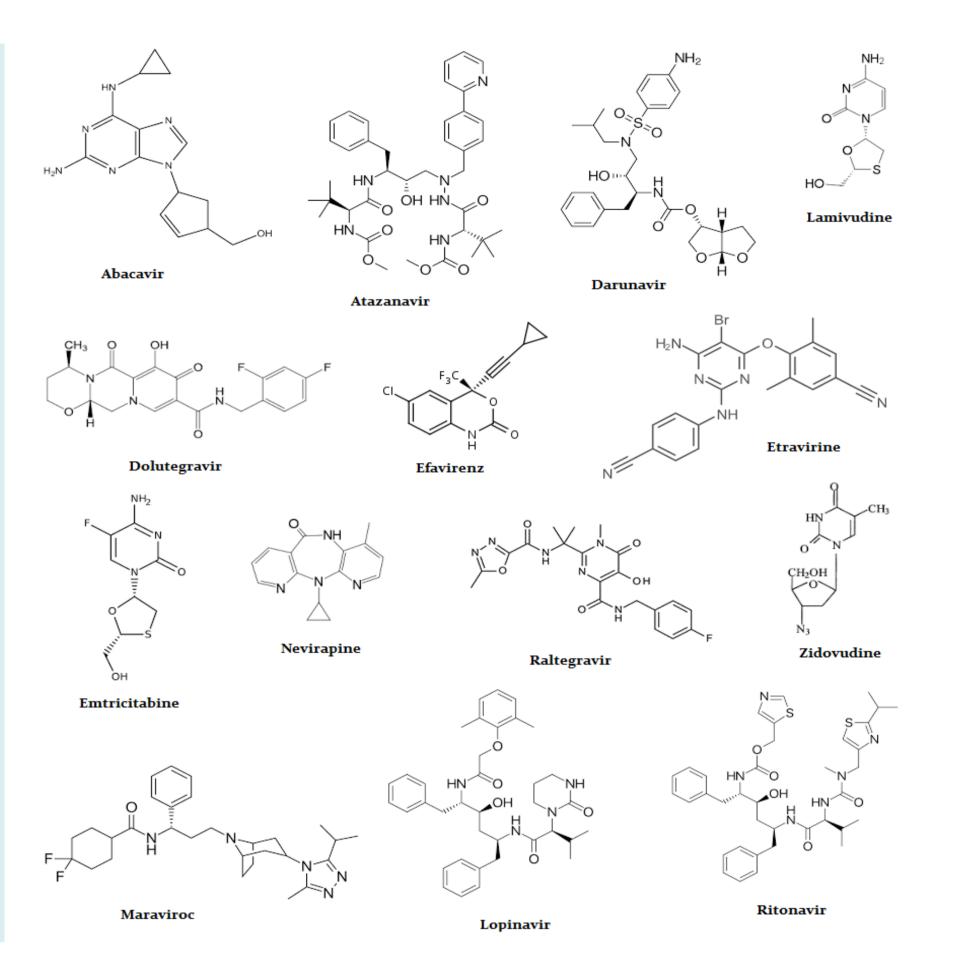


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Introduction

The development of combination antiretroviral (ARV) therapy had a major impact on survival rate and quality of life of HIV-infected patients. The long-term drug regimens raise some specific issues, among other adherence, virus resistance, and associated metabolic syndrome. In order to improve the treatment, these patients need close clinical and laboratory evaluations, including therapeutic drug



Method validation

Selectivity

• Validation with added analytical standards in blank plasma

• Matrix effects assessment + Extraction recovery

• Samples from patients treated with antibiotics (e.g. vancomycin, ampicillin, linezolid, meropenem) or antiviral (sofosbuvir) were also used to test interference

Linearity

monitoring (TDM).

The aim of our study was to develop a novel method for simultaneous determination of 14 ARV drugs (Figure 1) currently used in our hospital (atazanavir, darunavir, lopinavir, ritonavir, abacavir, emtricitabine, lamivudine, zidovudine, raltegravir, dolutegravir, efavirenz, nevirapine, etravirine and maraviroc) in plasma samples of treated patients by micro-liquid-chromatography coupled with mass spectrometry (micro-LC-MS/MS).

<u>Analytical procedure</u>

Sample preparation

- 50 µL of plasma/serum
- 50 µL mix of deuterated internal standards
- Protein precipitation with acetonitrile
- Vortexing, centrifugation
- 20 μ L of the clear supernatant transferred in 96-well microplates and diluted with 200 μ L water/methanol (9/1, v/v)
- Injection in the LC-MS/MS system

(Scheme in Figure 3.)

LC-MS/MS (CTC PAL HTS autosampler, Eksigent microLC 200, Sciex 5500 Qtrap MS)

Figure 1. Structures of the investigated compounds

Drug	Q1 Mass (Da)	Q3 Mass (Da)	Retention Time (min)	CE	СХР	
Abacavir	287.104	173.9	1.86	43	10	
Abacavir-D4	291.1	152	1.86	43	10	
Atazanavir	705.253	144.1	2.12	59	10	
Atazanavir-D5	710.27	168	2.12	81	10	
Darunavir	548.153	155.9	1.94	43	10	
Darunavir-D9	557.209	401.2	1.94	21	18	
Dolutegravir	420.039	249.1	1.92	55	14	
Dolutegravir-D4	424.077	279.1	1.92	41	6	
Efavirenz	316.055	53	2.15	41	8	
Efavirenz-D5	321.018	246	2.15	20	14	
Emtricitabine	247.987	130	1.27	21	8	
Etravirine	435.045	303.9	2.12	51	18	
Etravirine-D8	443.047	162.9	2.12	41	10	
Lamivudine	229.956	112	1.36	19	8	
Lamivudine ¹³ C ¹⁵ N ₂	232.989	115	1.36	19	12	
Lopinavir	629.279	183	2.09	40	10	
Lopinavir-D8	637.254	163.1	2.09	65	10	
Maraviroc	514.248	115	2.62	61	8	
Maraviroc-D6	520.275	117	2.62	63	8	
Nevirapine	267.086	198.1	1.7	55	12	
Nevirapine-D3	270.094	229	1.7	35	14	
Raltegravir	445.065	361	1.92	30	16	
Raltegravir-D3	448.077	364.1	1.92	25	18	
Ritonavir 2	721.169	268.1	2.06	37	10	
Ritonavir-D6	727.208	146	2.06	83	10	
Zidovudine	268.099	127	1.6	15	8	
Zidovudine-D3	271.077	129.9	1.6	19	8	

• 8 point calibration curves based on published concentrations

• Use of deuterated internal standards

• Acceptance criteria: $r^2 > 0.99$ and calibrators with acceptable accuracy and precision

Accuracy & Precision

• 4 quality control concentration levels in triplicate on 3 different days. Acceptance criteria: max \pm 15% of imprecison and inaccuracy

Limit of quantification (LOQ)

• Lowest point of calibration curve. Acceptance criteria: max ± 20% of imprecison and inaccuracy

• 1 ng/mL for Abacavir, Lamividine, Zidovidine and Maraviroc

Samples stability

• Plasma 6h room temperature, 1 month -80°C, 5 freeze-thaw cycles • Processed samples at 10°C (autosampler conditions) up to 36h

Discussion

Because of the very different polarity of the target analytes, the chromatographic separation was challenging, and after testing several stationary phases, a PFP (50x0.5 mm, 2.7 µm, 90A) column was selected. The «problematic» analytes were lamivudine (bad peak shape on C18 and other phases), and maraviroc, which tends to prefer the C18.

Calibration curves and controls were prepared in plasma at different concentrations, according to each drug's pharmacokinetics.

- MS parameters optimisation for each compound
- Electrospray, positive ionisation
- Interface parameters: IS 5500V, declustering potential 100V, nebulizer and heating gas 45 psi, curtain gas 28, temperature 450°C. Acquisition parameters (scheduled MRM) are presented in Table 1.
- Chromatographic separation on Halo PFP (50 mm x 0.5 mm, 2.7 µm, 90Å)
- Mobile phase: (A) ammonium acetate 2mM in water; (B) ammonium acetate 2mM in methanol/acetonitrile (1/1, v/v), both with 0.1% formic acid
- gradient conditions; column temperature 35°C
- flow 35 μ L/min, injection volume: 2 μ L
- A chromatogram with all analytes is shown in Figure 2
- Calibration curves were built in plasma enriched with analyzed drugs at different concentrations, according to their pharmacokinetics. The overall range was from 1 to 15000 ng/mL.
- Quality control (QC) samples were prepared at 4 concentrations (3xLLOQ, 2 mid-range QCs and 1 high-range).

Samples

• The clinical samples were collected with informed consent from 50 HIV positive patients of the National Institute of Infectious Diseases "Prof. Dr. Matei Bals".

Table 1. Acquisition parameters

	Accuracy (%)				Precision (%)				
Drug	QC1 (N=17)	QC2 (N=18)	QC3 (N=18)	QC4 (N=18)	QC1 (N=17)	QC2 (N=18)	QC3 (N=18)	QC4 (N=18	
Abacavir	106.205	105.287	103.323	100.004	9.352	7.073	5.525	6.910	
Atazanavir	96.707	95.186	101.925	106.361	12.477	8.032	6.205	10.572	
Darunavir	112.020	106.017	101.696	100.695	9.84	9.934	8.649	9.296	
Dolutegravir	110.414	108.475	104.716	103.308	9.907	6.284	6.768	7.576	
Efavirenz	98.677	103.582	101.094	104.616	13.171	11.330	8.560	7.248	
Emtricitabine	97.269	107.059	104.512	103.183	8.942	7.680	4.543	5.546	
Etravirine	109.421	96.491	103.005	101.709	8.99	9.027	6.158	8.263	
Lamivudine	97.286	110.262	105.869	101.506	9.603	2.975	4.611	5.490	
Lopinavir	106.781	108.191	105.830	104.015	9.949	8.487	6.681	8.044	
Maraviroc	106.768	111.847	105.448	100.442	10.615	4.941	4.576	5.876	
Nevirapine	105.992	110.338	104.192	98.858	9.204	5.661	6.842	8.203	
Raltegravir	102.484	114.674	109.057	97.031	11.435	4.380	6.181	12.404	
Ritonavir	105.623	102.366	104.128	103.530	9.902	7.288	7.442	9.768	
Zidovudine	105.621	105.602	104.598	101.681	16.916	7.532	6.870	7.452	

Table 2. Validation data (accuracy and precision)

50µL serum

protocol

Drug

Issue: some drugs with high concentrations and high signal (e.g. lopinavir, darunavir), and others with low concentration and low signal (e.g. efavirenz, zidovudine). Workflow was optimized for the latter ones, and fragments with lower intensity were used when the case.

Validation was performed according to guidelines. The method has good precision and accuracy (Table 2). Matrix effects and extraction recovery were also evaluated and results were adequate (Table 3).

Samples were stable in the tested conditions (results no shown).

Application

Recovery (%)

The plasma samples from 50 treated patients were collected before ARV administration (for C_{through}), but also at 2, 4 and 8 hours after administration.

ARVs concentrations showed great variability among patients with the same therapy regimen. Adherence could be estimated by examining similar TDM results for the same patient in different sampling days. Three of the patients had no plasma concentrations of ARVs in the collected samples and were considered non-adherent.

Conclusion

The new method was applied in our hospital for monitoring patients with long therapeutic experience and multi-drug resistance. TDM results, together with viral load and resistance data were used for the therapeutic decisions.

(n = 4)

Matrix effect (%)

90.791

113.442

87.384

92.094

87.679

69.850

179.771

72.895

158.484

75.387

90.485

97.820

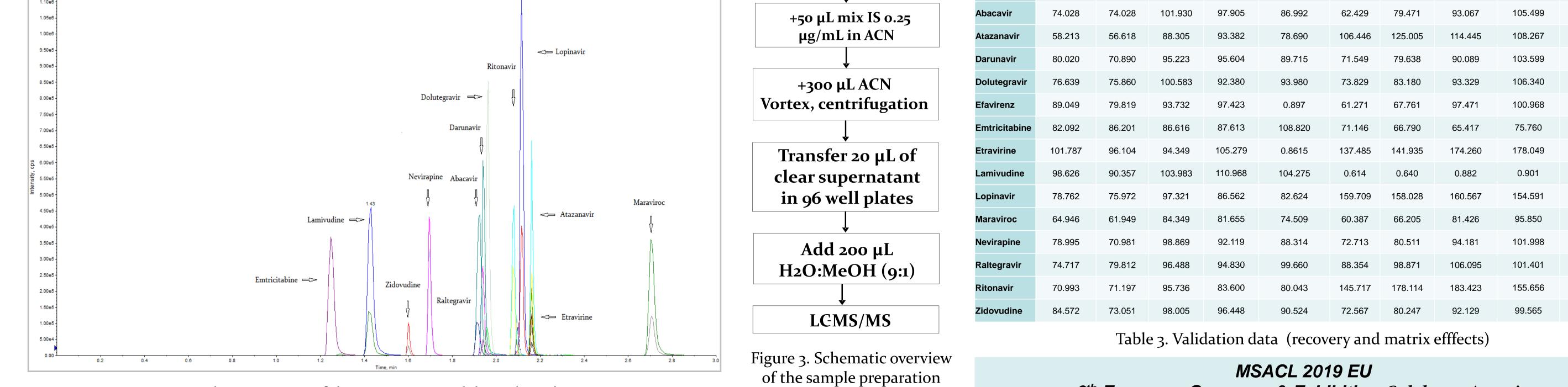
169.260

88.506

(n = 4)

XIC of +MRM (31 pairs): 229.956/112.000 amu Expected RT: 1.4 ID: Lamivudine 1 from Sample 1 (QC 3) of DataVAL1-048.wiff (To	urbo Spray
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1.10e6 -



Max. 4.6e5 cps.

Figure 2. Chromatogram of the 14 antiretroviral drugs (QC 3)

6th European Congress & Exhibition, Salzburg, Austria