Evaluation of the Roche Benzodiazepines II Immunoassay for Urine Drug Testing in Clinical Specimens



The Association for Mass Spectrometry & Advances in the Clinical Lab

Introduction

of the most commonly prescribed Benzodiazepines one medications in the United States and are frequently linked to and overdose. Historically, FDA-cleared abuse instances of benzodiazepine urine immunoassays cross-react poorly with glucuronidated metabolites excreted in urine. False negative results are especially prevalent with lorazepam which is almost exclusively excreted at lorazepam-glucuronide. Some clinical laboratories have addressed this problem with the addition of beta-glucuronidase to enhance assay sensitivity as a laboratory developed test (LDT). Roche Diagnostics recently received FDA clearance to offer a benzodiazepine immunoassay that includes beta-glucuronidase.

Methods

Performance characteristics of two FDA-cleared benzodiazepine urine immunoassays (Benzodiazepines Plus, no glucuronidase and Benzodiazepines II, with glucuronidase; Roche Diagnostics) and a benzodiazepine immunoassay LDT (with glucuronidase) were evaluated using 258 urine specimens. These immunoassays were directly compared to an LC-MS/MS benzodiazepine LDT to determine clinical sensitivity and specificity. Cross-reactivity of all three immunoassays were compared and evaluated based on the measured benzodiazepine concentrations determined by the LC-MS/MS LDT. The cutoff for a positive result on all three immunoassays is 200 ng/mL based on a nordiazepam calibrator. Cross-reactivity for 7-aminoclonazepam, lorazepam, and lorazepamglucuronide were assessed using drug-free urine spiked with reference materials (Cerilliant) at concentrations ranging from 100 to 1000 ng/mL.



LDT





1400-

1200-

1000-

800-

600+

Mengyuan Ge¹, Adekunle Alabi¹, Michael Kelner¹, Robert Fitzgerald¹, Raymond T. Suhandynata^{1,2*}

1. Department of Pathology, UC San Diego Health, La Jolla, CA, United States

2. Skaggs School of Pharmacy and Pharmaceutical Sciences, La Jolla, CA, United States

Figure 2. Comparison of absorbance values in benzodiazepine immunoassays. The cutoff for a positive result (200 ng/mL of benzodiazepines, vertical line) is indicated by a horizontal line at 1000 abs units.





Figure 3. Cross-reactivity of the benzodiazepine assays with 7-aminoclonazepam, lorazepam and lorazepam glucuronide. Drug-free urine samples spiked with A) 7aminoclonazepam, B) lorazepam, or C) lorazepam glucuronide in the concentration range from 100 to 1000 ng/mL, were tested using three benzodiazepine immunoassays.





Discordant Samples Across All Three Assays

Roche Benz II	2 aminoclonate Dam	a.O.H.midzelolam	a-OH-triazolam	a-OH-alloratolann	2-OH-eethylaurazeoan	Lorazelogy	Ctecebally	Desalt VIALING COON	Temazer.
1564							188.2		4474
1013	486.9								
1120						428.7			
1324							69.1		739
1092				52.6					
1500							223.4		78
1129	733.4								
1217				62.6					
1222							462.1		10.
1565				5.4			353.4		3926
1132		547				705	39.9		45
1344		54.7		62.0		795	52.7		0.7
1046	177 4			63.9		21.6	52.7		30.2
1420	69					1062.5	64.9		29.
1337	57.2					923.5			
1082	57.2	97.5		30.2		525.5			
1232		57.5		50.2		832.3			
1084				70.4		002.0			
1317						613.3			
1138						259.8			

Table 2. Twenty-one samples exhibited discordance among all three assays. Absorbances exceeding 1000 are bolded. LC-MS/MS was used to test urine specimens for 10 benzodiazepines. Red indicates two urine samples containing 7-aminoclonazepam that only Roche Benz II detects positive.

Conclusions

comprehensive evaluation these Α OŤ immunoassays demonstrates that the Benzodiazepines II immunoassay has increased clinical and analytical sensitivity compared to the Benzodiazepines Plus and The inclusion of a beta-LDT immunoassays. glucuronidase greatly improved the sensitivity of the Benzodiazepines II and LDT immunoassays for lorazepam, which is primarily excreted as a glucuronide metabolite in urine.

