

# Application of Ultra-Fast LC-MS/MS to bioanalytical assays in a drug discovery environment

Basile Khara, Michael Wong, Simon Wood

Cyprotex Discovery Ltd, Alderley Park, Macclesfield, SK10 4TG

## Introduction

Within the past 20 years, small molecules bioanalysis using liquid chromatography/tandem mass spectrometry (LC-MS/MS) on a triple quadrupole-MS has become a common practice in support of drug metabolism and pharmacokinetics (DMPK) studies. The LC-MS/MS assay provides the specificity, flexibility and sensitivity that allows a quick and reliable drug quantification from a wide variety of biological matrices. However, there has always been an increasing demand in analytical capacity and faster sample turnaround time in order to identify potential lead compounds. For this reason, it has become necessary for our bioanalytical laboratories to develop a new analytical method to cope with this major challenge during the drug discovery stage.

Recently, we have expanded our LC-MS/MS capabilities using Ultra-Fast Separation Chromatography (RapidSep) for bioanalytical analysis to improve overall efficiency of DMPK studies. With the new RapidSep set up, it has become possible to reduce the chromatographic run time from 108 s to 30 s per injection. To demonstrate the potential of the RapidSep over the traditional methods, we have applied the RapidSep set up to a real study sample; monitoring the PK profile following IV, PO administration to male (C57Bl/6J) mouse at 1,10 mg/kg. In this assessment, we have evaluated all essential PK parameters such as clearance, volume of distribution, AUC, half-life ( $T_{1/2}$ ),  $C_{max}$ ,  $T_{max}$ , bioavailability, blood: plasma ratio, and dose formulations for the potential of its applicability.

## Method

### RapidSep method vs Generic method

- Column: Halo 2.7  $\mu$ m vs Kinetex XB-C18 2.6  $\mu$ m
- Dimension: 10 x 2.1 mm / 50 x 2.1 mm
- Mobile phase A: 10 mM ammonium formate, 0.1% formic acid (aq)
- Mobile phase B: Methanol
- Temperature: N/A / 50°C, Flow rate: 1.5 mL/min / 0.8 mL/min
- Detection: MRM

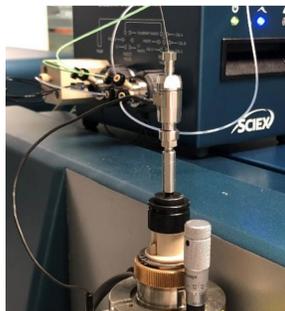
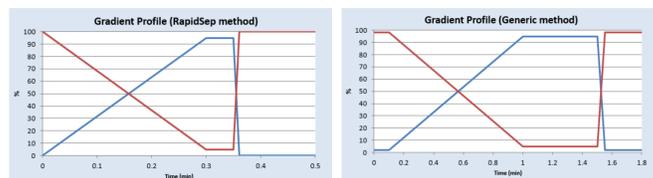
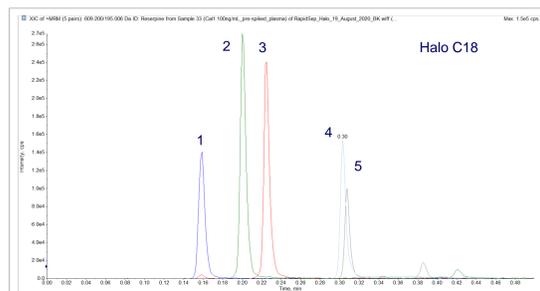


Figure 1: The column-source connection

For the RapidSep system/method, the column was attached directly to the MS source as shown in Figure 1. to minimise column dead volume.

## Column performance



## Test compound

Parameter	Atenolol	Nadolol	Metoprolol	Reserpine	Rosuvastatin
R	-	3.1	5.5	11.0	12.0
T	1.1	1.2	1.4	1.2	1.6
K'	7.0	9.0	10.5	14.0	14.5
$\alpha$	1	1.3	1.5	2.1	2.1
$t_R$ (sec)	9.6	12.0	13.8	18.0	18.6

R resolution factor, T tailing factor, K' capacity factor,  $\alpha$  selectivity factor,  $t_R$  retention Time

Firstly, the column performance was evaluated by testing with five different standards. The analysis was conducted utilising the Agilent 1290 Infinity II dual needle  $\mu$ HPLC system coupled with the MRM detection in ESI positive mode on a ABCSciex QTRAP 5500 mass spectrometer. Chromatographic separation was achieved using a reverse phase HALO C18 column cartridge with 10mM ammonium formate + 0.1% formic acid in water and methanol as the mobile phases. As a result, the peak of interest was well separated within a 30 second run time.

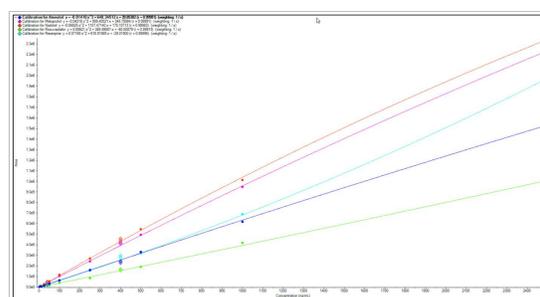
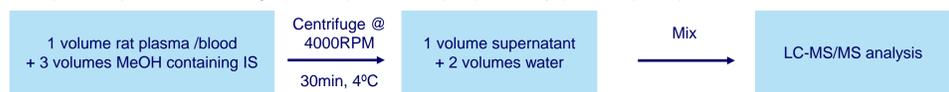


Figure 2: Calibration lines from the developed RapidSep method.

Initial assessment: The developed RapidSep method achieved consistent recoveries and the method revealed the calibration range (covered) from 1-5000 ng mL<sup>-1</sup> for all five standards. The within- batch precision were within the  $\pm 20\%$  acceptable limit. After qualification, the method was applied to the analysis of real study samples to examine the chromatographic quality and the risk of ion-suppression / enhancement in biological matrices.

## Method

**Sample Preparation:** Biological samples were prepared by protein precipitation.



The rat plasma samples were spiked with metoprolol (internal standard); extracted using protein precipitation.

## Chromatography

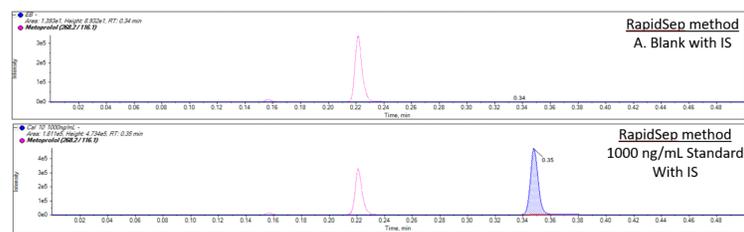


Figure 3: Representative LC-MS/MS chromatograms of A) blank rat plasma with IS, B) drug spiked in rat plasma at 1000 ng/mL with IS. Both IS (Retention time (RT) = 0.23 minutes) and analyte peak (RT= 0.35 minutes).

## Plasma matrix assessment

Linearity													
Std	#	STD1	STD2	STD3	STD4	STD5	STD6	STD7	STD8	STD9	STD10	STD11	STD12
Normal conc. (ng/mL)	1	1.00	2.50	5.00	10.0	25.0	50.0	100.0	250.0	500.0	1000.0	2500.0	5000.0
Determined conc. (ng/mL)	1	0.997	2.40	4.88	11.5	26.6	53.7	104	254	482	901	2345	4534
Accuracy (%)	1	99.7	95.9	97.6	93.6	99.8	100	107	93.7	96.8	98.1	98.1	98.1

Accuracy and Precision											
Sample #	Analyte	Analyte	Analyte	Analyte	Analyte						
	QC	QC	QC	QC	QC						
1	4.39	41.3	411	4071							
2	3.70	40.5	428	4312							
3	3.82	41.2	410	3918							
Mean	3.95	41.0	417.0	4100							
Stdev	0.138	0.483	5.3	399							
Accuracy	98.8	102.5	106.3	102.5							
Precision (%)	3.6	1.8	2.27	4.85							

Figure 4: Comparison of Generic method against the RapidSep method. (A and B) Intra-assay linearity, accuracy and precision assessment using Generic vs RapidSep method.

## Blood matrix assessment

Linearity													
Std	#	STD1	STD2	STD3	STD4	STD5	STD6	STD7	STD8	STD9	STD10	STD11	STD12
Normal conc. (ng/mL)	1	1.00	2.50	5.00	10.0	25.0	50.0	100.0	250.0	500.0	1000.0	2500.0	5000.0
Determined conc. (ng/mL)	1	0.922	2.92	6.77	10.7	26.9	56.1	94.1	229	446	853	2265	4595
Accuracy (%)	1	92.2	117	137	107	107	112	94.1	91.7	89.3	85.3	90.6	91.5

Accuracy and Precision											
Sample #	Analyte	Analyte	Analyte	Analyte	Analyte						
	QC	QC	QC	QC	QC						
1	4.0	40	400	4000							
2	3.34	40.5	379	4070							
3	4.33	41.2	321	3715							
Mean	3.99	40.8	379.0	3940							
Stdev	0.563	0.419	51.4	189							
Accuracy	99.8	108.0	94.8	98.6							
Precision (%)	14.1	1.03	13.56	4.90							

Figure 5: Comparison of Generic with RapidSep method. (A and B) Intra-assay linearity, accuracy and precision assessment using Generic vs RapidSep method.

## ADME summary graph

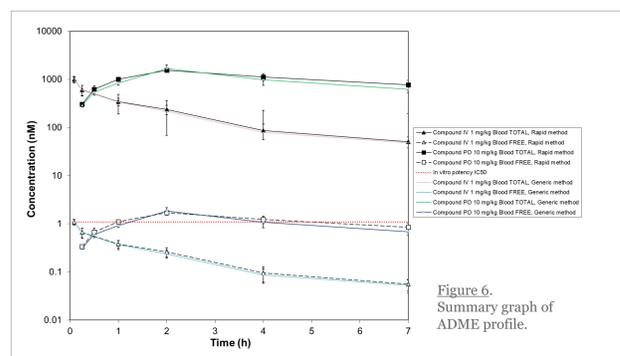


Figure 6: Summary graph of ADME profile.

## Precision and Accuracy of spiked QCs

The spiked quality control sample precision, and accuracy were demonstrated at N=3 at the low (4ng/mL), and at medium 1 (40ng/mL), medium 2 (400ng/mL) and high (4000ng/mL) concentrations. The assay showed a linear calibration range / covered range from of 1-5000 ng/mL. The calibration curve was fitted with a quadratic regression  $1/x^2$  whilst giving a  $r^2$  value  $\geq 0.99$ . This data shows that the RapidSep method provides similar data compared to the generic method from plasma matrix.

## Precision and Accuracy of spiked QCs

Spiked quality control sample precision and accuracy were demonstrated at N=3 at the low (4ng/mL), and at medium 1 (40ng/mL), medium 2 (400ng/mL) and high (4000ng/mL) concentrations. The assay has shown to have a linear calibration range of 1-5000 ng/mL. A quadratic regression  $1/x^2$  was used to fit the calibration curve, yielding a  $r^2$  value  $\geq 0.99$ . This data demonstrates that the RapidSep method produces similar results to different types of matrices.

## Pharmacokinetic parameters assessment

PK Parameter	Composed IV 1 mg/kg Blood						Composed PO 10 mg/kg Blood					
	1	2	3	Mean / Median	SD	CV	4	5	6	Mean / Median	SD	CV
Dose (mg/kg)	1.00	1.00	1.00	1.00	10.0	10.0	10.0	10.0	10.0	10.0	10.0	10.0
CV / Cmax (ng/mL)	561	608	101	107	112	791	422	896	170	316	114	114
CV / Cmin (ng/mL)	1222	1393	1207	1284	723	1727	1350	1551	1679	302	302	302
Cmax (ng/mL)	15.4	22.1	28.3	25.9	6.44	235	323	292	283	44.7	44.7	44.7
Cmin (ng/mL)	7.00	7.00	7.00	7.00	-	7.00	7.00	7.00	7.00	7.00	7.00	7.00
Area (h)	-	-	-	-	-	2.00	2.00	2.00	2.00	-	-	-
1/2 (h)	2.02	2.03	2.10	2.05	0.0650	-	-	-	-	-	-	-
MRT (h)	2.42	2.53	2.50	2.43	0.277	-	-	-	-	-	-	-
Volume (L)	4.71	5.13	4.2	4.68	0.409	-	-	-	-	-	-	-
CL / CL <sub>r</sub> (mL/min/kg)	32.1	25.9	24.0	26.0	5.42	-	-	-	-	-	-	-
AUCinf (ng.h/mL)	519	763	694	698	126	-	-	-	-	-	-	-
AUCinf (ng.h/mL)	1230	1802	1513	1495	274	-	-	-	-	-	-	-
AUC0-1 (ng.h/mL)	474	696	608	593	111	1268	2072	3025	3050	207	207	207
AUC0-1 (ng.h/mL)	1032	1523	1325	1293	246	7121	6225	6591	6646	450	450	450
Fraction Absorbed	-	-	-	-	-	0.094	0.027	0.043	0.048	0.0489	-	-
Bioavailability (%) Using AUCinf	-	-	-	-	-	-	-	-	-	-	-	-
Bioavailability (%) Using AUC0-1	-	-	-	-	-	55.1	48.2	53.0	51.4	3.48	3.48	3.48
Number of Points used for Lambda <sub>z</sub>	4.00	4.00	3.00	4.00	-	-	-	-	-	-	-	-
AUC % Extrapolation to Infinity	8.67	8.47	12.4	8.84	2.59	-	-	-	-	-	-	-
AUC % Back Extrapolation to 0	7.89	6.21	6.00	6.70	1.93	-	-	-	-	-	-	-

PK Parameter	Composed IV 1 mg/kg Blood						Composed PO 10 mg/kg Blood					
	1	2	3	Mean / Median	SD	CV	4	5	6	Mean / Median	SD	CV
Dose (mg/kg)	1.00	1.00	1.00	1.00	0.00	10.0	10.0	10.0	10.0	10.0	10.0	10.0
CV / Cmax (ng/mL)	558	605	107	112	782	402	784	107	788	42.7	42.7	42.7
CV / Cmin (ng/mL)	1128	1413	1248	1246	553	1543	1555	1627	1543	312	312	312
Cmax (ng/mL)	17.0	26.5	29.6	24.6	6.54	292	446	318	352	82.3	82.3	82.3
Cmin (ng/mL)	7.00	7.00	7.00	7.00	-	7.00	7.00	7.00	7.00	7.00	7.00	7.00
Area (h)	-	-	-	-	-	2.00	2.00	2.00	2.00	-	-	-
1/2 (h)	1.76	2.15	2.20	2.03	0.253	-	-	-	-	-	-	-
MRT (h)	2.34	2.74	3.09	2.72	0.379	-	-	-	-	-	-	-
Volume (L)	4.4	5.2	4.1	4.9	0.493	-	-	-	-	-	-	-
CL / CL <sub>r</sub> (mL/min/kg)	31	19	22	24	6.25	-	-	-	-	-	-	-
AUCinf (ng.h/mL)	534	805	755	738	169	-	-	-	-	-	-	-
AUCinf (ng.h/mL)	1165	1805	1544	1564	308	-	-	-	-	-	-	-
AUC0-1 (ng.h/mL)	491	781	661	645	147	3023	3725	3239	3332	305	305	305
AUC0-1 (ng.h/mL)	1070	1706	1440	1465	189	6318	6138	2059	7282	795	795	795
Fraction Absorbed	-	-	-	-	-	0.580	0.717	0.622	0.640	0.0700	-	-
Bioavailability (%) Using AUCinf	-	-	-	-	-	-	-	-	-	-	-	-
Bioavailability (%) Using AUC0-1	-	-	-	-	-	46.9	57.8	50.2	51.7	5.66	5.66	5.66
Number of Points used for Lambda <sub>z</sub>	5.00	4.00	5.00	5.00	-	-	-	-	-	-	-	-
AUC % Extrapolation to Infinity	8.05	9.51	12.5	10.0	2.26	-	-	-	-	-	-	-
AUC % Back Extrapolation to 0	7.17	5.72	5.22	6.04	1.61	-	-	-	-	-	-	-

All typical PK parameters such as clearance, volume of distribution, AUC, half-life ( $T_{1/2}$ ),  $C_{max}$ ,  $T_{max}$  and bioavailability are calculated, and the differences between the two methods are less than  $\pm 20\%$ .

## Summary/conclusions

The data presented here demonstrates the success on Rapid Chromatography used to analyse discovery PK. It has shown to be reproducible and reliable whilst generating equivalent pharmacokinetic results to those obtained by the traditional generic method. To address throughput challenges, we have successfully reduced the total injection-to-injection cycle time to 60 s as opposed to 138 s with a direct RapidSep column setup. The introduction of this approach in our laboratory, in place of current analytical methods, will provide at least a 50% improvement in LCMS capacity without compromising chromatographically sensitivity and resolution.