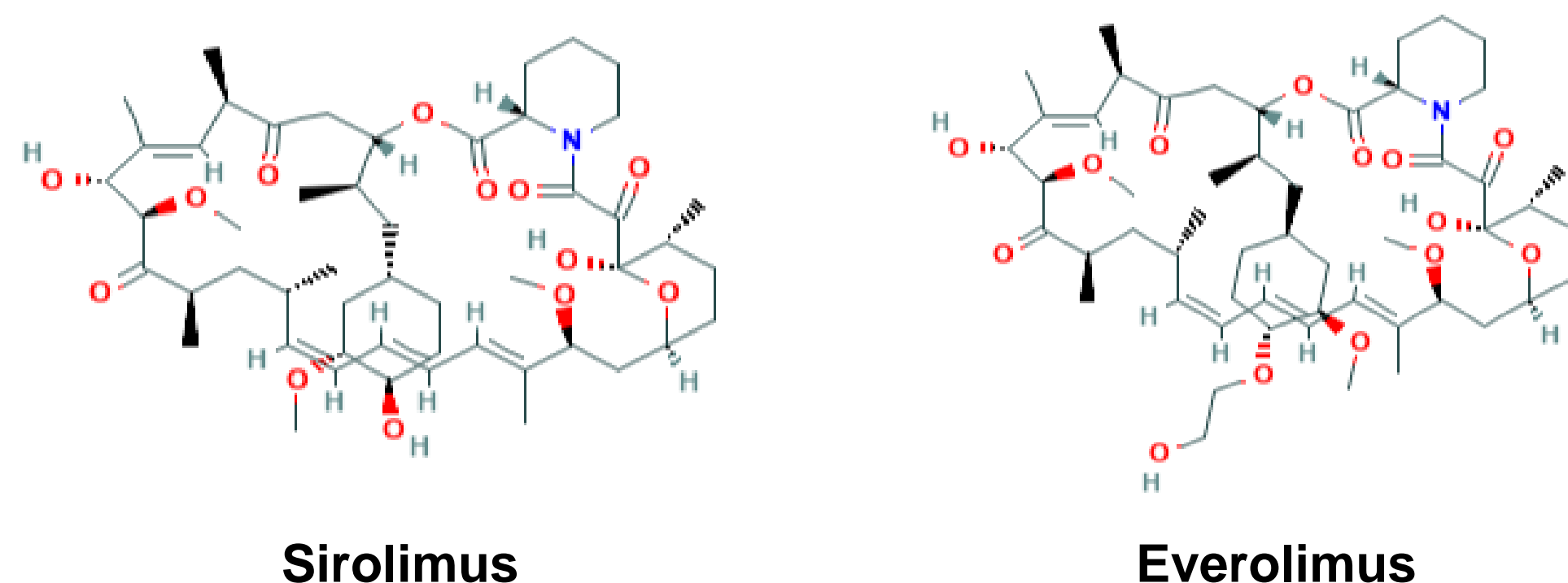


BACKGROUND

Sirolimus and its derivative, everolimus, are widely used today as immunosuppressive agents in transplantation medicine. Therapeutic drug monitoring is recommended for maintenance of immunosuppression due to the large inter- and intra-individual variability in their pharmacokinetic characteristics, as well as the narrow therapeutic windows of these drugs. Therefore, a fast, simple, and sensitive liquid chromatography-tandem mass spectrometry (LC-MS/MS) assay was developed and validated for quantification of these two immunosuppressants.

Chemical Structures



Materials and Sample Extraction Method

Materials:

- ClinCal® Whole Blood Calibrator set for Immunosuppressants (RECIPE Chemicals + Instruments GmbH, Germany)
- Tri-Level Immunosuppressants Levels 1 and 2 (UTAK, Valencia, CA, USA)
- Sirolimus-d3 and everolimus-d4 solutions (Cerilliant, MilliporeSigma, Darmstadt, Germany)
- Interference Mix Kit (Cerilliant, MilliporeSigma, Darmstadt, Germany)
- Zinc sulfate, Ammonium formate and Formic acid (MilliporeSigma, Darmstadt, Germany)

Sample Extraction:

- Mix 100 µL of sample with 500 µL of internal standard precipitation solution (1:4 (v/v) aqueous 0.1M ZnSO₄: acetonitrile) containing the internal standards
- Vortex mixture for 10 seconds at high speed
- Incubate at room temperature for 10 minutes
- Centrifuge sample at 13,000 rpm for 10 minutes.
- Transfer supernatant into an injection vial

LC Method

Chromatographic Conditions

HPLC: Thermo Scientific Transcend II LX-2

Column: Restek Raptor Biphenyl, 50x2.1 mm, 1.8 µm

Column temperature: 70 °C

Mobile Phase A: 10 mM Ammonium formate + 0.1% Formic acid in water

Mobile Phase B: 10 mM Ammonium formate + 0.1% Formic acid in Methanol

Flow rate: 0.5 mL/min

Method duration: 3.5 minutes

Injection volume: 25 µL

Time (min)	Gradient	%B
0.00	Step	30
0.50	Step	70
1.00	Step	100
2.50	Step	30

MS/MS Method

MS Parameters

Mass spectrometer: Thermo Scientific TSQ Quantis Triple Quad
Ionization method and Polarity: Heated ESI, Positive mode

Spray voltage: 4000 V

Sheath gas: 50

Aux gas: 5

Sweep gas: 1

Vaporizer temperature: 350 °C

Ion transfer tube temperature: 325 °C

Collision gas pressure: 1.5 mTorr

Cycle time: 0.5 seconds

MS Detection

Analyte	Transitions
Sirolimus	931.6>864.6/882.6
Sirolimus-d3	935.6>865.6/883.6
Everolimus	975.7>908.6/926.6
Everolimus-d4	979.7>912.6/930.6

RESULTS

Quantitative Matrix Effect Study

Ion enhancement was observed for everolimus and sirolimus, but was compensated for by their internal standards. The response ratio of post-spiked patient samples to neat solution samples (n=5) ranged from 91.3% to 114.5%.

Table 1: Representative data of 3 levels of a spiked sample across the analytical measuring range

Patient 1	Set A (Neat Sample)-Mean (injection in triplicates)		Set B (Post-spiked Sample)-Mean (Injection in triplicates)		Matrix Effect
	Area	CV	Area	CV	
Sirolimus					
Low Level	24433	8.0%	38851	13.2%	159.0%
Middle Level	80520	6.6%	121022	12.8%	150.3%
High Level	148552	11.0%	251908	2.4%	169.6%
Sirolimus D3 (IS)					
Low Level	77670	11.7%	123766	9.2%	159.3%
Middle Level	79317	11.9%	113330	16.7%	142.9%
High Level	84391	7.4%	134238	2.0%	159.1%
Response Ratio=Sirolimus/Sirolimus D3					
	Response Ratio	CV	Response Ratio	CV	ME%= B / A
Low Level	0.32	4.6%	0.31	4.5%	99.3%
Middle Level	1.02	6.2%	1.07	4.2%	105.1%
High Level	1.76	6.3%	1.88	3.7%	106.7%

Patient 1	Set A (Neat Sample)-Mean (injection in triplicates)		Set B (Post-spiked Sample)-Mean (Injection in triplicates)		Matrix Effect
	Area	CV	Area	CV	
Everolimus					
Low Level	17289	16.6%	28308	7.9%	163.7%
Middle level	61122	10.8%	90402	8.3%	147.9%
High Level	116192	10.8%	188769	0.4%	162.5%
Everolimus D4 (IS)					
Low Level	96375	13.5%	148534	5.4%	154.1%
Middle level	94243	12.9%	134234	12.6%	142.4%
High Level	102012	7.4%	162151	2.3%	159.0%
Response Ratio=Everolimus/ Everolimus D4					
	Response Ratio	CV	Response Ratio	CV	ME%= B / A
Low Level	0.18	3.1%	0.19	2.5%	106.3%
Middle level	0.65	3.4%	0.68	4.2%	104.0%
High Level	1.14	3.5%	1.16	2.1%	102.4%

Interference Study

No interferences were observed from icterus, lipemia, and over 100 exogenous compounds.

RESULTS (cont.)

- Analytical Measuring Range:** 1.0 – 50.0 ng/mL
- Analytical Recovery:** 97.1 - 114.5% (sirolimus)
93.9 - 101.6% (everolimus)
- Precision:** Sirolimus (top) and everolimus (bottom) at three concentrations across the analytical measuring range

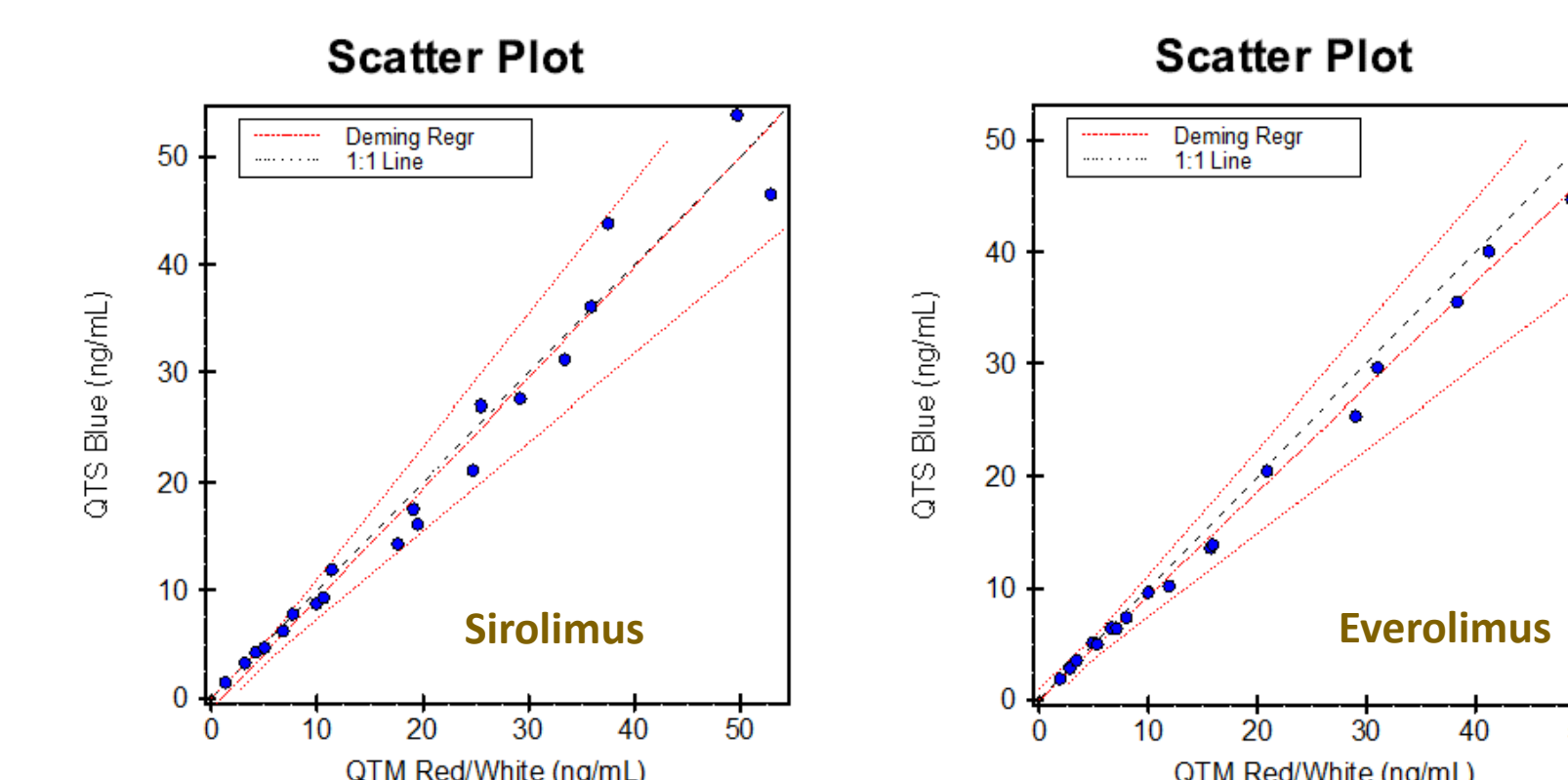
Sirolimus	Low Level	Mid Level	High Level
N=	30	30	30
Grand Mean=	4.3	9.5	14.4
Total %CV	4.2	4.7	4.3
Total SD	0.2	0.5	0.6
Within Run SD	0.2	0.3	0.5
Within Run %CV	4.2	3.5	3.3

Everolimus	Low Level	Mid Level	High Level
N=	30	30	30
Grand Mean=	4.3	9.8	15.4
Total %CV	5.0	4.3	2.9
Total SD	0.2	0.4	0.5
Within Run SD	0.2	0.4	0.4
Within Run %CV	4.5	4.3	2.7

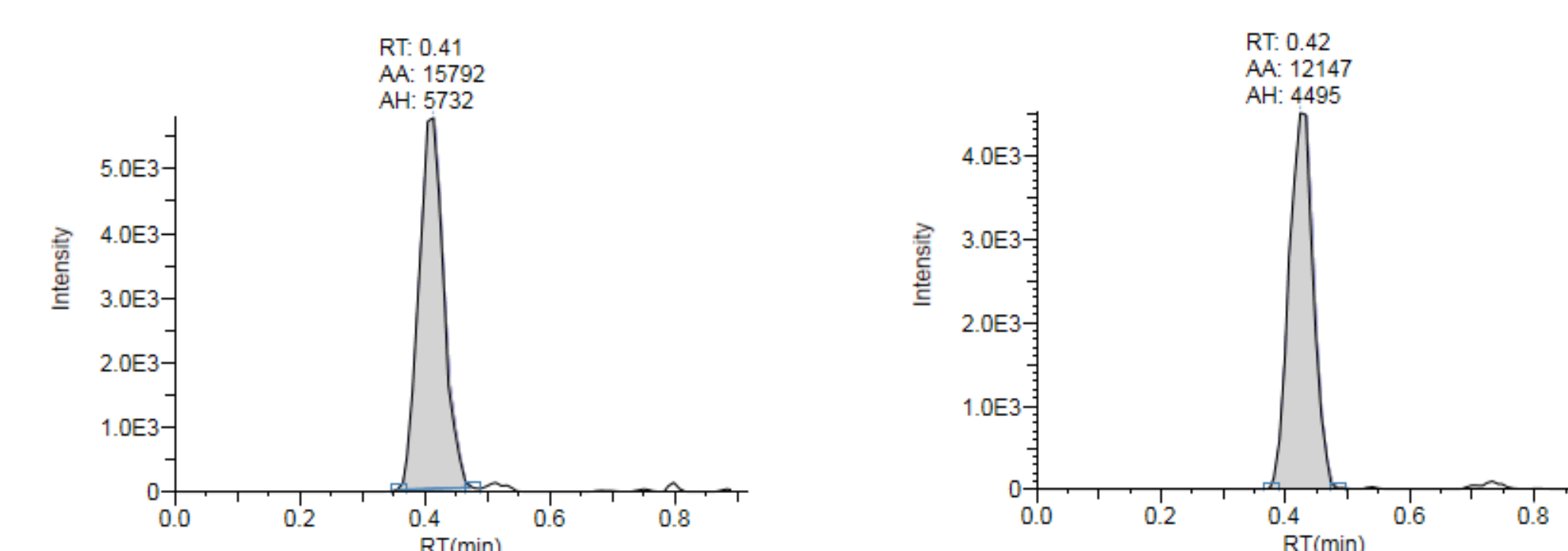
Method Comparison:

sirolimus: Bias = -3.09%, Slope = 1.018, R = 0.9849

everolimus: Bias = -6.83%, Slope = 0.993, R = 0.9988



Analytical Sensitivity: Sirolimus (left) and everolimus (right) at the LLOQ (1 ng/mL)



Carryover: No carryover was observed at twice the ULOQ (50 ng/mL)

Dilution Integrity: Up to 10x with RECIPE ClinCal® Level 0 with recovery of 87.5 -112.5%

Stability:

- Unextracted:

Room Temperature: 7 days

2 to 8 °C: 14 days

<-20 °C: 8 weeks

- Extracted:

2 to 8 °C: 7 days

CONCLUSIONS

This LC-MS/MS method for sirolimus and everolimus in whole blood is accurate and efficient. It requires a simple one-step protein precipitation for sample preparation, thus enabling a short turnaround time.