



# **Towards unbiased Dried blood spot analysis using temperature-enhanced flow-through desorption coupled online to solid-phase extraction and mass spectrometry**

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*“The hematocrit can have an effect on the size of the blood spot, on spot homogeneity and on extraction recovery in a compound-dependent manner” (\*)*



(\*) The effect of hematocrit on bioanalysis of DBS: Results from the EBF DBS-microsampling consortium  
Ronald de Vries, Matthew Barfield, Nico van de Merbel, Bernhard Schmid, Christoph Siethoff, Jordi Ortiz, Elwin Verheij, Ben van Baar, Zoe Cobb, Steve White & Philip Timmerman; *Bioanalysis* (2013) 5 (17)



*“Going forward, the EBF considers DBS as a developing technology, and awaits further innovations and improvements to better balance the advantages of the technique versus its current limitations” (\*)*

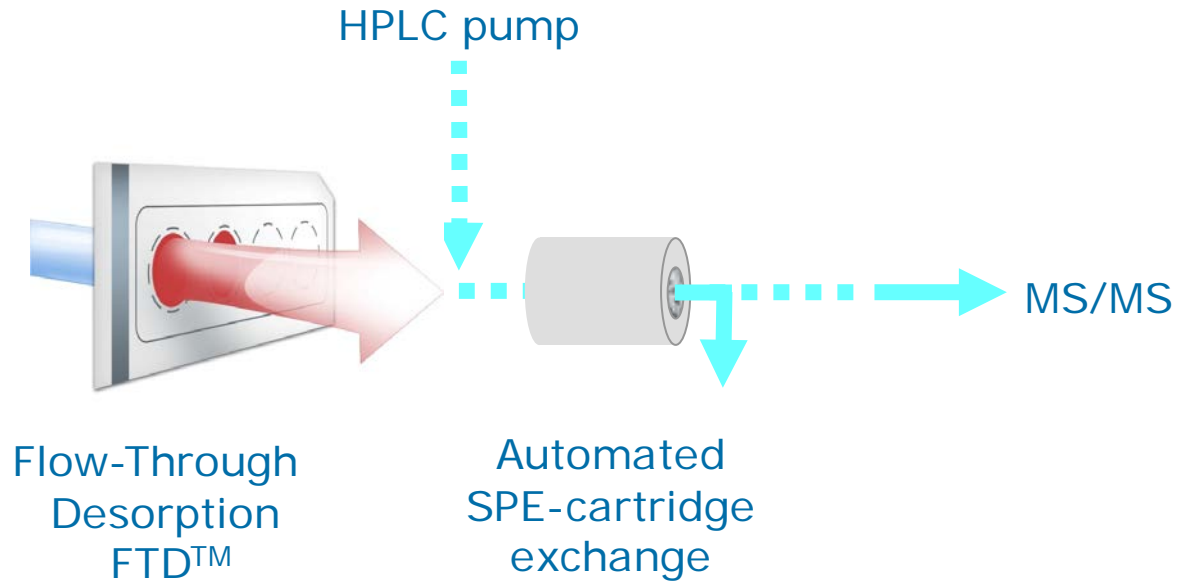
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# Outline

- Flow-Through Desorption (FTD) of DBS 
- Evaluating full-spot DBS analysis 
- Maximizing recovery to reduce the Ht effect



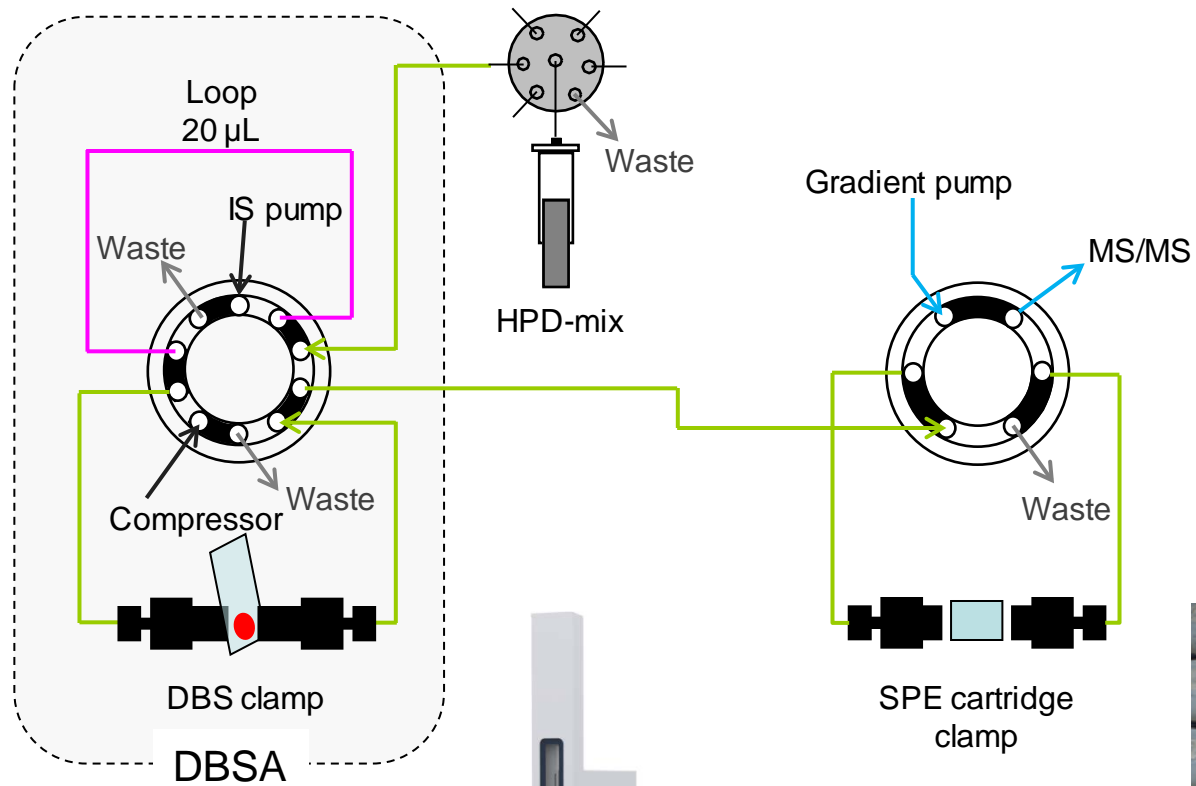
# Online FTD-SPE-MS/MS – concept (\*)



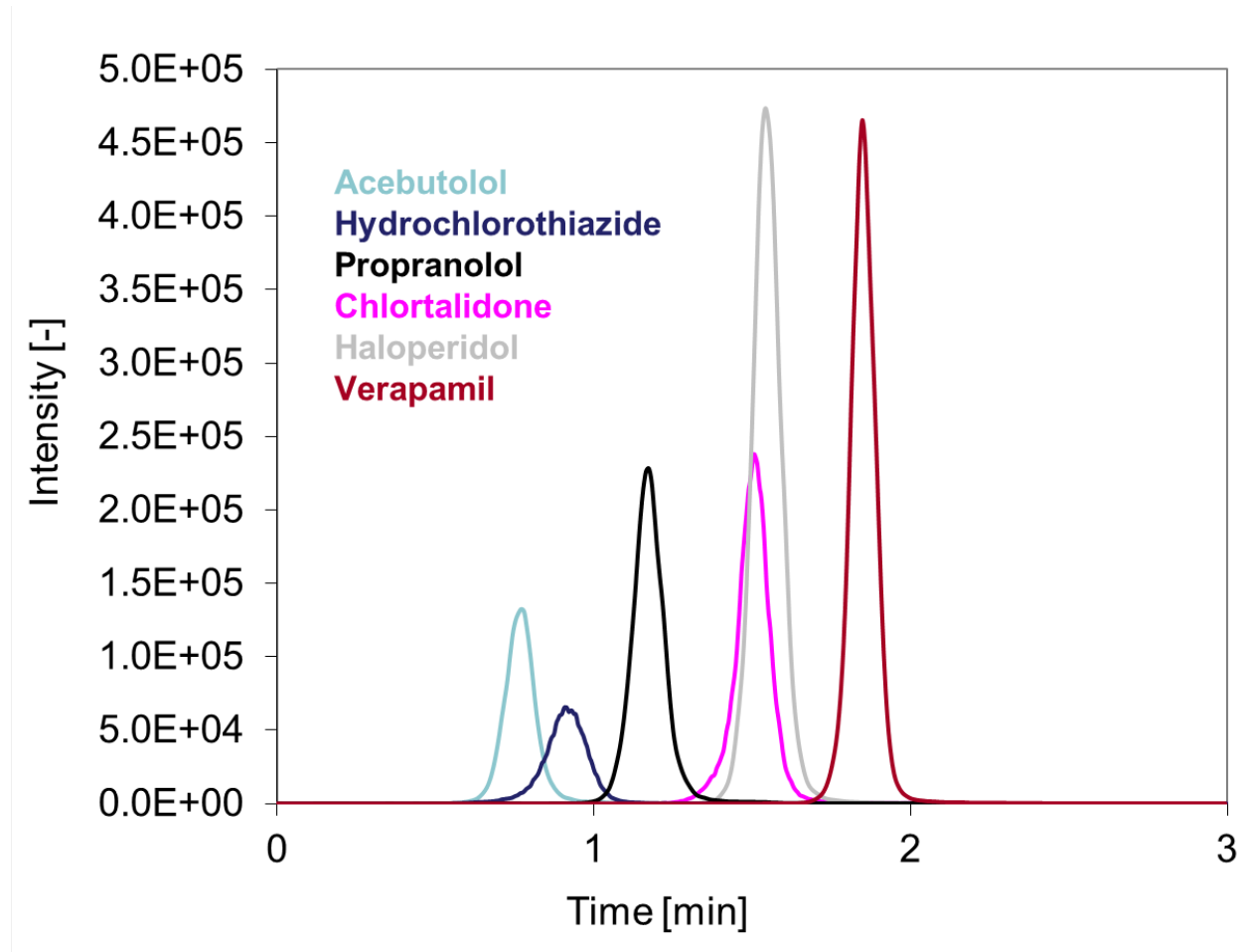
Clean-up and LC separation on a single high performance SPE cartridge

[\*] Ooms JA, Knecht L, Koster EHM, *Bioanalysis*, October 2011,

# Online FTD-SPE-MS/MS – System configuration



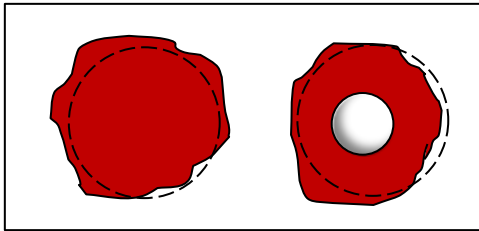
# Online FTD-SPE-MS/MS - example



Overlay of pos and neg ESI chromatograms (ABSciex API 4000)

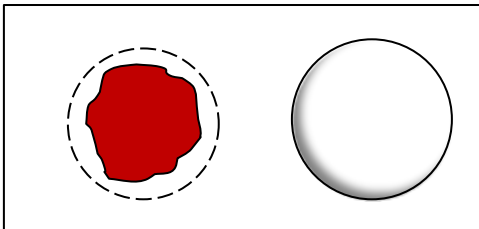
# Ht effect in partial-spot versus full-spot analysis

## Partial-spot analysis



- Homogeneity issue
- Ht effect on punched blood volume
- + Simple blood application

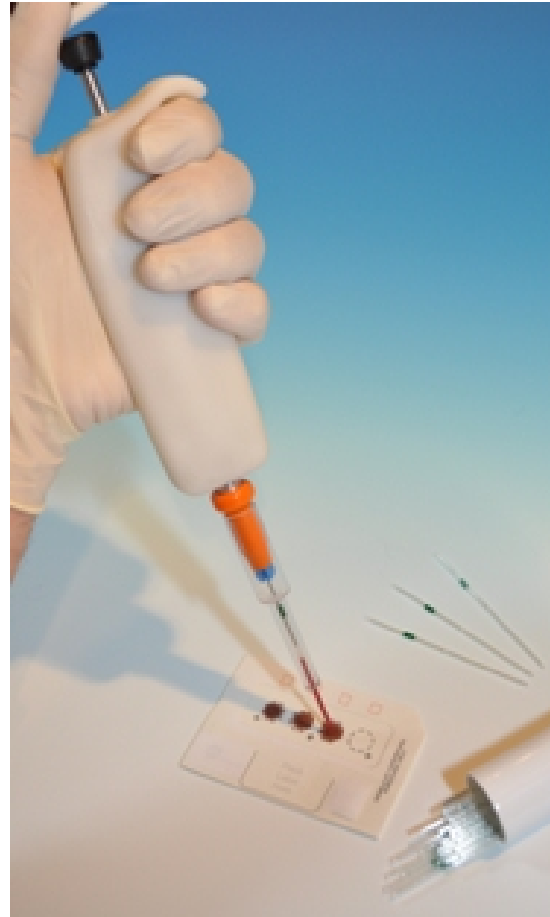
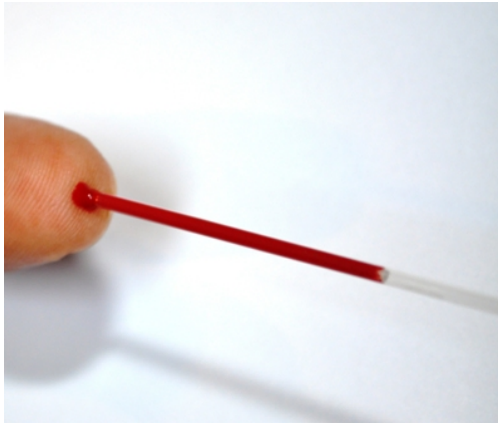
## Full-spot analysis



- + No homogeneity issue
- + No Ht effect on punched volume
- Accurate sample application required



# Prototype multi-dispenser



**Acknowledgement:**  
Joe Siple and Jim Kenney,  
Drummond Scientific, Broomall, PA

# 5 $\mu\text{L}$ full-spot online FTD-SPE-MS/MS



5 capillaries were used to spot 4x5  $\mu\text{L}$  blood (spiked with verapamil) on DBS cards (i.e. 4 spots from one capillary) using the Prototype Drummond Multi-dispenser. Spots were analyzed by FTD-SPE-MS/MS

Capillary	Precision %RSD 4 spots per capillary	Overall Precision %RSD 20 spots, 4 spots per capillary
1	3.3	3.4
2	2.5	
3	1.4	
4	5.2	
5	3.7	





*“In case of punching the entire blood spot it still needs to be assured that the absolute recovery is the same at different hematocrits in both fresh and aged DBS” (\*)*

(\*) The effect of hematocrit on bioanalysis of DBS: Results from the EBF DBS-microsampling consortium  
Ronald de Vries, Matthew Barfield, Nico van de Merbel, Bernhard Schmid, Christoph Siethoff, Jordi Ortiz, Elwin Verheij, Ben van Baar, Zoe Cobb, Steve White & Philip Timmerman; *Bioanalysis* (2013) 5 (17)

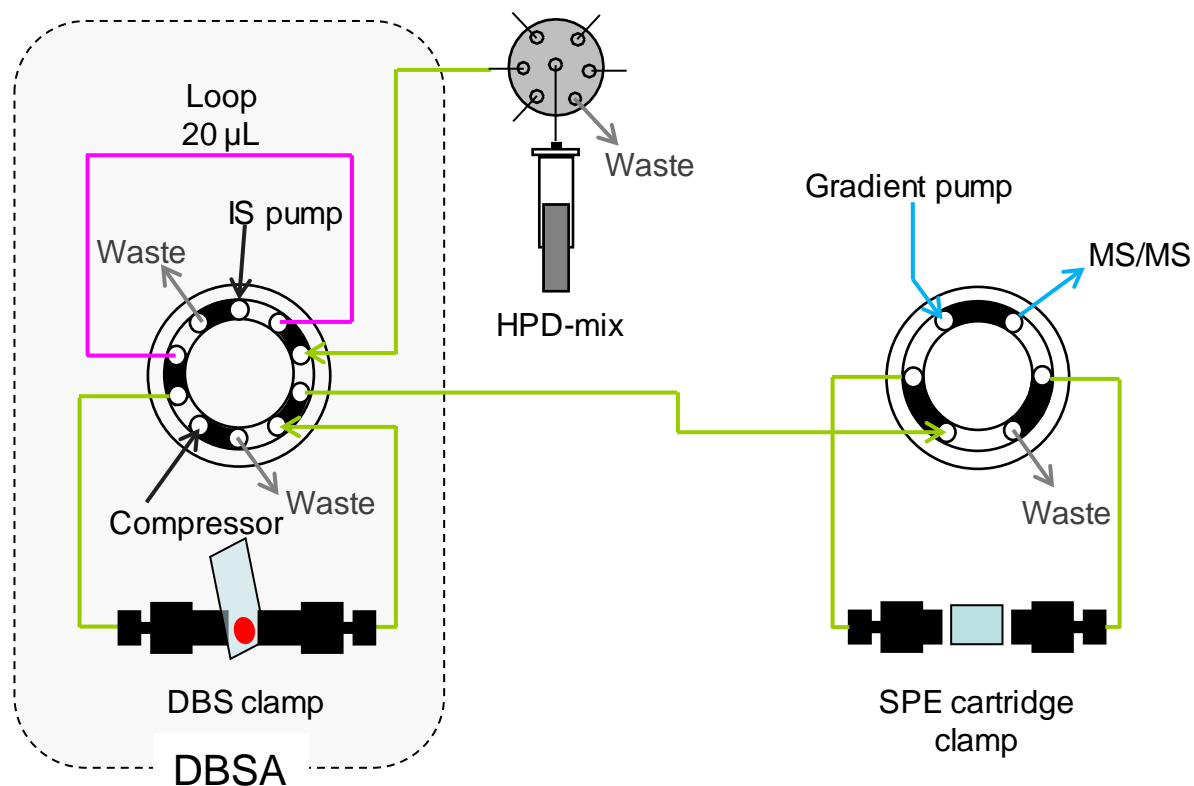
# Measuring DBS desorption recovery



## Compare results of 2 runs:

1. Analysis of 5- $\mu$ L spiked DBS; loop filled with blank solution
2. Analysis of 5- $\mu$ L blank DBS; calibrated loop filled with analyte standard mixture (as 100% recovery reference)

*Note that both analyses have identical SPE breakthrough and matrix effects*



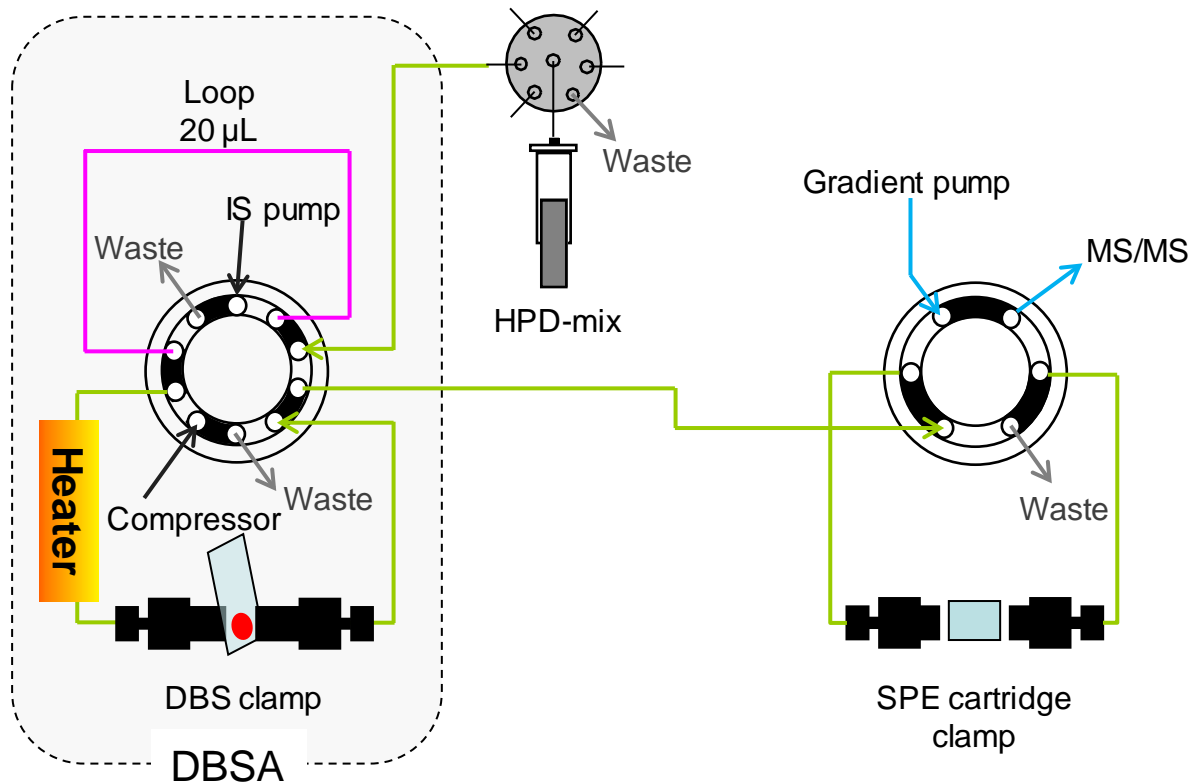
# Effect of hematocrit on recovery



% Recovery difference Ht 0.7 vs Ht 0.3 (n = 3)	
Propranolol	-13
Haloperidol	- 22
Amitriptyline	-12
Verapamil	-14

*2-stage desorption with 1 ml H<sub>2</sub>O 0.2% FA followed by 1 ml 5% ACN 0.2% FA*

# Online FTD-SPE-MS/MS with heated desorption



Temperature in DBS clamp: ~ 80°C



## Effect of Ht on recovery using heated desorption

% Recovery (n = 3)			
Compound	Ht 0.3	Ht 0.45	Ht 0.7
Chlortalidone	96.8	96.0	97.2
Hydrochlorothiazide	95.6	103.6	92.6
Acebutolol	98.5	95.8	94.5
Haloperidol	101.1	96.9	88.9
Verapamil	106.7	101.3	99.7
Propranolol	91.0	104.3	107.9

➡ “100%” recoveries

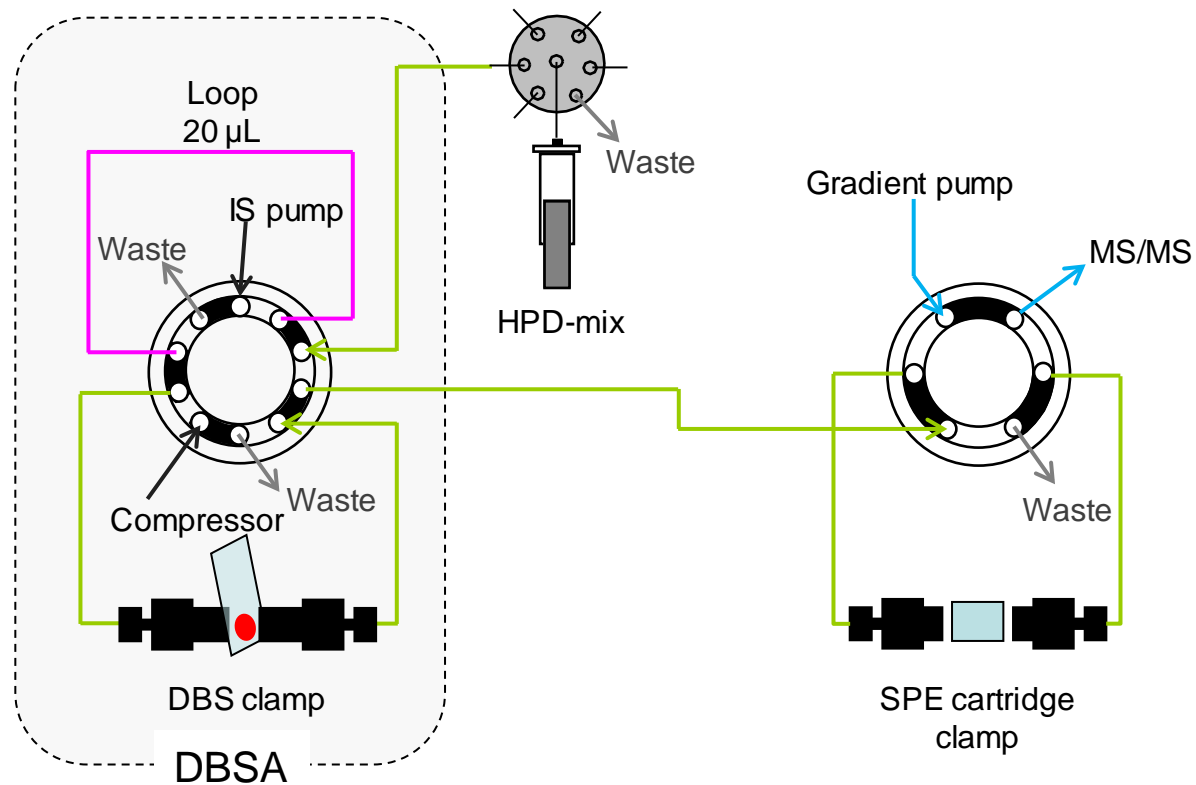
➡ Independent on Ht

# Measuring matrix effects



Inject a standard mixture of analytes with the 20  $\mu\text{L}$  loop and compare results for:

1. 5- $\mu\text{L}$  blank DBS
2. a blank card (as ref for 100% signal i.e. zero suppression)



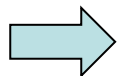


# Matrix ionization effects



(Using heated desorption solvent)

Compound	Matrix Effect % signal enhancement/suppression n = 3
Chlortalidone	- 16.7
Hydrochlorothiazide	+ 2.7
Acebutolol	+ 9.9
Haloperidol	+ 5.4
Verapamil	- 11.6
Propranolol	- 9.6

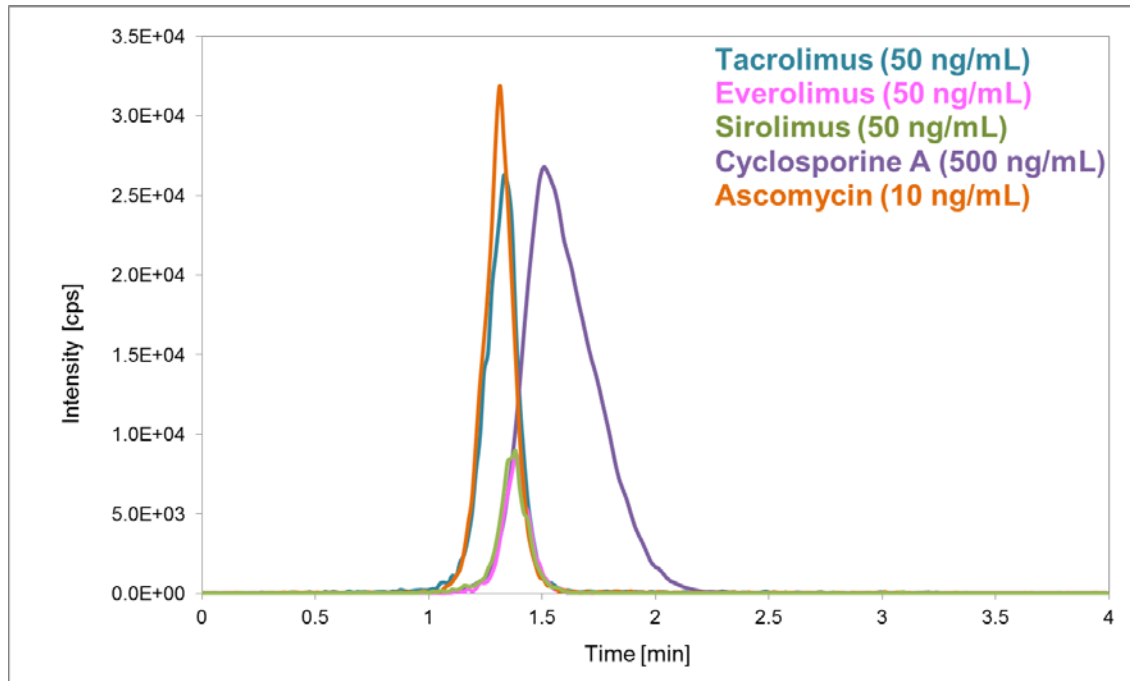


Single I.S. would probably be OK

# DBS analysis for Immunosuppressant drugs



- 5- $\mu$ L DBS (Perkin Elmer 226 Bioanalysis Card)
- clamp head  $\varnothing$  6 mm  $\rightarrow$  full-spot desorption
- FTD: 1 mL water 0.2% formic acid at 2 mL/min  
1 mL 40% methanol 0.2% formic acid at 2 mL/min  
 $\Rightarrow$  Heater ON



Online FTD-SPE-MS/MS  
example chromatogram

## Acknowledgement:

Jac van der Heijden (DBS Lab, Geleen, Netherlands) for providing the immunosuppressants

# Effect of Ht on recovery – heated desorption



Recovery (%)	heater (OFF) vs heater ON		
	Ht 0.25	Ht 0.45	Ht 0.65
Cyclosporine A	(88.6) 88.9	(84.9) 88.4	(53.7) 83.6
Everolimus	(26.1) 67.8	(22.1) 72.4	(24.4) 72.5
Sirolimus	(20.4) 59.5	(16.0) 62.5	(13.5) 67.0
Tacrolimus	(42.4) 78.5	(36.6) 79.9	(34.8) 76.2

➡ Higher recoveries

➡ Less dependent on Ht

# Matrix Effects



Matrix Effect as % signal enhancement / suppression (n = 4, heater ON)		
	Without I.S.	Using deuterated I.S.
Cyclosporine A	- 54.5	12.5
Everolimus	-27.7	3.5
Sirolimus	-26.6	-0.7
Tacrolimus	-42.3	1.3

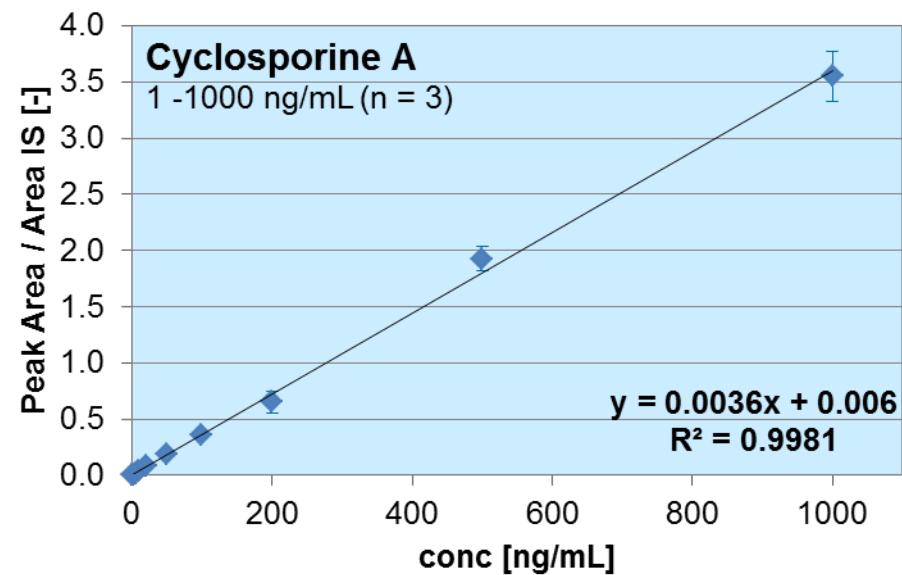
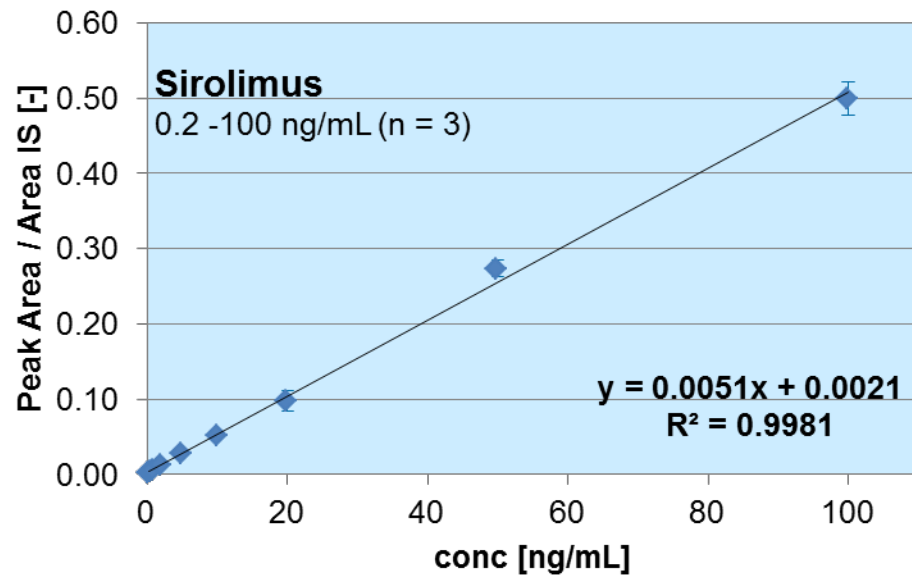
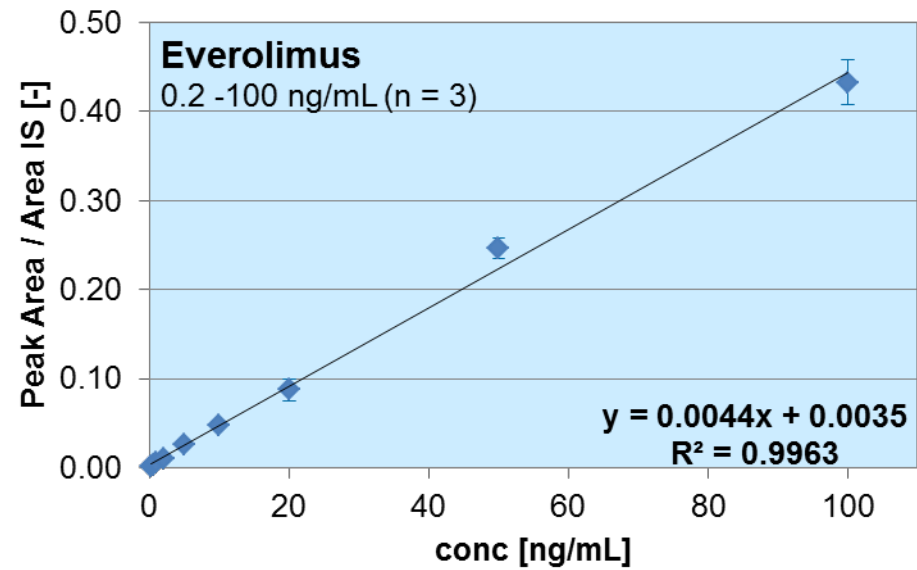
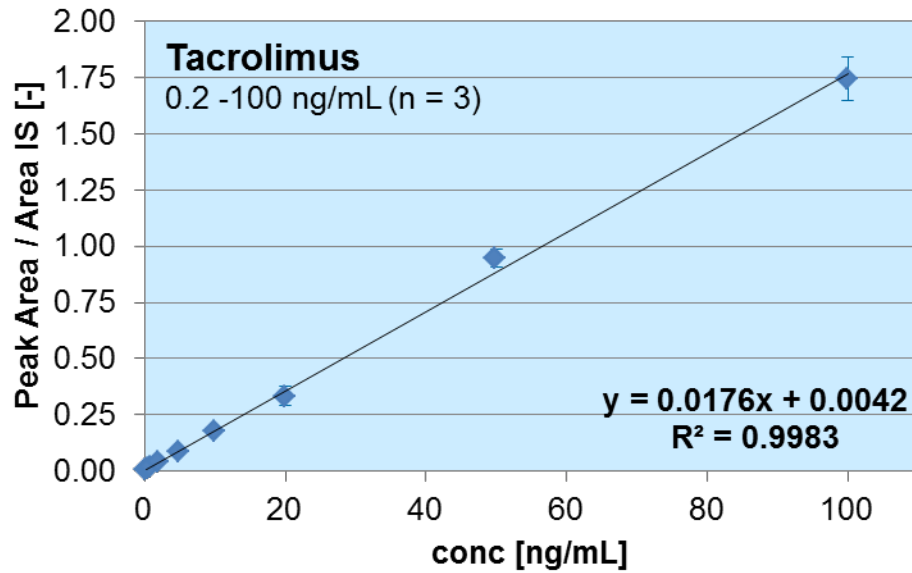
# First validation results



Precision and Accuracy (n = 6)			
Analyte	Concentration ng/mL	Precision RSD %	Accuracy %
Tacrolimus	1	4.0	85.3
	5	4.3	106.7
	50	3.4	98.3
Everolimus	1	6.3	85.4
	5	3.3	102.7
	50	2.6	100.8
Sirolimus	1	3.8	110.7
	5	4.0	100.5
	50	4.7	97.9
Cyclosporine A	2	10.3	108.8
	50	4.0	97.0
	500	5.6	99.6

Using deuterated internal standards

# Calibration curves



# Conclusion



- Flow-through desorption of DBS coupled online to SPE-MS/MS enables simple automation of the entire DBS workflow.
- A prototype multi-dispenser for application of 5  $\mu$ l blood spots enables reliable full-spot DBS analysis. Eliminating the homogeneity issue and Ht effect on punched blood volume.
- Maximizing recovery using heated desorption significantly reduces hematocrit effect on recovery.
- Going forward: further improve ease of use of the multi-dispenser and validation with patient samples