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The evolution of liquid chromatography coupled to mass spectrometry from single analyte detection towards non-target screening

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New MS based analytical strategies in veterinary drug residue control

- The challenge
- New analytical strategies (Multiresidue methods)
- High resolution liquid chromatography & mass spectrometry
- The Future: Generic detection

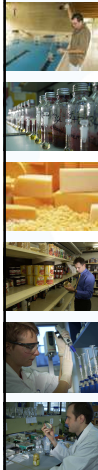
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New MS based analytical strategies in veterinary drug residue control

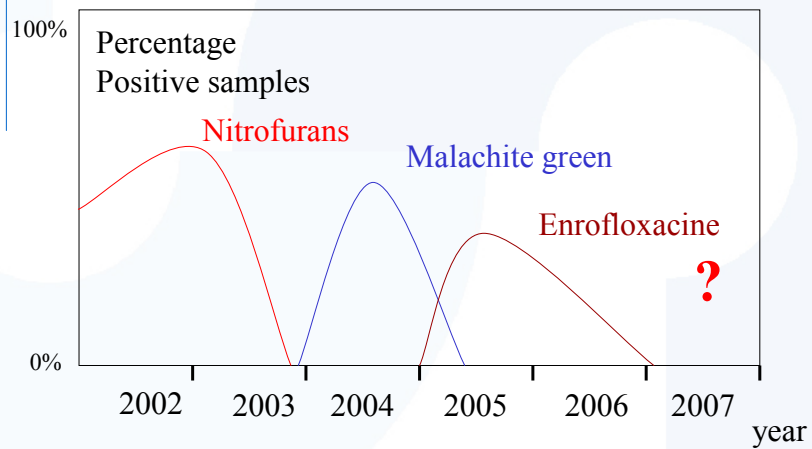
• The challenge

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- High resolution liquid chromatography & mass spectrometry
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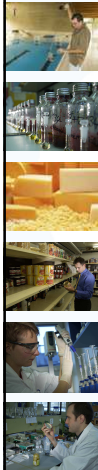
Veterinary drug analysis is a moving target

Positive Pangasius samples (Aquaculture Vietnam)





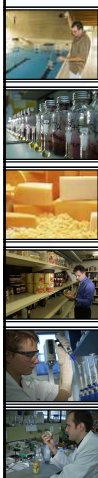
Not registered drugs in veterinary medicine?



- New emerging strains of bacteria can ruin aquaculture within a whole region or country
- Anything which reduces mortality of livestock might be used
- There are a lot of banned, yet very effective drugs (e.g. chloramphenicol, nitrofurans etc.)
- There are even more analogues which were abandoned in human medicine clinical trials



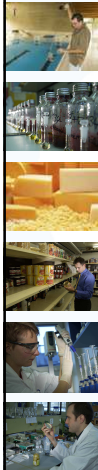
Limitations of MS-MS based multiresidue methods



- MS-MS is a victim of its own selectivity
- MS-MS finds only analytes which have been previously tuned



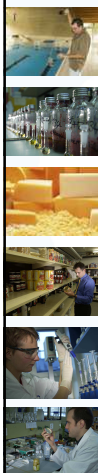
Limitation of LC-MS/MS for multiresidue methods



Multiple compounds can be monitored,
But how far can or should we go ?

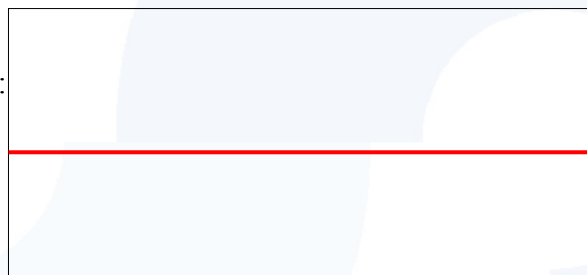


Single MRM (one analyte)

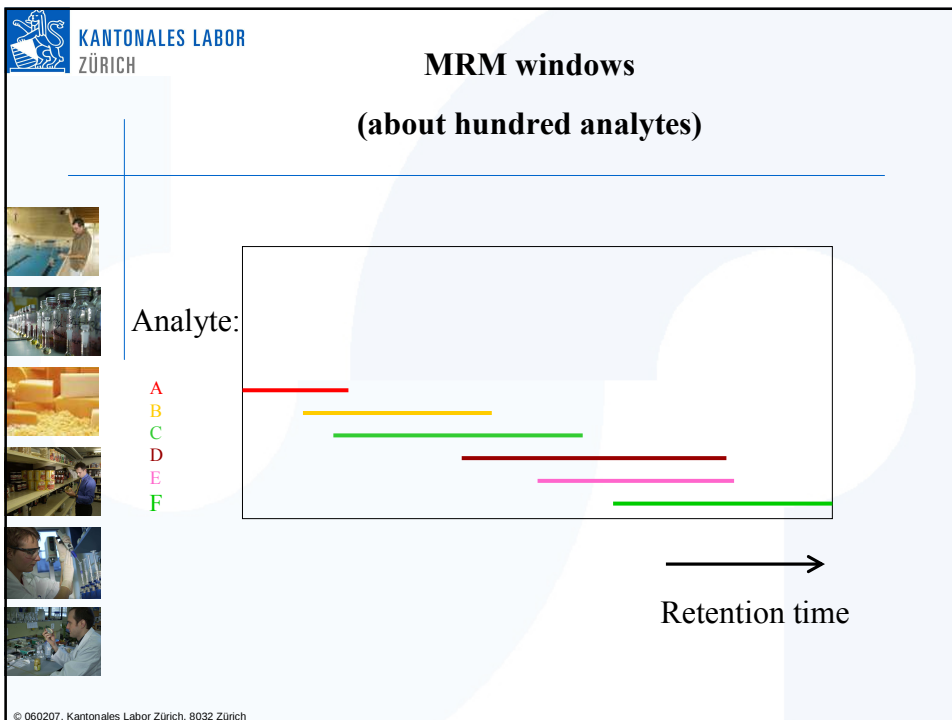
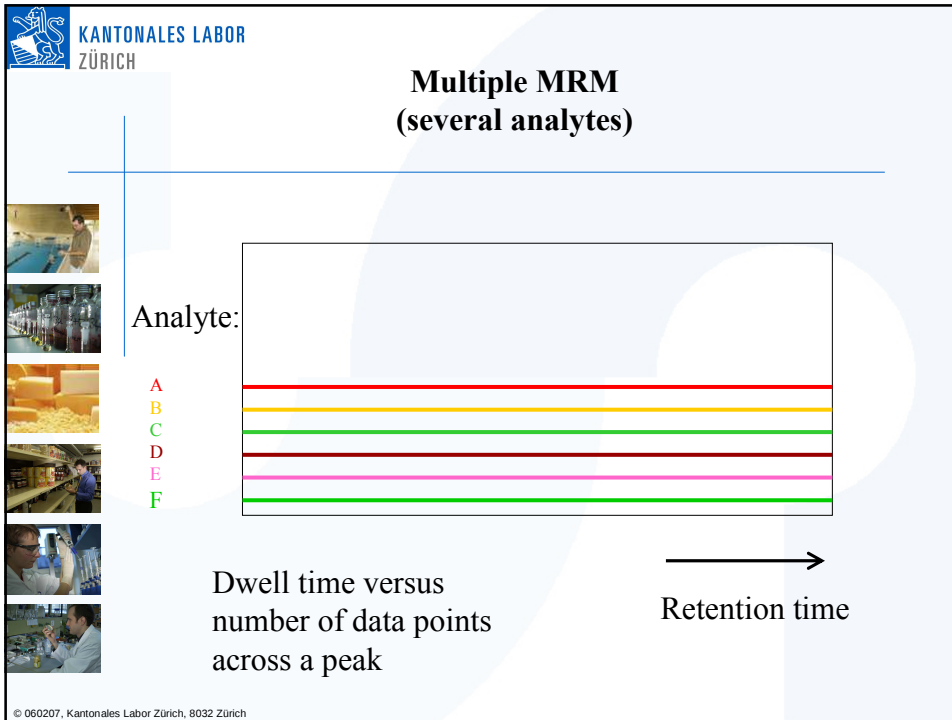


Analyte:

A



→
Retention time





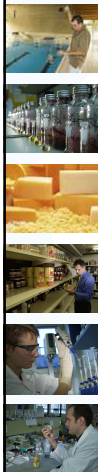
Scheduled MRM (one thousand analytes)

Analyte:

A
B
C
D
E
F
G
H
I
J

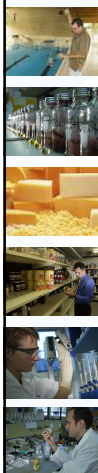


Retention time



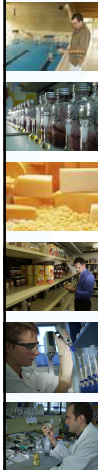
Can we or our software manage all these transitions?

- An analyte might produce more than one peak
- Some analytes might produce the same MRM
- A pH sensitive analyte might move out of a window
- A labile analyte might have degraded in the standard solution





Limitation of LC-MS/MS for multiresidue methods

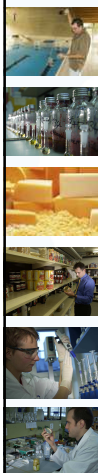


Monitoring dozens of MRMs reduces sensitivity.

Managing these MRMs can become a difficult task.



New analytical strategies in veterinary drug control



- The challenge

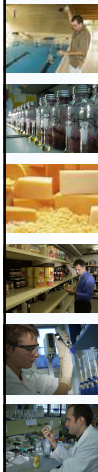
• New analytical strategies (Multiresidue methods)

- High resolution liquid chromatography & mass spectrometry
- The Future: Generic detection



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Ultra performance liquid chromatography coupled to high resolution mass spectrometry can be the answer



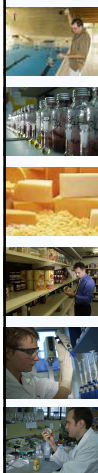
- Provides similar selectivity as MS/MS
- Sensitivity becomes comparable to MS/MS
- Full scan data
- Qualitative work without standards

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More selectivity and sensitivity by higher chromatographic separation power (UPLC)



LC
3-5 μm
particles

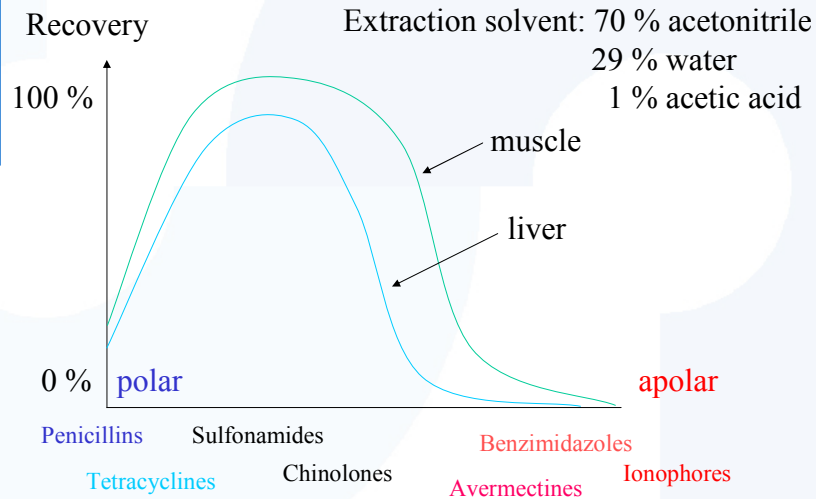
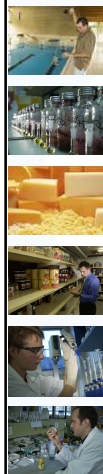


UPLC
1.7 μm
particles

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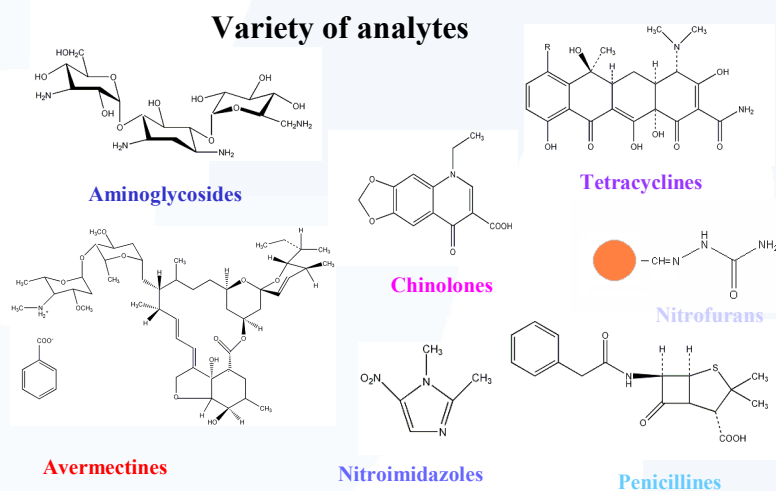
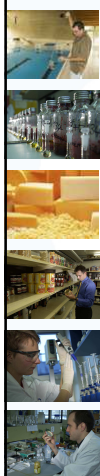
Extraction Recoveries



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More compounds and lower concentrations



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The analytical method

Conflicting extraction & clean-up requirements

- Aminoglycosides require low pH extraction for sufficient recoveries
- Penicillines degrade at low and high pH values
- Tetracyclines require complexing agents for good recoveries



More compounds and lower concentrations

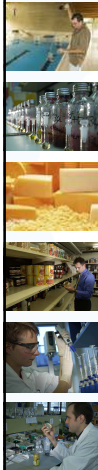
Concentration range (MRL&MRPL):

- 0.3 µg/kg Chloramphenicol
- 20 µg/kg Tetracycline in honey
- 600 µg/kg Tetracycline in kidney
- 5000 µg/kg Neomycin in kidney





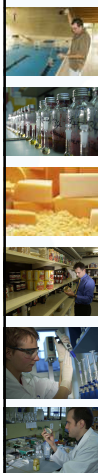
Analyte loss I: Extraction



Extracting solvent polarity does not correspond to analyte



Extraction Recovery

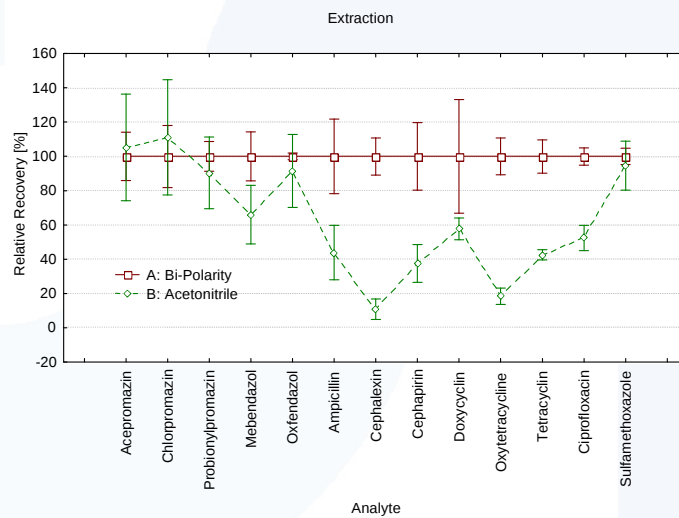
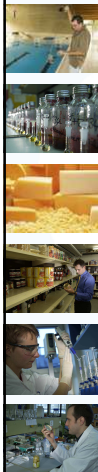


- One single solvent can not extract the whole analyte polarity range
- Bi-polarity Extraction:
Emulsion of two immiscible solvents permits parallel extraction

(acetonitrile/aqueous buffer with high concentration of ammonium sulfate to induce phase separation)



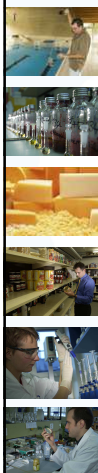
Extraction Recovery



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Analyte loss II: SPE



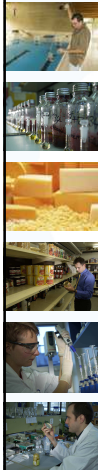
Solid phase extraction breakthrough and irreversible retention

- Polymer reversed Phase SPE (OASIS HLB)
- Solvent free loading solution
- pH control of loading solution
- Two elution steps (solvent and buffer in solvent)

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Analyte loss III: Adsorption

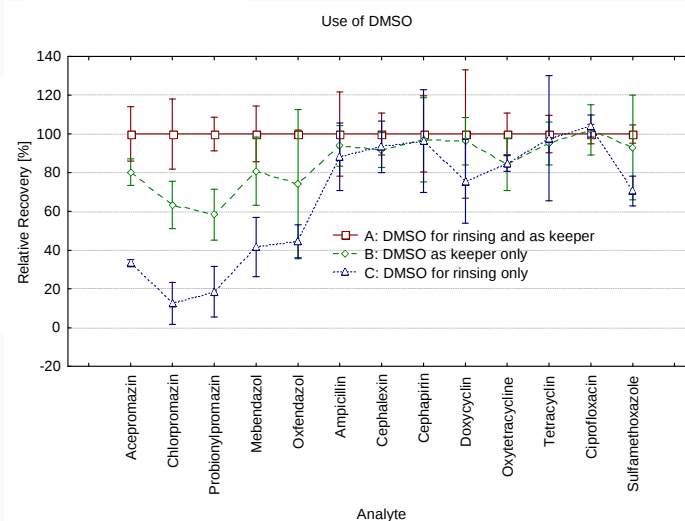
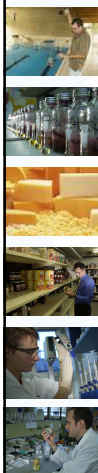


Adsorption by precipitating proteins and on vessel walls

- High ionic strength
- Rinsing of vessels and residues with aqueous dimethyl-sulfoxide
- Avoidance of glassware
- No evaporation till dryness, use keeper



Analyte loss III: Adsorption





The analytical method

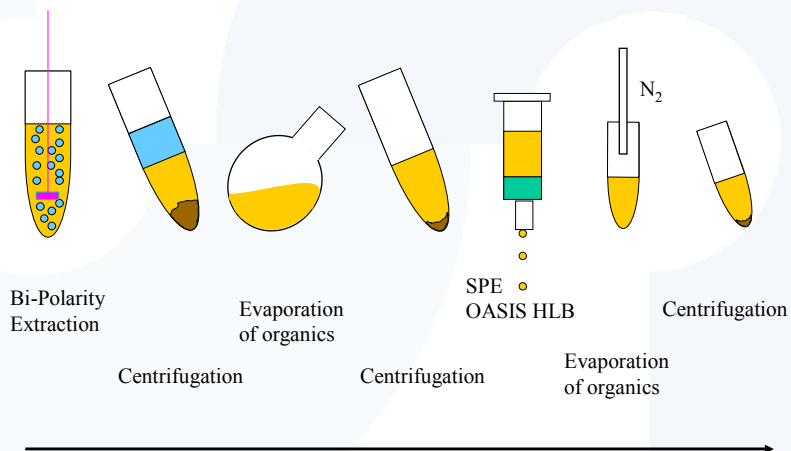
New extraction and clean-up method

- Bi-polarity extraction
- Generic solid phase extraction (OASIS HLB)
- Avoiding extreme pH
- Washing of precipitates and glassware to minimize analyte loss



The analytical method

Workflow of the method





Instrumentation



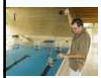
- LC
UPLC (Waters)
Column: T3; 100 * 2.1 mm 1.8 μ m (Waters)
Mobile Phase: Gradient Water/Acetonitrile + Formic acid
- MS
LCT Premium (Waters)
Positive mode (ESI)
Dynamic range enhancement “DRE”

Data processing: QuanLynx (Waters)



More compounds and lower concentrations

A combined approach

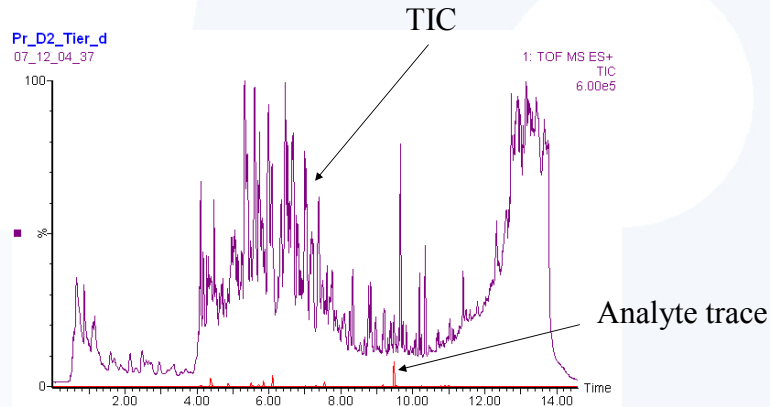
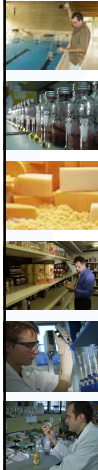


- New extraction and clean-up method
- High LC separation power (UPLC)
- Fast, flexible and sensitive detection (TOF)



Good chromatographic resolution

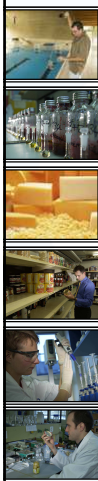
Pork liver extract spiked with 100 vet. drugs



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Multiple target analysis



Chinolones: Ciprofloxacin; Danofloxacin; Enrofloxacin; Flumequin; Oxolinic acid; Enoxacin; Lomefloxacin; Nalidixic acid; Norfloxacin; Ofloxacin; Difloxacin; Sarafloxacin; Piromidic acid; Sparfloxacin; Azithromycin

Sulfonamides: Sulfagunaidin; Sulfanilic acid; Sulfadiazin; Sulfathiazol; Sulfapyridin; Sulfamerazin; Sulfamanzol; Sulfadimidin; Sulfamethoxypyridazin; Sulfachlorpyridazin; Sulfachlorpyrazin; Sulfadoxin; Sulfadimethoxin; Sulfacetamid; Sulfamethoxazol; Sulfisoxazol; Sulfabenzazid; Sulfameter; Sulfamonomethoxin; Sulfamoxol; Sulfamonomethoxol; Sulfamonomethoxol; Sulfasalazin; Sulfasomazin;

Tetracyclines: Oxytetracycline; Tetracycline; Chlortetracycline; Minocyclin; Doxycyclin; Demeclocyclin

Nitroimidazoles: Iproniazol; Orizol; Metronidazol; Ornidazol; Ronidazol; Metronidazol; Metronidazol; HMMNI; Metronidazol

Cephalosporines: Cefaperazon; Cefazolin; Cephalexin; Cephapirin

Avermectins: Ivermectin; Doramectin; Emamectin; Eprinomectin

Macrolides: Roxithromycin; Tylosin A; Erythromycin A; Tilmicosin; Spiramycin I; II; III; Olitetracycline; Josamycin; Tulathromycin;

Lincosamides: Lincosamide; Lincosamin; Pirlimycin; iso-Pirlimycin; Clindamycin; Tiamulin

Benzimidazoles: Fenbendazol; Fenbendazol; Fenbendazol; Fenbendazol; Mebendazol; Ofendazol; Oxibendazol; Parabendazol; Fenbendazol; Fenbendazol;

Penicillines: Ampicillin; Nafcillin; Penicillin G; Penicillin V; Dicloxacillin; Cloxacillin; Amoxicillin; Oxacillin

Tranquilizers: Acepromazin; Azaperol; Azaperon; Carozolol; Chlorpromazin; Propionylpromazin; Xylazin

Various: Acriflavin; Praziquantel; Trimethoprim; Diaveridin; Ruspenti; Pyrimethamin; Rifamixin; Virginiamycin

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New analytical strategies in veterinary drug control



- ✓ • The challenge
- ✓ • New analytical strategies (Multiresidue methods)

• **High resolution liquid chromatography
& mass spectrometry**

- The Future: Generic detection



Benefits of High Resolution Mass Spectrometry (TOF or Orbitrap)

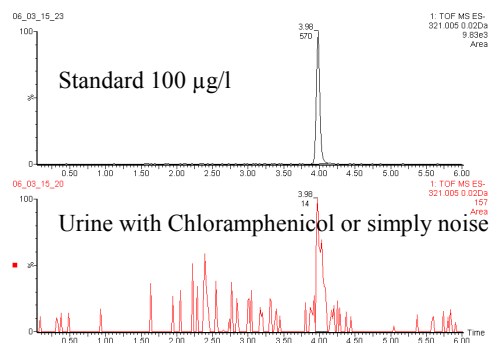


- High selectivity (approaching MS-MS)
- Full scan data “a posteriori hypothesis”
- “No need for reference substances”
- Retrospective analysis



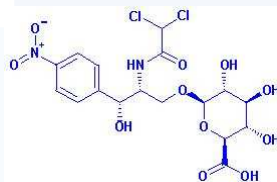
Confirmation of a Chloramphenicol finding (urine sample)

Chloramphenicol trace (ESI neg.)



Confirmation of positive findings with TOF

Chloramphenicol is known to be metabolized to
Chloramphenicol glucuronide

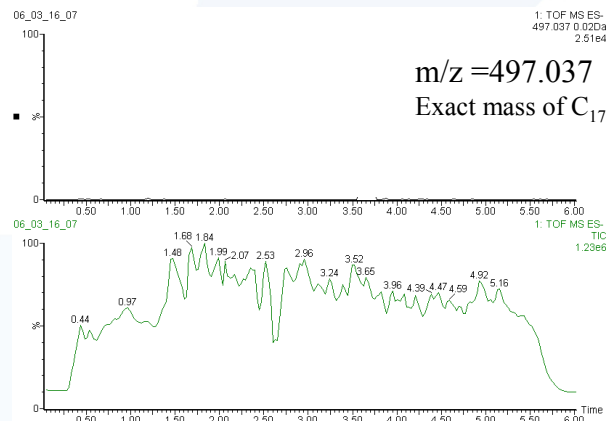
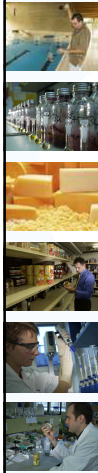


Commercially not available as reference substance



A-posteriori („inject now, ask later“)

Confirmation of positive findings

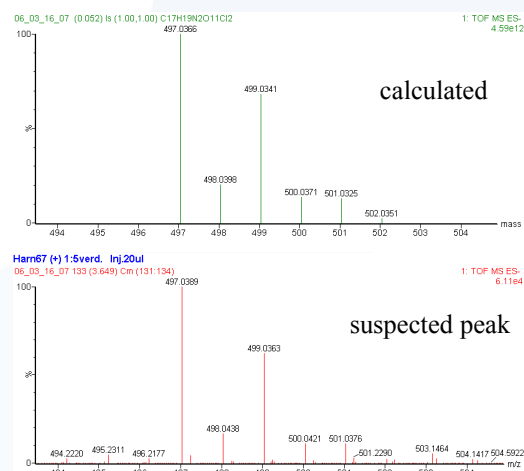
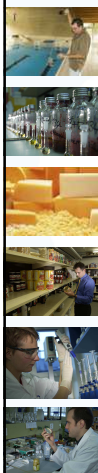


TIC



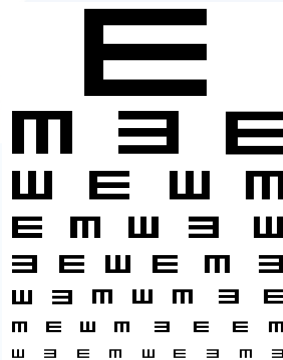
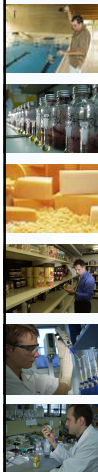
A-posteriori („inject now, ask later“)

Isotopic pattern of chloramphenicol glucuronide

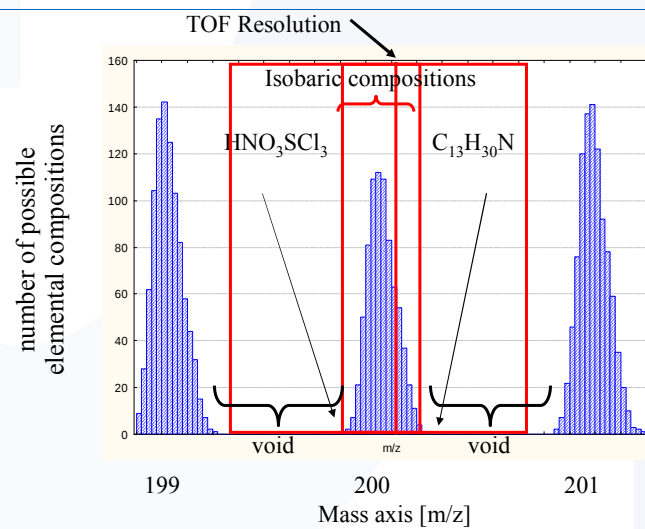
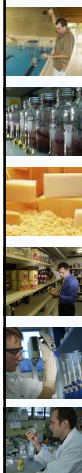




How much “high resolution” do we need ?



Required resolution

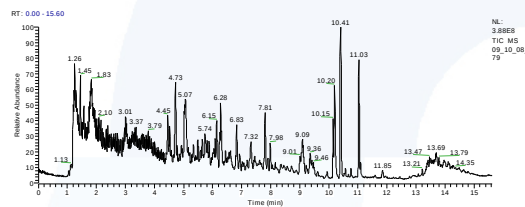




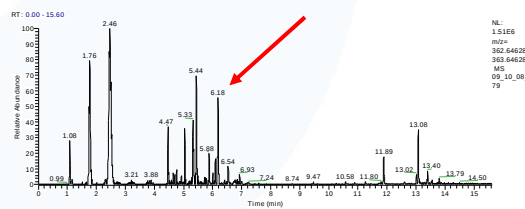
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Second Generation TOF Resolution 10'000 FWHM

Liver extract spiked with marbofloxacin (TIC)



Liver extract spiked with marbofloxacin ($m/z = 363.14628$ window: 500 mD)



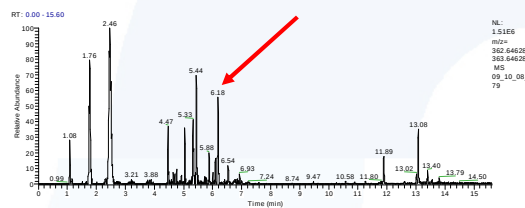
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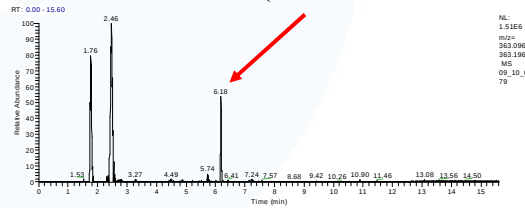
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Second Generation TOF Resolution 10'000 FWHM

Liver extract spiked with marbofloxacin ($m/z = 363.14628$ window: 500 mD)



Liver extract spiked with marbofloxacin ($m/z = 363.14628$ window: 50 mD)



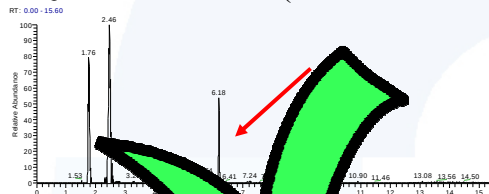
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Second Generation TOF Resolution 10'000 FWHM

Liver extract spiked with marbofloxacin ($m/z = 363.14628$ window: 50 mD)



NL: 1.51E6
m/z: 363.09628-
363.19628
MS
09_10_08_
79

Liver extract spiked with marbofloxacin ($m/z = 363.14628$ window: 2 mD)



NL: 8.21E5
m/z: 363.14428-
363.14828
MS
09_10_08_
79

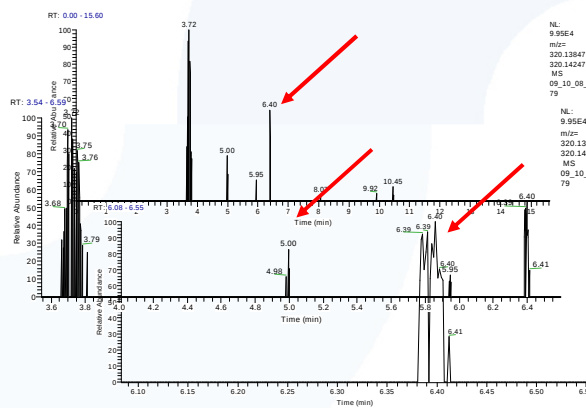
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Second Generation TOF Resolution 10'000 FWHM

Liver extrakt spiked with norfloxacin ($m/z = 320.14047$ window: 2 mD)

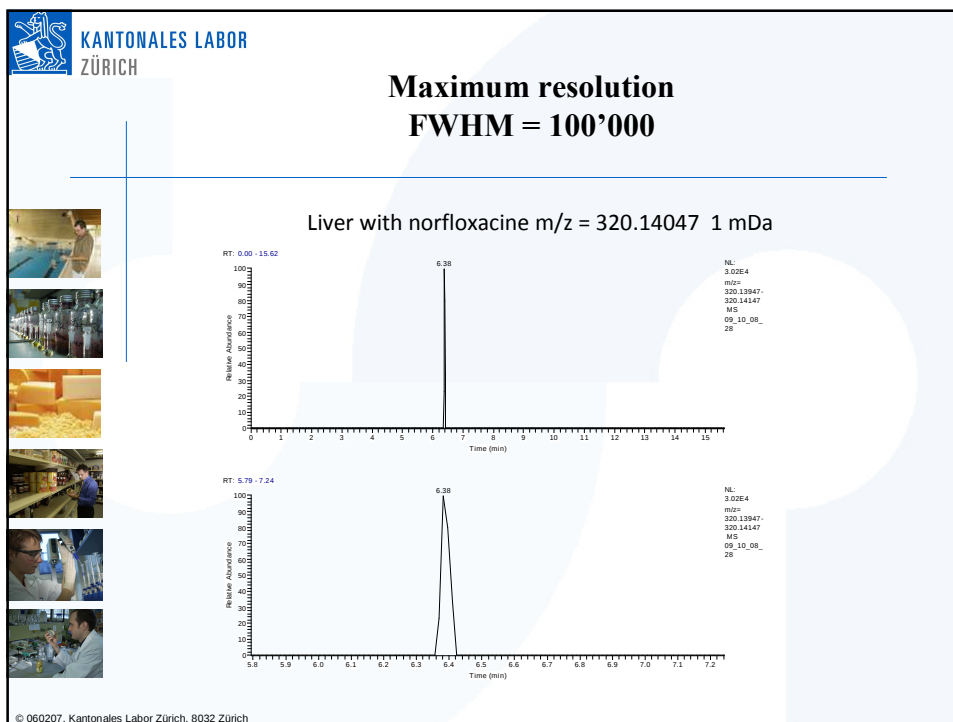
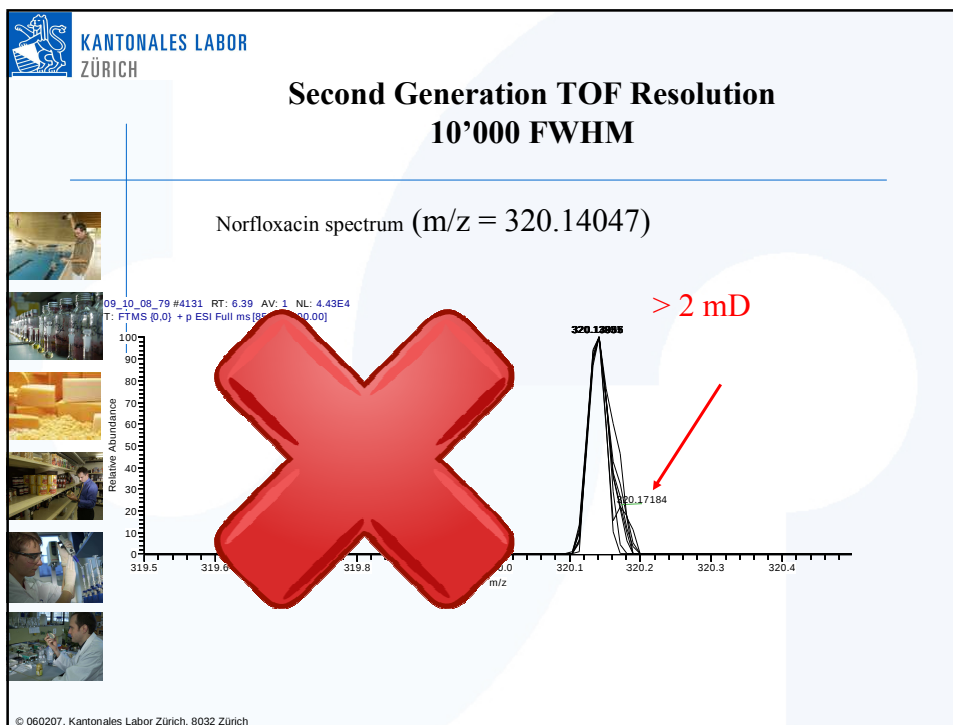


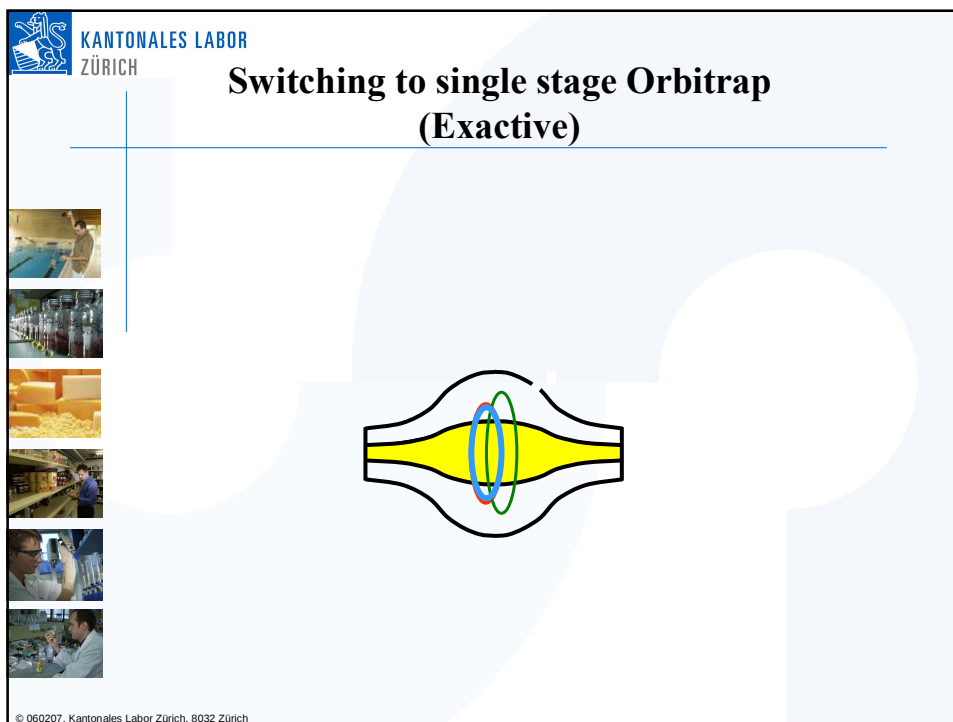
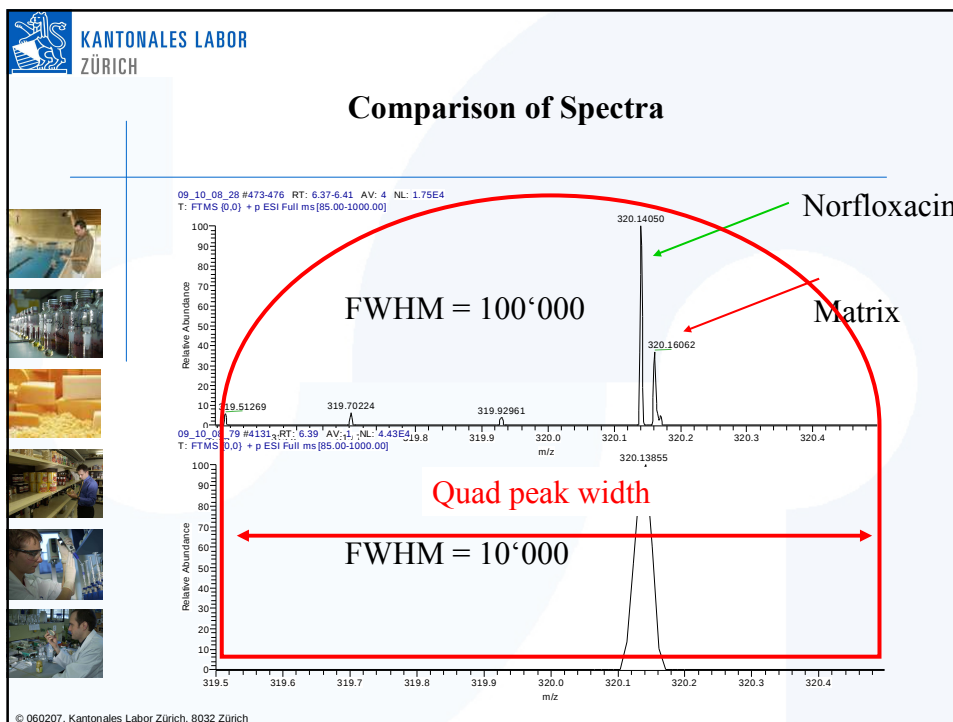
NL: 9.95E4
m/z: 320.13847-
320.14247
MS
09_10_08_
79

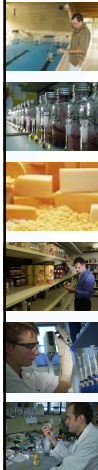
NL: 9.95E4
m/z: 320.13847-
320.14247
MS
09_10_08_
79

NL: 5.30E4
m/z: 320.13847-
320.14247
MS
09_10_08_
79

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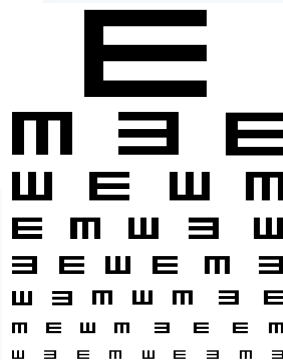
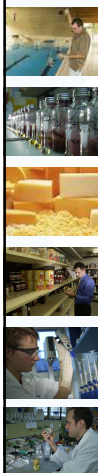
- Resolution to obtain MS/MS selectivity

- Adapting an existing analytical method

- Validation HRMS versus MS/MS



Required resolution to compete with MS/MS ?

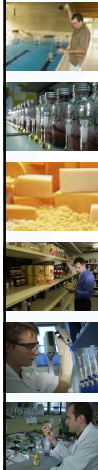


The Orbitrap permits resolutions from 10'000 – 100'000 FWHM

Generic answer not particular analyte matrix combination



Comparing apples to oranges

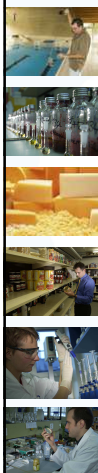


Comparing

2 dimensional data (MS/MS)
versus
1 dimensional data (HRMS)



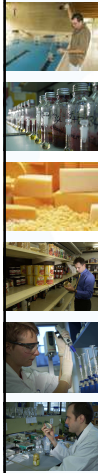
The approach



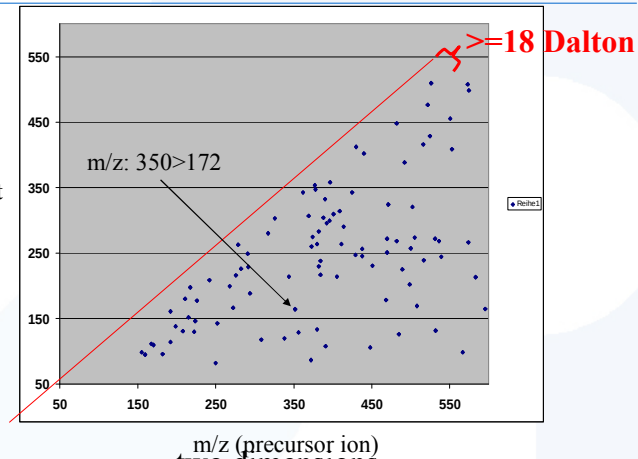
- Producing extracts from blank matrices
- Separating the extracts by UPLC
- Monitoring dummy transitions (MS/MS)
dummy exact masses (HRMS)
- Make observed peak areas comparable



Dummy transitions (MS/MS)



m/z
(product
ion)

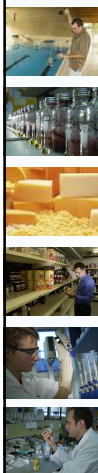


Some of these transitions are probably impossible
(not existing elemental composition for neutral loss)

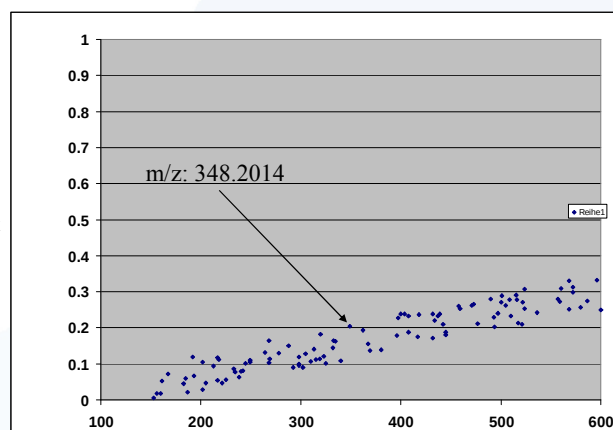
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Dummy exact masses (HRMS)



mass
defect

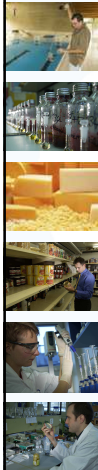


Only a relatively narrow mass defect range was tested

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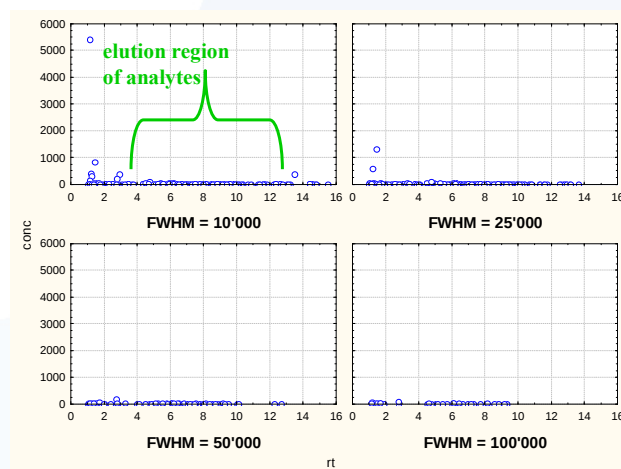
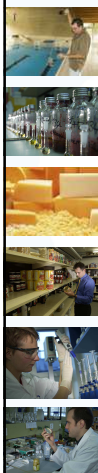
Comparing apples and oranges



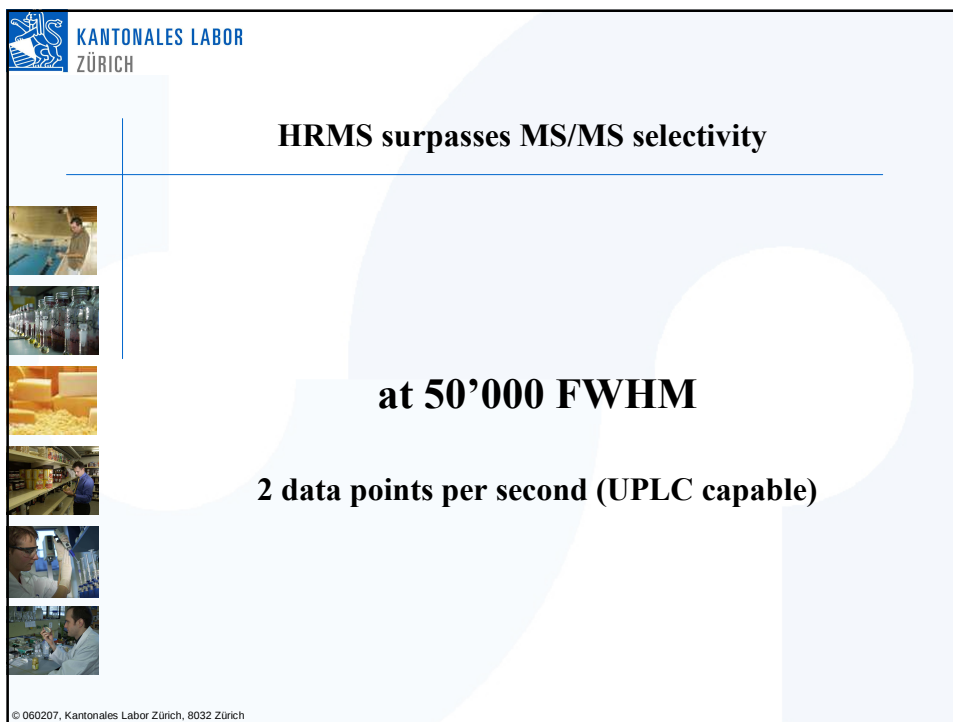
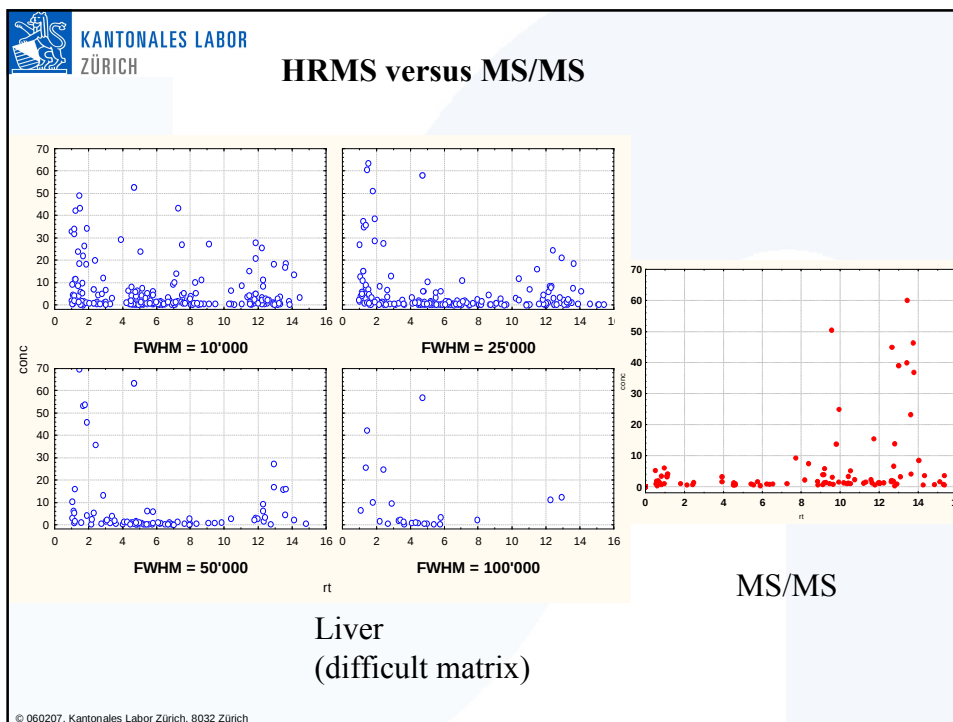
- Select 6 drugs (tetracyclins, chinolons and sulfonamides)
- Determine their response “peak area / concentration”
- Calculate average response for these 6 drugs
- Divide each dummy peak area by the average response
- Do this for MS/MS and HRMS dummy peaks



Effect of resolution

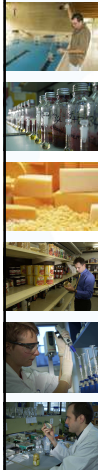


Honey matrix

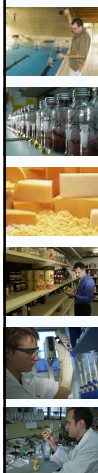




Another gate to be opened



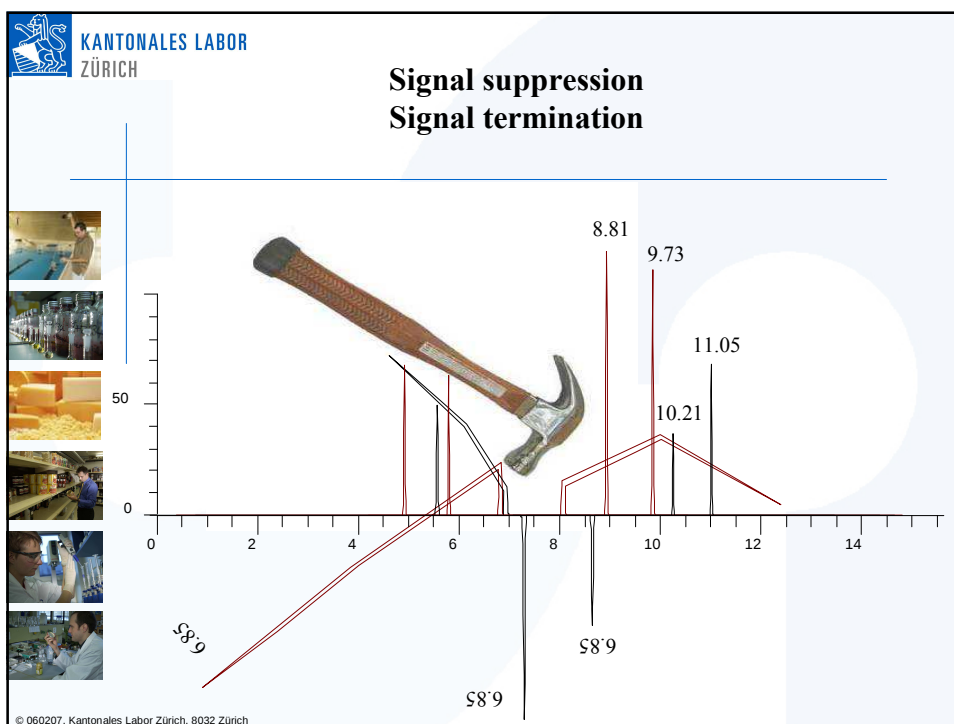
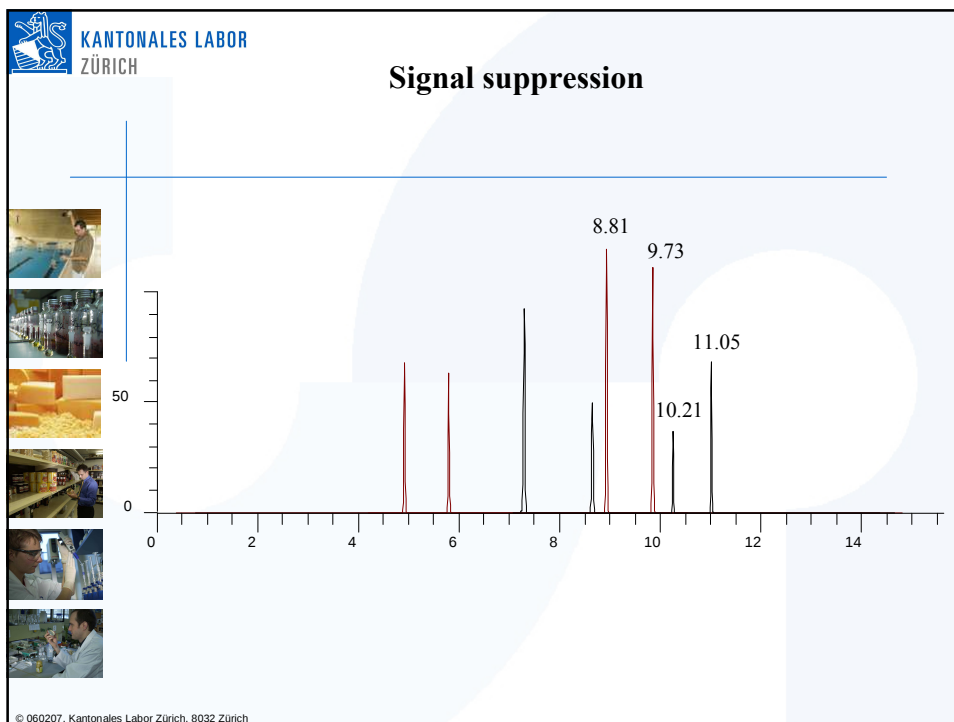
Extracts which were ok for the TOF are
not for the Orbitrap



- Resolution to obtain MS/MS selectivity

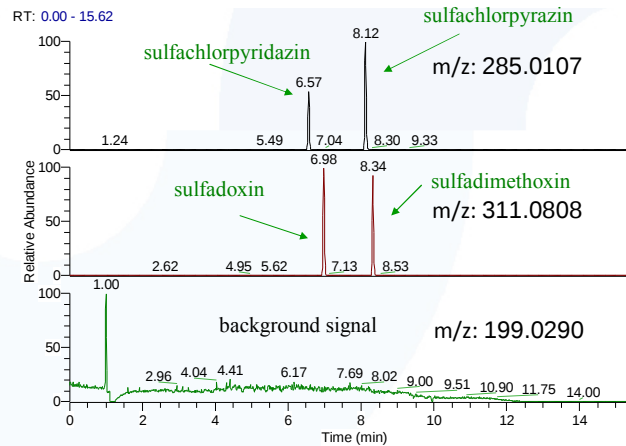
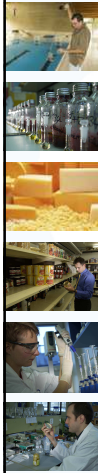
- Adapting an existing analytical method

- Validation HMRS versus MS/MS





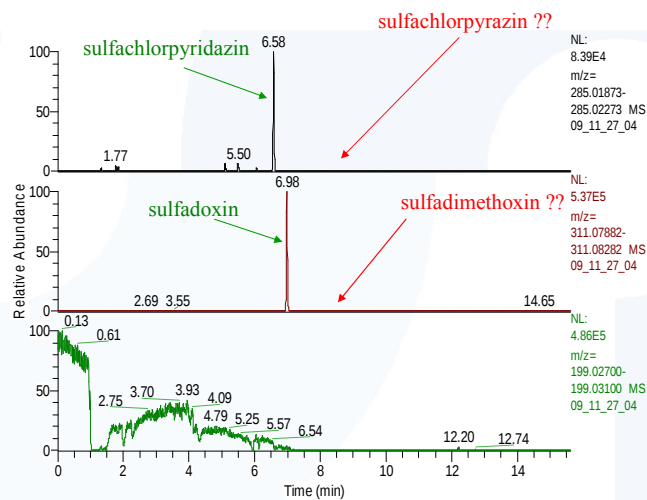
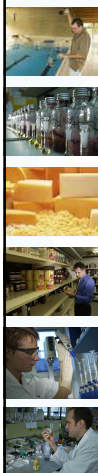
Standard: 10 µl injection volume



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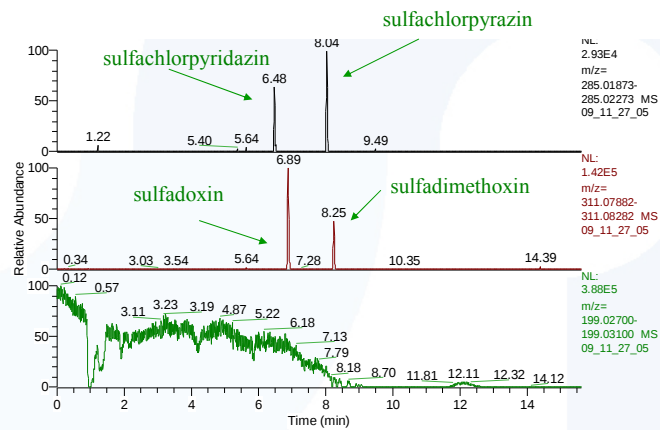
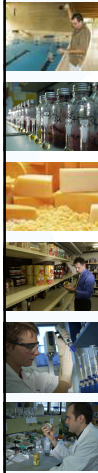
Spiked kidney extract: 10 µl injection volume



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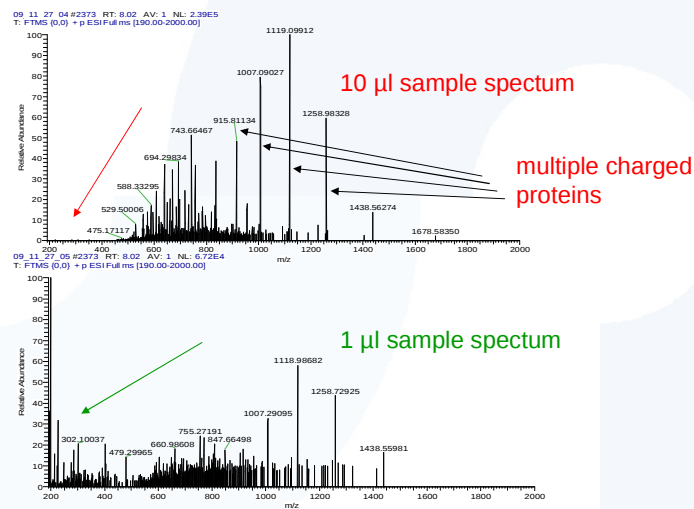
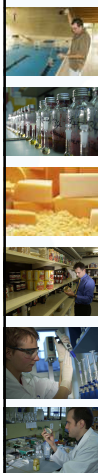
Spiked kidney extract: 1 µl injection volume



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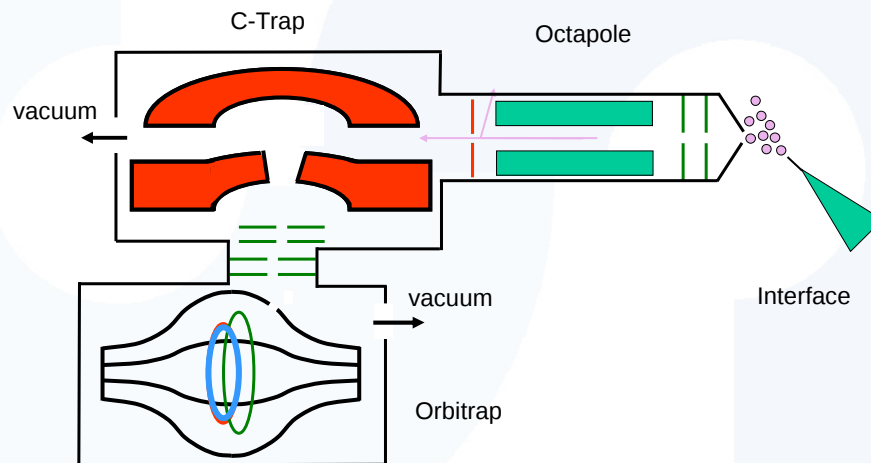
Low mass ion discrimination



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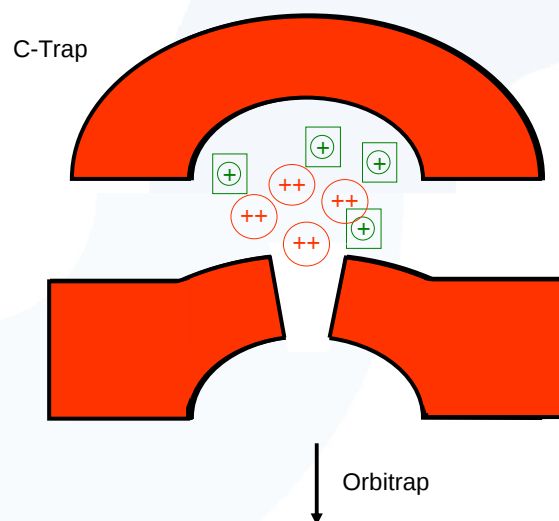
Principle of Orbitrap Operation



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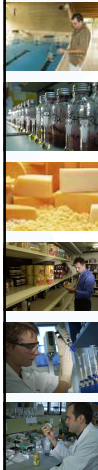
Postulated phenomena: post interface signal suppression



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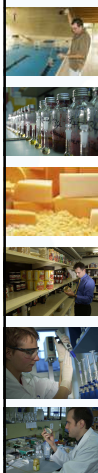
How to reduce post interface signal suppression



- Resolution $\geq 50'000$ FWHM
low scan start. e.g.: $m/z = 50$
reduced number of ion in C-trap. e.g.: $\leq 1'000'000$
limited C-trap filling time. e.g. ≤ 50 ms
- less injection volume
more extensive protein removal



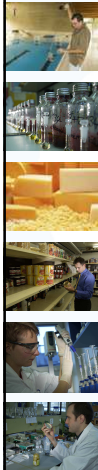
Low protein method



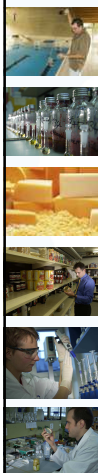
- Multiresidue methods do not like extensive clean-up
(more than 100 analytes in different matrices)
- Testing almost every known protein removal method



Key elements of modified method



- High ammonium sulphate concentration in extraction buffer
- Bipolarity extraction (buffer and acetonitrile)
- Evolute ABN SPE (Biotage) narrow pore size
- Kinetex Core-Shell column 150*2.1 mm; 2.6 μ m

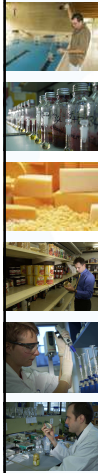


- ✓ • Resolution to obtain MS/MS selectivity
- ✓ • Adapting an existing analytical method

• Validation HMRS versus MS/MS

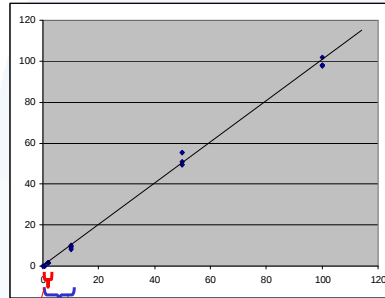


Comparison among different techniques Coefficient of determination (r^2)



Levels:

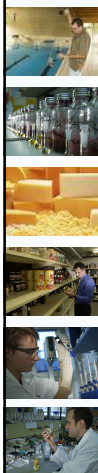
1/10 $\mu\text{g/l}$
3.3/33 $\mu\text{g/l}$
10/100 $\mu\text{g/l}$
33/333 $\mu\text{g/l}$
100/1000 $\mu\text{g/l}$



order of magnitude	1	1.5	2
Orbitrap	0.99670	0.99584	0.99188
TOF	0.82102	0.92902	0.93474
MS/MS	0.99684	0.97916	0.98559



Unified multiresidue veterinary drug analysis



- Screening
(sensitive; non-target)
- Quantification
(comparable to MS/MS)
- Confirmation
(FWHM > 20'000 produces 2 identification points
Cone induced fragmentation and adducts produce
additional ions: 4 to 6 identification points)



New analytical strategies in veterinary drug control



- ✓ • The challenge
- ✓ • New analytical strategies (Multiresidue methods)
- ✓ • High resolution liquid chromatography & mass spectrometry

• **The Future: Generic detection**



Our aim

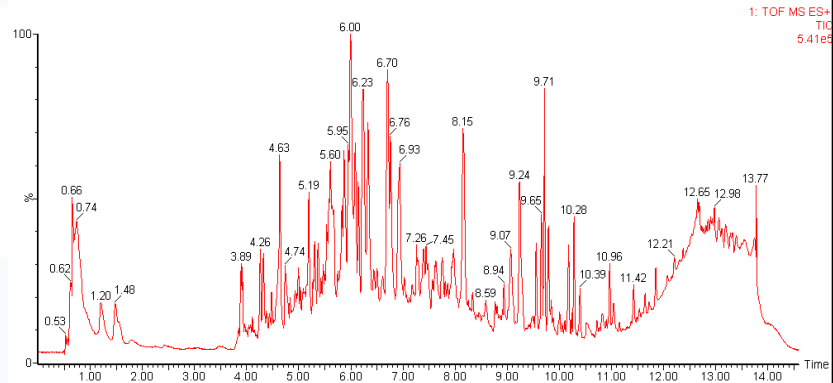
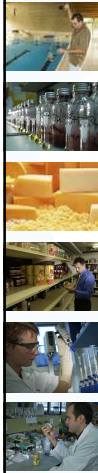


- Food scandal ready method
- Capability to monitor metabolites or drugs where no reference substances are commercially available
- Impossible dream:
“No drugs at relevant levels are present in this sample”



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The generic detector

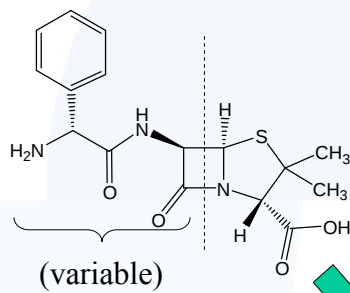
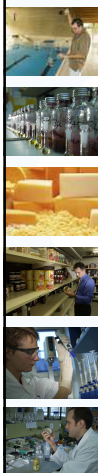


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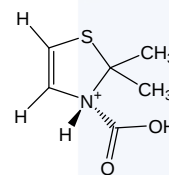
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Non-target drug group specific screening Penicillines



Amoxicillin

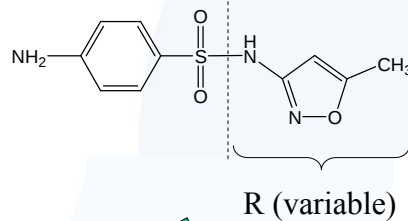
CID Fragment: $C_6H_{10}NO_2S$
 $[M+H]^+ = 160.043$



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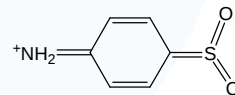
Non-target Drug group specific screening Sulfonamides



Sulfamethoxazole

R (variable)

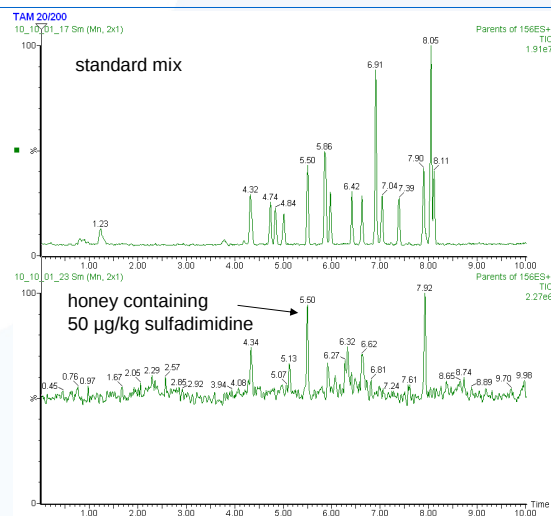
CID Fragment:



$C_6H_6NO_2S$
[M+H]⁺ = 156.012



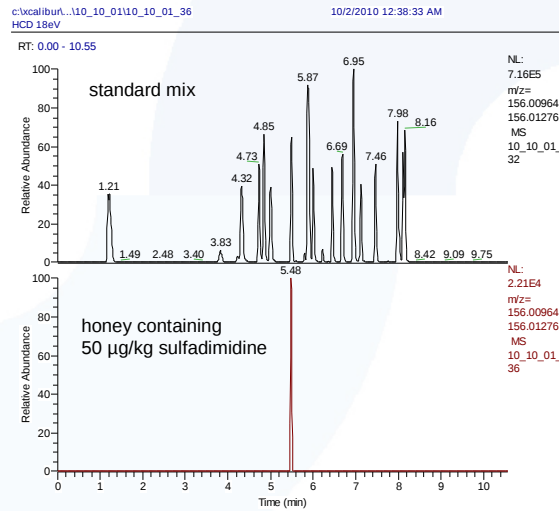
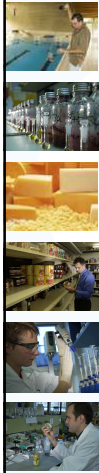
MS/MS Precursor scan sulfonamides





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HRMS at 50'000 FWHM

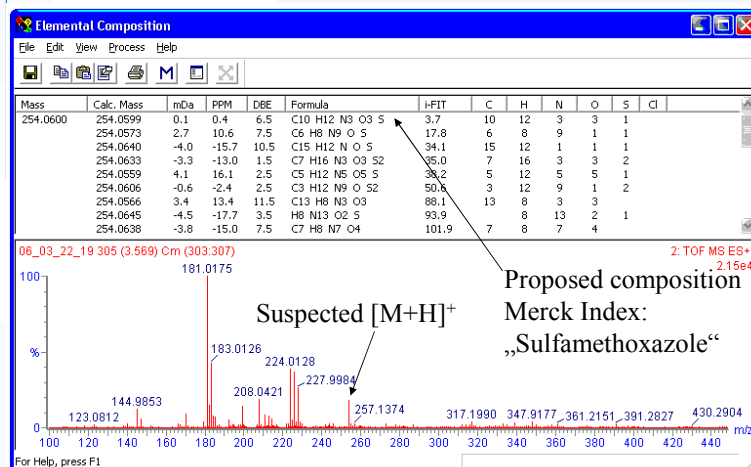
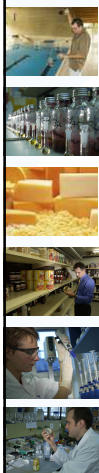


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Drug group specific screening Sulfonamides

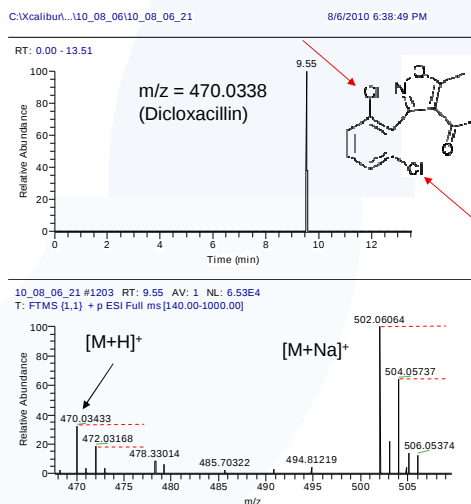
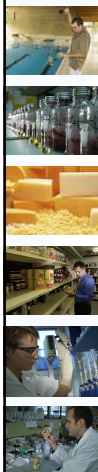


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HRMS

Searching for chlorine isotopic patterns



Conclusion

- Appropriate sample clean up method is required
- Hardware is an issue, but software is the real limitation
- High resolution full scan MS Data is an alternative to LC-MS/MS
- Generic, intelligent detection is needed





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We are not yet there !



But we keep moving !

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