

Development of a Potential At-home Assay for Tacrolimus Monitoring Using a Microsampling Device

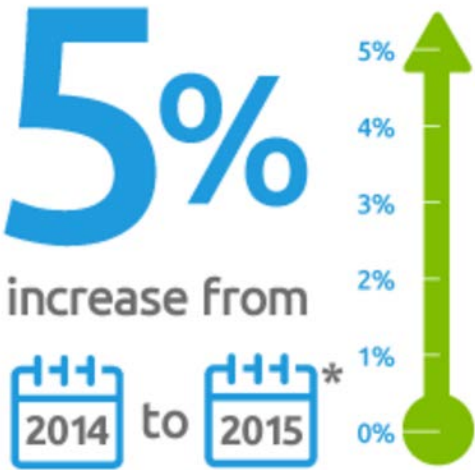


transplants performed

Transplants performed in the U.S.

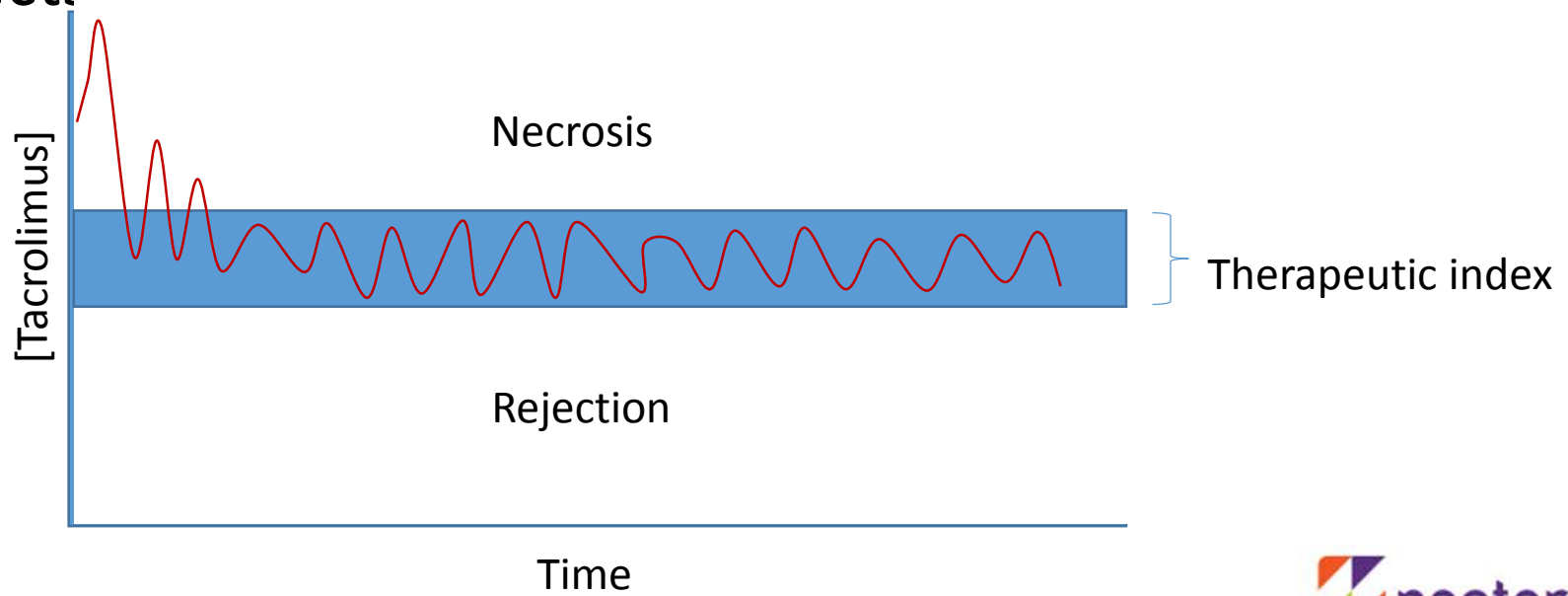


30,973 organ transplants in 2015



immunosuppressants background

- Prevent rejection of organs after transplantation
- Concentration is persistently monitored to ensure they are in therapeutic window
- Low dosing = organ rejection / High dosing = toxic side effects



Methods

Current Wet Method (Zinc Sulfate Precipitation)

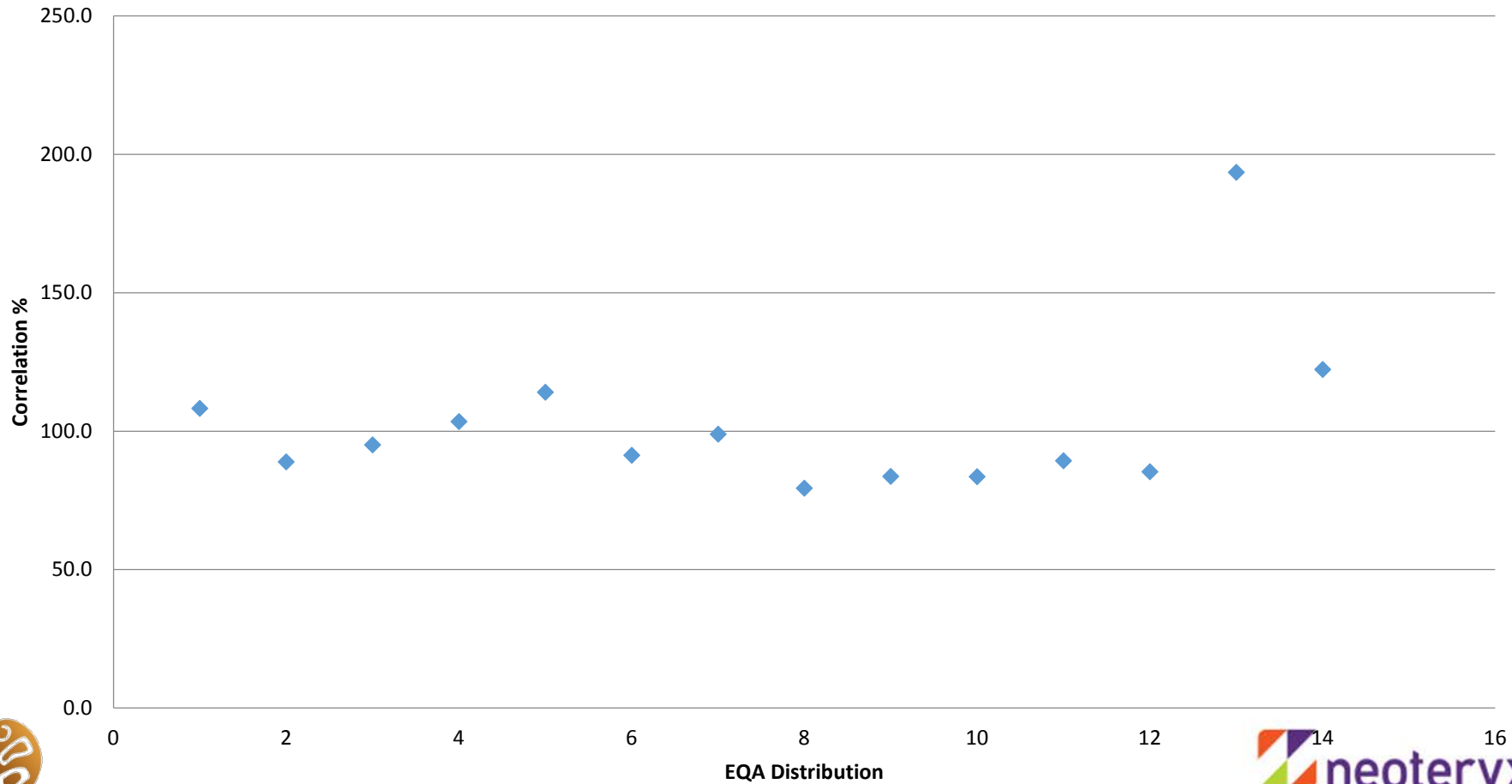
1. Defrost aliquots of calibrators and QC material/remove and allow them to reach room temperature.
2. Vortex mix and centrifuge samples for 5 minutes at 10,000 rpm.
3. Label sufficient 1.5mL microcentrifuge tubes
4. Place 25 μ L of calibration standards/QC/ patient sample into appropriate tube
5. Add 100 μ L 0.1M zinc sulphate solution followed by 250 μ L working cyclosporin D internal standard using a repeater pipette
6. Cap and vortex samples for 20 seconds each
7. Centrifuge tubes for 5 minutes at 10,000 rpm
8. Place tubes in worklist order in auto-sampler plate and remove tube lids
9. Cover with re-sealable film and heat seal
10. Place the plate into the LC auto-sampler in the appropriate position. It is now ready for injection.

Mitra Method (MeOH Extraction)

1. Mitra tips were sampled using blood containing EDTA from microcentrifuge tubes following the instructions for use.
2. Samples were allowed to completely dry
3. Tips were removed and placed into a 96-well collection plate containing 200 μ L of Methanol (containing IS)
4. Collection plate was shaken on an orbital shaker for 1 hour (1100 RPM)
5. The solvent was evaporated and reconstituted in initial mobile phase for injection.

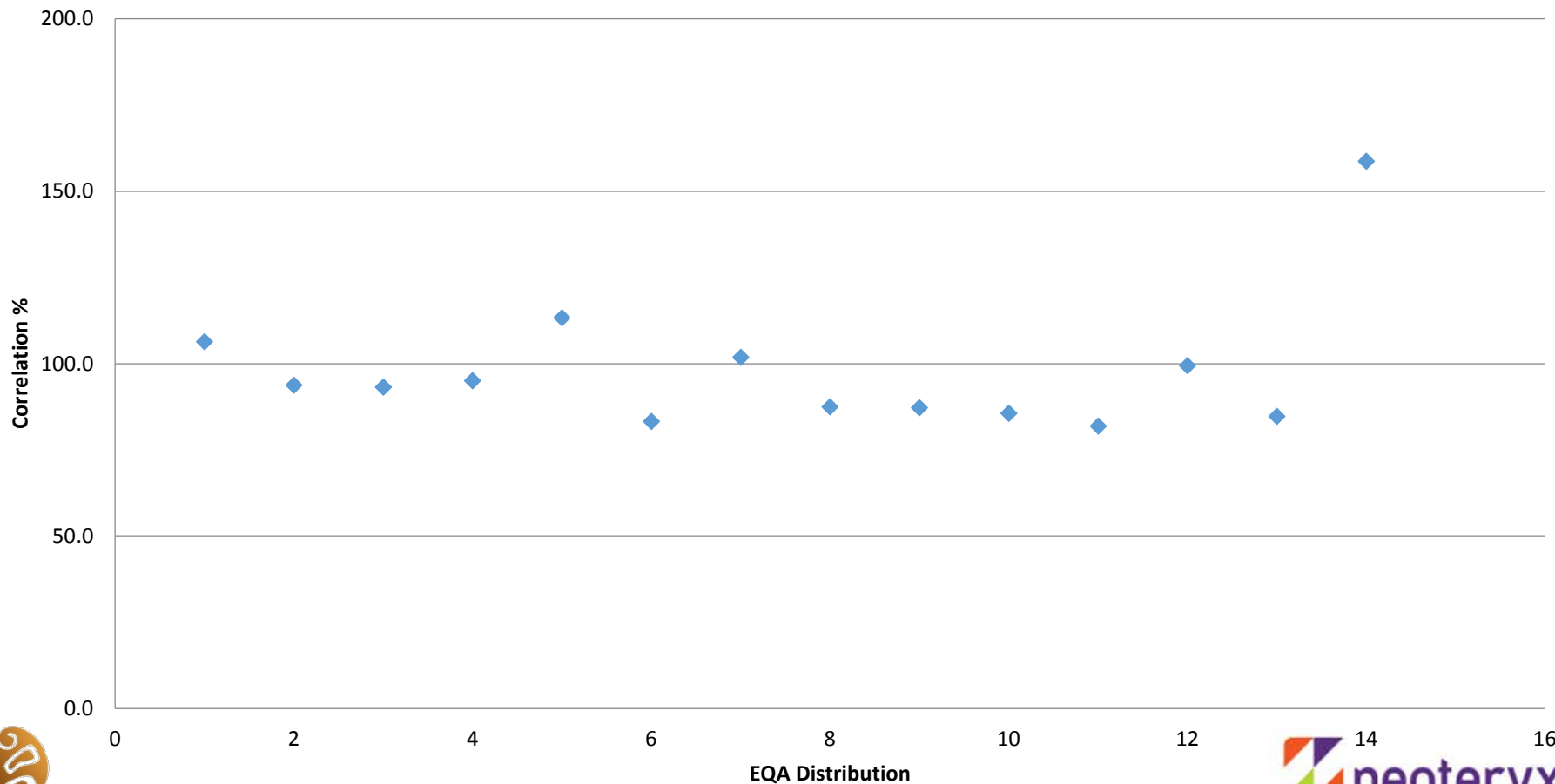
Tacrolimus EQA

Tac EQA Vs Mitra (%)

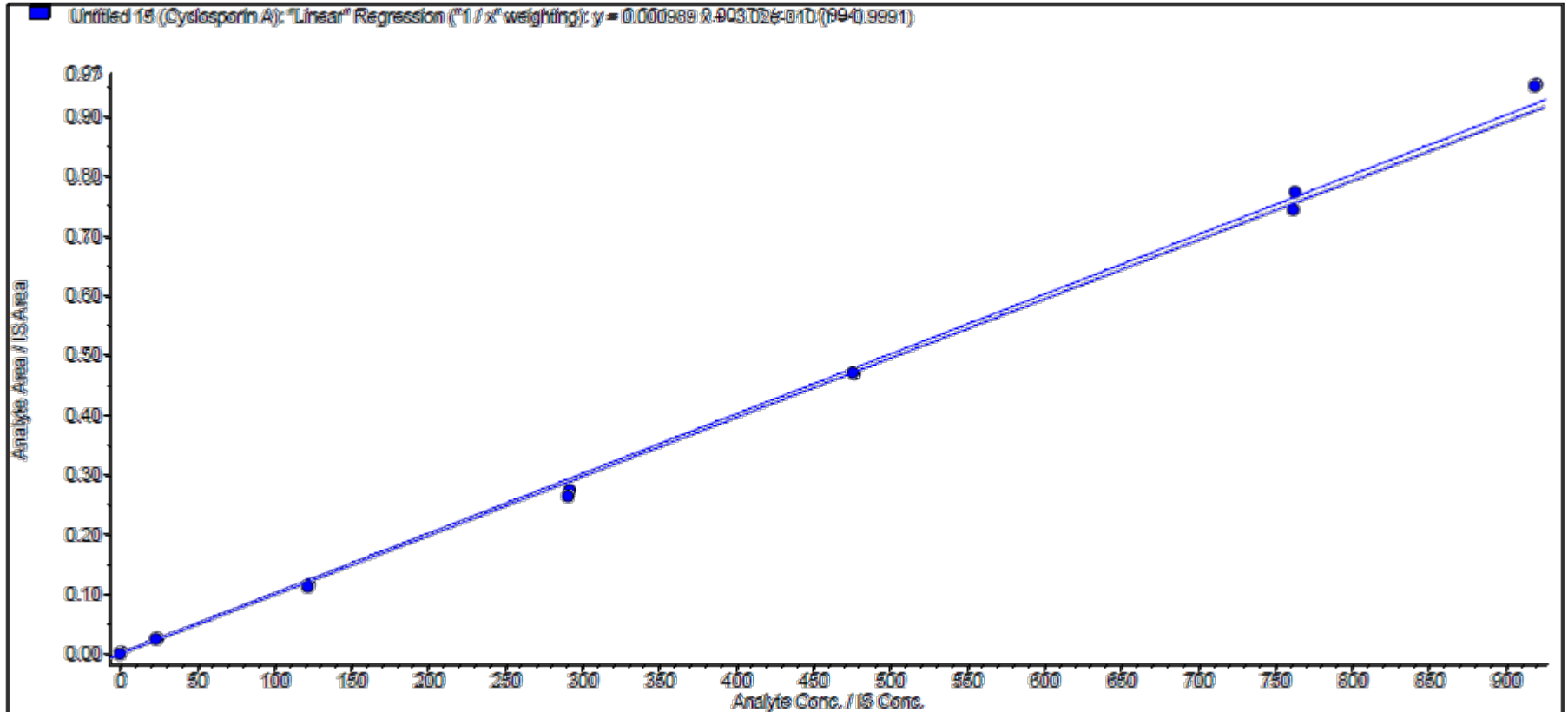


Cyclosporin EQA

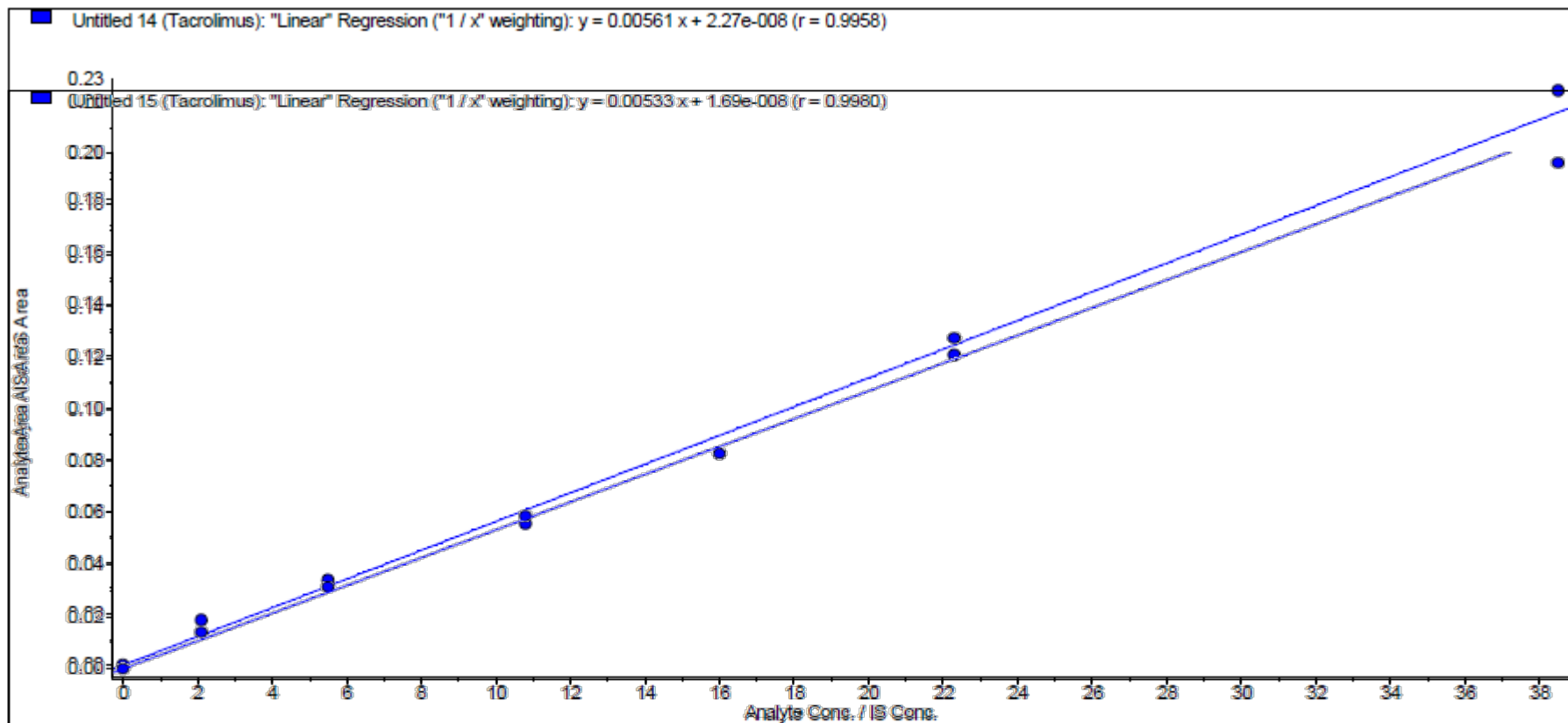
Tac EQA Vs Mitra (%)



CSA Stability Over 7 Days

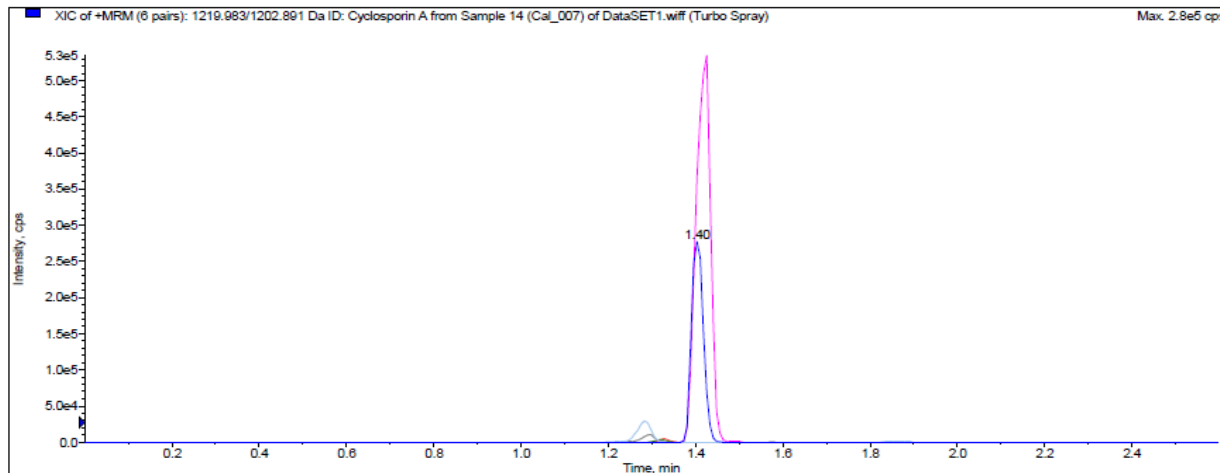


Tac Stability Over 7 Days



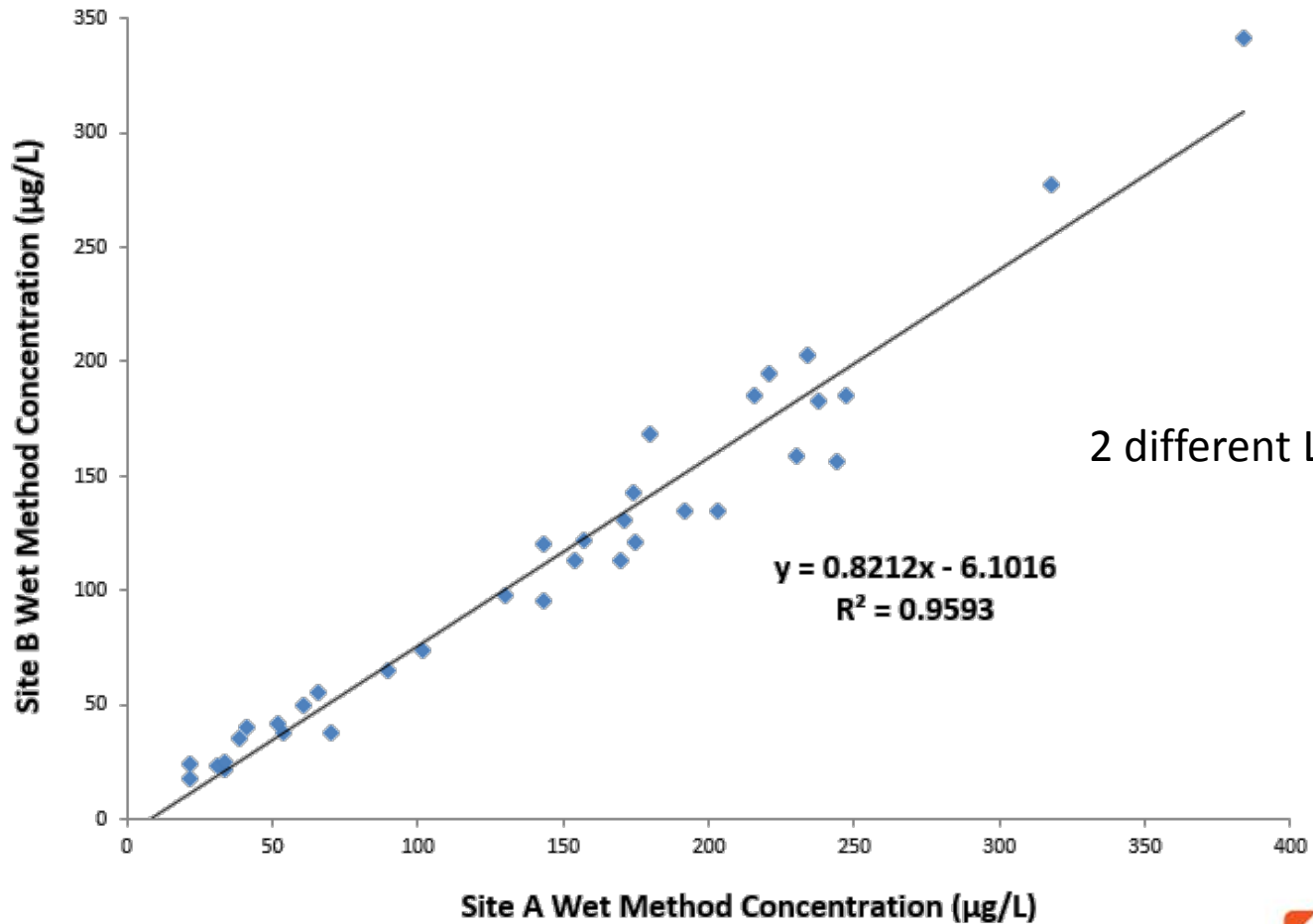
Multiple Site Study

- Two Sites (A and B); Hospitals in the UK.
- 36 Samples provided by Site A
- Wet Extraction vs. Mitra
- API-4000
- Low QC = 25 ng/mL



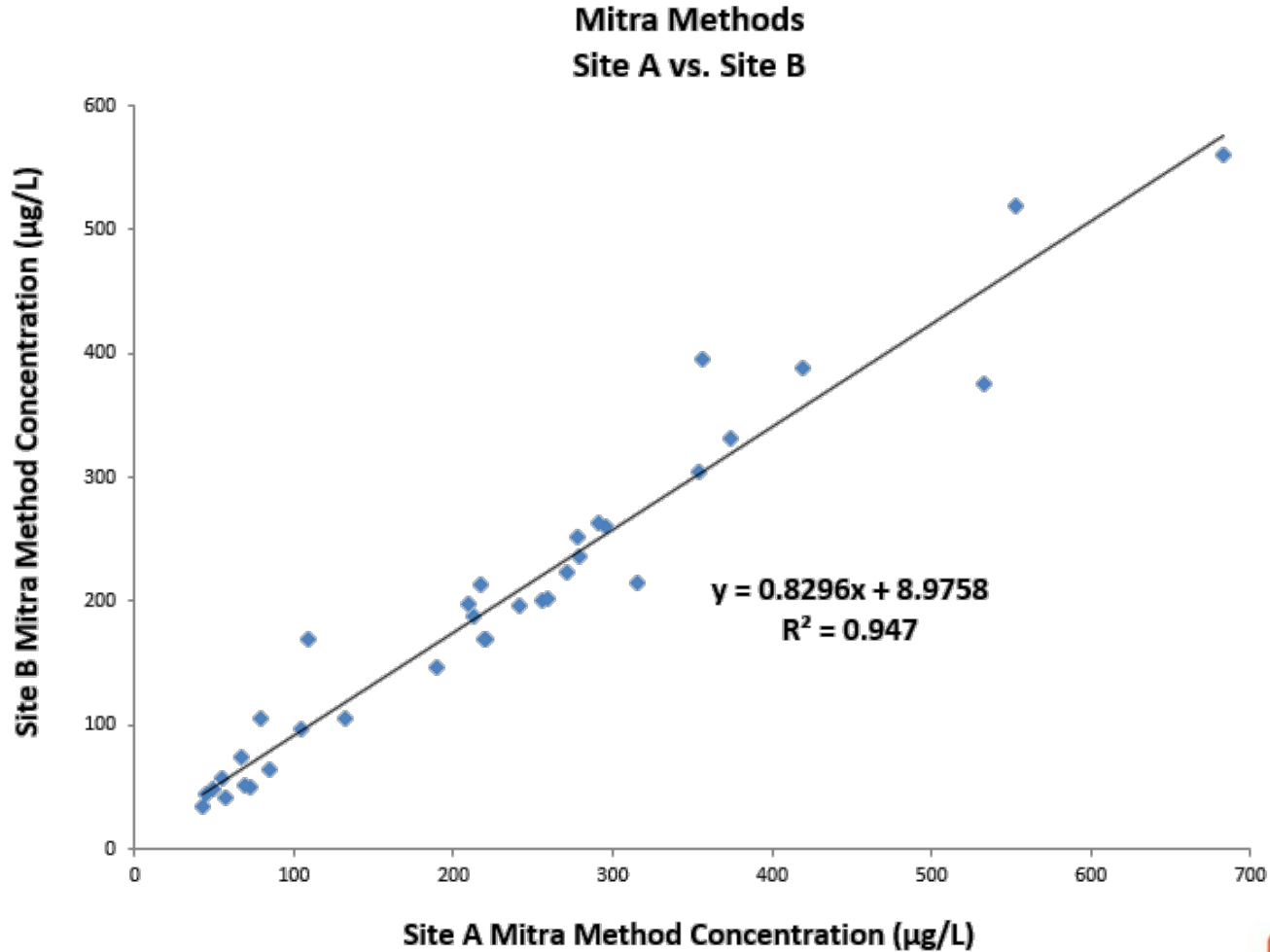
Correlation (Wet Methods)

Wet Methods
Site A vs Site B



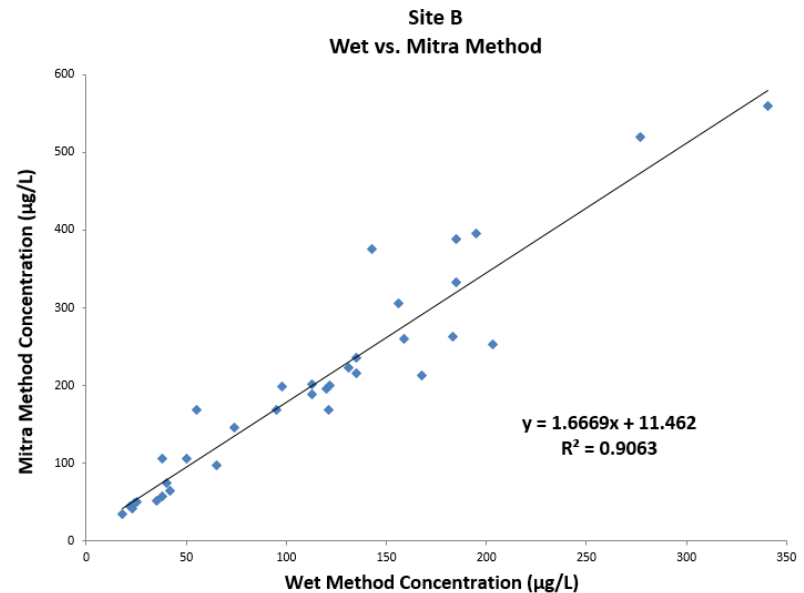
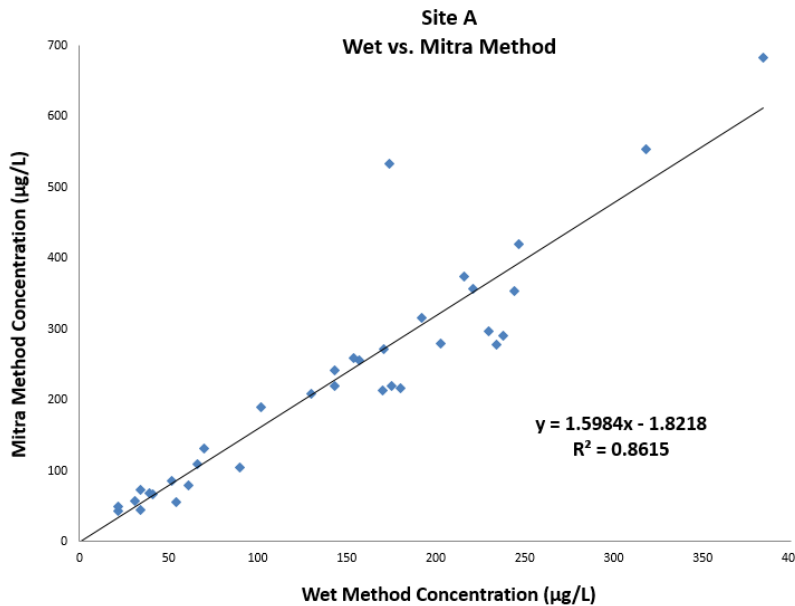
- Strong Correlation; Negative Bias (18%; B vs. A)

Correlation (Mitra Methods)



- Strong Correlation; Negative Bias (18%; B vs. A)

Correlation (Wet vs Mitra)



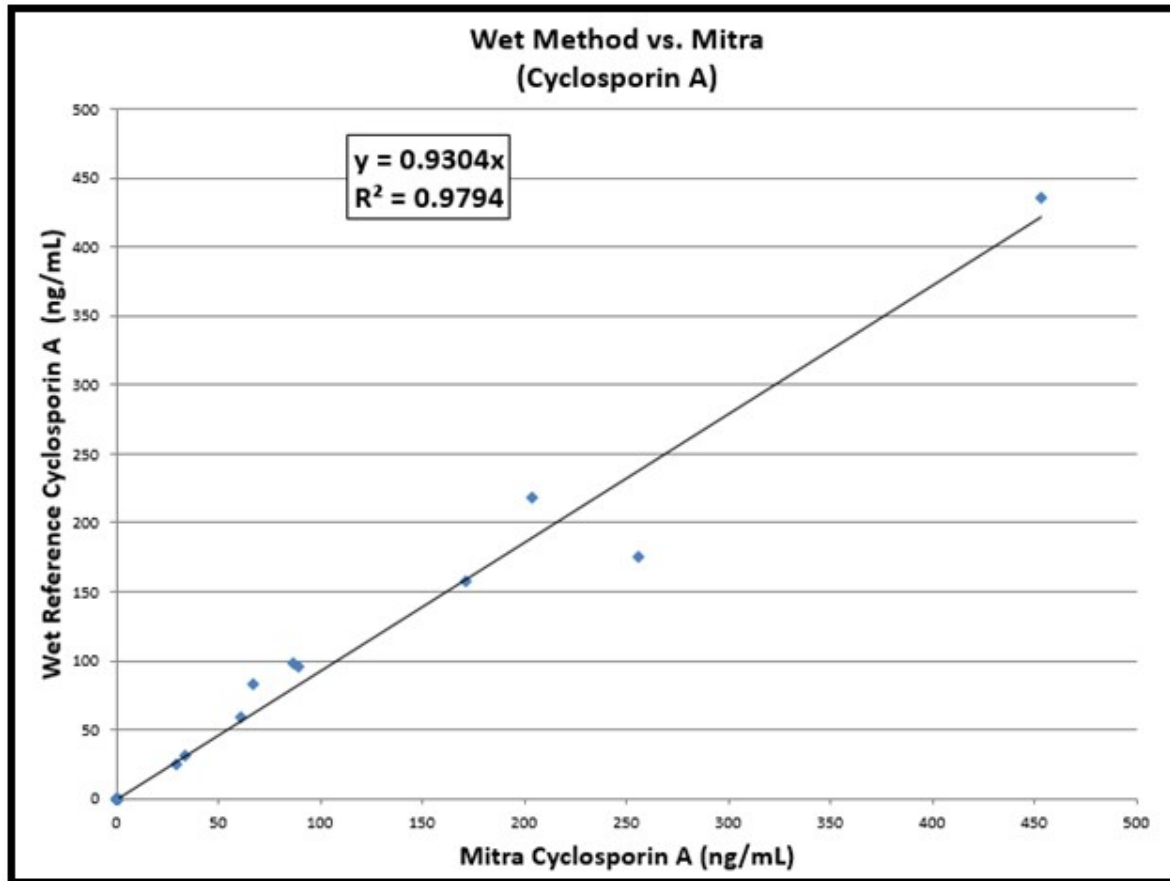
- Strong Correlation at both sites (>.86)
- Positive Bias (60%; Mitra vs. Wet)
- Extraction May have been more efficient

Alternate Mitra Extraction Protein Precipitation (Site B)

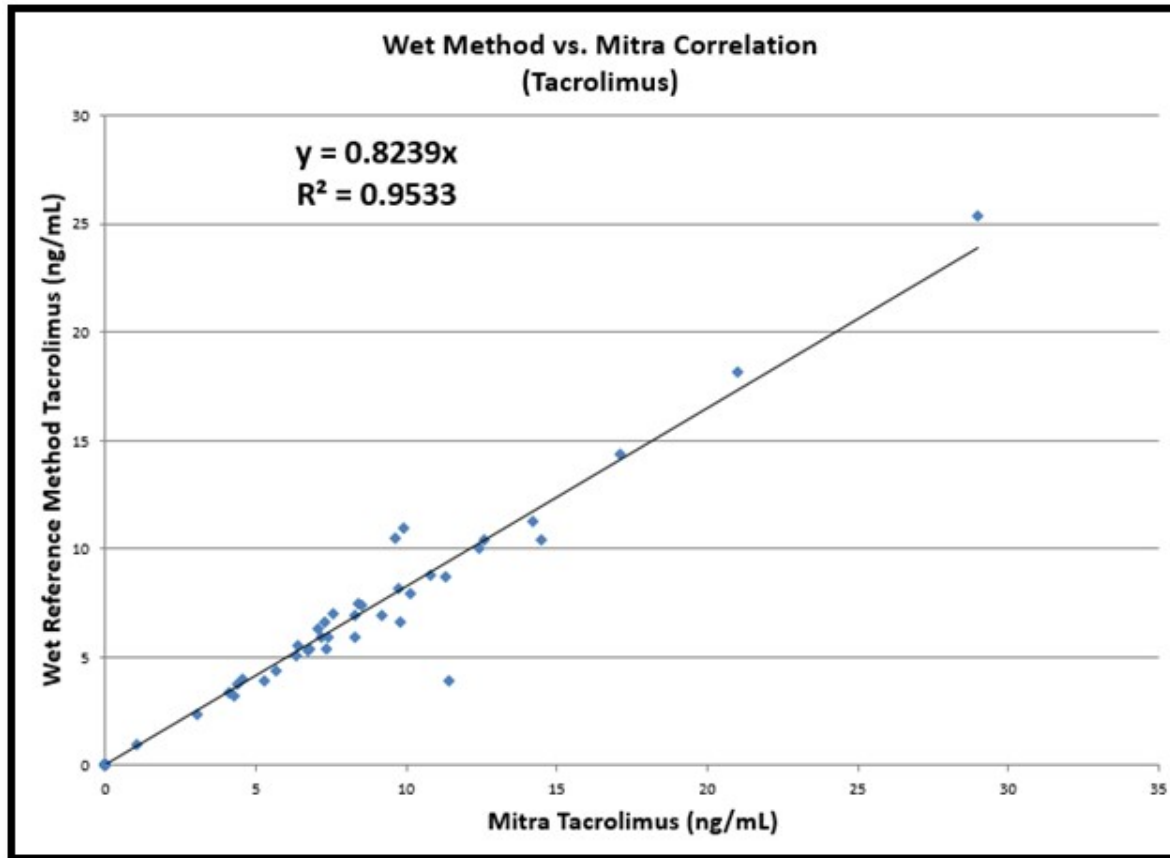
1. Add dried tips to 100 uL of water/5% MeOH (including IS) in square well collection plate
2. Plate shake for 20 min
3. Remove the tips which should be light pink
4. Add 100uL ZnSO₄ (2.88g in 100mL)
5. Plate shake for 5 min
6. Add 100 uL of ACN
7. Plate shake for another 5 min
8. Spin (we transferred to Eppendorf tubes for this)
9. Transfer to autosampler vial and inject



Protein Crash Method CSA



Protein Crash Method Tac



Conclusions and further investigations

- Strong Correlations can be built between standard methods and Mitra methods using simple extraction methods.
- Has good potential for home sampling option, in particular Paediatric patients.
- Need to explore venous draw vs finger-prick on a small patient cohort.
 - The current validation carried out has been on blood samples with anticoagulant and not intended use of product

Thank you

All expenses occurred in the workup and development of the sampling device were jointly funded by LTH and Neoteryx

Patient stability data Tac

Tac 2			wet method	day 1 (5uL injection)	day 7 (10 uL injection)
9044382	3	15/04/2016	3.17	2.14	3.22
9044361	6	15/04/2016	6.00	3.45	6.72
9044335	8	15/04/2016	7.71	4.09	6.66
3479879	12	15/04/2016	12.40	7.54	10.5
3479727	15	15/04/2016	14.60	6.55	14.3
9044390	20	15/04/2016	20.10	12.6	19
NEQAS					
6530991				3.85	4.63
6530992				12.7	11.4
6530993				7.01	6.18