

Drugs of Abuse Extraction from Oral Fluid Using Supported Liquid Extraction (SLE) Following Collection with NeoSal™ Prior to GC/MS Analysis

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Introduction

Drug screening using oral fluid has gained popularity over recent years due to its simple, non-invasive collection means. Screening drugs of abuse can be complicated due to the wide variation of functional groups associated with different analyte classes. Most extraction techniques cannot extract all analytes using a single procedure without using non-optimal extraction protocols, resulting in compromised extract cleanliness. Supported liquid extraction allows for the simultaneous analysis of cross-functional analytes in a single extraction protocol without forfeiting extract cleanliness. This poster demonstrates protocols for the determination of a range of drugs of abuse following collection with the NeoSal™ oral fluid device and GC/MS analysis. The drug suites included amphetamines and synthetic cathinones, barbiturates, benzodiazepines, cocaine, opiates, cannabinoids and synthetic cannabinoids.

Experimental

Reagents

Drug standards and associated internal standards were purchased from LGC Standards (Teddington, UK). Ammonium hydroxide, formic acid, hydrochloric acid and GC derivatizing agents were purchased from Sigma-Aldrich (Dorset, UK). NeoSal™ OF devices and buffer were kindly donated by Agriyork (York, UK). All solvents were HPLC grade from Fisher Scientific (Loughborough, UK) and Milli-Q (Merck Millipore, Germany) water used throughout.

Sample Preparation

ISOLUTE® SLE+ Procedure (Figure 1)

Columns: ISOLUTE® SLE+ 1 mL capacity 'C' columns; 820-0140-C.

Matrix Pre-treatment: ISTDs were spiked into the OF collection device at respective concentrations for each drug panel.

DoA: pH control using 18 µL of conc. NH₄OH.

Synthetic Cannabinoids: No pH modification.

Sample Application: Apply 1 mL OF matrix to each column (equivalent to 250 µL of OF).

Analyte Extraction:

DoA: 2 x 2.5 mL aliquots of DCM/IPA.

Synthetic Cannabinoids: 2 x 2.5 mL 95/5 hexane/EtOAc.

Each aliquot was allowed to stand under gravity for 5 minutes into an appropriate collection tube. A pulse of positive pressure for 10-20 seconds was applied to completely remove the final aliquot.

Initial method development focused on OF pre-treatment and elution solvent conditions to allow simultaneous extraction of multiple drugs of abuse classes. Investigation of the NeoSal™ device demonstrated the necessity of 18 µL of NH₄OH to allow adequate pH control to 8-8.5. This pH does not induce conversion of 6-MAM to morphine while being high enough to allow suitable extraction of multiple classes of acidic, neutral and basic drug panels. **Figure 2** demonstrates extraction recovery comparing various elution solvent combinations: MTBE, DCM and 95/5 DCM/IPA. The latter solvent performed best for a wide analyte panel and was selected going forward. It is also worth noting that the cocaine metabolite, BZE requires DCM solvent combinations for effective extraction.

Results

Calibration lines were constructed from 5 to 250 ng/mL with the optimized methods. **Figures 5-13** demonstrate the linearity of some representative analytes. The coefficient of determination (*r*) for each analyte was greater than 0.99 for concentration range to the limit of quantitation of each analyte. The LLOQs are summarized for the optimized methods in **Table 2**.

Conclusion

- » Supported liquid extraction provides simple, rugged and reliable sample preparation approach for the extraction of drugs of abuse from oral fluid collected using the NeoSal™ OF device.
- » This poster demonstrates a common procedure for extraction of: amphetamine, cathinone, designer amphetamine, barbiturate, benzodiazepine, cocaine, opiate and cannabinoid drug panels.
- » Synthetic cannabinoids required separate optimization.

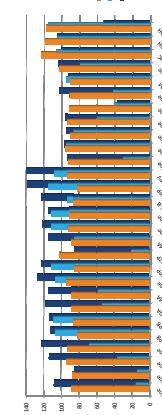


Table 1. Solvents used post-evaporation to derivatize analytes.

| Analyte Group | Pre-derivatization | Heating step | Reconstitution | Heating step |
|---------------|----------------------------|---|--|------------------------|
| Amps | 25 µL EtOAc 25 µL PIPPA | 20 minutes at 70 °C then evaporation | 50 µL EtOAc | No |
| Barts | | | 80 µL TMH | |
| Benzos | | | 50 µL MTBE/50 µL EtOAc (59/1 t-BDBTC5), 25 µL EtOAc | 30 minutes at 70 °C |
| Cocaine | N/A | N/A | 25 µL EtOAc (99/1 IMCS), 25 µL EtOAc | 25 minutes at 70 °C |
| Opiates | | | 25 µL EtOAc (99/1 IMCS), 25 µL EtOAc | 25 minutes at 70 °C |
| THC | | | 25 µL EtOAc (99/1 IMCS), 25 µL EtOAc | 25 minutes at 70 °C |
| Cannabinoids | | | 25 µL EtOAc (99/1 IMCS), 25 µL EtOAc | 25 minutes at 70 °C |

Figure 2. Recovery profile chart comparing elution solvent selection.

Figure 3. demonstrates final analyte recoveries following ISOLUTE® SLE+ 1 mL column extraction using the optimized procedure. Each analyte panel was run separately as detailed in **Table 1**.

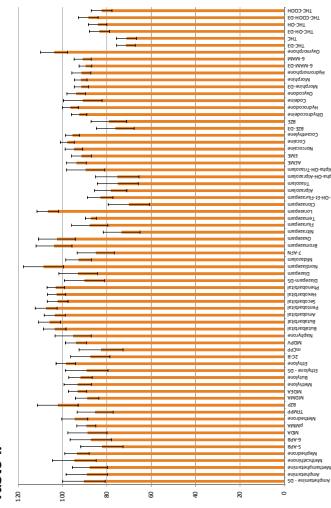


Figure 3. Recovery profile chart for analytes using a common extraction procedure.

Synthetic cannabinoids could not be combined with the DOA extraction protocol due largely to differing polarities and solubilities. **Figure 4**, demonstrates analyte extraction recoveries using the optimized synthetic cannabinoid method at un-modified pH pre-treatment and 95/5 hexane/EtOAc elution solvent combinations.

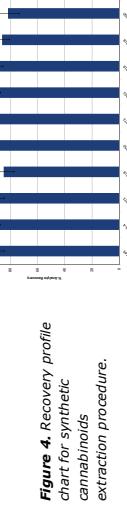


Figure 4. Recovery profile chart for synthetic cannabinoids.

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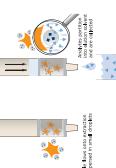
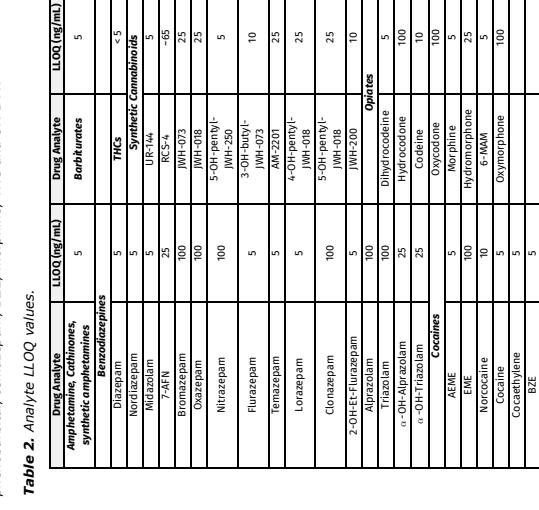
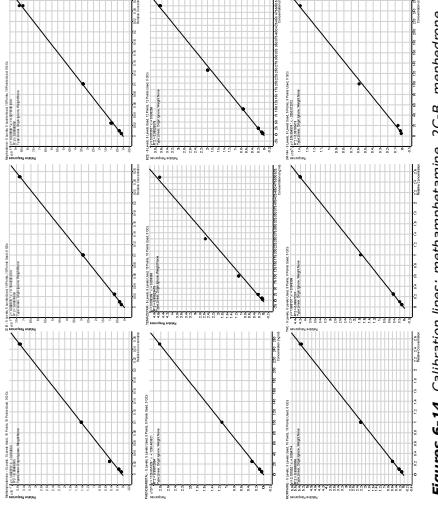


Figure 1. Schematic of ISOLUTE® SLE+ Supported Liquid Extraction Procedure.