Forensic Screening for Drugs in Urine Using High-Resolution MS/MS Spectra and Simplified High-Performance Screening Software

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Key Words

Q Exactive Focus, ToxFinder, forensic toxicology, screening, drugs of abuse

Goal

To evaluate the performance of the Thermo Scientific[™] Q Exactive[™] Focus hybrid quadrupole-Orbitrap mass spectrometer as an LC-MS/MS screening platform for forensic detection and quantitation of very large numbers of drugs in human urine.

Introduction

Forensic toxicologists need an economical solution to screen for a virtually unlimited number of compounds in urine. Here we present a method for screening using a dilute-and-shoot approach with the Q Exactive Focus mass spectrometer and Thermo Scientific[™] ToxFinder[™] software.

Experimental Methods

Sample Preparation

Samples were processed by simple dilution. Briefly, an aliquot of centrifuged urine was spiked with stable-isotope-labeled internal standard and diluted 30-fold before an aliquot was analyzed by gradient HPLC on a Q Exactive Focus mass spectrometer. No hydrolysis was performed. The internal standard used was tolbutamide- d_9 . This compound was used for its versatility because it ionizes in both positive and negative mode. Limits of detection were determined by spiking compounds of interest into pooled blank urine in the range of 1 to 500 ng/mL.

Liquid Chromatography

Gradient elution was performed using a Thermo Scientific[™] Dionex[™] UltiMate[™] 3000 Rapid Separation LC with OAS autosampler (Figure 1). Mobile phases consisted of 10 mM ammonium formate in water and methanol (Fisher Chemical brand) for mobile phases A and B, respectively. The column used was a Thermo Scientific[™] Accucore[™] PFP column, 2.6 µm, 100 x 2.1 mm fused core (PN 17426-102130). The gradient was run at a flow rate of 0.45 mL/min from 5 to 100% mobile phase B over 6 minutes followed by a column wash and re-equilibration to starting conditions. The total run time was 10 minutes.



Figure 1. Q Exactive Focus MS with UltiMate 3000 RSLC pump and UltiMate 3000 OAS autosampler.

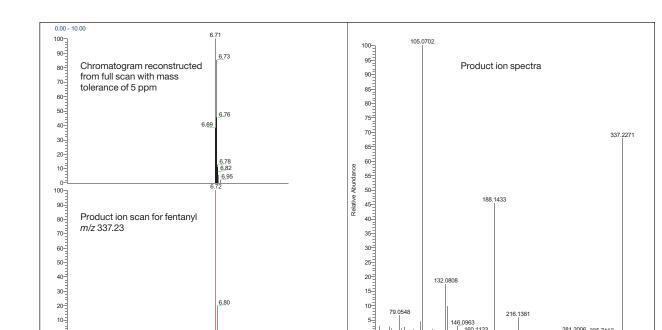
Mass Spectrometry

Compounds were detected on a Q Exactive Focus hybrid quadrupole-Orbitrap mass spectrometer equipped with a Thermo Scientific[™] Ion Max source and heated electrospray ionization (HESI II) sprayer. Data were acquired in full-scan data-dependent MS² (ddMS²) mode. In this mode, both positive and negative high-resolution, full-scan data at resolution of 70k were collected, then MS² spectra at a resolution of 17.5k were triggered for compounds entered in the inclusion list (Figure 2). Figure 3 shows an example of the data acquired with this method.



Figure 2. Diagram of data-dependent MS^2 method for detection and quantitation of drugs in urine.





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Figure 3. Fentanyl data, showing full scan at 5 ppm, product ion scan, and product ion spectra.

Method Evaluation

Three hundred compounds, both positively and negatively ionizing, from different classes including therapeutic drugs, drugs of abuse, and environmental toxins, were selected for evaluation. Spiking solutions of 8–10 compounds each were prepared and used to make test mixes at concentration of 500, 100, 50, 10, 5, and 1 ng/mL in pooled donor urine.

Time (min)

Test mixes were processed using the previously described sample preparation procedure and then analyzed. Additionally, positive donor samples from a collaborator laboratory were processed and analyzed.

Data Analysis

Data was processed using ToxFinder software. ToxFinder software uses a database that contains compound-related information and tolerances for identification. It also utilizes proprietary spectral libraries including forensic toxicology libraries containing drugs of abuse, therapeutic drugs, and environmental toxins, and food safety and environmental libraries containing pesticides, mycotoxins, veterinary drugs, and PFCs. Other important features include semi-quantitation, relative retention time calculation, a custom reporting package, and easy output for importation into LIMS systems.

200

m/z

The ToxFinder software database and libraries are combined into a processing method (Figure 4). After a method is created, the analyst imports a sample list and processes the data. Results can be printed immediately or reviewed before printing (Figure 5).

In this note, the primary method identified compounds based on retention time, accurate *m/z*, and spectral library matching. The LOD/cut-off for each compound was determined to be the lowest spiked concentration in which peaks were identified by the ToxFinder software. If even greater identification confidence is required, isotopic pattern matching can also be added to the method parameters. Table 1 shows the parameters used in each method.

ToxFinder 👻 म	Method Development - Method2 [Full Scan - Data Dependent]	
Compound Database	Method Settings Peak Detection Reports	
compound butabase	Database: ddMS2.cdb	Enable Library Matching Library Matching
Method Development	Peaks Mass tolerance: 5 PPM	Libraries: Screening 😂
	Retention time: RT Relative RT No RT	Reverse search
Sample List	Chro view width (min): 1.00 🛋	☑ Enable Isotope Pattern
	Mass decimal precision: 4	Isotope Pattern
Data Review	Threshold: O Area Height Concentration	Spectrum: Apex Average Allowed mass deviation (ppm): 10.00
	Enable Semi-Quan	Allowed intensity deviation (%): 50.00
Report View	Semi-Quan	
	Calculation by: Peak height Peak area Calculation type: Response factor ISTD Concentration	

Figure 4. Example of a ToxFinder method using library matching (Method #2).

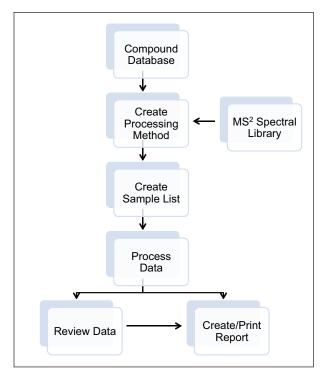


Figure 5. ToxFinder software workflow.

Table 1. ToxFinder method parameters used for compound identification.

Method 1	Method 2	
Accurate m/z	Accurate m/z	
Retention time	Retention time	
Library search	Library search	
	Isotopic pattern	

Results

Using the primary data processing method, the vast majority of compounds analyzed had detection limits at or below 10 ng/mL. Figure 6 shows the number of compounds detected at each concentration, and Table 2 shows the limits of detection for all compounds. When the additional requirement of isotopic pattern matching was employed, the limits of detection were slightly higher. This is to be expected because of the naturally lower abundance of isotopic ions. Figure 7 shows the ToxFinder software Data Review page with precursor scan, library search results matching, and isotopic pattern comparison results for oxycodone. Complete results for this method are again shown in Figure 6 and Table 2.

Figure 8 shows reconstructed chromatograms for compounds detected in a donor urine sample. Figure 9 shows the ToxFinder results for cyclobenzaprine from the same samples.

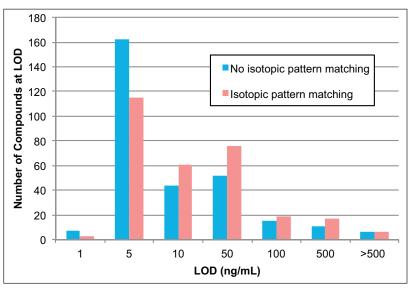


Figure 6. Number of compounds at each limit of detection using ToxFinder methods with and without isotopic pattern matching.

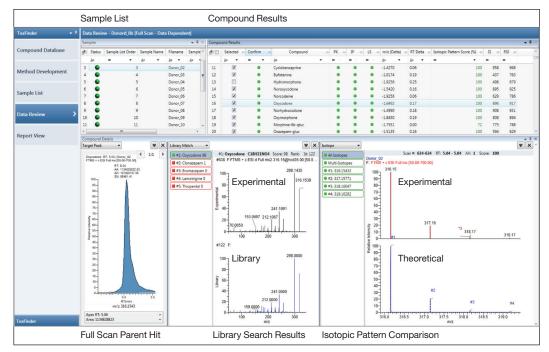


Figure 7. ToxFinder software data review page.

Table 2. Limits of detection for compound, with and without isotopic pattern matching.

Analyte	LOD (ng/mL)	
	No Isotopic Pattern Matching	Isotopic Pattern Matching
1-(3-Chlorophenyl)-Piperizine	5	5
1,1-Dimethylbiguanide	50	50
2-Bromo-Alpha-Ergocryptine	10	50
4bromo- 2,5dimethoxyphenethylamine	5	10
6-Acetylcodeine	5	5
6-Acetylmorphine	50	5
7-Amino-Flunitrazepam	10	10
Acebutolol	5	5
Acetaminophen	5	5
Albuterol	5	10
Allobarbital	100	500
Alprazolam	5	5
Alprenolol	50	50
Aminorex	5	5
Amitriptyline	1	5
Amobarbital	100	500
Amoxapine	5	10
Amphetamine	5	10
AnhydroecgonineMethylEster	1	5
Antipyrine	5	5
Apomorphine	500	500
Aprobarbital	100	500
Astemizole	50	500
Atenolol	5	5
Atropine	5	5
Barbital	>500	>500
BDB	5	5
Benzocaine	10	10

Analyte	LOD (ng/mL)	
	No Isotopic Pattern Matching	Isotopic Pattern Matching
Benzoylecgonine	5	5
Benzylpiperazine	5	10
Betamethasone	50	50
Betaxolol	5	10
Bisoprolol	10	10
Bromazepam	50	50
Brompheniramine	5	10
Bufotenine	10	50
Bupivocaine	5	5
Buprenorphine	5	10
Buprenorphine-glucuronide	>500	>500
Buspirone	1	1
Butabarbital	100	500
Butorphanol	5	5
Caffeine	5	5
Carbamazepine	5	5
Carbinoxamine	5	5
Chloroquine	500	500
Chlorothiazide	50	50
Chlorpromazine	10	50
Chlorprothixene	10	50
Cimetidine	10	100
Cinnarizine	100	100
Ciprofloxacin	100	100
Cisapride	5	50
Citalopram	5	5
Clozapine	5	10
Clenbuterol	10	50

Analyte	LOD (ng/mL)	
	No Isotopic	Isotopic
	Pattern	Pattern
	Matching	Matching
Clobazam	5	5
Clomipramine	5	10
Clonazepam	10	10
Clozapine N-Oxide	50	50
Cocaethylene	5	5
Cocaine	5	5
Codeine	5	5
Codeine-glucuronide	>500	>500
Coumetetrayl	5	5
Cyclobenzaprine	5	5
Desalkylflurazepam	10	10
Desipramine	5	5
Desmethyl-citalopram	5	5
Desmethyl-clomipramine	5	5
Desmethyldoxepin	5	5
Desmethyl-flunitrazepam	10	50
Desmethyl-selegiline	5	5
Dexamethasone	50	50
Dextromethorphan	5	5
Diazepam	5	10
Diclofenac	10	50
Dihydrocodeine	5	5
Disopyramide	1	5
Dothiepin	10	50
Doxepin	5	5
Doxylamine	5	5
EcgonineMethylEster	5	5
EDDP	5	5
EMDP	10	10
Enalapril	10	10
Ephedrine	10	10
Estazolam	5	5
Ethylamphetamine	5	5
Etomidate	5	5
Fendiline	10	10
Fenoprofen	500	500
Fentanyl	1	- 1
Flecainide	5	5
Flumethasone	50	50
Flunitrazepam	5	5
Flunixin	5	5
Fluoxetine	10	10
Fluphenazine	50	50
Flurazepam	5	5
Flurbiprofen	>500	>500
Fluvoxamine	5	10
Furosemide	100	100
Gabapentin	10	50
Glafenine	10	10
Gliclazide	5	50

Analyte	LOD (ng/mL)	
	No Isotopic Pattern Matching	lsotopic Pattern Matching
Glimepiride	50	100
Glipizide	50	100
Glutethimide	50	50
Glyburide	50	100
Haloperidol	5	50
Heroin	500	500
Hexobarbital	500	500
НММА	50	50
Hydrocodone	10	10
Hydromorphone	5	10
Hydroxy-Benzoylecgonine	5	5
Hydroxy-Ethyl-Flurazepam	50	50
Hydroxy-Midazolam	50	50
Hydroxy-Nordiazepam	5	5
Hydroxy-Triazolam	50	50
Hydroxyzine	50	50
Ibogaine	5	5
Imipramine	5	5
Indomethacin	1	5
Isocaffeine	5	5
Isoproterenol	500	500
Ketamine	5	10
Ketoconazole	10	50
Ketoprofen	10	10
Ketorolac	5	50
Labetalol	50	50
Lamotrigine	5	5
Levotiracetam	50	50
Lidocaine	5	5
Loratadine	50	50
Lorazepam	10	50
Lorazepam-glucuronide	>500	>500
Lormetazepam	5	50
LSD	5	5
Malathion	50	100
Maprotiline	5	5
MBDB	5	5
MDA	5	5
MDEA	5	5
MDMA	5	5
MeclofenamicAcid	500	500
Meperidine	5	5
Mepivacaine	5	5
Meprobamate	50	50
Mescaline	10	50
Mesoridazine	5	50
Metaproterenol	10	50
Methadone	5	5
Methamphetamine	5	10
Methaqualone	5	5

Analyte	LOD (n	g/mL)	Analyte	LOD (n	g/mL)
	No Isotopic Pattern Matching	Isotopic Pattern Matching		No Isotopic Pattern Matching	Isotopic Pattern Matching
Methohexital	500	500	Noscapine	10	10
Methotrexate	50	50	O-demethyl-cis-tramadol	10	10
Methoxyverapamil	5	5	O-desmethyl-venlafaxine	50	50
Methylphenydate	5	5	Ondansetron	5	5
Methyprylon	5	5	Opipramol	5	50
Metoclopramide	5	5	Oxazepam	5	5
Metronidazole	5	50	Oxazepam-glucuronide	>500	>500
Mexiletine	5	5	Oxcarbazepine	50	50
Mianserin	5	5	Oxycodone	5	10
Miconazole	500	500	Oxymorphone	5	10
Midazolam	5	5	Papaverine	5	5
Mirtazapine	5	5	Paraxanthine	5	10
Molsidomine	5	10	Paroxetine	10	10
Morphine	1	1	Pentazocine	5	10
Morphine-3-beta-glucuronide	100	500	Pentobarbital	50	100
Morphine-6-beta-glucuronide	>500	>500	Perphenazine	50	100
Nabumetone	100	100	Phenobarbital	50	100
N-Acetylprocainamide	5	10	Phenolphthalein	50	50
Nalbuphine	5	5	Phentermine	10	10
Nalorphine	5	10	Phenylpropanolamine	10	50
Naloxone	5	5	Phenyltoloxamine	5	5
Naltrexol	5	5	Phenytoin	500	500
Naltrexone	5	5	Physostigmine	5	5
Naproxen	10	50	Pindolol	5	5
N-desmethyl-cis-tramadol	50	50	Piroxicam	100	100
N-Desmethylselegiline	10	10	PMA	5	50
N-Desmethyltrimipramine	5	5	РММА	5	5
Nicardipine	50	50	Prazosin	5	5
Nifedipine	50	50	Prilocaine	5	5
Nimodipine	50	50	Primidone	50	50
Nitrazepam	5	5	Procainamide	5	5
Nitrendipine	50	50	Procaine	5	5
Nizatidine	50	50	Promazine	5	10
Norbenzoylecgonine	5	10	Promethazine	50	50
Norbuprenorphine	10	50	Prometryn	100	100
Norcocaethylene	10	10	Propafenone	5	100
Norcocaine	5	5	Propoxyphene	10	10
Norcodeine	10	10	Propranolol	5	5
Nordiazepam	5	5	Protriptyline	5	5
Nordoxepin	5	5	Pseudoephedrine	5	5
Norfentanyl	5	5	Pyrilamine	5	5
Norfluoxetine	50	50	Quetiapine	5	50
Norhydrocodone	10	10	Quinidine	5	5
Norketamine	5	10	Quinine	1	1
Nor-LSD	50	50	Ranitidine	50	50
Normeperidine	5	50	Risperidone	5	5
Normorphine	10	50	Ritalinic Acid	5	10
Noroxycodone	5	10	Scopolamine	5	10
Noroxymorphone	50	50	Secobarbital	100	500
Norpropoxyphene	50	50	Selegiline	50	50
Nortriptyline	5	5	Sertraline	10	50

Analyte	LOD (ng/mL)		
	No Isotopic Pattern Matching	Isotopic Pattern Matching	
Sotalol	5	5	
Spironolactone	50	50	
Strychnine	10	10	
Sufentanil	50	50	
Sulindac	10	50	
Sulpiride	5	5	
Tamoxifen	100	100	
Tapentadol	5	5	
Telmisartan	5	10	
Temazepam	50	50	
Tenoxicam	5	50	
Terbutaline	5	10	
Terfenadine	50	10050	
Tetracaine	50	5	
Theophylline	5	100	
Thiopental	100	100	
Thioridazine	100	50	
Thiothixene	5	100	
Tiagabine	5	5	
Tiapride	5	5	

Analyte	LOD (ng/mL)		
	No Isotopic Pattern Matching	Isotopic Pattern Matching	
Timolol	5	5	
Tolmetin	5	10	
Topiramate	5	5	
Tramadol	5	10	
Trazodone	10	10	
Triazolam	5	10	
Trifluoperazine	10	50	
Trimethoprim	5	5	
Trimipramine	5	5	
Triprolidine	5	5	
Venlafaxine	5	105	
Verapamil	5	5	
Vincamine	5	5	
Warfarin	5	5	
Zalepion	5	5	
Zimelidine	5	10	
Zolpidem	5	5	
Zolpidem phenyl-4-COOH	10	10	
Zonisamide	5	10	
Zopiclone	500	500	

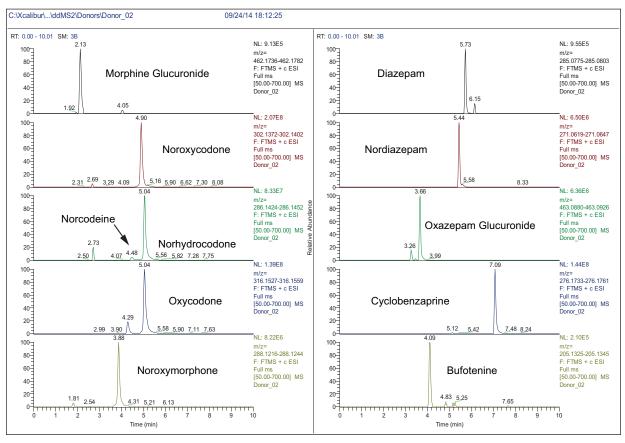


Figure 8. Donor #2 urine analysis results - identified compounds.

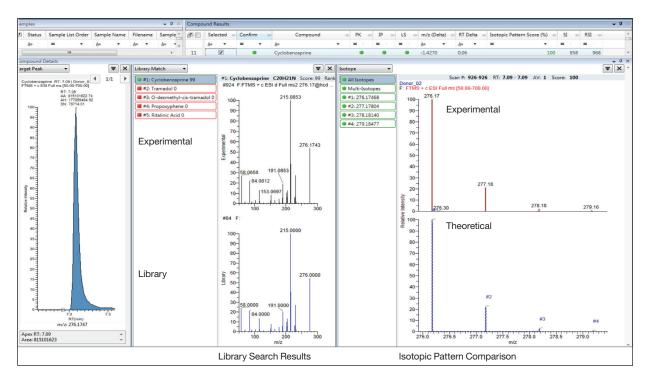


Figure 9. Cyclobenzaprine identified in donor sample.

Conclusion

- A urine screening method for about 300 compounds, both positively and negatively ionizing, including drugs of abuse and environmental toxins, was successfully evaluated.
- Collected data demonstrated good method sensitivity and specificity in diluted urine samples.
- ToxFinder software's simple user interface enabled quick method development and rapid data review.
- The Q Exactive Focus mass spectrometer and ToxFinder software together provided high confidence in data output by combining the power of an Orbitrap mass analyzer with the comprehensive identification software workflow.

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