



**The Use of an Integrated Ceramic Micro-Fluidic Separations Device For The High Sensitivity LC/MS/MS Quantification of Drugs in Low Volume Samples from DMPK Studies**

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5 Studies  
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28 Abstract

29 An integrated capillary scale (300µm id) ceramic microfluidic LC system combined with  
30 MS/MS has been successfully employed for the quantitative analysis of pharmaceutical  
31 compounds in human plasma. The capillary ceramic microfluidic LC/MS/MS system  
32 showed an approximate 20-fold (range 11 -38-fold) increase in sensitivity compared with  
33 a standard 2.1mm scale UPLC/MS/MS system for a broad range of analytes. The loading  
34 capacity of the devices capillary separations channel allowed injection of 2µL of an  
35 aqueous solution, and up to 1.2µL of a typical protein- precipitated plasma sample, onto  
36 the reversed-phase chromatography system. The system also showed excellent  
37 chromatographic performance and robustness, with no deleterious effects on the  
38 chromatography observed over the course of 1000 injections of protein-precipitated  
39 plasma. The ability of the ceramic microfluidic LC/MS/MS system to deliver this level  
40 of sensitivity and performance enables the routine quantification of pharmaceutical  
41 compounds from small format samples, such as those obtained by dried blood spot or  
42 other blood microsampling approaches, to be performed.  
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56 Key Words: Micro LC, Bioanalysis, DMPK, LC/MS/MS  
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## Introduction

Providing high quality quantitative and qualitative data to support compound discovery, lead candidate selection, preclinical safety assessment and clinical trial support is the principal task of the DMPK (drug metabolism and pharmacokinetics) scientist. The adoption of technologies such as reversed-phase HPLC in the late 1970's and early 1980's [1], LC/MS in the early 1990's [2,3], LC-NMR [4,5] and accurate mass LC/MS [6] in the late 1990's into DMPK analysis has increased the speed, sensitivity, precision and quality of the pharmacokinetic and metabolic information generated in these pivotal studies. The introduction of sub 2 $\mu$ m LC systems in the early 2000's provided another opportunity for the DMPK scientist to improve both data quality and information content whilst reducing analysis time [7,8]. So e.g., Pedraglio *et al* showed that assay times could be reduced from 3.5 minutes to 1.5 minutes whilst assay sensitivity was increased by a factor of 5 by employing sub 2 $\mu$ m LC [9]. These authors also demonstrated that the observed increase in assay sensitivity enabled the pharmacokinetics of the candidate drug molecule to be better defined by allowing drug concentrations in samples obtained from the 24hr time point to be measured rather than their having to be estimated by extrapolation. This technology was also quickly adopted in drug metabolite identification studies resulting in both improved throughput [10] and the detection of metabolites at lower concentrations [11].

These LC/MS technologies have served the DMPK scientist well over the last 30 years where sample volumes from both pre-clinical and human volunteer studies have typically been in the order of 50-1000 $\mu$ L, with limits of quantification ranging from 10pg/mL to 1ng/mL. However, over the past 4 years there has been a revolution in the collection of blood-derived samples from animals used in pre-clinical trials. Thus, interest in, and the move towards, the adoption of dried blood spot/micro sampling technologies for sample collection [12,14] has lead to a dramatic rethink in animal study design. The collection of smaller samples, particularly from rodents, has allowed multiple blood samples to be taken from each animal during studies, reducing the number of animals required to define the pharmacokinetic properties of new drug candidates. This reduction in animal numbers, which also reduced the total amount of drug substance needed to perform such

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3 studies, not only provides ethical and fiscal benefits, but also results in enhanced data  
4 quality as all of the toxicokinetic profiles are generated from a small number of  
5 individual animals. This contrast with the previous need to obtain composite profiles via  
6 the sacrifice of several animals at each time point to provide sufficient sample for  
7 analysis. Whichever of these microsampling approaches are finally adopted for DMPK  
8 studies, the challenge to the bioanalytical scientist remains the same; the available sample  
9 volume for analysis has been significantly reduced whilst the level of sensitivity required  
10 to support the assays has not changed. As illustrated by Spooner *et al* [15] the sensitivity  
11 of modern LC/MS/MS systems is more than enough to address the requirements of the  
12 majority of orally administered studies. However, there are occasions when the  
13 combination of low sample volumes and low systemic concentrations of drug substance  
14 require greater analytical performance to obtain the requisite pharmacokinetic data.  
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25 Capillary scale and nano scale LC has long been employed in the field of proteomics to  
26 analyse proteins isolated by gel electrophoresis or a similar technique. The  
27 chromatographic scale benefits of the 150 and 75 $\mu$ m internal diameter columns result in a  
28 more concentrated peak and hence improved sensitivity of detection. The use of micro  
29 scale LC is not new and many of the fundamental studies were performed in the early  
30 1980's by scientists such as Novotny who, in his early work, demonstrated the sensitivity  
31 benefits of capillary scale LC (cLC) [15]. These sensitivity benefits were further  
32 exploited by Henion *et al* when combined with electrospray MS to deliver extremely high  
33 levels of sensitivity for protein and peptide analysis [17]. Although capillary and nano  
34 scale LC showed great potential to increase assay sensitivity these initial studies relied  
35 upon "home built" systems, which hampered the rapid adoption of the technology by the  
36 wider chromatographic community. This problem was alleviated by the advent of  
37 commercial cLC systems in the late 1990's early 2000's which provided the potential for  
38 more widespread reproducible and reliable micro and nano-scale LC [18]. However, the  
39 performance of these instruments still remained very much dependent upon the skill and  
40 experience of the user to make the required connections and to extract the best from the  
41 system. This was especially apparent at the nano-scale level, where small voids in  
42 column connections had a very deleterious effect on the observed LC performance.  
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3 proteomics and DMPK applications [19]. In the DMPK area, for example, Dear *et al*  
4 showed how these micro scale LC systems could be employed for both quantitative  
5 bioanalysis of tail bled mice and also for the identification of drug metabolites using  
6 capillary LC combined with ion trap MS [20,21].  
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14 One obvious route to avoid these performance-damaging column connection voids is to  
15 co-locate the column, connections and MS emitter/spray tip in one device (such  
16 approaches are often referred to as “lab on a chip” or “chips”[22]). Much of the initial  
17 work on these micro-fabricated devices has employed glass or plastic supporting  
18 substrates. Whilst these materials are of sufficient mechanical strength for low efficiency  
19 separations using 3 or 5µm particle LC the higher back pressures produced by longer  
20 columns packed with sub 2µm porous particles require a more mechanically robust  
21 material as a support. We have previously described the use of such a micro-fluidic  
22 device for the elucidation of drug metabolites obtained from in *in vitro* microsomal  
23 incubation studies [23], and more recently in a metabonomic application to urine [24].  
24 Here we describe, and evaluate, the use of an integrated ceramic-based micro-fluidic  
25 device for the analysis of drugs in plasma samples of the type that would result from low  
26 sampling volume DMPK studies.  
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## Experimental

### Chemicals:

Alprazolam, atenolol, pentamidine, metoprolol, antipyrine, dextromethorphan, diphenhydramine, erythromycin, danazol monobasic sodium phosphate, dibasicsodium phosphate, EDTA desmopressin and salmeterol xinafoate were all purchased from Sigma Chemical Co. (St. Louis, MO., US) Formic acid, methanol and acetonitrile were all purchased from Thermo Fisher Scientific (Pittsburgh, PA, USA). The deuterated alprazolam used as an internal standard, and the alprazolam-hydroxy-metabolite were obtained from Cerilliant (Round Rock, TX, USA). Exendin-4 was supplied by GlaxoSmithKline R&D, (Upper Merion, PA, USA). Rat blood was obtained from Equitech-Bio (Kerrville, TX, USA) and EDTA was used as the anti coagulant. Water was obtained from an in-house milli Q filtration system Millipore (Billerica MA, USA). The blood was stored refrigerated prior to use and used within 5 days of delivery.

### Construction of ceramic microfluidic device

High-temperature co-fired ceramics (HTCC) technology has been widely used in the production of multilayered electronic circuits. Unlike common printed circuit board (PCB) technology the HTCC fabrication process enables passive electronic components to be embedded with multiple layers on ceramic material resulting in a high density complex board in a very small scale. This same principle has been implemented to create a microfluidic device. Instead of using a multi-layered technique to embed electronic components, fluidic channels are created within the device. Thereafter the device may be packed with chromatography media creating a compact efficient chromatographic column.

The ceramic process begins with a raw material called *green tape* which is available in thin sheets. The tape consists of ceramic material cast in an organic binder. A precision UV micromachining system is used to create a microfluidic channel on a single sheet of tape. The thickness of the tape defines the ultimate height of the microfluidic channel whilst the width of the laser cut determines the channel width. The centre layer is sandwiched by two pairs of sheets closing off the channel creating either a square or

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3 rectangular cross section. Vias are placed through the top two layers of green tape above  
4 the origin and the terminal end of the channel to serve as ports to direct fluid into and out  
5 of the device.  
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9 The five-layered stack of green tape is laminated under isostatic pressure and elevated  
10 temperature ensuring that all layers are in direct contact prior to firing. The firing process  
11 occurs in two steps: An initial low-temperature organic burnout is used to remove the  
12 organic binder. Following this stage, the furnace temperature is slowly ramped to the  
13 sintering temperature of the ceramic. During the sintering process the ceramic glass  
14 particles begin to melt and flow while the structure of the device and internal features are  
15 maintained. The densification which accompanies the sintering process results in a  
16 monolithic structure with an embedded channel able to withstand high pressures.  
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19 The upper pressure capability is inversely proportional to the channel width. The greatest  
20 stress concentration within the channel corners ultimately limits the device. In this  
21 prototype device a 300  $\mu\text{m}$  channel was capable of withstanding 12-15 kpsi.  
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### 24 **Analytical Chromatography Test Mixture**

25 Alprazolam, atenolol, pentamidine, metoprolol, antipyrine, dextromethorphan,  
26 diphenhydramine, erythromycin, and danazol were individually dissolved in methanol at  
27 a concentration of 1mg/mL. The individual standards were then spiked into a 1:1 (v/v)  
28 mixture of methanol:water to create a test mix of concentration 1ng/mL for each analyte.  
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### 31 **Sample Preparation**

#### 32 *Dried Blood Spot Analysis*

33 Exendin-4 authentic standard was accurately weighted and dissolved in a 1:1 (v/v)  
34 mixture of methanol: water to yield a concentration of 100 $\mu\text{g/mL}$ . This solution was  
35 further diluted in fresh rat blood to produce a calibration curve covering the range  
36 1pg/mL to 10ng/mL.  
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Desmopressin was accurately weighed and dissolved in a 1:1 (v/v) mixture of methanol: water to yield a concentration of 100µg/mL. This solution was further diluted in fresh rat blood to produce a calibration curve covering the range 10pg/mL to 10ng/mL.

A 15µL aliquot of the spiked blood samples prepared for each of the above analytes was placed on a Whatman DMPK C DBS card (Whatman, USA). The blood samples were allowed to dry for 2hrs at room temperature. A 4mm core was then cut from the center of each blood spot. The sample “core” was dissolved in 200µL of methanol, vortex mixed for 5 minutes, allowed to stand for 20 minutes, and then centrifuged at 13,000 RCF for 10 minutes. The supernatant was then removed and a 10µL diluted with water, 90µL.

### *Plasma Analysis*

Alprazolam, its deuterated internal standard, and its hydroxy-metabolite were dissolved in 1:1 (v/v) methanol: water (v/v) at 1mg/mL. Control rat plasma was spiked with the alprazolam and 4-hydroxy-alprazolam standards to produces calibration samples with final concentrations of 100pg/mL to 100ng/mL. A 50µL aliquot of the sample was protein precipitated with 100 µL of cold acetonitrile containing the alprazolam D5 internal standard at a concentration of 20ng/mL, vortex mixed and centrifuged at 13,000g for 5 minutes. The resulting supernatant was transferred to glass autosampler vials for analysis by LC/MS.

### **LC/MS/MS**

For comparison purposes samples were run on two systems, either a conventional ACQUITY system for 2.1 mm scale chromatography or, for capillary scale LC on the ceramic microfluidic device, a nanoACQUITY UPLC system (Waters Corp, MA, USA). Conventional UPLC MS was undertaken as follows. A 1µL injection of the sample was then made onto the ACQUITY UPLC system with separations performed on a 2.1 mm x 100 mm column packed with 1.7 µm BEH C18 thermostatically controlled at 45.0° C. The analytes were eluted under a linear gradient using mobile phases consisting of either A: 0.1% formic acid (A) or acetonitrile (B). The gradient began at 5 % B rising to 95% in

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3 3.0 minutes at a flow rate of 600  $\mu\text{L}/\text{min}$ . The column effluent from the system was  
4 directed into a Xevo TQ mass spectrometer (Waters Corp, Wilmslow, UK) operated in  
5 positive electrospray ionisation (ESI) mode with multiple reaction monitoring (MRM).  
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10 For the chromatographic separations on the ceramic microfluidic device injections from  
11 0.1-2 $\mu\text{L}$  of the sample was then made into the nanoACQUITY UPLC system. As for the  
12 “conventional” UPLC separation the mobile phases consisted of 0.1% formic acid (A)  
13 and acetonitrile (B). The analytes were eluted using a linear gradient from 5 – 95 % B in  
14 3.0 minutes at a flow rate of 10  $\mu\text{L}/\text{min}$ . Separations were performed on a prototype  
15 ceramic microfluidic device with a 0.3 mm x 100 mm channel packed with a 1.7  $\mu\text{m}$   
16 BEH C18 stationary phase. The temperature of the device was thermostatically controlled  
17 at 45.0° C. Capillary scale column separations were performed on a 0.3 x 100mm fused  
18 silica column packed with 1.7  $\mu\text{m}$  BEH C18 material using identical chromatographic  
19 conditions to those employed for the ceramic microfluidic device.  
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28 The Analytical text mixture was analysed on the same analytical system using a 0.3 mm x  
29 100 mm channel packed with 1.7  $\mu\text{m}$  BEH C18 thermostatically controlled at 45.0° C.  
30 The compounds were analysed using gradient elution with an aqueous formic acid  
31 (0.1%): acetonitrile gradient from 5 – 95% over 10 minutes at 12 $\mu\text{L}/\text{min}$ . The detection  
32 was performed on a Xevo TQS mass spectrometer (Waters Corp, Wilmslow, UK) with a  
33 capillary voltage of 1Kv, a cone voltage of 30V and a collision energy of 15, with a  
34 nebuliser gas flow rate of 300L/hr. The following transitions were used for data  
35 acquisition atenolol 267.3  $\Rightarrow$  145.1, pentamidine 341.4  $\Rightarrow$  120.1, metoprolol 268.3  $\Rightarrow$   
36 116.1, antipyrine 189.2  $\Rightarrow$  106.4, dextromethorphan 272.4  $\Rightarrow$  171.1, diphenhydramine  
37 256.4  $\Rightarrow$  167.1, erythromycin 716.8  $\Rightarrow$  158.2, and danazol 338.4  $\Rightarrow$  145.  
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47 For the analysis of drugs in bloodspots/plasma the column effluent was directed into a  
48 Xevo TQ mass spectrometer operated in positive ESI and in MRM modes. The MRM  
49 transitions employed were:  $m/z$  309.2  $\Rightarrow$  281.0(alprazolam),  $m/z$  325.0  $\Rightarrow$  297.0  
50 (hydroxylated alprazolam), and  $m/z$  314.2  $\Rightarrow$  286.0 (deuterated alprazolam).  
51 Desmopresin was monitored using the SRM transition of 535.5  $\Rightarrow$  328.2 with a cone  
52 voltage of 30 and collision energy setting of 20. Salmeterol was monitored using the  
53 transition SRM 416.5  $\Rightarrow$  232.2 employing a cone voltage of 28V, and collision energy  
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3 setting of 24ev. Exendin 4 was monitored using the transition SRM 838 ⇒ 948  
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5 employing a cone voltage of 20V, and collision energy setting of 22eV.  
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8 In all cases the quantitative analysis was performed using MassLynx, TargetLynx  
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10 application manager (Waters Corp, Wilmslow, UK)  
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12 Chromatographic efficiency was determined for both the capillary scale column and  
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14 microfluidic ceramic device in isocratic mode. Both the capillary column and separations  
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16 channels were packed with 1.7 μm BEH C18 material the columns were eluted using a  
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18 1:1 methanol:water mobile phase at a temperature of 40°C at a flow rate of 5μL/min. A  
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20 0.1μL injection of alprazolam at a concentration of 100ng/mL was made onto the column  
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22 and the peak efficiency determined using the peak width at half height.  
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## Results and Discussions

### *Chromatographic Performance*

As with any chromatographic method the results obtained are dependent upon the overall performance of the system, not just the column efficiency, but also how well band broadening is controlled. This band broadening must be managed both pre-column as well as post column such that as much of the true chromatographic performance of the column is retained and available for analysis. This is particularly true at these very small chromatographic scales where peak volumes are on the scale of a few tens of nanolitres, such that even a small void volume, e.g., one microliter or less, can cause a disastrous overall reduction in chromatographic performance. Such voids etc., often manifest themselves as broad, tailing peaks. The data displayed in **Figure 1** illustrates the separation of the eight common pharmaceuticals used to prepare the text mixture analysed on the prototype ceramic microfluidic device using the generic reversed-phase gradient methodology. With the exception of pentamidine all of the analytes showed symmetrical Gaussian peaks, with a peak width in the region of 6 seconds at the base. These data show that the device was capable of delivering acceptable quality chromatographic performance providing, in this case, a chromatographic peak capacity in the region of 100. The MS response of the ceramic microfluidic device then compared to that of a “conventional” 2.1mm analytical UPLC system (Supplementary **Figure S1**). In this example a 1 $\mu$ L injection (100% water) of the therapeutic peptide, desmopressin (a synthetic analogue of vasopressin used to treat bed wetting in infants), was made onto both conventional 2.1 mm and ceramic microfluidic UPLC systems at the same concentration of 100pg/mL. The column eluents were monitored by a tandem quadrupole MS instrument operated positive ESI in MRM mode. To avoid any bias the same mass spectrometer was used in these experiments for both column geometries. Both separations were operated in gradient elution mode and the chromatography was scaled to give exactly the same gradient steepness with an identical number of column volumes defining the gradient on both columns. It was evident from the resulting data that the ceramic microfluidic device showed somewhat more tailing than the 2.1mm ID column (although it is arguable that this is an unfair comparison as the injection loading, when

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3 viewed as a percentage of the column volume, is not the same and does not represent the  
4 real-life operating conditions of the system). The observed tailing may therefore be due to  
5 the relatively large loading volume of 1  $\mu\text{L}$  on the ceramic microfluidic device which  
6 represented one-seventh of the volume of the 300  $\mu\text{m}$  separations channel but only ca.  
7 1% of the volume of the conventional column. However, other factors could also  
8 contribute to the observation, such as dispersion within the system or as a result of a less  
9 efficient packing process with the narrow separations channel when compared to the  
10 conventional 2.1 mm analytical column. Thus, although the absolute chromatographic  
11 performance of the ceramic microfluidic device was lower than the analytical column it  
12 was still acceptable for the purposes of quantitative bioanalysis. The relatively later  
13 elution of the peak from the capillary column compared to the conventional UPLC  
14 separation (1.65 vs 0.85 min. respectively) results from the increased time required to  
15 displace (sweep) the intrinsic delay volume of the two chromatography systems. Hence,  
16 at a flow rate of 10  $\mu\text{L}/\text{min}$  even the small internal volumes of the dedicated capillary  
17 system can manifest themselves as a delay in the chromatography. In contrast, with the  
18 conventional system the “system volume” of 80  $\mu\text{L}$  takes less than ten seconds to be  
19 swept by the eluent. This is the case with even the most optimized of nano scale  
20 chromatography systems and will have an effect on comparative throughput for  
21 quantitative analysis. Although the ceramic microfluidic device showed increased tailing,  
22 and a slightly increased analysis time over the conventional system, the performance was  
23 more than acceptable for use in quantitative analysis.

#### 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 *Comparative Sensitivity of Conventional and Ceramic Microfluidic System*

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44 The most striking observation from the data shown in Figure 1a/b is that the capillary  
45 scale separation delivered by the ceramic microfluidic device gave a significantly greater  
46 peak response compared with that of the conventional UPLC system. In the  
47 desmopressin example, for the same injection volume and mass loaded onto both systems  
48 the ceramic microfluidic device showed an almost 40-fold increase in signal response  
49 (peak area). In order evaluate further the effect of the column geometry on peak response  
50 a series on chemically diverse pharmaceutical compounds were analysed using both  
51 column geometries. As in the previous experiment the data for both instruments were  
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acquired on the same mass spectrometer to avoid potential bias caused by different instrument responses (however, the instrument was optimized for nebulizer gas flow for each chromatographic system). The data obtained for this comparison is shown in **Table 1**, and show that the ceramic microfluidic system consistently showed a greater response, measured as signal-to-noise, than the conventional scale system. The magnitude of the increase in response varied from compound to compound, ranging from 11-fold with salmeterol xinafoate to 38-fold with desmopresin; this variation in response may be due to the hydrophilic/lipophilic nature of the compounds being tested or due to superior ionization characteristics at lower flow rates. The average increase in sensitivity for the series of compounds tested was determined to be 20-fold.

### *Loading Capacity*

The increase in signal response for the ceramic microfluidic system was based upon the same volume (1  $\mu$ L), and therefore mass of analyte, being loaded onto both column geometries. However, the applicability of the capillary scale system for quantitative analysis is dependent upon the maximum load that can be applied to the column and the robustness of the column towards biologically derived samples. Whilst it is not always the case in complex mixture analysis, and it is not always a linear function, increasing the sample injection volume usually results in greater peak height/area and improved limits of detection. The loading capacity of the system was investigated for both aqueous solutions and in biologically derived samples. The data displayed in Supplementary **Figure S2** show the chromatographic response obtained from the analysis of the antidepressant alprazolam in an aqueous solution (10ng/mL). From the obtained data it was determined that with an aqueous injection solution and using a reversed – phase gradient a volume of up to of 2  $\mu$ L of drug-containing solution could be loaded onto the column without any deleterious effect on the chromatography. As can be seen from Figure S2 the increase in injection volume resulted in an almost linear increase in peak intensity.

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3 The same experiment was then repeated with alprazolam, spiked into in rat plasma at  
4 10ng/ml, following protein precipitation with cold acetonitrile at a ratio of 2:1  
5 (solvent:plasma). The sample was vortex mixed, centrifuged and the supernatant  
6 removed for analysis, resulting in a solution that contained approximately  $\approx$  60% organic  
7 solvent. The sample was introduced onto the LC/MS system at various injection volumes  
8 ranging from 0.1 – 2.0 $\mu$ L, with results displayed in Figure 2. With these highly organic  
9 samples we observed that the maximum sample volume of protein precipitated plasma  
10 that could be injected onto the ceramic microfluidic device was 1.2 $\mu$ L. The peak shape  
11 and retention times remained constant up to this injection volume of 1.2 $\mu$ L, but larger  
12 injection volumes resulted in splitting of the analyte peak and a reduced retention time.  
13 This injection volume may appear to be small volume compared to the analytical scale  
14 LC separation, where 10-15 $\mu$ L injection volume is possible, but with the increased  
15 sensitivity resulting from the use of the capillary system an overall improvement in assay  
16 performance was still observed. In addition, when only a few microlitres of sample are  
17 available, such as is the case for e.g., with tail-bled mouse studies and paediatric or  
18 neurological samples, there is a clear advantage to this scale of chromatography as it  
19 delivers a significant increase in sensitivity. The maximum volume / mass loading onto  
20 the system could potentially be increased by the use of sample dry down and  
21 reconstitution or sample clean-up with, for example, solid phase extraction if required.  
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### 37 38 *Tolerance Towards Plasma Derived Samples*

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41 As described above, the increased sensitivity of the separation observed using the  
42 ceramic microfluidic system format is particularly attractive to the bioanalyst. However,  
43 in order to be an effective analytical technique the system must be robust towards the  
44 injection of hundreds if not thousands of plasma extracts to enable routine day-to-day  
45 operation. The majority of bioanalytical assays require the analysis of ca. seventy to one  
46 hundred samples in a single batch (although longer runs are not unusual) with the  
47 expectation of performing a minimum of five hundred to one thousand analyses per  
48 column in order for the methodology to be economically viable. In order to evaluate the  
49 robustness of the ceramic micro-fluidic device towards plasma-derived samples rat  
50 plasma was spiked with alprazolam and 4-hydroxy-alprazolam at concentrations of  
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3 100pg/mL. These plasma samples were processed by protein precipitation with  
4 acetonitrile as previously described and then analysed on the ceramic microfluidic device  
5 in 10 separate batches of 100 injections after which the column performance was  
6 evaluated. The overlaid injection of the first and one thousandth injection are displayed  
7 in Supplementary Figure S3 and the similarity of the clearly traces show the column to be  
8 robust and reproducible over the whole of the 1000 sample analysis, with little to no  
9 reduction in column performance or increase in column backpressure. As well as being  
10 sufficiently robust towards biological samples and to be cost effective, chromatographic  
11 systems used for bioanalysis must also be reproducible over the long term. During the  
12 course of a safety assessment or clinical trial study thousands of samples will be analysed  
13 and, in order for this microscale approach to be applicable for routine use, it must be  
14 reproducible from column to column over the long term. The inter- and intracolumn  
15 performance of these prototype ceramic microfluidic devices were evaluated both in  
16 terms of reproducibility and column efficiency (measured in isocratic mode). The data  
17 displayed in Table 2 compared the column efficiency of six ceramic microfluidic devices  
18 chromatography systems and six 300µm capillary columns of the same dimensions. The  
19 results showed that the inter device reproducibility was high, as well as the fact that the  
20 column efficiency of the ceramic chromatography system was similar to that of the  
21 packed capillary column. The data displayed in Table 3 shows the retention time  
22 reproducibility of alprazolam and the 4-hydroxy metabolite from a plasma extract on four  
23 ceramic microfluidic device. The retention time RSD for alprazolam ranged from 0.0 to  
24 0.94 and from 0.27 to 0.80 for the 4 hydroxylated metabolite. The inter-tile retention time  
25 variation was less than 0.03 mins. These results suggest that each of the columns  
26 delivered similar results in terms of both chromatographic performance and assay  
27 sensitivity and indicate that this micro column approach should be suitable for use in  
28 routine bioanalysis.  
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#### 49 *MS Compatibility and Interface*

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53 Nano and capillary scale LC has been predominantly exploited in the field of proteomics  
54 for the detection and characterization of peptides and intact low molecular mass proteins.  
55 The majority of the MS sources employed in for these applications can be classified as  
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3 “open-sources” and are not isolated from the general laboratory atmosphere. This is in  
4 contrast to the ion-spray sources (electrospray or turbo ion-spray) that are employed with  
5 conventional scale chromatography where the source is isolated from the laboratory  
6 environment. This “open-source” construction allows easy adjustment of spray position  
7 and optimization of response by the scientist. The higher mass-to-charge values  
8 monitored in proteomics, typically 600  $m/z$  and above, means that the majority of the  
9 chemicals present the laboratory atmosphere, which are typically observed with signal  
10 response lower than  $m/z$  500, do not interfere with the experiment being undertaken.  
11 However, with small molecule analysis these low molecular weight compounds present  
12 in the laboratory atmosphere can significantly impact assay performance. To evaluate the  
13 real effect of this a “capillary LC closed source” was developed that was purged with  
14 nitrogen and isolated from the laboratory atmosphere. A comparison of the background  
15 signals obtained with both the “open-source” construction and “closed-source”  
16 construction is shown in Figure 3. These results show that the “open-source” signal  
17 possessed a greater number of low  $m/z$  background signals than the “closed-source”  
18 construction. In the closed source there were relatively few ions above  $m/z = 300$  and the  
19  $m/z = 218$  ion was dominant whereas, in the case of the open source configuration the  
20  $m/z = 148.9$  and  $m/z = 95$  ions showed a significant response as did those at  $m/z = 354$   
21 and  $m/z = 370.9$ . This interference resulted in a ten-fold reduction in analyte response for  
22 the “open-source” compared to the “closed-source” configuration, in SRM mode. As a  
23 result of this interference all of the experiments conducted in this study were performed  
24 with the “closed source” only.  
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#### 43 *Sensitivity in DMPK Studies*

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46 The applicability of this integrated ceramic micro-fluidic separations device for  
47 quantitative DMPK analysis was investigated with two different classes of analytes; i) a  
48 small molecule benzodiazepine (alprazolam) in combination with its hydroxylated  
49 metabolite and ii) a large molecular weight candidate therapeutic peptide. This allowed  
50 the evaluation of the performance of the micro-fluidic system with both traditional small  
51 molecules and also a biotherapeutic peptide, which are becoming an increasingly  
52 important area of research in the discovery of novel drugs [26].  
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3 The short acting benzodiazepine alprazolam and its hydroxylated metabolite were spiked  
4 into rat blood at concentrations ranging from 100pg/mL to 1000ng/mL and then spotted  
5 onto a DBS card and extracted as described above. A representative chromatogram  
6 obtained from the analysis of the analyte, internal standard and the metabolite are shown  
7 in Supplementary Figure S4. The alprazolam and its deuterated internal standard eluted  
8 with a retention time of 1.45 minutes with the hydroxylated metabolite eluting at 1.35  
9 minutes. As can be seen from the extracted ion chromatograms the peak shapes were  
10 acceptable, with an average peak width of 6 seconds at the base and the hydroxy-  
11 metabolite well resolved from alprazolam. The resolution of alprazolam from the  
12 endogenous material in the sample analytes was monitored using the simultaneous full-  
13 scan capability of the mass spectrometer along with the MRM signal for the target  
14 analytes [25]. The results obtained are illustrated in Figure 4, where Figure 4a shows  
15 that the alprazolam peak (shown in RED) was clearly resolved from the background  
16 (shown in GREEN), endogenous, material (such as e.g., phospholipids) in the sample.  
17 This chromatographic resolution allowed a limit of detection of 100pg/mL, equal to  
18 100fg on column, to be reached. The data displayed in Figures 4b & c shows the  
19 extracted ion chromatogram for the blank and 100pg/mL standard respectively. The  
20 blank signal has been magnified by a factor of 5 in the region where the alprazolam peak  
21 elutes to determine the analyte signal-to-noise value. These results show that at a  
22 100pg/mL level the assay exhibited a signal-to-noise value of 5:1. A representative  
23 calibration line for the alprazolam test analyte is shown in Figure 4d, and showed a  
24 correlation coefficient of  $r^2 = 0.9951$  using 1/x weighting and an intercept of -3.76.  
25 These data showed that the system was suitable for quantitative bioanalysis and could  
26 deliver acceptable levels of performance for use in the routine.  
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46 A similar approach was used for the evaluation of systems response with the candidate  
47 therapeutic peptide Exendin-4, a 38 amino acid peptide with a molecular weight of 4186  
48 amu. The peptide DBS sample was prepared in a similar manner to that employed for  
49 alprazolam. The data obtained were compared to that obtained a conventional 2.1 x 50  
50 mm scale separation using a 1.7 $\mu$ m C18 chromatographic system. The results displayed  
51 in Figure 5(a) illustrate the data obtained at the conventional scale, showing that the  
52 peptide peak eluted with a retention time of 1.2 minutes and exhibited a limit of detection  
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3 of 10ng/mL with a 20 $\mu$ L injection volume. The data in Figures 5 b & c show the results  
4 for the analysis of the same sample using a 1 $\mu$ L injection onto the micro-fluidic system  
5 where the peptide peak eluted with a retention time of 2.1 minutes. From Figures 5b & c  
6 the responses obtained with 100 & 250pg/mL extracted standards can be seen. These  
7 mass chromatograms show that the result obtained for the 250pg/mL standard on the  
8 ceramic microfluidic system delivered a similar, if not slightly superior, response to that  
9 obtained with the conventional scale system. The data obtained from the 100pg/mL  
10 sample on the ceramic microfluidic system revealed a slightly inferior signal to noise to  
11 the 10ng/mL standard on the analytical scale system, but represents the usable limit of  
12 detection of the system. These results suggest that with this particular biotherapeutic  
13 peptide the ceramic microfluidic system was capable of delivering an increase in assay  
14 sensitivity in the region of 40 to 100-fold that of the conventional chromatography  
15 system with 20-fold less sample injected onto the column. However, although the  
16 majority of the increase in sensitivity was due to the reduction in chromatographic scale a  
17 contribution from increased efficiency of ionization the peptide at low flow rates was also  
18 responsible for the observed improvement in response. The results obtained from the  
19 analysis of these two compounds shows that the capillary scale microfluidic device  
20 delivers increased assay sensitivity over conventional scale LC and also provides the  
21 specificity required for a bioanalytical assay. The increased signal response provided by  
22 the ceramic microfluidic device provides a significant advantage in terms of assay  
23 sensitivity with only a small increase in analysis time, in what is already a rapid method.  
24 The analysis time for exendin-4 was increased from 2 minutes to 3 minutes and by the  
25 same amount for the desmopresin assay. Whilst this amounts to a 50 % increase in  
26 analysis time, the overall analysis time is still acceptable for a bioanalytical assays. In  
27 terms of cost savings for the overall process of performing the study in animals, this  
28 approach allows serial bleeding therefore improving PK data, a reduction in the number  
29 of animals required, reduction in animal facility costs (including technical staff) , a  
30 reduction in solvent costs (>99%) and reduced sample transport cost.  
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## Conclusion

Capillary scale LC/MS/MS shows great potential for the analysis of candidate pharmaceuticals and their metabolites in biological fluids resulting from low sample volume DMPK studies. The data reported in this study suggest that an increase in sensitivity in the 10 to 40-fold range can be achieved. The chromatographic performance of the system was sufficient to deliver a specific reproducible assay as illustrated with the alprazolam analysis. The use of an integrated microfluidic device removes the need to make complicated column connections or to precisely optimize the spray position, thus simplifying the routine application of this technology. Despite a relatively low column volume of just 7 $\mu$ L it was possible to load 2 $\mu$ L of aqueous sample, and up to 1.2 $\mu$ L of a protein precipitated plasma extract containing 60% organic solvent, onto the capillary column without degrading the chromatographic performance. The capillary column demonstrated its robustness towards the injection of extracted biological samples with greater than one thousand injections possible with no deleterious effect on the column performance. These results suggest that these ceramic microfluidic devices can be used in the routine bioanalytical environment to provide high sensitivity data. Whilst this technology may not be necessary for the majority of bioanalytical assays the increased sensitivity of capillary scale LC/MS may facilitate the development of micro-sampling technologies such as dried blood spots.

## References

1. High-pressure liquid chromatographic method for the simultaneous quantitative analysis of propranolol and 4-hydroxypropranolol in plasma. Nation RL, Peng GW, Chiou WL. *J Chromatogr.* 1978 May 1;145(3):429-36
2. High-throughput quantitative bioanalysis by LC/MS/MS. Jemal M. *Biomed Chromatogr.* 2000;14(6):422-9.
3. Recent advances in use of LC/MS/MS for quantitative high-throughput bioanalytical support of drug discovery. Ackermann BL, Berna MJ, Murphy AT. *Curr Top Med Chem.* 2002;2(1):53-66
4. On-line liquid chromatography coupled with high field NMR and mass spectrometry (LC-NMR-MS): a new technique for drug metabolite structure elucidation. Burton KI, Everett JR, Newman MJ, Pullen FS, Richards DS, Swanson AG. *J Pharm Biomed Anal.* 1997;15(12):1903-1,

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5. Application of directly coupled LC-NMR-MS to the structural elucidation of metabolites of the HIV-1 reverse-transcriptase inhibitor BW935U83. Shockcor JP, Unger SE, Savina P, Nicholson JK, Lindon JC. *J Chromatogr B Biomed Sci Appl.* 2000 1;748(1):269-79
  6. Quantification and rapid metabolite identification in drug discovery using API time-of-flight LC/MS. Zhang N, Fountain ST, Bi H, Rossi DT. *Anal Chem.* 2000 15;72(4):800-6
  7. Increasing throughput and information content for in vitro drug metabolism experiments using ultra-performance liquid chromatography coupled to a quadrupole time-of-flight mass spectrometer. Castro-Perez J, Plumb R, Granger JH, Beattie I, Joncour K, Wright A. *Rapid Commun Mass Spectrom.* 2005;19(6):843-8
  8. Development and validation of a fast and sensitive UPLC-MS/MS method for the quantification of six probe metabolites for the in vitro determination of cytochrome P450 activity. De Bock L, Boussery K, Colin P, De Smet J, T'jollyn H, Van Bocxlaer J. *Talanta.* 2012 30;89:209-16
  9. New perspectives in bio-analytical techniques for preclinical characterization of a drug candidate: UPLC-MS/MS in in vitro metabolism and pharmacokinetic studies. Pedraglio S, Rozio MG, Misiano P, Reali V, Dondio G, Bigogno C. *J Pharm Biomed Anal.* 2007 27;44(3):665-73
  10. UPLC-MS, HPLC-radiometric, and NMR-spectroscopic studies on the metabolic fate of 3-fluoro-[U-14C]-aniline in the bile-cannulated rat. Athersuch TJ, Castro-Perez J, Rodgers C, Nicholson JK, Wilson ID. *Xenobiotica.* 2010;40(7):510-23
  11. High-throughput bioanalysis with simultaneous acquisition of metabolic route data using ultra performance liquid chromatography coupled with time-of-flight mass spectrometry. O'Connor D, Mortishire-Smith R. *Anal Bioanal Chem.* 2006;385(1):114-21
  12. Facilitating pharmacokinetic studies in children: a new use of dried blood spots. Patel P, Mulla H, Tanna S, Pandya H. *Arch Dis Child.* 2010;95(6):484-7,
  13. Incurred sample reanalysis comparison of dried blood spots and plasma samples on the measurement of lopinavir in clinical samples. Meesters RJ, Hooff GP, Gruters R, van Kampen JJ, Luijckx TM. *Bioanalysis.* 2012;4(3):237-40,
  14. Dried blood spots as a sampling technique for the quantitative determination of guanfacine in clinical studies. Li Y, Henion J, Abbott R, Wang P. *Bioanalysis.* 2011;3(22):2501-14
  15. Capillary HPLC: Columns and Related Instrumentation. *J. Chrom. Sci.* 1980 18(9): 473-478
  16. Dried matrix spot direct analysis: evaluating the robustness of a direct elution technique for use in quantitative bioanalysis. Abu-Rabie P, Spooner N. *Bioanalysis.* 2011 ;3(24):2769-81
  17. Determination of leucine enkephalin and methionine enkephalin in equine cerebrospinal fluid by microbore high-performance liquid chromatography

- and capillary zone electrophoresis coupled to tandem mass spectrometry. Mück WM, Henion JD. *J Chromatogr.* 1989 27;495:41-59
18. Instrumental requirements for nanoscale liquid chromatography. Chervet JP, Ursem M, Salzmann JP. *Anal Chem.* 1996 1;68(9):1507-12
  19. High-sensitivity nanoLC-MS/MS analysis of urinary desmosine and isodesmosine. Boutin M, Berthelette C, Gervais FG, Scholand MB, Hoidal J, Leppert MF, Bateman KP, Thibault P. *Anal Chem.* 2009 1;81(5):1881-7
  20. The use of capillary high performance liquid chromatography with electrospray mass spectrometry for the analysis of small volume blood samples from serially bled mice to determine the pharmacokinetics of early discovery compounds. Fraser IJ, Dear GJ, Plumb R, L'Affineur M, Fraser D, Skippen AJ. *Rapid Commun Mass Spectrom.* 1999;13(23):2366-75,
  21. The rapid identification of drug metabolites using capillary liquid chromatography coupled to an ion trap mass spectrometer. Dear GJ, Ayrton J, Plumb R, Fraser IJ. *Rapid Commun Mass Spectrom.* 1999;13(5):456-63
  22. Monolithic integration of two-dimensional liquid chromatography-capillary electrophoresis and electrospray ionization on a microfluidic device. Chambers AG, Mellors JS, Henley WH, Ramsey JM. *Anal Chem.* 2011 1;83(3):842-9, Proteomic analysis of plasma membrane vesicles. Bauer B, Davidson M, Orwar O. *Angew Chem Int Ed Engl.* 2009;48(9):1656-9
  23. Addressing the challenge of limited sample volumes in in vitro studies with capillary-scale microfluidic LC-MS/MS. Rainville PD, Smith NW, Wilson ID, Nicholson JK, Plumb RS. *Bioanalysis.* 2011;3(8):873-82.
  24. Advances in liquid chromatography coupled to mass spectrometry for metabolic phenotyping. Rainville, P.D, Theodoridis, G, Plumb, R.S, Wilson, I.D. *Trends Anal. Chem;* 2014, 61, 181-191
  25. A novel LC-MS approach for the detection of metabolites in DMPK studies. Plumb RS, Mather J, Little D, Rainville PD, Twohig M, Harland G, Kenny DJ, Nicholson JK, Wilson ID, Kass IJ. *Bioanalysis.* 2010 2(10):1767-78.
  26. Market watch: Sales of biologics to show robust growth through to 2013 M Goodman *Nature Reviews Drug Discovery* 8, 837: 2009

Table 1: Comparison of Peak Response Area Ceramic Microfluidic Device and Analytical Scale LC/MS With 5 Model Compound

Compound	Analyte Peak Response		Fold Increase
	Capillary Scale	2.1mm Scale	
Alprazolam	650	40	14
4-Hydroxyalprazolam	223	10	22
Desmopressin	7008	184	38
Salmeterol Xinafoate	1025	97	11
Nafazodone	980	62	16

Table 2: Comparison of Chromatographic Efficiency Between Six Capillary columns and Six Ceramic Microfluidic Devices for

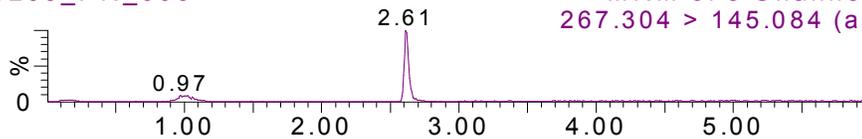
Column No	Capillary column Theoretical Plates	Ceramic micro-fluidic Theoretical Plates
1	8287	8689
2	10329	8892
3	11813	8995
4	11747	7289
5	8640	11250
6	10500	9114
Average N	10219	9038
Std Dev	1496	1273
% RSD	15	14

Table 3 Inter and Intra Device Comparison of Chromatographic Performance

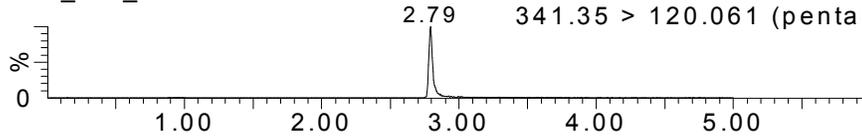
N = 6 Injections	Tile 1	Tile 2	Tile 3	Tile 4
Retention Time Alprazolam	1.55	1.57	1.56	1.56
% RSD	0.33	0.00	0.94	0.35
Retention time Hydroxy Alprazolam	1.45	1.48	1.46	1.56
% RSD	0.28	0.55	0.80	0.27
Rs at 5% Peak Height	1.50	1.20	1.33	1.17

**danazol**

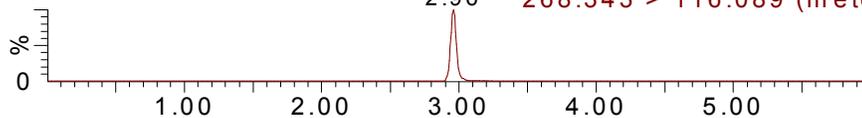
100209\_PR\_006

MRM of 8 Channels ES+  
267.304 > 145.084 (atenolol)  
2.66e5

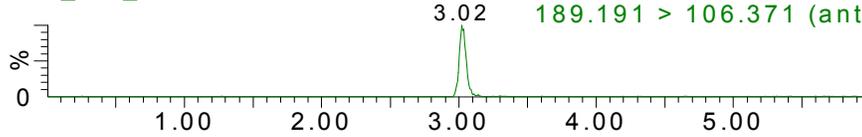
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MRM of 2 Channels ES+  
341.35 > 120.061 (pentamidine)  
1.11e5

100209\_PR\_011

MRM of 8 Channels ES+  
268.343 > 116.089 (metoprolol)  
4.28e5

100209\_PR\_009

MRM of 8 Channels ES+  
189.191 > 106.371 (antipyrine)  
1.02e5

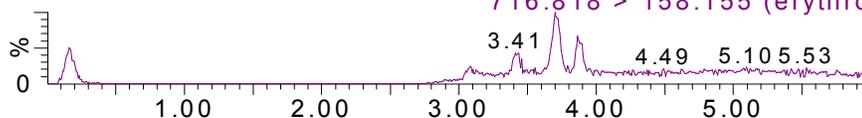
100209\_PR\_017

MRM of 8 Channels ES+  
272.353 > 171.071 (dextromethorphan)  
8.10e5

100209\_PR\_015

MRM of 8 Channels ES+  
256.358 > 167.097 (diphenhydramine)  
2.12e6

100209\_PR\_019

MRM of 8 Channels ES+  
716.818 > 158.155 (erythromycin)  
9.37e4

100209\_PR\_021

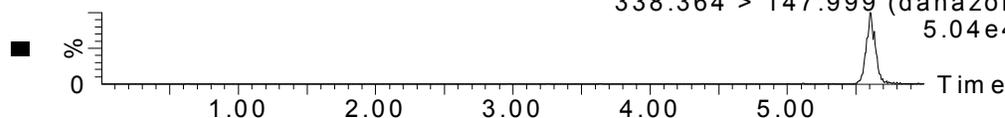
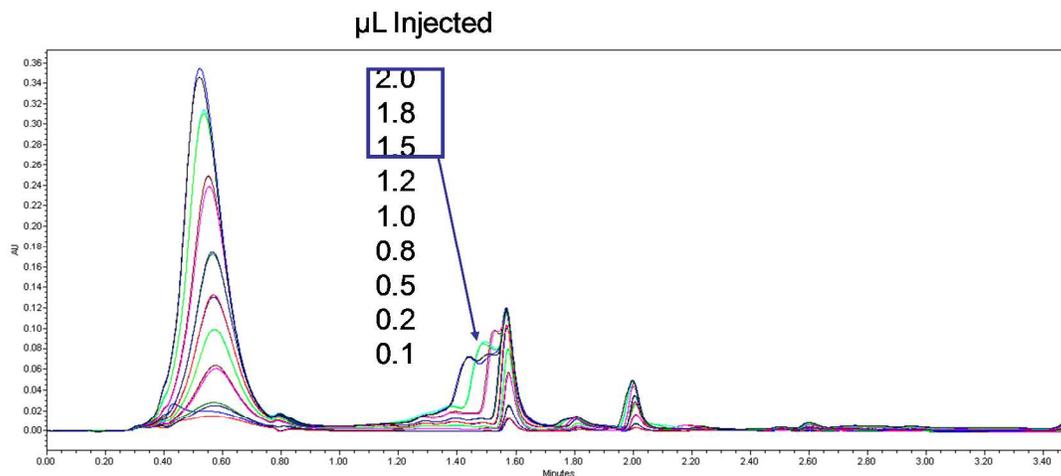
MRM of 8 Channels ES+  
338.364 > 147.999 (danazol)  
5.04e4

Figure 1: Analysis of 8 probe pharmaceutical compounds (compound identities indicated on mass chromatograms) on ceramic microfluidic device using a reversed-phase gradient (5-95% formic acid (aq): acetonitrile over 7) minutes at 12 $\mu$ L/min with detection by positive ion MRM mass spectrometry



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Figure 2: Overlaid Chromatographic Response For Alprazolam With Increasing Injection Volume Of Plasma Precipitated Sample. Injection of protein precipitated plasma containing alprazolam with increasing injection volumes from 0.1 to 2µL onto a 0.3 x 100mm ceramic microfluidic device packed with 1.7µm BEH C18 material and eluted a 5-95% formic acid (aq) acetonitrile gradient over 3 minutes at 12µL/min with detection by positive ion MRM. Maximum volume loaded onto the ceramic microfluidic device without deterioration of the peak shape was 1.2µL.

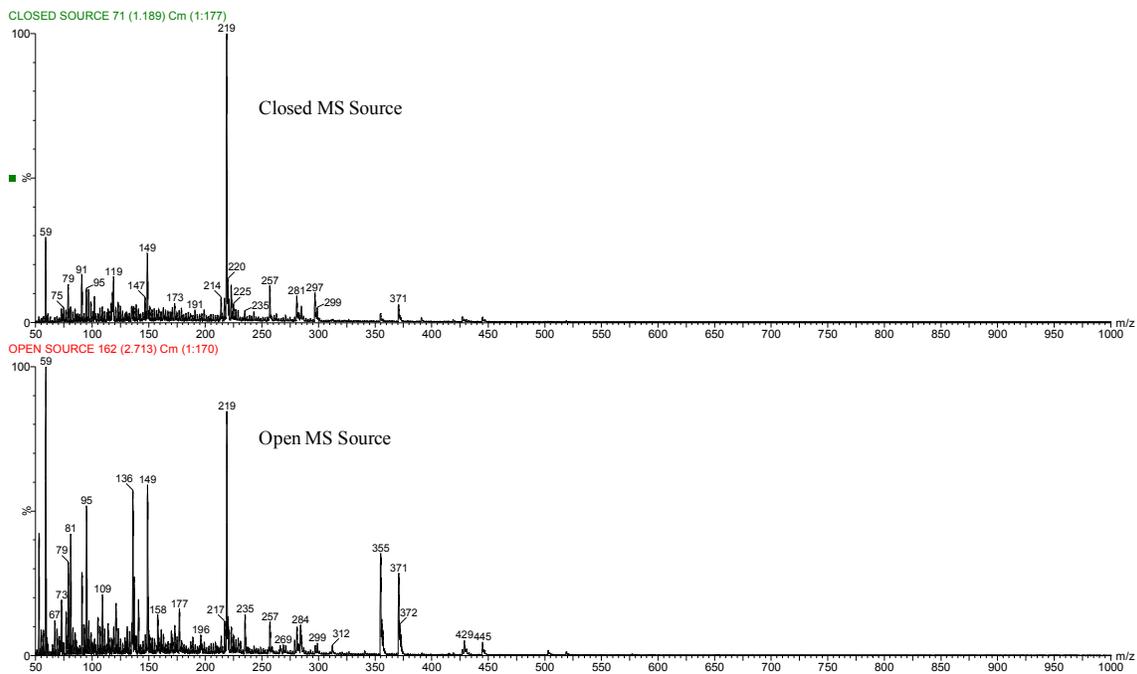


Figure 3: Comparison of the Ambient MS signal For The Closed and Open Capillary Scale MS Source. Positive ion full scan mass spectrum, 50-1000  $m/z$ , of background solvent signal (formic acid (aq): acetonitrile) 50:50, using either the closed source (top) and open source (bottom)

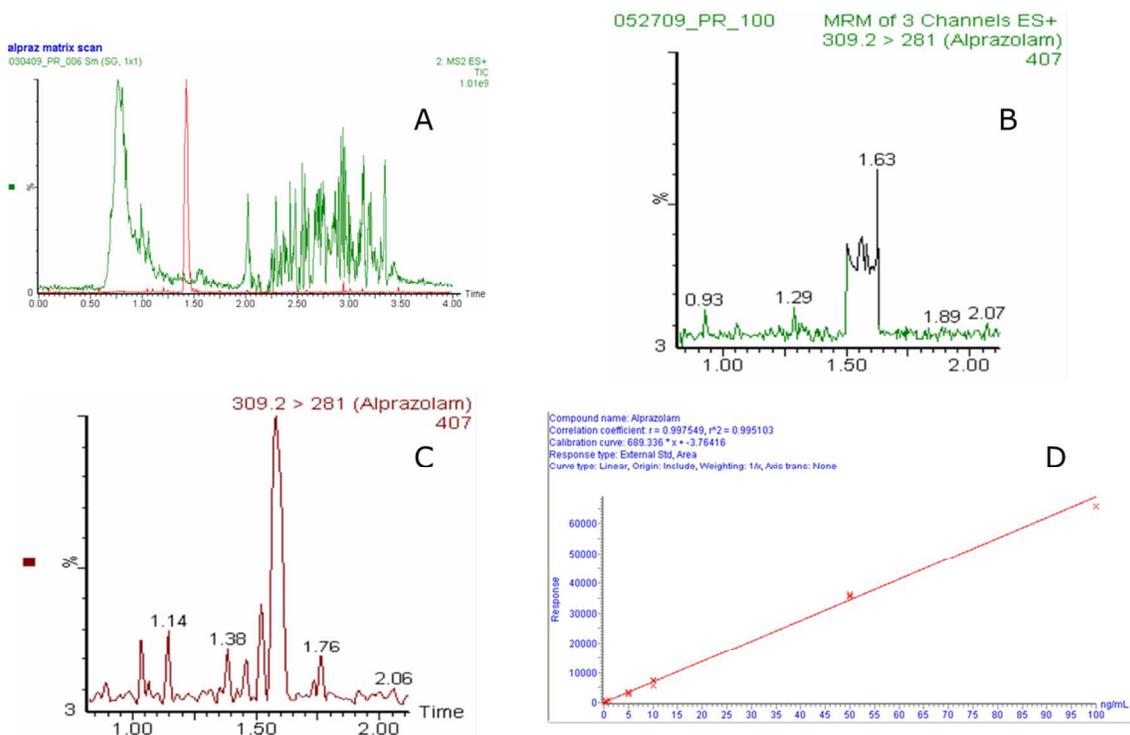


Figure 4: LC/MS analysis of alprazolam using a ceramic microfluidic device with a separation channel of dimensions 0.3 x 100mm device packed with a 1.7 $\mu$ m BEH C18 material eluted with a reversed-phased gradient and MS/MS detection in positive ESI mode. 4a Shows the MRM signal for alprazolam (red) & background MS signal (GREEN). 4b & c Show the extracted ion chromatograms for the blank and 100pg/mL standards respectively. 4d Is the calibration line from 0.1-100ng/mL

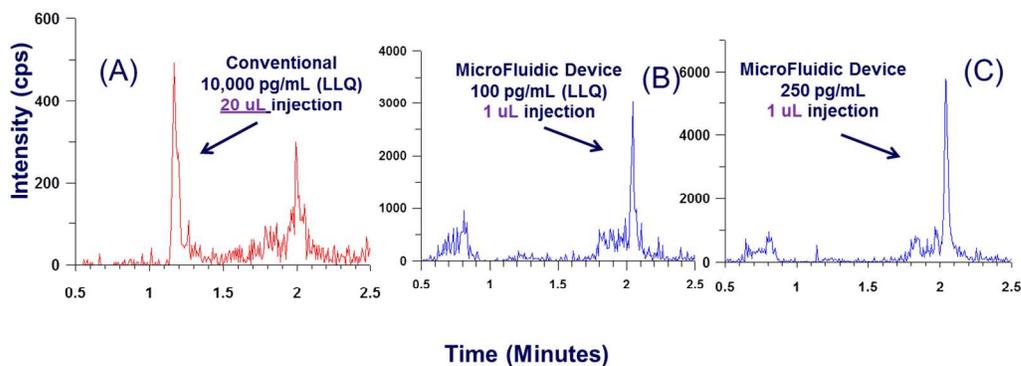


Figure 5: Comparison of the Exendin-4 peak response using a conventional scale LC/MS/MS and a ceramic microfluidic device LC/MS/MS system. The analytical separation (A) was performed on a 2.1 x 5cm 1.7 $\mu$ m BEH column and eluted under reversed-phase gradient conditions over 3 minutes with a 20 $\mu$ L injection of 10,000pg/mL Exendin-4 standard. The ceramic microfluidic separation was performed on a 0.3 x 100mm ceramic microfluidic device packed with 1.7 $\mu$ m BEH eluted under reversed-phase conditions over 3minutes, with a 1 $\mu$ L injection of either a 100pg/mL (B) or a 250pg/mL of Exendin-4 standard.