

+RECIPE

# Therapeutic Drug Monitoring (TDM) of Antibiotics by LC-MS/MS

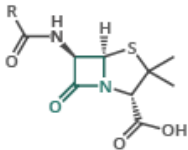
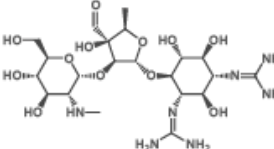
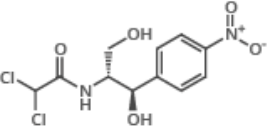
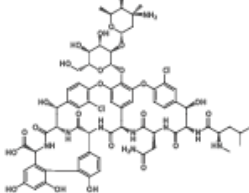
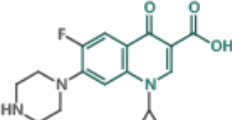
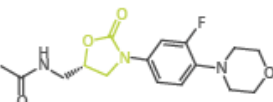


Klaus Martin Knirsch

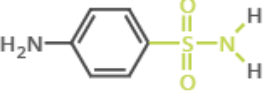
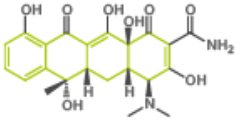
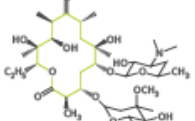
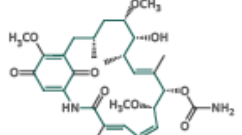
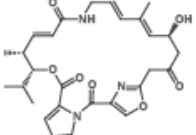
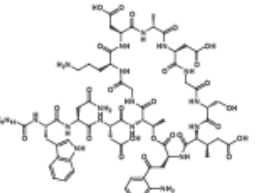
VitaTox Conference 5. October 2021

# DIFFERENT CLASSES OF ANTIBIOTICS - AN OVERVIEW

**Key:** ● COMMONLY ACT AS BACTERIOSTATIC AGENTS, RESTRICTING GROWTH & REPRODUCTION ● COMMONLY ACT AS BACTERICIDAL AGENTS, CAUSING BACTERIAL CELL DEATH

β-LACTAMS	AMINOGLYCOSIDES	CHLORAMPHENICOL	GLYCOPEPTIDES	QUINOLONES	OXAZOLIDINONES
<p>MOST WIDELY USED ANTIBIOTICS IN THE NHS</p>  <p>All contain a beta-lactam ring</p> <p><b>EXAMPLES</b> Penicillins (shown) such as amoxicillin and flucloxacillin; Cephalosporins such as cefalexin.</p> <p><b>MODE OF ACTION</b> Inhibit bacteria cell wall biosynthesis.</p>	<p>FAMILY OF OVER 20 ANTIBIOTICS</p>  <p>All contain aminosugar substructures</p> <p><b>EXAMPLES</b> Streptomycin (shown), neomycin, kanamycin, paromomycin.</p> <p><b>MODE OF ACTION</b> Inhibit the synthesis of proteins by bacteria, leading to cell death.</p>	<p>COMMONLY USED IN LOW INCOME COUNTRIES</p>  <p>Distinct individual compound</p> <p><b>MODE OF ACTION</b> Inhibits synthesis of proteins, preventing growth.</p> <p>No longer a first line drug in any developed nation (except for conjunctivitis) due to increased resistance and worries about safety.</p>	<p>COMMON 'DRUGS OF LAST RESORT'</p>  <p>Consist of carbohydrate linked to a peptide formed of amino acids</p> <p><b>EXAMPLES</b> Vancomycin (shown), teicoplanin.</p> <p><b>MODE OF ACTION</b> Inhibit bacteria cell wall biosynthesis.</p>	<p>RESISTANCE EVOLVES RAPIDLY</p>  <p>All contain fused aromatic rings with a carboxylic acid group attached</p> <p><b>EXAMPLES</b> Ciprofloxacin (shown), levofloxacin, trovafloxacin.</p> <p><b>MODE OF ACTION</b> Interfere with bacteria DNA replication and transcription.</p>	<p>POTENT ANTIBIOTICS COMMONLY USED AS 'DRUGS OF LAST RESORT'</p>  <p>All contain 2-oxazolidone somewhere in their structure</p> <p><b>EXAMPLES</b> Linezolid (shown), posizolid, tedizolid, cycloserine.</p> <p><b>MODE OF ACTION</b> Inhibit synthesis of proteins by bacteria, preventing growth.</p>



SULFONAMIDES	TETRACYCLINES	MACROLIDES	ANSAMYCINS	STREPTOGRAMINS	LIPOPEPTIDES
<p>FIRST COMMERCIAL ANTIBIOTICS WERE SULFONAMIDES</p>  <p>All contain the sulfonamide group</p> <p><b>EXAMPLES</b> Prontosil, sulfanilamide (shown), sulfadiazine, sulfisoxazole.</p> <p><b>MODE OF ACTION</b> Do not kill bacteria but prevent their growth and multiplication. Cause allergic reactions in some patients.</p>	<p>BECOMING LESS POPULAR DUE TO DEVELOPMENT OF RESISTANCE</p>  <p>All contain 4 adjacent cyclic hydrocarbon rings</p> <p><b>EXAMPLES</b> Tetracycline (shown), doxycycline, lincycline, oxytetracycline.</p> <p><b>MODE OF ACTION</b> Inhibit synthesis of proteins by bacteria, preventing growth.</p>	<p>SECOND MOST PRESCRIBED ANTIBIOTICS IN THE NHS</p>  <p>All contain a 14-, 15-, or 16-membered macrolide ring</p> <p><b>EXAMPLES</b> Erythromycin (shown), clarithromycin, azithromycin.</p> <p><b>MODE OF ACTION</b> Inhibit protein synthesis by bacteria, occasionally leading to cell death.</p>	<p>CAN ALSO DEMONSTRATE ANTIVIRAL ACTIVITY</p>  <p>All contain an aromatic ring bridged by an aliphatic chain.</p> <p><b>EXAMPLES</b> Geldanamycin (shown), rifamycin, naphthomycin.</p> <p><b>MODE OF ACTION</b> Inhibit the synthesis of RNA by bacteria, leading to cell death.</p>	<p>TWO GROUPS OF ANTIBIOTICS THAT ACT SYNERGISTICALLY</p>  <p>Combination of two structurally differing compounds, from groups denoted A &amp; B</p> <p><b>EXAMPLES</b> Pristinamycin IIA (shown), Pristinamycin IA.</p> <p><b>MODE OF ACTION</b> Inhibit the synthesis of proteins by bacteria, leading to cell death.</p>	<p>INSTANCES OF RESISTANCE RARE</p>  <p>All contain a lipid bonded to a peptide</p> <p><b>EXAMPLES</b> Daptomycin (shown), surfactin.</p> <p><b>MODE OF ACTION</b> Disrupt multiple cell membrane functions, leading to cell death.</p>

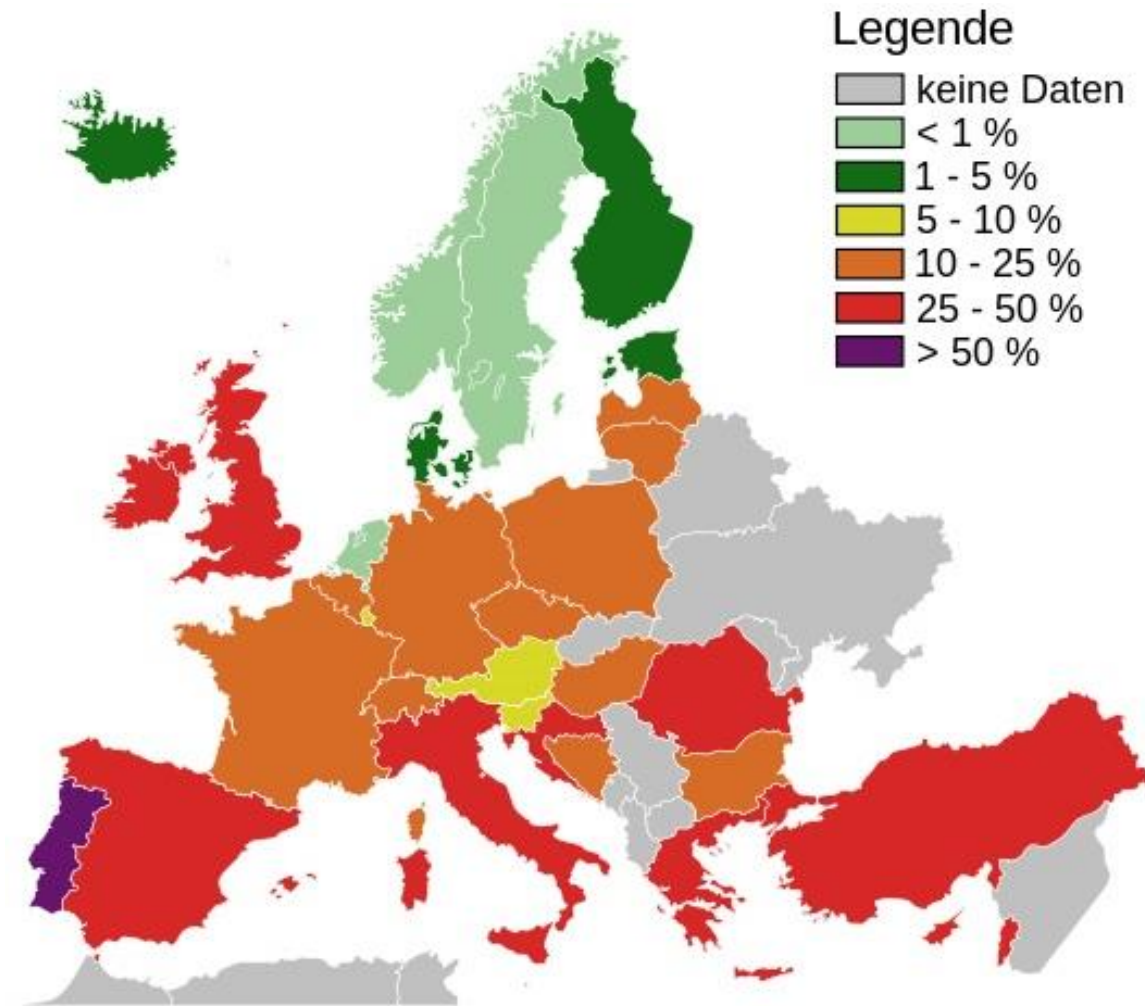
## Most prescribed Antibiotics (ICUs Gernmay):

1. Piperacillin/Tazobactam
2. Imipenem
3. Meropenem
4. Ampicillin/Sulbactam
5. Ciprofloxacin
6. Levofloxacin
7. Ceftriaxon
8. Metronidazol (Nitroimidazole)
9. Clarithromycin
10. Vancomycin

Antibiotic class	Examples	Mechanism of action
Beta Lactam	Penicillins, Cephalosporins	Inhibit peptidoglycan synthesis in bacterial cell walls
Glycopeptides	Vancomycin	Inhibit peptidoglycan synthesis in bacterial cell walls
Aminoglycosides	Kanamycin, Gentamicin	Target bacterial ribosomal subunit (30S)
Tetracyclines	Tetracycline, Doxycycline	Target bacterial ribosomal subunit (30S)
Macrolides Lincosamides	Azithromycin Clarithromycin Erythromycin Clindomycin	Target bacterial ribosomal subunit (50S)
Quinolones	Ciprofloxacin Moxifloxacin	Inhibit bacterial DNA replication
Rifampin	Rifampicin	Inhibit bacterial RNA transcription
Sulfonamides	Sulfa Drugs	Inhibit folate synthesis

Share of MRSA in all staphylococcal infections in 2008. Institute for Public Health and the Environment (RIVM), Bilthoven, NL. CC BY-SA

**European study (2018):  
33,000 deaths a year from  
antibiotic resistant  
infections**



# How to avoid Antibiotic Resistance? <sup>+</sup>RECIPE

▪ Roberts et al. *Clinic Infect Dis* **2014**; 58 (8): 1072 – 833  
(Studie about  $\beta$ -Lactam in ICUs)

- 16 % of the patients have low drug concentrations
- 30 % No improvement
- about 50 % of patients are overdosed

▪ *Piperacillin concentration in relation to therapeutic range in critically ill patients - a prospective observational study.*  
Zander et al. *Critical Care* (**2016**) 20: 79

- **Piperacillin:** 50 – 60 % < therap. range

Patients in ICU differs in Pharmokinetik due to  
- organ dysfunctions, infusions, additional drugs...

**=> Change in strategy from „one-dose-fits-all“ to personalized monitoring of the drug concentration in the blood**





## Different drug different target

### $C_{\max}/MIC$

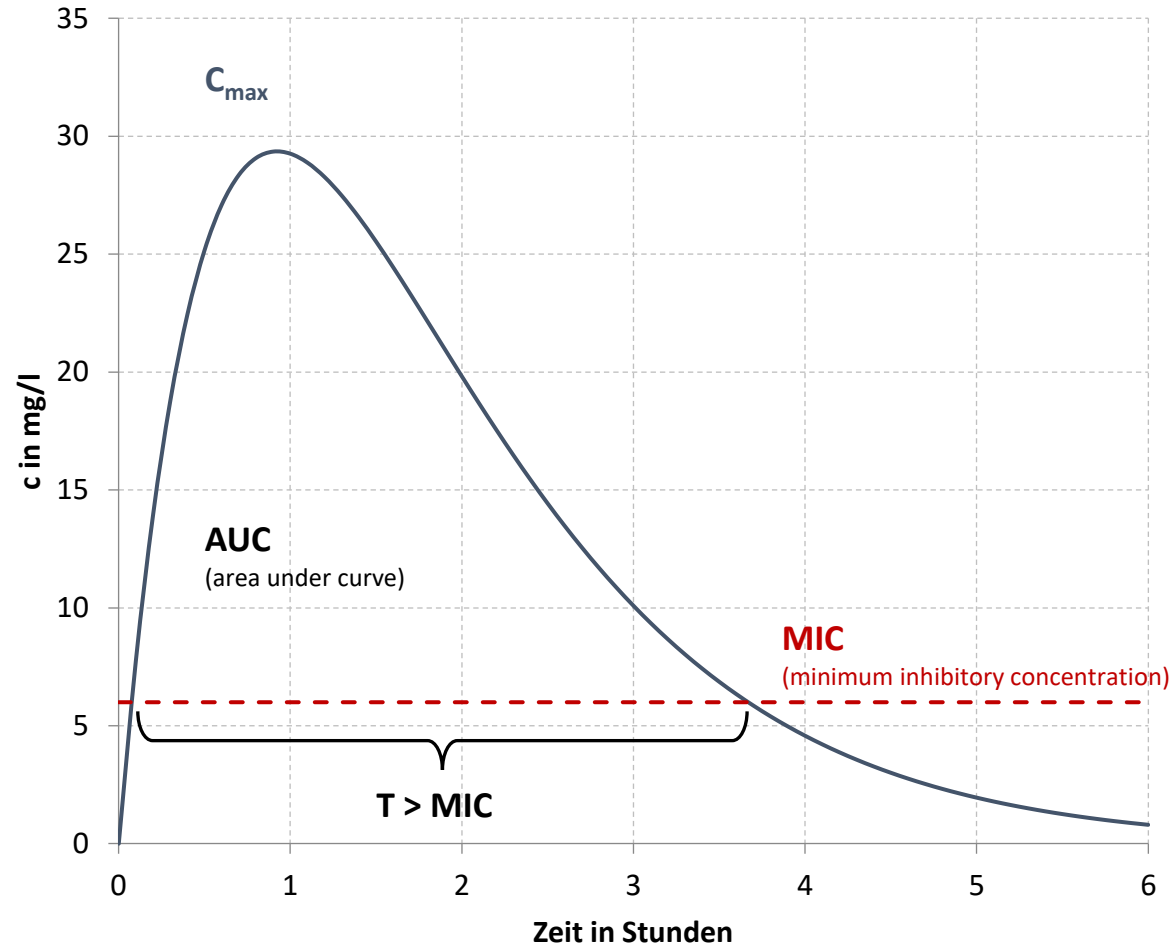
- z. B. Aminoglykoside, Fluorchinolone, Daptomycin

### AUC/MIC

- Area under 24 hour- Concentration above MIC
- z. B. Linezolid, Tigecyclin, Azithromycin, Glykopeptide, Colistin

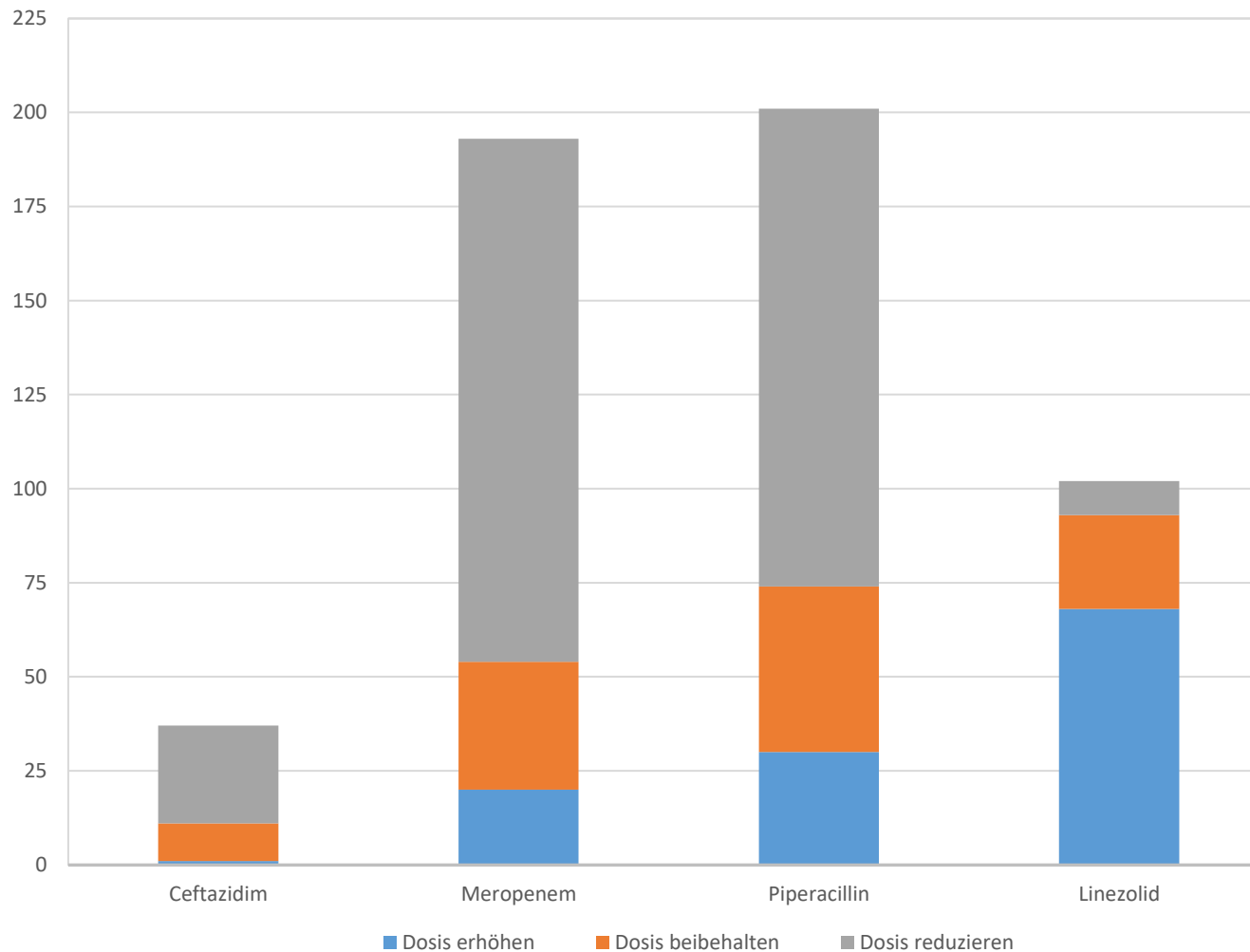
### $T > MHK$

- % of time after dosing while  $c > MHK$
- E.g..  $\beta$ -Lactam-Antibiotics, Clindamycin, Fidaxomicin



Very positive feedback from ICU => They want to keep the monitoring and enlarge the panel

Adaptions in dosis 1 one year (11/18 - 10/19)



The ClinMass® TDM Kit System is based on the universal ClinMass® TDM Platform (MS9000) that can be used for a huge number of TDM analytes.



- Currently available ClinMass® Add-on Sets:
- MS9100 for 15 Tricyclic Antidepressants (TCA)
- MS9200 for 26 Antiepileptic Drugs (AED)
- MS9300 for 28 Neuroleptics (NLP)
- MS9400 for 37 Antidepressants (ADP)
- MS9500 for 36 Benzodiazepines (BZP)
- MS9600 for 11 Antimycotics (AMC)
- MS99100 for 2 Mycophenolic Acids (MPA)
- *MS99200 for 4 Immunosuppressants (ISD)*
- and **NEW** for 15 Antibiotics (ABx)



## List of analytes and the related internal standards

Analyte	IS	Analyte	IS
<b>Ampicillin</b>	Ampicillin-d <sub>5</sub>	<b>Flucloxacillin*</b>	Clindamycin-d <sub>3</sub>
<b>Cefazolin*</b>	Piperacillin-d <sub>5</sub>	<b>Linezolid</b>	Linezolid-d <sub>3</sub>
<b>Cefepim</b>	Cefepim-d <sub>3</sub>	<b>Meropenem</b>	Meropenem-d <sub>6</sub>
<b>Cefotaxim*</b>	Clindamycin-d <sub>3</sub>	<b>Piperacillin</b>	Piperacillin-d <sub>5</sub>
<b>Cefuroxim*</b>	Tazobactam- <sup>15</sup> N <sub>3</sub>	<b>Sulbactam</b>	Sulbactam-d <sub>5</sub>
<b>Chloramphenicol</b>	Chloramphenicol-d <sub>5</sub>	<b>Tazobactam</b>	Tazobactam- <sup>15</sup> N <sub>3</sub>
<b>Clindamycin</b>	Clindamycin-d <sub>3</sub>	<b>Vancomycin*</b>	Clindamycin-d <sub>3</sub>
<b>Daptomycin</b>	Daptomycin-d <sub>5</sub>		

## Sample Pretreatment

<b>Precipitation</b>	<b>50 µl Plasma (Calibrator, control, patient)</b>	<b>100 µl Internal Standard IS (reconstituted in Precipitant P)</b>
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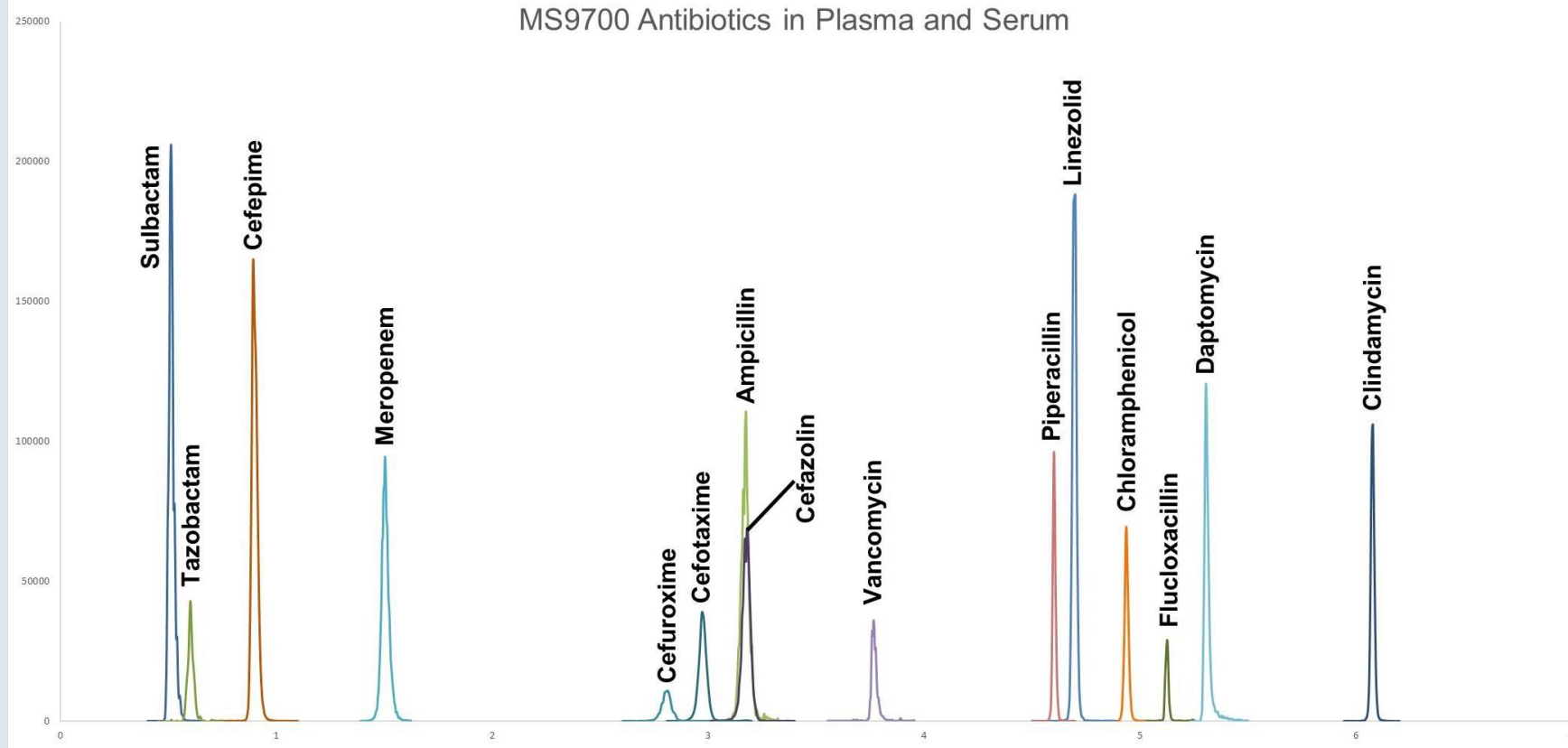
**=> mix => centrifugate (10 min, 10000 x g)**

<b>Dilution</b>	<b>50 µl supernatant</b>	<b>950 µl Water (&lt; 0.5 µS/cm)</b>
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<b>LC-MS/MS analysis:</b>	<b>Injection of 2 – 20 µl of the dilution*</b>
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# Chromatogramm

Run Time: 9.5 min.  
Validated on a Shimadzu Nexera coupled with API TQ5500



# Thank you for your attention

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## Děkuji za pozornost