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Validation of a liquid chromatography-tandem mass spectrometry screening method to monitor 58 antibiotics in milk: qualitative approach

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- 2 screening method to monitor 58 antibiotics in milk: qualitative
- 3 approach

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Abstract

A multi-residue method was developed for monitoring antibiotic residues in milk using liquid chromatography coupled to a tandem quadrupole mass spectrometer (LC/MS-MS). Two very short extractions followed by two LC/MS-MS acquisitions allow the screening of 58 antibiotics belonging to 8 different families (penicillins, cephalosporins, sulfonamides, macrolides, lincosamides, aminoglycosides, tetracyclines and quinolones). This method is currently implemented in the laboratory in a qualitative way: i.e. monitoring the presence or absence of residue in a sample and identification of the analyte before the confirmation step. In order to assess the performance of this method, a validation strategy described in an internal guideline for the validation of screening methods was applied. The aim of the validation was to prove sufficient sensitivity of the method to detect all the targeted antibiotics at the level of interest (MRL) at least. According to the EU commission decision 2002/657/EC, the suitable sensitivity of a screening method can be demonstrated when the CCB is below or equal to the MRL level and so the false compliant rate below or equal to 5 % at the MRL level. The validation scheme was established in order to take into account various variability factors: the apparatus response, the interday repeatability, the matrix effect, etc ... The results of the validation clearly demonstrate the suitability of this method for the detection and identification of more than 50 antibiotics and are in agreement with the results obtained in routine analysis.

Keywords: antibiotic residues; multi-residue screening; LC/MS-MS; Validation

Introduction

The frequent but regulated use of antimicrobial drugs for veterinary purposes may leave residues in edible tissues which can lead to allergic reaction, disorder of intestinal flora or emergence of resistant strains of bacteria. Antibiotics can be used for therapeutic purposes or as feed additives to promote animal growth. In the EU, food safety regulations were established during the 90's (EC 1990, EC 2002) and European Member States are requested to monitor the presence of antimicrobial residues in different tissues of animal origin by implementing suitable residue control programmes.

Microbiological inhibitory plate test methods are mostly used for the screening of antibiotic residues. The advantages of these methods are the possibility to detect a wide number of compounds in a simple way and at a low cost. But these methods are in some cases not enough sensitive (false negative results) and not really specific (false positive results). Furthermore, even if these screening methods are sometimes able to give an indication on the antibiotic family, a further post-screening step is needed and often implemented in order to determine the identity of the previously detected inhibitory substance. Rapid test kits are also employed but have the drawback to cover only a few targeted compounds or compounds belonging to the same family of antibiotics.

LC/MS-MS techniques are now widely used for screening purposes and these methods are able to cover a high number of veterinary drugs (Gergov et al. 2003, Granelli et al. 2007, Hammel et al. 2008, Stolker et al. 2007, Muñoz et al. 2005, Turnipseed et al. 2008). If the high number of transitions to be monitored was previously requiring fragmentation of the acquisition into several retention time windows (segments), the level of sensitivity of the new generation of LC/MS-MS instruments allows performing the acquisition in a single segment. More recently in the mid of the 2000's, a trend appeared in using accurate mass full scan MS techniques (e.g. LC-ToF-MS, LC-LTQ-Orbitrap-MS...) allowing the screening of predefined

compounds but also the research and identification of untargeted compounds (Stolker et al. 2008, Kaufmann et al. 2007, Nielen et al. 2007).

This work describes a simple and rapid LC/MS-MS post-screening method which was developed first in muscle tissues and then applied to milk and is currently tested in real-life conditions following a microbiological inhibitory screening step. This method is dedicated to the detection and identification of 58 antibiotics using LC/MS-MS with an electrospray ionisation (ESI) source set in a positive mode and was validated first in muscle tissues and then in raw milk. The screened antibacterials belong to the following families: beta-lactam (penicillins and cephalosporins), tetracyclines, macrolides, quinolones, sulfonamides, lincosamides and aminoglycosides.

Although primarily dedicated to a qualitative and identificative screening of authorized antimicrobial substances, this method can be upgraded to a confirmatory step with quantitative results for certain families by adding suitable internal standards in order to decrease and correct matrix effects. This particular issue will be published in other articles from the same authors. Sticking to a screening/post-screening purpose, it was so decided not to use the classical validation approach designed for a quantitative method (accuracy, repeatability and reproducibility...) but to implement a design suitable for the validation of a qualitative method as described in an internal guideline for the validation of screening methods (Gaudin V. 2007). The LC/MS-MS qualitative method as well as the validation scheme and the results of the validation are comprehensively presented in this paper.

Materials and methods

- 91 Chemical, reagents and solutions
- 92 Antibiotic standards were for most of them obtained from Sigma-Aldrich (France) and used
- 93 for the preparation of individual stock standard solutions (concentration of 1 mg.ml⁻¹) in either

methanol or water depending on the solubility of each antibiotic. Solutions of $1-5~\mu g.ml^{-1}$ were prepared in the mobile phase from the stock solutions for the tuning of the ESI source and for MS/MS transitions settings. From these stock solutions, suitable concentrations of spiking solutions were also prepared in ultra-pure water to be used during the validation process.

All the water used was ultra-pure deionised water produced by a Milli-Q apparatus (Millipore, France). Trichloroacetic acid (TCA) from Fisher Scientific (France), ammonium acetate from Merck (France) and pentafluoropropionic acid (PFPA) from Acros Organics (France) were analytical reagent grade. Acetonitrile obtained from Fisher Scientific (France) was a HPLC grade solvent. A 5% TCA solution was obtained by dissolving 50 g of trichloroacetic acid in 1 L of water. A 2 M ammonium acetate solution was prepared by dissolving 15.4 g of ammonium acetate in 100 mL of water. This solution was then diluted by tenth to obtain a 0.2 M solution. A 0.1% PFPA solution was also prepared by adding 1 mL of pentafluoropropionic acid in 900 mL of water and by adjusting to 1 L with water.

Sample preparation

Two routes of extraction followed by two acquisition modes allow the screening and differentiating of all 58 antibiotics. Acetonitrile was the extracting solvent chosen for the extraction of penicillins, cephalosporins, macrolides and sulfonamides and the 5% TCA solution was the acidic aqueous solvent chosen for the extraction of tetracyclines, aminoglycosides, lincosamides and quinolones. Sulfaphenazole served as internal standard in both extractions. Raw milk was allowed to thaw followed by a quick homogenisation of the fat by shaking before taking up a test portion of 2 ml to which 200 μ l of internal standard and 800 μ l of water were added.

Extraction of penicillins, cephalosporins, macrolides and sulfonamides

After addition of 8 ml of acetonitrile, the samples were stirred for 10 minutes and then centrifuged at 14000 g for 5 min. After evaporation of 6 ml of the supernatant under nitrogen flow, the residual volume was dissolved in 0.6 ml of 0.2 M ammonium acetate, then filtered onto a 0.45 μ m Millex HV filter of 13 mm diameter (Millipore, France). A volume of 25 μ l were injected and analysed by the LC/MS-MS instrument.

Extraction of tetracyclines, quinolones, aminoglycosides and lincomycin

After addition of 8 ml of 5% TCA solution, the sample was stirred for 10 min and then centrifuged at 14000 g for 5 minutes. About 1 ml of the supernatant was filtered onto a 0.45 μ m Millex HV filter. A volume of 20 μ l was injected and analysed by the LC/MS-MS instrument.

LC/MS-MS analysis

An HPLC system (Agilent-HP1100) was used for the chromatographic separation which was performed on a Symmetry C18 column, 5 μ m, 150 X 3.9 mm (Waters) with a security guard system C18, 5 μ m, 4.0 x 3.0 mm (Phenomenex). Two different gradients mixing 0.1% PFPA (A) with acetonitrile (B) were used according to the appropriate series of antibiotics. The gradient optimized for the separation of penicillins, cephalosporins, macrolides and sulfonamides started with 10 % of B. It was then rising linearly to 30 % of B over 4 min, then stoped for 1 min at 30% and again rising linearly to 70% of B over 2 min and stoped for 3 min at 70 %. The initial composition was then recovered over a 1 min delay. The gradient elution for the separation of tetracyclines, quinolones, aminoglycosides and lincomycin started with 10 % of B, then rising to 50% of B over 7 min and stoped for 4 min at 50%. The initial composition was then recovered over a 1 min delay.

A triple quadripole mass detector (AB-Sciex-API4000) set in a positive ESI mode was used for the detection and identification of the targeted antibiotics. The Turbolon Spray Voltage was set at 5.5 kV and the temperature of the source at 700 ℃. MRM conditions, declustering

potential (DP) and collision energy (CE) were first optimized for each antibiotic by infusing solutions of the antibiotic standards prepared in the mobile phase. MRM conditions are displayed in Table Ia and Table Ib. The presence of two MRM transitions with a signal to noise ratio (S/N) above 3 in combination with the expected retention time guarantee the univocal identification of the analyte. Even if only one transition can satisfactorily be considered as sufficient for screening purposes, it is preferred to keep monitoring two transitions in such a way to facilitate the technical evaluation of the signals and the analysis of the resulting data through the "Analyst" software onto the instrument. Moreover, watching at two transitions at the same retention time on the computer screen is really more efficient especially when monitoring a large number of samples at screening step.

[insert table la and Table lb about here)

Validation scheme

The validation process was established according to a guideline set for the comprehensive validation of biological screening methods (Gaudin et al. 2007). This scheme of validation in line with the criteria of the Decision No 2002/657/EC which is more dedicated to quantitative confirmatory methods, was applied to an LC/MS-MS method used as a qualitative post-screening tool. It was considered more suitable than the classical approach of validation usually applied to quantitative physicochemical methods (trueness, precision, linearity...). In fact, there was no interest in checking the accuracy of the method in terms of quantification. It was considered more relevant to monitor many samples at the level of interest in order to assess statistically the capacity of detection of the method. Anyway, the aim of a validation is to prove the suitability of the method in achieving the goal it is developed for. The only requirement for screening methods as described in the Commission Decision No 2002/657/EC is that these methods have the capability for a high sample throughput and shall allow the detection of all targeted substances with a false compliant rate below 5% at the level of interest. It means that the CCβ of the method should be found below this level of

interest. The way to assess the detection capability is described below as well as the way the limit of detection, the specificity and the sensitivity are calculated respectively. In the case of a suspected non-compliant result, this result shall be confirmed by a confirmatory method.

Determination of "T" value

A first step in assessing the capacity of detection is the calculation of the "T" value for each compound of interest. The "T" value is a "Threshold" value corresponding to the minimum analytical response above which the sample will be truly considered as positive. In order to determine this "T" value, 20 blanks of raw milks from different origins were tested with the method described above. The analytical blank response at the retention time corresponding to the analyte (± 10%) was determined in each blank chromatogram for the two MRM transitions. The mean value of the noise "B" was then calculated. The threshold value "T" was estimated for each transition as being three times the mean value obtained from the 20 recorded noises (see figure 1).

Determination of the limit of detection:

The limit of detection is the smaller concentration of analyte above which it is possible to detect this analyte with a reasonable statistical certainty. By comparing the response corresponding to the "T" value (3 times the mean noise) with the mean response of two samples spiked at a known concentration, it is possible to determine the "limit of detection" of the method for each analyte. As the presence of the two transitions is recommended for full identification of the substance when possible, the limit of detection is generally estimated from the results of the most variable response from the two transitions. Very often, this is the minor transition that gives also the most variable one.

Determination of the cut-off factor "Fm" and assessment of the detection capability (CC beta)

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The 20 blanks of raw milk were spiked at the level of interest (MRL or ½ MRL) with the different analytes and tested within the same day. Generally, the samples were spiked at the MRL level. The half-MRL level was chosen for some compounds especially when the MRL is established for the parent drug plus its metabolite or for the sum of different compounds (e.g. sulfonamides). Stock solutions for each antibiotic were prepared in methanol except for aminoglycosides and penicillins which were dissolved in water. Spiking solutions were prepared in water by mixing the different standards from one antibiotic family. Then, validation was carried out per family in order to get information about the potential interferences. The concentrations evaluated during the validation are given in Table IIa and Table IIb.

[insert table IIa and IIb about here]

This step was repeated again twice in order to get a total of 60 independent data for each analyte at the level of interest. The repetitions were carried out on three different days distributed over three different weeks in order to increase the factors of variability and to mimic routine analysis. The analytical response (Yi = height of the peak response) were determined for each of the samples (n=60) and for the two MRM transitions from each analytes. Both the mean response from the 60 samples and the corresponding standard deviation were calculated. A "cut-off factor" Fm was then estimated as being the mean response decreased by 1.64 times the standard deviation. It statistically means that 95 % of the samples spiked at the level of interest should give an analytical response above this value (see figure 1).

[insert figure 1 about here]

- The "T" and "Fm" values obtained can lead to different situations:
- Fm > T: this is the best situation corresponding to a false negative rate below 5%. The consequence is the CCβ is truly below the MRL level.

Fm < **T**: if the "T" value is taken as a limit of positivity, then more than 5% of the samples will be considered as negative. The consequence is the $CC\beta$ is truly above the MRL level. Further studies at concentrations above the MRL should be implemented in order to determine the gap between the MRL and the $CC\beta$.

According to the Decision No 2002/657/EC, the detection capability (CC β) of the methods dedicated to screening purposes is validated only when Fm > T. Then, it can be deduced that the CC β is definitely below the level of validation. As a reminder, the very first requirement expected from a screening method is to avoid as much as possible the false negative results also called "false compliant" results.

Assessment of the specificity and sensitivity:

The following definitions are needed to understand the calculation of the two parameters "specificity" and "sensitivity". At first, a true positive sample giving a positive test result is called a "positive agreement". Then a true negative sample giving a negative test result is called a "negative agreement". A true positive sample giving a negative test result is called a "false negative" sample. Finally, a true negative sample giving a positive test result is called a "false positive" sample.

The "specificity" of a method is the ability of this method to distinguish one specific analyte from the other analytes. It can be determined as being the number of negative agreement divided by the number of true negative samples expressed as a percentage. The "sensitivity" of a method can be determined as being the number of positive agreements divided by the number of true positive samples expressed as a percentage. A sample is considered to be positive as soon as the signal ranges above the "T" value (three times the mean noise). A sensitivity above 95% means that the CCβ is below the level of concentration tested for the validation. Then the number of false negatives is truly below 5%.

Results and discussion

Sample pretreatment and LC/MS-MS analysis

The challenge for the analyst in the development of a multi-residue method was to find suitable extraction conditions for a large range of targeted analytes displaying different chemical properties (lipophilicity, hydrophilicity, alcaline and acidic characteristics, ...). As it is almost impossible to optimize the cleanup process for all analytes, the purification step has generally to be as short and simple as possible. Having a look at the literature in the field of veterinary drug residues, two main routes of extraction were considered in muscle. The first one was acetonitrile extraction which is a common solvent used for many veterinary drugs including antibiotics. This solvent was found to be sufficiently effective for the extraction of macrolides, sulfonamides, penicillins, and cephalosporins. The second route was an acidic extraction with trichloroacetic acid which was found to be suitable for quinolones, aminoglycosides, lincomycin, and tetracyclines. Results obtained when comparing the different solvents evaluated for extraction of the 58 antimicrobials were not always in full agreement with the expected results taking into consideration the chemical properties of the different analytes. But as previously mentioned, the aim of this study was to find global conditions acceptable for all substances and not to optimize the recovery for each analyte. These extraction conditions were then tested successfully on milk. The difficulty to find a generic extraction solvent is due to the aminoglycoside family for which acidic extractions are mainly used. During the validation, spiked samples were prepared with twenty different batches of milk in order to check suppression or enhancement effects due to the matrix. A variability due to matrix effects was sometimes observed, particularly for the hydrophilic compounds eluting in the first minutes after injection, but validation results proved that the sensitivity was always sufficient to detect all the analytes at the level of interest. PFPA and acetonitrile in a gradient mode were chosen as mobile phase for the chromatographic separation. Even if it is announced that PFPA may lead to ion suppression effects in

electrospray ionization and if the ionization rate was not optimized for all analytes with this acidic solvent, this last was preferably selected for its advantageous ion-pairing properties which allowed including in this method as strong bases as the aminoglycosides and as relatively strong acids as amoxicillin. In contradiction with the general trend to chromatography with narrow-bore analytical columns, a conventional Symmetry® analytical column (Waters, France) of 3.9 mm in diameter was chosen. It was considered in this study that the use of a narrower column with a lower flow-rate did not preclude saving time even if it effectively saves solvent. In fact, due to the sloping gradient used, the period for stabilizing the column between to injections was found time-consuming. Satisfactorily, using the Symmetry® analytical column with a 3.9 mm diameter, no stabilization time was needed between injections and the runs were finally shorter (<15 minutes). The high selectivity and sensitivity of the triple-quadruple detector allowed the detection of 58 analytes in two runs without segmenting the acquisition. The singly-charged precursor ion was preferentially considered for all the 58 antimicrobial analytes and the two highest MRM transitions were then monitored for each analyte. Some sulfonamides displaying isobaric masses and giving the same ionic fragments were nevertheless identified taking into account their different retention times. Some chromatograms are presented in figure 2.

[Insert figure 2 about here]

Method validation

The validation process previously described had already been tested for biological screening methods but was totally new for a LC/MS-MS method. The suitability of this validation scheme applied to a physicochemical screening method was demonstrated and gave more useful information than the classical approach of validation usually applied to quantitative physicochemical methods. The limit of detection, the specificity, sensitivity and the CCbeta were assessed during the validation and the results are described below for each antibiotic family. The specificity of the method was checked by analyzing twenty milk blank samples of different origins and the specificity was of 100% for all the analytes as no peak was detected

in these samples at the retention time corresponding to each analyte. This fact underlines the very high specificity of the tandem mass spectrometer.

Tetracyclines

Milk samples were spiked at 50 μg.kg⁻¹ for oxytetracycline, 4-epi-oxytetracycline, tetracycline, 4-epi-tetracycline, chlortetracycline and 4-epi-chlortetracycline as the MRL is 100 μg.kg⁻¹ for the sum of the parent drug and its epimer. The concentration of validation for doxycycline was 100 μg.kg⁻¹. Twenty spiked samples were analysed per day and during three days. In total, 60 samples were analysed for each analyte. Results are presented in Table III and are very satisfactory as the "Fm" values are above the "T" values for all analytes. These results mean that the CCbeta of the 7 tetracyclines are below the level of concentrations tested during the validation: i.e. below ½ MRL for OTC, TTC, and CTC and their 4-epimers and below MRL for DC. The limits of detection were calculated and are ranging between 0.3 and 2.2 μg.kg⁻¹ for the first transition and between 1.5 and 13.6 μg.kg⁻¹ (4-epi-tetracycline) for the second "minor" transition. The sensitivity was calculated at 100% for all the tetracyclines and their epimers. Retention times were ranging from 7.2 to 8.1 min.

[insert table III about here]

Sulfonamides and macrolides

The level of validation for each analyte is given in Table 2a. According to the validation scheme, 60 spiked samples were analysed on three different days. The estimated CCbeta was below the level of validation for all sulfonamides and macrolides as the "Fm" value were above the "T" values. The limits of detection were below 1 µg.kg⁻¹ for most of the analytes and up to 1.7 µg.kg⁻¹ for sulfaguanidine (minor transition). The sensitivity was 100% for all sulfonamides and macrolides. Retention times were ranging from 3.1 to 9.6 min for sulfonamides and from 7.3 to 9.8 min for macrolides.

Quinolones

The use of norfloxacin and nalidixic acid is not allowed in veterinary medicine for food-producing animals but a concentration of validation of 100 μg.kg⁻¹ was arbitrarily chosen. The MRL for the sum of enrofloxacin and its metabolite ciprofloxacin being 100 μg.kg⁻¹, a concentration of validation of 50 μg.kg⁻¹ was chosen for each. The level of validation for other quinolones is given in Table 2b. Results were very satisfactory for this family as the estimated CCbeta was below the level of validation for all quinolones except for oxolinic acid and the sensitivity of 100 % for all (for the two transitions). It means that oxolinic acid was always detected at the level of validation but there was enough variation in the response to assess a low "Fm" value. The limits of detection of the quinolones were below 1 μg.kg⁻¹ and up to 1.95 μg.kg⁻¹ for the major transition and below 1 μg.kg⁻¹ and up to 15.5 μg.kg⁻¹ for the minor transition (sarafloxacin). Retention times were ranging from 7.0 to 11.1 min.

Aminosides

The levels of validation for each aminoglycoside are given in Table 2b. Results were very satisfactory as the CC β was assessed to be below the level of validation for all analytes except for spectinomycin (minor transition). The limits of detection were calculated and ranged between 0.2 and 3.5 μ g.kg⁻¹ for the first transition and between 0.2 and 66 μ g.kg⁻¹ (spectinomycin) for the minor transition. The sensitivity was 100% for all aminosides except for the minor transition of spectinomycin. Retention times were ranging from 5 to 6.5 min.

Penicillins and cephalosporins

The concentrations of validation for these two families are given in Table 2a and results for penicillins are presented in Table VI. Results were very satisfactory for penicillins and cephalosporins except for amoxicillin for which the CC β was assessed to be above the MRL of 4 μ g.kg⁻¹ for the three chosen transitions. Nevertheless, the sensitivity was calculated as being above 95% for the second and third transition and we can so ensure a sufficient

detection capability by considering that the presence of at least one transition is enough to consider a further confirmatory step. In the same way, the $CC\beta$ was above the MRL for the minor transition of ampicillin. The $CC\beta$ obtained for the cephalosporins were all below the concentration of validation except for the first transition of cefoperazone but the sensitivity was 100% for all of them. Retention time were ranging from 6.9 to 11.6 min for penicillins and from 6.9 to 9.4 min for cephalosporins.

[insert table VI about here]

Validation results

The results of the validation clearly demonstrate the suitability of this method for the detection and identification of all tested antibiotics. Particular attention should be paid to the following compounds for which the detection is often problematic: i.e. amoxicillin, ampicillin, and spectinomycin. However, for these compounds, the presence of at least one transition shall lead to the confirmatory step. For amoxicillin, a careful observation of the chromatograms at the retention time of interest shall be carried out.

Participation to different proficiency tests organized in the field of antibiotic residues in order to demonstrate the efficiency of this method, clearly showed a very satisfactory evaluation of its capacity of detecting and identifying antibacterial residues as no false-negative and no false-positive results were obtained.

Field of application

Application of this method to milk was presented in this paper but the method was first developed for muscle tissue samples. Used in routine analysis as a post-screening method carried out after a first microbiological screening step, it allows the full identification of the antibiotic previously responsible of the microbiological activity inhibition. The step for quantitative confirmation is then more efficient and not so time-consuming. On the side of

analytical quality assurance, it was not easily conceivable to implement quality control samples spiked at the level of interest for the 58 antibiotics in such a routine use, particularly because of stability problems with penicillin solutions. Therefore, after the validation step, our choice in order to assure a sufficient sensitivity in routine analysis was to add an internal standard for each sample to be analyzed and to set a minimal height of signal response to qualify the analysis according to the validation data. Furthermore, a sample matrix spiked with one analyte from each family was added as quality control sample. The criteria for the quality control have to be set in relation to the results obtained from the validation step. Then the follow-up of a control chart provides a reliable checking of the suitability for these criteria. The high correlation between the microbiological screening results and the mass spectrometry post-screening results demonstrates the high efficiency of this method in routine use, especially here described for milk. Nevertheless, a few samples being detected positive at the microbiological step were not confirmed to be positive at the post-screening step. There are two possibilities: the microbiological result could be a false positive result or the concerned analyte was not monitored by the LC/MS-MS method. One of the disadvantages of LC-triple quadripole MS instruments compared to LC-ToF-MS instruments is the need to optimize for each new compound before being included in the acquisition mode of the method. Moreover, there is no possibility to review and reassess the analytical data collected by the instrument on a previously analyzed sample when it is necessary for exemple to check for the presence of one suspected "untargerted" analyte if this analyte was not initially included in the method.

This multi-residue method is not suitable for confirmatory purposes in the here-described format of the method as quantitative requirements from the Decision No 2002/657/EC are not always met for some particular families. For example, large matrix effects in muscle tissue were observed for tetracycline residues. Quantification of macrolides was also not accurate enough with the here-above described extraction. Some dilutions of the samples and use of

suitable internal standards could improve the accuracy of the method within the context of a quantitative confirmation. For penicillins, cephalosporins and quinolones, minor changes and the use of internal standard(s) may allow using this method as a confirmatory method.



Conclusion

The LC/MS-MS method proposed in this article allows a rapid and efficient screening or post-screening of 58 antibiotics in milk and meets the requirements of EU/2002/657 for screening methods as demonstrated during the validation. One possibility to increase further the sensitivity of the method will be to implement a new acquisition mode as it is proposed in the new version of the LC/MS-MS software Analyst version 1.5 which is the so-called "MRM scheduled" mode. This mode allows the automatic implementation of retention time windows which is useful for the detection of a high number of analytes. The sensitivity is enhanced by setting longer acquisition dwell-times for each compound. It is planned to extend the field of application of this LC/MS-MS multi-antibiotic method by including the monitoring to other antibiotics used in veterinary medicine but not yet included in the method as bacitracin, colistin, trimethoprim. It was proved during this study that LC-triple quadripole MS instrument offers suitable opportunities to implement a reliable monitoring in the well-defined regulatory context of food safety in the EU.

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Figure 1. Graphical representation of threshold value "t" and Cut-off factor "Fm"

Figure 2. Examples of chromatograms of milk samples spiked at the EU-MRL or half the EU-MRL levels



Figure 1

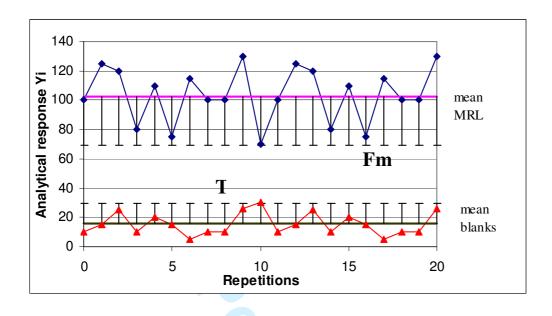
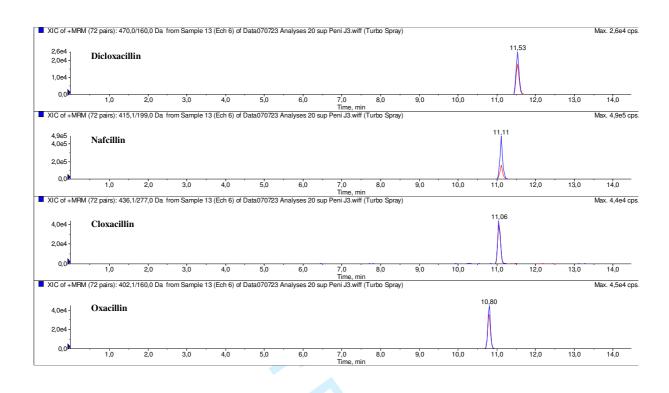
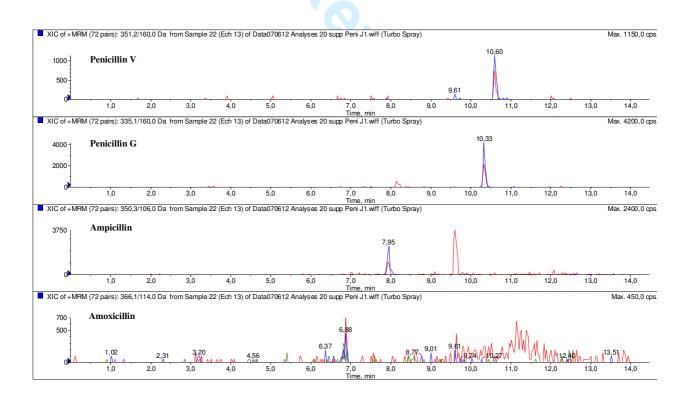
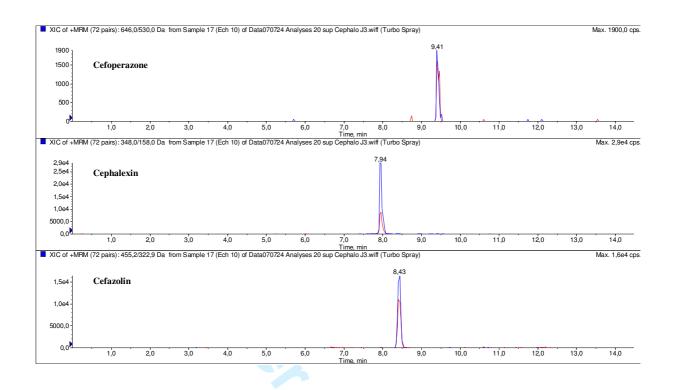
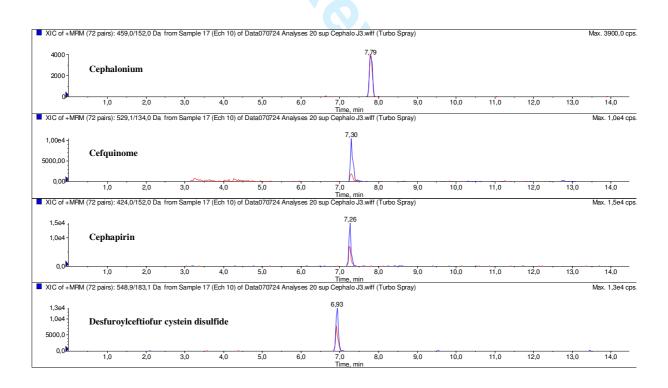


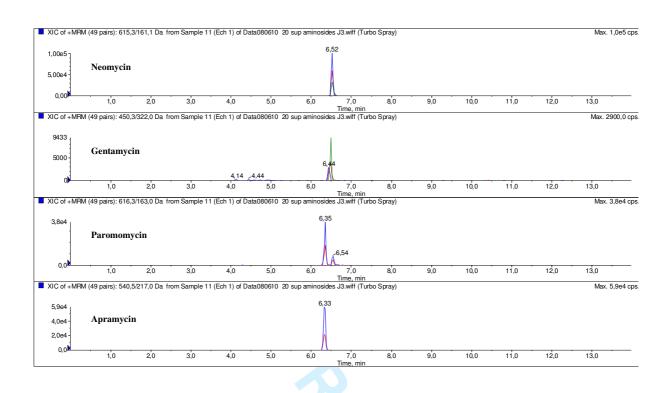
Figure 2











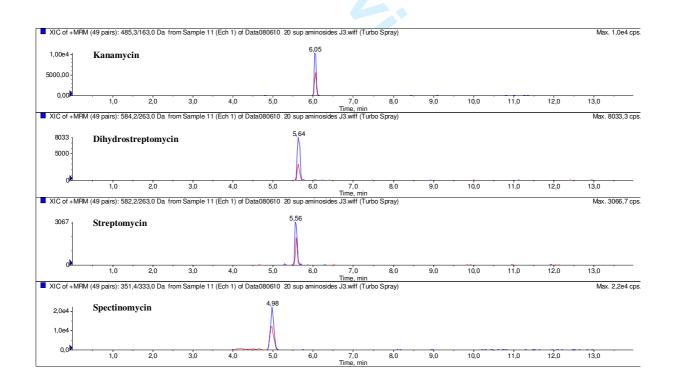




Table Ia. MRM transitions for cephalosporins, penicillins, sulfonamides and macrolides in the acetonitrile extract

			~-	2.51	~-							• •	• • •			A G77	• 65	• • •	• • • • • • • • • • • • • • • • • • • •
Analyte	DP	Major	CE	Minor	CE												<u> Iinor trans 2 CE</u>		
Amoxycillin	50	366/349	13	366/208	20		366.1/	366.1/114	366.1/114	366.1/114	366.1/114 3	366.1/114 33	366.1/114 33	366.1/114 33	366.1/114 33	366.1/114 33	366.1/114 33	366.1/114 33	366.1/114 33
Ampicillin	50	350/106	20	350/160	20	-													
Penicillin-G (benzylpenicillin)	50	335/160	15	335/176	15	_													
Penicillin V	50	351/160	15	351/114	45	_													
Oxacillin	50	402/160	18	402/243	18	_													
Cloxacillina	50	436/160	20	436/277	20														
Nafcillin	50	415/199	20	415/171	50														
Dicloxacillin	50	470/160	20	470/311	20			•	•										
Cephapirin	50	424/152	35	424/124	70														
Ceftiofur	50	524/241	25	524/125	70														
Desfuroyl ceftiofur cystein	76	548/183	41	548/241	29		·												
Cefquinome	50	529/134	25	529/125	75														
Cephalonium	50	459/337	15	459/152	25		-	•	•	•									
Cefazolin	50	455/323	15	455/156	23														
Cephalexin	50	348/158	10	348/106	23														
Cefoperazone	60	646/530	17	646/143	50														
Sulfaphenazole (Internal	50	315/156	30	1	/	_													
Sulfaguanidine	20	215/156	20	215/108	30														
Sulfadiazine	53	251/156	22	251/108	30														
Sulfathiazole	53	256/156	20	256/108	34		-				•	•	•	•	•	•	•	•	•
Sulfadimerazine	50	279/156	25	279/108	36		•	•	•	•	•	•	•	•	•	•	•	•	•
Sulfamethoxypyridazine	60	281/156	25	281/108	35	•	•'	•	•	•	•	•	•	•	•	•	•	•	•
Sulfamonomethoxine ^a	50	281/156	23	281/108	37						-					-	-	-	-
Sulfadoxine	60	311/156	25	311/108	40	Į													
Sulfaquinoxaline	50	301/156	23	301/108	40														
Sulfadimethoxine	50	311/156	23	311/108	37														
Tulathromycin marker	111	577/158	41	577/116	59		•												
Neospiramycin	80	699/174	42	699/540	25		•												
Spiramycin ^a	100	843/174	47	843/540	42	_	•												
Tulathromycin	126	807/158	59	807/577	33	_	•	•	•										
Tilmicosin	120	869/174	63	869/696	55		•	•	•	•									
Tylosin	120	916/174	50	916/772	40		•	•	•	•									
Erythromycin	90	734/158	50	734/576	25		•		•										
O-acetyltylosin	121	959/174	59	959/815	43				-	•	-	-	-	-	-	•	-	-	-
Josamycin	80	828/174	45	828/229	45		•	•	•	•	•								
Tylvalosin	121	1043/109	95	1043/174	57	-													
1,1.4100111	141	10 13/107	,,	10.3/1/1	J 1	_	II.	•	ı	•	ı	ı	ı	ı	ı	ı	i	ı	ı

^a Molecules contained in the spiked control samples

Table Ib. MRM transitions for quinolones, aminoglycosides, lincosamides and tetracyclines in the trichloroacetic acid extract

Analyte	DP	Major Trans	CE	MinorTrans	CE
Spectinomycin	71	351/333	27	351/207	31
Streptomycin	157	582/263	45	582/246	51
Dihydrostreptomycin ^a	120	584/263	42	584/246	54
Kanamycin	70	485/163	35	485/205	35
Paromomycin	84	616/163	45	616//293	33
Gentamycin C1, C1a et C2	60	478/322, 450/322, 464/322	20		
Neomycin	92	615/161	45	615/163	30
Apramycin	82	540/217	35	540/378	25
Lincomycin	60	407/126	40	407/359	26
Oxytetracycline ^a	65	461/426	30	461/443	17
Tetracycline	55	445/410	27	445/427	25
Chlortetracycline	60	479/444	29	479/462	23
Doxycycline	55	445/428	25	445/154	40
Marbofloxacin	70	363/345	30	363/320	22
Norfloxacin	60	320/302	33	320/231	50
Ciprofloxacin ^a	61	332/314	30	332/231	47
Danofloxacin	60	358/340	33	358/255	50
Enrofloxacin	72	360/342	30	360/286	50
Sarafloxacin	50	386/368	30	386/348	50
Difloxacin	80	400/382	30	400/356	50
Oxolinic acid	53	262/244	25	262/216	40
Nalidixic acid	42	233/215	30	233/187	35
Flumequine	44	262/244	25	262/202	45
Sulfaphenazole (Standard Interne)	50	315/156	30		

^a Molecules contained in the spiked control samples

Table IIa. EU-MRL and level of concentration for the validation of the analytes extracted by acetonitrile

Analyte	MRL in milk (μg/kg)	Validation concentration (Cval) (μg/kg)
Sulfaguanidine	100	50
Sulfadiazine	100	50
Sulfathiazole	100	50
Sulfadimerazine	100	50
Sulfamethoxypyridazine	100	50
Sulfamonomethoxine	100	50
Sulfadoxine	100	50
Sulfaquinoxaline	100	50
Sulfadimethoxine	100	50
Tulathromycin marqueur	Banned ^a	25
Neospiramycin	200 ^b	100
Spiramycin	200 ^b	100
Tulathromycin	Banned ^a	25
Tilmicosin	50	50
Tylosin	50	50
Erythromycin	40	40
O-Acétyltylosin	1°	25
Josamycin	/ c	25
Tylvalosin	/ c	25
Amoxicillin	4	4
Ampicillin	4	4
Penicillin G (benzylpenicillin)	4	4
Penicillin V (phenoxymethylpenicillin)	/	4
Oxacillin	30	30
Cloxacillin	30	30
Nafcillin	30	30
Dicloxacillin	30	30
Cefquinome	20	20
Cefalonium	20	20
Cephapirin +desacetylcephapirin	60	30
Cefoperazone	50	50
Cefazolin	50	50
Desfuroylceftiofur cystein disulfide	100	100
Cephalexin	100	100

^a Banned for use in milk producing-animals

^b MRL established for the parent drug + the metabolite

^c No MRL in milk

Table IIb. EU-MRL and level of concentration for the validation of the analytes extracted by trichloroacetic acid

Analyte	MRL in milk (µg/kg)	Validation concentration (Cval) (µg/kg)
Spectinomycin	200	200
Streptomycin	200	200
Dihydrostreptomycin	200	200
Kanamycin	150	150
Paromomycin	Banned ^a	500
Gentamycine C1, C1a and C2	100	100
Neomycin	1500	1500
Apramycin	/ c	1000
Lincomycin	150	150
Oxytetracycline (+ 4-epimer)	100	50
Tetracycline (+ 4-epimer)	100	50
Chlortetracycline (+ 4-epimer)	100	50
Doxycycline	/ c	100
Marbofloxacin	75	75
Norfloxacin	/d	100
Danofloxacin	30	30
Ciprofloxacin	100 ^b	50
Enrofloxacin	100 ^b	50
Sarafloxacin	/ °	30
Difloxacin	Banned ^a	300
Oxolinic acid	Banned ^a	100
Nalidixic acid	/ ^d	100
Flumequine	50	50

^a Banned for use in milk producing-animals

^b MRL established for the parent drug + the metabolite

^c No MRL in milk

^d No authorisation in veterinary medicine

Table III. Results of the validation for tetracyclines

realyte Fm / T / B CCbeta LOD (μg/kg) Sensitivity (%) Fm / T / B CCbeta LOD (μg/kg) Sensitivity (%) exytetracycline Fm > T < MRL < 1 100% Fm > T < MRL 2.98 100% etracycline Fm > T < MRL 1.41 100% Fm > T < MRL 4.68 100% hlortetracycline Fm > T < MRL < 1 100% Fm > T < MRL 1.47 100% epi-oxytetracycline Fm > T < MRL < 1 100% Fm > T < MRL 1.67 100% epi-tetracycline Fm > T < MRL 2.22 100% Fm > T < MRL 13.55 100%			Transiti	on 1 « majo	r»		Transiti	on 2 « mino	r»
Etracycline Fm > T < MRL	Analyte	Fm/T/B	CCbeta L	OD (µg/kg)	Sensitivity (%) Fm/T/B	CCbeta L	OD (µg/kg)	Sensitivity (%
hlortetracycline	Oxytetracycline	Fm > T	< MRL	< 1	100%	Fm > T	< MRL	2.98	100%
Oxycycline	etracycline	Fm > T	< MRL	1.41	100%	Fm > T	< MRL	4.68	100%
epi-oxytetracycline Fm > T < MRL < 1 100% Fm > T < MRL 1.67 100% epi-tetracycline Fm > T < MRL 2.22 100% Fm > T < MRL 13.55 100% epi-tetracycline Fm > T < MRL 1.05 100% Fm > T < MRL 3.90 100% epi-chlortetracycline Fm > T < MRL 1.05 100% Fm > T < MRL 3.90 100%	hlortetracycline	Fm > T	< MRL	< 1	100%	Fm > T	< MRL	1.47	100%
epi-tetracycline Fm > T < MRL 2.22 100% Fm > T < MRL 13.55 100% epi-chlortetracycline Fm > T < MRL 1.05 100% Fm > T < MRL 3.90 100%	oxycycline	Fm > T	< MRL	3.33	100%	Fm > T	< MRL	3.04	100%
epi-chlortetracycline Fm > T < MRL 1.05 100% Fm > T < MRL 3.90 100%	epi-oxytetracycline	Fm > T	< MRL	< 1	100%	Fm > T	< MRL	1.67	100%
	epi-tetracycline	Fm > T	< MRL	2.22	100%	Fm > T	< MRL	13.55	100%
	-epi-chlortetracycline	Fm > T	< MRL	1.05	100%	Fm > T	< MRL	3.90	100%

Table IV. Results of the validation for penicillins

		Transi	tion 1 « major	r*»		Transiti	ion 2 « minor »			Transiti	on 3 « minor »	<u> </u>
Analyte	Fm/T/B	Ccbeta	LOD (µg/kg)	Sensitivity (%)	Fm/T/B	Ccbeta	LOD (µg/kg)	Sensitivity (%)	Fm/T/B	Ccbeta	LOD (µg/kg)	Sensitivity (%
Amoxicillin	Fm < B	>Cval	1.74	81.7	B < Fm < T	>Cval	0.91	96.7	B < Fm < T	>Cval	1.18	95.00
Ampicillin	Fm > T	< Cval	0.08	100.0	B < Fm < T	>Cval	0.97	98.3				
Penicillin G	Fm > T	< Cval	0.14	100.0	Fm > T	< Cval	0.17	100.0				
Penicillin V	Fm > T	< Cval	0.63	100.0	Fm = T	< Cval	1.39	98.3				
Oxacillin	Fm > T	< Cval	0.14	100.0	Fm > T	< Cval	0.24	100.0				
Cloxacillin	Fm > T	< Cval	2.08	100.0	Fm > T	< Cval	0.16	100.0				
Nafcillin	Fm > T	< Cval	0.06	100.0	Fm > T	< Cval	0.17	100.0				
Dicloxacillin	Fm > T	< Cval	0.43	100.0	Fm > T	< Cval	0.39	100.0				
								100.0				