Immunoassay screening in urine for synthetic cannabinoids – a feasible approach for forensic applications?



Institute of Forensic Medicine Forensic Toxicology

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Introduction and Aims

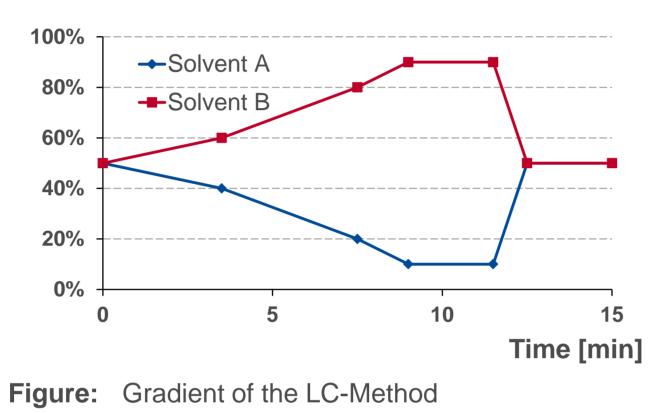
In therapeutic settings requiring abstinence, reliable screening methods for drugs of abuse and especially for new psychoactive substances like synthetic cannabinoids are needed. For economic reasons institutions of drug rehabilitation and forensic psychiatric hospitals often apply immunoassays to screen urine samples for synthetic cannabinoids. However, the wide structural diversity of this class of drugs makes it difficult to design suitable antibodies, and false negative results can impede the therapeutic process. This retrospective study was performed to check if two commercially available immunoassay kits are capable of detecting currently prevalent substances in authentic urine samples.

Methods

Liquid chromatography conditions:

- Luna[®] C18(2) column (150 mm \times 2 mm, 5 μ m)
- Solvent A: H₂O, 0.2 % HCOOH, 2 mmol/L NH₄+HCOO⁻
- Solvent B: ACN
- Run time: 15 min

Concentration



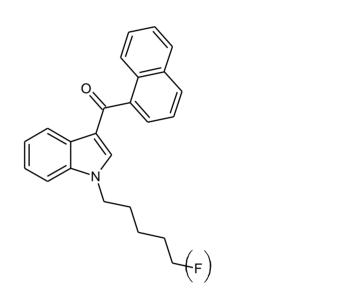
Mass spectrometry conditions:

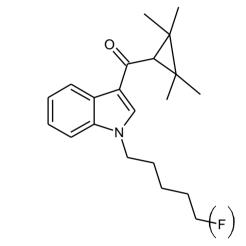
SCIEX API 5000TM

- sMRM positive mode
- Min. 2 transitions per metabolite
- Metabolites of 43 synthetic cannabinoids
- Semi-quantitative determination (LLOQ = 0.05 - 0.1 ng/mL)

Immunoassay:

- Roche Cobas Integra[®] 800
- Homogeneous enzyme immunoassay (HEIATM)
- Kits from Immunalysis (Pomona, CA, USA):





Synthetic Cannabinoids-1[®]-Kit JWH-018 / AM-2201 Cutoff: 20 ng/mL

Synthetic Cannabinoids-2[®]-Kit UR-144 / XLR-11 Cutoff: 10 ng/mL

Results and discussion

Urine samples of 549 individuals from seven different forensic psychiatric hospitals located in the federal states of Bavaria and Baden-Württemberg were screened for synthetic cannabinoids by two immunoassays. Results

None of the patients was tested positive by either of the two immunoassays. In contrast, using LC-MS/MS analysis metabolites of synthetic cannabinoids were detected in 7.7 % of the samples.

were confirmed by an up-to-date LC-MS/MS method.

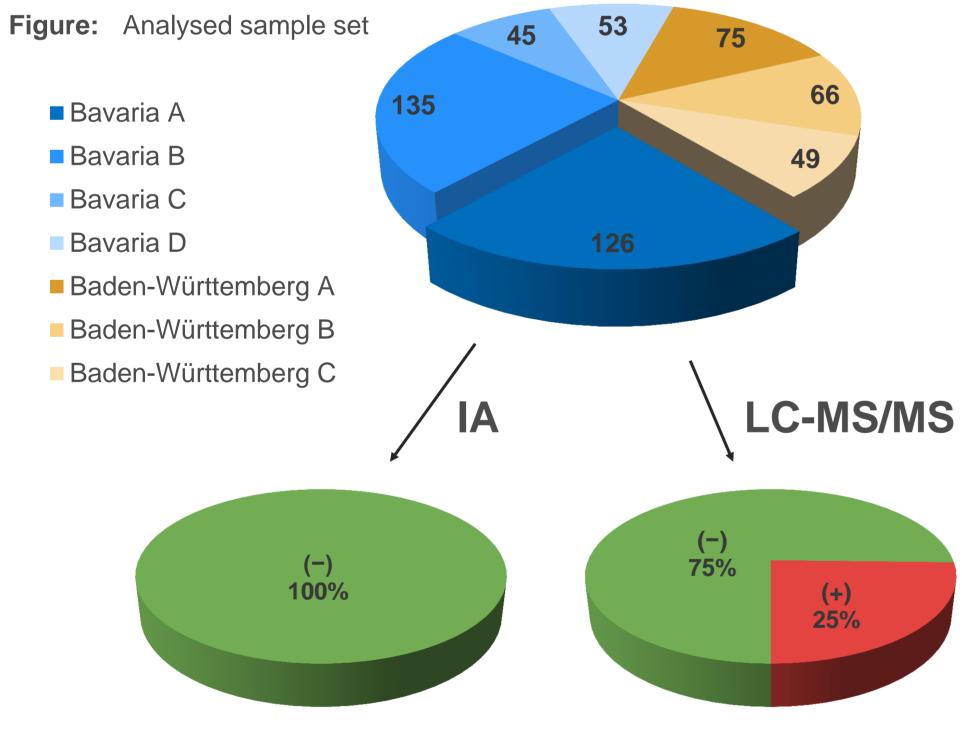


Figure: Difference in IA and LC-MS/MS analysis results of the collective "Bavaria A"

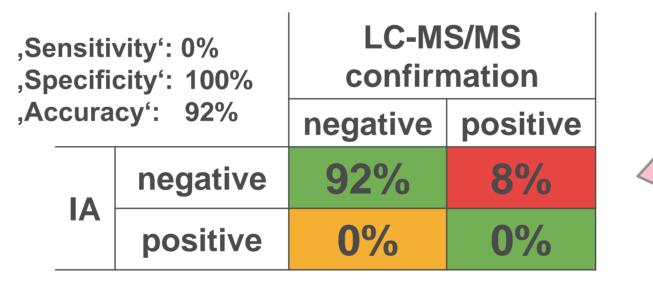
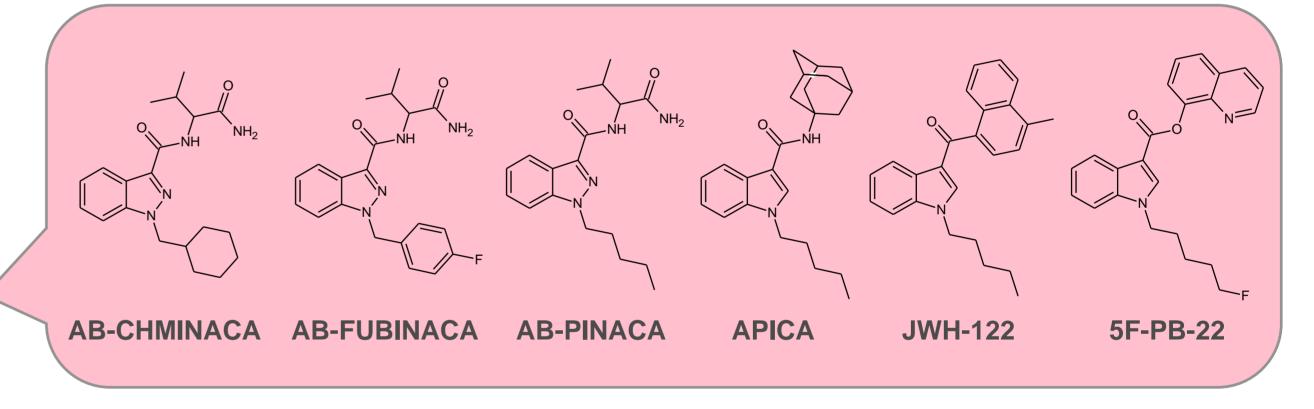


Table: Fourfold table of the IA evaluation



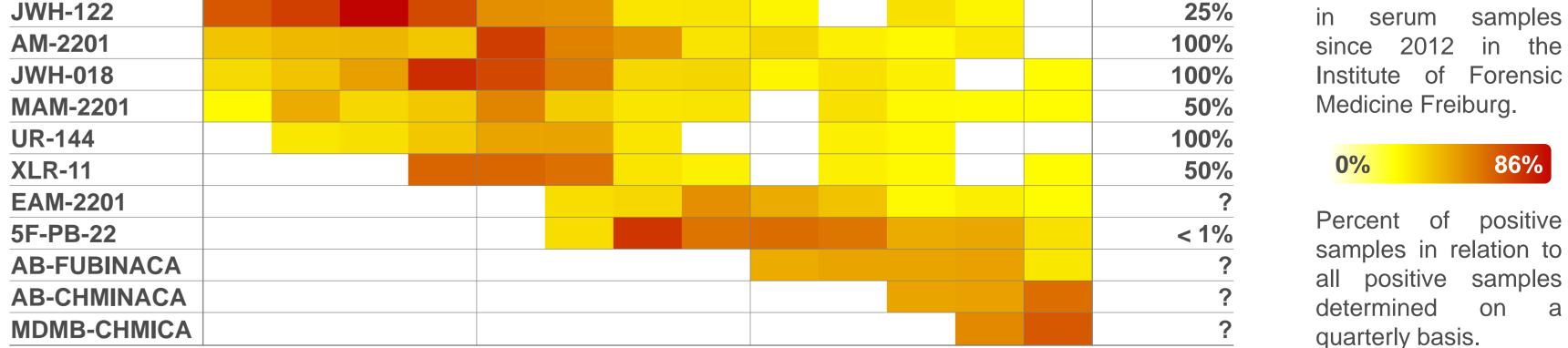


The results can be explained by insufficient cross reactivity of the available antibodies for the 'new generation' synthetic cannabinoids. Another factor could be the generally low analyte concentrations in urine and an insufficient sensitivity of the immunoassay tests.

There were no marked differences regarding the positive rates across the two federal states or between hospitals applying immunoassay screening versus other means of abstinence control.



attention. It is strongly recommended not to rely on the evaluated IA tests for synthetic cannabinoids, neither in clinical nor in forensic settings. As the antibodies used for immunoassays of other providers probably show similar cross reactivities, similar results can be expected for other commercially available immunoassay products.



Acknowledgement

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References

Datasheet [1]

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Contact



86%

positive

on