

Chloramphenicol Proficiency Tests on a Global Scale - Unforeseen Consequences

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Introduction - Contributors

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What is Proficiency Testing?

If I ask you to do an analysis, how do I know you're giving me the correct answer?



Validated method?
Internal QC?
Accreditation? (ISO 17025)

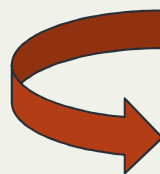


Bias against
external reference

Operation of PT



Test material preparation
Incurred (dosing study)
Spiked

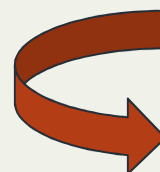


Homogeneity test
10 x 2 random samples
LC-MS/MS
ISO 17025 method

Analysis, reporting by participants



Data assessment (z-score)



PT Report

Reporting requirements

Report result corrected for recovery

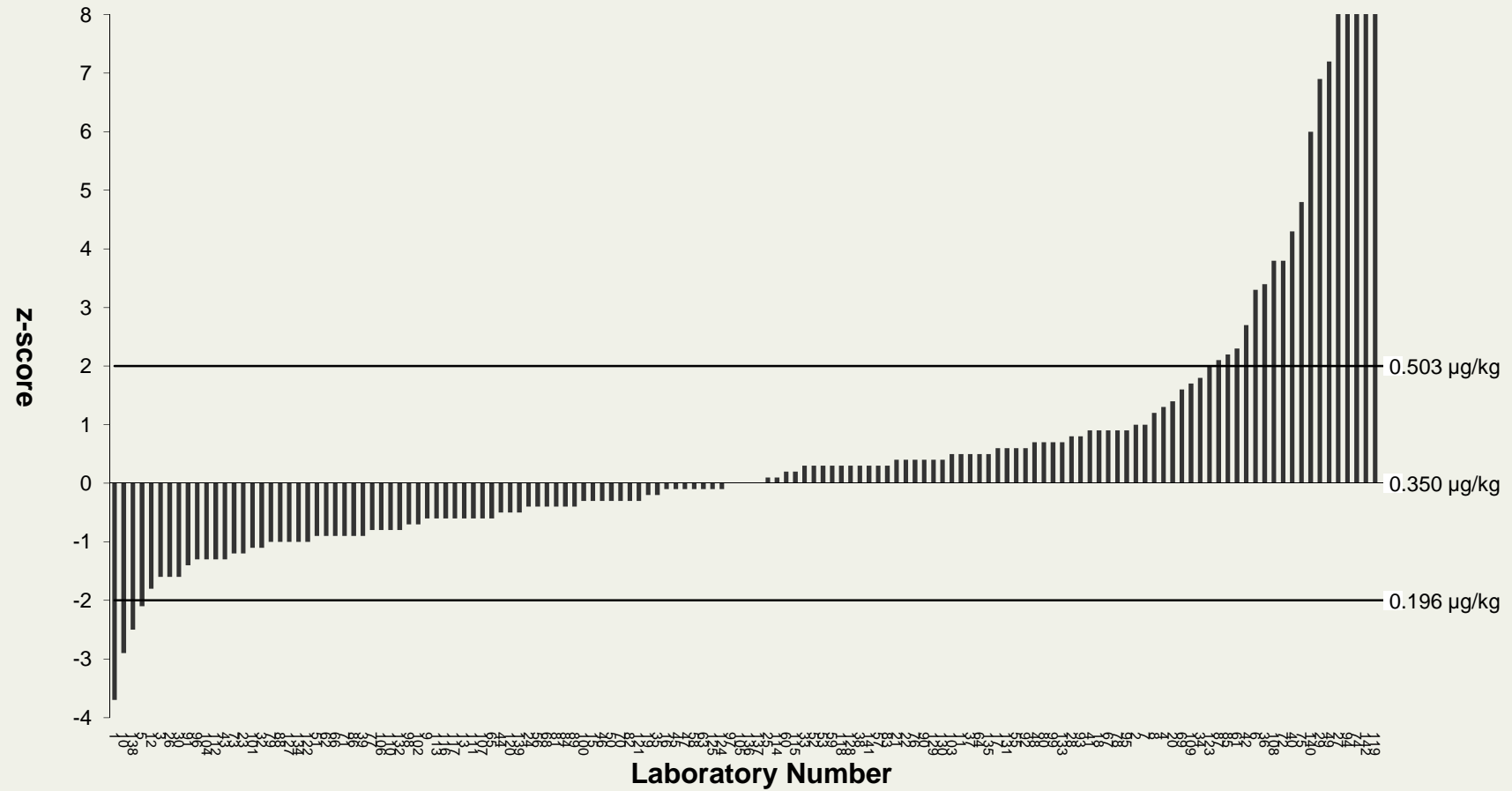
Report method of recovery correction
(internal standard, matrix-extracted calibration,
recovery spike, standard addition)

Report $CC\beta$ (or LOQ)

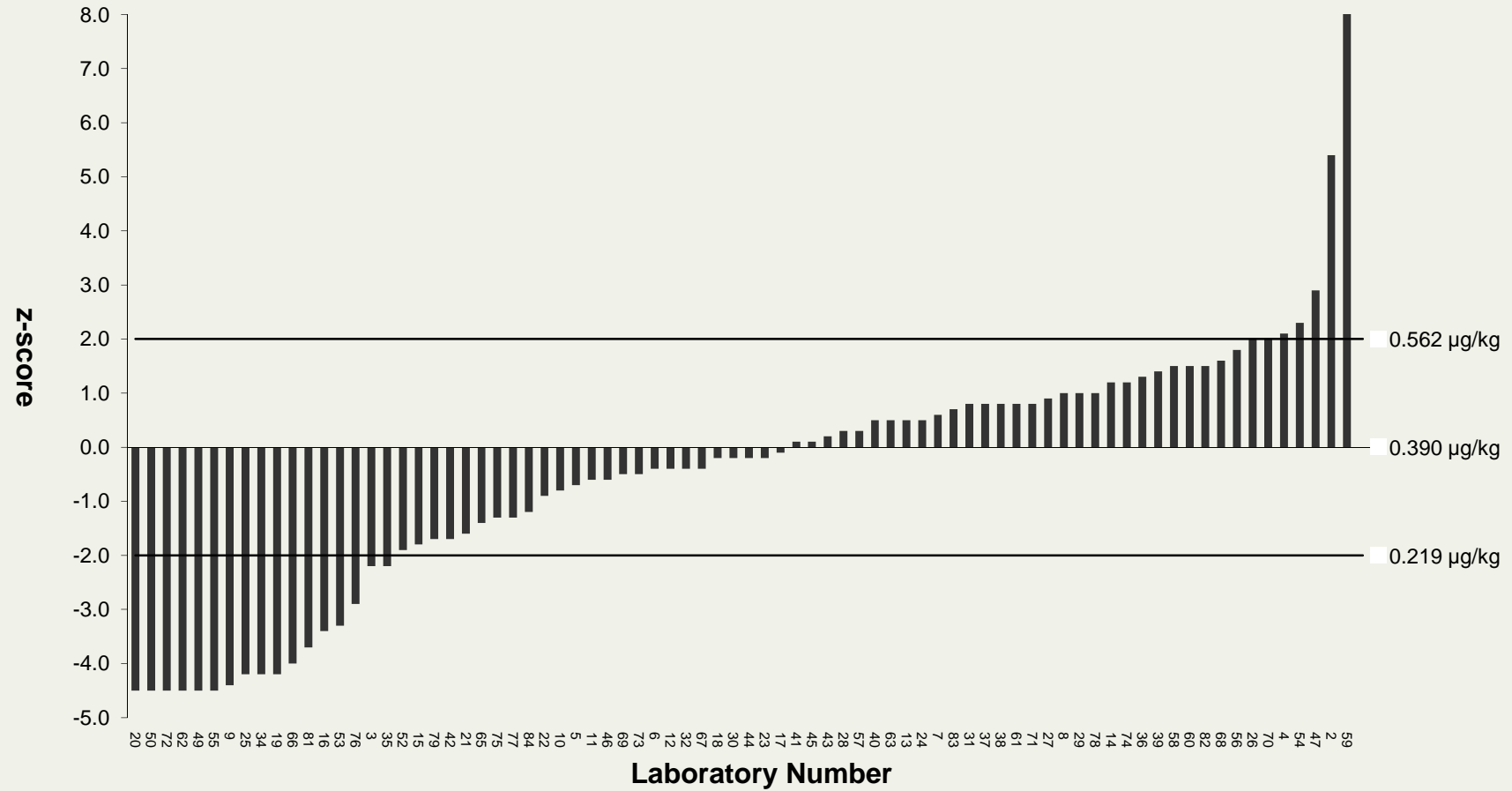
Report analytical method (optional)

Commission Decision 2002/657/EC

Typical results, PT 02230



Atypical results, PT 02256



Trend analysis

ELISA kits vs LC-MS/MS

ELISA labs	Result	Int std or rec	CCB ug/kg
1	<0.2	N	0.2
9	0.015	0	0
19	0.033	61.36%	
33	<0.30	Y95.8%	0.3
37	0.46		
48	<0.2	N	
49	0.004		
51	<LOQ		0.3
62	0.003	Y 108	0.03
80	<0.006	95.0	

AV	0.390
sp	0.086
z -2	0.219
z +2	0.562

Why ELISA kits affected?

Type of prawn?

Pacific White Shrimp (*Litopenaeus vannamei*)

Spiking protocol?

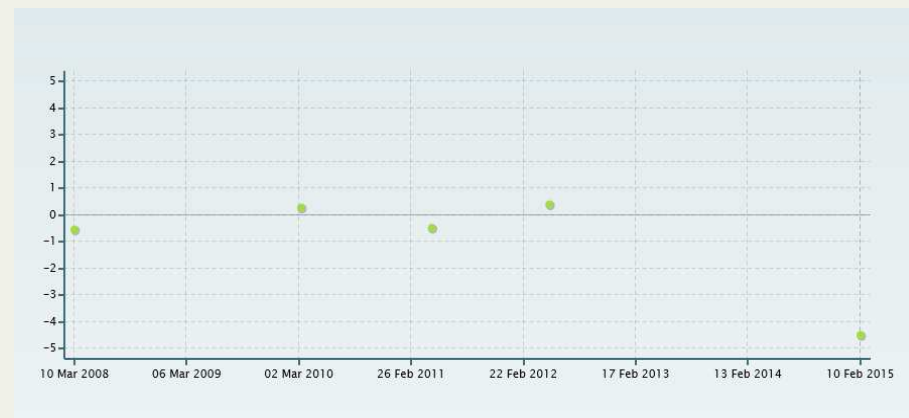
No change, similar concentrations

Homogeneity test flawed?

LC-MS/MS data agrees

Statistical anomaly?

ELISA kits flawed?



R-Biopharm investigation

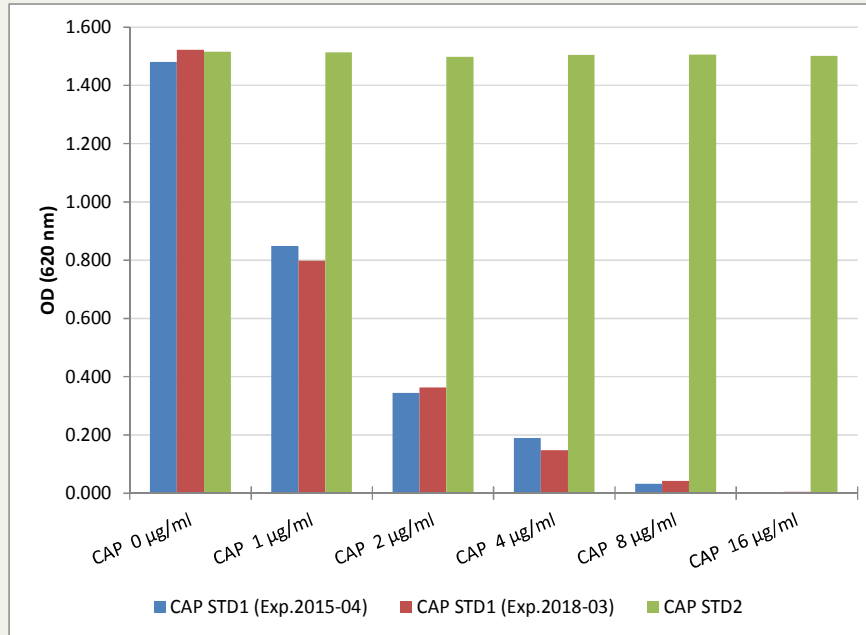
2 CAP standards purchased

STD1 (RIDASCREEN® CAP ELISA kit)

STD2 same lot number as PT02256

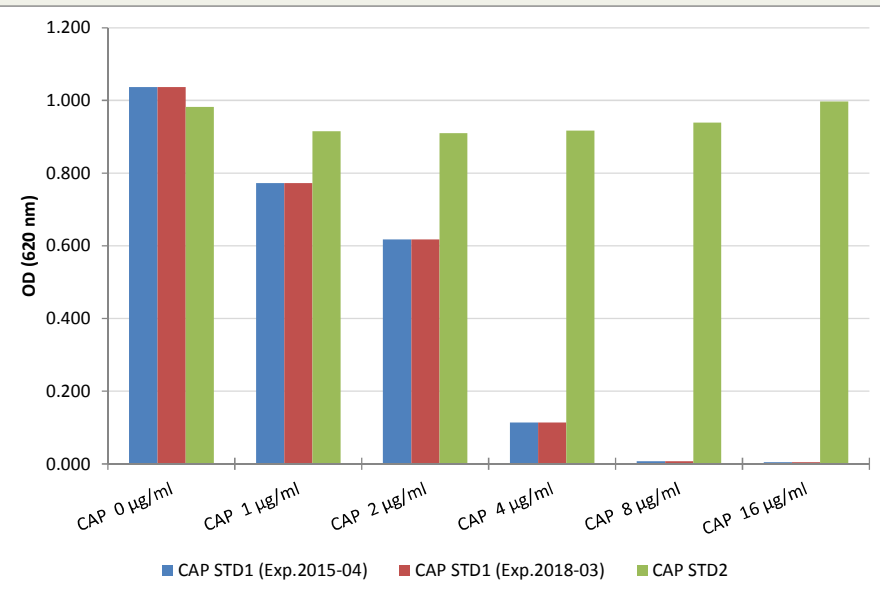
Sample	Sample treatment	Result [$\mu\text{g}/\text{kg}$]
FAPAS Sample 02256	Spiked with CAP STD1 0.1 $\mu\text{g}/\text{kg}$	0.095
Buffer	Blank	< LOD
Buffer	Spiked with CAP STD2 0.1 $\mu\text{g}/\text{kg}$	< LOD
Buffer	Spiked with CAP STD2 0.5 $\mu\text{g}/\text{kg}$	< LOD
Buffer	Spiked with CAP STD2 1.0 $\mu\text{g}/\text{kg}$	< LOD
Buffer	Spiked with CAP STD1 0.1 $\mu\text{g}/\text{kg}$	0.084
Buffer	Spiked with CAP STD1 0.5 $\mu\text{g}/\text{kg}$	0.54

Microbial inhibition (R-Biopharm)

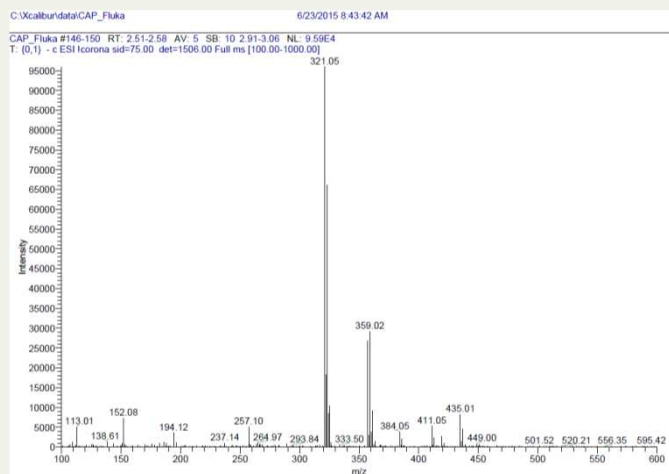


Response of *E. coli*

Response of *S. aureus*

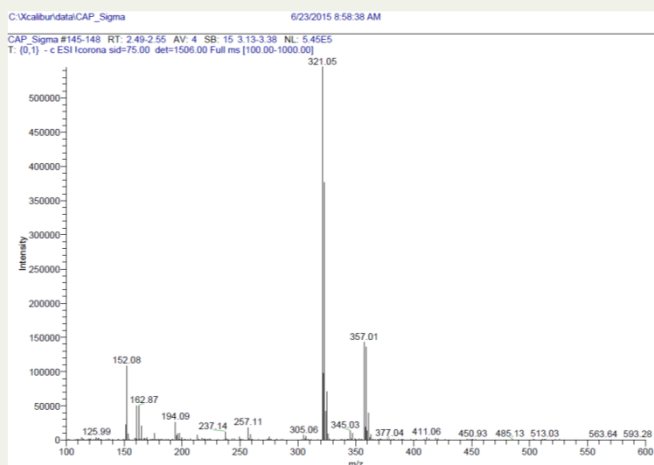


Mass spectrometry analysis (R-Biopharm)



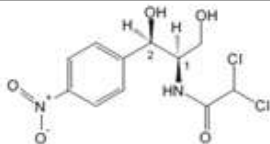
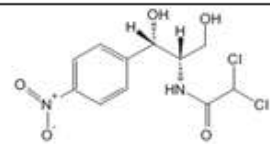
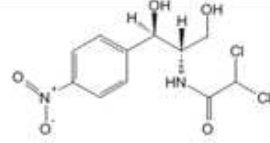
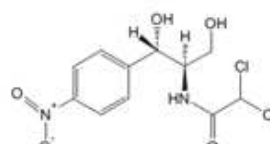
STD2

Supported by
NMR analysis

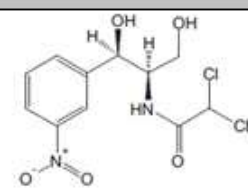
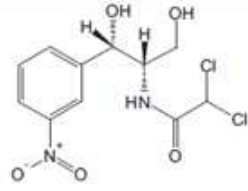
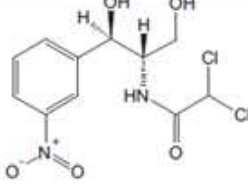
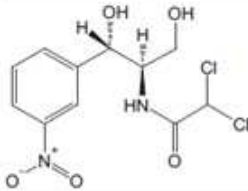


STD1

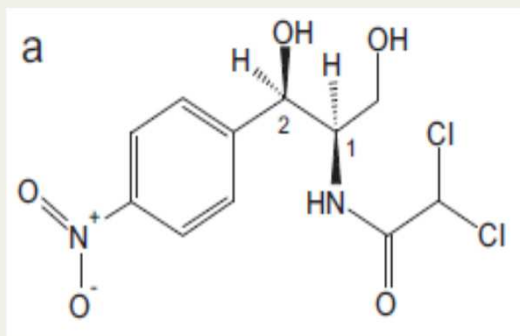
Hypothesis - stereoisomers?

Configuration	Stereoisomer	Structure	Trivial name	Biological activity	Antimicrobial activity
para	RR-p-CAP		chloramphenicol or <u>levomycetin</u>	yes	yes
	SS-p-CAP		<u>dextramycin</u>	yes	no
	RS-p-CAP		<u>synthomycin</u>	yes	no
	SR-p-CAP		<u>synthomycin</u>	yes	no

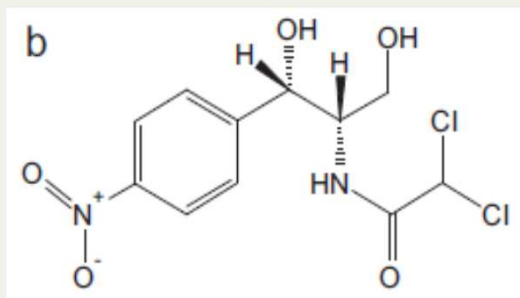
meta-stereoisomers

Configuration	Stereoisomer	Structure	Trivial name	Biological activity	Antimicrobial activity
meta	RR-m-CAP		none	no	no
	SS-m-CAP		none	no	no
	RS-m-CAP		none	no	no
	SR-m-CAP		none	no	no

Chiral analysis (R-Biopharm-RIKILT)



RR-p-CAP Chloramphenicol
CAS 56-75-7
Antimicrobial activity



SS-p-CAP Dextramycin
CAS 56-75-7
No antimicrobial activity

Commission Decision 657/2002 - discuss



Summary



Standard materials labelled as CAP might be different

Most labs use LC-MS/MS

Most labs not using chiral LC

ELISA kits are stereoisomer-specific

How will the vet medicines community address the stereoisomer question?

