



Derivatization Strategy to Quantify Doxorubicin in Mouse Tissues using MALDI-Mass Spectrometry Imaging

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Introduction

Doxorubicin is one of the most used chemotherapeutics in cancer treatments, even if its discovery was back in the 1960s. Nowadays it is still highly effective against leukemia, Hodgkin's lymphoma, and several other cancer types such as childhood cancers or breast cancers¹. Nevertheless, the use of Doxorubicin is highly limited to its known cumulative dose depended cardiotoxic effects. In this study, we employed matrix-assisted laser desorption/ionization mass spectrometry imaging (MALDI-MSI), which has been previously used to directly monitor the distribution of drugs in biological tissues, to evaluate the distribution and potential accumulation of doxorubicin in mouse tissues. Unfortunately, Doxorubicin is not easily ionized by regular electrospray ionization (ESI) or MALDI². To overcome this issue, we optimized an on-tissue derivatization method using Girard's reagent T (Gir T) in mouse-dosed organs being able to study its distribution and quantify the drug abundance.

Method

Doxorubicin-treated organs (Heart, Kidney and Liver) were taken from mice that have been injected with 4 mg/kg concentration of Dox. Tissue sections from two timepoints (3h post- and 24h post-injection of Doxorubicin) have been mounted onto ITO slides. A 6 points Doxo standard curve was manually spotted onto control tissues to perform quantification. 7 layers of Girard reagent T (Gir T in MeOH 0.2% TFA) have been applied using a M3+ sprayer (HTX Technologies). After 150 min incubation time at 40 degrees, 10 layers of CHCA matrix were applied using a TM sprayer. MALDI-MSI images have been acquired with a FT-ICR instrument (Solarix, Bruker), using CASI mode at 50 µm spatial resolution. Quantification has been performed using SCiLS software (Bruker). These experiments have been done in triplicate.

Results

a)

b)



Figure 1. Doxorubicin Derivatization process using Girard reagent T



Figure 2.

Derivatization of Doxorubicin with Gir T on control tissue. Derivatized Doxorubicin (m/z657.2766 [M]⁺) was detected and remains to have a signal 200 times higher than Doxorubicin non-derivatized m/z (544.1804 [M+H]⁺).

Blank tissues liver collected 3h liver collected 24h post-injection post-injection

Blank tissues heart collected 3h heart collected 24h post-injection post-injection









Blank tissues kidney collected 3h kidney collected post-injection 24h post-injection













Figure 3. MSI images of Doxorubicin-Gir T (m/z 657.2766 [M]⁺) in

Conclusions

• In this study, we optimized a derivatization protocol to evaluate the spatial distribution of Doxorubicin in mouse tissues and perform relative quantification of the drug.

• Quantification results shows a higher concentration of Doxorubicin in the kidney (around 0.8 ng/ul for the 3h timepoint). In the heart, the drug was mainly localized in the atrium and the inner part of the left ventricle. As expected, lower concentration was founded in the 24h post-injection organs.

• For absolute quantification, an internal standard (Daunorubicin), analog of Doxorubicin will be sprayed prior the derivatization.

heart sections (a) kidney sections (b) and liver sections (c). Quantification has been performed using the calibration curves.

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