



K55 Whole Blood/Plasma Cannabinoid Ratios in Daily Cannabis Users After Multiple Years of Frozen Storage

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After this presentation, attendees will be informed of whole blood/plasma cannabinoid ratios in authentic specimens ($N = 187$ pairs) stored frozen for multiple years, and will learn of the first data on intra-subject whole blood/plasma $\Delta 9$ -tetrahydrocannabinol (THC) and 11-nor-9-carboxy-THC (THCCOOH) ratio variability.

This presentation will impact the forensic science community by providing the first reference of cannabinoid whole blood/plasma ratios from aged authentic specimens and the first data on intra-subject whole blood/plasma THC and THCCOOH ratio variability.

After this presentation, attendees will be informed of whole blood/plasma cannabinoid ratios in authentic specimens ($N = 187$ pairs) stored frozen for multiple years, and will learn of the first data on intra-subject whole blood/plasma $\Delta 9$ -tetrahydrocannabinol (THC) and 11-nor-9-carboxy-THC (THCCOOH) ratio variability. THC, 11-hydroxy-THC (11-OH-THC) and THCCOOH whole blood/plasma ratios are approximately 0.5, due to high affinity for albumin and/or lipoproteins. Few studies report whole blood/plasma cannabinoid ratios determined from direct comparison between simultaneously collected authentic specimens. In only one report were ratios determined from aged specimens and none report intra-subject ratio variability. Here, whole blood/plasma cannabinoid ratios in authentic specimens collected during a clinical study and stored in polypropylene at -20°C for 2.9 to 5.6 years are investigated. Also reported are the intra-subject THC and THCCOOH whole blood/plasma ratio variability in 13 participants by direct comparison of specimens collected simultaneously during one week of cannabis excretion.

Thirty-two daily cannabis users (aged 19–38, 50% male, 84% African American) provided written informed consent for this IRB-approved study, and resided on a closed clinical research unit for seven days of monitored drug abstinence. Whole blood and plasma were collected simultaneously upon unit admission and every 24 h thereafter. Specimens were collected into Vacutainer tubes containing anticoagulant and transferred to polypropylene cryotubes for long term (-20°C) storage. Cannabinoids were extracted by SPE (Clean Screen[®] ZSTHC020 extraction columns, United Chemical Technologies) and derivatized with BSTFA + 1% TMCS. Extracts were injected on an Agilent 6890 GC/5973MSD (operated in EI/SIM mode) retrofitted with a Dean's switch and cryotrap. Two calibration curves (low, 0.125–25 and high, 25–100 ng/mL) were constructed with $r^2 > 0.99$. Plasma limits of quantification (LOQ) were 0.25 ng/mL for THC and THC-COOH and 0.5 ng/mL for 11-OH-THC. Whole blood LOQ were 0.25 ng/mL for all analytes.

Overall mean \pm SD whole blood/plasma ratios were 0.39 ± 0.17 ($N = 75$, median 0.39, range 0.08–0.77), 0.55 ± 0.22 ($N = 17$, median 0.56, range 0.22–0.90) and 0.45 ± 0.29 ($N = 187$, median 0.37, range 0.11–1.53) for THC, 11-OH-THC, and THCCOOH respectively. Mean whole blood/plasma ratios for THC and THCCOOH were determined for 13 subjects that had a least three paired specimens with THC and THCCOOH greater than LOQ (Table 1). A paired samples t test ($\alpha = 0.05$) including only the 13 participants' paired THC and THCCOOH ratios revealed that the mean whole blood/plasma THC ratio was significantly lower than the corresponding mean THCCOOH ratio ($p < 0.01$). Four of 13 participants mean THCCOOH ratios ($N = 7$ each) were > 0.8 . Removing these potential outliers yielded a non-significant difference ($p = 0.087$) between THC and THCCOOH mean ratios of 0.36 ± 0.10 and 0.46 ± 0.13 , respectively.

Table 1: Average of intra-subject mean ($N = 3–7$) whole blood/plasma THC and THCCOOH ratios from 13 participants over one week.

	N	Mean \pm SD	Median	Range
THC	13	0.40 ± 0.11	0.40	0.13 – 0.56
THCCOOH	13	0.63 ± 0.28	0.56	0.28 – 1.15

These data impact the forensic community by providing the first reference of cannabinoid whole blood/plasma ratios from aged authentic specimens and the first data on intra-subject whole blood/plasma THC and THCCOOH ratio variability. The overall mean whole blood/plasma THC ratio was lower than previously reported, which may be explained by cannabinoid binding to whole blood proteins and/or container surfaces during storage. Mean intra-subject whole blood/plasma THC ratio was significantly lower than the corresponding mean THCCOOH ratio; however, further research may be necessary because data may be skewed by mean ratios > 0.8 in four participants.

Cannabinoids, Ratio, Whole Blood