

(c) Before the development of H9-1, two tests for the presence of *T. pallidum* were commonly used:

- dark-field microscopy (in which treponemes could be seen moving against a dark background)
- testing for the presence of anti-treponemal antibodies in the blood plasma.

Suggest why, in the early stages of an infection, the presence of *T. pallidum* might not be detected by either of these tests.

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..... [2]

(d) The accuracy of the diagnosis of infection by *T. pallidum* using H9-1 was compared with that using dark-field microscopy and with blood testing. The results are shown in Table 2.1.

A positive test result indicated that *T. pallidum* is present and a negative test result that it is absent.

Table 2.1

test	test results of 30 people later confirmed to have the infection	test results of 31 people later confirmed not to have the infection
H9-1	all positive	all negative
dark-field microscopy	one negative	two positive
blood test	three negative	two positive

With reference to Table 2.1:

- (i) compare the accuracy of diagnosis of the presence of *T. pallidum* using the different tests

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- (ii) suggest why blood testing for anti-treponemal antibodies gave two positive results in patients later found not to have the infection.

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- (e) Describe briefly one use of a monoclonal antibody in the treatment of disease.

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(iii) why hybridoma cells need to be formed (step 4)

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(iv) how hybridoma cells producing anti-A antibody can be identified.

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- (b) Rheumatoid arthritis (RA) is an autoimmune disease in which T lymphocytes attack the cartilage of joints by secreting a protein, $\text{TNF}\alpha$. When RA is untreated, joint damage increases considerably.

The monoclonal antibody, infliximab, is used to treat RA. Infliximab specifically binds to $\text{TNF}\alpha$.

A trial was set up to compare the effectiveness of infliximab and a standard treatment for RA, the anti-inflammatory drug, MTX.

Five groups of people with RA received the following treatments for one year:

- group P – MTX only
- group Q – MTX plus low dosage of infliximab at intervals of eight weeks
- group R – MTX plus low dosage of infliximab at intervals of four weeks
- group S – MTX plus high dosage of infliximab at intervals of eight weeks
- group T – MTX plus high dosage of infliximab at intervals of four weeks.

At the end of the year's treatment, the proportion of people in each group with increased joint damage was determined.

The results are shown in Fig. 2.2.

The number of people in each group is shown in brackets.

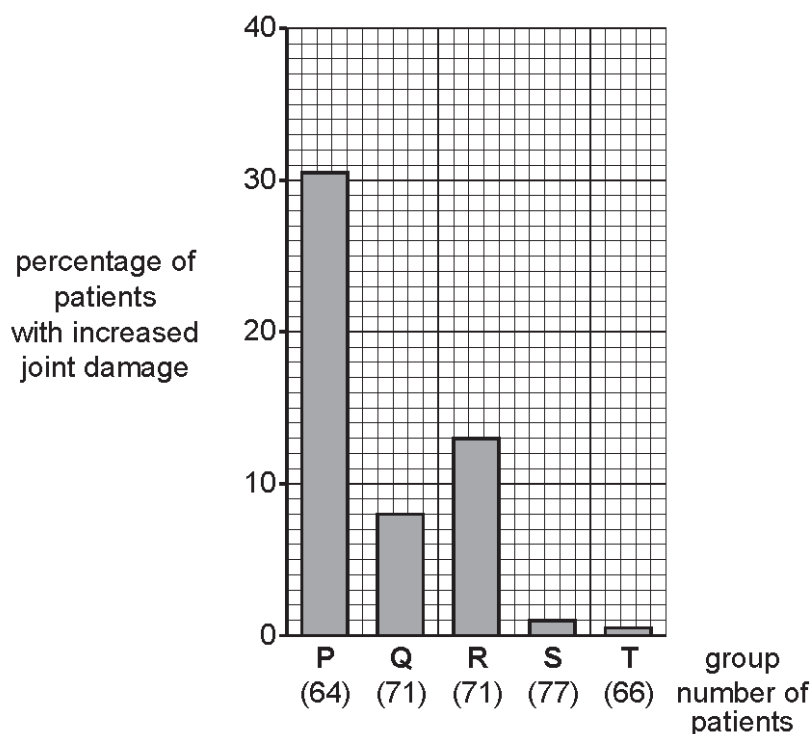


Fig. 2.2

With reference to Fig. 2.2:

(i) describe the effect of infliximab treatment on these people

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(ii) suggest why the results in groups Q and R do not follow the general trend.

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(c) Explain the advantages of the use of monoclonal antibodies, compared with conventional methods, in the diagnosis of disease.

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21 - (9700-S 2012-Paper 4/1-Q4) - IMMUNITY, INHERITED CHANGE, SELECTION AND EVOLUTION

(a) Fig. 4.1 shows the structure of a male flower of maize, *Zea mays*.

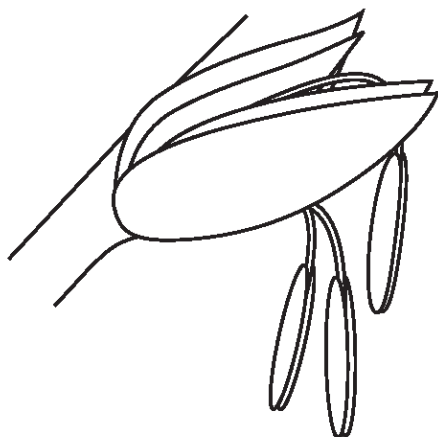


Fig. 4.1

With reference to Fig. 4.1, explain how **two** features of this flower adapt it for wind pollination.

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(b) The corn borer, *Ostrinia nubilalis*, is an insect pest of maize. The larvae are caterpillars that eat the leaves of the maize plants. The adults can fly. Adult corn borers do not feed on maize plants.

Much of the maize that is grown in the USA has been genetically modified to produce *Bt* toxin, which is lethal to insects that feed on the leaves. However, many populations of the corn borer have now evolved resistance to the *Bt* toxin.

Explain how this resistance could have evolved.

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- (c) The recessive allele, *r*, of the gene in corn borers confers resistance to *Bt* toxin. Larvae that are homozygous for the normal, dominant allele *R*, or that are heterozygous, are killed when they feed on *Bt* maize.

State the genotype of the corn borers that successfully turn from larvae into adults in the fields where *Bt* maize is grown.

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- (d) In order to reduce the number of corn borers resistant to *Bt* toxin, farmers in the USA are required to grow up to 50% of their maize as non-*Bt* varieties. The non-*Bt* maize is grown in separate areas, called 'refuges', close to the fields of *Bt* maize. This is called the HDR strategy.

Almost all corn borer larvae feeding on this non-*Bt* maize have the genotypes *RR* or *Rr*. The HDR strategy assumes that, when these become adults, they will interbreed with the adults developing in the *Bt* maize fields.

Explain how the HDR strategy could reduce the proportion of corn borers that are resistant to the *Bt* toxin.

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(ii) With reference to Table 4.1, suggest and explain the implications of the results of this investigation for the effectiveness of the HDR strategy.

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22 - (9700-W 2012-Paper 4/1-Q2) - IMMUNITY, INHERITED CHANGE, GENETIC TECHNOLOGY

- (a) Penicillin belongs to a group of antibiotics known as β lactams, which all act in the same way on bacteria.

Describe how penicillin kills non-resistant bacteria.

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- (b) One of the ways in which a bacterium may be resistant to an antibiotic, such as a β lactam, is by having protein pumps in its cell surface membrane which expel the antibiotic from the bacterium.

The gene coding for such an efflux pump is carried on a plasmid.

Outline how the bacterium produces an efflux pump from a gene on a plasmid.

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[3]

- (c) A strain of the bacterium *Pseudomonas aeruginosa*, strain R, has a gene coding for an efflux pump and is resistant to a β lactam antibiotic.

The minimum inhibitory concentration (MIC) of the β lactam for strain R was determined. The MIC is the lowest concentration of antibiotic that prevents a colony of the bacterium from growing.

The MICs were also determined for two mutant strains derived from strain R, mutant strain 1 and mutant strain 2. Each of these strains differs from strain R in the expression of the gene coding for the efflux pump.

The MICs for the three strains of *P. aeruginosa* are shown in Table 2.1.

Table 2.1

strain of <i>P. aeruginosa</i>	MIC of β lactam / $\mu\text{g cm}^{-3}$
resistant strain R	64
mutant strain 1	0.5
mutant strain 2	256

With reference to Table 2.1, suggest:

- (i) why the MICs for mutant strains 1 and 2 differ from that for strain R

mutant strain 1

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mutant strain 2

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..... [4]

23 - (9700-W 2012-Paper 4/3-Q3) - BIOLOGICAL MOLECULES, IMMUNITY

Penicillin-binding proteins (PBPs) are proteins found in the cell surface membranes of bacteria. PBPs catalyse the final steps in the production of a peptidoglycan cell wall.

(a) From the information given above, describe the likely molecular structure of a PBP.

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(b) Penicillin-resistant mutants of the bacterium, *Staphylococcus aureus*, produce a PBP, PBP2a, that does not bind well with penicillin.

Suggest how the presence of PBP2a in the cell surface membrane provides *S. aureus* with resistance to the effects of penicillin.

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(c) Explain why penicillin does not affect viruses.

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24 - (9700-W 2014-Paper 4/1-Q2) - IMMUNITY

Many tumours release a protein growth factor called VEGF. This is a chemical signal that causes nearby blood vessels to grow new branches into the tumour.

The monoclonal antibody, bevacizumab (Avastin®), specifically binds to VEGF.

(a) Suggest how Avastin® can prevent the growth and spread of a tumour.

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(b) Avastin® is made by the hybridoma method.

State:

(i) the antigen that is injected into a mouse to produce this monoclonal antibody

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(ii) what is meant by a *hybridoma*.

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(c) The monoclonal antibody made by the hybridoma method is modified to obtain humanised mouse antibody. This type of antibody molecule resembles those produced by humans.

Suggest advantages of using humanised mouse antibody rather than mouse antibody.

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- (d) A second monoclonal antibody, ranibizumab (Lucentis[®]) is used to treat eye diseases. Lucentis[®] is a fragment of Avastin[®] and is shown in Fig. 2.1.

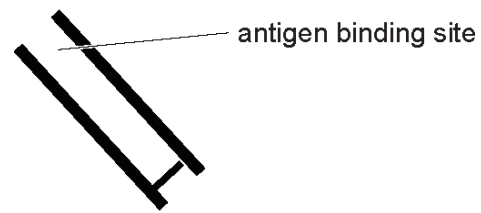


Fig. 2.1

Complete Fig. 2.1 to show a molecule of Avastin[®].

Labels are **not** required.

[2]

(c) Tobacco smoking during pregnancy has adverse side-effects on the developing fetus.

An investigation was carried out to find out whether vaccinating pregnant women with NicVAX might offer some protection for the developing fetus.

Two different monoclonal antibodies, produced in response to NicVAX, were used in this investigation:

- Nic-IgG
- Nic311.

Nicotine, or nicotine plus one of the monoclonal antibodies, was injected into the maternal circulation. The concentrations of nicotine in the fetal circulation were measured at intervals.

The results of the investigation are shown in Fig 2.1.

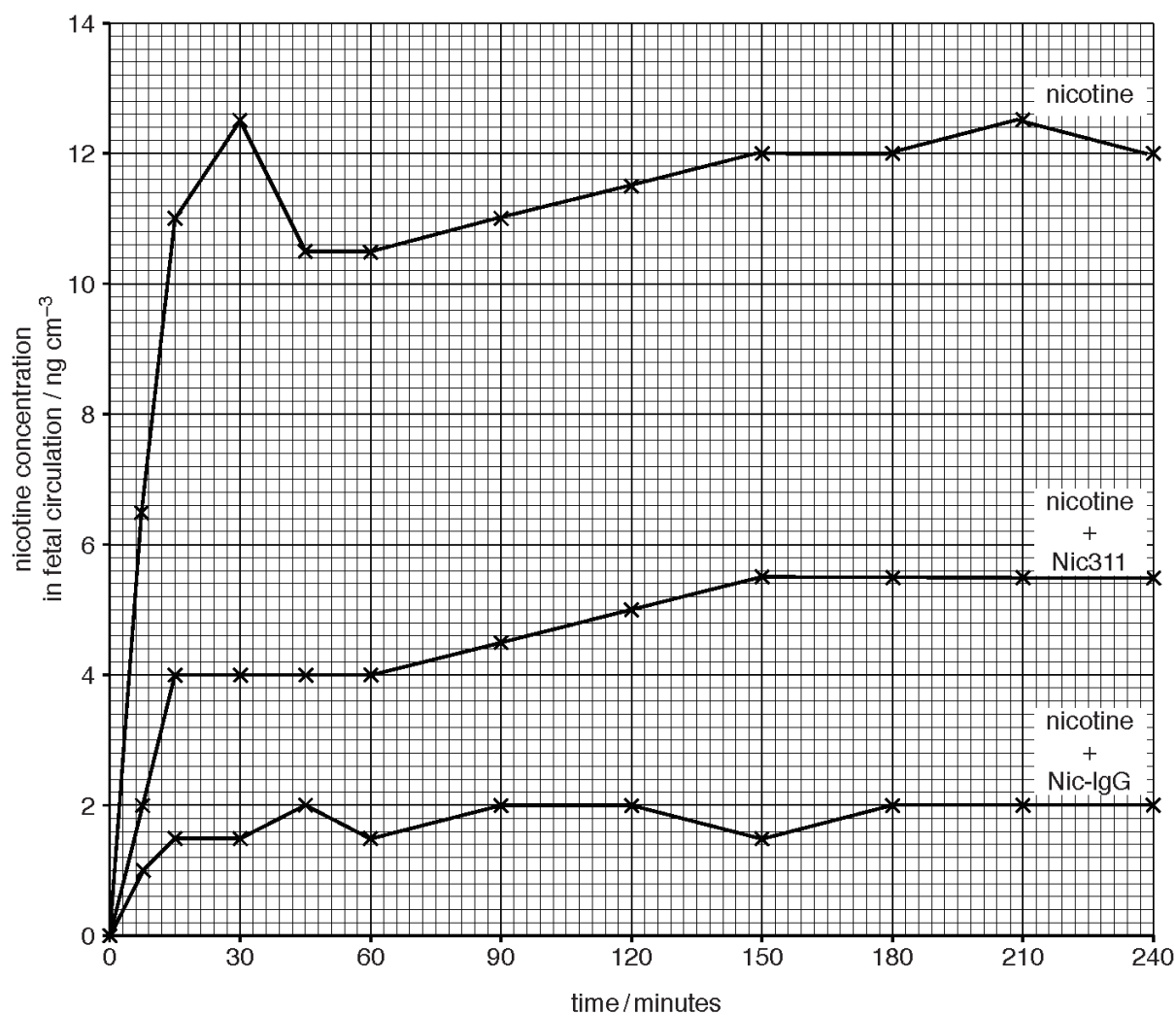


Fig. 2.1

(i) With reference to Fig. 2.1, describe the results obtained for nicotine only.

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(ii) Discuss the extent to which these results support the idea that vaccination with NicVAX could protect the developing fetus of a woman who smokes tobacco.

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(d) State **one** medical use of monoclonal antibodies, other than their use in producing vaccines.

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