

- M1.(a)**
1. Release of glucagon;
  2. Leads to formation of glucose in liver (cells);  
*Reject: glucagon breaks down glycogen, or any other biological molecule*
  3. From non-carbohydrates / amino acids / fatty acids.  
*Accept: gluconeogenesis / references to glycogen as source of glucose*
- 3

- (b)
1. Mutant mice (mRNA suggests) make a lot of (the) enzyme;  
*Accept: PCK1 made (for enzyme made)*
  2. Mutant mice use kidney / intestine (cells) to make glucose;  
*Accept: use other organ (than liver)*
  3. Normal mice do this much less / normal mice use liver cells.
- 3

- (c)
1. Differences significant;  
*Reject: references to results being significant once*
  2. Probability of difference being due to chance less than 0.01 / 1% / 1 in 100 / probability of difference not being due to chance more than 0.99 / 99% / 99 in 100.  
*Ignore: references to 0.05 / 5% / 5 in 100*
- 2

[8]

- M2.(a)**
1. To show the effect of the inhibitor / drug;
  2. To show the effect of yoghurt (on its own does not affect blood glucose);
- 2

- (b)
1. Food is a factor affecting blood glucose / different foods contain different amounts of starch / glucose / sugar / carbohydrate;

*Accept converse*

2. To keep starch / fibre intake the same / similar;  
*Accept something in food which affects the inhibitor*

2

- (c)
1. Fewer E-S complexes formed;
  2. (With inhibitor) less / no starch digested to maltose ;  
*Require knowledge that maltose comes from starch*
  3. (So) less / no glucose from maltose;  
*Require knowledge that glucose comes from maltose*  
*Accept no glucose*
  4. (So) less absorption of glucose (from gut);

2 max

- (d) **Suitable reason; with explanation;**

Paired responses – do not mix and match

*Ignore references to correlation does not prove causation,  
it could be due to other factors*

Examples,

1. Need larger sample / only 30 mice / only 15 mice in each group;  
*Accept small sample size*
2. Might not be representative / anomalies might have a bigger or smaller effect;  
*Accept mean not reliable*

**OR**

3. Investigation only lasted 20 days;  
*Experiment was not long enough*
4. Can't see what longer term effects are;

**OR**

5. Fall in blood glucose is small / numbers from graph;
6. Mice with inhibitor still have a large rise in blood glucose / so don't know if differences significant;  
*Accept differences are due to chance*

**OR**

7. No stats / SDs / SEs;
8. So don't know if differences significant;

**OR**

9. Blood glucose could continue to fall;
10. which could be harmful;

**OR**

11. No group without yoghurt;
12. So cannot compare to other groups;

2 max

[8]

**M3.(a)** (Formation of glycogen)

1. Glucose concentration in cell / liver falls below that in blood (plasma) which creates / maintains glucose concentration / diffusion gradient;
2. Glucose enters cell / leaves blood by facilitated diffusion / via carrier(protein) / channel (protein);  
*Not just diffusion*

2

- (b)
1. Insulin sensitivity similar to / not (significantly) different from those with diabetes;  
*No values for non-obese, so comparisons with 'normal' not possible*
  2. Overlap of SDs;  
*Accept SE*
  3. Their sensitivity (to insulin also) improved by GBS;

2 max

- (c)
1. Sensitivity (to insulin) does increase;  
*This part of the question concerns spread of data, not overlap of SDs*

2. But large SD / large variation (after GBS);  
*Accept use of figures / use of SD values to make this point.*  
*Ignore ref to SE*
3. (So) some showing no / little change / get worse;
4. Do not know what sensitivity to insulin is of non-diabetics (who are not obese);  
*Accept 'normal' as non-diabetic*

3 max

[7]

**M4.(a)** 1. Glucose oxidase and peroxidase;  
*Both enzymes required*

2. Dye (with colour A);  
*Reject 'dye with colour B'. Ignore named dyes*

2

- (b)
1. Concentration is given as a range (for each colour) / measurement is not precise;
  2. Only measures glucose concentration above normal / above 170 (mg 100 cm<sup>-3</sup>) (in blood);
  3. 170 (mg 100 cm<sup>-3</sup>) is an average figure / concentration for loss to urine varies (between people);
  4. Difficult to match colour against chart / colour match is subjective;

2 max

[4]

- M5.1.** Diabetics have (blood glucose) concentration greater than 140 mg cm<sup>-3</sup> / than her estimate / estimate suggests she is pre-diabetic;
2. Colour change is subjective / blood on test strip masks colour change;
  3. Concentration given as a range / estimation is not reliable;
  4. May not have fasted;
  5. May not have had a drink with 75 g glucose;

6. Only one test carried out;  
*No mark for valid or not valid*

[3]

- M6.** (a) 1. Adenylate cyclase activated / cAMP produced / second messenger produced;
2. Activates enzyme(s) (in cell so) glycogenolysis / gluconeogenesis occurs / glycogenesis inhibited;  
*2. Neutral: 'glucose produced' as given in the question stem*  
*Accept: correct descriptions of these terms*

2

- (b) (i) 1. Glucose / sugar in food would affect the results;  
*1. Accept references to starch / carbohydrate*  
*Or*
2. Food / eating would affect blood glucose (level);  
*Or*
3. (Allows time for) blood glucose (level) to return to normal;  
*3. Neutral: allows time for insulin to act*

1 max

- (ii) Type 2 diabetes is a failure to respond to insulin / still produces insulin / is not insulin-dependent;

1

- (iii) (For) – 3 max

*A maximum of three marks can be awarded for each side of the argument*

1. Avoids injections / pain of injections;
2. Long(er) lasting / permanent / (new) cells will contain / express gene;  
*Ignore references to methodology e.g. sample size not known*
3. Less need to measure blood sugar / avoids the highs and lows in blood sugar;

4. Less restriction on diet;
- (Against) – 3 max
5. Rats are different to humans;
6. May have side effects on humans;
6. *Accept: virus may be harmful / disrupt genes / cause cancer*
7. Long(er) term effects (of treatment) not known / may have caused effects after 8 months;
8. (Substitute) insulin may be rejected by the body;

4 max

[8]

**M7.** (a) (i) Eaten;

Containing carbohydrate / sugar;

Glucose absorbed from intestine / into blood;

Long time after insulin injection / needs more insulin / has not taken insulin;

Does not convert glucose to glycogen / glucose not taken up from blood;

2 max

(ii) Shows positive correlation / directly proportional;

A range of results for a particular value / values (for different colours) overlap;

Urine test only an arbitrary scale / not directly related to concentration / colour is subjective / few colour values;

*Accept description*

3

(b) Glycogen to glucose / glycogenolysis by activating enzymes;  
*If name incorrect this disqualifies.*

Gluconeogenesis;

*Allow explanation in terms of glucose from a non-carbohydrate / named non-carbohydrate source.*

