# COMPARATIVE STUDY OF VITAMIN B12 AND HOLOTRANSCOBALAMIN OR ACTIVE B12 AS A MARKER FOR VITAMIN B12 DEFICIENCY AT DR GEORGE MUKHARI HOSPITAL

By

**Dr Louise M Murray** 

Submitted in partial fulfillment of the requirements for the degree

#### **MMED (CHEMICAL PATHOLOGY)**

In the Department of Chemical Pathology, School of Pathology, Faculty

of Health Sciences

University of Limpopo (Medunsa Campus)

2012

**Supervisor: Prof HF Joubert** 

**Co-supervisor: Dr M de Jongh** 

**Department of Chemical Pathology** 

University of Limpopo (Medunsa Campus)

#### **DECLARATION**

I, **Dr LM Murray**, hereby declare that this work, unless where acknowledged, is my own. It is being submitted in partial fulfillment of MMed in Chemical Pathology, in the Department of Chemical Pathology, School of Pathology, Faculty of Health Sciences at the University of Limpopo, Medunsa campus.

•••••

Signature of candidate

Date

#### **ACKNOWLEDGEMENTS**

Many people have made important contributions towards the completion of this project:

- 1. My Lord and Savior, Jesus Christ, for the potential and love invested in me.
- 2. My husband and family whose support and understanding helped me through.
- 3. My supervisor Prof HF Joubert, thank you for your guidance and assistance through this project, I appreciate it.
- 4. My co-supervisor Dr M De Jongh, thank you for your patience, time and constant input throughout this process, it is greatly appreciated.
- 5. Mr M Dreyer, thank you for your help, time and understanding with the method validation process.
- 6. Mr F Kuhn, thank you for the help in ordering the kits.
- Financial assistance from the National Health Laboratory Service Research Trust

#### <u>Abstract</u>

**Aim:** This study was undertaken to compare the diagnostic sensitivity and specificity of total vitamin B12 analyses to active B12 (holoTC) analyses in a population of patients attending the Dr George Mukhari Hospital in Pretoria.

**Methods:** Routine serum folate, full blood count (FBC), thyroid function test, homocysteine, serum total vitamin B12 and active B12 analyses were performed on 30 samples.

**Results:** Serum folate was determined in all patients and 96% of the patients had a normal folate value. When looking at the FBC results it is important to note that three times as many males as females presented with anemia (36% versus 16%). Thyroid function tests were normal in 90% of patients. When the total vitamin B12 test was preformed only 10% of patients tested positive for vitamin B12 deficiency, in contrast to the active B12 analyses where 16% of patients tested positive for vitamin B12 deficiency. Both tests had a diagnostic sensitivity of 50%. The diagnostic specificity for total vitamin B12 was 93% in comparison with the 86% obtained by the active B12 analyses; when homocysteine was used as the true marker for vitamin B12 deficiency.

**Conclusion:** Diagnostic sensitivity was the same and the total vitamin B12 test's specificity was better in comparison to the active B12 analyses. Thus the active B12 assay cannot be recommended for routine use, since it has no benefit.

TABLE OF CONTENTS	PAGE
Title page	i
Declaration	ii
Acknowledgements	iii
Abstract	iv
Table of contents	v
List of figures	ix
List of tables	ix
List of abbreviations	Х

## Chapter 1: Literature review and experimental proposal

1.1	Introduction	1
1.2	Cyanocobalamin	2
1.2.1	Chemistry	2
1.2.2	Dietary sources	3
1.2.3	Absorption, transport, metabolism and excretion	3
1.2.4	Functions	4
1.2.5	Requirements	5
1.2.6	Deficiency	6

1.2.7	Comparison of clinical and subclinical cobalamin	
	deficiency	7
1.2.8	Toxicity	8
1.2.9	Screening and laboratory assessment	9
1.2.9	Treatment	13
1.2.10	Reference Intervals	14
1.3	Anaemia	15
1.3.1	Classification of anaemia	16
1.3.2	Megaloblastic anaemias	16
1.3.3	Causes of megaloblastic anaemias	17
1.4	Folate	18
1.4.1	Absorption, transport and function	18
1.4.2	Vitamin B12 interaction with folate or folic acid	19
1.4.3	Folate deficiency	20
1.4.4	Diagnosing folate deficiency	21
1.4.5	Effects of vitamin B12 and folate deficiency	21
1.4.6	Laboratory findings	22
1.4.7	Homocysteine and folate metabolism	23
1.5	Active vitamin B12 or holotranscobalamin (HoloTC)	25
1.6	Method validation	27

1.7	Assess the clinical accuracy of the test	29
1.7.1	Diagnostic or clinical sensitivity and specificity	29
1.8	Experimental proposal	31
1.8.1	Problem statement	31
1.8.2	Aim and objective	32
1.8.2.1	Aim	32
1.8.2.2	Specific objectives	32
1.8.3	Expected significance of the study	32

## **Chapter 2: Materials and methods**

2.1	Ethical consideration	34
2.2	Study design and site	34
2.3	Study population and sample size	34
2.4	Inclusion criteria	36
2.5	Exclusion criteria	36
2.6	Homocysteine	36
2.7	Laboratory methods	37
2.7.1	Serum folate	37
2.7.2	Full blood count	37
2.7.3	Thyroid function test	37

2.7.4	Vitamin B12	38
2.7.4.1	Routine vitamin B12	38
2.7.4.2	Active B12	38
2.7.5	Homocysteine	38
2.8	Data analysis	39
2.9	Reliability and validity of the study	39
<u>Chapte</u>	r 3: Results	
3.1	Patients demographics	40
3.2	Serum folate	40
3.3	Full blood count	44
3.4	Thyroid function test	45
3.5	Vitamin B12 determination	47
3.5.1	Routine vitamin B12	47
3.5.2	Active B12	48
3.5.3	Validation for active B12	48
3.6	Homocysteine	49
3.7	Calculation of sensitivity and specificity	51
3.8	Measurement of uncertainty (MU)	53

5: Conclusion
---------------

<u>References</u>	67
-------------------	----

55

59

### List of figures

Figure no	Title	
Figure 1.1	The structure of vitamin B12	2
Figure 1.2	Functions of vitamin B12	5

### List of tables

Table no	Title	
Table 3.1	Results of patients $(n = 30)$	41
Table 3.2	IQC, MU provided by the manufacturer,	
	the standard MU and the expanded MU	
	with a 95% confidence level for folate	43
Table 3.3	IQC, MU provided by the manufacturer,	
	the standard MU and the expanded MU	
	with a 95% confidence level for Hb	44

Table 3.4	IQC, MU provided by the manufacturer,	
	the standard MU and the expanded MU	
	with a 95% confidence level for folate TFT	46
Table 3.5	IQC, MU provided by the manufacturer,	
	the standard MU and the expanded MU	
	with a 95% confidence level for vitamin B12	47
Table 3.6	IQC, MU provided by the manufacturer,	
	the standard MU and the expanded MU	
	with a 95% confidence level for active B12	49
Table 3.7	IQC, MU not provided by the manufacturer,	
	the standard MU and the expanded MU	
	with a 95% confidence level for homocysteine	50

## List of abbreviations

CoA	Coenzyme A
CLIA	Clinical Laboratory Improvement Amendments
CV	Coefficient of variation
Da	Dalton
DGM	Dr George Mukhari
DNA	Deoxyribonucleic acid
dTMP	Deoxythymidine monophosphate
dUMP	Deoxyuridine monophosphate

DxI	Beckman Coulter UniCel DxI 800 Immunoassay System
e.g.	exempli gratia (for example)
FBC	Full blood count
FN	False negative
FP	False positive
FT3	Free triiodothyronine
FT4	Free thyroxine
g/dl	gram per deciliter
GC-MS	Gas chromatography mass spectrometry
GUM	Guide to the Expression of Uncertainty in Measurement
Hb	Hemoglobin
НС	Haptocobalamin
Hct	Hematocrit
H <sup>+</sup> /K <sup>+</sup> ATPase	Hydrogen potassium adenosine triphosphate enzyme(ase)
HIV	Human immunodeficiency virus
holoTC	Holotranscobalamin
IF	Intrinsic factor
IQC	Internal quality control
LC-MS/MS	Liquid chromatography tandem mass spectrometry
LDH	Lactate dehydrogenase
MCV	Mean cell volume
MEIA	Microparticle enzyme immunoassay
mg	milligram

mIU/l	milli International Units per litre	
MU	Measurement of uncertainty	
ng/l	nanogram per litre	
NHANES	National Health and Nutritional Examination Survey	
NHLS	National Health Laboratory Services	
NIST	National Institute of Standards and Technology	
nmol/l	nanomol per litre	
pmol/l	picomol per litre	
RBC	Red blood cell	
RDA	Recommended daily amount	
RE	Random error	
SD	Standard deviation	
SE	Systematic error	
SRM	Standard Reference Material	
TC	Transcobalamin	
TC-II	Transcobalamin II	
TE	Total error	
TFT	Tyroid function test	
THF	Tetrahydrofolate	
TN	True negative	
ТР	True positive	
TSH	Thyroid stimulating hormone	
μg	microgram	

µg/100g	microgram per 100 gram
µg/day	microgram per day
µmol/l	micromol per litre
USA	United States of America
WHO	World Health Organization