

General Certificate of Education

Human Biology 1406

HBIO1 The body and its diseases

Mark Scheme

2010 examination – January series

Mark schemes are prepared by the Principal Examiner and considered, together with the relevant questions, by a panel of subject teachers. This mark scheme includes any amendments made at the standardisation meeting attended by all examiners and is the scheme which was used by them in this examination. The standardisation meeting ensures that the mark scheme covers the candidates' responses to questions and that every examiner understands and applies it in the same correct way. As preparation for the standardisation meeting each examiner analyses a number of candidates' scripts: alternative answers not already covered by the mark scheme are discussed at the meeting and legislated for. If, after this meeting, examiners encounter unusual answers which have not been discussed at the meeting they are required to refer these to the Principal Examiner.

It must be stressed that a mark scheme is a working document, in many cases further developed and expanded on the basis of candidates' reactions to a particular paper. Assumptions about future mark schemes on the basis of one year's document should be avoided; whilst the guiding principles of assessment remain constant, details will change, depending on the content of a particular examination paper.

Further copies of this Mark Scheme are available to download from the AQA Website: www.aqa.org.uk

Copyright © 2009 AQA and its licensors. All rights reserved.

COPYRIGHT

AQA retains the copyright on all its publications. However, registered centres for AQA are permitted to copy material from this booklet for their own internal use, with the following important exception: AQA cannot give permission to centres to photocopy any material that is acknowledged to a third party even for internal use within the centre.

Set and published by the Assessment and Qualifications Alliance.

Question	Part	Sub Part	Marking Guidance	Mark	Comments
1	а		Cell X (produces mucus) to trap pathogens;	2	Accept bacteria/viruses/other named pathogen
			Cell Y moves mucus away from lungs;		
1	b		Ribosomes synthesise protein;	3	
			Golgi body adds carbohydrate/modifies protein/packages protein/mucus;		
			Vesicles carry mucus to cell membrane/out of cell;		

Question	Part	Sub Part	Marking Guidance	Mark	Comments
2	а		Atheroma narrows lumen of/reduces flow in artery;	3 max	
			Coronary artery (affected);		
			Reduces oxygen/glucose to heart muscle;		
			Build up of lactic acid/toxins leading to pain/angina;		
2	b		Stent inserted;	3 max	Qualify For vessel in groin
			(into) coronary artery/artery to heart <u>muscle:</u>		accept reference to vein or artery but reject reference to capillary.
			via a (catheter in) suitable blood vessel;		Accept 'needle' for catheter Accept stent described
			(after blood vessel is) inflated using a balloon;		

Question	Part	Sub Part	Marking Guidance	Mark	Comments
3	а	i	D BAEC;	1	
3	а	ii	Allows ventricles to empty completely;	1 max	
			pushes blood upwards/towards arteries/aorta/pulmonary arteries;		
3	b		Less blood (enters the aorta); Lower blood pressure;	2 max	Accept. Lower stroke volume as alternative to first marking point
			Blood flows back to atrium;		
3	С		Supplies (electrical) impulses to heart;	2 max	Reject messages
			Replaces action of (damaged) conducting tissue;		
			Provides regular electrical pulses;		Accept ONE further detail, e.g. supplies impulses to ventricle at corresponding rate to atrium

Question	Part	Sub Part	Marking Guidance	Mark	Comments
4	а		Advantage: A suitable explanation relating to the amounts of substances in food, e.g. control their intake of any named nutrient/energy; Disadvantage: Idea that a person may not require the 'typical'/average amount;	2	Ignore reference to economic factors
4	b		19/27.1 x 100; 70.1g (accept 70g and 70.11g);	2	Correct answer gains 2 marks
4	С		Other carbohydrates/starch will be present/cellulose present;	1	

Question	Part	Sub Part	Marking Guidance	Mark	Comments
5	а	i	A = capsule; B = flagellum;	2	Accept. Slime layer
5	а	ii	Prevents drying out/contains toxins/protects against phagocytosis;	1	Accept valid answer to candidates answer to (a)(i) Accept protects against antibiotics/antibodies
5	b		Inhale droplets containing bacteria/droplet infection; Released by another (infected) person;	2	Accept. Drinking milk infected with bacteria; Bacteria invade cells/named cells (e.g. bones);
5	С	i	 Prevents/reduces chance of antibiotic resistance developing; So we don't run out of drugs with which to treat TB; Idea that if one antibiotic is ineffective/bacteria resistant; Another one will work/bacteria not resistant; 	3 max (for i and ii)	(Accept once in either (i) or (ii)) Reject immunity
5	C	ii	To ensure all bacteria are killed; Bacteria present in tubercules/described; Takes time for antibiotics to penetrate mucus;	3 max (for i and ii)	

Question	Part	Sub Part	Marking Guidance	Mark	Comments
6	а		 pH changes tertiary structure of enzyme/shape of active site; The different enzymes have different optimum pH; Hydrogen/ionic bonds break; Idea that some capsules more resistant to acid than others; 	2 max	Accept denatures
			So they release the enzymes later (into acid);		
6	b		Results expressed as percentage of starting activity; Capsule (C) may have had low activity at start/lower activity than others;	2 max	Accept one valid suggestion. E.g. ease of taking capsule
			Concentration of enzymes may be different (in each capsule); Not tested in vivo;		
			Only tested three kinds of capsule;		
			Suitable reference to repeats;		
			Factors other than acid resistance need to be considered;		

Question	Part	Sub Part	Marking Guidance	Mark	Comments
7	а		Compete with pathogens/ produce vitamins/ bind toxins/ prevent pathogens attaching to intestine wall;	1	Accept. They help to digest indigestible carbohydrates Reject fight
7	b		Antibiotics kill (healthy/other) gut bacteria;	2	
7	с	i	For comparison with experimental group; To see if yogurt drink with bacteria is effective / to see if yogurt on its own produced any effect;	2	Ignore control
7	С	ii	To avoid bias (in reporting effects);	1	
7	C	iii	At random; Means of achieving random distribution, e.g. pulling names out of hat OR Systematic (grouping), Method, e.g. alternate names on list OR Matching (groups); On basis of ages/genders/relevant named variable in each group;	2	
7	С	iv	Results easier to understand at a glance (than raw data); To compare results; Groups may contain different numbers of people;	2 max	

Question	Part	Sub Part	Marking Guidance	Mark	Comments
8	а	i	Abdominal pain/bloating/nausea/diarrhoea/flatulence; (any 2)	1	Qualify. Ignore terms like throw up, puke, bellyache etc
8	а	ii	Person does not produce enough lactase enzyme;	2 max	
			Bacteria feed on (undigested) lactose;		
			Produce gas/toxins;		
8	b	i	There may be glucose/sugars/carbohydrates in food which may interfere with results;	1 max	
			To allow time for glucose level to return to normal;		
8	b	ii	To find out the person's normal blood glucose concentration/to compare with level after lactose consumed;	1	
8	b	iii	Blood glucose level will increase;	3	
			Lactose digested (into sugars/glucose/galactose);		
			Absorbed into blood;		

Question	Part	Sub Part	Marking Guidance	Mark	Comments
9	а		(Drink with) same concentration/same water potential;	2 max	
			as body fluids/blood/cells;		
			Drink intended to maintain normal water potential/concentration of blood;		
9	b		Different times since eating;	2 max	
			Different types/amounts of food;		
			Natural variation;		Accept. Everybody is different;
			Chance;		Accept. An explanation of points for extra mark;
			Not significantly different;		
9	С		Yes, Isotonic group have higher blood glucose at end; More glucose for respiration; Link between labour/muscular activity and respiration;	4 max	Max 3 if candidates do not give both sides of the argument;
			No, Blood glucose does not fall very much in control group; Don't know length of labour; Other factors may affect results, e.g. age of mother/medication given;		Accept. Don't know differences are (statistically) significant;
			Need for repeats; Suitable reference to sample size;		

Question	Part	Sub Part	Marking Guidance	Mark	Comments
10	а	i	Molecule/protein/glycoprotein;	2 max	
			Stimulates immune response;		
			(That causes) production of antibodies;		
10	а	ii	Antigens on HIV are different (shape);	2 max	
			So, antibody will not 'fit'/not complementary (to antigen);		
			Receptor sites on antibody specific to one antigen;		
10	а	iii	(Has site with) same <u>shape</u> as salmonella antigen so binds to anti-gal antibodies;	2 max	
			(Has site with) same <u>shape</u> as receptor molecule so that HIV will bind;		
			Binds to both molecules;		
10	b		Salmonella pathogen has specific antigen on surface;	6 max	Accept. Macrophage presents
			Salmonella pathogen engulfed by macrophage;		antigen to T/B cells;
			T-cells activate B-cells;		Accept. T-cells release factors;
			B-cell with complementary/specific receptor antibody activated/clonal selection;		
			B-cells divide/form clone/clonal expansion;		
			Plasma cells make antibodies;		
			Specific to antigen/bind to salmonella bacterial antigen;		

10	С	i	HIV binds to specific receptor;	2	
			Only present on certain cells/ T-cells;		
10	С	ii	Antibiotics stop metabolism, viruses don't have metabolism;	2	
			Viruses hide in cells, antibiotics can't reach;		
			Two suitable cell components antibiotics work against that viruses don't have;; e.g. some antibiotics work against ribosomes, that viruses don't have		
10	d	i	Adaptor molecule binds to HIV;	2 max	
			(This) prevents the HIV binding to the receptor;		
			Therefore few HIV available to infect cells;		
10	d	ii	Would need to be complementary to MRSA (antigens);	2 max	
			MRSA has different antigens;		
			But would still need to have binding site for anti-gal;		