

General Certificate of Education (A-level) January 2012

Human Biology

HBIO4

(Specification 2405)

Unit 4: Bodies and Cells In and Out of Control

Post-Standardisation

Mark Scheme

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Question	Ma	rking Guidance	Mark	Comments
1(a)	1.	Active transport;	2 max	Accept Sodium/Potassium pump
	2.	Of sodium ions out /potassium ions in (across the membrane);		
	3.	Sodium channels closed / membrane not permeable to sodium ions;		
1(b)	Α		4 max	
	1.	Vesicles containing transmitter substance/named e.g.;		
	2.	Release contents (into synapse) when action potential reaches synapse / when calcium ions enter (the pre synaptic membrane);		
	3.	Frequency/Amount of these released related to frequency of action potentials (transmitted/in post-synaptic membrane);		Accept - nerve impulses
	В			
	4.	Receptor for transmitter substance;		
	5.	Specific;		
	6.	(When bound) cause opening of sodium channels/formation of action potential / depolarisation;		Accept - influx of sodium ions

Question	Marking Guidance	Mark	Comments
2(a)	 Gene machine; Create from mRNA / use reverse transcriptase; Restriction enzymes (to cut from DNA); PCR (to produce many copies); 	2 max	Accept – use of DNA probe to identify (you have the correct) gene;
2(b)(i)	An organism whose genetic material/DNA/genes/genome has been altered (by genetic engineering/humans);	1	
2(b)(ii)	A gene that identifies a genetically modified organism;	1	Reject references to gene probes Accept examples / a genetically controlled characteristic that identifies organisms
2(c)(i)	Suitable non-coding DNA e.g. Introns/junk DNA/VNTR (or described);	1	
2(c)(ii)	A gene that controls (the expression of) another gene;	1	

Question	Marking Guidance	Mark	Comments
3(a)	1. Tropomyosin/troponin;	3 max	Accept
	2. Binds to myosin binding site on actin (filament);		Neurotransmitter; Binds to receptor on muscle
	3. Moves, allowing myosin to bind;		membrane;
	OR		Leads to influx of calcium ions;
	4. Calcium ions;		QWC
	5. Activates the ATPase on myosin;		
	6. Cause tropomyosin/troponin to move;		Accept binds to tropomyosin/troponin
	7. Exposing myosin binding site on actin/allowing myosin to bind to actin;		
	OR		
	8. ATP;		
	Provides energy to detach myosin from actin;		
	10. (And) move myosin head;		
3(b)	Myosin arranged with tails towards middle/heads pointing out;	3 max	QWC
	2. The myosin are attached to each other, so can't move;		
	3. Myosin heads move actin past them;		Accept push or pull
	Myosin heads (only) pull actin in one direction/inwards/towards the middle;		
	5. Actin (attached to Z lines, so) pulls the Z lines inwards;		

Question	Marking Guidance	Mark	Comments
4(a)	 I^A and I^B Only 1 triplet/codon changes; Only one amino acid is changed; Leads to small/little change in tertiary structure of enzyme/active site still formed; So still able to bind to substrate / enzyme substrate complex formed; Changes all triplets/codons/get frameshift (after mutation); (Deletion) leads to change in all amino acids (after mutation/frameshift); Leads to big changes in active site/active site not formed / tertiary structure is changed; Not able to bind to substrate / no enzyme substrate complex formed; 	4 max	Accept - a substitution can lead to the same amino acid;
4(b)	 Parental genotypes I^A I^O and I^B I^O; Offspring genotypes I^A I^O, I^B I^O, I^A I^B, I^O I^O; Offspring phenotypes A B AB O; Probability 0.25 / 25% / ¼; 	4	If parental genotypes wrong, can award 2 nd and 3 rd points on basis of their stated genotypes. Phenotypes to correspond to genotypes Accept I ^A , I ^B , I ^A I ^B , I ^O for phenotypes Accept 1 in 4/ 1:3

Question	Marking Guidance	Mark	Comments
5(a)	Refraction (of light);	3 max	Accept – Bending of light
	2. By cornea/lens;		
	(Fine) focus by lens changing shape;		Reject contraction in points 3 and 5
	4. Role of ciliary muscle;		
	5. Role of suspensory ligaments;		
5(b)	Brain 'makes up' a line/fills the gap/assumes line goes through;	2	Accept past experiences
	Based on what it can see/expects to see/memory/the surroundings;		
5(c)	Gap in line would not fall on blind spot in right eye/both eyes at once;	2	Accept cancels out effect of the blind spot
	So brain would get information about the gap/use bottom up perception;		

Question	Marking Guidance	Mark	Comments
6(a)	Change in inherited gene function;	2 max	Reject reference to mutations
	Without change in genotype/gene/base sequence (of DNA);		Ignore references to maternal/paternal
	3. Caused by environmental factor;		
6(b)	Negative correlation;	2	
	(And) the more overweight a boy is, the less ghrelin he has in his blood;		
6(c)	Larger/higher concentrations are in boys with syndrome;	3 max	
	But overlap with boys without syndrome;		
	3. The highest ghrelin concentration / about 680 is in boy who is not obese/has BMI of about 25;		
	 A boy with the syndrome who has the lowest ghrelin concentration / ghrelin concentration of about 150 but is obese / has a BMI of about 48; 		
	5. No/weak correlation (for boys with the syndrome);		Reject references to not knowing the sample size
	6. Only a few results, so conclusion may not be reliable;		
	7. Other factors not considered (that lead to obesity);		
	8. Can't be sure because no statistical analysis;		

Question	Marking Guidance	Mark	Comments
7(a)	 Hormones released into blood; Takes longer for blood to reach target (than nerve impulses would); OR Hormones act by changing physiology; Takes time to make new enzymes/proteins/cell component/example described; Nerve impulses produce immediate response from target 	2 max	Accept converse statements for nervous control Accept doesn't go directly to the target
7(b)	 Stress perceived by/related to brain/cerebral cortex/forebrain; Nerve impulses to hypothalamus; (This affects hypothalamus) causing (increase) in ACTH; More ACTH causes (more) adrenaline to be released; 	5 max	
7(c)	 Adrenaline stimulates the heart to beat faster; Acts on SAN; High responders brain/mind more affected by stress; Causes more (nerve) impulses/stimulation to/of hypothalamus; 	2	Accept – high responders are more sensitive to stress

Question	Marking Guidance	Mark	Comments
8(a)	 To raise FSH in blood / to give to women without enough FSH in blood; Causes follicles to develop (in ovary); So (more) ovulations/eggs (to collect); 	2 max	QWC Idea of more than one follicle develops and more than one oocyte/egg produced Accept eggs to mature
8(b)	 Stops/greatly reduces/inhibits the peak in/production of LH; This prevents ovulation; So no oocyte/egg to fertilise; 	3	Ignore references to FSH etc
8(c)	 IUD doesn't prevent fertilisation/zygote development; IUD prevents implantation of embryo; Some see this as abortion/killing unborn child; OR IUD has to be inserted in uterus/cervix; This more painful/invasive than taking levonorgestrel / requires visit to doctor (or hospital); 	2 max	Accept arguments based on failure rate/causes of IUD Reject egg implants Accept fertilised egg onwards implants

Question	Marking Guidance	Mark	Comments
9(a)(i)	Mass of cells dividing/growing out of control;	1	
9(a)(ii)	When cells from tumour have spread to other parts of body/ metastasis has happened;	1	QWC
9(b)	 Mdm/proteins have specific shapes/structures; Only complementary shapes bind together; 	2	Accept complementary Reject references to enzymes or active sites
9(c)	 (new) tumour has few blood vessels, so little oxygen; This should activate production of p53 protein; P53 protein stops growth/kill cancer cells/repair cancer cells' DNA; 	5 max	
	 Cells in tumour produce (a lot of) HDAC in low oxygen conditions; This prevents p53 being produced/p53 gene being expressed/transcribed; Removal of acetyl groups (by HDAC) prevents transcription (of p53 gene); So not enough p53 protein/expression to stop tumour growth; 		

Question	Marking Guidance	Mark	Comments
10(a)	Insulin binds to receptor on target cell/named (membrane);	3 max	Reject insulin converts glucose to glycogen
	2. Leads to more transport proteins for glucose;		
	(More) glucose enters cells (from blood which lowers conc. in blood);		
	4. Insulin causes increase in activity of enzymes;		
	5. that convert glucose to glycogen/synthesise fat;		Accept glycogenesis
	Insulin leads to higher metabolic rate (in target cells) / more respiration;		
10(b)	Fat, sugar and alcohol all energy sources / high in calories/joules;	3 max	
	2. High intake associated with obesity;		Accept converse
	 High blood glucose concentration / high insulin production; 		
	 Exercise increases energy/glucose use by body/respiration; 		Accept converse
	So it helps combat obesity/reduces fat formation/uses fat reserves;		
	 Alcohol can damage the liver, so less/slower glucose take up from blood / fewer insulin receptors; 		
10(c)	Questionnaire used and people might not tell the truth/not be able to record information	1	Accept other valid arguments

	accurately/subjective/qualitative;		
10(d)	 Group A had large decreases in fat and sugar eaten; No (significant) / not much difference in decrease in alcohol; Group A increased exercise more; Suitable reference to probability values; 	4	Accept group A are more likely to have changed their habits Ignore references to alcohol
10(e)	 Yes, Group B given less advice and took less action; So at greater risk of diabetes which could have serious health implications / greater risk of named health problem; No, Not put at risk by the study directly; People in (Group B) were given (suitable) advice/would have given informed consent; It's up to them to decide what to do; 	2 max	Accept descriptions of 'informed consent' Accept they were volunteers / they did show some improvement
10(f)	 Less rise in glucose (after one year); They remove glucose from the blood faster; After 1 year, drop from 165 to 115/of 50 units after 2 hrs / increase reduced from about 60 to about 20; Also produce less insulin / insulin acts faster / insulin more effective; After 1 year, drop from 100 to 50/50 units after 2 hrs / 	4 max	Accept range of 165 to 117 Accept dropped by about 30% Accept dropped by 50% or 60%

the increase reduced from about 85 to about 35;	

10(g)	Yes	4 max	Max 3 if only one side addressed
	Advice/Group A risk is reduced / probability of staying free is higher;		Accept other valid points
	2. Reduces probability by (about) 0.2-0.3/20-30% / it increases the probability of staying free from about 0.6 to 0.8-0.9;		
	3. Sample size is large so it's reliable;		Reject references to a low number of volunteers
	No		
	 Group A still at risk / still about 0.2 chance, so may be other factors (than obesity); 		
	5. May only apply to people who are already obese;		
	6. Only 6 year study / need to follow for longer;		
	7. Only one study / need to repeat for other groups;		
	8. No stats (to show if differences significant);		
	9. No control group (with low/no risk);		
10(h)	Test 1	2	
	1. Shows (mainly) accuracy;		
	To show size of current proportional to concentration of glucose/linear relationship;		
	Test 2	2	
	3. Shows (mainly) reliability;		
	That the same concentration of glucose leads to the same current / result each time;		