

Renal Clearance of Intravenously Administered Vitamin B₁₂. (26583)

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Previous studies have shown greater excretion of parenterally administered vit. B₁₂ among young subjects than old. Furthermore, the decrement in vit. B₁₂ excretion with age seemed to parallel agewise decrements observed in various renal functions(1). Since no direct experiments were performed to estimate whether rates of removal of vit. B₁₂ from the plasma by the kidneys were reduced in older individuals, the following studies were carried out.

Materials and methods. Simultaneous clearances of B₁₂ and inulin were measured in 2 groups of ambulatory subjects selected by clinical and laboratory tests as free from renal or hepatic disease as previously described(2). In the 6 subjects of Group A and the 10 of Group B, constant plasma levels of B₁₂ and inulin were maintained following initial priming doses* by continuous infusion at a rate held constant by a Bowman pump. After 30 minutes of equilibration, 4 or more 15-minute clearance periods were run on each subject. All subjects were catheterized; their bladders were washed out with distilled water and air at the beginning and end of each period.

In Group A, the plasma was heated with buffer solution to liberate bound B₁₂ from protein(3). Protein was removed by centrifugation and the supernatant assayed for B₁₂ activity. This technic measured total B₁₂; *i.e.*, both free and that bound to plasma protein. In Group B, the plasma was dialyzed and the assay run on the dialysate, so that only free B₁₂ was measured.

* The priming dose of inulin was calculated in the usual manner(2). The B₁₂ primary dose was calculated for each subject as sufficient to provide the desired plasma level assuming that shortly after administration B₁₂ was uniformly distributed in the extracellular fluid space as calculated from body weight.

Triplicate microbiological assays using *Lactobacillus leichmannii* 4797(4) were averaged to estimate plasma and urine levels of B₁₂. Mendelsohn and Watkin(5), using an *L. leichmannii* assay, have reported recoveries of added B₁₂ from sera averaging $98.6 \pm 3.13\%$. Experiments were conducted to determine the reproducibility of the vit. B₁₂ assay. The variability due to technical error can be conservatively estimated to be within $\pm 20\%$ of the true value. Although no information on the over-all accuracy of B₁₂ clearances is available, it is entirely possible that the error of individual portions of the clearance determination may be additive leading to a total error as great as 20-30%.

Inulin was determined in plasma and urine by the method of Harrison(6). In this laboratory, Davies and Shock(7) reported standard deviations about the mean inulin clearance of 4.7 to 7.0% between successive 10 minute periods during the same test.

Results. Investigations of B₁₂ clearances at endogenous plasma levels of B₁₂ (0.2 to 0.3 $\mu\text{g}/\text{ml}$) in 3 normal subjects revealed no measurable quantities of B₁₂ in the urine. The minimum amount of B₁₂ which could be determined by this method was 0.010 μg . In the 6 subjects of Group A, total B₁₂ plasma levels were increased to concentrations ranging from 0.3 to 2.4 $\mu\text{g}/\text{ml}$ by continuous intravenous infusion. Glomerular filtration rates ranged from 29 to 136 ml/min in these subjects.

At B₁₂ plasma levels below 1 $\mu\text{g}/\text{ml}$ practically no B₁₂ appeared in the glomerular filtrate or urine (Fig. 1). At levels above 1.5 $\mu\text{g}/\text{ml}$ large variations existed between plasma level and urinary B₁₂/ml of glomerular filtrate. However, at these low levels (0.4-2.4 $\mu\text{g}/\text{ml}$) the error in estimating B₁₂ is sufficiently large to warrant the inference that

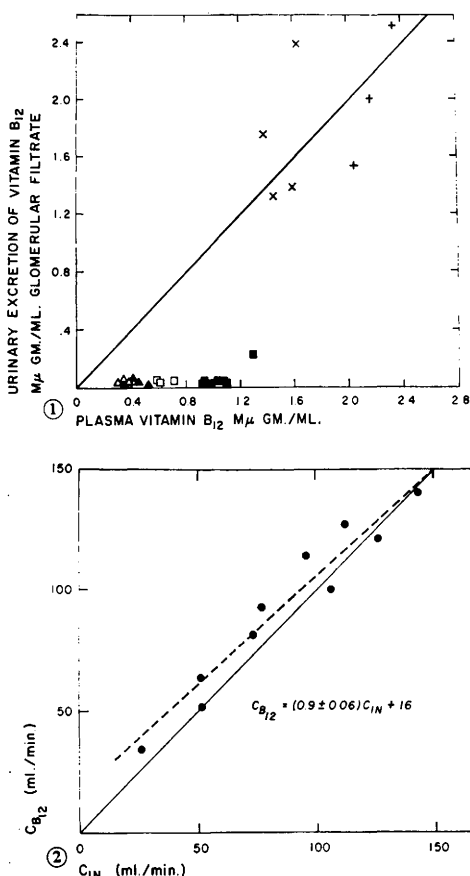


FIG. 1. Relationship between plasma level and urinary excretion of vit. B₁₂ at low plasma levels. Individual clearance periods are plotted for 6 subjects as indicated by different symbols. At plasma levels less than 1.2 mμg/ml of B₁₂, excretion of B₁₂ was very small and did not increase with plasma concentration.

FIG. 2. Relationship between inulin clearance and vit. B₁₂ clearance in 10 subjects. Each point is the average of 4 clearance periods determined at constant plasma levels of B₁₂ in each subject. Dotted line represents regression line calculated by the method of least squares. The regression equation is: Clearance of B₁₂ (ml/min) = (0.9 ± 0.06) C_{IN} + 16. The experimental regression line (-----) does not differ significantly from the regression (—) based on the theoretical identity of B₁₂ and inulin clearances.

urinary clearance of B₁₂ would be equivalent to inulin clearance if the free B₁₂ content of the plasma could be accurately estimated.

In the 10 subjects of Group B, B₁₂ plasma levels ranged from 12 to 26 mμg/ml. Glomerular filtration rates ranged from 25 to 160 ml/min (Table I). In Fig. 2, values obtained by averaging clearance data for B₁₂ and inulin from 4 periods in each individual in Group B

are presented. These average values indicate that B₁₂ clearance is approximately that of inulin over a wide range of glomerular filtration rates at plasma levels ranging from 12 to 26 mμg/ml. Calculation of the regression of B₁₂ clearance on inulin clearance based on data from 40 individual clearance periods in the 10 subjects yielded the following equation: Clearance of B₁₂ = (0.9 ± 0.06) C_{IN} + 16. This is shown by the dashed line in Fig. 2. The slope of the regression does not differ significantly from 1.0.

Discussion. At low plasma levels (0.3 to 1.1 mμg B₁₂/ml), no B₁₂ was detected in the urine. An explanation for this observation is that at low plasma levels vit. B₁₂ is bound to plasma protein and therefore not filtered at the glomerulus. Indeed, *in vitro* experiments have indicated that at B₁₂ levels of 0.5 to 1.0 mμg/ml, the B₁₂ is bound to the alpha globulins (8-10). Furthermore, the low level of free B₁₂ that may exist could not be detected by the assay method used. When concentration of vit. B₁₂ was increased to 1 mμg/ml, the binding capacity of alpha globulin was exceeded and measurable amounts of the vitamin were found in the urine. The data obtained on the second group of subjects (Group B), in which vit. B₁₂ level was raised to insure greater accuracy of determination and the plasma was dialyzed to separate the free from the bound B₁₂, showed that vit. B₁₂ clearance was indistinguishable from glomerular filtration rate.

The impaired glomerular filtration rate observed in older subjects results in an elevated plasma level of vit. B₁₂ for a longer period of time than that in younger individuals. Although the mechanism by which vit. B₁₂ is presented to and retained by the tissues is unknown, this may provide a greater opportunity for the various tissues of the body to retain the vitamin in the older subjects than in the young.

Conclusions. 1. At plasma levels ranging from 0.3 to 1.5 mμg/ml urinary excretion of B₁₂ is a function of degree of B₁₂ binding by plasma protein. 2. At constant plasma levels between 12 and 26 mμg/ml of vit. B₁₂, urinary excretion of B₁₂ in a given individual is proportional to plasma level and glomerular fil-

TABLE I. Simultaneous Inulin and B₁₂ Clearances in 10 Subjects by Individual Periods at Plasma Levels of 12-26 mμg B₁₂/ml.

Subject	Age	Clearance, ml/min.	Period				Mean clearance
			I	II	III	IV	
Bn	17	Inulin	110.3	114.9	107.9	113.2	111.6
		B ₁₂	122.5	121.4	133.8	131.6	127.3
Df	35	Inulin	131.1	134.4	122.3	114.7	125.6
		B ₁₂	99.6	124.1	115.8	143.5	120.8
Cn	51	Inulin	160.5	140.7	128.7	141.5	142.8
		B ₁₂	147.8	127.4	130.7	154.5	140.1
Ti	52	Inulin	51.9	49.7	56.1	47.2	51.2
		B ₁₂	63.7	55.3	58.3	76.6	63.5
Le	53	Inulin	103.3	108.0	107.3	104.7	105.8
		B ₁₂	86.4	115.0	83.0	117.3	100.4
Po	59	Inulin	73.4	76.1	68.5	76.1	73.5
		B ₁₂	85.0	80.4	78.3	82.9	81.6
Ro	64	Inulin	99.5	98.5	94.7	89.5	95.6
		B ₁₂	134.2	107.2	98.7	116.6	116.7
Sm	75	Inulin	50.8	50.8	51.5	53.1	51.6
		B ₁₂	46.1	56.9	61.8	44.7	52.4
Fv	77	Inulin	66.6	84.1	78.3	80.1	77.3
		B ₁₂	86.9	88.6	94.4	100.9	92.7
Mu	88	Inulin	25.8	26.8	25.5	25.9	26.0
		B ₁₂	34.4	37.5	38.6	27.4	34.5

tration rate. 3. No relation of renal clearance of B₁₂ with advancing age was noted except for that resulting from the gradual reduction in glomerular filtration rate with age.

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Partial Purification of Erythropoietin by Alcoholic Fraction. (26584)

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A number of methods for concentration of the erythrocyte stimulating factor or erythropoietin in the plasma of anemic rabbits have been devised. Chemical methods of varying complexities have been employed and assays have been performed on both normal and ab-

normal animals(1). The method to be described utilized simple fractionation procedures and all assays were performed on normal adult albino rats. A preliminary report was made in 1958(2).

Methods. Production of anemia. Adult