Q1. Oestrogen is a substance produced by the enzyme aromatase. In females, the main source of oestrogen is the ovaries but aromatase is produced by many other organs in the body, including the lungs. Oestrogen can stimulate the development of some lung tumours. In these tumours, binding of oestrogen to cell-surface receptors stimulates cell division.

Scientists investigated whether two drugs could prevent lung tumours in female mice. First, they removed the ovaries from these mice. They then injected the mice with a tumour-causing chemical found in tobacco twice a day for 4 weeks. The mice were then randomly allocated to one of four groups. Each group contained 10 mice.

- Group **Q** was given a placebo. This placebo did not contain either drug.
- Group **R** was given the drug anastrozole. This inhibits the enzyme aromatase.
- Group **S** was given the drug fulvestrant. This binds to oestrogen receptors.
- Group **T** was given both anastrozole and fulvestrant.

The mice were given these drugs each week during weeks 5−15 of the investigation.

(a) The scientists removed the ovaries from the mice for the investigation. They also gave the mice injections of the substrate of aromatase each day.

Explain why these steps were necessary.

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(2)

(b) The scientists predicted that fulvestrant would be more effective when given with anastrozole than when given alone.

Use the information provided to suggest why they predicted this.

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(2)

At week 15, the lungs of the mice were removed and examined. The scientists then determined the number of tumours present and the mean tumour area for each group.

Figure 1 and **Figure 2** show the scientists' results.

Figure 1

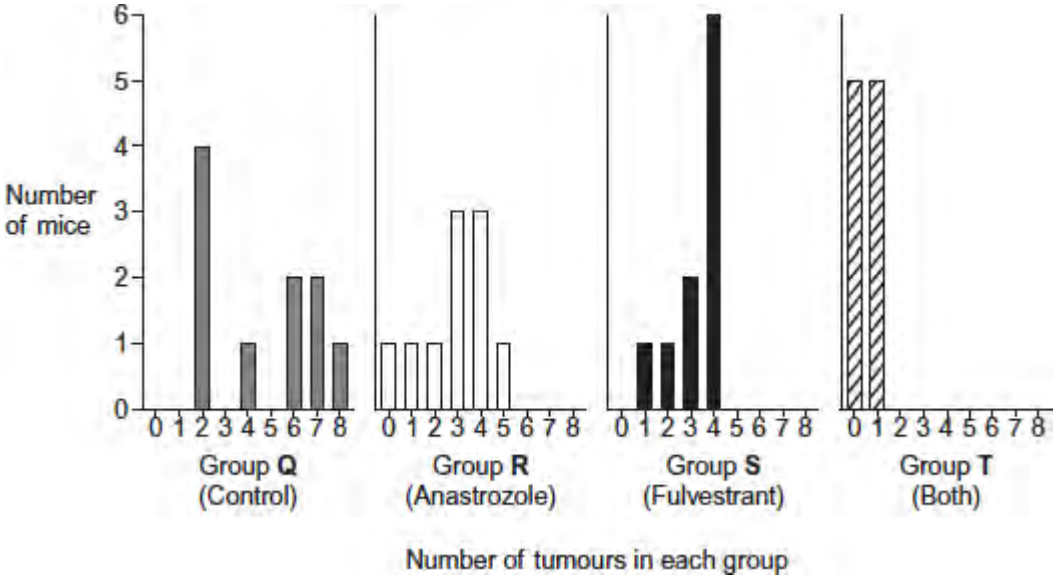
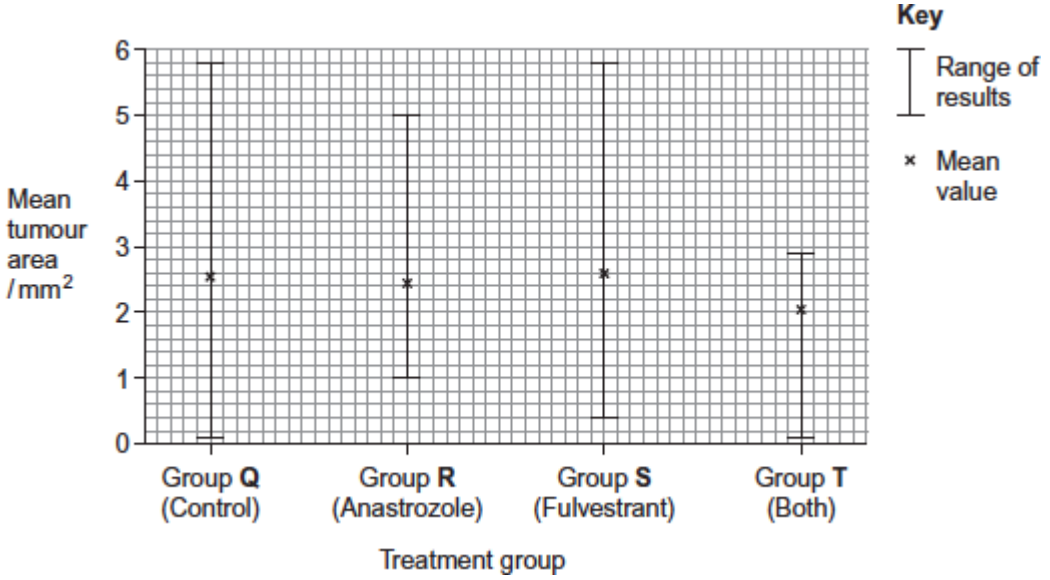


Figure 2



(c) The scientists concluded that both drugs should be used together to reduce the risk of lung cancer in women exposed to tobacco products.

Do you agree? Explain your answer.

(5)

(d) The scientists used tumour area as an indicator of tumour size.

Explain why tumour area may **not** be the best indicator of tumour size and suggest a more reliable measurement.

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(2)

(e) The scientists repeated the investigation but this time they did not give the drugs until week 9.

Suggest why they gave the drugs at week 9, rather than at week 5.

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(2)

(f) Another group of scientists is currently using these drugs in human trials. However, the control group is **not** being given a placebo.

Suggest why a placebo is **not** being given and what is being given to this group instead.

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(2)
(Total 15 marks)

Q2.(a) (i) A mutation of a tumour suppressor gene can result in the formation of a tumour.

Explain how.

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(2)

(ii) Not all mutations result in a change to the amino acid sequence of the encoded polypeptide.

Explain why.

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(1)

(b) Some cancer cells have a receptor protein in their cell-surface membrane that binds to a hormone called **growth factor**. This stimulates the cancer cells to divide.

Scientists have produced a monoclonal antibody that stops this stimulation.

Use your knowledge of monoclonal antibodies to suggest how this antibody stops the growth of a tumour.

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[Extra space] .....

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(3)
(Total 6 marks)

Q3.(a) Explain how the methylation of tumour suppressor genes can lead to cancer.

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(Extra space) .....

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(3)

Scientists investigated a possible relationship between the percentage of fat in the diet and the death rate from breast cancer in women from 10 countries.

Their data is shown in the table below.

Percentage of fat in diet of population	Death rate of women from breast cancer per 100 000 women

9.5	1.5
15.0	7.0
20.0	12.0
25.0	9.0
32.0	15.0
35.0	8.0
35.0	20.0
40.5	18.0
43.0	24.0
45.0	26.0

(b) Describe how you would plot a suitable graph of these data. Explain your choice of type of graph.

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(Extra space) .....

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(3)

(c) What can you conclude from these data?

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(2)
(Total 8 marks)

Q4. Metastatic melanoma (MM) is a type of skin cancer. It is caused by a faulty receptor protein in cell-surface membranes. There have been no very effective treatments for this cancer.

Dacarbazine is a drug that has been used to treat MM because it appears to increase survival time for some people with MM.

Doctors investigated the use of a new drug, called ipilimumab, to treat MM. They compared the median survival time (ST) for two groups of patients treated for MM:

- a control group of patients who had been treated with dacarbazine
- a group of patients who had been treated with dacarbazine and ipilimumab.

The ST is how long a patient lives after diagnosis.

The doctors also recorded the percentage of patients showing a significant reduction in tumours with each treatment.

The total number of patients in the investigation was 502.

The table below shows the doctors' results.

Treatment	Median survival time (ST) / months	Percentage of patients showing significant reduction in tumours
Dacarbazine	9.1	10.3
Dacarbazine and ipilimumab	11.2	15.2

(a) The doctors compared median survival times for patients in each group.

How would you find the median survival time for a group of patients?

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(2)

(b) In many trials of new drugs, a control group of patients is given a placebo that does not contain any drug.

The control group in this investigation had been treated with dacarbazine.
Suggest why they had not been given a placebo.

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(1)

(c) A journalist who read this investigation concluded that ipilimumab improved the treatment of MM.

Do the data in the table support this conclusion? Give reasons for your answer.

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(Extra space) .....

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(4)

(d) MM is caused by a faulty receptor protein in cell-surface membranes.
Cells in MM tumours can be destroyed by the immune system.

Suggest why they can be destroyed by the immune system.

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(Extra space) .....

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(3)
(Total 10 marks)

Q5. Imatinib is a drug used to treat a type of cancer that affects white blood cells. Scientists investigated the rate of uptake of imatinib by white blood cells. They measured the rate of uptake at 4°C and at 37°C. Their results are shown in the table.

	Mean rate of uptake of imatinib into cells / µg per million cells per hour	
Concentration of imatinib outside cells / µmol dm^{-3}	**4°C**	**37°C**
0.5	4.0	10.5
1.0	10.7	32.5
5.0	40.4	420.5
10.0	51.9	794.6
50.0	249.9	3156.1
100.0	606.9	3173.0

(a) The scientists measured the rate of uptake of imatinib in µg per million cells per hour. Explain the advantage of using this unit of rate in this investigation.

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(2)

(b) Calculate the percentage increase in the mean rate of uptake of imatinib when the temperature is increased from 4°C to 37°C at a concentration of imatinib outside the cells of 1.0 μmol dm^{-3}.

Give your answer to one decimal place.

Answer .....

(2)

(c) Imatinib is taken up by blood cells by active transport.

(i) Explain how the data for the two different temperatures support this statement.

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(2)

(ii) Explain how the data for concentrations of imatinib outside the blood cells at 50 and 100 μmol dm^{-3} at 37°C support the statement that imatinib is taken up by active transport.

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(2)
(Total 8 marks)