

Lacombe V, Roquin G, Vinatier E, et al. Parietal cell antibodies: evolution of plasma vitamin B₁₂ during oral supplementation to differentiate true and false positives for pernicious anemia. *Pol Arch Intern Med.* 2020; 130: 813-815. doi:10.20452/pamw.15487

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Table S1

Comparison of the median sum of squares from the different curve models summarizing the evolution of plasma vitamin B12 over time

	Line	Binding saturation	p-value
IFA	49225 (18672-112624)	67878 (23519-142904)	0.57
PCA-PA	11245 (1370-148541)	47021 (21597-142356)	0.14
PCA-noPA	28056 (898-241003)	109763 (69803-189828)	0.56

Notes: The semilog line was not compared as it was convergent for the 3 groups. The values are presented as median and quartiles of the sum of squares.

Table S2

Description of the 3 groups

	IFA	PCA-PA	PCA-noPA	p-value
Number of patients	6 (23.1%)	14 (53.8%)	6 (23.1%)	
Age (years)	73 (62-76)	53 (47-71)	73 (63-78)	0.47
Sex (female)	4 (66.7%)	12 (85.7%)	2 (33.3%)	0.07

Follow-up (months)	18 (15-25)	20 (17-26)	12 (8-16)	0.07
Parietal cell autoantibodies				NA
IFI ¹ alone	0 (0%)	1 (7.1%)	3 (50.0%)	
Immunodot ² alone	0 (0%)	2 (14.3%)	3 (50.0%)	
Both	4 (66.7%)	11 (78.6%)	0 (0%)	
Histological gastric findings				
Gastroscopy performed	5 (83.3%)	12 (85.7%)	4 (66.7%)	0.60
Atrophic Gastritis	3 (50.0%)	12 (85.7%)	0 (0%)	0.002
Dissociation between antrum and fundus	2 (33.3%)	12 (85.7%)	0 (0%)	0.001
Intestinal metaplasia	3 (50.0%)	11 (78.6%)	0 (0%)	0.005
Dysplasia	0 (0%)	1 (7.1%)	0 (0%)	0.64
Biochemical results at diagnosis				
Plasma vitamin B12 (ng/L)	145 (76-276)	206 (149-238)	258 (200-298)	0.19
Plasma homocysteine (µmol/L)	19.1 (15.3-114.0)	24.8 (13.7-36.6)	25.8 (14.4-103)	0.83
Hemoglobin (g/L)	102 (79-129)	119 (92-130)	88 (65-112)	0.29
MCV (fL)	96 (93-116)	92 (82-100)	98 (92-115)	0.19
Ferritin (µg/L)	135 (45-441)	36 (9-263)	36 (17-520)	0.27
Plasma gastrin (mUI/L)	1147 (113-1887)	982 (579-1214)	280 (101-1091)	0.28
Clinical outcomes at diagnosis				
Glossitis	2 (33.3%)	3 (21.4%)	2 (33.3%)	0.79
Neurological impairment	3 (50.0%)	5 (35.7%)	2 (33.3%)	0.80
Associated pathologies				
Hashimoto's thyroiditis	3 (50.0%)	3 (21.4%)	1 (16.7%)	0.34
Type 1 diabetes	0 (0%)	0 (0%)	0 (0%)	NA

Other autoimmune diseases	2 (33.3%)	4 (28.6%)	1 (16.7%)	0.79
Other cause(s) of vitamin B12 deficiency identified	3 (50.0%)	5 (35.7%)	4 (66.7%)	0.43
Proton pump inhibitors	3 (50.0%)	3 (21.4%)	2 (33.3%)	0.44
Other anti-acid drugs	0 (0%)	0 (0%)	0 (0%)	NA
Metformin	0 (0%)	2 (14.3%)	0 (0%)	0.40
Helicobacter pylori gastritis	0 (0%)	2 (14.3%)	1 (16.7%)	0.59
Undernutrition	0 (0%)	0 (0%)	1 (16.7%)	0.18
Pancreatic insufficiency	0 (0%)	0 (0%)	0 (0%)	NA
Vegan or vegetarian	0 (0%)	0 (0%)	(0%)	NA
Ileal infection or inflammation	0 (0%)	0 (0%)	0 (0%)	NA
Causes of elevated plasma vitamin B12	0 (0%)	0 (0%)	1 (16.7%)	0.18
Chronic liver disease	0 (0%)	0 (0%)	1 (16.7%)	0.18
Myeloid blood malignancy	0 (0%)	0 (0%)	0 (0%)	NA
Solid cancer	0 (0%)	0 (0%)	0 (0%)	NA
Mild to severe chronic renal failure	0 (0%)	0 (0%)	0 (0%)	NA

Notes: PCA: parietal cell autoantibodies; IFI: indirect immunofluorescence; MCV: mean cell volume for red cells. NA: not amenable. The quantitative data are presented as median and quartiles.

¹ Indirect immunofluorescence on tissues of rat stomach (Biosystems©).

² Biermer atrophic gastritis dot, Alphadia©