Research Paper

A novel method for calculating mean erythrocyte age using erythrocyte creatine

Masashi Kameyama¹, Masafumi Koga², Toshika Okumiya³

 ¹Department of Diagnostic Radiology, Tokyo Metropolitan Geriatric Hospital and Institute of Gerontology, Tokyo, Japan
 ²Department of Internal Medicine, Hakuhokai Central Hospital, Hyogo, Japan
 ³Department of Biomedical Laboratory Sciences, Faculty of Health Sciences, Kumamoto University, Kumamoto, Japan

Correspondence to: Masashi Kameyama; email: kame-tky@umin.ac.jpKeywords: creatine, erythrocyte, average RBC age, lifespan, hemolysisReceived: February 23, 2020Accepted: April 20, 2020Published: May 11, 2020

Copyright: Kameyama et al. This is an open-access article distributed under the terms of the Creative Commons Attribution License (CC BY 3.0), which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

ABSTRACT

Estimating the lifespan of erythrocytes is useful for the differential diagnosis of anemia. However, measuring the lifespan of erythrocytes was very difficult; therefore, it was seldom measured. Erythrocyte creatine (EC) decreases reflecting erythrocyte age. We developed a method to obtain mean erythrocyte age (M_{RBC}) from EC. We reanalyzed the previously published data from 21 patients with hemolytic anemia, which included EC and the half-life of ⁵¹Cr.

 M_{RBC} and $\log_e EC$ showed excellent significant linearity (r = -0.9475, p < 0.001), proving that it could be treated as a mono-exponential relationship within the studied range (EC: 1.45 – 11.76 µmol/g Hb). We established an equation to obtain M_{RBC} (days) from EC (µmol/g Hb): $M_{RBC} = -22.84\log_e EC + 65.83$.

This equation allowed calculation of *M_{RBC}* based on EC which has practical applications such as the diagnosis of anemia.

INTRODUCTION

Estimating the lifespan of erythrocytes is useful for the differential diagnosis of anemia, as it is known that the erythrocyte lifespan in hemolytic patients is shortened [1]. Previously, obtaining the lifespan or mean age of erythrocytes was very difficult; therefore, it was seldom measured. Furthermore, supply of ⁵¹Cr, which is needed for measuring erythrocyte lifespan, was ceased in Japan in 2015 due to low demand. This left Japanese doctors unable to measure the erythrocyte lifespan of patients by means of ⁵¹Cr. Biotin-labeling [2, 3] is also used to measure the erythrocyte lifespan, however its procedure is very laborious as well, requiring aseptic labeling of the erythrocytes and repeated blood samplings. Breath carbon monoxide (CO) measurement [4, 5] also may be useful to estimate erythrocyte turnover; however, this technique cannot be applied to smokers. We have proposed a method to estimate erythrocyte mean age from HbA1c and average glucose [6]. However, the method needed a glycation constant to be determined by another method. Some indices such as reticulocyte and haptogloblin were not sensitive enough to indicate mild hemolysis. Cases with latent hemolysis were reported which showed normal reticulocyte and normal haptogloblin levels, and yet, they showed shortened erythrocyte lifespan [7–9].

Creatine in the cells is maintained by creatine transporters. Deficiency in these transporters leads to symptoms [10, 11]. Young erythrocytes have adequate transporter activity resulting in intracellular creatine being tens of times higher than in plasma. However, the activity of the transporter gradually diminishes, so that old erythrocytes cannot maintain this concentration gradient.

Erythrocyte creatine (EC) has been demonstrated to be an excellent indicator of hemolysis [12, 13]. Estimation of mean erythrocyte age (M_{RBC}) using EC would be more convenient than the ⁵¹Cr method, as it requires only one blood sample. Though an increase in EC value has been correlated with shorter lifespan of erythrocytes, EC value itself has not previously been used for the estimation of M_{RBC} directly. An estimation of M_{RBC} would be more useful for quantitative assessment of patients than simple EC value. Moreover, M_{RBC} derived by EC may be comparable with M_{RBC} derived by other methods.

In this study, we aimed to formulate an equation to obtain M_{RBC} from EC concentration based on a model.

RESULTS

Relationship between M_{RBC} and $\log_e EC$

A significant linear relationship (r = -0.9475, df =19, t = 12.92, $p = 7.368 \times 10^{-11}$) was observed between ⁵¹Crderived M_{RBC} and $\log_e EC$ (Figure 1). The relationship appears to be mono-exponential which is concurrent with the prediction by our model (Supplement) that the relationship would be bi- or mono-exponential.

A regression line was as follows.

$$\log_{e} EC = -0.04379M_{RBC} + 2.882 \tag{1}$$

$$\Leftrightarrow M_{RBC} = -22.84 \log_e EC + 65.83 \tag{2}$$

A standard value of *EC* of 1.4 μ mol/g Hb gives an M_{RBC} of 58.14 days.



Figure 1. Relationship between M_{RBC} and $\log_e EC$. A significant linear relationship was observed. A *red closed circle* denotes a standard value; M_{RBC} = 60 days, EC = 1.4µmol/g Hb. A *black line* denotes a regression line. *EC*, erythrocyte creatine; M_{RBC} , mean erythrocyte age.

Equation (2) accurately estimated M_{RBC} from *EC* values (Figure 2).

DISCUSSION

The current study successfully established a reliable method of estimating M_{RBC} from *EC* based on a creatine model (Supplement). We would be able to determine a glycation constant for the method to estimate erythrocyte mean age from HbA1c and average glucose [14].

Although Fehr et al. [13] divided patients into a severe hemolytic disease group and a group with milder forms of hemolysis, our model suggested that logarithm of *EC* may combine the two groups (Figure 3). The regression formula passed close to a standard value of *EC*, 1.4 μ mol/g Hb and 60 days of *M*_{*RBC*}, which proves the validity of the formula.



Figure 2. M_{RBC} estimated by *EC* and ⁵¹Cr. EC derived M_{RBC} showed excellent estimation. An *orange dotted line* denotes line of identification (y = x). A *black line* denotes a regression line. *EC*, erythrocyte creatine; M_{RBC} , mean erythrocyte age.



Figure 3. Relationship between *EC* and M_{RBC} in the groups with severe and mild hemolytic disease. (A) The two groups show differing regression lines on a normal scale. (B) The two groups are unified on a semi-logarithmic scale. The *Red circles* represent mild group, *sky blue* the severe group according to Fehr et al. [13]. *EC*, erythrocyte creatine; M_{RBC} , mean erythrocyte age.

It cannot be determined which wing of the two lines (Supplement) the observed line of the $\log_e EC - M_{RBC}$ relationship is on; *i.e.* whether the slope of the graph represents the rate constant for creatine diffusion (λ_1) or the rate constant for decline in creatine transporter (λ_2). Another equation may need to be developed for value ranges not explored in this study.

The devised method was formulated entirely based on the previously presented data from only 21 patients

This method should be verified by further study with various hematological diseases including thalassemia and hereditary spherocytosis. Estimation of M_{RBC} from ⁵¹Cr half-life may not be optimal, although we believe that it would be tolerable. The EC transporter activity function, $Be^{-\lambda_{2t}}$ relies solely on the assumption that the number of transporters reduces overtime randomly due to erythrocytes' lack of nucleus. However, the linear relationship between $\log_e EC$ and M_{RBC} confirms the assumption. The EC measuring method of Fehr et al. [13] used a diacetyl-*l*-naphthol chemical reaction, which is less sensitive than the recently developed Nmethylcarbamoyl derivative of methylene blue, 10-Nmethylcarbamoyl-3,7-bis(dimethylamino)phenothiazine (MCDP) enzyme method [15]. Further study on the validity of our proposed formula would be best done in a country where 51 Cr is available.

CONCLUSIONS

Our equation does allow calculation of M_{RBC} based on EC, which has practical applications such as the diagnosis of anemia.

MATERIALS AND METHODS

Patients

Data from 21 patients with hemolytic anemia, that was published by Fehr et al. [13], was examined. As this is a re-analysis study, approval by the institutional review board was not required.

Data conversion

We estimated M_{RBC} by multiplying the half life of ⁵¹Cr by 2.61. As human erythrocytes do not obey the Poisson process [16], the term "half-life" is not entirely suitable for erythrocytes. Fehr et al. [13] determined ⁵¹Cr half-life, the elution-corrected ⁵¹Cr half-life, and the mean cell lifespan. The mean cell lifespan was not recorded in their table. The elution-corrected ⁵¹Cr half-life would provide an estimate of M_{RBC} , considering that normal erythrocytes in a human have a similar lifespan [16]. However, their elution-corrected ⁵¹Cr half-life seems less concordant

with EC rank. Complicated procedures sometimes reduce the stability of the system. Therefore, we chose the simple uncorrected ⁵¹Cr half-life in the same way as Fehr et al. [13]. Considering that M_{RBC} for normal erythrocytes is about 60 days, and the normal range of ⁵¹Cr half-life was 23 – 27 days, multiplying ⁵¹Cr half-life by 2.61 (= 60/23) provides a good estimation of M_{RBC} in practice.

The units for erythrocyte creatine concentration used by Fehr et al. [13] were mg/dL of red cells. We converted these into μ mol/g Hb by the following equation, assuming mean cell hemoglobin concentration (MCHC) is 33g/dL. The molecular weight of creatine is 131.15. While MCHC varies naturally and decreases in iron deficiency anemia, variability in MCHC is generally low.

$$x mg/dL = x \times \frac{10^3}{131.15 \times 33} \mu mol/g Hb = \frac{x}{4.328} \mu mol/g Hb$$
 (3)

Data analysis

Data on *EC* and M_{RBC} were analyzed with a spreadsheet software, Excel[®] 365 (Microsoft Corporation, Redmond, WA, USA).

Logarithms of *EC* and M_{RBC} were plotted based on our model (Supplement).

AUTHOR CONTRIBUTIONS

M. Kameyama contributed to theory, the analysis of the data, writing the original draft, and funding acquisition. M. Koga contributed to conceptualization, the analysis of the data, and supervision. T.O. contributed to advise on the nature of EC. All the authors have read and approved the final manuscript.

ACKNOWLEDGMENTS

The authors would like to thank Ms. Natalie Okawa and Editage for English language editing of this manuscript.

CONFLICTS OF INTEREST

M. Kameyama received research funding from Fujifilm RI Pharma, which stopped supply of ⁵¹Cr in Japan, Nihon Med-Physics, and Daiichi-Sankyo. TO received research funding from Asahi Kasei Pharma.

FUNDING

This study is partly supported by Grants-in-Aid for Scientific Research, 18K07488 for M. Kameyama.

REFERENCES

- Panzer S, Kronik G, Lechner K, Bettelheim P, Neumann E, Dudczak R. Glycosylated hemoglobins (GHb): an index of red cell survival. Blood. 1982; 59:1348–50. <u>https://doi.org/10.1182/blood.V59.6.1348.1348</u> PMID:<u>7082831</u>
- Mock DM, Lankford GL, Widness JA, Burmeister LF, Kahn D, Strauss RG. Measurement of red cell survival using biotin-labeled red cells: validation against ⁵¹Crlabeled red cells. Transfusion. 1999; 39:156–62. <u>https://doi.org/10.1046/j.1537-2995.1999.39299154729.x</u> PMID:<u>10037125</u>
- Franco RS, Lohmann J, Silberstein EB, Mayfield-Pratt G, Palascak M, Nemeth TA, Joiner CH, Weiner M, Rucknagel DL. Time-dependent changes in the density and hemoglobin F content of biotin-labeled sickle cells. J Clin Invest. 1998; 101:2730–40. <u>https://doi.org/10.1172/JCI2484</u> PMID:<u>9637707</u>
- Strocchi A, Schwartz S, Ellefson M, Engel RR, Medina A, Levitt MD. A simple carbon monoxide breath test to estimate erythrocyte turnover. J Lab Clin Med. 1992; 120:392–99. PMID:1517686
- Furne JK, Springfield JR, Ho SB, Levitt MD. Simplification of the end-alveolar carbon monoxide technique to assess erythrocyte survival. J Lab Clin Med. 2003; 142:52–57. <u>https://doi.org/10.1016/S0022-2143(03)00086-6</u> PMID:<u>12878986</u>
- Kameyama M, Takeuchi S, Ishii S. Steady-state relationship between average glucose, HbA1c and RBC lifespan. J Theor Biol. 2018; 447:111–17. <u>https://doi.org/10.1016/j.jtbi.2018.03.023</u> PMID:<u>29559230</u>
- Herranz L, Grande C, Janez M, Pallardo F. Red blood cell autoantibodies with a shortened erythrocyte life span as a cause of lack of relation between glycosylated hemoglobin and mean blood glucose levels in a woman with type 1 diabetes. Diabetes Care. 1999; 22:2085–86. <u>https://doi.org/10.2337/diacare.22.12.2085</u> PMID:10587849
- 8. Ishii C, Tane N, Negishi K, Katayama S. A case of type 2 diabetes who showed discrepancy between plasma

glucose and HbA1c due to latent autoimmune hemolytic anemia. J Japan Diab Soc. 2001; 44:157–60. https://doi.org/10.11213/tonyobyo1958.44.157

- Hiratani K, Natazuka T, Suemori S, Wada H, Koga M. A case of stomatocytosis in a type 2 diabetic patient accompanied with falsely low HbA1c levels due to latent hemolysis. J Japan Diab Soc. 2016; 59:719–23. https://doi.org/10.11213/tonyobyo.59.719
- van de Kamp JM, Betsalel OT, Mercimek-Mahmutoglu S, Abulhoul L, Grünewald S, Anselm I, Azzouz H, Bratkovic D, de Brouwer A, Hamel B, Kleefstra T, Yntema H, Campistol J, et al. Phenotype and genotype in 101 males with X-linked creatine transporter deficiency. J Med Genet. 2013; 50:463–72. <u>https://doi.org/10.1136/jmedgenet-2013-101658</u> PMID:<u>23644449</u>
- Dunbar M, Jaggumantri S, Sargent M, Stockler-Ipsiroglu S, van Karnebeek CD. Treatment of X-linked creatine transporter (SLC6A8) deficiency: systematic review of the literature and three new cases. Mol Genet Metab. 2014; 112:259–74. <u>https://doi.org/10.1016/j.ymgme.2014.05.011</u> PMID:24953403
- Griffiths WJ, Fitzpatrick M. The effect of age on the creatine in red cells. Br J Haematol. 1967; 13:175–80. <u>https://doi.org/10.1111/j.1365-2141.1967.tb08728.x</u> PMID:<u>6019027</u>
- Fehr J, Knob M. Comparison of red cell creatine level and reticulocyte count in appraising the severity of hemolytic processes. Blood. 1979; 53:966–76. <u>https://doi.org/10.1182/blood.V53.5.966.966</u> PMID:<u>435648</u>
- Kameyama M, Okumiya T, Tokuhiro S, Matsumura Y, Matsui H, Ono Y, Iwasaka T, Hiratani K, Koga M. Estimation of the hemoglobin glycation rate constant. BioRxiv. 2019. <u>https://doi.org/10.1101/652818</u>
- Okumiya T, Jiao Y, Saibara T, Miike A, Park K, Kageoka T, Sasaki M. Sensitive enzymatic assay for erythrocyte creatine with production of methylene blue. Clin Chem. 1998; 44:1489–96. https://doi.org/10.1093/clinchem/44.7.1489 PMID:9665428
- Franco RS. The measurement and importance of red cell survival. Am J Hematol. 2009; 84:109–14. <u>https://doi.org/10.1002/ajh.21298</u> PMID:<u>19025796</u>

SUPPLEMENTARY MATERIALS

Supplementary Methods

Theory

The terms in the equations are summarized in Table 1.

Creatine in a single erythrocyte

The rate of diffusion of creatine would be proportional to the concentration of creatine in the cell. We assume that the transporter activity obeys an exponential function; *i.e.* transporters diminish randomly (proportional to the number of the transporter) and are not renewed due to lack of nucleus.

$$\frac{dCr}{dt} = -\lambda_1 Cr(t) + Be^{-\lambda_2 t}$$
(1)

where Cr(t) denotes creatine concentration in a *t*-dayold erythrocyte, λ_1 denotes rate constant of creatine diffusion. $Be^{-\lambda_2 t}$ (B > 0) is creatine transporter activity. This differential equation can be solved analytically if $\lambda_1 \neq \lambda_2$.

$$\frac{d(Cr - \frac{B}{\lambda_1 - \lambda_2}e^{-\lambda_2 t})}{dt} = -\lambda_1 Cr(t) + \frac{B\lambda_1}{\lambda_1 - \lambda_2}e^{-\lambda_2 t} \quad (2)$$

$$Cr(t) = Ae^{-\lambda_{1}t} + \frac{B}{\lambda_{1} - \lambda_{2}}e^{-\lambda_{2}t}$$
(3)

where A denotes an integral constant.

Cr(t) is a sum of two exponential functions, it can be treated as a bi-exponential function or a monoexponential function within a range of interest.

The fate of Cr(t) is dependent on whether $\lambda_1 - \lambda_2 > 0$ or not. If $\lambda_1 - \lambda_2 < 0$ and C'(0) > 0, Cr(t) has a peak when t > 0 (Figure 1 *orange line*). It can be treated as a mono-exponential function after the second term is negligible. However, as EC monotonically and rapidly decreases after birth of the erythrocytes [1], we can exclude this condition.

If $\lambda_1 - \lambda_2 < 0$ and $C'(0) \le 0$, Cr(t) decreases monotonically. As $\lambda_2 > \lambda_1$, $e^{-\lambda_2 t}$ decreases more rapidly. Moreover, the second negative term must be small, considering that C'(0) < 0 yields $\frac{B}{\lambda_2 - \lambda_1} < \frac{\lambda_1}{\lambda_2} A$. Therefore,

Table 1. Terms used in the text.

Term	Definition	Representative value
Cr(t)	creatine concentration in a <i>t</i> -day-old erythrocyte	
λ_1	rate constant for creatine diffusion	
λ_2	rate constant for decline in creatine transporter	
λ	substitute for λ_1 or λ_2	
A, B, C, D	constants	
EC	mean erythrocyte creatine concentration	1.4 µmol/g Hb
α	a parameter of gamma distribution	25.59
β	a parameter of gamma distribution	5.59
p(t)	probability density function of RBC death	
R_0	erythrocyte production rate	-/day
R(t)	the number of erythrocytes at <i>t</i> days after birth	
$M_{_{RBC}}$	mean red blood cell age	60 days
RBC	number of erythrocytes	_

the second negative term can be considered negligible comparing the first term.

If $\lambda_1 - \lambda_2 > 0$, Cr(t) is a bi-exponential function. The logarithm of a bi-exponential function can be expressed by a bent line (Figure 1B *blue line*), because a large *t* makes one term negligible, while small $t (\rightarrow -\infty)$ makes the other term negligible.



Figure 1. Examples of Cr(t). (A) normal scale; (B) logarithmic scale. *Orange line:* $\lambda_1 - \lambda_2 < 0$ and C'(0) > 0, the function has a peak. *Blue line:* $\lambda_1 - \lambda_2 > 0$, Cr(t) is a bi-exponential function. The logarithm of a bi-exponential function can be expressed by a bent line.

Problem applying single cell model to erythrocyte population

Equation (3) itself would not be suitable to obtain mean erythrocyte age, because EC is not measured from a single cell.

$$EC = \left(\sum_{i}^{n} Cr(t_{i})\right) / n$$

$$= A \left[\sum_{i}^{n} e^{-\lambda_{1}t_{i}}\right] / n + \frac{B}{\lambda_{1} - \lambda_{2}} \left[\sum_{i}^{n} e^{-\lambda_{2}t_{i}}\right] / n$$
(4)

 $y = e^{-\lambda x}$ is downward convex. The centroid of n polygonal, $(t_i, e^{-\lambda t_i})$ is over the curve of $y = e^{-\lambda x}$.

$$\left(\sum_{i}^{n} e^{-\lambda t_{i}}\right) / n \ge \exp\left(-\lambda \frac{\sum_{i}^{n} t_{i}}{n}\right)$$
(5)

Therefore, when $\lambda_1 - \lambda_2 > 0$,

$$EC \ge Ae^{-\lambda_1 M_{RBC}} + \frac{B}{\lambda_1 - \lambda_2} e^{-\lambda_2 M_{RBC}}$$
(6)

Erythrocyte lifespan

Kameyama et al. [2] have recently calculated RBC lifespan based on the probability density function p(t) of RBC death proposed by Shrestha et al. [3].

$$p(t) = \frac{1}{\Gamma(\alpha)\beta^{\alpha}} t^{\alpha - 1} e^{-t/\beta}$$
(7)

 $\Gamma\,$ denotes the Euler gamma function.

$$\Gamma(\alpha) = \int_0^\infty x^{\alpha - 1} e^{-x} dx \tag{8}$$

The number of erythrocytes (*RBC*) and mean erythrocyte age (M_{RBC}) was calculated. (See Kameyama et al. [2] for details.)

$$RBC = R_0 \int_0^\infty tp(t)dt = R_0 \alpha \beta \tag{9}$$

$$M_{RBC} = \frac{(\alpha + 1)\beta}{2} \tag{10}$$

Creatine model

The number of *t*-day-old erythrocyte is R(t). Each RBC has $Ae^{-\lambda_1 t} + \frac{B}{\lambda_1 - \lambda_2}e^{-\lambda_2 t}$ creatine. Therefore, mean creatine concentration, *EC* can be described as follows:

$$EC = \int_{0}^{\infty} R(t)$$

$$\times \left[Ae^{-\lambda_{1}t} + \frac{B}{\lambda_{1} - \lambda_{2}} e^{-\lambda_{2}t} \right] dt / RBC$$

$$(11)$$

$$\int_{0}^{\infty} R(t) \times e^{-\lambda t} dt$$

$$= \left[R(t) \frac{e^{-\lambda t}}{-\lambda} \right]_{0}^{\infty} - \int_{0}^{\infty} R'(t) \frac{e^{-\lambda t}}{-\lambda} dt$$

$$(12)$$

$$= \frac{R_{0}}{\lambda} - \frac{R_{0}}{\lambda} \int_{0}^{\infty} p(t) e^{-\lambda t} dt$$

$$\int_{0}^{\infty} p(t) e^{-\lambda t} dt$$

$$= \frac{1}{\Gamma(\alpha) \beta^{\alpha}} \int_{0}^{\infty} t^{\alpha - 1} e^{-(1/\beta + \lambda)t} dt$$

$$(13)$$

Hence, EC can be expressed as follows:

$$EC = \frac{A}{\lambda_{1}\alpha\beta} \left(1 - \frac{1}{\left(1 + \beta\lambda_{1}\right)^{\alpha}} \right) + \frac{B}{\lambda_{1} - \lambda_{2}} \frac{1}{\lambda_{2}\alpha\beta} \left(1 - \frac{1}{\left(1 + \beta\lambda_{2}\right)^{\alpha}} \right)$$
(14)

Approximation of the derived relationship

The Taylor expansion provides the following equation:

$$(1+\beta\lambda)^{-\alpha} \approx 1-\alpha\beta\lambda + \frac{\alpha(\alpha+1)}{2}(\beta\lambda)^{2} - \frac{\alpha(\alpha+1)(\alpha+2)}{6}(\beta\lambda)^{3} + \dots$$
(15)

$$\frac{1}{\lambda\alpha\beta} \left(1 - \frac{1}{(1+\beta\lambda)^{\alpha}} \right)$$

$$\approx \frac{1}{\lambda\alpha\beta} \left(\alpha\beta\lambda - \frac{\alpha(\alpha+1)}{2} (\beta\lambda)^{2} + \frac{\alpha(\alpha+1)(\alpha+2)}{6} (\beta\lambda)^{3} - \ldots \right)$$

$$= 1 - \frac{\beta(\alpha+1)}{2} \lambda + \frac{(\alpha+1)(\alpha+2)}{6} (\beta\lambda)^{2} - \ldots$$
(16)

As $\alpha >> 1$,

$$\frac{1}{\lambda\alpha\beta} \left(1 - \frac{1}{\left(1 + \beta\lambda\right)^{\alpha}} \right) \approx 1 - \lambda M_{RBC} + \frac{2}{3} \lambda^2 M_{RBC}^2 - \dots (17)$$

Thus, $\frac{1}{\lambda\alpha\beta} \left(1 - \frac{1}{(1+\beta\lambda)^{\alpha}}\right)$ can be described approximately as a function of M_{RBC} . Although how α and β vary when M_{RBC} decreases or increases cannot be determined, this implies that the function $\frac{1}{\lambda\alpha\beta} \left(1 - \frac{1}{(1+\beta\lambda)^{\alpha}}\right)$ would not be greatly affected by α and β if $M_{RBC} = (\alpha + 1)\beta/2$ is satisfied. This can be confirmed numerically (Figure 2A). Calculations based on the assumption that β was constant and β was proportionate to α showed similar results. Therefore, β can be considered a constant.

Below, $\frac{1-e^{-x}}{x}$ was approximated to be De^{-Cx} , as the shape of the graphs were similar (Figure 2B).

$$C = \frac{-x_0 e^{-x_0} + (1 - e^{-x_0})}{x_0 (1 - e^{-x_0})}, \qquad D = \frac{1 - e^{-x_0}}{x_0 e^{-Cx_0}}$$
(18)

provides the same value of the two function and the differential function at $x = x_0$. Figure 2B visualizes the approximation.

As $\frac{1-e^{-x}}{x}$ can be treated as an exponential function, it follows that $\frac{1}{\lambda\beta x} \left(1 - \frac{1}{(1+\beta\lambda)^x}\right)$ can also be treated as an exponential function, because

$$\frac{1}{\lambda\beta\alpha} \left(1 - \frac{1}{(1+\beta\lambda)^{\alpha}} \right)$$
$$= \frac{\log_{e}(1+\beta\lambda)}{\lambda\beta} \frac{1 - \exp(-\log_{e}(1+\beta\lambda)\alpha)}{\log_{e}(1+\beta\lambda)\alpha}$$
(19)
$$\approx \frac{\log_{e}(1+\beta\lambda)}{\lambda\beta} D \exp\left(-C \log_{e}(1+\beta\lambda) \left(\frac{2M_{RBC}}{\beta} - 1 \right) \right)$$

C, *D* can be estimated by equation (18). To obtain an approximation around M_{RBC0} , x_0 should be as following:

$$x_0 = \log_e (1 + \beta \lambda) \left(\frac{2M_{RBC0}}{\beta} - 1 \right)$$
(20)

In conclusion, EC can be expressed approximately as a (bi-)exponential function of $M_{\rm RBC}$.



Figure 2. (A) Relationship between M_{RBC} and $\frac{1}{\lambda \alpha \beta} \left(1 - \frac{1}{(1+\beta\lambda)^{\alpha}} \right)$. The two condition of $\frac{1}{\lambda \alpha \beta} \left(1 - \frac{1}{(1+\beta\lambda)^{\alpha}} \right)$ (constant β and $\beta \propto \alpha$) showed similar results. Note that $\frac{1}{\lambda \alpha \beta} \left(1 - \frac{1}{(1+\beta\lambda)^{\alpha}} \right)$ is consistently larger than $e^{-\lambda M_{RBC}}$. $D'e^{-C'M_{RBC}}$ is an approximation at $M_{RBC} = 36.33$ with exponential function by equation (19). (B) $\frac{1-e^{-x}}{x}$ and its approximation, De^{-Cx} (equation (18)) when $x_0 = 2$. (C, D) Semi-log scales of (A, B) show that $\frac{1-e^{-x}}{x}$ and $\frac{1}{\lambda \alpha \beta} \left(1 - \frac{1}{(1+\beta\lambda)^{\alpha}} \right)$ can be treated as an exponential function.

Supplementary References

- Okumiya T, Kageoka T, Hashimoto E, Park K, Sasaki M. [Clinical usefulness of measurement of creatine contents in human erythrocytes as an index of erythropoiesis]. Rinsho Byori. 1992; 40:165–71. PMID:<u>1583789</u>
- Kameyama M, Takeuchi S, Ishii S. Steady-state relationship between average glucose, HbA1c and RBC lifespan. J Theor Biol. 2018; 447:111–17.

https://doi.org/10.1016/j.jtbi.2018.03.023 PMID:29559230

 Shrestha RP, Horowitz J, Hollot CV, Germain MJ, Widness JA, Mock DM, Veng-Pedersen P, Chait Y. Models for the red blood cell lifespan. J Pharmacokinet Pharmacodyn. 2016; 43:259–74. <u>https://doi.org/10.1007/s10928-016-9470-4</u> PMID:<u>27039311</u>