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To the Editor:

It has been reported in BLOOD that folate deficiency is associated with elevation of the serum folic acid binding capacity^{1,2} (folate binding capacity, FBC). However, we and others^{3,4} have not found this to be a consistent phenomenon.

All serums contain FBC,⁵ and the subject is clarified when one applies to folate binders similar nomenclature and measurements as those used for serum vitamin B₁₂ and iron binding capacities, i.e., calculate unsaturated folate binding capacity (UFBC), saturated folate binding capacity (SFBC), and their sum, the total folate binding capacity (TFBC). This nomenclature became practical with the availability of a method for measuring TFBC.⁵

Using measurement of TFBC as well as UFBC, and serum samples used by Waxman and Schreiber for the "FABP" (actually UFBC) measurements they reported in a patient during folate depletion and repletion,¹ we not only confirmed that the UFBC rose in folate deficiency and fell with recovery, but also demonstrated that TFBC did not. Thus, with developing folate deficiency, as suspected,²

the TFBC becomes progressively less saturated, and during recovery it progressively resaturates. It is this phenomenon which explains the result when just UFBC is measured.

We will be reporting elsewhere³ on other facets of the subject of folate binders and their saturation in folate deficiency and in pregnancy, including the observation that the previously reported elevation of folate binders in pregnancy⁶ is in part attributable to a group with decreased saturation of normal TFBC.

The TFBC measurement, by differentiating between decreased saturation and absolute increase in binder, makes it clear that similar considerations may be involved in the understanding of binders for folate as apply to binders for iron and vitamin B₁₂.

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