Vitamin K absorption and kinetics in human subjects after consumption of $^{13}$C-labelled phylloquinone from kale

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The absorption and plasma disappearance of vitamin K were investigated by uniformly labelling phylloquinone in kale with carbon-13, and by feeding the kale to study subjects. Seven healthy volunteers ingested a single 400 g serving of kale with 30 g vegetable oil. The kale provided 156 nmol of phylloquinone. Serial plasma samples were collected and analysed for the appearance of $^{13}$C-phylloquinone by HPLC–MS. Six of the subjects showed significant amounts of labelled phylloquinone in plasma, though one subject’s plasma was not consistently enriched above the detection limit, and this subject’s baseline plasma phylloquinone level was the lowest in the group. After ingestion of the labelled kale, plasma $^{13}$C-phylloquinone concentration increased rapidly to a peak between 6 and 10 h, and then rapidly decreased. Average peak plasma concentration for the six subjects with detectable $^{13}$C-phylloquinone was 2·1 nmol/l. Plasma concentration–time data were analysed by compartmental modelling. Modelling results demonstrated a mean ($n = 6$) bioavailability of phylloquinone from kale to be 4·7 %. Plasma and tissue half-times for phylloquinone were found to be 8·8 and 215 h, respectively.

Bioavailability: Stable isotopes: Mathematical modelling

Vitamin K refers to a group of compounds which can act as cofactors for the enzyme $\gamma$-glutamyl carboxylase. Its function is to facilitate post-translational conversion of specific glutamyl residues to $\gamma$-carboxyglutamyl residues in a number of proteins, particularly in several involved in the blood coagulation cascade. This enzyme also catalyses the carboxylation of osteocalcin in bone.

Phylloquinone, the major dietary form of vitamin K, is found predominantly in green, leafy vegetables. The bioavailability of purified phylloquinone has been reported to range from as low as 2 % to as high as 80 % (1,2). Other studies have reported the relative bioavailability of food-bound phylloquinone compared to that of a supplement, with the conclusion that the bioavailability of phylloquinone from vegetables is significantly less than that from purified phylloquinone (3–5), though no specific values for bioavailability of phylloquinone from vegetables have been reported. To determine the bioavailability of phylloquinone from a green, leafy vegetable, we conducted a study in which volunteers consumed isotonically labelled kale, and provided multiple blood samples for several weeks following the kale ingestion. A compartmental model was constructed to calculate the bioavailability of phylloquinone from kale, and to determine body pool size and rates of elimination.

Experimental methods

Isotopic labelling of kale

The method by which the nutrients in kale (Brassica oleracea var. Acephala cv. Vates) were labelled with $^{13}$C has been described previously (6). Briefly, kale tissue was completely labelled with $^{13}$C by growing plants in a controlled environmental chamber with the only source of carbon being $^{13}$CO$_2$. A sealed clear acrylic box (Plexiglas G; Rohm and Haas, Wilmington, DE, USA) with a separate base was placed inside the controlled environmental chamber. Plants which were transferred into the growth chamber as seedlings were grown in Nalgene bins placed inside the acrylic box. Nutrient solution was delivered through tubes attached to the base portion of the acrylic box. Growth conditions were maintained as follows: temperature of 24°C, humidity of 90 %, light with a 24 h photoperiod, 900 μmol/m$^2$ per s of photosynthetically active radiation 400–700 nm, and the partial pressure of CO$_2$ ($^{13}$CO$_2$, >99 % carbon-13) inside the chamber was maintained at 36 Pa.

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Kale plants were harvested at leaf canopy closure (approximately 10 d). Roots and primary leaves were removed, and material for the feeding study was cleaned, weighed and blanched. The blanched kale was chopped into 1 × 1 pieces, mixed for batch uniformity and frozen at −80°C until prepared for consumption.

**Subjects, study design, diet and sample collection**

Seven healthy, non-smoking volunteers (four males and three females) from the Beltsville, MD, area participated in the present study. The present study was conducted according to the guidelines laid down in the Declaration of Helsinki, and all procedures involving human subjects were approved by the Johns Hopkins University Bloomberg School of Public Health Committee on Human Research. Written informed consent was obtained from all subjects. Subjects’ characteristics (means and standard deviations) were 46 (SD 14) years of age, 71 (SD 8) kg body weight and BMI of 25 (SD 3) kg/m².

Each subject consumed a single 400 g (three cups) serving of 13C-labelled kale. Before consumption, frozen kale was transferred to a refrigerator (6°C) to thaw for 12 h, and then warmed in a 900 W microwave oven for 2 min. We administered the kale to a single individual as a pilot test to ensure that the nutrients were elevated above the detection limit before proceeding with the remaining subjects. The kale was consumed with 30 g peanut oil (n 1, pilot subject) or 30 g safflower oil (n 6). The kale treatment provided 156 nmol phylloquinone (equivalent to 70 μg unlabelled phylloquinone). The peanut oil contained 0·2 μg phylloquinone per 30 g and the safflower oil contained 2·1 μg phylloquinone per 30 g, with both oils contributing minimal vitamin K compared with the kale treatment (7).

Subjects were provided a controlled diet for 1 week before kale ingestion and throughout the collection period. All foods were provided by the Beltsville Human Nutrition Research Center, and subjects were instructed to consume all foods and only foods provided by the Nutrition Center. The diet contained 15 % of energy from protein, 32 % from fat and the remainder from carbohydrate. The vitamin K content of the diet depended on the energy level of the subjects, and provided 119 μg vitamin K per 8·4 MJ (2000 kcal) (7). Vitamins and supplements were prohibited throughout the study. On the 13C-kale treatment day, lunch and dinner were provided at 5 and 10 h after the treatment.

Blood collection times were as follows: ten collections across the treatment day, two collections (AM and PM) on the following day, each morning for the next 3 d (fasting) and semi-weekly for the next 3 weeks (fasting). Blood samples were collected into vacutainers containing EDTA, and were centrifuged at 2560g for 10 min. Plasma aliquots of 1 ml were stored in cryovials at −80°C until analysis.

**Reagents**

Chloroform, ethanol, hexane, isopropanol, methanol and methyl tertiary butyl ether were purchased from Fisher Scientific (Pittsburgh, PA, USA). Phylloquinone, α-apo-8′-carotenal and butylated hydroxytoluene were purchased from Sigma Chemical Company (St Louis, MO, USA). 13CO2 (> 99 % carbon-13) was purchased from Isotec, Inc. (Miamisburg, OH, USA).

**Kale extraction**

Kale was ground into a fine powder with liquid N2 using a mortar and pestle. Three-gram samples of powder were weighed into each of two 25 ml test-tubes for extraction, and 0·0178 μg of β-apo-8′-carotenal was added as an internal standard. Protein was precipitated with 9 ml of 0·1 % butylated hydroxytoluene in ethanol and mixed for 2 min. Hexane–toluene (5:4, v/v, 9 ml) was added and the samples were vortex-mixed and then placed in a 70°C water-bath for 10 min. After the addition of 180 μl of 80 % KOH, the samples were vortex-mixed and returned to the water-bath for 15 min, with vortex-mixing for 8 min. The samples were then placed on ice, and 3 ml of double-distilled water were added before vortex-mixing again. After sample centrifugation at 1140g for 10 min, the organic layer was transferred to a separate test-tube. The extraction was repeated two additional times with 6 ml hexane–toluene (10:8, v/v). A 100 μl aliquot was taken from the combined organic layer, dried under N2 and reconstituted in 200 μl of methyl tertiary butyl ether–methanol (1:1, v/v) before injection onto the liquid chromatography–MS apparatus.

**Plasma extraction**

The plasma analysis procedure used was the one optimised for simultaneous measurement of carotenoids, retinol and phylloquinone (6). Phylloquinone and 13C31-phylloquinone were extracted from 0·5 ml of plasma. Plasma was thawed, and β-apo-8′-carotenal (50 μl of 0·356 μg/ml) was added as an internal standard immediately before the addition of 0·5 ml of ethanol for precipitation of protein. Samples were extracted twice with 1·5 ml hexane. The combined hexane extracts were dried under N2 and reconstituted in 200 μl of methyl tertiary butyl ether–methanol (1:1, v/v) before injection onto the liquid chromatography–MS apparatus.

**Liquid chromatography–MS conditions**

An Agilent Technologies (Palo Alto, CA, USA) 1100 series liquid chromatography instrument was used. The instrument included a cooled autosampler, automatic solvent degasser, binary pump, cooled column compartment, a G1315A diode array detector and a G1946A mass spec detector with an atmospheric pressure chemical ionisation source. An YMC C30 column (3 μm, 250 × 4·6 mm) and C30 guard cartridge were used. The mass spec detector source conditions were as follows: spray chamber gas temperature set at 350°C, vapouriser temperature set at 400°C, nitrogen nebuliser pressure set at 45 psig (310 kPa) and corona current set at 5 μA. Initially, the VCap was set to 3800 V and the flow rate of the drying gas (nitrogen) was set to 7·1 ml/min. The VCap dropped to 3600 V and flow rate of the drying gas to 6·8 ml/min. Selected ion monitoring was used for the detection of protonated unlabelled phylloquinone and 13C31-phylloquinone (m/z 451 and 482) and internal standard β-apo-8′-carotenal (m/z 417). Data were collected using the Agilent Chemstation software. Molar concentrations of labelled and unlabelled phylloquinone were calculated based on a response curve for β-apo-8′-carotenal v. unlabelled phylloquinone. The limit of detection and limit of quantification for phylloquinone were 3 and 10 fmol, respectively.
The solvent system consisted of 1 mol-ammonium acetate in methanol (solvent A) and methyl tertiary butyl ether (solvent B). A solvent gradient was used in which the mobile phase consisted of 15% solvent B at 0 min, which increased linearly to 30% solvent B at 12 min. The mobile phase was held at 30% solvent B until 18 min. Then, solvent B was increased to 100% and held until 23 min, and was then decreased back to 15% for 10 min for column re-equilibration. The injection volume was 50 μl, and the flow rate was 1 ml/min.

Calculations

Compartmental modelling was performed using the WinSAAM software package. A three-compartment catenary model was constructed with compartments for the gastrointestinal tract (compartment 1), the plasma (compartment 2) and a body tissue pool (compartment 3), and initial transfer parameters were estimated based on the features of the plasma phyloquinone concentration–time curve. Parameters were then adjusted in physiologically compatible ways to improve the fit of the model prediction to observed data values. Once the model and parameters provided good visual fits to the 13C-phyloquinone data, a least-squares procedure was used to minimise the difference between model prediction and observed data. Each subject was modelled individually. The Extended Multiple Studies Analysis feature in WinSAAM was used to analyse the group of subjects as a whole.

Results

Six of the subjects showed significant amounts of labelled phyloquinone in plasma, though one subject’s plasma was not consistently enriched above the detection limit, and this subject’s baseline plasma phyloquinone level was the lowest in the group. Of the subjects who responded to the kale, labelled phyloquinone was first detected in the plasma at 3 h after kale ingestion (Fig. 1) and it was observed throughout the 28 d sampling period for three subjects, and for shorter periods for the other three subjects (through day 24 for one subject, through day 22 for one subject and through day 7 for one subject) (Fig. 1). The time of peak plasma concentration ranged between 6 and 10 h. Mean peak 13C-phyloquinone concentration in plasma was 2.12 nmol/l (range 0.37–5.1 nmol/l, n 6). In all cases, there was a sharp rise in plasma 13C-phyloquinone following kale ingestion, followed by a sharp decline, and then maintenance of plasma 13C-phyloquinone at a low level thereafter.

A three-compartment catenary model was used to analyse the pharmacokinetics of the plasma 13C-phyloquinone for the six subjects whose plasma levels rose significantly. This model provided a good prediction of plasma phyloquinone levels for each subject, with good statistical certainty on fractional transfer coefficients between compartments (all CV values for transfer coefficients were less than 20%). The model prediction compared with experimentally measured plasma 13C-phyloquinone values for a representative subject is shown in Fig. 2. Pharmacokinetic analysis provided values for bioavailability, mass of vitamin K absorbed from kale and half-time values (Table 1). The bioavailability of phyloquinone from kale was found to be on average 4.7%, and it ranged from 1 to 14%. Thus, on average, 7.2 nmol (3.2 μg) of the 156 nmol phyloquinone ingested in the labelled kale were absorbed into the systemic circulation.

Using the model, the vitamin K utilisation rate and tissue storage pool were calculated for a man weighing 86 kg, which is the mean body weight for an adult male in the United States (8), and a woman weighing 74 kg, which is the mean body weight for an adult female in the United States (8), with plasma phyloquinone levels of 1.43 and 1.47 nmol, respectively (9). The tissue storage pools for the representative man and woman were found to be 103 nmol (46 μg) and 91 nmol (41 μg), respectively.

Discussion

A number of studies previously have used purified, isotopically labelled phyloquinone to investigate vitamin K kinetics in human subjects. Phyloquinone has been labelled with

Fig. 1. Mean plasma 13C-phyloquinone concentration (nmol/l) as a function of time after ingestion of labelled kale. Inset shows the same data for the first 72 h of sampling. Data represent mean values with their standard errors for the six subjects whose plasma values rose above the quantification limit.

Fig. 2. Model-predicted (—) and observed (■) plasma 13C-phyloquinone concentration for a representative subject. The model prediction is in good agreement with observed data.
The inter-individual variability in phylloquinone bioavailability reported here is slightly higher than that found in a previous study of purified phylloquinone. Jones et al. reported a larger range of bioavailability (2–26%) than that observed in the current study (1–14%), though the CV for the earlier study was 69%, while the CV found in the present study was 100%. The study of Jones et al. involved a larger number of subjects, which would be expected to reduce the CV compared to that of the present study involving fewer volunteers. In addition, differences in the ability to digest the plant matrix would be expected to increase the variability in the present study compared to a study of purified phylloquinone. Still, the inter-individual variability of the two studies is similar.

Several previous studies have estimated vitamin K tissue pool size by extrapolating the terminal decay curve back to its intercept. Jones et al. predicted a total body pool size of 5.1 nmol (2.3 μg), while Olson et al. predicted an average pool size of 194 nmol (87.6 μg) for moderate vitamin K intake levels and 99 nmol (44.7 μg) after several weeks of low vitamin K intake. We used compartmental modelling to simulate pool sizes, given the phylloquinone concentrations found in the older population and the mean body weights for men and women in the US. Our calculations suggest that an average man and woman would have 103 nmol (46 μg) and 91 nmol (41 μg) of stored phylloquinone, respectively. These are in accordance with the values estimated by Olson et al.

Several of the previous studies have reported half-times for vitamin K disappearance, suggesting two phases of decay: one with a faster half-time, ranging from 0.21 to 1.0 h, and the other with a slower half-time, ranging from 1.8 to 3.4 h. These studies were fairly short in duration, ranging from 6 to 10 h; thus, only early kinetic behaviour could be monitored. Olson et al. conducted a kinetic study of longer duration (6 d) to find substantially longer half-times of 1.0 and 27.6 h, with the latter half-time being similar to the 22.8 h reported by Erkkila et al. for a study of labelled collard greens. The present study extended measurements for several weeks after kale ingestion, allowing us to detect a significantly slower elimination curve than the curve that had been observed previously and producing a half-time for tissue elimination of 215 h. While this is substantially longer than the values reported for the shorter duration studies of plasma kinetics, it is substantially shorter than what would be predicted from analysis of tissue pools predicted in Olson’s study. Olson et al. conducted a kinetic study under conditions of high and low phylloquinone intake. From the plasma decay curves, pool sizes were calculated by extrapolating the curve back to its intercept for moderate vitamin K intake and after several weeks of low vitamin K intake. Olson et al. derived an equation for vitamin K pool size based on phylloquinone plasma levels. Before depletion, Olson reported a plasma phylloquinone concentration of 1.94 nmol/l on average, which would correspond to a body pool of 99 μg for a man weighing 86 kg, the average body weight of an adult male in the United States. After depletion, plasma concentration dropped to 1.05 nmol/l, corresponding to a pool size of 21.5 μg. The pool was depleted 78% over the 66 d. In general, 75% depletion corresponds to two half-times. Thus, if two half-times occurred over approximately 66 d, then one half-life is 33 d or 792 h.

The model presented here describes the kinetics of vitamin K in the form of phylloquinone. The primary circulating form of vitamin K in blood is phylloquinone. The primary circulating form of vitamin K in blood is phylloquinone. Shearer et al. found that 80% of the radioactivity in plasma after consumption of an oral dose of tritiated phylloquinone was in the form of phylloquinone at the peak. Olson et al. reported that 2 h after administering tritiated phylloquinone to volunteers, 90% of the radioactivity in the plasma was associated with authentic phylloquinone. The dual-isotope method for phylloquinone bioavailability estimates of purified vitamin K ranging widely from 2 to 80%. The present study suggests that an average man and woman would have 103 nmol (46 μg) and 91 nmol (41 μg) of stored phylloquinone, respectively. These are in accordance with the values estimated by Olson et al.

See the table below for results from pharmacokinetic modelling (mean values and standard deviations).

### Table 1. Results from pharmacokinetic modelling

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Mean</th>
<th>SD</th>
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<tbody>
<tr>
<td>Mean bioavailability (%)</td>
<td>4.7</td>
<td>4.8</td>
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<tr>
<td>Mean mass of vitamin K absorbed from 400 g kale (nmol)</td>
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<td>7.5</td>
</tr>
<tr>
<td>Plasma half-time (h)</td>
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<td>3.8</td>
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<tr>
<td>Plasma decay coefficient (%/h)</td>
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<tr>
<td>Tissue decay coefficient (%/h)</td>
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<td>0.017</td>
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</tbody>
</table>

* Plasma 13C-phylloquinone concentrations of six subjects rose above the quantification limit.
phyloquinone. In the model, conversion of phylloquinone to metabolites would be captured in the calculation of elimination of phylloquinone from plasma. However, the kinetics of specific metabolites is not included in this analysis.

In conclusion, the administration of $^{13}$C-phyloquinone to adult volunteers and subsequent compartmental analysis have revealed new information about bioavailability, pool size and elimination of vitamin K. Bioavailability of vitamin K from kale is low, pool sizes may be larger than those previously estimated and measurement of terminal elimination rates requires sampling times over several weeks.

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