

Biomarker Identification / Therapeutics Development from Proteomics and Metabolomics Studies of COVID-19 Patients

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School of Biochemistry and Immunology

Protein Folding and Biomolecular NMR Spectroscopy Lab / TBSI NMR Facility

Dublin 2, Ireland

3rd June 2020 (Wed)

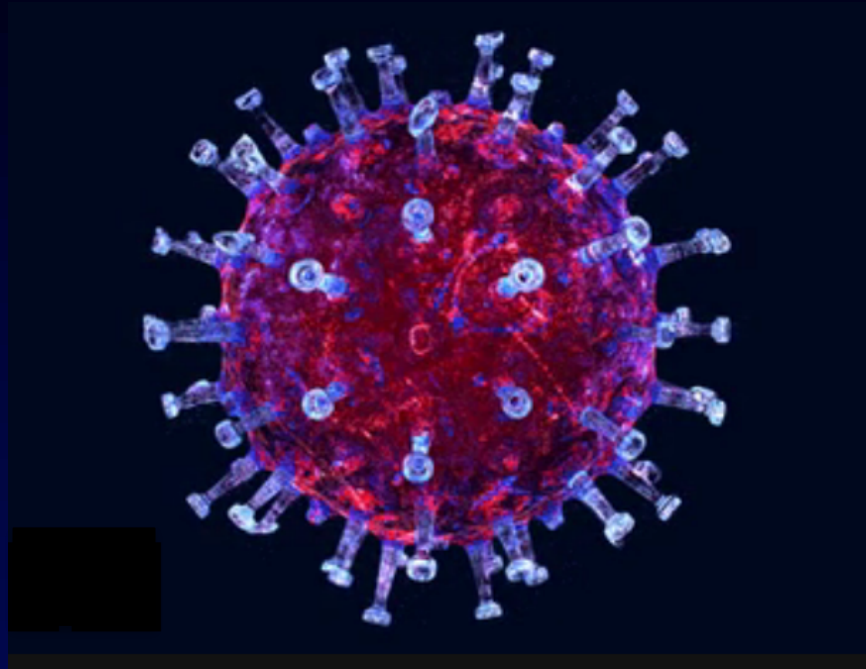
**International Trends in Pandemic Quarantine and the Development of
Vaccines / Therapeutics**

KOFST – KSEAs Online Forum

Seoul - Dublin



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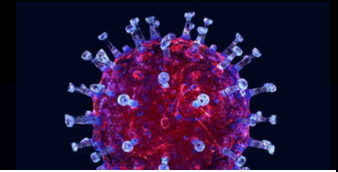
SARS-CoV-2

(The Epidemic: COVID-19)



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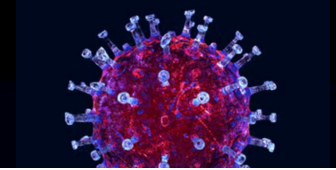
RNA Viruses



Virus Family	Examples (common names)	Capsid naked/enveloped	Capsid Symmetry	Nucleic acid type	Group
1. <i>Reoviridae</i>	Reovirus, rotavirus	Naked	Icosahedral	ds	III
2. <i>Picornaviridae</i>	Enterovirus, rhinovirus, hepatovirus, cardiovirus, aphthovirus, poliovirus, parechovirus, erbovirus, kobuvirus, teschovirus, coxsackie	Naked	Icosahedral	ss	IV
3. <i>Caliciviridae</i>	Norwalk virus	Naked	Icosahedral	ss	IV
4. <i>Togaviridae</i>	Eastern equine encephalitis	Enveloped	Icosahedral	ss	IV
5. <i>Arenaviridae</i>	Lymphocytic choriomeningitis virus, Lassa fever	Enveloped	Complex	ss(-)	V
6. <i>Flaviviridae</i>	Dengue virus, hepatitis C virus, yellow fever virus, Zika virus	Enveloped	Icosahedral	ss	IV
7. <i>Orthomyxoviridae</i>	Influenzavirus A, influenzavirus B, influenzavirus C, isavirus, thogotovirus	Enveloped	Helical	ss(-)	V
8. <i>Paramyxoviridae</i>	Measles virus, mumps virus, respiratory syncytial virus, Rinderpest virus, canine distemper virus	Enveloped	Helical	ss(-)	V
9. <i>Bunyaviridae</i>	California encephalitis virus, Sin nombre virus	Enveloped	Helical	ss(-)	V
10. <i>Rhabdoviridae</i>	Rabies virus, Vesicular stomatitis	Enveloped	Helical	ss(-)	V
11. <i>Filoviridae</i>	Ebola virus, Marburg virus	Enveloped	Helical	ss(-)	V
12. <i>Coronaviridae</i>	SARS-CoV-2, MERS	Enveloped	Helical	ss	IV
13. <i>Astroviridae</i>	Astrovirus	Naked	Icosahedral	ss	IV
14. <i>Bornaviridae</i>	Borna disease virus	Enveloped	Helical	ss(-)	V
15. <i>Arteriviridae</i>	Arterivirus, equine arteritis virus	Enveloped	Icosahedral	ss	IV
16. <i>Hepeviridae</i>	Hepatitis E virus	Naked	Icosahedral	ss	IV



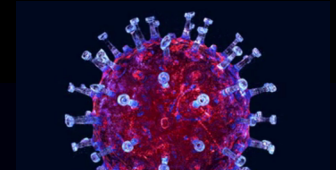
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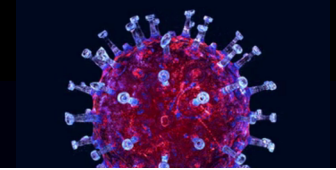
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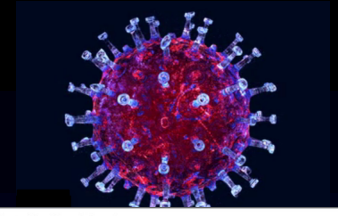


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RNA polymerase



Remdesivir : An Inhibitor of RNA Polymerase



The NEW ENGLAND JOURNAL of MEDICINE

ORIGINAL ARTICLE

Remdesivir for the Treatment of Covid-19 — Preliminary Report

J.H. Beigel, K.M. Tomashek, L.E. Dodd, A.K. Mehta, B.S. Zingman, A.C. Kalil, E. Hohmann, H.Y. Chu, A. Luetkemeyer, S. Kline, D. Lopez de Castilla, R.W. Finberg, K. Dierberg, V. Tapson, L. Hsieh, T.F. Patterson, R. Paredes, D.A. Sweeney, W.R. Short, G. Touloumi, D.C. Lye, N. Ohmagari, M. Oh, G.M. Ruiz-Palacios, T. Benfield, G. Fätkenheuer, M.G. Kortepeter, R.L. Atmar, C.B. Creech, J. Lundgren, A.G. Babiker, S. Pett, J.D. Neaton, T.H. Burgess, T. Bonnett, M. Green, M. Makowski, A. Osinusi, S. Nayak, and H.C. Lane, for the ACTT-1 Study Group Members*

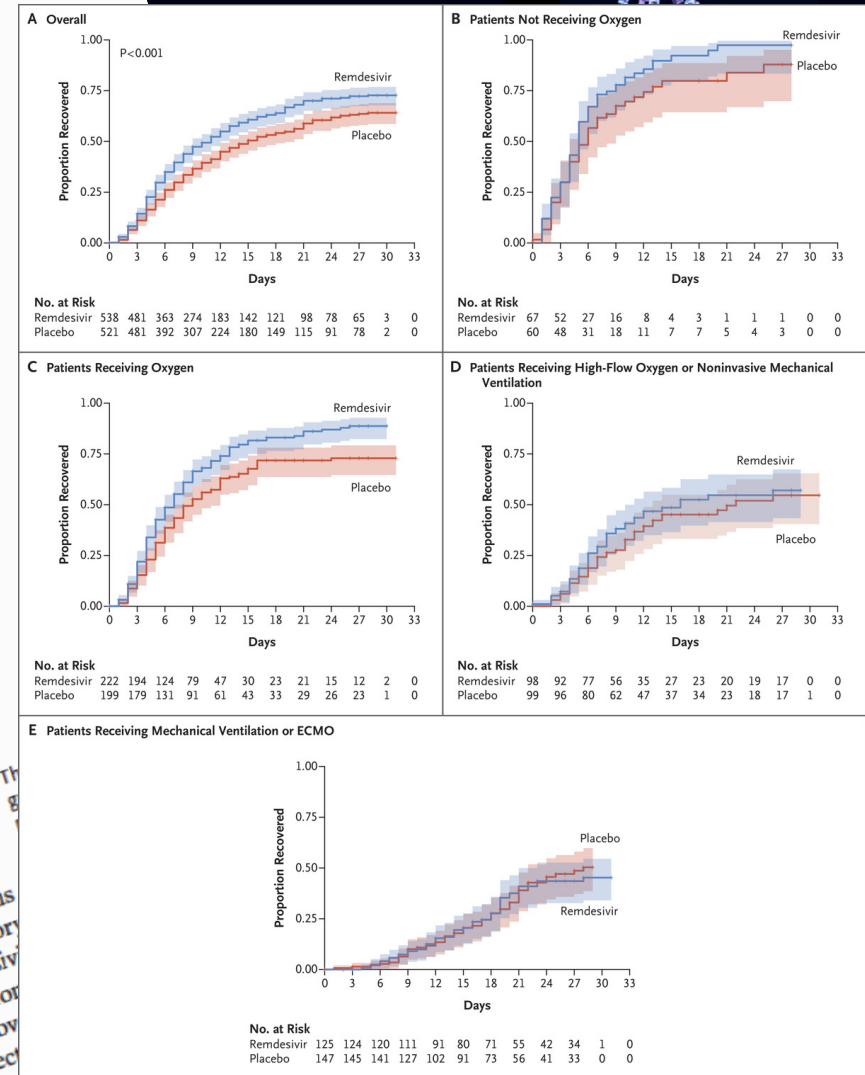
ABSTRACT

BACKGROUND

Although several therapeutic agents have been evaluated for the treatment of coronavirus disease 2019 (Covid-19), none have yet been shown to be efficacious.

METHODS

We conducted a double-blind, randomized, placebo-controlled trial of intravenous remdesivir in adults hospitalized with Covid-19 with evidence of lower respiratory tract involvement. Patients were randomly assigned to receive either remdesivir (200 mg loading dose on day 1, followed by 100 mg daily for up to 9 additional days) or placebo for up to 10 days. The primary outcome was the time to recovery, defined as either discharge from the hospital or hospitalization for infection.



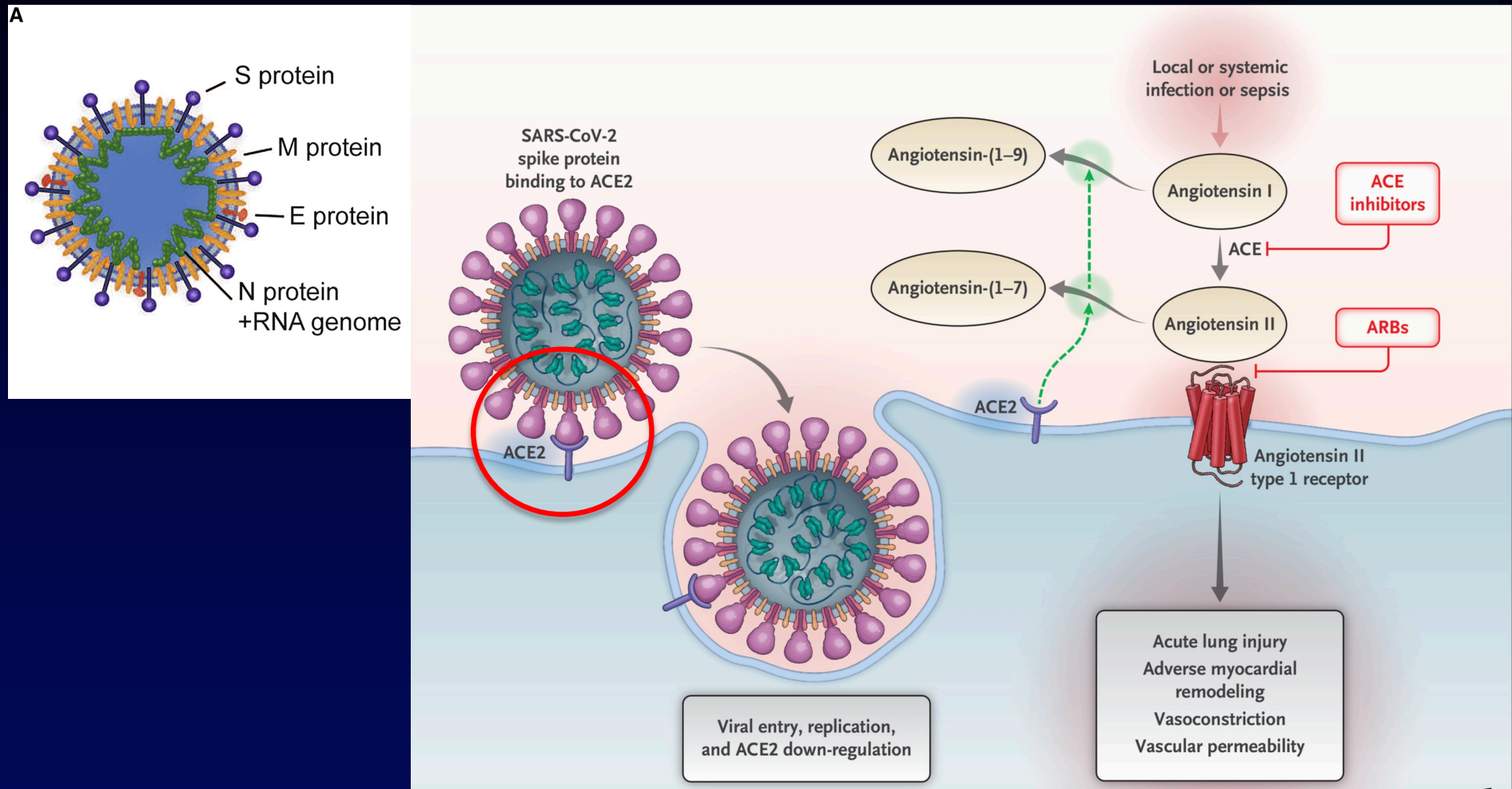
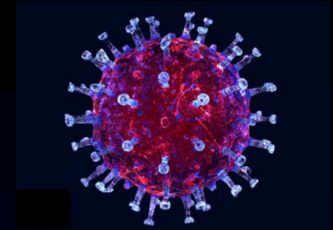
2020.5.22.

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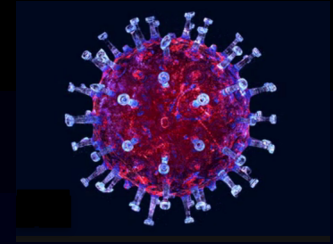
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The Cellular Entry Path of SARS-CoV-2



- **The S (Spike) Protein** selectively binds to ACE2, then the complex enters via endocytosis
- As a result, ACE2 is unable to carry out its inherent function of vascular relaxation and protection of the heart.





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SPECIAL REPORT

Renin-Angiotensin-Aldosterone System Inhibitors in Patients with Covid-19

Muthiah Vaduganathan, M.D., M.P.H., Orly Vardeny, Pharm.D., Thomas Michel, M.D., Ph.D.,
John J.V. McMurray, M.D., Marc A. Pfeffer, M.D., Ph.D., and Scott D. Solomon, M.D.

COVID-19 AND OLDER ADULTS WITH COEXISTING CONDITIONS

The renin-angiotensin-aldosterone system (RAAS) is an elegant cascade of vasoactive peptides that orchestrate key processes in human physiology. Severe acute respiratory syndrome coronavirus 1 (SARS-CoV-1) and SARS-CoV-2, which have been responsible for the SARS epidemic in 2002 to 2004 and for the more recent coronavirus disease 2019 (Covid-19) pandemic, respectively, interface with the RAAS through angiotensin-converting enzyme (ACE2), an enzyme that physiologically counters activation but also functions as a receptor for coronaviruses.^{1,2} The interaction between ACE2 has been proposed as

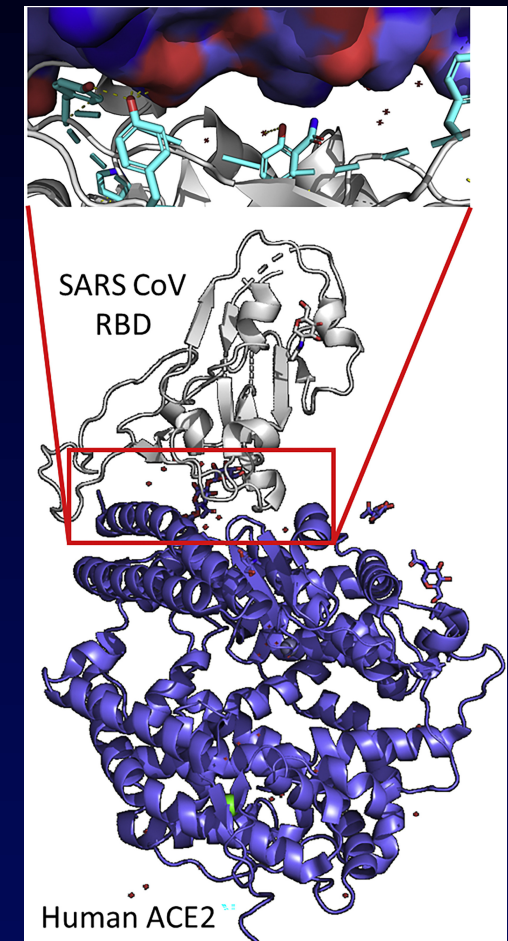
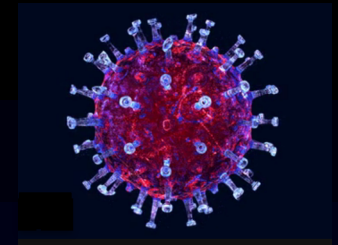
Initial reports⁵⁻⁸ have called attention to the potential overrepresentation of hypertension among patients with Covid-19. In the largest of several case series from China that have been released during the Covid-19 pandemic (Table S1 in the Supplementary Appendix, available with the full text of this article at NEJM.org), hypertension was the most frequent coexisting condition in 1099 patients, with an estimated prevalence of 15%; however, this estimate appears to be lower than

- More dangerous to patients with underlying heart conditions.

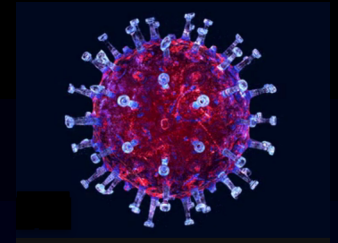
2020.3.30.



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- A strategy:
Diluting the
endocytosis of
SARS-CoV-2



Cell

CellPress

Article Inhibition of SARS-CoV-2 Infections in Engineered Human Tissues Using Clinical-Grade Soluble Human ACE2

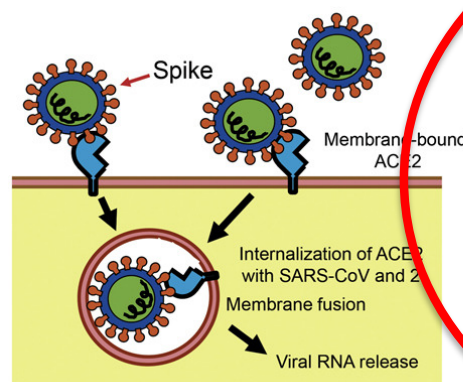
Vanessa Monteil,¹ Hyesoo Kwon,² Patricia Prado,³ Astrid Hagelkrüys,⁴ Reiner A. Wimmer,⁴ Martin Stahl,⁵
Alexandra Leopoldi,⁴ Elena Garreta,³ Carmen Hurtado del Pozo,³ Felipe Prosper,⁶ Juan Pablo Romero,⁵
and Josef M. Penninger^{4,11,12,*} Ryan Conder,⁵ Nuria Montserrat,^{3,9,10,*} Ali Mirazimi^{1,2,*}

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²National Veterinary Institute, 751 89 Uppsala, Sweden
³Pluripotency for Organ Regeneration, Institute for Bioengineering of Catalonia (IBEC), The Barcelona Institute of Technology (BIST), 08028 Barcelona, Spain
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¹¹Department of Medical Genetics, Life Science Institute, University of British Columbia, Vancouver, BC V6T 1Z3, Canada
¹²Lead Contact
*Correspondence: nmontse@karolinska.se (N.M.), ali.mirazimi@uva.se (A.M.), josef.penninger@ubc.ca (J.M.P.)

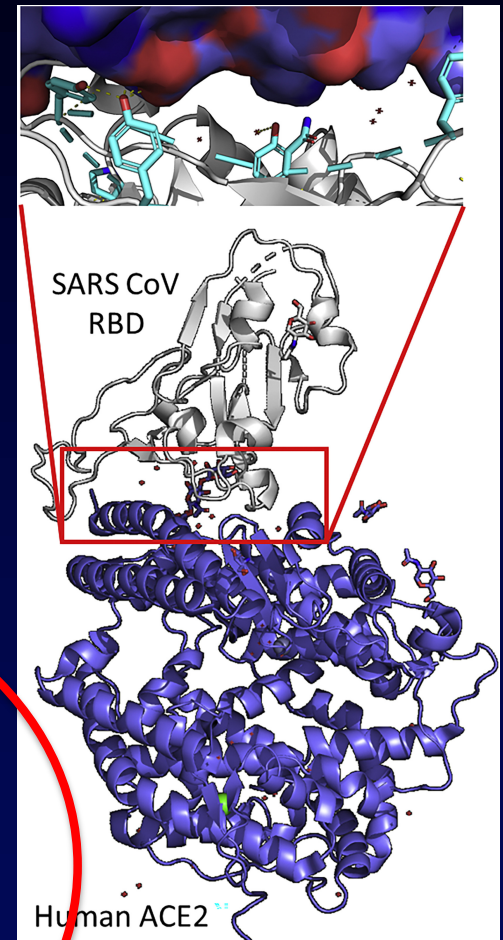
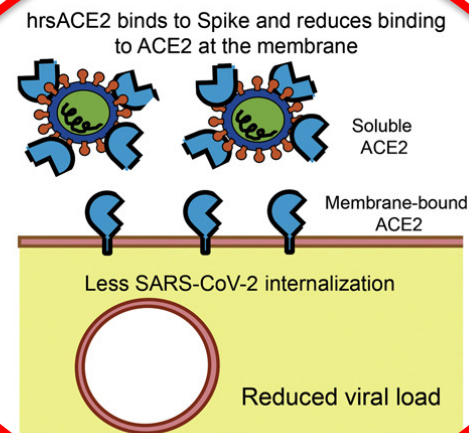
SUMMARY

We have previou critical recepte lung from inju infections. A been propo it is not kn we show 5,000. A needed These

SARS-CoV and SARS-CoV-2



SARS and COVID-19

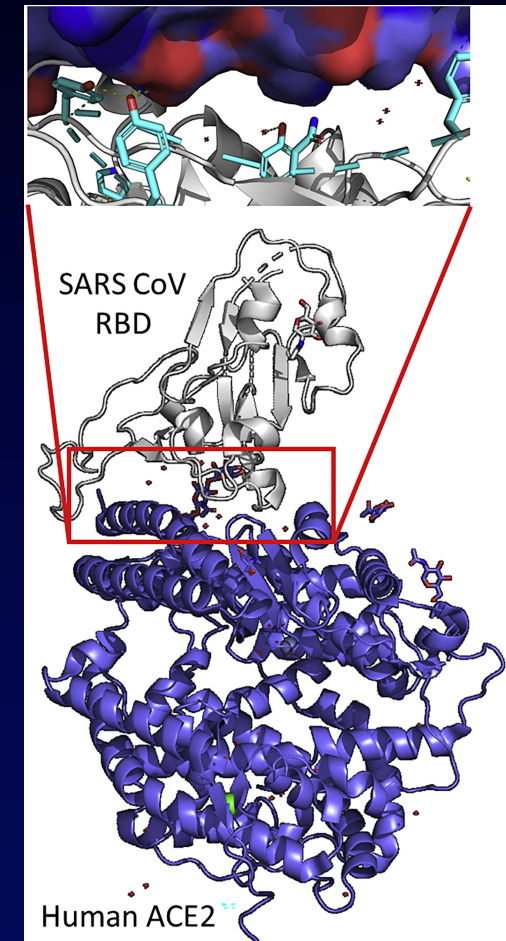
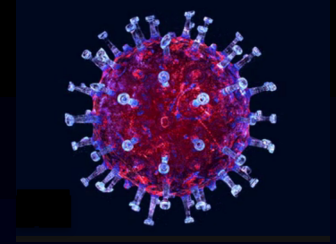


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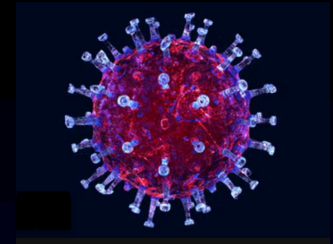


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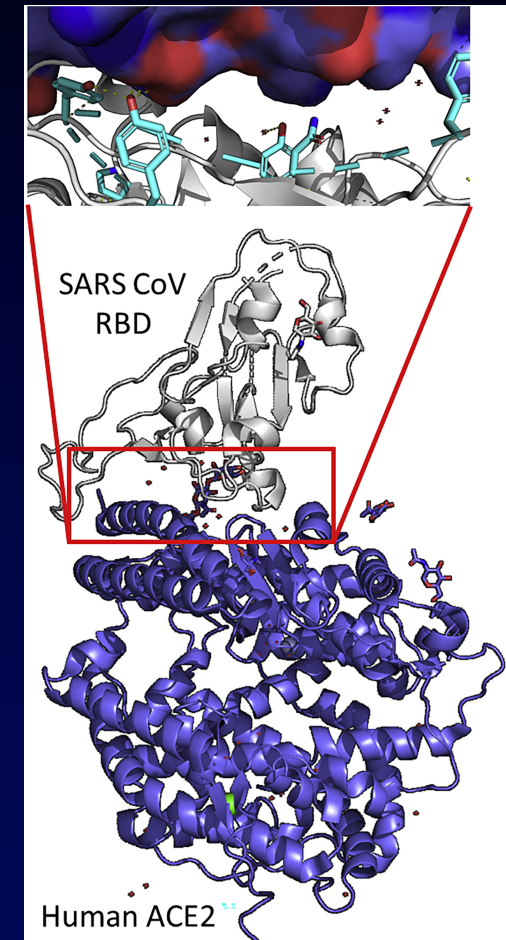
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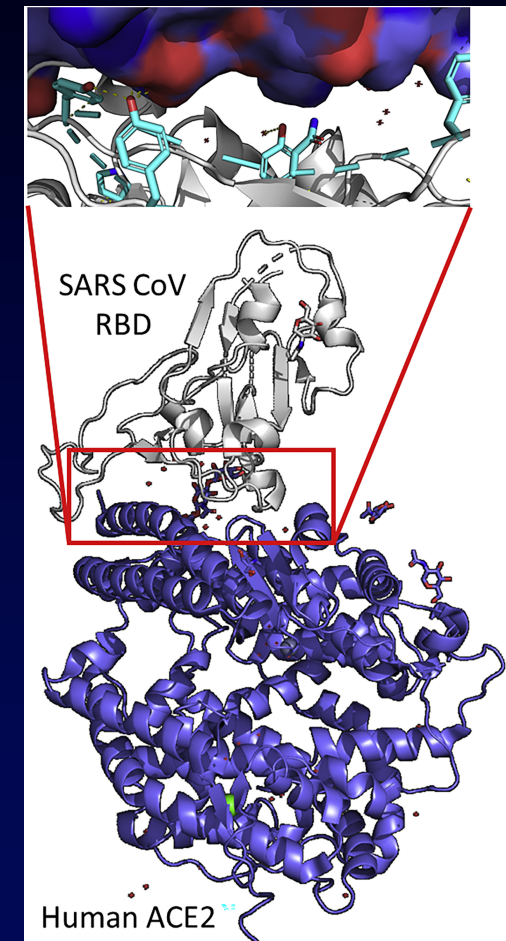
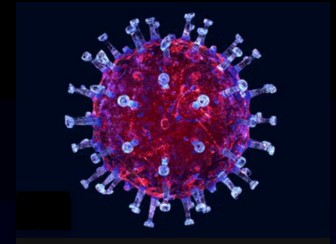


2020.4.2.



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- Another strategy:
Hinder the contact
surface between
the S-protein and
the patient's ACE2.



- Another strategy: Hinder the contact surface between the S-protein and the patient's ACE2.

nature

Accelerated Article Preview

A human neutralizing antibody targets the receptor binding site of SARS-CoV-2

Rui Shi, Chao Shan, Xiaomin Duan, Zhihai Chen, Peipei Liu, Jinwen Song, Tao Song, Xiaoshan Bi, Chao Han, Lianao Wu, Ge Gao, Xue Hu, Yanan Zhang, Zhou Tong, Weijin Huang, Chen Wu, Bo Zhang, Lan Wang, Jianxun Qi, Hui Feng, Fu-sheng Wang, Zhiming Yuan & Jinghua Yan

Received: 2 April 2020
Accepted: 19 May 2020

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online 26 May 2020

Cite this article as: Shi, R. et al. A human neutralizing antibody targets the receptor binding site of SARS-CoV-2. Nature <https://doi.org/10.1038/s41586-020-2381-y> (2020).

This is a Preview
Although
is provided
readers

<https://doi.org/10.1038/s41586-020-2381-y>

2020.5.26.

- Using monoclonal antibodies

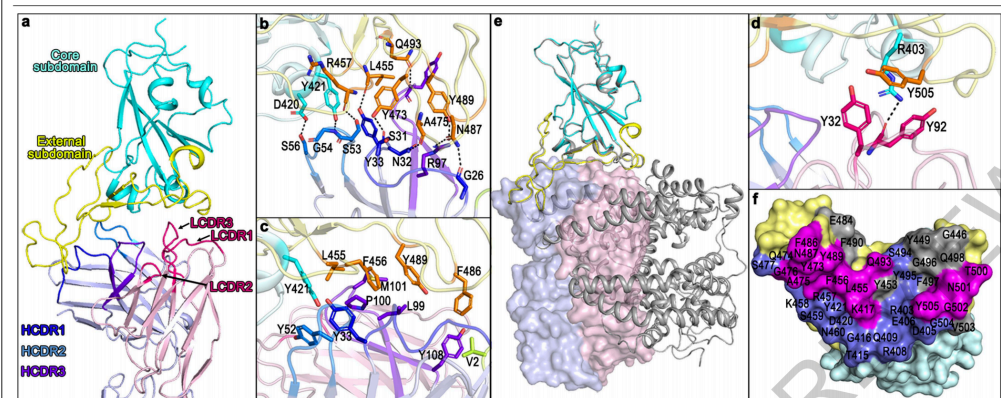
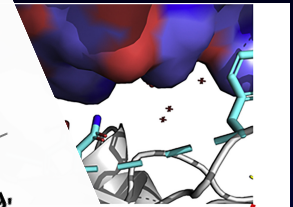
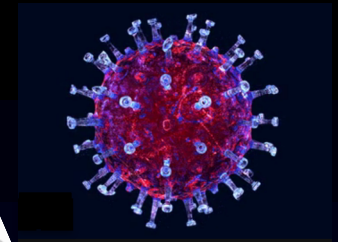


Fig. 4 | The crystal structure of CB6 and SARS-CoV-2-RBD complex and the competitive binding of CB6 and hACE2 with SARS-CoV-2-RBD. **a**, The complex structure of CB6 bound to SARS-CoV-2-RBD. The SARS-CoV-2-RBD is colored in cyan (core subdomain) and yellow (external subdomain). The variable fragment of CB6 is shown with HCDR1, HCDR2, and HCDR3 loops from the V_H domain (purple) colored in blue, marine and purple, while the LCDR1, LCDR2 and LCDR3 loop from the V_L domain (pink) are colored in hot-pink, respectively. **b-c**, Both hydrophilic interactions (**b**) and hydrophobic interactions (**c**) between CB6 heavy chain and SARS-CoV-2-RBD are displayed. **d**, The binding details between CB6 light chain and SARS-CoV-2-RBD are also presented. The hydrogen bonds are shown as dashed black lines.

e, Superimposition of CB6/SARS-CoV-2-RBD complex and hACE2/SARS-CoV-2-RBD (PDB code: 6LZG) revealed the steric competition between CB6 and hACE2 for RBD binding. CB6/SARS-CoV-2-RBD structure was superimposed on hACE2/SARS-CoV-2-RBD to demonstrate steric hindrance. hACE2 is shown as cartoon (gray). **f**, Competitive binding surfaces of CB6 with hACE2 on SARS-CoV-2-RBD. The SARS-CoV-2-RBD binding surface to ACE2 and CB6 is shown. The residues bound by both CB6 and hACE2 are colored in magenta. The residues in contact with hACE2 alone are colored in gray while the residues in contact with CB6 alone are colored in blue. The amino acids on SARS-CoV-2-RBD interface contacting CB6 or ACE2 are labeled.



Current Status of Vaccine Development



Cell Host & Microbe

Forum

The Challenges of Vaccine Development against a New Virus during a Pandemic

Michael S. Diamond^{1,2,3,4,*} and Theodore C. Pierson^{5,*}

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<https://doi.org/10.1016/j.chom.2020.04.021>

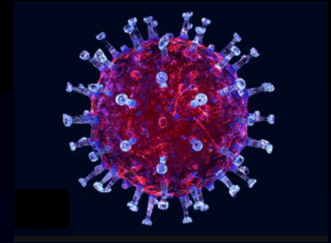
The rapid emergence of a highly pathogenic, readily transmissible coronavirus has resulted in a global pandemic, affecting millions and destabilizing economies. This catastrophe triggered a clarion call for the immediate deployment of a protective vaccine. We describe the unique challenges of developing a vaccine against SARS-CoV-2 in a pandemic setting.

Historically, human coronaviruses have received limited attention from the research and medical communities. Although infections by human coronaviruses (e.g., HCoV-229E and HCoV-OC43) frequently cause common cold symptoms in healthy individuals, severe clinical illness is relatively rare even in immunocompromised individuals, infants, and the elderly. Considerably

zations, limited transmission and human disease. Ten years later, a second coronavirus, the Middle East respiratory syndrome coronavirus (MERS-CoV), was isolated from an individual suffering from severe respiratory disease and renal failure. As observed with SARS-CoV, MERS-CoV spread via travel and contact with infected individuals, resulting in transmission and mortality within and beyond

mental basic and translational studies that customarily guide vaccine development and evaluation under non-pandemic circumstances. Accordingly, we discuss the challenges of rapid vaccine development during a pandemic response.

The SARS-CoV-2 Pandemic
SARS-CoV-2 is a positive-sense single-stranded RNA virus first isolated in Wu-



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Current Status of Vaccine Development



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Forum The Challenges of Vaccine Development for a New Virus during a Pandemic

Theodore C. Pierson^{5,*}
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...virus has resulted in a global
 ...a clarion call for the im-
 ...veloping a vaccine

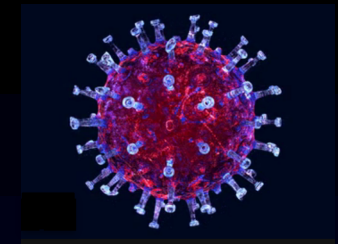


Table 1. Vaccine Candidates in Development against SARS-CoV-2

Vaccine Type	Platform	Protein Target	Stage	Clinical Trial Designation	Company or Institution	Vaccine Name	Status
mRNA	Lipid-encapsulated mRNA	S	Phase 1	NCT04283461 (45 subjects)	Moderna	mRNA-1273	Recruiting
DNA	DNA plasmid	S	Phase 1	NCT04336410 (40 subjects)	Inovio Pharmaceuticals	INO-4800	Recruiting
Human adenovirus (Ad5)	Viral-vectored	S	Phase 1	NCT04313127 (108 subjects)	CanSino Biologics	Ad5-nCoV	Active
Chimpanzee adenovirus	Viral-vectored	S	Phase 1/2	NCT04324606 (510 subjects)	University of Oxford	ChAdOx1 nCoV-19	Planned (4/20)
Spike protein	Bacterially produced soluble protein (oral)	S	Phase 1	NCT04334980 (84 subjects)	Symvivo Corporation	bacTRL-Spike	Planned (4/30)
BCG vaccine	Immune stimulatory	None	Phase 3	NCT04327206 (4170 subjects) NCT04328441 (1000 subjects)	Murdoch Childrens Research Institute University Medical Center, Netherlands	BCG vaccine	Recruiting

Information adapted from <https://ClinicalTrials.gov>.

Current Status of Vaccine Development



Cell Host & Microbe

Forum The Challenges of Vaccine Development for a New Virus during a Pandemic

Theodore C. Pierson^{5,*}
⁵University School of Medicine, St. Louis, MO 63110, USA
⁶University School of Medicine, St. Louis, MO 63110, USA
⁷University School of Medicine, St. Louis, MO 63110, USA
⁸Washington University School of Medicine, St. Louis, MO 63110, USA
⁹National Institutes of Health, Bethesda, MD 20892, USA
¹⁰NIH (T.C.P.)

The virus has resulted in a global
 and a clarion call for the im-
 developing a vaccine

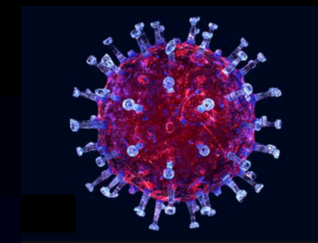
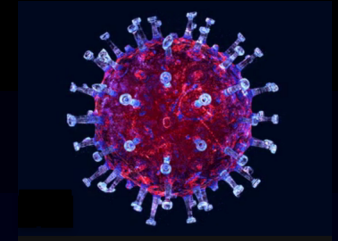


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Information adapted from <https://ClinicalTrials.gov>.

- The BCG Vaccine for Tb Prevention



Cell
Leading Edge

Perspective Trained Immunity: a Tool for Reducing Susceptibility to and the Severity of SARS-CoV-2 Infection

Mihai G. Netea,^{1,2,*} Evangelos J. Giamarellos-Bourboulis,³ Jorge Domínguez-Andrés,⁴ Nigel Curtis,⁴ Reinout van Crevel,¹
Frank L. van de Veerdonk,¹ and Marc Bonten⁵
¹Department of Internal Medicine and Infectious Diseases, Radboud University Medical Center, Nijmegen, the Netherlands
²Department of Internal Medicine, University of Nijmegen, Nijmegen, the Netherlands
³Department of Internal Medicine, University of Athens, Athens, Greece
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⁵Department of Internal Medicine, Royal Children's Hospital Melbourne, Melbourne, the Netherlands

COMMENT

Check for updates

BCG-induced trained immunity: can it offer protection against COVID-19?

Luke A. J. O'Neill^{1,2,3} and Mihai G. Netea^{1,2,3}

Bacillus Calmette-Guérin (BCG) vaccination has been reported to decrease susceptibility to respiratory tract infections, an effect proposed to be mediated by the general long-term boosting of innate immune mechanisms, also termed trained immunity. Here, we discuss the non-specific beneficial effects of BCG against viral infections and whether this vaccine may afford protection to COVID-19.

COVID-19 is a new form of respiratory tract infection that can be complicated by severe pneumonia and acute respiratory distress syndrome (ARDS). It is caused by a newly identified viral pathogen named on 11 February 2020 as severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). Most individuals infected with SARS-CoV-2 remain asymptomatic or develop a moderate disease that is mainly characterized by respiratory tract symptoms. However, a significant proportion progress to severe pneumonia with respiratory distress and even death, particularly in the elderly and those with co-morbidities. Introduction in Europe in the 1920s, epidemiological studies reported that BCG vaccination strongly reduced infant mortality, and this could not be explained by a reduction in tuberculosis alone (reviewed previously¹). Later on, similar studies in other locations, including randomized controlled trials, showed an up to 50% reduction of mortality induced by BCG in young infants². This reduction in childhood mortality by BCG appeared to be due to the protection against unrelated infectious agents and especially respiratory tract infections and neonatal sepsis. Although the authors did

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...show that the elderly and those with co-
...obesity, and cardiovascular, respiratory,
...uses) are most susceptible to COVID-19
...er from the most severe disease complica-
...ing children, including infants who are
...other infections, have milder symptoms

Cause: (Not a virus but a bacteria)
Mycobacterium tuberculosis (MTB)

- The BCG Vaccine for Tb Prevention

Cell
Leading Edge

Perspective Trained Immunity: a Tool for Reducing Susceptibility to and the Severity of SARS-CoV-2 Infection

Mihai G. Netea,^{1,2,*} Evangelos J. Giamarellos-Bourboulis,³ Jorge Domínguez-Andrés,¹ Nigel Curtis,⁴ Reinout van Crevel,¹ Frank L. van de Veerdonk,¹ and Marc Bonten⁵
¹Department of Internal Medicine and Infectious Diseases, Radboud University Medical Center, Nijmegen, the Netherlands; ²Department of Internal Medicine, University of Amsterdam, Amsterdam, the Netherlands; ³Department of Internal Medicine, University of Athens, Athens, Greece; ⁴Department of Internal Medicine, University of Nijmegen, Nijmegen, the Netherlands; ⁵Department of Internal Medicine, Royal Children's Hospital Melbourne, Melbourne, the Netherlands

COMMENT

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Luke A. J. O'Neill¹ and Mihai G. Netea^{1,2,3}

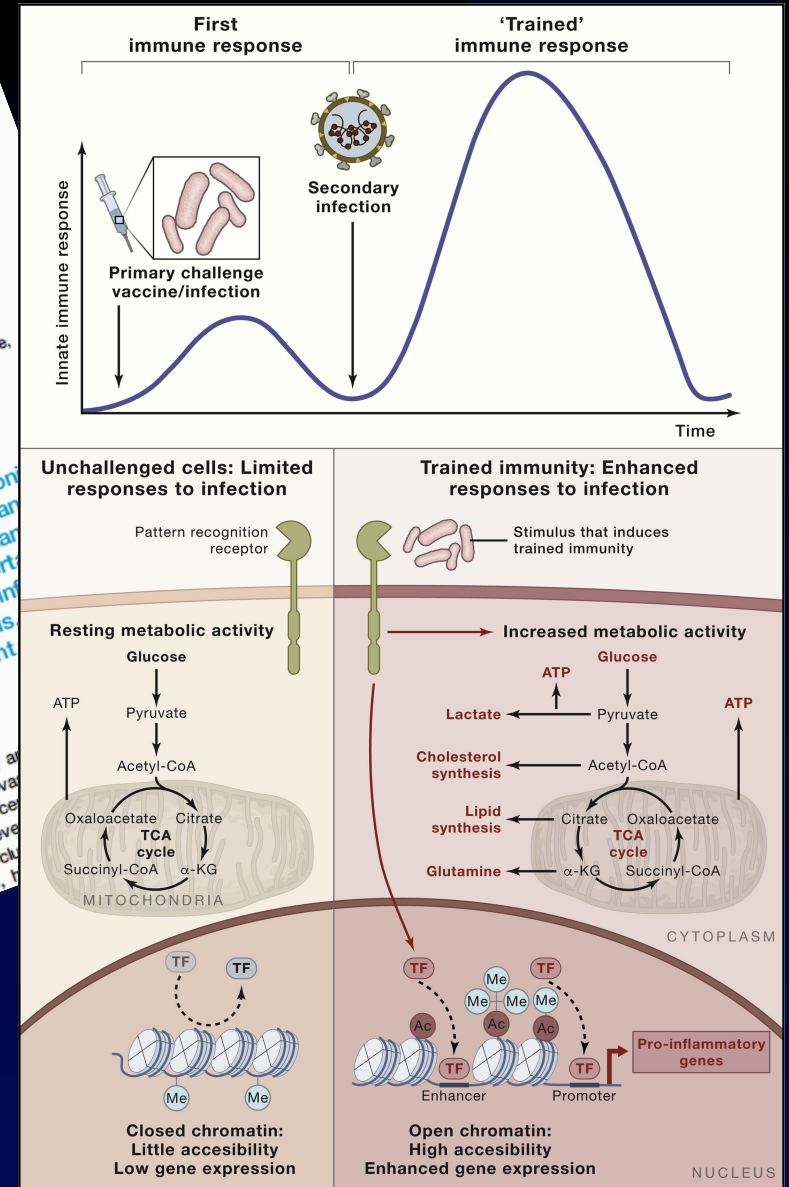
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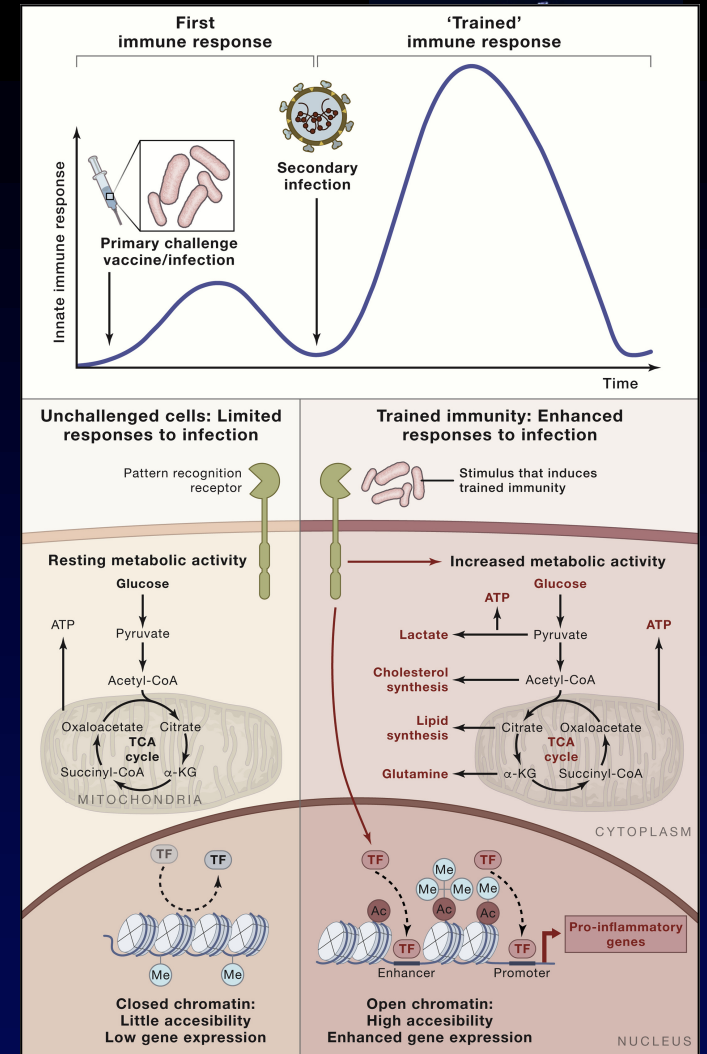
processes into severe pneumonia are disease in the elderly and "trained immunity," by certain is protection against infections of innate immune cells. Vaccines may represent

show that the elderly and obesity, and cardiovascular diseases) are most susceptible from the most severe among children, including other infections.



Cause: (Not a virus but a bacteria)
Mycobacterium tuberculosis (MTB)

- The BCG Vaccine for Tb Prevention



- 2020.5.12.

2020.5.26.

Hydroxychloroquine / Chloroquine and its impact on the Immune System

The screenshot shows the top portion of a web browser displaying a The Lancet article. The article title is "Hydroxychloroquine or chloroquine with or without a macrolide for treatment of COVID-19: a multinational registry analysis". The authors listed are Prof Mandeep R Mehra, MD, Sapan S Desai, MD, Prof Frank Ruschitzka, MD, and Amit N Patel, MD. The publication date is May 22, 2020, and the DOI is [https://doi.org/10.1016/S0140-6736\(20\)31180-6](https://doi.org/10.1016/S0140-6736(20)31180-6). A "Check for updates" button is visible. On the left, a navigation menu lists sections: Summary, Introduction, Methods, Results, Discussion, Supplementary Material, and References. The "Summary" section is currently selected. The "Background" text states: "Hydroxychloroquine or chloroquine, often in combination with a second-generation macrolide, are being widely used for treatment of COVID-19, despite no conclusive evidence of their benefit. Although generally safe when used for approved indications such as autoimmune disease or malaria, the safety and benefit of these treatment regimens are poorly evaluated in COVID-19." The "Methods" text begins: "We did a multinational registry analysis of the use of hydroxychloroquine or chloroquine with or without a macrolide for treatment of COVID-19. The registry comprised data from 671 hospitals in six continents. We included patients hospitalised between Dec 20,". In the top right corner of the browser window, there are links for "Log in" and "Register", and icons for "PDF [528 KB]", "Figures", and "Save".

THE LANCET

ARTICLES | [ONLINE FIRST](#)

Hydroxychloroquine or chloroquine with or without a macrolide for treatment of COVID-19: a multinational registry analysis

Prof Mandeep R Mehra, MD • Sapan S Desai, MD • Prof Frank Ruschitzka, MD • Amit N Patel, MD

Published: May 22, 2020 • DOI: [https://doi.org/10.1016/S0140-6736\(20\)31180-6](https://doi.org/10.1016/S0140-6736(20)31180-6) • [Check for updates](#)

Summary

Background

Hydroxychloroquine or chloroquine, often in combination with a second-generation macrolide, are being widely used for treatment of COVID-19, despite no conclusive evidence of their benefit. Although generally safe when used for approved indications such as autoimmune disease or malaria, the safety and benefit of these treatment regimens are poorly evaluated in COVID-19.

Methods

We did a multinational registry analysis of the use of hydroxychloroquine or chloroquine with or without a macrolide for treatment of COVID-19. The registry comprised data from 671 hospitals in six continents. We included patients hospitalised between Dec 20,

Summary
Introduction
Methods
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Discussion
Supplementary Material
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2020.5.22.



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Hydroxychloroquine / Chloroquine and its impact on the Immune System

The screenshot shows the top portion of a web browser displaying a Lancet article. The page is tilted diagonally. At the top right, there are links for 'Log in' and 'Register'. Below these are icons for 'PDF [528 KB]', 'Figures', and 'Save'. The article title is 'Hydroxychloroquine or chloroquine with or without a macrolide for treatment of COVID-19: a multinational registry analysis'. Below the title, the authors are listed: 'Prof Mandeep R Mehra, MD', 'Sapan S Desai, MD', 'Prof Frank Ruschitzka, MD', and 'Amit N Patel, MD'. The publication date is 'May 22, 2020' and the DOI is 'https://doi.org/10.1016/S0140-6736(20)31180-6'. A 'Check for updates' button is visible. The article is categorized under 'ARTICLES | ONLINE FIRST'. On the left side, there is a navigation menu with links for 'Summary', 'Introduction', 'Methods', 'Results', 'Discussion', 'Supplementary Material', and 'References'. The 'Summary' section is currently selected. The 'Summary' text begins with 'Background' and states: 'Hydroxychloroquine or chloroquine, often in combination with a second-generation macrolide, are being widely used for treatment of COVID-19, despite no conclusive evidence of their benefit. Although generally safe when used for approved indications such as autoimmune disease or malaria, the safety and benefit of these treatment regimens are poorly evaluated in COVID-19.' The 'Methods' section begins with 'We did a multinational registry analysis of the use of hydroxychloroquine or chloroquine with or without a macrolide for treatment of COVID-19. The registry comprised data from 671 hospitals in six continents. We included patients hospitalised between Dec 20,

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Vitamin D and Inflammation

Open access

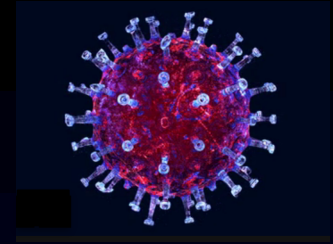
BMJ Nutrition,
Prevention & Health

Vitamin D and SARS-CoV-2 virus/ COVID-19 disease

Brief report

Susan A Lanham-New,¹ Ann R Webb,² Kevin D Cashman,³ Judy L Buttriss,⁴
Joanne L Fallowfield,⁵ Tash Masud,⁶ Martin Hewison,⁷ John C Mathers,⁸
Mairead Kiely,³ Ailsa A Welch,⁹ Kate A Ward,¹⁰ Pamela Magee,¹¹ Andrea L Darling,¹
Tom R Hill,⁸ Carolyn Greig,¹² Colin P Smith,¹³ Richard Murphy,¹⁴ Sarah Leyland,¹⁵
Roger Bouillon,¹⁶ Sumantra Ray,^{11,17,18} Martin Kohlmeier^{18,19}

BMJNPH: first published as 10.1136/bmjnph-2020-000089 on 10 May 2020.



To cite: Lanham-New SA, Webb AR, Cashman KD, et al. Vitamin D and SARS-CoV-2 virus/COVID-19 disease. BMJ Nutrition, Prevention & Health 2020;0. doi:10.1136/bmjnph-2020-000089
For numbered affiliations see end of article.

Correspondence to

Professor Susan A Lanham-New,
Nutritional Sciences, University of

BACKGROUND AND AIM

The spread of novel SARS-CoV-2 virus, and the disease COVID-19 that is caused by

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vitamin D status may be exacerbated during this COVID-19 crisis (eg, due to indoor living and hence reduced sun exposure),

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Medical
Journal
Established 1867

Issue: Ir Med J; Vol 113; No. 5; P81

Vitamin D and Inflammation: Potential Implications for Severity of Covid-19

E. Laird¹, J. Rhodes², R.A. Kenny¹

1. The Irish Longitudinal Study on Ageing, School of Medicine, Trinity College Dublin, Ireland.
2. Institute of Translational Medicine, University of Liverpool.

Abstract

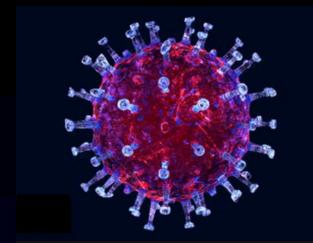
Background

Recent research has indicated that vitamin D may have immune supporting properties through modulation of both active and innate immune system through cytokines and regulation of cell signalling pathways. We hypothesize status may influence the severity of responses to Covid-19 and that the prevalence of vitamin D deficiency may be closely aligned to Covid-19 mortality.

(no language restriction) of vitamin D status (for older adults) in Ireland, Baile Átha Cliath University of Dublin

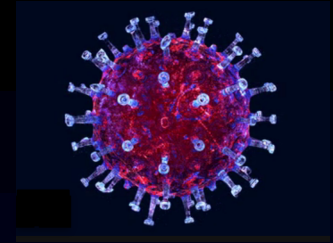
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The Proteomics & Metabolomics of Covid-19 Patients



- 21 Covid-19 Severe Cases
- 25 Covid-19 Minor Cases
- 25 non-Covid-19 patients
- 28 Healthy Controls

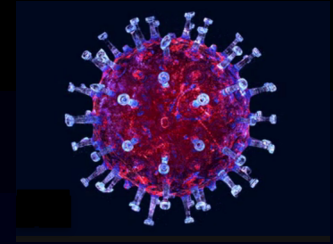


2020.4.7.



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The Proteomics & Metabolomics of Covid-19 Patients



- 21 Covid-19 Severe Cases
- 25 Covid-19 Minor Cases
- 25 non-Covid-19 patients
- 28 Healthy Controls



- Biomarker Identification
- Elucidation of the Pathways
- Early Diagnosis of severe Covid-19 cases



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The Proteomics & Metabolomics of Covid-19 Patients

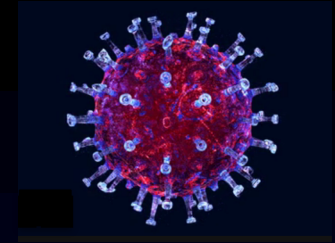


Figure 3

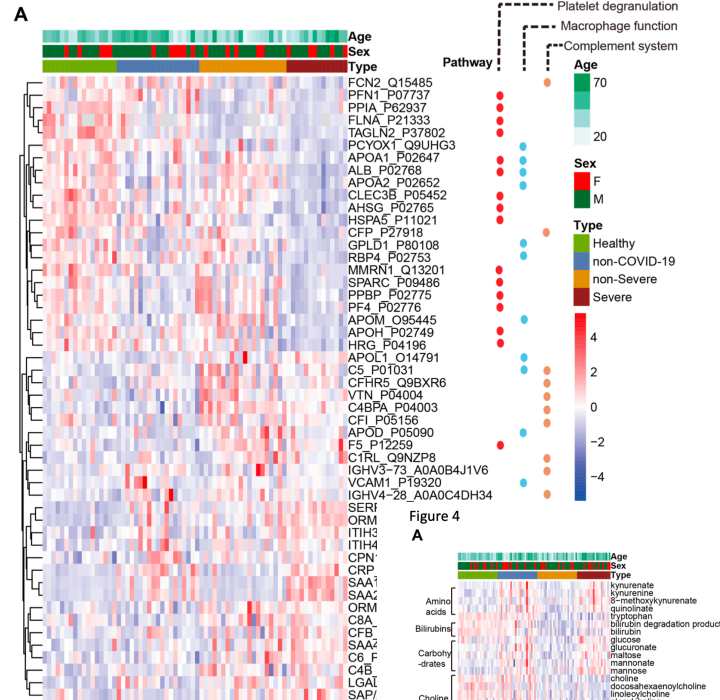
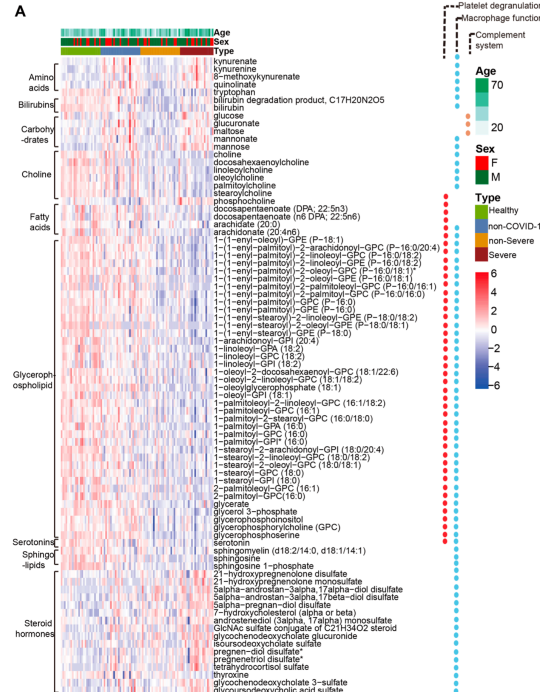


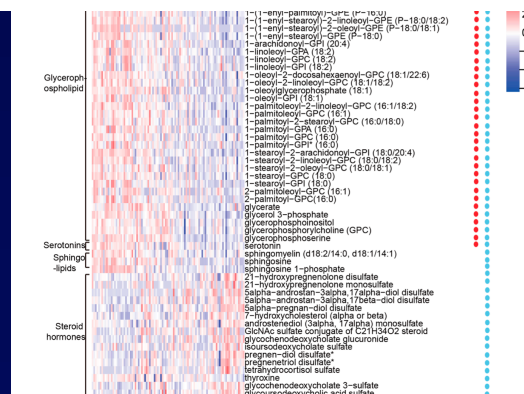
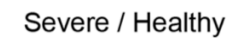
Figure 4



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The Proteomics & Metabolomics of Covid-19 Patients

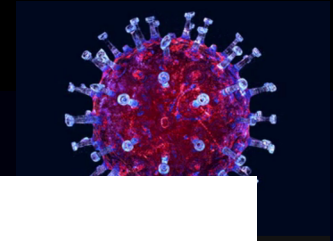


Figure 3

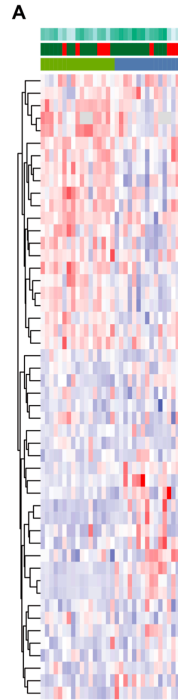
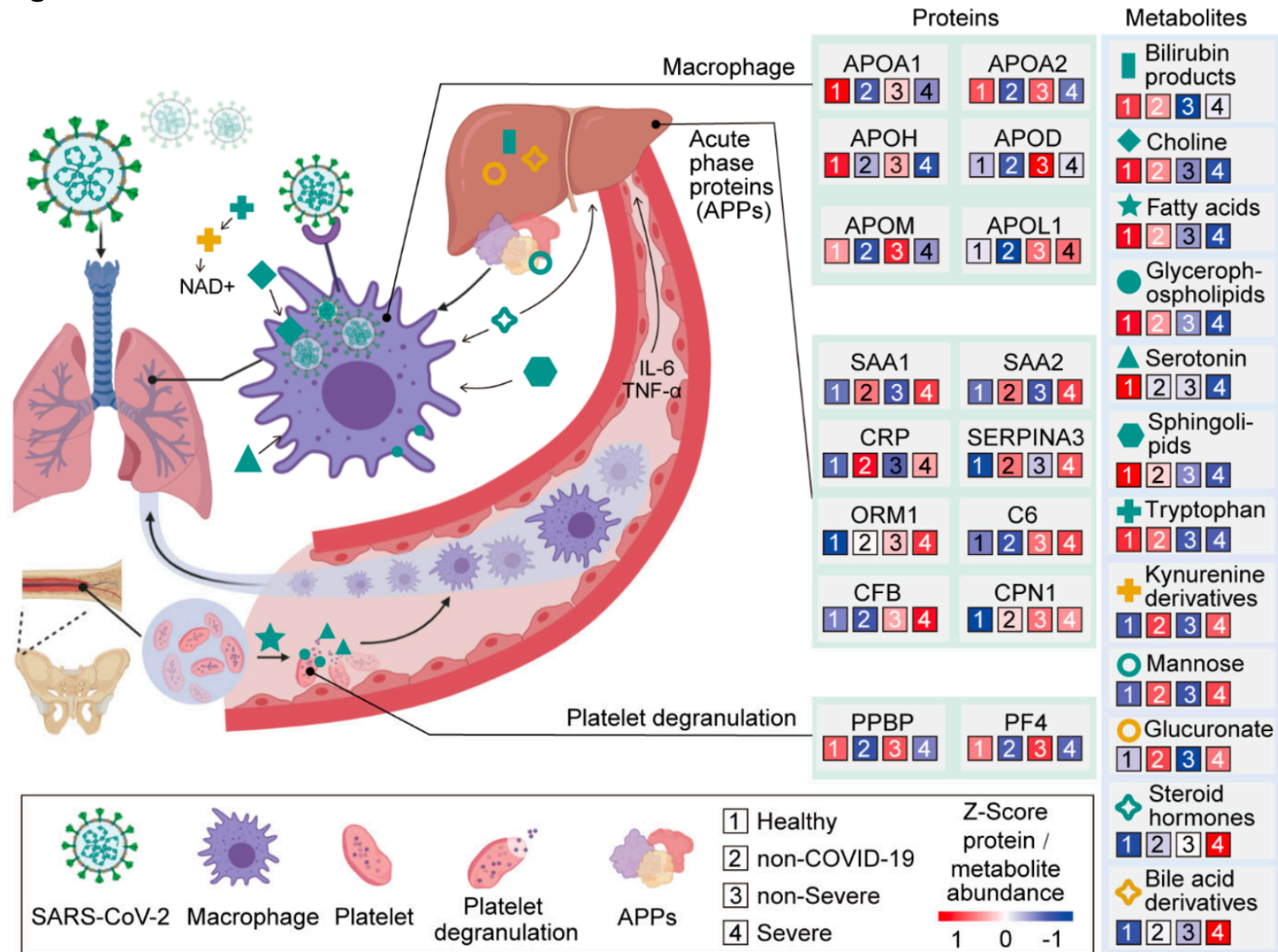


Figure 5



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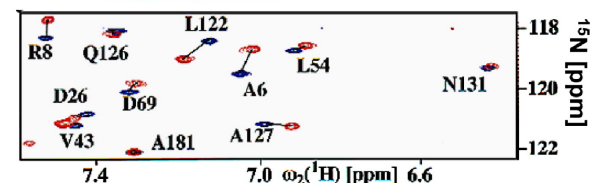
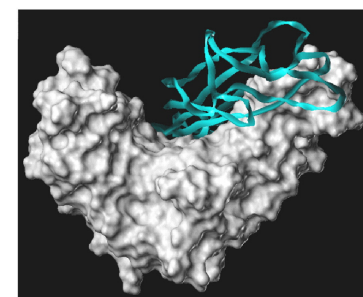
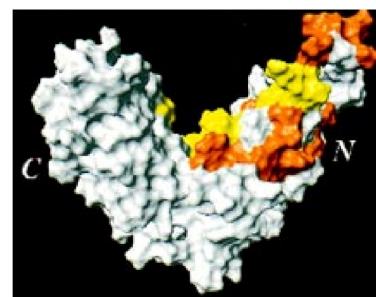
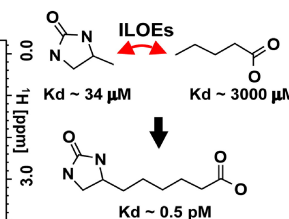
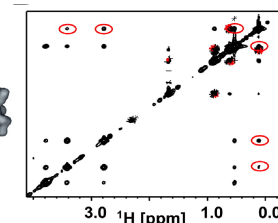
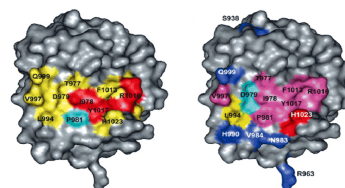
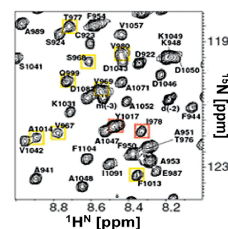
Mok group expertise: Technology and/or Instrumentation

The NMR Facility at TCD

What is NMR?

- High-resolution, atomic-level methodology for the determination of chemical and biochemical structures of molecules.
- Proteins, nucleic acids, sugars, lipids, drugs

The principle of NMR is identical to:

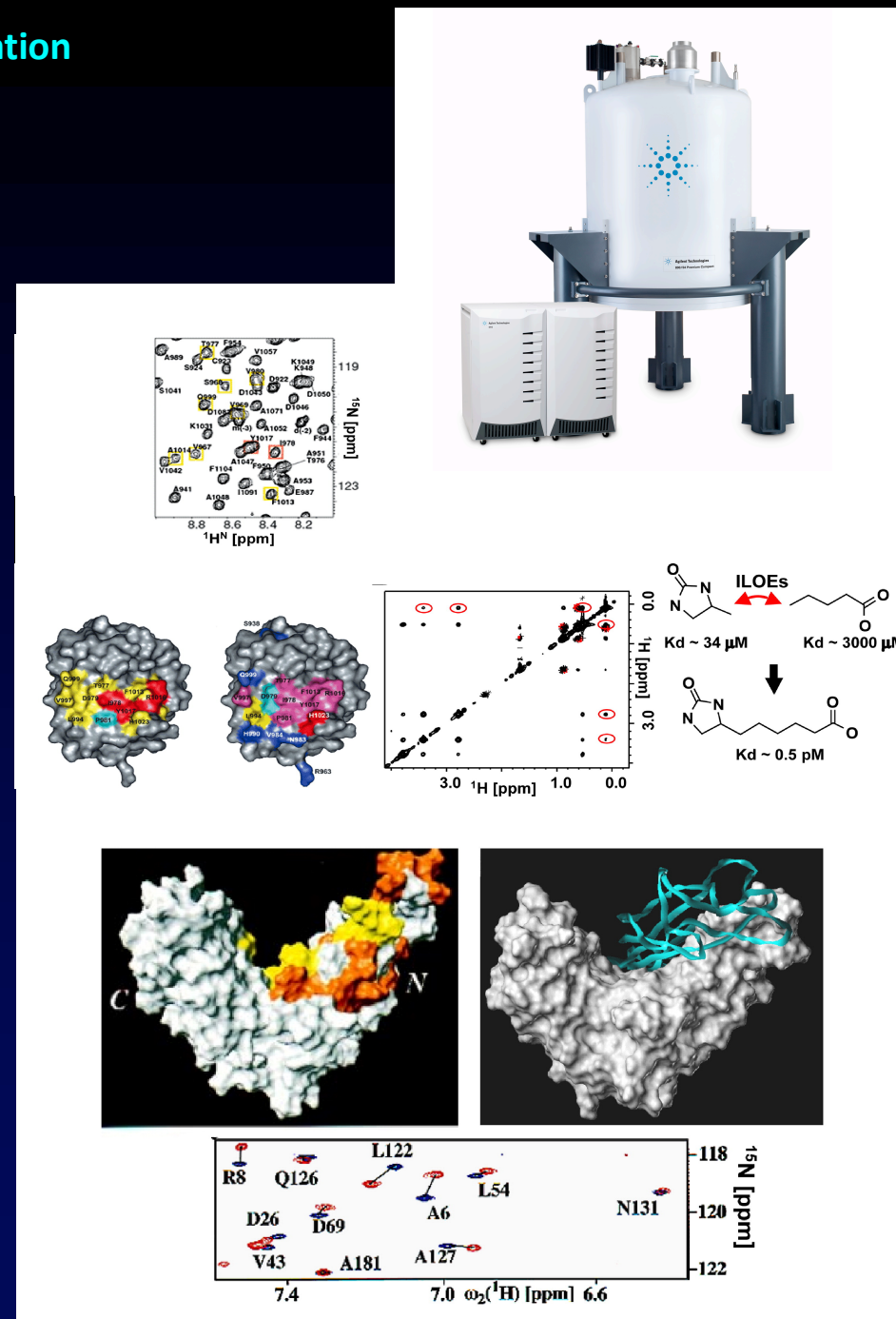


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High-resolution NMR capacity realises:

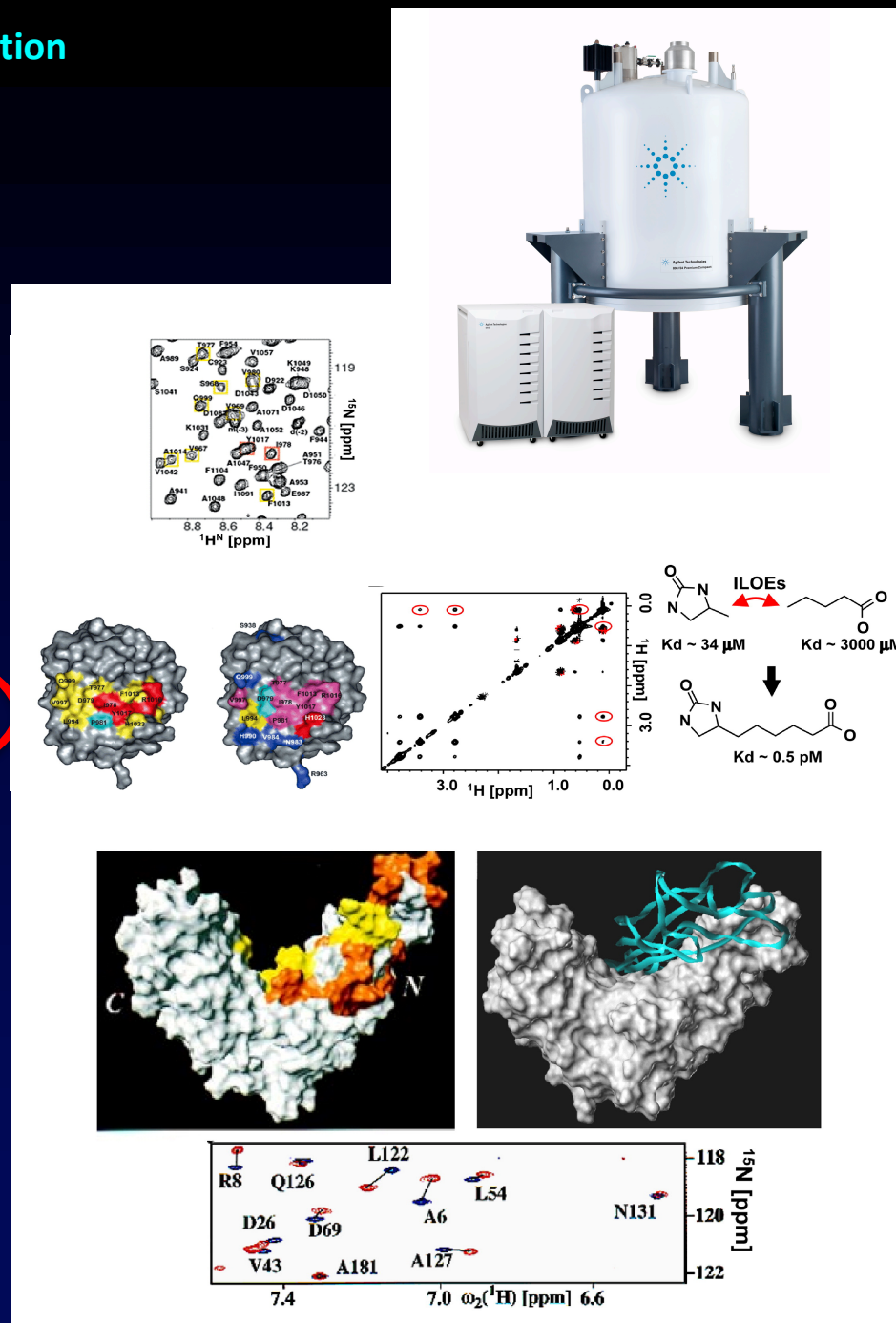
- **Novel drug development** (“SAR-by-NMR”)
 - **The validation of molecular identity** (biosimilars / protein aggregation)
 - **Metabolomics of cells, serum, urine – Large-scale biobank profiling**
 - **Atomic-level 3D biomolecular structure**
 - **Structure elucidation of nano-scale / inorganic materials**
- Currently the highest magnetic field in all of Ireland and NI.
- Equipped with $^1\text{H}/^{15}\text{N}/^{13}\text{C}$ cold (cryo) probe, biomolecular solid state MAS probes, triple axial pulsed-field gradient probes, etc.
- With the cold probe, capabilities of **detecting metabolites and *in vivo* sample concentrations of sub- μM range.**



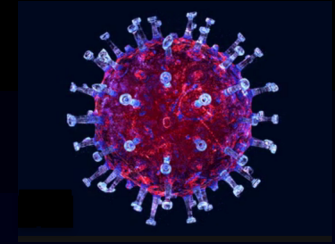
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Predicting potential drugs through the analysis of SARS-CoV-2 proteins



- 16 Non-structural proteins
- 4 Structural proteins
- 8 Accessory proteins

The Protein Journal
<https://doi.org/10.1007/s10930-020-09901-4>

The Proteins of Severe Acute Respiratory Syndrome Coronavirus-2 (SARS CoV-2 or n-COV19), the Cause of COVID-19

Francis K. Yoshimoto¹ 

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Abstract

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Keywords Proteins · Virus · SARS CoV-2

1 Introduction

Severe acute respiratory syndrome coronavirus-2 (SARS CoV-2) is the virus that caused the global pandemic that was first reported [1] on December 31, 2019 [2]. Taxonomically, SARS CoV-2 belongs to the realm *Riboviria*, order *Nidovirales*, suborder *Cornidovirineae*, family *Coronaviridae*, subfamily *Orthocoronavirinae*, genus *Betacoronavirus* (lineage

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Fig. 5 | Drug-human target network. PPIs of SARS-CoV-2 baits with approved drugs (green), clinical candidates (yellow), and preclinical candidates (purple) with experimental activities against the host proteins (white background) or previously known host factors (grey background) are shown.

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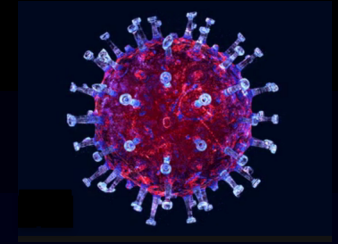
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Table 6 Drugs that potentially target (modulate) proteins that interact with SARS CoV-2 proteins as described in reference [66]

Entry	Viral Protein-(Human Gene)	Compound Name(s)
1	E protein-(BRD2/4)	JQ1, ^a RVX-208 ^b
2	N protein-(CSNK2A2)	Silmitasertib (cancer), ^c TMCB ^a
3	NSP5-(HDAC2)	Apicidin, ^a Valproic acid (CNS disease, cancer) ^c
4	NSP6-(ATP6AP1)	Bafilomycin A1 ^a
5	NSP6-(SIGMAR1)	E-52862, ^b PD-144418, ^a RS-PPCC, ^a PB28, ^a Haloperidol (CNS disease) ^c
6	NSP6-(SLC6A15)	Loratadine (antihistamine) ³
7	ORF9C-(TMEM97)	PB28, ^a haloperidol (CNS disease) ^c
8	M protein-(ATP6V1A)	Bafilomycin A1 ^a
9	NSP7-(COMT)	Entacapone (Parkinson's disease) ^c
10	NSP7-(PTGES2)	Indomethacin (inflammation/pain) ^c
11	NSP7-(NDUFs)	Metformin (diabetes) ^c
12	ORF9C-(NDUFs)	Metformin ^c
13	NSP12-(RIPK1)	Ponatinib (cancer) ^c
14	NSP13-(PRKACA)	H-89 ^a
15	NSP14-(IMPDH2)	Merimepodib ^b
16	NSP14-(GLA)	Migalastat (Fabry disease) ^c
17	NSP14-(IMPDH2)	Mycophenolic acid (organ rejection), ³ ribavirin (virus) ^c
18	ORF8-(DNMT1)	Azacitidine ^c
19	ORF8-(LOX)	CCT 365623 ^a
20	ORF9b-(MARK2/3)	Midostaurin, ³ Ruxolitinib ^c
21	ORF9b-(DCTPP1)	ZINC1775962367, ^a ZINC4326719, ^a ZINC4511851 ^a
22	ORF9b/NSP13-(MARK3/TBK1)	ZINC95559591 ^a
23	ORF9C-(F2RL1)	AC-55541, ^a AZ8838 ^a
24	ORF9C-(ABCC1)	Daunorubicin ^c
25	ORF9C-(F2RL1)	GB148 ^a
26	ORF9C-(ABCC1)	S-Verapamil (hypertension) ^c
27	ORF9C-(F2RL1)	AZ3451 ^a
28	M-Protein-(SLC1A3)	UCPH-101 ^a
29	E protein-(BRD2/4)	ABBV-744, ^b dBET6, ^a MZ1, ^a CPI-0610 ^b
30	N protein-(LARP1)	Sapanisertib, ^b Rapamycin (organ rejection) ^c
31	NSP2-(FKBP15)	Rapamycin ^c
32	ORF8-(FKBP7/10)	Rapamycin ^c
33	NSP2-(EIF4E2/H)	Zotatinn ^b
34	ORF10-(VCP)	CB5083 ^b
35	NSP6-(SIGMAR1)	Chloroquine (malaria) ^c

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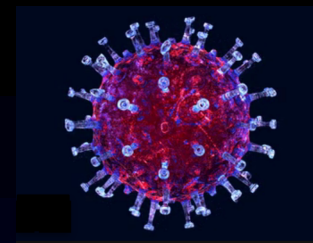
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