

# Therapeutic Targeting of SARS-CoV-2

Group 3

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# Coronaviruses and SARS-CoV-2

- **Coronaviruses**

- Bats act as viral reservoirs<sup>1</sup>
- Common traits<sup>2</sup>
  - Positive-sense, single-stranded RNA genome
  - Spherical shape
  - Structural and non-structural proteins
  - Genome organization

- **Recent bat-coronavirus outbreaks<sup>3</sup>**

- SARS (2003)
- MERS (2012)
- SADS (2016)
- ❖ Covid-19 (2019)

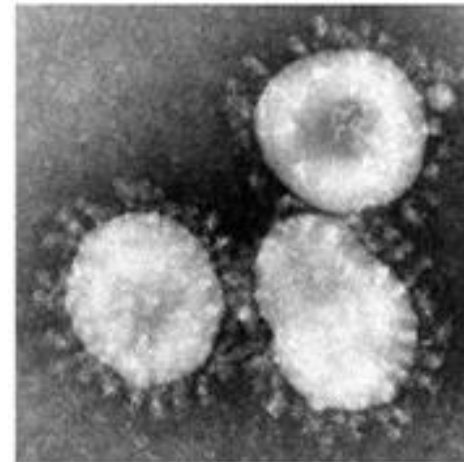
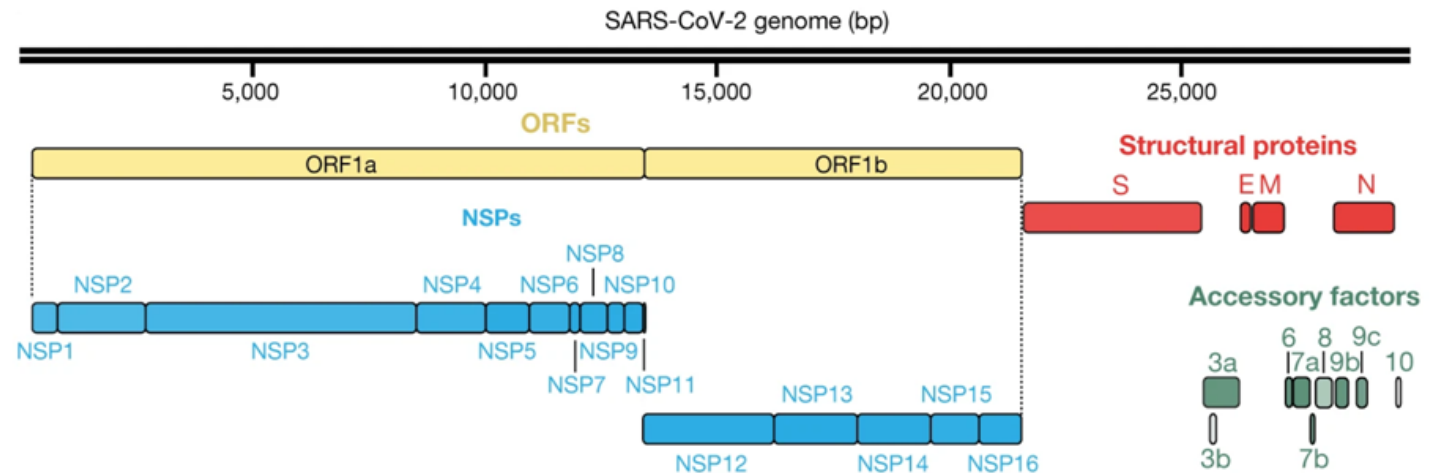


Image from Aronson, 2020

# Coronavirus Genome

- Positive-sense, single-stranded RNA genome (27-32 kb)<sup>3</sup>
- **2/3 Non-structural proteins**<sup>3</sup>
  - ORF1a and ORF1b polyproteins
- **1/3 Structural proteins + accessory factors**<sup>3</sup>
  - Spike
  - Envelope
  - Membrane
  - Nucleocapsid



# Coronavirus Structure

- Spherical<sup>2</sup>
- 125 nm diameter<sup>2</sup>
- **Four structural proteins<sup>2</sup>**
  - **Spike (S)** - Mediates attachment of the virus to host cells
  - **Envelope (E)**
  - **Membrane (M)**
  - **Nucleocapsid (N)**

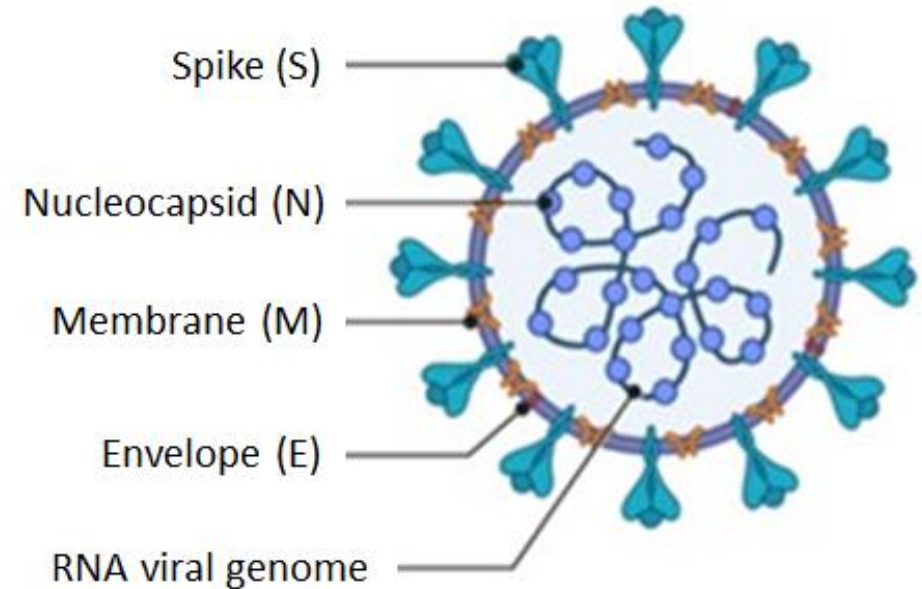


Image from King et al., 2020

# SARS-CoV-2 Infection and the Spike Protein

- Binding of SARS-CoV-2 to host cell is mediated by **S protein** homotrimers<sup>4</sup>
- SARS-CoV-2 **S protein** contains two subunits: **S1** and **S2**<sup>4</sup>
- The receptor binding domain (RBD) of the **S1** subunit binds the **ACE2** receptor<sup>4</sup>
- The **S2** subunit anchors the virus to the host cell membrane<sup>4</sup>

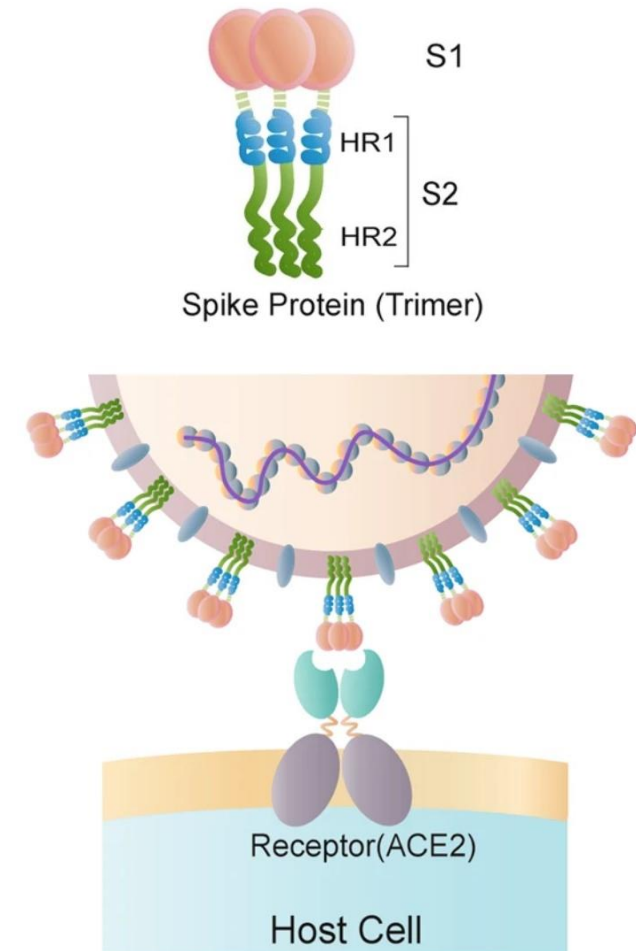
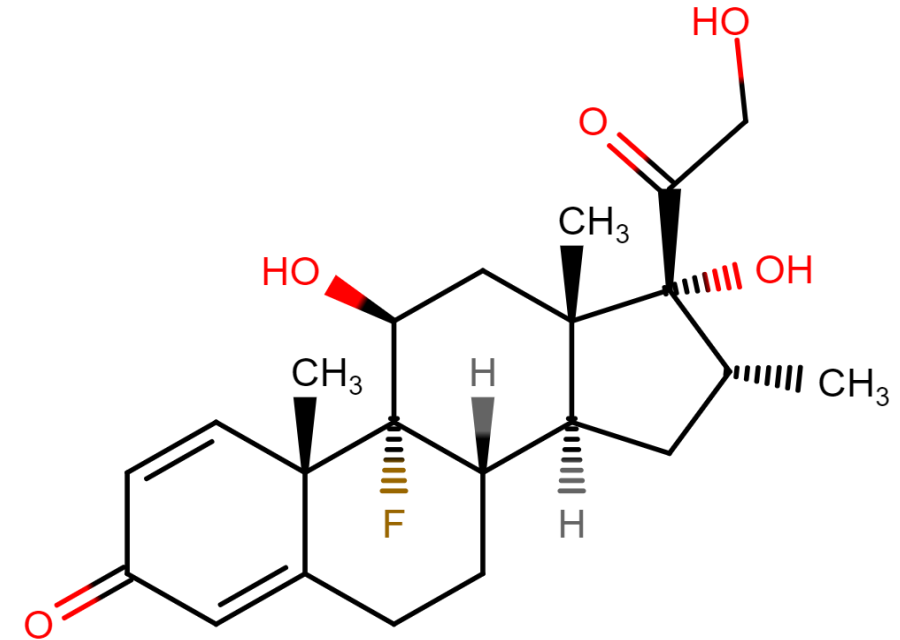


Image from Huang et al., 2020

# Viral Therapies

- **Vaccines**<sup>5,6</sup>
  - long-term protection
  - Protection is not immediate
- **Need for alternative therapies**
  - Rapid protection against viral infection
  - Alleviate disease symptoms
- **Immunotherapeutics**<sup>7</sup>
- **Small molecules**<sup>8</sup>
  - e.g., Dexamethasone<sup>9</sup>



Dexamethasone

Image created by M. D'Ercole using Chem Space

# Monoclonal Antibodies (mAbs)

- **Purpose:** The use of antibodies to target specific antigens
- **Targets:**<sup>10</sup>
  - Cell Surface Antigens
  - Plasma Proteins
- **Therapeutic Uses:**
  - Cancer therapy, Autoimmune Diseases & Viral Infections

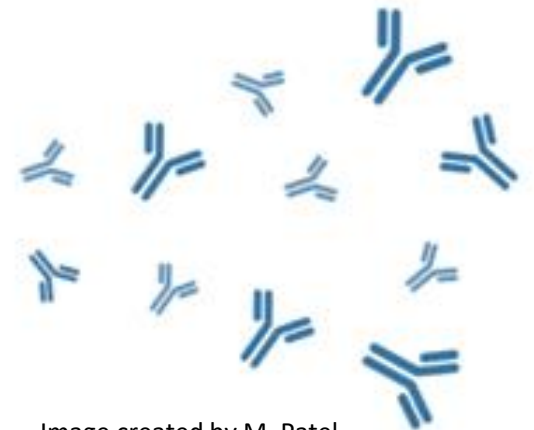
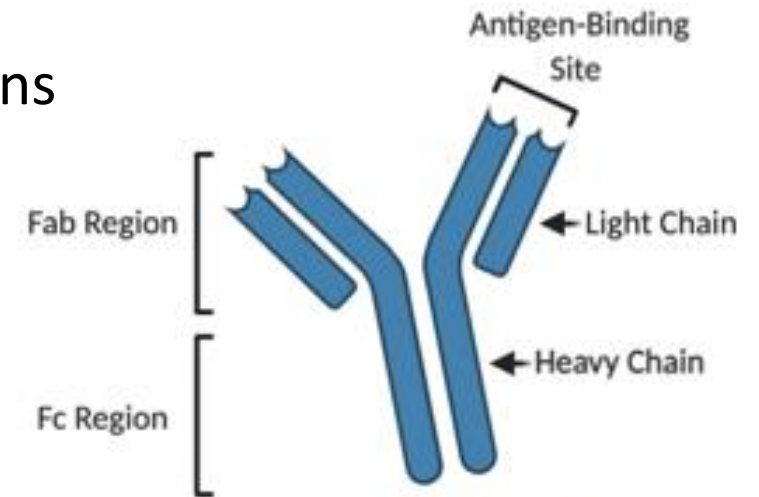


Image created by M. Patel  
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# Overview of Human mAbs (-umab) Production

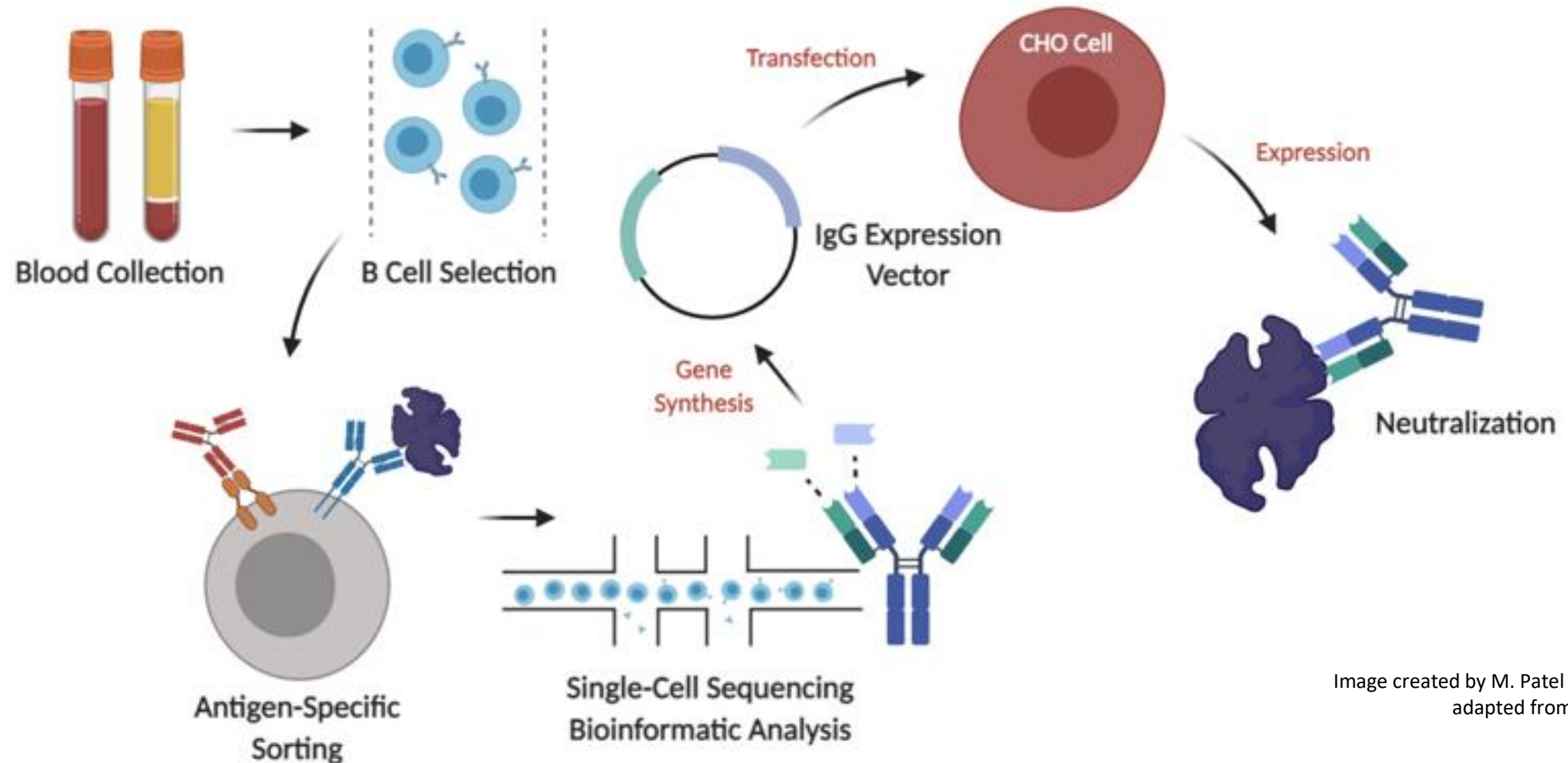


Image created by M. Patel using BioRender,  
adapted from Zost et al., 2020



# Advantages & Disadvantages to mAbs

Advantages <sup>11,12</sup>	Disadvantages <sup>11,12</sup>
<ul style="list-style-type: none"><li>• High-specificity for a single epitope of an antigen</li></ul>	<ul style="list-style-type: none"><li>• Mono-specificity limits their applications</li></ul>
<ul style="list-style-type: none"><li>• Renewably generate once suitable hybridoma or CHO cells are developed</li></ul>	<ul style="list-style-type: none"><li>• Minor changes in antigen epitope structure affects the function of mAbs</li></ul>
<ul style="list-style-type: none"><li>• mAbs are homogenous &amp; highly consistent</li></ul>	<ul style="list-style-type: none"><li>• Production is expensive</li></ul>
<ul style="list-style-type: none"><li>• Immediately treat an existing SARS-CoV-2 infection</li></ul>	<ul style="list-style-type: none"><li>• Protection is short-term (Weeks to Months)</li></ul>

# Cross-Neutralization of SARS-CoV

- One focus of therapeutic efforts: blocking infection capacity of virus using specific human mAb<sup>7</sup>
  - **Neutralizing Antibodies**
- One specific neutralizing mAb is a potential candidate for further testing as a therapeutic agent<sup>7,13</sup>
  - Capable of neutralizing SARS-CoV-2 and several SARS-CoV pseudoviruses
  - Identified from B cells of a SARS-CoV patient

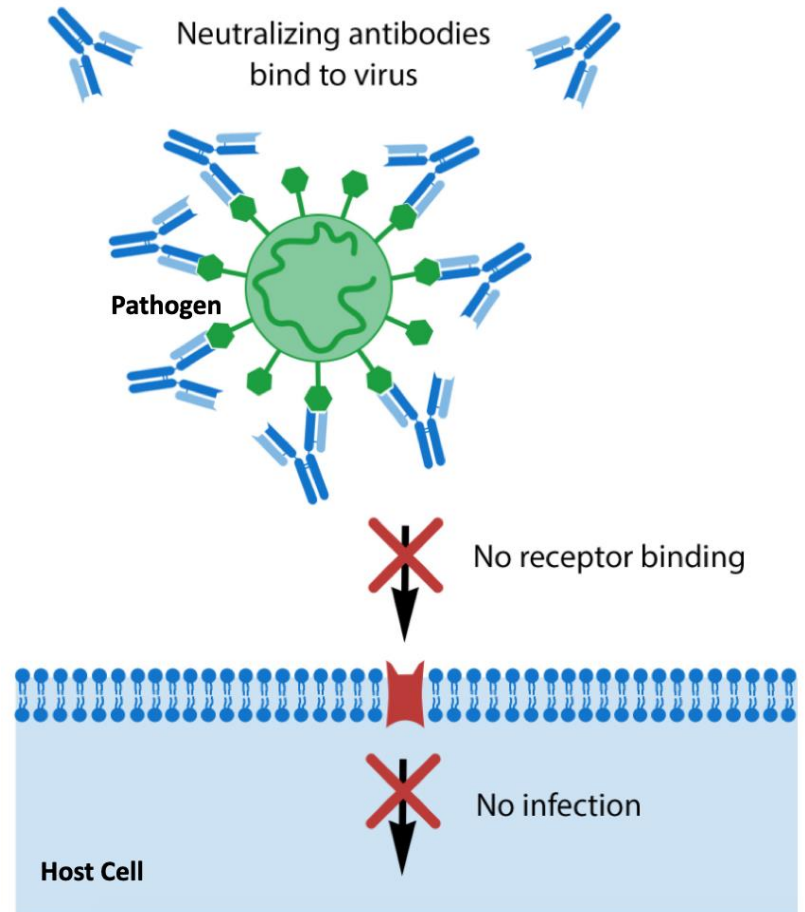


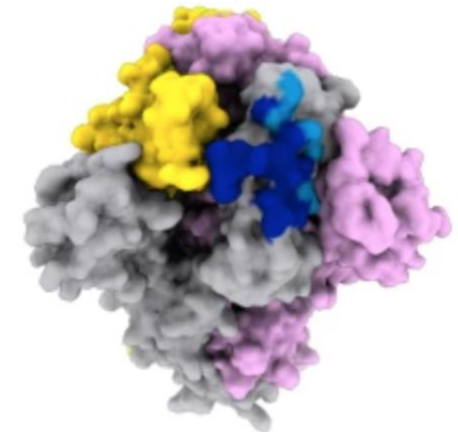
Image created by A. Nagi using BioRender, adapted from Ringe et al., 2013

# Neutralizing Monoclonal Antibodies

- **S glycoprotein** of SARS-CoV-2 is the main focus for therapeutic agents<sup>7</sup>
- The neutralizing antibody in focus: **S309**
  - specific IgG antibody, which can bind to immobilized **SARS-CoV-2 S<sup>B</sup> domain** and **S glycoprotein** with significant affinities<sup>7</sup>
- One or more IgG-specific mechanisms might be involved<sup>7,14</sup>:
  - **Cross-linking** of S-glycoprotein trimer
  - **Steric hindrance**
  - **Aggregation of virions**<sup>15</sup>

Molecular surface representation  
of SARS-CoV-2 S-glycoprotein

S309 epitope conservation

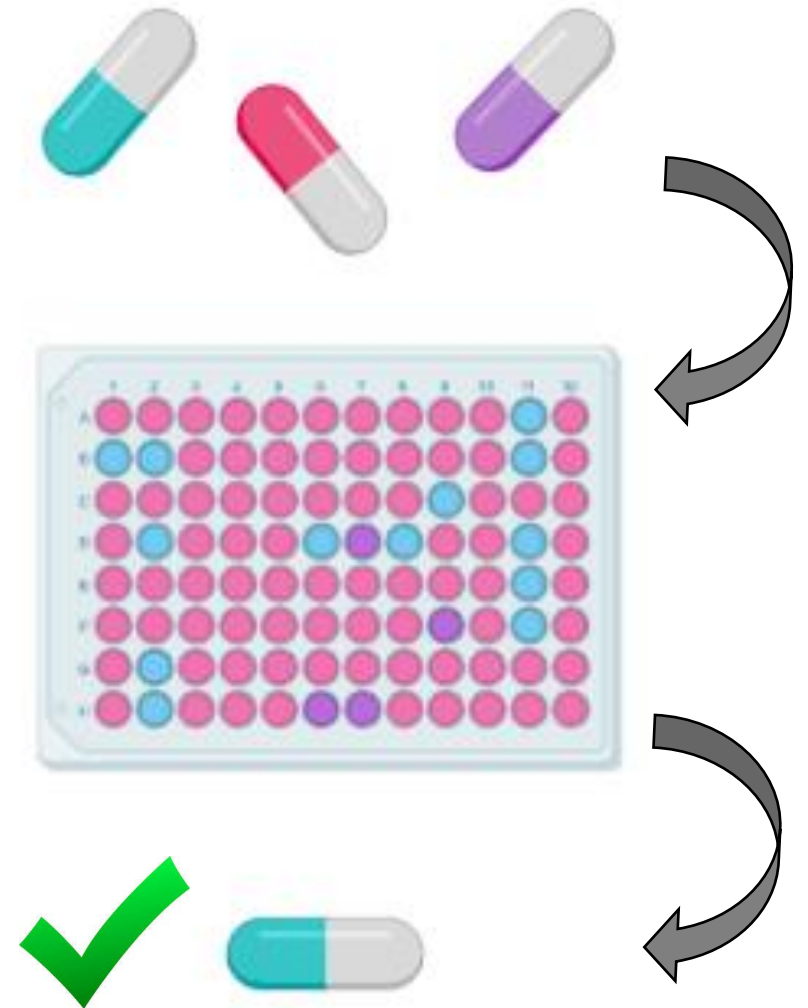


■ Conserved  
■ Conservative substitution

Image adapted from Pinto et al., 2020

# Small Molecules as Therapeutics

- Organic compounds with low molecular weights
- **Benefits<sup>16</sup>:**
  - Can test multiple variants with high throughput screening methods
  - Cheap to manufacture and administered orally
- Candidates for **SARS-CoV-2**:
  1. Nucleoside analog **RdRp** inhibitors<sup>8</sup>
  2. **Mpro** inhibitors<sup>8</sup>
  3. Blocking **S protein-ACE-2** binding<sup>8</sup>
  4. **Corticosteroids** for reduced inflammation<sup>17</sup>



# 1. Nucleoside Analogs as RdRp Inhibitors

- RdRp is essential for SARS-CoV-2 genome replication and production of viral proteins<sup>2</sup>
- **How it Works<sup>18</sup>:**
  - Nucleoside analogs (e.g., **Remdesivir & Sofosbuvir**) bind to nsp12 region of RdRp
- **Limitations<sup>19</sup>:**
  - Conversion from prodrug to active form produces toxic metabolites
  - Not cell-specific in delivery

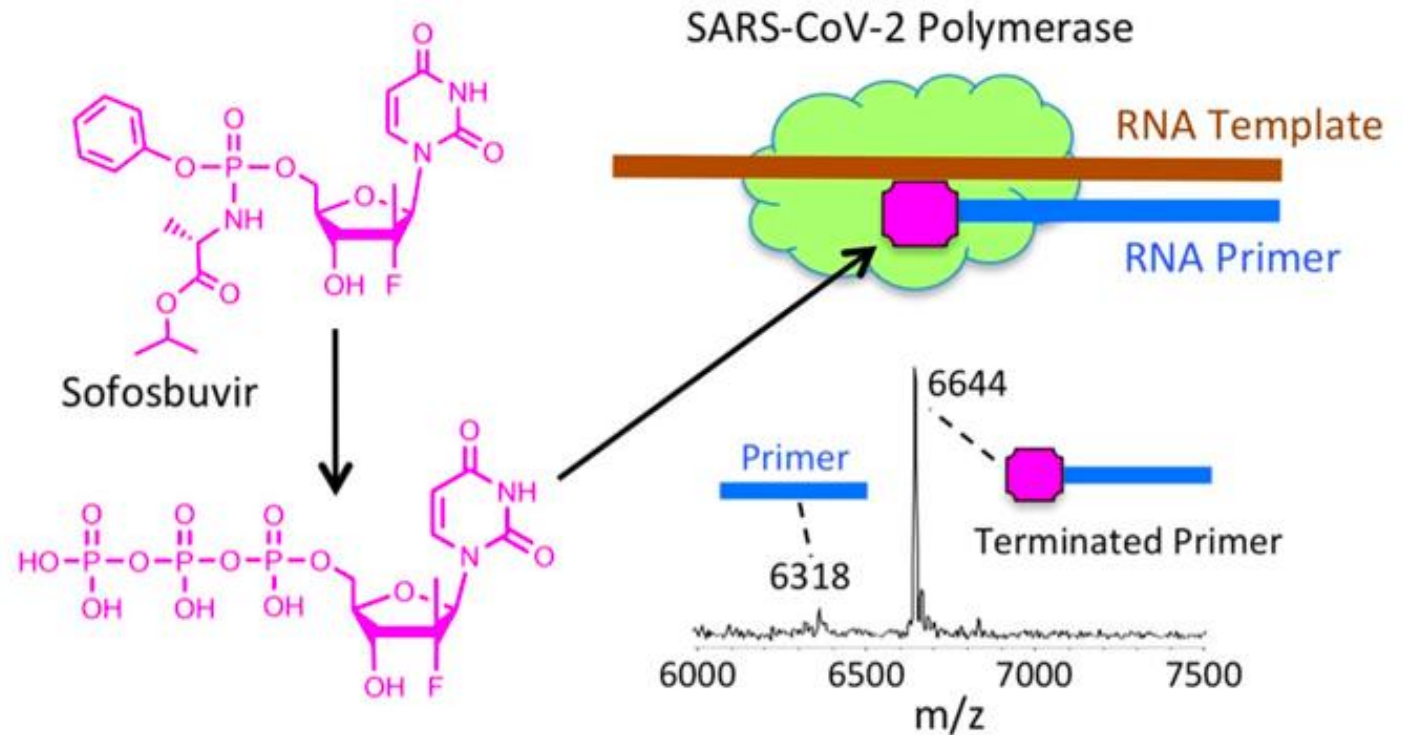


Image from Chien et al., 2020

## 2. Mpro (Main Protease) Inhibitors

- Main protease (Mpro) is essential for post-translational modifications of viral proteins<sup>20</sup>
- **How it Works<sup>20</sup>:**
  - **Ebselen** covalently binds to catalytic region of Mpro
- **Limitations<sup>21</sup>:**
  - Differences in catalytic site of SARS-CoV and SARS-CoV-2

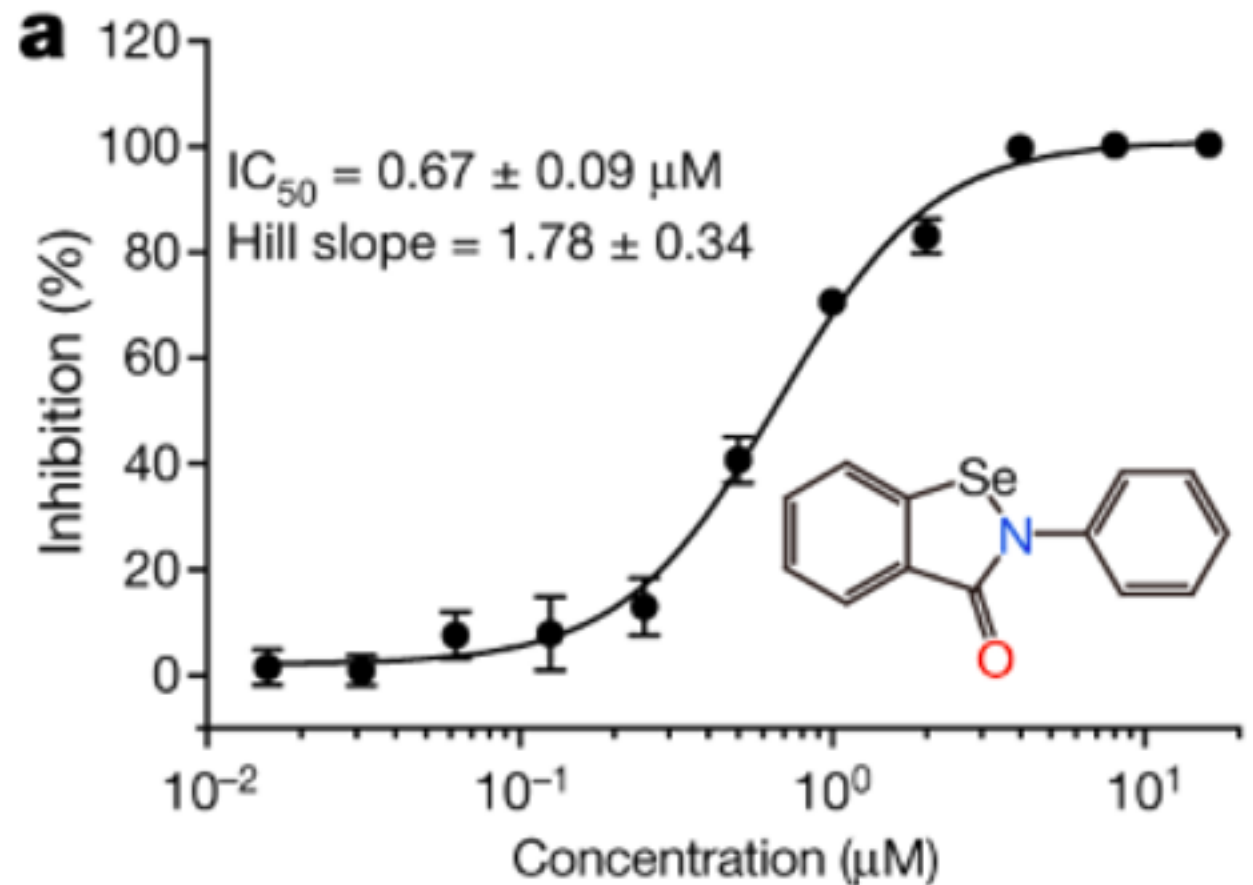


Image from Jin et al., 2020



# 3. Blocking S Protein-ACE2 Interaction

- S-protein and ACE-2 binding is essential for viral entry into cells<sup>2</sup>
- **How it Works<sup>22</sup>:**
  - **Reproterol** binds to His34 and Asp30 residues of ACE-2
- **Limitations<sup>22</sup>:**
  - More research must be done
  - Most studies focus on neutralizing antibodies with the same purpose

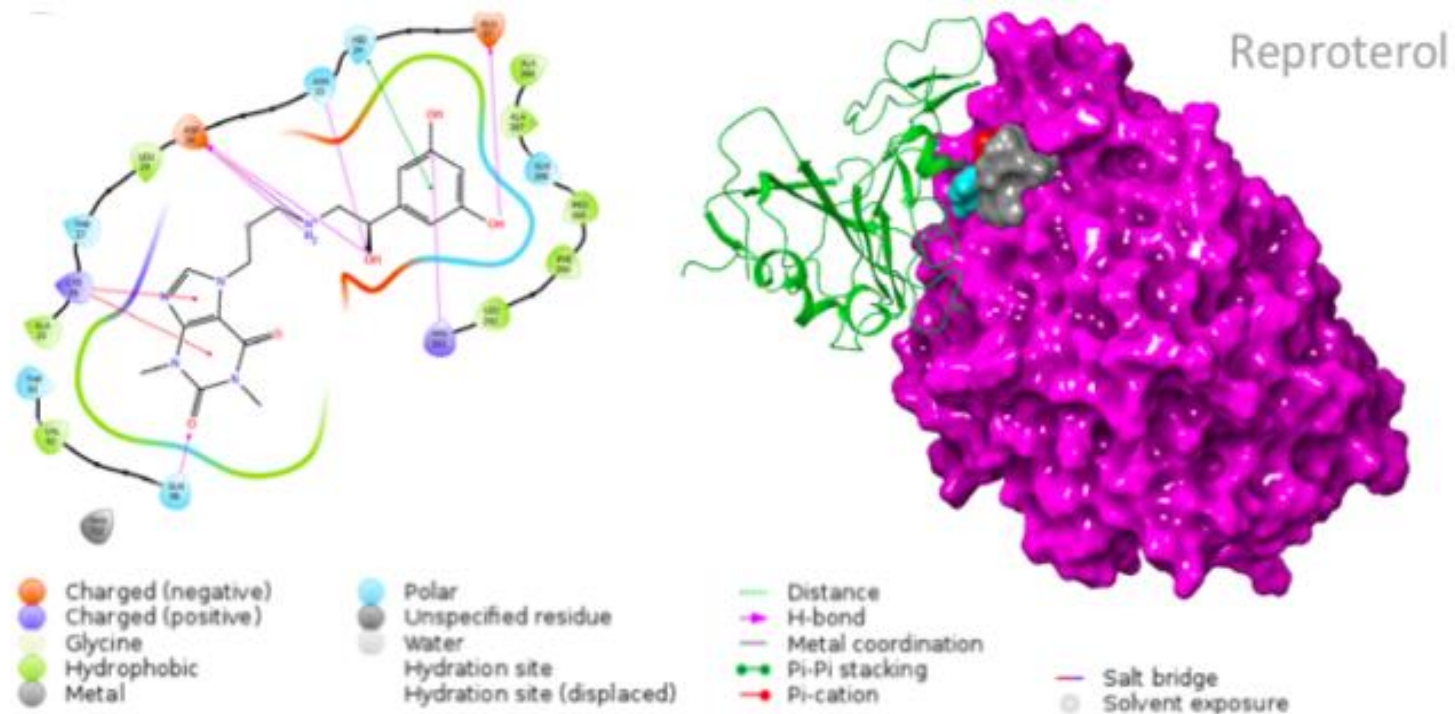


Image from Smieszek et al., 2020

## 4. Corticosteroids: Reduce Inflammation

- Corticosteroids like **hydrocortisone** and **dexamethasone** are being considered for COVID-19 severe cases<sup>23</sup>
- **How it Works<sup>17</sup>:**
  - Reduce inflammation caused by proinflammatory cytokines (e.g., IL-1)
- **Limitations<sup>17</sup>:**
  - Research findings for COVID-19 use are inconsistent
  - Chance of secondary infections



Image from Denise, 2020



# Other Immunotherapies

- **Purpose:** control immune responses in diverse directions to achieve therapeutic effect <sup>24</sup>
- **Immunological mediated disorders** (e.g., autoimmune disease, inflammatory disorders, infectious diseases) <sup>24</sup>
- The use of
  - Drugs (e.g., immunosuppressors) <sup>25</sup>
  - Biologicals (e.g., cytokines, antibodies) <sup>25</sup>
  - Immunizations (e.g., therapeutic vaccines) <sup>25</sup>
- **Limitation**
  - Side effects <sup>25</sup>
  - Does not work for everyone <sup>25</sup>

# 1. Cytokine Antagonists

- Anti-inflammatory drugs limit inflammatory processes <sup>26</sup>
- **SARS-CoV-2**
  - **IL-1 $\beta$**  - Important cytokine induce further inflammatory cytokines production <sup>26</sup>
- **Recombinant IL-1 receptor antagonist (rIL-1Ra, Anakinra)**
  - Immunosuppressive drugs <sup>26</sup>
  - Blocks the binding of both IL-1 $\alpha$  and IL-1 $\beta$  to the IL-1 receptor <sup>26</sup>
  - Inhibits IL-1 pro-inflammatory effects <sup>26</sup>
- **Limitation**
  - Target treatment to individuals with **hyperinflammation** <sup>27</sup>
  - Risk of harm by potentially targeting beneficial inflammation <sup>27</sup>



Image from MedPage Today, n.d.

## 2. Passive immunotherapy

- **Convalescent plasma treatment**
  - Passive polyclonal antibody administration <sup>26</sup>
  - Supply immunity against viral infection & improves survival rate <sup>26</sup>
- **SARS-CoV-2**
  - Immunomodulatory effect via inhibiting cytokine storm <sup>26</sup>
  - Presence of antibodies against SARS-CoV-2 in serum such as IgG, IgM, and IgA <sup>26</sup>
  - Improved clinical symptoms & decreased CRP level <sup>26</sup>
- **Limitation**
  - Immunological reactions <sup>28</sup>
  - Risk of reinfection <sup>28</sup>

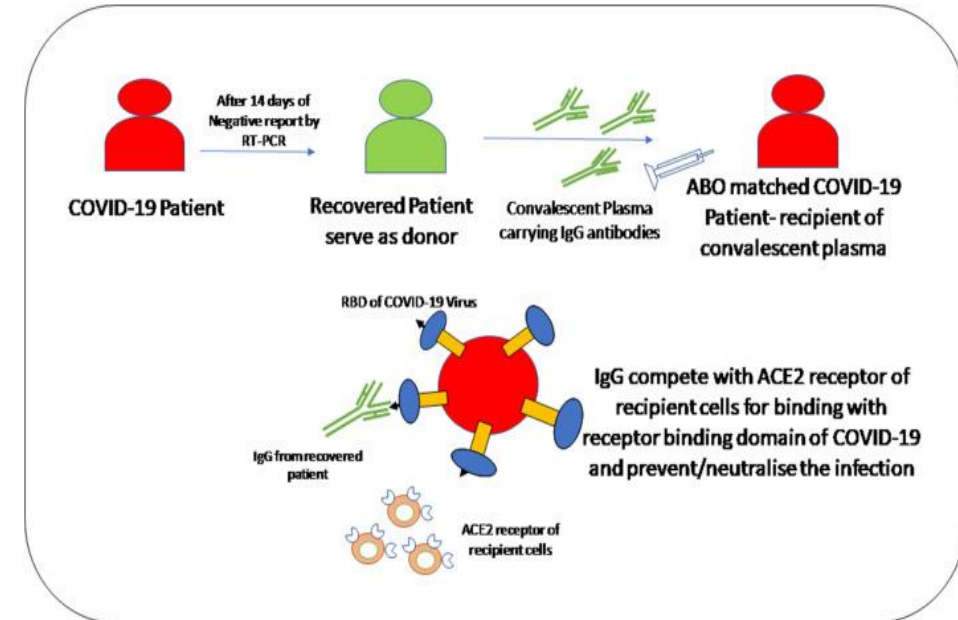


Image from Kumar et al., 2020

# Summary

	Benefits	Limitations
<b>Antibody</b>	<ul style="list-style-type: none"> <li>• High-specificity for a single epitope of an antigen</li> <li>• Renewably generate once suitable hybridoma or CHO cells are developed</li> <li>• mAbs are homogenous &amp; highly consistent</li> <li>• Immediately treat an existing SARS-CoV-2 infection</li> <li>• Neutralizing antibody: S309               <ul style="list-style-type: none"> <li>• targets S glycoprotein trimer</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Mono-specificity limits their applications</li> <li>• Minor changes in antigen epitope structure affects the function of mAbs</li> <li>• Production is expensive</li> <li>• Protection is short-term (Weeks to Months)</li> </ul>
<b>Small molecule</b>	<ul style="list-style-type: none"> <li>• Can test multiple candidates with high throughput screening methods</li> <li>• Can be ingested orally</li> <li>• More affordable than other therapeutics</li> <li>• Target many different biochemical pathways</li> </ul>	<ul style="list-style-type: none"> <li>• Target cells and viruses may develop drug resistance mechanisms (e.g., drug inactivation, efflux pumps)</li> <li>• Can only target one protein/pathway</li> </ul>
<b>Other Immunotherapy</b>	<ul style="list-style-type: none"> <li>• Immunomodulatory effect</li> <li>• Supply immunity against viral infection</li> <li>• Target specific interleukin</li> </ul>	<ul style="list-style-type: none"> <li>• Side effects</li> <li>• Does not work for everyone</li> <li>• Immunological reaction</li> </ul>

# Conclusion

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