

Two Things About COVID-19 Might Need Attention

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Abstract

The spread of 2019 novel coronavirus disease (COVID-19) throughout the world has been a severe challenge for public health. The human angiotensin-converting enzyme 2 (ACE2) has a remarkably high affinity binding to severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). By the search for network database and re-analysis of public data, we found the level of ACE2 expression in adipose tissue was higher than that in lung tissue, which indicated the

adipose tissue might be vulnerable to SARS-CoV-2 as well; the levels of ACE2 expressed by adipocytes and adipose progenitor cells were similar between non-obese individuals and obese individuals, but obese individuals have more adiposes so as to increase the number of ACE2-expressing cells; the expression of ACE2 in tumor tissues posed by five different types of cancers increased significantly compared with that in adjacent tissues. Thus, we suggest that more attentions might be given to obese individuals and the five types of cancer patients during the outbreak of COVID-19.

Instruction

The COVID-19 that outbreaked in Wuhan (Hubei province, China) in 2020 has become a public health emergency of international concern, and it was caused by the SARS-CoV-2¹. As of 11:00 on February 21, 2020, there are 75,567 confirmed cases, 5,206 suspected cases, and 2,239 death cases in China.

The spike protein 3-D structure of SARS-CoV-2 is similar to that of SARS-CoV, and hence SARS-CoV-2 is also feasible to bind to ACE2². The binding affinity between ACE2 and SARS-CoV-2 is approximately 10- to 20-fold higher than that between ACE2 and SARS-CoV³. Therefore, those ACE2-expressing cells and tissues, potentially act as targets of the novel coronavirus⁴.

Two things in our research were explored to suppose some suggestions for prevention and treatment of COVID-19. First, is adipose potentially infected by SARS-CoV-2? It is reported that adipose tissues could be infected by some virus, like H5N1, HIV^{5,6}. Furthermore, obesity could influence the mortality and transmission of influenza virus^{7,8}. To date, no research has demonstrated that SARS-CoV-2 could infect adipose tissue. Moreover, there is still no evidence to show that obesity is associated with COVID-19. Second, although the COVID-19 patients with cancers have higher severe events⁹, is the risk of different types of cancer patients facing with SARS-CoV-2 similar?

Materials and methods

Tissue ACE2 expression analysis

Four network databases, HCCDB¹⁰ (<http://lifeome.net/database/hccdb/home.html>), HPA^{11,12}

(<https://www.proteinatlas.org/>), UALCAN¹³ (<http://ualcan.path.uab.edu/analysis.html>) and GEPIA2¹⁴ (<http://gepia.cancer-pku.cn/index.html>), were used to search ACE2 gene. All data are available directly online.

Cell ACE2 expression analysis

The cohort of obese and non-obese individuals was derived from public datasets (GEO: GSE80654), including RNA expression profiling by microarray of major white adipose tissue cell types (adipocytes from 7 non-obese and 7 obese human adipose tissue, progenitor cells from 10 non-obese and 9 obese human adipose tissue). Gene expression data was extracted and analyzed in R 3.4.4 statistical software.

Results

One: Adipose tissue might be infected by SARS-Cov-2.

We have employed two databases, HCCDB and HPA, to search the SARS-Cov-2 receptor ACE2 in normal tissues. In terms of RNA level, it shows that the expression of ACE2 in heart, kidney, testis, intestine and bladder is higher than that in lung, which is consistent with the previous report by Zin Zhou *et al*⁴. Moreover, we found the expression of ACE2 in gallbladder and adipose tissue (including subcutaneous and visceral) is significantly higher than that in lung (Figure 1). In addition, we have explored whether obesity could affect the expression of ACE2. On account of data deficiency, it is impossible to test ACE2 expression in the whole adipose tissue. Nevertheless, the level of ACE2 expression in adipocytes and adipocyte progenitor cells isolated from adipose tissues of non-obese and obese individuals was compared by re-analysis of public data from Anna Ehrlund *et al*¹⁵. The results of ACE2 expression levels between two kinds of cells from obese and non-obese individuals are similar (Figure 2).

Two: Five types of cancer patients facing with COVID-19 might require more medical attentions.

The ACE2 expression level in cancers was analyzed by three databases, HCCDB, UALCAN and GEPIA2. We found tumor tissues of five types of cancers including CESC (Cervical squamous cell carcinoma and endocervical adenocarcinoma), PAAD (Pancreatic adenocarcinoma), READ (Rectum adenocarcinoma), KIRP (Kidney renal papillary cell carcinoma) and KIRC (Kidney renal clear cell carcinoma) expressed more ACE2 than adjacent

tissues, especially the former three cancers (Figure 3). The expression level of ACE2 in tumor tissue of CESC was closed to that in lung tissue, whereas the expression level of ACE2 in tumor tissue of PAAD got higher than that in lung tissue. In conclusion, the risk that these cancer sites infected by SARS-Cov-2 might increase.

Discussion

Some organs (kidney, liver, bladder, testis *et al.*) were demonstrated to have the potential risk of SARS-Cov-2 infection by characterizing the expression patterns of ACE2^{16,17}. However, it has not been reported whether the adipose tissue might be vulnerable to the novel virus. We used the public database to analyze the ACE2 expression in adipose tissue, and found a higher RNA level than lung tissue. It was reported that adipose tissue could serve as a reservoir for human adenovirus Ad-36, influenza A virus, HIV, cytomegalovirus *Trypanosoma gondii*, and *Mycobacterium tuberculosis*¹⁸. Certainly, it's further required to be determined whether SARS-Cov-2 could infect adipose tissue through nucleic acid detection and pathological diagnosis for adipose tissue.

We found obesity didn't affect ACE2 expressions in adipocytes and adipocyte progenitor cells in human adipose tissues. In adipose tissues, the expression level of ACE2 in other cells (monocytes, macrophages, leukocytes and NK cells *et al.*) was unknown. Thales de Almeida Pinheiro *et al.* reported that there was no difference in ACE2 expression between adipose tissues of eutrophic patients and obese patients¹⁹. However, epididymal adipose tissues of rats with HFD-induced nonalcoholic steatohepatitis and HFD-induced mice upregulated ACE2 expression^{20,21}. Obesity was reported to increase vulnerability to infection²². Obesity is an independent risk factor for hospitalization and death to H1N1 influenza virus, and HFD-induced and genetic-induced obese mice exhibited greater H1N1 mortality⁷. Symptomatic obese adults were shown to shed influenza A virus 42% longer than non-obese adults. Obesity increases the duration of influenza A virus shedding in adults, which suggests obesity may play an important role in influenza transmission⁸. Even though obesity really has no effect on ACE2 expression, the obese individuals have more adipose to increase the quantities of ACE2 proteins. Therefore, the role of obesity in SARS-Cov-2 infection shouldn't be ignored.

Wenhua Liang *et al.* analyzed the risk for COVID-19 in patients with cancer for the first

time, and they found cancer patients had more severe events⁹. As limited number of COVID-19 patients with cancer, they couldn't compare the severe events between different types of cancers. We found five types of cancers (CESC, PAAD, READ, KIRP and KIRC) increased the ACE2 expression at the original organs, which might worsen the COVID-19. It's also required more clinical data to further verify this find.

Finally, we proposed two suggestions at this critical period of epidemic. First, the above cancer patients and obese individuals should pay great attention to protection from SARS-Cov-2 infection. Second, the more intensive surveillance or treatment should be delivered to the above cancer patients and obese individuals in the early stages of COVID-19.

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Figure legends

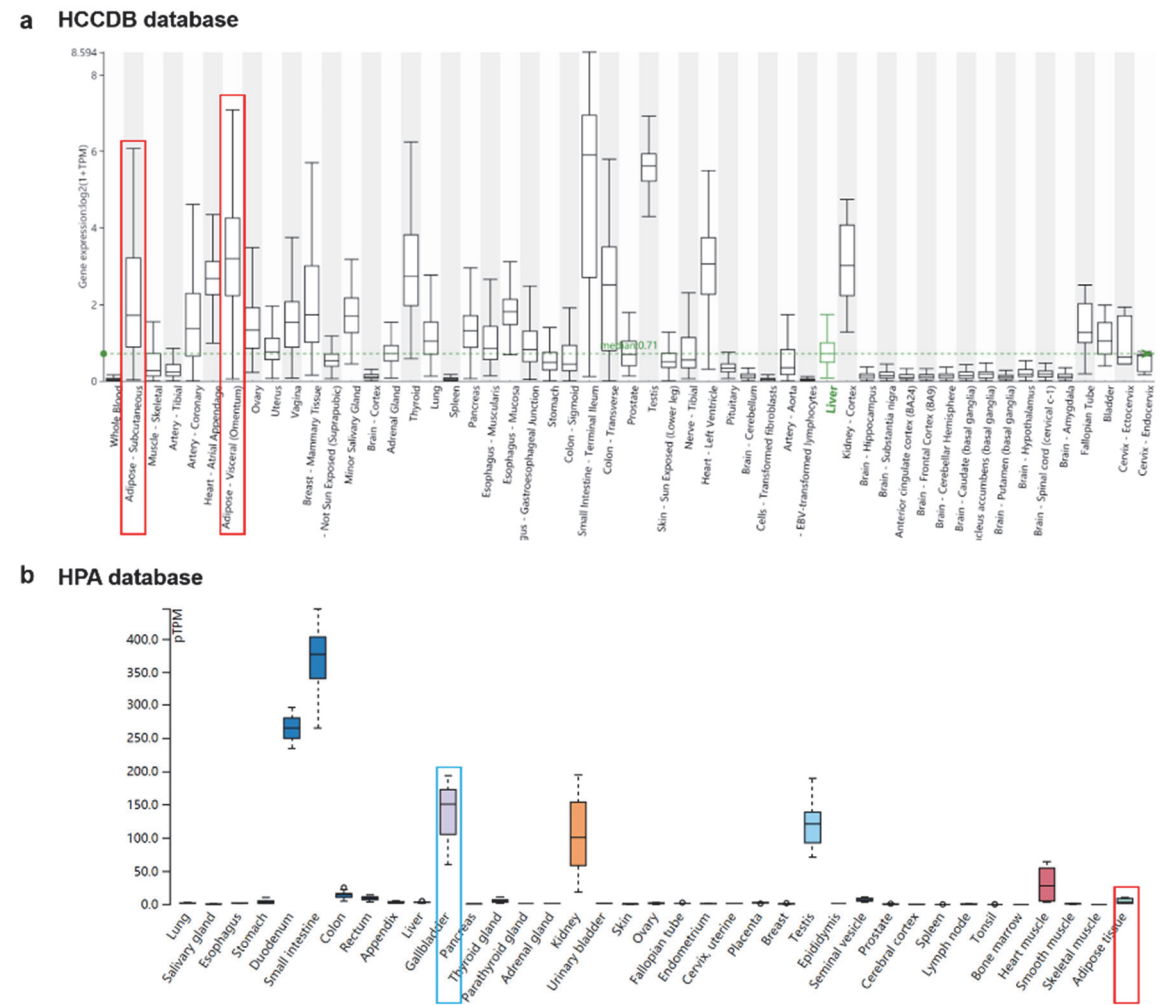


Figure 1. ACE2 expressions of different normal tissues were analyzed using two databases, HCCDB (a) and HPA (b). The red box indicates adipose tissue, and the blue box indicates gallbladder.

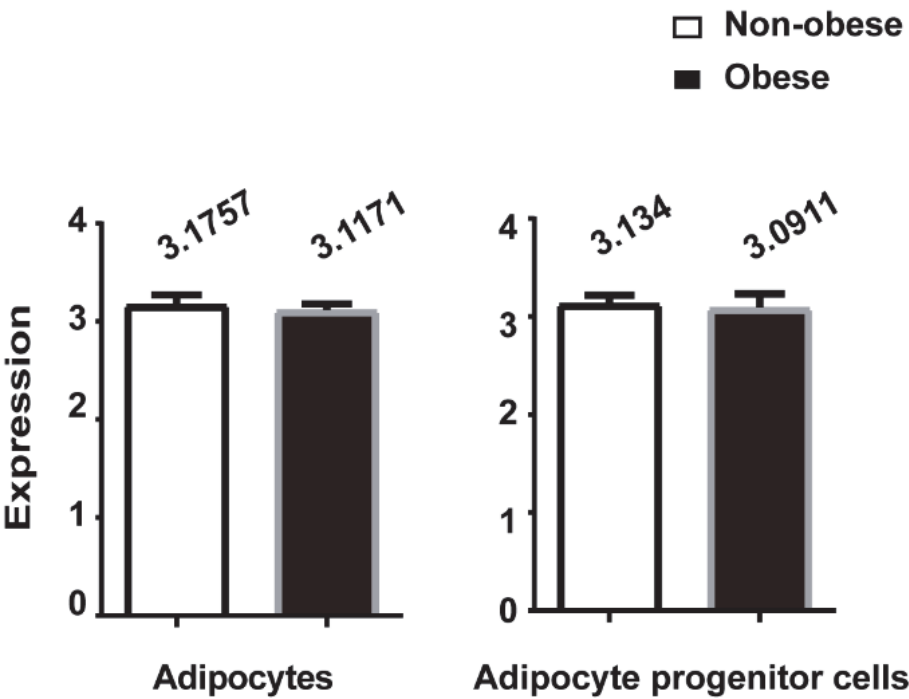


Figure 2. ACE2 expressions of adipocytes and progenitor cells isolated from adipose tissues of non-obese and obese individuals were shown.

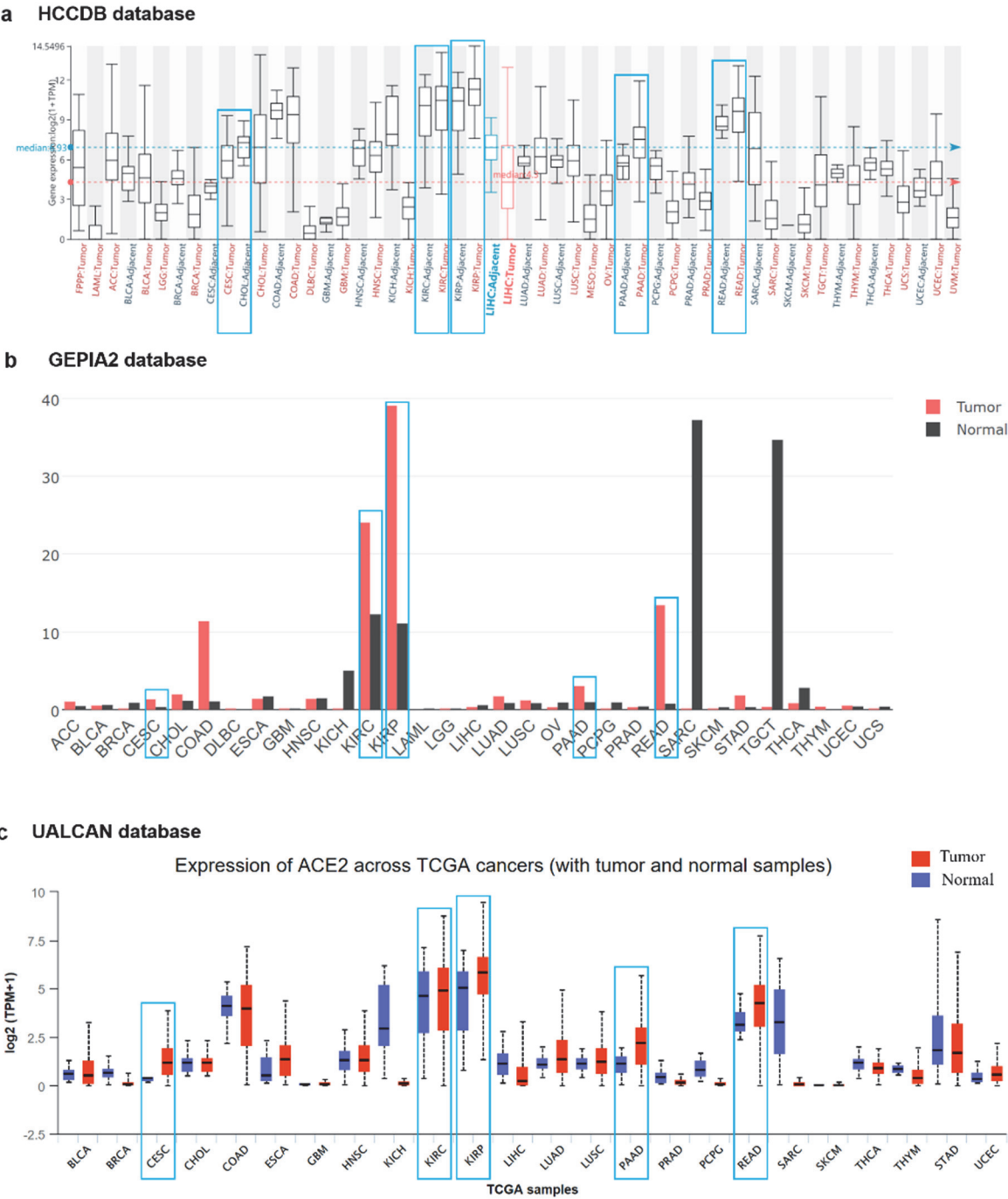


Figure 3. ACE2 expressions of different kinds of cancers were analyzed using three databases, HCCDB (a), GEPIA2 (b) and UALCAN (c). The blue box indicates that ACE2 expresses higher in tumor tissue than the normal tissue, i.e. adjacent tissue.