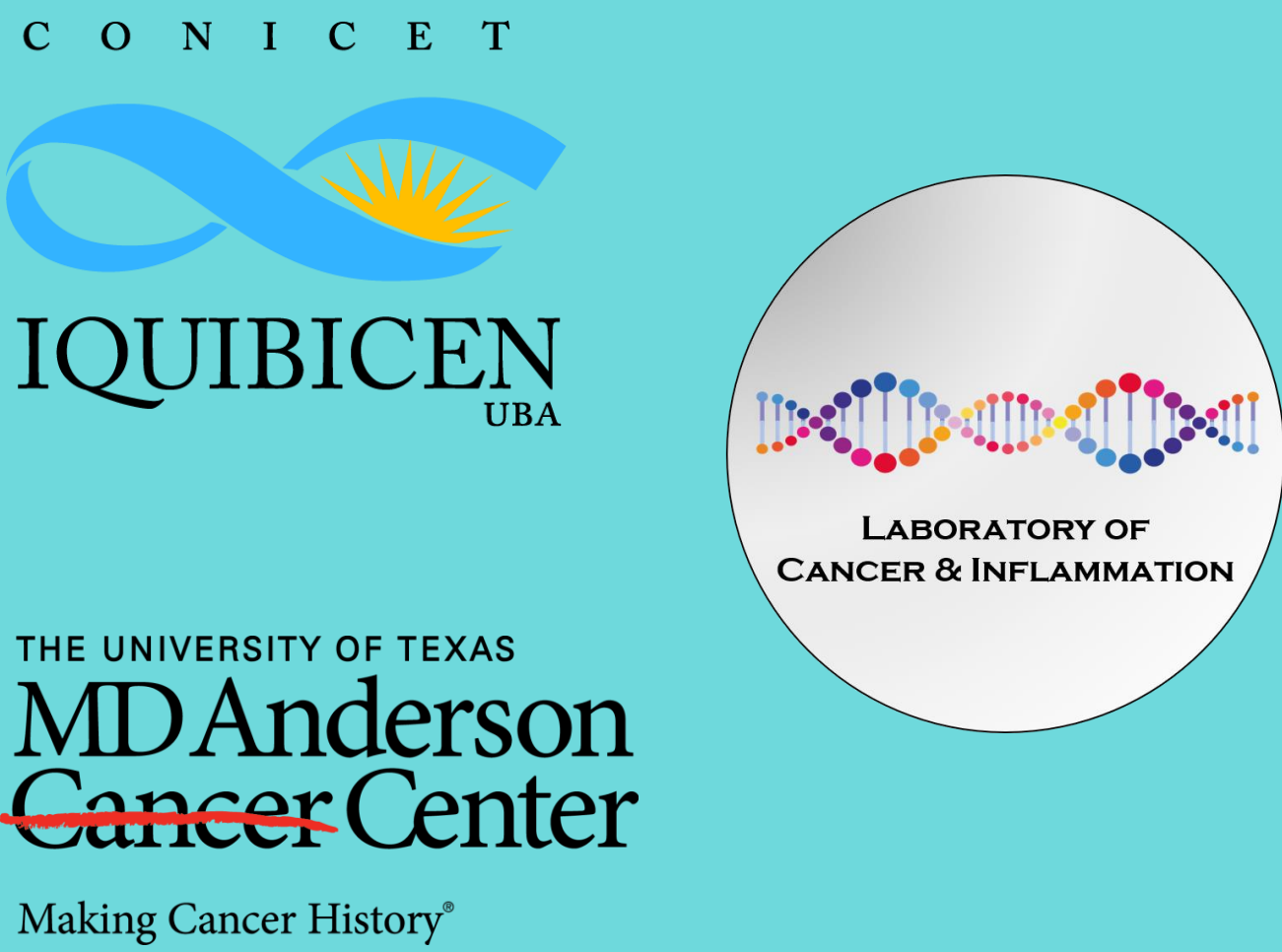


Androgen-deprivation therapy boosts *MX1* expression, a silent effector against COVID-19.

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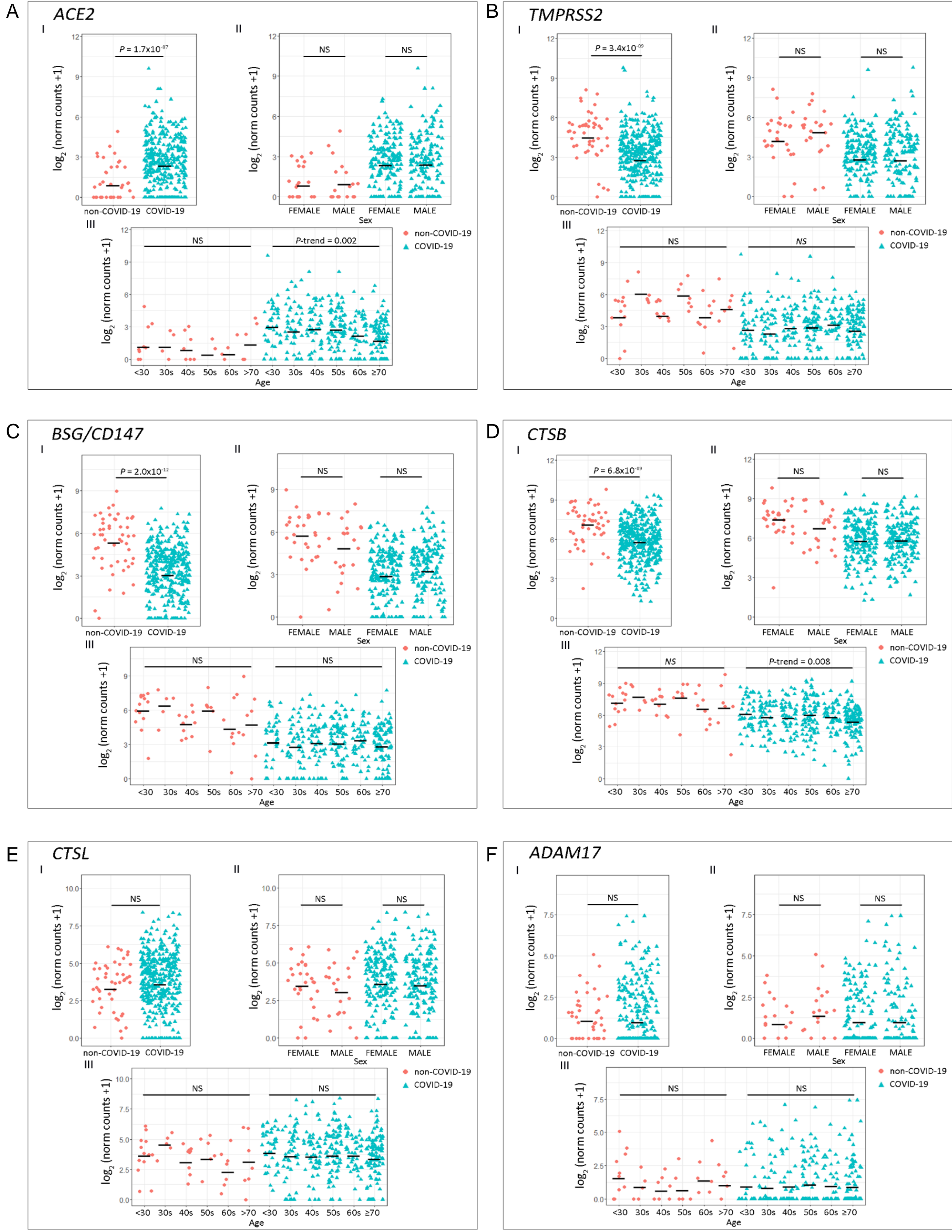
SUMMARY

Cancer is a risk factor for SARS-CoV-2 infection. Recent reports have shown that prostate cancer (PCa) patients who underwent androgen-deprivation therapies (ADT) were partially protected from COVID-19. The human myxovirus resistance gene 1 (*MX1*) is expressed in many tissues, including prostate, and we have previously demonstrated its antitumoral activity in PCa, tilting the balance of endoplasmic reticulum stress towards pro-death events. Another key aspect of this protein is its participation in the antiviral response. It is recognized as an IFN-stimulated gene (ISGs), especially during influenza virus infection. Currently, there are several ongoing clinical trials for COVID-19 prevention and/or treatment using type I or III interferons. However, IFN administration could enhance a "cytokine-storm" causing a hyper-inflammatory response and contributing to multiple organ failure. In this work we used a published case-control study

(GSE152075) from SARS-CoV-2 positive (n=403) and negative patients (n=50) to analyze the response to infection assessing gene expression profiles of key host cell receptors and antiviral proteins. Additionally, given that *MX1* was differentially expressed between COVID-19 and non-COVID-19 patients, we evaluated *MX1* expression in A549 and Calu3 lung cell lines and ferrets infected with SARS-CoV-2. Since ADT seems to reduce SARS-CoV-2 infection incidence, we aimed to study *MX1* regulation by dihydrotestosterone (DHT). We browsed publicly available ChIP-seq experiments evaluating androgen receptor (AR) binding sites in *MX1* promoter and coding region in different PCa cell lines under DHT stimulation; and we treated LNCaP cells with DHT to assess *MX1* expression under androgen stimulation. Finally, using transcriptomics data from PCa patients under ADT, we studied how androgen ablation regulates *MX1* expression.

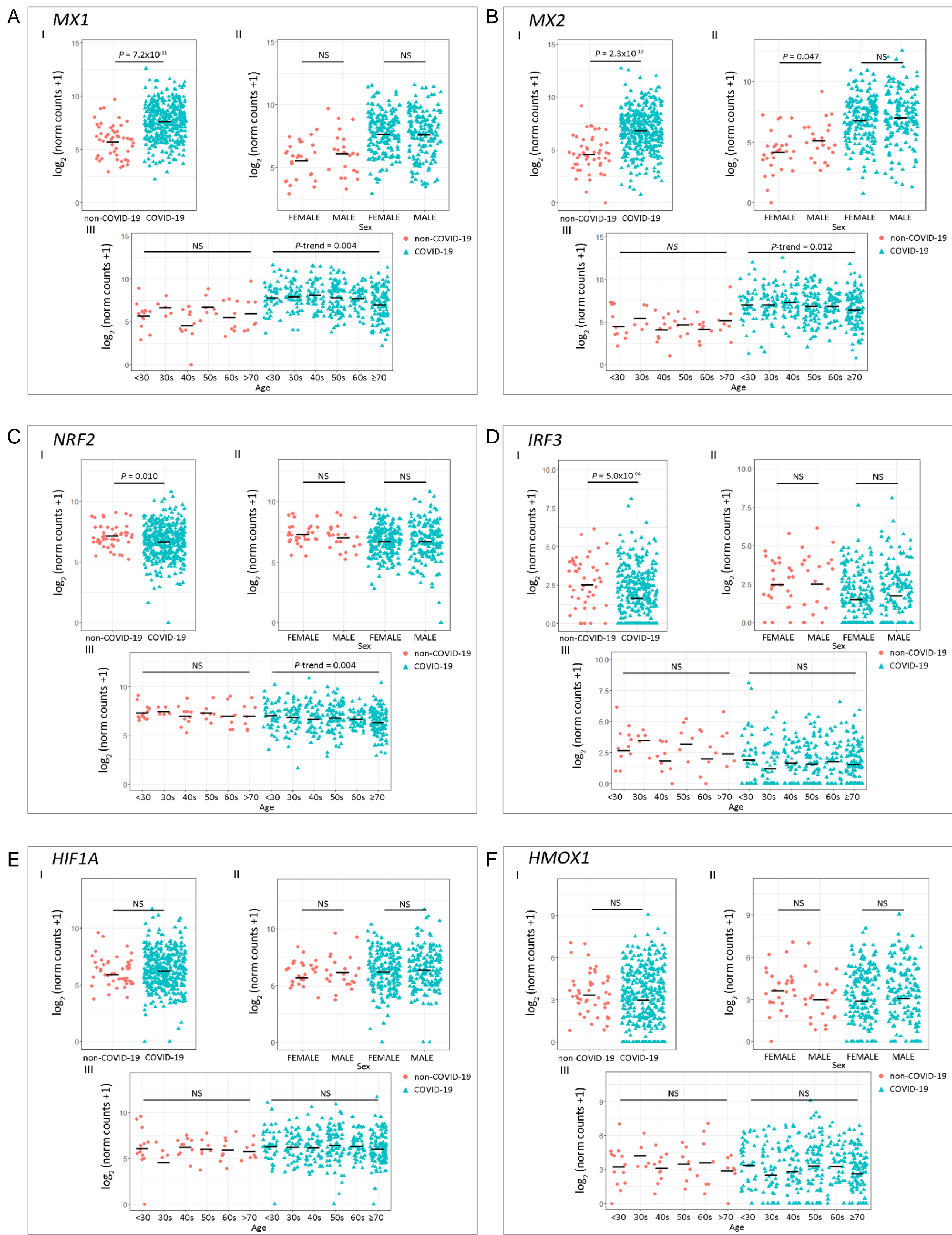
RESULTS

1. Expression of host cell receptor genes in COVID-19 and non-COVID-19 patients



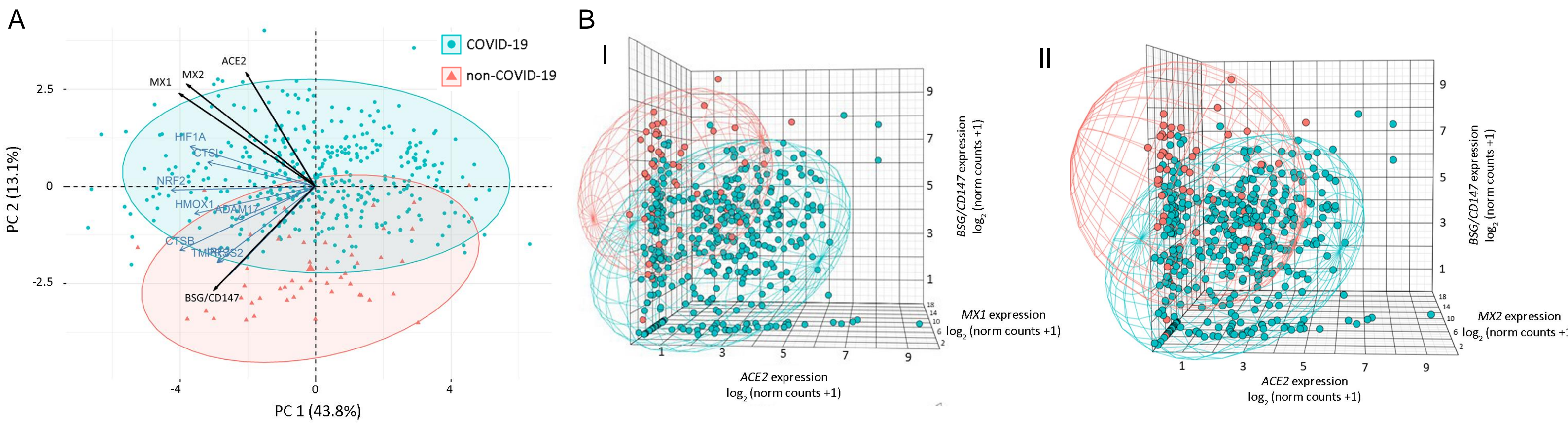
Gene expression analysis for host cell receptor genes: **A)** *ACE2*, **B)** *TMPRSS2*, **C)** *BSG/CD147*, **D)** *CTSL*, **E)** *CTSL* and **F)** *ADAM17*. I) COVID-19 vs. non-COVID-19 patients (*P*-values correspond to Wilcoxon rank sum test); II) COVID-19 and non-COVID-19 patients by sex (*P*-values correspond to Wilcoxon rank sum test); III) COVID-19 and non-COVID-19 patients categorized by age groups (*P*-values correspond to decreasing Jonckheere-Terpstrata trend test). Data was obtained from (GSE152075). Statistical significance was set at *P* < 0.05.

2. Expression of host antiviral effector genes in COVID-19 and non-COVID-19 patients.



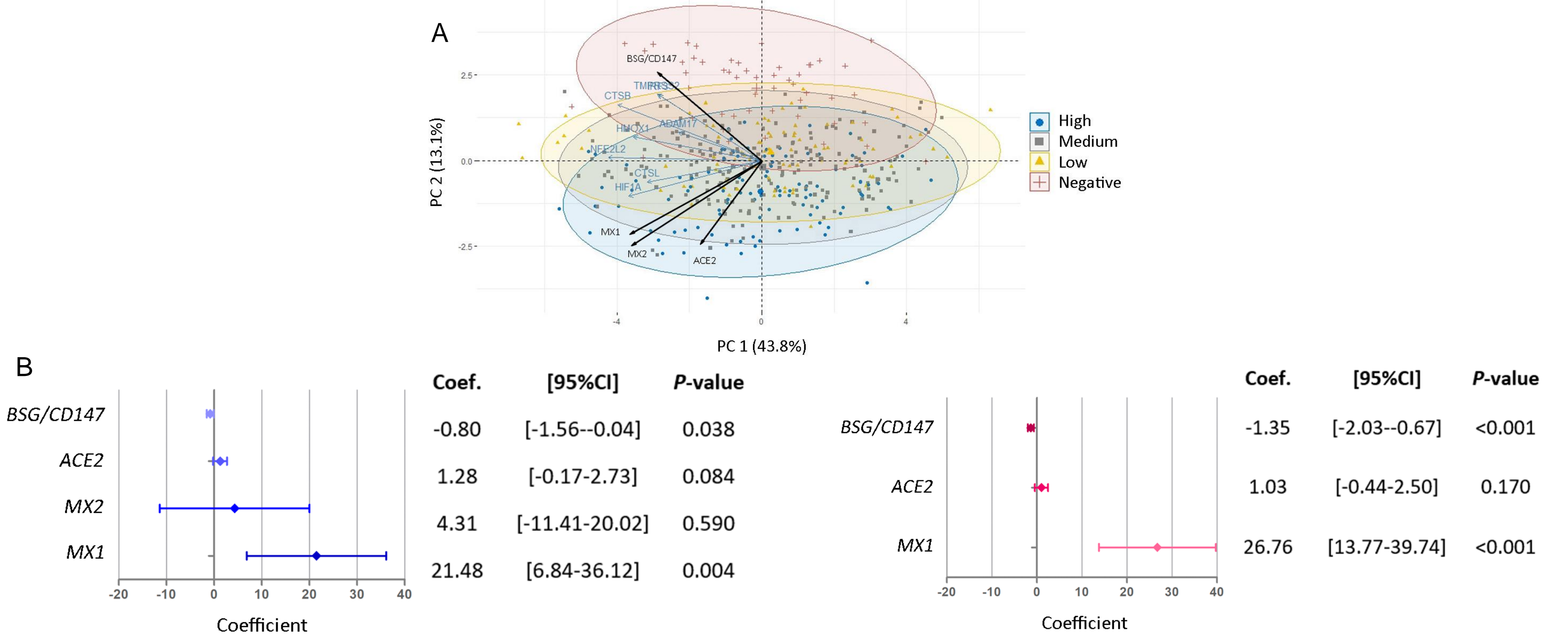
Gene expression analysis for key antiviral genes: **A)** *MX1*, **B)** *MX2*, **C)** *NRF2*, **D)** *IRF3*, **E)** *HIF1A* and **F)** *HMOX1*. I) COVID-19 vs. non-COVID-19 patients (*P*-values correspond to Wilcoxon rank sum test); II) COVID-19 and non-COVID-19 patients by sex (*P*-values correspond to Wilcoxon rank sum test); III) COVID-19 and non-COVID-19 patients categorized by age groups (*P*-values correspond to decreasing Jonckheere-Terpstrata trend test). Data was obtained from (GSE152075). Statistical significance was set at *P* < 0.05.

3. Principal component analysis in SARS-CoV-2 positive and negative patients



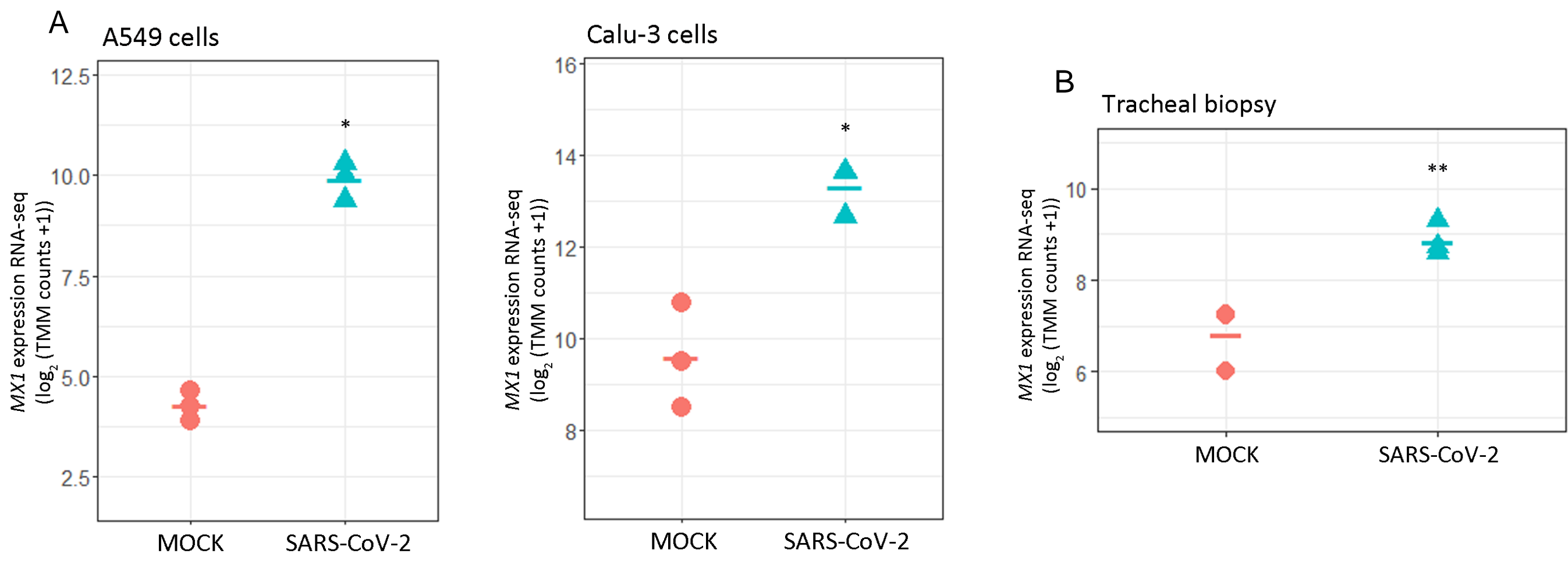
A) Principal Component Analysis (PCA) biplot of gene expression data showing a rough segregation of non-COVID-19 and COVID-19 samples. Each point represents one individual, and the arrows depict the gene expression profile; black arrows show the 4 genes that have the greatest weight in driving the difference between the groups. **B)** 3D-scatter plots for I) *ACE2*, *MX1*, and *BSG/CD147* and II) *ACE2*, *MX2*, and *BSG/CD147*.

4. Association between SARS-CoV-2 viral load and gene expression



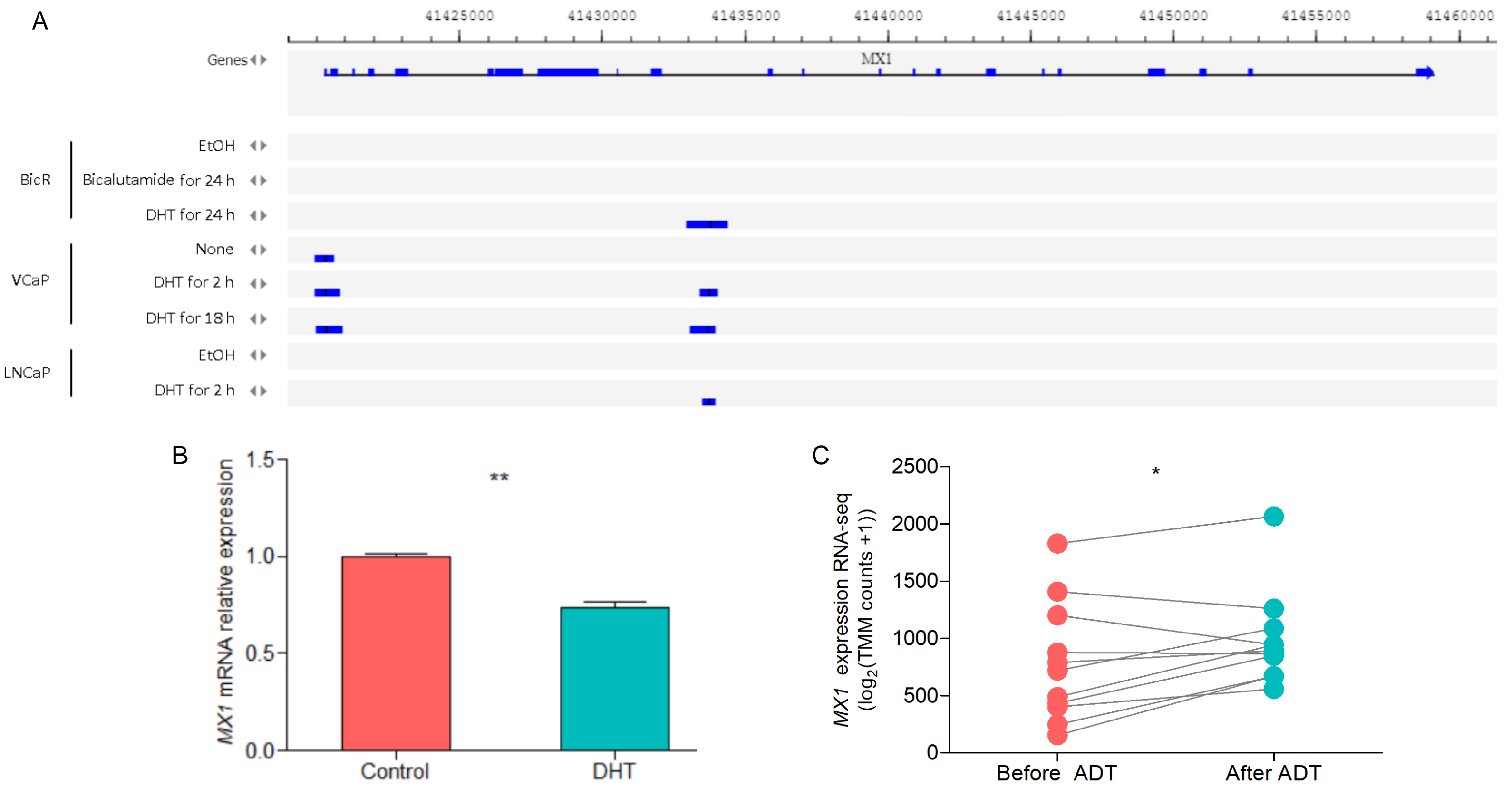
A) Principal Component Analysis biplot of gene expression data showing a rough segregation of non-COVID-19 and COVID-19 patients stratified by low (Ct>24), medium (Ct=24-19) and high (Ct<19; blue) viral load. Each point represents one individual, and the arrows depict the gene expression profile; black arrows show the 4 genes that have the greatest weight in driving the difference between the groups. **B)** Forest plots representing multivariable regression analysis. Model I) considering as covariates: individual gene expression, viral load and age; and model II) considering as covariates: viral load, age, and all genes.

5. Analysis of *MX1* expression by SARS-CoV2 infection in lung cell lines



A) Dot plots showing *MX1* mRNA expression levels in A549 (n = 6) and Calu-3 (n = 6) human cell lines comparing SARS-CoV-2 infection vs. mock infection. **B)** Dot plots depicting *MX1* expression in tracheal biopsy samples (n = 7) from SARS-CoV-2 infected vs. mock-treated ferrets. Samples were collected on day 3 after SARS-CoV-2 infection. Expression data was obtained from the GSE147507 dataset. For all graphs, the mean is represented as a horizontal line. Statistical significance **P* < 0.05, ***P* < 0.01.

6. *MX1* expression modulation by androgen



A) Androgen receptor (AR) binding sites in *MX1* from ChIP-seq datasets GSE66037, GSE28950 and GSE108704. ChIP-seq reads for dihydrotestosterone (DHT), bicalutamide, ethanol (EtOH) or control treatments are represented as blue boxes. **B)** *MX1* mRNA expression assessed by RT-qPCR in LNCaP cell line under dihydrotestosterone (DHT) treatment or PBS as control. **C)** Plot comparing *MX1* mRNA expression in locally-advanced/metastatic PCa patients paired samples before (red) and after (green) androgen-deprivation therapy (ADT) from the merged GSE51005 and GSE48403 datasets (n = 11). Statistical significance: **P* < 0.05, ***P* < 0.01.

CONCLUSIONS

Our study shows differences in *ACE2*, *MX1*, *MX2* and *BSG/CD147* expression between COVID-19 and non-COVID-19 patients and point out to *MX1* as a critical responder in SARS-CoV-2 infection. Furthermore, we demonstrated *MX1* modulation by ADT. **Taking into consideration the fact that PCa patients that underwent ADT were less prone to present the infection, we propose this gene as an alternative druggable target for COVID-19 patients, especially those with PCa as a co-morbidity.**

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Conflicts of interests: authors declare no conflicts of interests