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A comparison of Remdesivir versus gold cluster in COVID-19 animal model: A better therapeutic outcome of gold cluster

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\begin{abstract}
While gold compound have been approved for Rheumatoid arthritis treatment as it well suppresses inflammatory cytokines of patients, no such treatment is currently available for COVID-19 treatment in vivo. We firstly disclose gold cluster yields better therapeutic outcome than Remdesivir in COVID-19 hamster treatments as it is armed with direct inhibition viral replication and intrinsic suppression inflammatory cytokines expression. Crystal data reveals that Au(I), released from gold cluster (GA), covalently binds thiolate of Cys145 of SARS-CoV-2 M protein. GA directly decreases SARS-CoV-2 viral replication and intrinsically down-regulates NFκB pathway therefore significantly inhibiting expression of inflammatory cytokines in cells. The inflammatory cytokines in GA-treated COVID-19 transgenic mice are found to be significantly lower than that of control mice. When COVID-19 golden hamsters are treated by GA, the lung inflammatory cytokines levels are significantly lower than that of Remdesivir. The pathological results show that GA treatment significantly reduce lung inflammatory injuries when compared to that of Remdesivir-treated COVID-19 hamsters.
\end{abstract}

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\textbf{Introduction}

To date, over 5 Million people have succumbed to COVID-19 infections worldwide, with little sign of this global pandemic being swiftly brought under control. Despite tremendous global efforts in identifying a suitable drug against COVID-19, no drug has been proven to effectively treat COVID-19 infections. In comparison of biological agents, chemical drugs are of unique advantages in dealing with the COVID-19 pandemic: they are easily produced in large scale with low cost, thus satisfying the huge number of COVID-19 patients in low income countries. Importantly, chemicals allow for efficient handling, storing and distributing to patients living in environments unsuitable for biological agents. Several traditional chemicals are currently repurposed for COVID-19 treatment [1–7]. For example,
Gold compound (AF or GA) firstly associates with the catalytic domain of SARS-CoV-2 M\(^{pro}\) and finally produce Au-M\(^{pro}\) adduct

The gold cluster was synthesized by a chemical method (SI 1, Fig. S1). We firstly study if gold compound (AF or GA) associates with hydrophobic domain surround the catalytic dyad of M\(^{pro}\) via molecular dynamic (MD) simulations (SI 2). In this theory study, the crystal structure of M\(^{pro}\) was obtained from the PDB database (PDB 6LUT). The AF and GA molecular structure were performed by using GaussView 5.0 and Gaussian 09 software packages. As shown in Fig. 1A, there is one hydrophobic cavity with its volume over 500 Å\(^3\) in each M\(^{pro}\) monomer, which surrounds the catalytic site of Cys145 (green or purple region of M\(^{pro}\) monomer). In this work, we utilized AF or GA as ligand to complex with M\(^{pro}\). For the AF-M\(^{pro}\) or GA-M\(^{pro}\) complexing system, we studied the root-mean-square deviation (RMSD) to learn the binding stability. Obviously, the AF-M\(^{pro}\) or GA-M\(^{pro}\) reached binding equilibrium at about 10 ns, and the binding conformation remained stable afterwards (Fig. S2). The average binding energy of AF-M\(^{pro}\) and GA-M\(^{pro}\) was \(-50.47\) kcal/mol. and \(-722.94\) kcal/mol., respectively (Fig. S3). The GA (yellow) and AF (orange) bind to the hydrophobic cavity around the Cys145, and this makes Au atom very close to S of Cys145 (Fig. 1B). In AF-M\(^{pro}\) system, Van der Vaals force plays main role to keep system stable where the Glu166 and Gln189 of M\(^{pro}\) interact with AF via hydrogen bonds. While the electrostatic force contributes the main interaction in GA-M\(^{pro}\) system in Fig. 1B, Arg4, Arg40, Lys137 and Arg188 of M\(^{pro}\) formed four salt bridges with glutathione of GA (with yellow S atoms).

The experimental association affinity between gold compound (AF or GA) and M\(^{pro}\) was further studied by surface plasma resonance (SPR) method (SI 3). After M\(^{pro}\) was fixed in chip, serial dose of gold compound (AF or GA) was introduced into solution and the time dependent optical signal were tracked. As shown in Fig. 1C, the K\(_d\) of GA-M\(^{pro}\) and AF-M\(^{pro}\) is ~12 nm. and ~49.1 pm respectively. This SPR data implied that GA has stronger affinity with M\(^{pro}\) when compared with that of AF, and this experimental result matches the aforementioned molecular dynamic simulations where the average binding energy of AF-M\(^{pro}\) was ~50.47 kcal/mol. and that of GA-M\(^{pro}\) is the ~722.94 kcal/mol. Although theory and SPR studies revealed gold compound can tightly bind the M\(^{pro}\), we do not know the final product form of GA-M\(^{pro}\) and AF-M\(^{pro}\). To clarify this issue, a fluor labeled-M\(^{pro}\) solution was used to check if gold compound can tightly bind with M\(^{pro}\) in cytoplasm (SI 4). AF and GA were directly introduced to none strep tagged-M\(^{pro}\) in A673 cell culture media, this would produce Au-M\(^{pro}\) adduct in cytoplasm (SI 4). After gold compound treated M\(^{pro}\) was purified, ESI mass spectra was used to check the products formed after gold compound treatment. In Fig. 1D, both GA and AF treated M\(^{pro}\) finally produce Au-M\(^{pro}\) adduct where one Au atom is added to one M\(^{pro}\). These studies verified that GA or AF associated with M\(^{pro}\) and finally produced Au-M\(^{pro}\) adduct.

\[ Au (I), \text{released from gold compound in buffer solution, covalently binds the thiolate of Cys145 of Mpro via experimental crystal structure studies} \]

In order to examine molecular structural basis of gold compound inactive M\(^{pro}\) in vitro/in vivo, we determined the SARS-CoV-2 M\(^{pro}\) experimental crystal structures in the M\(^{pro}\) crystal incubated with AF (AF incubating form), M\(^{pro}\) crystal incubated with GA (GA incubating form), and M\(^{pro}\) crystal only (the native form), see details in S5, Fig. S4, and Table S1. In Fig. 2A, the M\(^{pro}\) molecular structures treated with AF or GA are highly similar, and share most features of the crystal structures of the apo SARS-CoV-2 M\(^{pro}\) determined recently [8,9]. However, crystal structural analysis showed that the densities of two Au (I) ions were found clearly to be very close to the thiol residues of Cys145 and Cys156 (Fig. 2B). The position of two Au (I) ions was confirmed by applying the abnormal difference Fourier maps, two Au (I) ions are defined as Au (I) 1 and Au (I) 2, respectively. In Figs. 2C and S5, the Au-S bond length is 2.3 Å in Au-M\(^{pro}\), such short bond length confirms that AF or GA can release Au (I) ions which covalently bind to the thiolate of Cys145 and Cys156 of M\(^{pro}\). The thiolate of Cys151 and Cys153 residues of Echinococcus Granulosus enzyme covalently interacts with Au (I) ions, released from gold compounds in solution, were previously reported [10], which supports Au (I) irreversibly interact with thiolate of Cys145 of the catalytic dyad of M\(^{pro}\) in this study. Further temperature factor analysis shows that the occupancy of Au (I) ion is partial and the occupancy factors is about 33% for Cys145 and 11% for Cys156, indicating that the Au (I) ions released from AF or GA are gradually bind the thiolate of Cys145 and Cys156 of M\(^{pro}\) molecules in solution.

Although the M\(^{pro}\) monomer contains 12 Cys residues (Cys16, Cys22, Cys38, Cys44, Cys85, Cys117, Cys128, Cys145, Cys156, Cys160, Cys265, Cys300), only Cys145 and Cys156 specifically bind to the Au (I). To further verify the covalently binding of Au (I) to the S atom of Cys145 and Cys156, we calculated the interaction energies between Au and M\(^{pro}\) protein using density functional theory (SI 6) method. In Fig. 2D, our analysis showed that the bond dissociation energies (E\(_{\text{BD}}\))’s between Au (I) and Cys145 are ~46.1 kcal/mol. and that of Au (I) and Cys156 are ~26.5 kcal/mol. The larger E\(_{\text{BD}}\) value strongly suggests that the Au ion covalently bind to Cys145 and lock the active pocket of M\(^{pro}\), thus efficiently inhibiting catalytic activity.

\[ \text{Gold compound (AF or GA) inhibits SARS-CoV-2 Mpro activity, suppress SARS-CoV-2 replication, and block inflammatory cytokines expression in cell assays} \]

To examine whether AF or GA effectively inhibits M\(^{pro}\) activity, we determined the IC50 of AF or GA using a previously reported method [14]. M\(^{pro}\) activity was measured using a fluorescence resonance energy transfer (FRET) assay. To this end, a fluorescence labeled substrate, \(\text{EDNAS-Glu-Ser-Ala-Thr-Leu-Gln-Ser-Gly-Leu-Ala-(Lys-DABCYL)-Ser}\), derived from the auto-cleavage sequence of the viral protease was chemically modified for enzyme activity assay (SI 7). As...
shown in Fig. 3 A and B, the IC50 of AF was ~0.46 µM, and the IC50 of GA was ~3.3 µM (count by gold element).

To assess whether GA inhibits Mpro activity in mammalian cells, we transiently transfected HEK293F cells with a plasmid of strep-tagged SARS-CoV-2 Mpro gene. The Mpro gene was expressed 24 h in HEK293F cells, then GA was added to the culture medium at a final concentration of 500 µM, and cell cultured for an additional 24 h. After cell harvest, SARS-CoV-2 Mpro extracted from GA-treated HEK293F cells was purified and analyzed for enzyme activity (SI 7). As shown in Fig. S6, the GA treated–SARS-CoV-2 Mpro activity was reduced to approx. 60% of control SARS-CoV-2 Mpro. ICP-MASS results indicated that when Mpro was expressed in GA-treated mammalian cells, gold can bond to SARS-CoV-2 Mpro (Fig. S6). We failed to obtain similar results for AF in cell assays as AF exhibited strong cytotoxicity when HEK293F cell cultured with AF. We measured the EC50 of AF or GA to evaluate if they inhibit SARS-CoV-2 replication in Vero cells, using a recently described method [5] (SI 7). As shown in Fig. 3C and D, the EC50 of AF was approx. 0.83 µM and EC50 of GA approx. 12.52 µM (count by gold element). However, for Vero cell the CC50 value of AF is ~2.27 µM and that of GA approx. 1.11 mM (Fig. S7).

COVID-19 viral infections are characterized by infections of bronchial epithelial cells, resulting in activation of inflammatory cytokine gene expression via the NFκB pathway, and these cytokines will in turn activate macrophages, which as a result acquire an inflammatory status to profoundly produce inflammatory cytokines [15,16]. Recent reports revealed that among versatile inflammatory cytokines, the IL-6, IL-1β, TNF-α play key roles in inflammation development of modest and severe infections [16,17]. We firstly assessed whether GA or AF inactivate the NFκB pathway and suppress inflammatory cytokine expression levels in inflammatory human 16HBE bronchial epithelial cells (SI 7). To test whether AF or GA inactivate the NFκB pathway in macrophage cells, and as a result down-regulate expression of IL-6, IL-1β, TNF-α, RAW264.7 macrophage was incubated with AF or GA at different concentrations for 24 h. As shown in Fig. 3E and F, the low dose of AF (0.6 µM) or GA (20 µM, count by gold element) significantly suppressed IL-6, IL-1β and TNF-α expression levels in RAW264.7 macrophage cells. For human bronchial epithelial cells, AF (0.08 µM) and GA (10 µM, count by gold element) significantly inhibited phosphorylation of IKK, IκB, p65, thus significantly inhibiting IL-6, IL-1β, and TNF-α inflammatory cytokine expression. Jue et al. had demonstrated that the Cys179 of
IKKβ plays a critical role in activation of NFκB pathway, and the anti-inflammatory activity of gold compound may depend on modification of thiolate of Cys179 via Au ion released from gold compounds [18]. For 16HBE cell the CC50 of AF is ~ 0.63 µM and that of GA approx. 1.06 mM, for RAW cell the CC50 of AF is ~ 2.63 µM, and that of GA approx. 1.44 mM (Fig. S7). This implied that GA has better safety in COVID-19 treatment.

**GA decreases inflammatory cytokine level in lungs and protects lungs from inflammatory injury in COVID-19 transgenic mouse model**

To evaluate the safety of administering AF or GA into COVID-19 animal model, we first tested the toxicity of AF and GA. The reported mice intraperitoneal LD50 for AF was approx. 33.8 mg/kg.bw [19], and that for GA more than 1000 mg/kg.bw (count by gold element, all mice survived, see SI 8). The SD rat intraperitoneal LD50 for AF was found to be approx. 25.5 mg/kg.bw [19], while that for GA approx. 288 mg/kg.bw (count by gold element, SI 8). Together, these animal toxicity and aforementioned cell toxicity data (Fig. S8) strongly suggested that GA is safer for mice/rats than AF.

We therefore continued investigation of GA in a COVID-19 transgenic mouse. To evaluate whether GA inhibit lung inflammation injury, the Ad5-hACE2-transduced mice were generated according to recently published methods [20]. Briefly, BALB/c mice were randomly divided into three groups, namely GA (GA treated COVID-19 mice), NS (0.9% NaCl treated COVID-19 mice), Mock (0.9% NaCl treated control mice), all mice were anesthetized with pentobarbital sodium and transduced intranasally with 2.5 × 10^8 FFU of Ad5-ACE2 in 50 μL DMEM (SI 9). Five days post transduction, the mice in GA group received a dose of 15 mg/kg.bw (count by gold element) via intraperitoneal injection (i.p.). For mice in NS group, an equivalent volume of normal saline (0.9% NaCl) via intraperitoneal injection (i.p.) as vehicle. For mice in Mock group, an equivalent volume of normal saline (0.9% NaCl) via intraperitoneal injection (i.p.) without SARS-CoV-2 infection as a control. One hour after GA or normal saline treatment, mice in GA or NS group were infected intranasally using SARS-CoV-2 (1 × 10^5 PFU) in a total volume of 50 μL DMEM. After virus infection at day 0, mice received GA or NS treatment for further three times as shown in Fig. 4A. All mice were euthanized at day 3 post infection, and several parameters were measured, including body weight loss,
Fig. 3. AF and GA inhibit M\textsuperscript{pro} activity, suppress SARS-CoV-2 replication, and inactivate the NF\kappa B pathway and suppress inflammatory cytokines expression in cells. (A) IC\text{50} of AF is \textasciitilde 0.46 \mu M. (B) IC\text{50} of GA is \textasciitilde 3.3 \mu M. (C) EC\text{50} of AF is \textasciitilde 0.83 \mu M. (D) EC\text{50} of GA is \textasciitilde 12.52 \mu M. (E) Low dose of AF (0.6 \mu M) and GA (20 \mu M) significantly inhibit IL-6, IL-1\beta, TNF-\alpha inflammatory cytokine expression in RAW264.7 macrophages via western blot method (unpaired t-test, ***p < 0.001, **p < 0.01, *p < 0.05). (F) Low dose of AF (0.08 \mu M) and GA (10 \mu M) significantly suppress NF\kappa B activation, thus inhibiting IL-6, IL-1\beta, TNF-\alpha inflammatory cytokine expression in human 16HBE bronchial epithelial cells via western blot method (unpaired t-test, ***p < 0.001, **p < 0.01, *p < 0.05).
Fig. 4. The GA protects lung injury and suppresses inflammatory cytokines and SARS-CoV-2 spike in lungs of COVID-19 mice. (A) Schematic diagram of GA treated COVID-19 mice. (B) Weight loss of infected mice treated either with GA or NS. (C) Histopathological scores of lung injury in SARS-CoV-2 infected mice. (D) Representative Hematoxylin-eosin (HE) staining of lungs from mice harvested at day 4 post infection. (E) The fluorescence intensity of IL-6, IL-1β, TNF-α, and SARS-CoV-2 spike in lungs of NS and GA treated COVID-19 mice, scale bar ~50 µm. Normalized fluorescence intensity of IL-6, IL-1β, TNF-α, and SARS-CoV-2 spike (unpaired t-test, *p < 0.05).
histopathological change in lung tissues, level of SARS-CoV-2 spikes in lung, and levels of key inflammatory cytokines (IL-6, IL-1β, TNF-α) in lungs.

As shown in Fig. 4, infection of mouse model with SARS-CoV-2 resulted in a number of phenotypes, including obvious body weight loss and severe bronchopneumonia and interstitial pneumonia and infiltration of lymphocytes within alveolar. GA-treated COVID-19 mice are with good body weight in comparison of NS-treated COVID-19 mice (Fig. 4B). The histopathological changes in mouse lungs were assessed by grading the injuries in accordance with the International Harmonization of Nomenclature and Diagnostic Criteria (INHAND) scoring standard. As shown in Fig. 4C, the GA-treated mice significantly reduced histopathological scores (~1.8) compared with that of NS-treated mice (~3.0). We further evaluated the therapeutic effects of GA using histopathological analysis of mouse lung tissues. As shown in Fig. 4D, mice infected with SARS-CoV-2 showed severe lung inflammation following treatment with NS, the alveolar septum, bronchi, bronchioles and perivascular interstitium were significantly widened, along with an infiltration of higher numbers of lymphocytes and a small number of neutrophils. In addition, a small number of lymphocytes and exfoliated epithelial cells localized in the lumen of local bronchi following NS treatment. Treatment with GA significantly abrogated lung inflammation in SARS-CoV-2 infected mice, the local alveolar septum, bronchi, bronchiole and perivascular interstitial widening significantly decreased. Although we still observed mild lymphocytic infiltration, the mucosal epithelium of bronchus and bronchioles was intact, and we failed to observe foreign bodies in the lumen in lung of GA treated mice.

Next, we measured SARS-CoV-2 spike and the key inflammatory cytokines in lung of mice using immuno-fluorescent imaging. As shown in Fig. 4E, the SARS-CoV-2 spike, IL-6, IL-1β, TNF-α expression level in the lung tissues of GA-treated infected mice were significantly lower than those found for NS-treated infected mice. Together, these results clearly demonstrated that GA inhibits virus replication (count by SARS-CoV-2 spike), while also suppressing inflammatory cytokine expression, thus protecting the lungs of infected mice from inflammation injury.

Via nasal dropping administration, GA shows better therapy outcome than Remdesivir in COVID-19 hamster model

Remdesivir was approved to treat COVID-19 in clinical in 2020. In this study, GA is used to compare with Remdesivir to see which one is with better outcome in COVID-19 hamster treatment. A golden Syrian hamster model was generated according to recently published paper [21]. Briefly, golden hamsters were randomly divided into five groups, and Hamsters were then infected intranasally using SARS-CoV-2 (1 × 10^7 PFU) in a total volume of 50 μL DMEM (SI 10). One hour after SARS-CoV-2 infection, hamsters in NS group received normal saline (0.9% NaCl), hamsters in Remdesivir group received a dose of 25 mg/kg/bw, and hamsters in first GA group received a dose of 5 mg/kg/bw and in second GA group received a dose of 10 mg/kg/bw (all count by gold element). Mock group are control hamsters. All hamsters are treated by intranasally dropping administration. After virus infection at day 0, hamsters received GA or Remdesivir or NS treatment for further 4 times as shown in Fig. 5A. All hamsters were euthanized at day 4 post infection, and several parameters were measured, including body weight loss, pathological change in lung tissues, level of SARS-CoV-2 spikes in lung, and levels of key inflammatory cytokines (IL-6, IL-1β, TNF-α) in lungs.

GA or Remdesivir treated COVID-19 hamsters are with body weight loss when compared to Mock hamsters (Fig. 5B). The histopathological changes in lung tissues are key index to assess the therapy effects of GA or Remdesivir in COVID-19 golden hamster. The lungs of hamsters were assessed by grading the injuries in accordance with the International Harmonization of Nomenclature and Diagnostic Criteria (INHAND) scoring standard. As shown in Fig. 5C and D, the average histopathological score of virus-infected hamsters in NS group was approx. 3, the alveolar septum, bronchus, and perivascular interstitium were significantly widened, along with an infiltration of lymphocytes and neutrophils. For hamsters infected by SARS-CoV-2, treatment of Remdesivir in dose of 25 mg/kg/bw got histopathological scores approx. 2.6, briefly the alveolar septum, bronchi, and perivascular interstitium were obviously widened, along with an infiltration of some of lymphocytes and neutrophils. Treatment of GA in dose of 5 mg/kg/bw got pathological scores, approx. 2.3, and treatment with GA in dose of 10 mg/kg/bw pathological score was approx. 2.3. GA treatment significantly decreased lung injury in comparison of Remdesivir treated SARS-CoV-2 infected hamsters. The local alveolar septum, bronchi, and perivascular interstitial widening were significantly decreased, along with an infiltration of smaller numbers of lymphocytes and neutrophils. According histopathological results, GA in dose of 5 mg/kg/bw or 10 mg/kg/bw is with better therapy outcome than Remdesivir in dose of 25 mg/kg/bw.

Next, we measured the level of SARS-CoV-2 spikes and inflammatory cytokines in lung of the hamsters using immuno-fluorescent imaging. As shown in Fig. 5E, the SARS-CoV-2 spike expression level in GA and Remdesivir treated COVID-19 hamster was significantly lower than those found in NS group, and the SARS-CoV-2 spike level in lung of Remdesivir group is significantly higher than that of GA group. For inflammatory cytokine level in lung of virus infected hamsters, IL-6, IL-1β, TNF-α of Remdesivir or GA-treated hamsters were significantly lower than those found for NS-treated hamsters, and the IL-6, IL-1β, TNF-α in lung of Remdesivir group is significantly higher than that of GA group. These immune-imaging results clearly demonstrated that GA intrinsically suppresses SARS-CoV-2 spike level and inflammatory cytokine expression in lungs of COVID-19 hamsters, the GA is with better outcome in suppression inflammatory cytokines expression when compared with Remdesivir.
The GA and Remdesivir protect lung injury and suppresses inflammatory cytokines and SARS-CoV-2 spike in lungs of COVID-19 hamsters. (A) Schematic diagram of GA or Remdesivir treated COVID-19 hamsters. (B) Weight loss of infected hamsters treated with GA or Remdesivir. (C) Histopathological scores of lung injury of GA or Remdesivir treated SARS-CoV-2 infected hamsters. (D) Representative Hematoxylin-eosin (HE) staining of lungs from hamster harvested at day 4 post infection, scale bar ~50 µm. (E) The fluorescence intensity of IL-6, IL-1β, TNF-α, and SARS-CoV-2 spike distributed in lungs of GA or Remdesivir treated COVID-19 hamster, scale bar ~50 µm. Normalized fluorescence intensity of IL-6, IL-1β, TNF-α, and SARS-CoV-2 spike (unpaired t-test, ***p < 0.001, **p < 0.01).
performed animal studies.

Data and materials availability

discussed and commented on the results and the manuscript.

D., X., Z., Y., F., C., and Z. conceived the project. H., Z., F., Y., B., H., P., C., B., S., performed the sample preparation, characterization and data collection. W., N., L., Z., X., G., G. performed theory calculation. Y. Y., D., J., Q., X., L., and H. processed data analysis. W. T. F. Y. J. Z. performed animal studies and enzyme activity. Y. G., J., F. B., H. P., C., B. S. performed the manuscript writing; all authors commented on the results and the manuscript.

Author contributions

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

Declaration of Competing Interest

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Appendix A. Supporting information

Supplementary data associated with this article can be found in the online version at doi:10.1016/j.nantod.2022.101468.

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