

Insilico Prediction of the Function and Pathogenicity of Non-Coding Variants in COVID-19 Patients

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Abstract

According to the recent studies on the sequence analysis of severe acute respiratory syndrome coronavirus- 2 (SARS-CoV-2) isolates and genomes of the host from the human population, the host genomes and virus interaction will be discussed. The genetic variants that were found in the genomes of host and coronavirus are ACE2 and TMPRSS2 genes. The host non-coding RNAs and virus interaction rely upon relation to their regulatory roles in target genes and signaling pathways that are crucially related to SARS-CoV-2 infection. There is a clear contribution to the knowledge of COVID-19 pathogenesis and SARS-CoV-2 infection mechanism.

The majority of diseases associated with SNP (Single Nucleotide Polymorphism) are found in non-coding regions of the genome. Despite the fact of several vaccines have been developed against COVID-19, there is a still need for developing non-invasive biomarkers for the determination of disease severity. So, circulating RNAs have capable biomarkers for several diseases. There are three motifs in the genome of SARS-CoV-2 in the 50 UTR leader sequence. The change in the expression of the coding gene and long non-coding RNA was found in SARS-CoV-2 infected cells and tissues in the COVID-19 patients. For determining COVID-19 severity in patients. In-silico data and clinical validation led to the determination of potential RNA or protein networks as a novel prediction biomarkers.

Keywords: SARS-CoV-2, COVID-19, host genome, viral genome variants, lncRNA,

Introduction

COVID-19 which is commonly known as Coronavirus 2019 is a pandemic infectious disease and has high mortality rates. COVID-19 is caused by SARS-CoV-2 which is called Severe Acute Respiratory Syndrome Coronavirus-2. SomeCOVID-19 diseases' variations in the progression and clinical symptoms have been found in the infected patients of SARS-CoV-2 (Guan et.al, 2020). here research studies about the genomic interaction of SARS-CoV-2 and host cells will be discussed. Especially, this research focus on determining and understanding the role of Single Nucleotide Polymorphisms (SNPs) and other genomic variants in the host genome and virus and also the non-coding RNAs.

Many in-silico methods are frequently used to identify the potential pathogenic non-coding variants in COVID-19 patients. Topical in-silico approaches use machine learning techniques that are directed on the previous data to anticipate the activity without any experimental input (Wells A et.al, 2019, Kircher M et.al, 2014, Abramov S et.al, 2021, Lee D et.al, 2015). In another way, experimental methods are much more advanced than in-silico approaches. One of the most favorable methods that use in-vivo ChIPseq (Chromatin Immunoprecipitation with Sequencing) to compute the effect of non-coding variants in allelic - imbalance of TF binding (Kasowski M et.al, 2013, McVicker G et.al, 2013, Cheng Z et.al, 2021, Baca S.C et.al, 2021, Gusev A et.al, 2018).

Severe Acute Respiratory Syndrome Coronavirus-2 (SARS-CoV-2) proteins or nucleic acid interrelate in a method called host-pathogen interaction with the biomolecules. The crucial role of these highly mutated RNA viruses is the encroachment into the non-coding and coding RNAs of the host. It plays a vital role in the pathogenicity and severity in the host and also has an impact on the host's response during different stages of viral infection. (Demiry A et.al, 2021, Maranon D.G et.al, 2020).

Materials and Methods

Study Population and Clinical Trials

According to a study, there were 131 COVID-19 patients, and more than half of them were admitted to Tor Vergata University Hospital (68%) and others (32%)admitted to Bambino Gesu Children's Hospital of Rome. 114 out of 131 patients showed the clinical symptoms of COVID-19 after positive results of nasooropharyngeal swabs. Other subjects that were not diagnosed with COVID-19 were sent home after keeping a few days under observation. Most of the admitted patients approximately 81 were male age range between 6 to 92 years old, 50 were female age range between 2 to 93 years old, and 13 were children (Verdoni L et.al, 2020). All patients were categorized into four groups.

- Asymptomatic: In this category, those patients were kept in which clinical symptoms were absent.
- Mild: In this mild group, the presence of few symptoms in the patients was observed. But these patients were not requiring ventilation except in some cases.
- Moderate: These patients showed respiratory impairment symptoms that require noninvasive ventilation and Continous Positive Airway Pressure (CPAP) or Bilevel Positive Airway Pressure (BiPAP) cycles.
- Severe: In this severe group, patients showed critical symptoms of the disease such as respiratory failure. These patients require invasive ventilation and intensive care unit (ICU) admission.

Severe Acute Respiratory Syndrome Coronavirus-2 (SARS CoV-2) Genome Variants and Sequence

Single-stranded RNA viruses, such as Severe Acute Respiratory Syndrome Coronavirus-2 have a high mutation rate that causes their genome diversity and the appearance of the variant that helps the viruses to adapt to different environments (Duffy 2018). Coronaviruses other than RNA viruses have a proofreading function which is done by NSP14 exoribonuclease, which is much conserved and crucial to maintaining the viral genome replication (Robson et.al, 2020). To determine the viral genome and other RNA viruses, extensive sequence-based analysis has been done in Severe Acute Respiratory Syndrome Coronavirus-2 isolates (Coppee et.al, 2020, Isabel et.al, 2020, Parlikar et.al, 2020)



There are found similarities between the genome sequences of SARS-CoV-1 and SARS-CoV-2. mostly the variations that were observed in the SARS-CoV-2 are SNPs (Single Nucleotide Polymorphisms) and SNVs (Single Nucleotide Variants). These variations in the coding and non-coding regions of the genome are the main cause of its genetic diversity, virulence, transmissibility, and evolution (Khailany et.al, 2020). Recent studies showed that Severe Acute Respiratory Syndrome Coronavirus-2 genome variants affect the immune escape, clinical characteristics of COVID-19, and its infection rates. So, these variants could be used as epidemiological tools for tracking viruses and also control infections.

Whole genome	 Genome sequencing and alignment analysis of 7710 GISAID^a sequences 	 Average pairwise difference of 9.6 SNPs between any two genomes 	Khailany et al., 2020
		 Mutation rate of the global diversity of SARS-Cov2 of ~6 × 10-4 nucleotides/genome/year 290 aminoacid alterations in the genomes: 232 synonymous and 58 non-synonymous mutations 	
Whole genome	Analysis of SARS-CoV-2 sequences using CoV_GLUE (http://cov-glue.cvr.gla.ac.uk) of 9028 available sequences, including 4973 European sequences	 Divergence of the two main mutations (S-D614G and nsp12- P323L) from the NCBI (NC 045512) retrieved in all continents with only three cases in Asia Mutations at ORF8-L84S and ORF3a-Q57H (as the third and fourth most frequent mutation, respectively) Co-evolving of the L84S amino acid substitution with three other 	Coppée et al., 2020
Vhole genome	Genome sequencing and alignment analysis of 94 Genbank genomes	 mutations: nsp4-F308Y, ORF3a-G196V and N-S197L 156 variants and 116 unique variants across the genome (46 missense, 52 synonymous, 2 insertion, 1 deletion and 14 non-coding alleles) C > T and or T > C as the most common variants in the ORF1ab (NSP1-NSP16), ORF8 and, N genes 	van Dorp et al., 2020
Whole genome	Genome sequencing and alignment analysis of ~660 genomes- NCBI ^b virus database	 Mutations in the S protein (D614G, V483A, L5F, Q675H, H655Y, and S939F) Substitutions at R203K and G204R in the N protein Substitutions at L848, V62L, and S24L in the ORF8 Non-synonymous mutations in ORF3a (Q57H and G251V Non-synonymous mutations in ORF1ab (T265I, P4715L, P5828L, and Y5865C) 	Laha et al., 202(
Whole genome	RNA sequencing analysis of NCBI RNA-seq data	 A-to-G (59.1%) RNA modifications (caused by RNA deamination) Non-A-to-G variations, G to A (22,4%) and others (18,5%) (caused by replication errors) A-to-G alterations in the N (>de 40%), ORF1AB (~35%), S, M, E, ORF3A, ORF8, ORF7A, and ORFA6 genes 	Li et al., 2020b
Whole genome	Genome sequencing and alignment analysis of 12,909 genomes/estimation of common ancestor (TMRCA [®]) and mutation rates	 Indication that COVID-19 might have originated earlier than and outside of Wuhan Seafood Market The genetic polymorphism patterns, including the enrichment of specific haplotypes and the temporal allele frequency trajectories generated from infection clusters, are similar to those caused by evolutionary forces such as natural selection 	Liu et al., 2020a
Whole genome	Genome sequencing and alignment analysis of 106 NCBI genomes	 Higher number of mutations in the S protein, Nsp1, RdRp and the ORF8 regions 47 key point mutations/SNPs located along the entire genome sequence in isolates from 12 different countries NSP1 and ORF8 as the two hot spots with mutations and deletions 	Vankadari, 2020
Whole genome	Genome sequencing and alignment analysis of 167 sequences from 15 distinct geographical locations	 290 sites with variations (S, M and N genes; orf1ab, orf3a, in the envelope protein-coding gene, orf6, orf8, orf7b and orf10) 244/290 variants were of a nucleotide substitution (158 transitions and 86 transversions) High similarity (>99.9%) amongst all locations 	Parlikar et al., 2020
Whole genome	Genome sequencing and alignment analysis of 566 genomes from India compared to NCBI	 933 substitutions, 2449 deletions and 2 insertions, in total 3384 unique point mutations: distributed in 100 clusters of mutations (mostly deletions); 1609 substitution, deletion and insertion point mutations, 64 SNPs in coding regions and 7 in 5'-UTR and 3'-UTR Largest number of SNPs in coding regions of ORF1ab and Spike protein 	Saha et al., 2020
Whole genome	Genome sequencing and alignment analysis of 86 GISAID genomes from 12 countries	 3 deletions (2 ORF1ab polyprotein and one in the 3' end of the genome) in the genomes from Japan, USA, and Australia 42 missense mutations (non-structural and structural proteins): 29 in the ORF1ab polyprotein, 8 in the \$ glycoprotein, 1 in the matrix protein, and 4 in the nucleocapsid protein 	Phan, 2020
Whole genome	Genome sequencing and alignment analysis of 30,366 genomes/software developed by the researcher's group (ODOTool*)	 11 variations, with the incidence of over 10% in the 30,366 isolates 8 of these variations (C1059T, G11083T, C14408T, A23403G, G25563T, G28881A, G28882A, and G28883C) caused amino acid substitutions 	Ugurel et al., 2020
Whole genome, D614G mutation (gene spike protein)	Statistical analysis of the D614G mutation of 2795 GISAID genomes from 55 countries	 Amino acid change from an aspartate to a glycine residue at position 614 (D614G) 	Isabel et al., 2020



Genome coverage	Methodological approach	Main results	Reference
Whole genome, ACE2 binding domain	Mutation analysis of 34 human and animal isolates	 High frequency of the D614G mutation (87%) among Italians isolates D614G clade report of 954 of 1449 (66%) European isolates and 1237 of 2795 (44%) worldwide isolates 60% of nucleotide variations between human SARS-CoV-2 and bat RaTG13, can be attributed to C > U and U > C substitutions An accumulation of C > U mutations was observed in SARS-CoV-2 coronavirus 	Matyášek and Kovařík, 2020
Whole genome, Spike protein	Genome sequencing and alignment analysis of 1,325 genomes and 1604 CDS ^c of spike proteins from NCBI database	 1197 SNPs, classified in 782 clusters 1604 CDS at the S protein Two major phylogenyclades A and B with many subclades in the S protein of SARS-CoV-2 circulating worldwide 23402A > G SNP in 48.2% (the most common) 	Singh et al., 2020
Spike gene	Development of a bioinformatics pipeline for Spike amino acid variants-GISAID data	 A spike protein amino acid change at D614G Association of the D614G variant with high levels of infectivity and viral loads 	Korber et al., 2020
ORF8	Evolutionary analysis of ORF8: genetic diversity and genomic rearrangements	 The ORF8 is poorly conserved among coronaviruses with a small number of highly frequent lineages Nonsense mutations and three main deletions in the ORF8 gene that either remove or significantly change the ORF8 protein, which suggests that SARS-CoV-2 can persist without a functional ORF8 protein 	Pereira, 2020
Orf1a, Orf1b, ORF3a ORF6, ORF7a, ORF8, ORF10, S, E, M, N, Sum	Metatranscriptome sequencinganalysis of eight fluid bronchoalveolar lavage from 25 community-acquired pneumonia patients and 20 healthy controls (Wuhan, China)	 No specific polymorphism was described The median number of intra-host variants (iSNVs) was 1–4 in SARS-CoV-2 infected patients SARS-CoV-2 evolves in vivo after infection, which may affect its virulence, infectivity, and transmissibility 	Shen et al., 2020
RdRp, S, and Nsp-2	Sanger sequencing of the NSP-2, NSP-12, and S genes for phylogenetic analysis of 7 cases from Iran	 NSP-2 sequences - highest similarity between Iranian and Wuhan (China) RdRp and S gene sequences-highest similarity between Iranian and China and USA No identified differences between Iranian isolates 	Tabibzadeh et al., 2020
S, RdRP, RNA primase, nucleoprotein	Genotyping of 558 isolates worldwide	 Mutations in genes encoding the S proteins and RNA polymerase, RNA primase, and nucleoprotein Classification of the SNPs into four major groups: single mutation in nsp6 (11083G > T) (115%), single mutation in ORF3a (26144G > T) (49%), single mutation in RNA polymerase (nsp8) (8782C > T, 28144 T > C) (140%), and double mutations in S protein and RNA polymerase: (241C > T, 3037C > T, 14408C > T, 23403A > G) (178%; 182%; 182%; 183%) Predominance of co-mutations (241C > T, 3037C > T, 23403A > G) in isolates from Europe Estimated transmission of SARS-CoV-2 of 14 generations since its first infection to humans in Dec 2019 	Yin, 2020
	Table 1: Genome Varian		

Long Non-coding RNA and their Expressions in SARS-CoV-2 Infected Cells

These Non-coding RNAs are heterogeneous transcripts and consist of more than 200 nucleotides without having coding proteins potentials, that's why called Long Non-Coding RNA (lncRNA). These RNAs also interact with DNA, mRNA, Proteins, and chromatin and regulate the levels of the protein-coding gene at the transcription, post-transcription, and post-translation levels.lncRNA helps in stabilizing or destabilizing the mRNA when they interact with mRNA or proteins. When lncRNA interacts with proteins they help in splicing and also indirectly affect the level of mRNA. LncRNA has been widely used in the biological processes, transcription, mRNA splicing, immunity, functions, and inflammation by changing the levels of proteins (Statello L. et.al, 2021, Walther K. et.al, 2021, Yao R-W. et.al, 2019).

Hundreds of long non-coding RNAs' expressions have been found including uncharacterized new transcripts in SARS-CoV-2 infected cells (Turjya R.R. et.al, 2020, Devadoss D. et.al, 2021, Laha S. et.al, 2021, Mukherjee S. et.al, 2021) such as BALF and PBMC from the Coronavirus patients (Moazzam-Jazi, M. et.al, 2021, Cheng J. et.al, 2021, Taheri M. et.al, 2021).

Severe Acute Respiratory Syndrome Coronavirus-2 Susceptibility and Host Genome

Several factors cause the severity and susceptibility of COVID-19, such as smoking, obesity, and alcohol (Yamamoto et.al, 2021). The host genome also plays a vital role in the progression of COVID-19. For the replication of its RNA, SARS-CoV-2 attaches itself to host cells with the



help of its S-proteins (Spike Proteins) and enters the cells to use host machinery (Hoffmann et.al, 2020). ACE2 and TMPRSS2 genes and their variants have been identified as the main molecular markers that help in the genetic susceptibility and resistance to COVID-19.

ACE2 is a transmembrane glycoprotein that consists of about 805 amino acids and there are 256 missense Single Nucleotide Polymorphisms (SNPs). ACE2 gene expression depends on the biological sex and age of the subjects (Ovsyannikova et.al, 2020). TMPRSS2 gene is involved in the proteolytic activity of ACE2 and SARS-CoV-2 S-protein, which leads to viral penetration into the host cells (Torre-Fuentes et.al, 2020).

Discussions

As we know COVID-19 is a serious disease that causes severe acute respiratory syndrome (SARS). There is no treatment for this COVID-19 to date (V'Kovski P . et.al, 2020). COVID-19 is not just a health problem but also, socio-economic dimensions have been into, which entire globe has been affected. There is a crucial need for diagnostic tools or assays for the evaluation of the infection severity, as there are constant mutations taking place in the whole genome and spike proteins of the virus (Harvey, W, T. et.al, 2021).

The severity of Coronavirus infection is very critical, it also affects the mortality and spread rate (Munster V. et.al, 2020). By developing the new and non-invasive biomarkers, early detection and severity of infection could be detected at the very early stage leading to control of the virus spreading. So, there should also be markers for COVID-19 severity detection along with therapy and vaccine development (Zeng F. et.al, 2020).

In-silico data suggest that ACE2 gene variants in the structural region of the proteins have an effect on the binding of pathogens or on the increase of quantitative expression of ACE2 genes (Letko M. et.al, 2020, Yan R. et.al, 2020, Wang Q. et.al, 2020, Hussain M. et.al, 2020). ACE2 receptors have more capability of binding with the spike protein of SARS-CoV-2, approximately 10 times more than SARS-CoV-1 (Cai Y. et.al, 2020).

Conclusions

Clinical efforts and research have been made on the complicated mechanism of SARS-CoV-2 to better understand it. There are also many mechanisms and procedures to be known that are related to immune responses and the pathogenicity of viruses. To define patients' risk groups, both host and viral genome contributed along with the role of non-coding RNAs. With the help of simple and specific tools, we predicted the early COVID-19 disease severity in asymptomatic and symptomatic patients. Studies suggested that there is no such evidence of constant relation of ACE2 gene variants with SARS-CoV-2 susceptibility.

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