

Nicotinic receptors as SARS-CoV-2 spike co-receptors?

Valérian Dormoy, Jeanne-Marie Perotin, Philippe Gosset, Uwe Maskos,

Myriam Polette, Gaëtan Deslée

► To cite this version:

Valérian Dormoy, Jeanne-Marie Perotin, Philippe Gosset, Uwe Maskos, Myriam Polette, et al.. Nicotinic receptors as SARS-CoV-2 spike co-receptors?. Medical Hypotheses, 2022, 158, pp.110741. 10.1016/j.mehy.2021.110741 . pasteur-03509149

HAL Id: pasteur-03509149 https://pasteur.hal.science/pasteur-03509149v1

Submitted on 8 Jan 2024

HAL is a multi-disciplinary open access archive for the deposit and dissemination of scientific research documents, whether they are published or not. The documents may come from teaching and research institutions in France or abroad, or from public or private research centers. L'archive ouverte pluridisciplinaire **HAL**, est destinée au dépôt et à la diffusion de documents scientifiques de niveau recherche, publiés ou non, émanant des établissements d'enseignement et de recherche français ou étrangers, des laboratoires publics ou privés.



Distributed under a Creative Commons Attribution - NonCommercial 4.0 International License

Nicotinic receptors as SARS-CoV-2 Spike co-receptors?

Valérian Dormoy^{1*}, Jeanne-Marie Perotin^{1,2}, Philippe Gosset³, Uwe Maskos⁴, Myriam Polette^{1,5}, Gaëtan Deslée^{1,2}

¹ University of Reims Champagne-Ardenne, Inserm, P3Cell UMR-S1250, SFR CAP-SANTE, 51092 Reims, France

² CHU of Reims, Hôpital Maison Blanche, Department of respiratory diseases, 51092 Reims, France

³ University of Lille, CNRS UMR8204, Inserm U1019, CHRU Lille, Institut Pasteur Lille, CIIL -Center for Infection and Immunity of Lille, 59000 Lille, France

⁴ Institut Pasteur Paris, Université de Paris, Integrative Neurobiology of Cholinergic Systems, CNRS UMR 3571, Paris, France.

⁵ CHU Reims, Hôpital Maison Blanche, Department of biopathology, 51092 Reims, France

* Correspondence: valerian.dormoy@univ-reims.fr (Valérian Dormoy; Inserm UMR-S 1250; University of Reims Champagne-Ardenne; CHU Maison Blanche; 45 rue Cognacq-Jay; 51092 Reims; Phone +33 (0)3 10 73 62 28; Fax +33 (0)3 26 06 58 61)

Abstract: Nicotinic acetylcholine receptors (nAChRs) play an important role in homeostasis 1 2 and respiratory diseases. Controversies regarding the association between COVID-19 3 hospitalizations and smoking suggest that nAChRs may contribute to SARS-CoV-2 respiratory syndrome. We recently detailed the expression and localization of all nAChR subunits in the 4 human lung. Since virus association with nAChRs has been shown in the past, we 5 hypothesize that nAChR subunits act as SARS-CoV-2 Spike co-receptors. Based on sequence 6 7 alignment analysis, we report domains of high molecular similarities in nAChRs with the binding domain of hACE2 for SARS-CoV-2 Spike protein. This hypothesis supported by in 8 silico pilot data provides a rational for the modelling and the in vitro experimental validation 9 10 of the interaction between SARS-CoV-2 and the nAChRs.

11 Keywords: Nicotinic receptors; COVID-19; SARS-CoV-2; hACE2; lung

12

14 Background

15 Severe acute respiratory syndrome-coronavirus 2 (SARS-CoV-2) is responsible for the global pandemic of coronavirus disease 2019 (COVID-19) [1,2]. Understanding its structure and 16 molecular interactors are crucial to explain the transmission, viral infection, and replication 17 18 [3]. Recent controversies regarding the impact of smoking on COVID-19 pointed to the 19 potential role of nicotinic acetylcholine receptors (nAChRs) in human angiotensin converting 20 enzyme-2 (hACE2) interaction with SARS-CoV-2 [4,5]. A similar convergence was established regarding the association of nAChRs with rabies virus where the binding was ultimately 21 experimentally demonstrated a few decades ago [6–10]. 22

Since it has been proposed that nAChRs may play a key role in the SARS-CoV-2-mediated 23 inflammatory syndrome [11,12], additional avenues are currently explored considering that: 24 (i) nAChRs are widely expressed in organs targeted by the virus including lung, nose, brain, 25 gastrointestinal tract, liver, and smooth muscles [13,14]; (ii) nAChRs are also present on 26 27 endothelial and platelet cells [15] while altered endothelial function induces vascular thrombosis and microangiopathy in COVID-19 [16,17]; (iii) nAChRs are involved in 28 29 angiogenesis and arterial diseases [18], while significant vascular angiogenesis was found in 30 lungs from patients who died from COVID-19 [19].

31

32 The hypothesis

33 It was recently suggested that smoking may promote cellular uptake mechanisms of SARS-34 CoV-2 through CHRNA7 signalling [20], and subsequently, CHRNA7 transcripts were 35 correlated with hACE2 levels [21], feeding the possible connections between hACE2 and 36 nAChR localizations in airway epithelial cells. In addition, in silico analysis of nAChR ligands 37 suggested an interaction between SARS-CoV-2 and nAChRs [22-24], while nicotine exposure 38 may facilitate SARS-CoV-2 infection in vitro [25]. Nicotinic receptors are ligand-gated ion channels consisting of 5 membrane-spanning subunits selected from 16 proteins (CHRNA1-39 A7, A9-A10, B1-B4, D, E, G) that all harbour at least one extracellular domain of 40 approximately 200 residues. Going one step further, we suggest that nAChRs may bind to 41 42 SARS-CoV-2-RBD (Receptor Binding Domain) similar to hACE2 and potentially act as co-43 receptors for SARS-CoV-2-RBD at least in the airways where we documented the complete atlas of pulmonary nAChR subunits in terms of transcript expression and protein localization 44 [26]. Transcripts of all 16 subunits were detected in airway epithelial cells or whole lung 45

46 tissues and only subunits $\alpha 1/\alpha 2/\alpha 4/\beta 3/\gamma$ were not observed via immunofluorescent 47 stainings performed on formalin-fixed paraffin-embedded lung tissues.

48

49 Empirical data

The N-terminal domain of hACE2 binding to the spike (S) glycoprotein SARS-CoV-2-RBD and SARS-CoV-1-RBD has been characterized recently *[27–30]*. Twenty-four hACE2 residues were shown to interact with 21 SARS-CoV-2-RBD residues (region K417 to Y505) and 18 SARS-CoV-1-RBD residues (region R426 to Y491) organized in 4 motifs on hACE2 (**Figure 1A and B**).

54 Postulating that nAChRs may contain extracellular hACE2-like regions mimicking their interactions with SARS-CoV-2, and since structural data of the 16 nAChR subunits are 55 56 incomplete, we performed bioinformatics analysis using the Clustal Omega program 57 (Uniprot) to align each of the 16 nAChR subunits' extracellular topological domain protein 58 sequences with the 4 motifs containing the binding residues of hACE2 with SARS-CoV-1 and 2. We identified identical residues in the 4 regions of interests (ROI) as well as conservations 59 60 between groups of similar properties with a particular focus on residues located within van der Waals (vdw) contact distance between the viral ligand and the receptor (24 red residues, 61 Figure 1 and Figure 2). 62

Key residues to form a solid network between hACE2 and SARS-CoV-2-RBD are localized in the motif-1 (S19-Q42) and the motif-4 (K355-R357). The last residue (R393) was not included in the analysis since it was not in the proximity of other key residues involved in complex formation (**Figure 1**). Interestingly, CHRNA2/A4/A6/A7/A10/B1 presented no overlaps for the 4 motifs (**Figure 2** and **Table 1**).

We established a score based on the percentage of matching residues either in the entire proposed binding region or solely considering the residues involved in vdw contacts (**Table 1**). Each of the nAChR subunits presented on average 68.5% ([59.1-81.8]) of resemblance with hACE2 binding regions to SARS-CoV-2-RBD and 64.4% ([47.8-73.9]) solely taking into account vdw contacts. The best scores for the 2 parameters were obtained by CHRNA6 (61.4%/73.9%), and CHRNB1 (81.8%/69.5%) (Figure 2 and Table 1). Most of nAChRs possessed mutations in the possible binding domains where a loss or a strong inhibition of the interaction with SARS-CoV-1 and 2 was reported (**Table 1**, *[31]*). Mutagenesis might favour a beneficial role of nAChRs if they were found to bind SARS-CoV-2 but their levels of expression and specific localizations in various tissues weigh up the pros and cons in a complex and not fully elucidated biological scale.

79 Consequences of the hypothesis and discussion

80 Although these findings do not demonstrate that nAChRs can function as co-receptors for the ligand SARS-CoV-2-RBD, here we report a significant molecular similarity between hACE2 81 82 binding sites and extracellular domains of nAChRs. Structural biology to match protein structures in 3D would ideally complement this bioinformatics analysis but crystallized 83 84 structures of all human nAChR subunits are currently not fully resolved. Notably, the protein 85 folding of nAChRs subunit should reveal the critical residues to allow the interaction with SARS-CoV-2-RBD. In addition, nAChRs function as pentamers, the complexity of the 86 composition of the channel may also contribute to the potential interaction between SARS-87 88 CoV-2 and one of the subunits where binding would be possible. Interestingly, CHRNA6 and CHRNB1 transcripts were highly expressed in lung tissues and small airway epithelial cells, 89 90 and the proteins were strongly detected in bronchi strengthening the possibility of the direct interaction between nAChR subunits and SARS-CoV-2 [26]. 91

Although we focus here on similarities of a potential binding domain with hACE2, we do not 92 93 exclude the possibility that SARS-CoV-2 may interact with alternative domains on nAChRs. 94 The hypothesis of SARS-CoV-2 binding to nAChRs was originally based on the identification of similar known nAChR antagonist/agonist motif sequences on SARS-CoV-2 spike protein. 95 This possible interaction has been sparsely discussed in silico [22,23,32]. Finally, although 96 97 several pentamers are functionally characterized in the nervous system or muscles, the 98 association of subunits in the airways is only partially elucidated and requires further 99 investigations in the context of COVID-19 [26]. Conversely, nAChRs may play a role in COVID-100 19 progression beyond the respiratory system including systemic inflammation and the nervous system. 101

102 The modulation of nAChRs in the lung may increase pro-inflammatory cytokine production, a 103 process potentially leading to the "cytokine storm" during infection [33,34]. Moreover, α 7 104 nAChR has been involved in the control of inflammation associated with influenza virus infection [35]. nAChR can also control COVID-19 physiopathology by modulating the ReninAngiotensin System (RAS) [36]. This nicotine-induced imbalance of the two arms of the RAS
is likely responsible for cardio-vascular dysfunction, and acute/chronic lung diseases
associated with severe forms of COVID-19.

109 The potential neurotropism of SARS-CoV-2 has been discussed extensively. SARS-CoV-2 has 110 been identified in the brain of patients [37]. There is by now a substantial amount of literature, and cases, that link neurological and psychiatric sequelae of COVID-19 to an 111 112 implication of the human brain. The current state of the discussion has been reviewed [38]. Of specific interest is a recent description of a case of Parkinson's Disease directly linked to 113 114 the infection [39]. The working hypothesis is that SARS-CoV-2 infection can be a "trigger" precipitating the onset of neuropathology. Nicotinic acetylcholine receptors (nAChRs) are 115 116 important transmembrane neurotransmitter receptors for acetylcholine in the mammalian 117 brain [40]. They modulate key neuronal functions such as excitability, synaptic transmission, 118 and plasticity. They can change neuronal network states and consequently whole-brain 119 responses to internal and external inputs and have been linked to disease [41]. They are also 120 exogenously activated by nicotine and are responsible for the events leading to nicotine 121 addiction [42]. The predominant receptors in the brain are $\alpha 4\beta 2^*$ containing hetero-, and (α 7)5 homo-pentamers [43]. Being particularly expressed in the cortex, hippocampus, and 122 dopaminergic reward system [44], these receptors are considered to be important drug 123 124 targets [45]. The α 6 and α 5-containing receptors are more restricted, but still very present in sub-cortical "modulatory" areas. The presence of SARS-CoV-2 in the brain parenchyma can 125 126 therefore potentially interfere with higher cognitive function. nAChRs are potentially 127 implicated in the penetration of SARS-CoV-2 into the central nervous system, as they are 128 expressed in many nerve endings [46]. The olfactory route has been established in previous types of coronaviruses able to enter nerve endings and use retrograde axonal transport [47]. 129 130 A possibility is also the vagus nerve. It is well established that it contains most nAChR subunits [48]. 131

According to each individual clinical context including but not limited to respiratory diseases and smoking history [49,50], nAChR binding to SARS-CoV-2-RBD may facilitate virus attachment to cell surface before virus entry, or serve as a decoy either harmful as it would prevent the binding of acetylcholine, or beneficial as it would dampen the virus load that

- 136 may infect epithelial cells [51]. Structural biology and functional analysis on SARS-CoV-2-RBD
- 137 in complex with nAChRs subunits alone or as pentamers is required to resolve the possible
- 138 interactions and unveil additional therapeutic strategies.
- 139
- 140

141 Abbreviations

142	ACE-2	Angiotensin converting enzyme-2
143	BR	Binding region
144	COVID-19	Coronavirus disease 2019
145	ETD	Extracellular topological domain
146	nAChRs	Nicotinic acetylcholine receptors
147	PDB	Protein data bank
148	RBD	Receptor binding domain
149	SARS-CoV-2	Severe acute respiratory syndrome coronavirus 2
150	vdw	Van der Waals

Author Contributions: Conceptualization, V.D.; methodology, V.D.; formal analysis, V.D., J.M.P., P.G., U.M., M.P., and G.D.; writing—original draft preparation, V.D.; writing—review and editing, V.D., J.M.P., P.G., U.M., M.P., and G.D.; supervision, V.D.; funding acquisition, V.D., P.G., U.M., and G.D.. All authors have read and agreed to the published version of the manuscript.

Funding: This work was supported by funding from the University of Reims Champagne-Ardenne (URCA), the French National Institute of Health and Medical Research (Inserm), and the National Agency for Research (ANR, RA-COVID-19).

Acknowledgments: We thank the members of the Inserm UMR-S 1250 unit and ourcollaborators for their helpful comments and insights.

162 **Conflicts of Interest:** G.D. reports personal fees from Nuvaira, personal fees from 163 BTG/PneumRx, personal fees from Chiesi, personal fees from Boehringer, personal fees from 164 Astra Zeneca, outside the submitted work. V.D. reports personal fees from Chiesi outside the 165 submitted work. The funders had no role in the design of the study; in the collection, 166 analyses, or interpretation of data; in the writing of the manuscript, or in the decision to 167 publish the results.

168 Consent statement/Ethical approval: Not required

169 References

- Lu R, Zhao X, Li J, Niu P, Yang B, Wu H, et al. Genomic characterisation and epidemiology of
 2019 novel coronavirus: implications for virus origins and receptor binding. The Lancet
 2020;395:565–74. https://doi.org/10.1016/S0140-6736(20)30251-8.
- 173[2]Zhu N, Zhang D, Wang W, Li X, Yang B, Song J, et al. A Novel Coronavirus from Patients with174Pneumonia in China, 2019. N Engl J Med 2020;382:727–33.
- 175 https://doi.org/10.1056/NEJMoa2001017.
- 176 [3] Xu Z, Shi L, Wang Y, Zhang J, Huang L, Zhang C, et al. Pathological findings of COVID-19
 177 associated with acute respiratory distress syndrome. The Lancet Respiratory Medicine
 178 2020;8:420–2. https://doi.org/10.1016/S2213-2600(20)30076-X.
- 179 [4] Rossato M, Russo L, Mazzocut S, Di Vincenzo A, Fioretto P, Vettor R. Current smoking is not associated with COVID-19. Eur Respir J 2020;55:2001290.
 181 https://doi.org/10.1183/13993003.01290-2020.
- 182 [5] Leung JM, Sin DD. Smoking, ACE-2 and COVID-19: ongoing controversies. Eur Respir J
 2020;56:2001759. https://doi.org/10.1183/13993003.01759-2020.
- 184 [6] Gastka M, Horvath J, Lentz TL. Rabies virus binding to the nicotinic acetylcholine receptor alpha
 185 subunit demonstrated by virus overlay protein binding assay. J Gen Virol 1996;77 (Pt 10):2437–
 186 40. https://doi.org/10.1099/0022-1317-77-10-2437.
- 187 [7] Lentz TL. Rabies virus binding to an acetylcholine receptor alpha-subunit peptide. J Mol
 188 Recognit 1990;3:82–8. https://doi.org/10.1002/jmr.300030205.
- [8] Donnelly-Roberts DL, Lentz TL. Synthetic peptides of neurotoxins and rabies virus glycoprotein
 behave as antagonists in a functional assay for the acetylcholine receptor. Pept Res
 1989;2:221–6.
- [9] Lentz TL, Hawrot E, Wilson PT. Synthetic peptides corresponding to sequences of snake venom neurotoxins and rabies virus glycoprotein bind to the nicotinic acetylcholine receptor. Proteins 1987;2:298–307. https://doi.org/10.1002/prot.340020406.
- [10] Lentz TL, Burrage TG, Smith AL, Crick J, Tignor GH. Is the acetylcholine receptor a rabies virus
 receptor? Science 1982;215:182–4. https://doi.org/10.1126/science.7053569.
- [11] Gonzalez-Rubio J, Navarro-Lopez C, Lopez-Najera E, Lopez-Najera A, Jimenez-Diaz L, Navarro Lopez JD, et al. Cytokine Release Syndrome (CRS) and Nicotine in COVID-19 Patients: Trying to
 Calm the Storm. Front Immunol 2020;11:1359. https://doi.org/10.3389/fimmu.2020.01359.
- [12] Lutchman D. Could the smoking gun in the fight against COVID-19 be the (rh)ACE-2? Eur Respir J
 2020;56:2001560. https://doi.org/10.1183/13993003.01560-2020.
- [13] Zoli M, Pucci S, Vilella A, Gotti C. Neuronal and Extraneuronal Nicotinic Acetylcholine Receptors.
 Curr Neuropharmacol 2018;16:338–49.
- 204 https://doi.org/10.2174/1570159X15666170912110450.
- [14] Keiger CJH, Jones KR, Case LD, Drake AF, Kendal-Reed M, Walker JC. Nicotinic Cholinergic
 Receptor Expression in the Human Nasal Mucosa. Ann Otol Rhinol Laryngol 2003;112:77–84.
 https://doi.org/10.1177/000348940311200115.
- 208 [15] Schedel A, Thornton S, Schloss P, Klüter H, Bugert P. Human Platelets Express Functional α7 209 Nicotinic Acetylcholine Receptors. Arterioscler Thromb Vasc Biol 2011;31:928–34.
 210 https://doi.org/10.1161/ATVBAHA.110.218297.
- [16] Sardu C, Gambardella J, Morelli MB, Wang X, Marfella R, Santulli G. Hypertension, Thrombosis,
 Kidney Failure, and Diabetes: Is COVID-19 an Endothelial Disease? A Comprehensive Evaluation
 of Clinical and Basic Evidence. JCM 2020;9:1417. https://doi.org/10.3390/jcm9051417.
- [17] Levi M, Thachil J, Iba T, Levy JH. Coagulation abnormalities and thrombosis in patients with
 COVID-19. The Lancet Haematology 2020;7:e438–40. https://doi.org/10.1016/S2352 3026(20)30145-9.
- 217 [18] Santanam N, Thornhill BA, Lau JK, Crabtree CM, Cook CR, Brown KC, et al. Nicotinic
- 218 acetylcholine receptor signaling in atherogenesis. Atherosclerosis 2012;225:264–73.
- 219 https://doi.org/10.1016/j.atherosclerosis.2012.07.041.

- [19] Ackermann M, Verleden SE, Kuehnel M, Haverich A, Welte T, Laenger F, et al. Pulmonary
 Vascular Endothelialitis, Thrombosis, and Angiogenesis in Covid-19. N Engl J Med
 2020;383:120–8. https://doi.org/10.1056/NEJMoa2015432.
- [20] Russo P, Bonassi S, Giacconi R, Malavolta M, Tomino C, Maggi F. COVID-19 and smoking: is
 nicotine the hidden link? Eur Respir J 2020;55:2001116.
- 225 https://doi.org/10.1183/13993003.01116-2020.
- [21] Leung JM, Yang CX, Sin DD. COVID-19 and nicotine as a mediator of ACE-2. Eur Respir J
 2020;55:2001261. https://doi.org/10.1183/13993003.01261-2020.
- [22] Alexandris N, Lagoumintzis G, Chasapis CT, Leonidas DD, Papadopoulos GE, Tzartos SJ, et al.
 Nicotinic cholinergic system and COVID-19: In silico evaluation of nicotinic acetylcholine
 receptor agonists as potential therapeutic interventions. Toxicol Rep 2021;8:73–83.
 https://doi.org/10.1016/j.toxrep.2020.12.013.
- [23] Farsalinos K, Eliopoulos E, Leonidas DD, Papadopoulos GE, Tzartos S, Poulas K. Nicotinic
 Cholinergic System and COVID-19: In Silico Identification of an Interaction between SARS-CoV-2
 and Nicotinic Receptors with Potential Therapeutic Targeting Implications. Int J Mol Sci
 2020;21. https://doi.org/10.3390/ijms21165807.
- [24] Stefano ML, Kream RM, Stefano GB. A Novel Vaccine Employing Non-Replicating Rabies Virus
 Expressing Chimeric SARS-CoV-2 Spike Protein Domains: Functional Inhibition of Viral/Nicotinic
 Acetylcholine Receptor Complexes. Med Sci Monit 2020;26:e926016.
 https://doi.org/10.12659/MSM.926016.
- [25] Lupacchini L, Maggi F, Tomino C, De Dominicis C, Mollinari C, Fini M, et al. Nicotine Changes
 Airway Epithelial Phenotype and May Increase the SARS-COV-2 Infection Severity. Molecules
 2020;26:101. https://doi.org/10.3390/molecules26010101.
- [26] Diabasana Z, Perotin J-M, Belgacemi R, Ancel J, Mulette P, Delepine G, et al. Nicotinic Receptor
 Subunits Atlas in the Adult Human Lung. IJMS 2020;21:7446.
 https://doi.org/10.3390/ijms21207446.
- [27] Wang Q, Zhang Y, Wu L, Niu S, Song C, Zhang Z, et al. Structural and Functional Basis of SARSCoV-2 Entry by Using Human ACE2. Cell 2020;181:894-904.e9.
 https://doi.org/10.1016/j.cell.2020.03.045.
- [28] Shang J, Ye G, Shi K, Wan Y, Luo C, Aihara H, et al. Structural basis of receptor recognition by
 SARS-CoV-2. Nature 2020;581:221–4. https://doi.org/10.1038/s41586-020-2179-y.
- [29] Wrapp D, Wang N, Corbett KS, Goldsmith JA, Hsieh C-L, Abiona O, et al. Cryo-EM structure of
 the 2019-nCoV spike in the prefusion conformation. Science 2020;367:1260–3.
 https://doi.org/10.1126/science.abb2507.
- [30] Turoňová B, Sikora M, Schürmann C, Hagen WJH, Welsch S, Blanc FEC, et al. In situ structural
 analysis of SARS-CoV-2 spike reveals flexibility mediated by three hinges. Science
 2020;370:203–8. https://doi.org/10.1126/science.abd5223.
- [31] Li W, Zhang C, Sui J, Kuhn JH, Moore MJ, Luo S, et al. Receptor and viral determinants of SARS coronavirus adaptation to human ACE2. EMBO J 2005;24:1634–43.
 https://doi.org/10.1038/sj.emboj.7600640.
- [32] Oliveira ASF, Ibarra AA, Bermudez I, Casalino L, Gaieb Z, Shoemark DK, et al. A potential
 interaction between the SARS-CoV-2 spike protein and nicotinic acetylcholine receptors.
 Biophysical Journal 2021;120:983–93. https://doi.org/10.1016/j.bpj.2021.01.037.
- [33] Borovikova LV, Ivanova S, Zhang M, Yang H, Botchkina GI, Watkins LR, et al. Vagus nerve
 stimulation attenuates the systemic inflammatory response to endotoxin. Nature
 2000;405:458–62. https://doi.org/10.1038/35013070.
- [34] Pavlov VA, Tracey KJ. Neural regulation of immunity: molecular mechanisms and clinical
 translation. Nat Neurosci 2017;20:156–66. https://doi.org/10.1038/nn.4477.
- [35] Gao Z, Li L, Huang Y, Zhao C, Xue S, Chen J, et al. Vagal-α7nAChR signaling is required for lung
 anti-inflammatory responses and arginase 1 expression during an influenza infection. Acta
 Pharmacol Sin 2021;42:1642–52. https://doi.org/10.1038/s41401-020-00579-z.

- [36] Alifano M, Alifano P, Forgez P, Iannelli A. Renin-angiotensin system at the heart of COVID-19
 pandemic. Biochimie 2020;174:30–3. https://doi.org/10.1016/j.biochi.2020.04.008.
- [37] Song E, Zhang C, Israelow B, Lu-Culligan A, Prado AV, Skriabine S, et al. Neuroinvasion of SARS CoV-2 in human and mouse brain. Journal of Experimental Medicine 2021;218:e20202135.
 https://doi.org/10.1084/jem.20202135.
- [38] Iadecola C, Anrather J, Kamel H. Effects of COVID-19 on the Nervous System. Cell 2020;183:16 27.e1. https://doi.org/10.1016/j.cell.2020.08.028.
- [39] Cohen ME, Eichel R, Steiner-Birmanns B, Janah A, Ioshpa M, Bar-Shalom R, et al. A case of
 probable Parkinson's disease after SARS-CoV-2 infection. The Lancet Neurology 2020;19:804–5.
 https://doi.org/10.1016/S1474-4422(20)30305-7.
- [40] Picciotto MR, Higley MJ, Mineur YS. Acetylcholine as a Neuromodulator: Cholinergic Signaling
 Shapes Nervous System Function and Behavior. Neuron 2012;76:116–29.
 https://doi.org/10.1016/j.neuron.2012.08.036.
- [41] Higley MJ, Picciotto MR. Neuromodulation by acetylcholine: examples from schizophrenia and
 depression. Current Opinion in Neurobiology 2014;29:88–95.
 https://doi.org/10.1016/j.comb.2014.06.004
- 286 https://doi.org/10.1016/j.conb.2014.06.004.
- [42] Changeux J-P. Nicotine addiction and nicotinic receptors: lessons from genetically modified
 mice. Nat Rev Neurosci 2010;11:389–401. https://doi.org/10.1038/nrn2849.
- [43] Corringer P-J, Novère NL, Changeux J-P. Nicotinic Receptors at the Amino Acid Level. Annu Rev
 Pharmacol Toxicol 2000;40:431–58. https://doi.org/10.1146/annurev.pharmtox.40.1.431.
- [44] Besson M, Granon S, Mameli-Engvall M, Cloez-Tayarani I, Maubourguet N, Cormier A, et al.
 Long-term effects of chronic nicotine exposure on brain nicotinic receptors. Proceedings of the
 National Academy of Sciences 2007;104:8155–60. https://doi.org/10.1073/pnas.0702698104.
- [45] Taly A, Corringer P-J, Guedin D, Lestage P, Changeux J-P. Nicotinic receptors: allosteric
 transitions and therapeutic targets in the nervous system. Nat Rev Drug Discov 2009;8:733–50.
 https://doi.org/10.1038/nrd2927.
- [46] Marchi M, Grilli M, Pittaluga AM. Nicotinic modulation of glutamate receptor function at nerve
 terminal level: a fine-tuning of synaptic signals. Front Pharmacol 2015;6.
 https://doi.org/10.3389/fphar.2015.00089.
- 300 [47] Dubé M, Le Coupanec A, Wong AHM, Rini JM, Desforges M, Talbot PJ. Axonal Transport Enables
 301 Neuron-to-Neuron Propagation of Human Coronavirus OC43. J Virol 2018;92.
 302 https://doi.org/10.1128/JVI.00404-18.
- 303 [48] Cooper E. Nicotinic Acetylcholine Receptors on Vagal Afferent Neurons. Annals of the New York
 304 Academy of Sciences 2006;940:110–8. https://doi.org/10.1111/j.1749-6632.2001.tb03670.x.
- [49] Cai G, Bossé Y, Xiao F, Kheradmand F, Amos CI. Tobacco Smoking Increases the Lung Gene
 Expression of ACE2, the Receptor of SARS-CoV-2. Am J Respir Crit Care Med 2020:rccm.202003 0693LE. https://doi.org/10.1164/rccm.202003-0693LE.
- Zhang H, Rostami MR, Leopold PL, Mezey JG, O'Beirne SL, Strulovici-Barel Y, et al. Expression of
 the SARS-CoV-2 ACE2 Receptor in the Human Airway Epithelium. Am J Respir Crit Care Med
 2020:rccm.202003-0541OC. https://doi.org/10.1164/rccm.202003-0541OC.
- Farsalinos K, Niaura R, Le Houezec J, Barbouni A, Tsatsakis A, Kouretas D, et al. Editorial:
 Nicotine and SARS-CoV-2: COVID-19 may be a disease of the nicotinic cholinergic system.
 Toxicology Reports 2020;7:658–63. https://doi.org/10.1016/j.toxrep.2020.04.012.
- [52] Lan J, Ge J, Yu J, Shan S, Zhou H, Fan S, et al. Structure of the SARS-CoV-2 spike receptor-binding
 domain bound to the ACE2 receptor. Nature 2020;581:215–20.
 https://doi.org/10.1038/s41586-020-2180-5.
- The UniProt Consortium. UniProt: a worldwide hub of protein knowledge. Nucleic Acids
 Research 2019;47:D506–15. https://doi.org/10.1093/nar/gky1049.
- 319

321 Figure Legends

Figure 1. hACE2 binding motifs to SARS-CoV-1 and 2 sequences. (A) Localizations of motifs 1 322 323 to 4 on hACE2 sequence (Q9BYF1) are highlighted in orange, blue, purple, and green 324 respectively. Red residues are residues involved in van der Waals contact distance between 325 hACE2 and SARS-CoV-1 and 2. Framed residues correspond to residues that are either interacting with SARS-CoV-2-RBD only (E35) or SARS-CoV-1-RBD only (Q325, E329). The 326 327 residue highlighted in yellow corresponds to the 24th residue involved in van der Waals 328 contact distance but not in the immediate proximity of other residues involved in the 329 binding, therefore it was not included in the analysis. (B) The crystal structure (Protein Data Bank: 6MOJ) shows the 4 motifs highlighted in (A) with similar colour codes. The crystal 330 331 structure of SARS-CoV-2 spike receptor-binding domain bound with hACE2 (PDB ID: 6M0J [52]) was highlighted and exported from the viewer of the Research Collaboratory for 332 Structural Bioinformatics (RCSB; www.rcsb.org). 333

334

Figure 2. Clustal alignment of nAChRs with hACE2 binding motifs. Data from the UniProt 335 336 Knowledgebase (UniProtKB, [53]) were used to perform a sequence alignment study of 337 matching residues between hACE2/SARS-CoV-2 binding sites and nAChR protein sequences. The UniProtKB/Swiss-Prot accession numbers of the sequences used for analyzing the 338 similarities are the following: ACE2 (Q9BYF1), CHRNA1 (P02708), CHRNA2 (Q15822), CHRNA3 339 (P32297), CHRNA4 (P43681), CHRNA5 (P30532), CHRNA6 (Q15825), CHRNA7 (P36544), 340 CHRNA9 (Q9UGM1), CHRNA10 (Q9GZZ6), CHRNB1 (P11230), CHRNB2 (P17787), CHRNB3 341 (Q05901), CHRNB4 (P30926), CHRNG (P07510), CHRNE (Q04844), CHRND (Q07001). Motifs 1 342 to 4 were aligned with the 16 nAChR sequences to identify molecular similarities. The nAChR 343 344 extracellular topological domains' subunit sequences are represented with the partial alignment obtained with Clustal for the 4 motifs. *, position with a single fully conserved 345 346 residue; :, position with a residue showing conservation between groups of strongly similar properties (scoring >0.5 in the Gonnet PAM 250 matrix); ., position with a residue showing 347 348 conservation between groups of weakly similar properties (scoring =<0.5 in the Gonnet PAM 250 matrix). 349

351 Table 1. Table presenting the sequence similarities with SARS-CoV-hACE2 bind	ing motifs
--	------------

352 for all nAChRs

			BR in ETD (44 R)			vdw contacts in ETD (23 R)			
CHRN	ETDL	BRO	Id	Sim	Tot	Id	Sim	Tot	Mutagenesis
			(R, (%))	(R, (%))	(R, (%))	(R <i>,</i> (%))	(R <i>,</i> (%))	(R, (%))	
Α1	21-255	Y	11 (25)	17 (38 6)	28 (63 6)	4 (17 4)	9 (39 1)	13 (56 5)	353 K>D
7.1	21 200	•	11 (23)	17 (0010)	20 (00.0)	. (=,,	5 (55.2)	10 (00.07	357 R>A
Α2	27-264	N	14 (31.8)	16 (36.4)	30 (68.2)	5 (21.7)	8 (34.8)	13 (56.5)	353 K>D
			_ (0,	_0 (001.)	,	• (==)	0 (0)		357 R>A
A3	32-240	Y	12 (27.3)	20 (45.4)	32 (72.7)	6 (26.1)	10 (43.4)	16 (69.5)	31 K>D
Δ./	20-242	N	1/1 (31.8)	17 (38 6)	31 (70 /)	5 (21 7)	8 (34 8)	13 (56 5)	353 K>D
~	23-242	IN	14 (31.8)	17 (58.0)	51 (70.4)	5 (21.7)	0 (34.0)	13 (30.3)	357 R>A
۸5	22-25/	v	12 (20 6)	18 (10 0)	21 (70 5)	6 (26 1)	11 (17 8)	17 (72 0)	31 K>D
AJ	23-234	1	13 (29.0)	18 (40.9)	51 (70.5)	0 (20.1)	11 (47.8)	17 (75.5)	353 K>D
A6	26-239	Ν	16 (36.4)	11 (25)	27 (61.4)	9 (39.1)	8 (34.8)	17 (73.9)	
A7	23-230	Ν	12 (27.3)	14 (31.8)	26 (59.1)	5 (21.7)	9 (39.1)	14 (60.8)	
A9	26-237	Y	10 (22.7)	22 (50)	32 (72.7)	5 (21.7)	12 (52.2)	17 (73.9)	
A10	75 777	N	12 (27 2)	17 (29 6)	20 (65 0)	6 (26 1)	7 (20 4)	12 (EC E)	353 K>D
AIU	25-257	IN	12 (27.5)	17 (56.0)	29 (05.9)	0 (20.1)	7 (50.4)	15 (50.5)	355 D>A
B1	24-244	Ν	16 (36.4)	20 (45.4)	36 (81.8)	6 (26.1)	10 (43.4)	16 (69.5)	353 K>D
B2	26-233	Y	15 (34.1)	16 (36.4)	31 (70.5)	7 (30.4)	9 (39.1)	16 (69.5)	
B3	25-232	Y	13 (29.6)	20 (45.4)	33 (75)	4 (17.4)	13 (56.5)	17 (73.9)	353 K>D
B4	22-236	Y	14 (31.8)	15 (34.1)	29 (65.9)	5 (21.7)	11 (47.8)	16 (69.5)	31 K>D
G	23-240	Y	14 (31.8)	14 (31.8)	28 (63.6)	5 (21.7)	7 (30.4)	12 (52.1)	353 K>D
E	21-239	Y	12 (27.3)	17 (38.6)	29 (65.9)	2 (8.7)	9 (39.1)	11 (47.8)	
D	22-245	Y	13 (29.6)	17 (38.6)	30 (68.2)	6 (26.1)	10 (43.4)	16 (69.5)	353 K>D

Highlighted nAChRs in grey present overlap in binding regions (BR) in Extracellular topological domains (ETD). The binding regions correspond to the 4 motifs containing a total of 44 residues (R). The van der Waals (vdw) contacts include 23 residues. ETDL, ETD position on protein sequence; BRO, BR overlaps; Id, fully conserved residues (Number, % of total); Sim, residues with similar properties (Number, % of total); Tot, sums of the fully conserved and similar residues (Number, % of total). Bold numbers indicate the best two hits. Mutagenesis indicates the positions of the residues that were shown to be involved in a loss of SARS-CoV interaction and that are also present on nAChR sequences.







