

Aspect of COVID-19 Pandemic: Case for Mass Spectrometry

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Review Article

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Abstract

Fast spread of COVID-19 worldwide causing unprecedented number of coronavirus infections, Scientist community are in race to control the disease by the development of both novel effective diagnostics strategies and effective therapies. Ultimately an efficient vaccine. Research efforts has focused on recognition of the pathogen entry mechanisms to the host's cells, simultaneously characterize the host's cellular defence mechanisms in response to the pathogen attack. Early genome sequencing enlighten us on the origin of the virus responsible for the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) pandemic. PCR tests first implemented to recognize the presence of viral RNA. PCR tests for SARS-CoV-2 has no gold standard reference, which limits the accuracy of results and increases the percentages of false positives, besides PCR test are unable to predict disease status (progression). Alternative techniques where tested and evaluated, such as immunological based tests. Mass spectrometric methods. Which was suggested as a complementary method to the structural information gathered by molecular level test? Here, we highlight on the contributions of mass spectrometry to several areas of SARS-CoV-2 infectious disease research understanding the host's cell proteome changes including diagnostics techniques, vaccines and therapies.

Keywords: SARS-CoV-2; Proteomics; Immunoassays; Mass Spectrometry; Spike Protein; PCR

Introduction

By the end of 2019, mass cases of rapidly spreading pneumonia emerged from Wuhan, China; which was attributed to a new Coronavirus (CoV). The new virus initially short named (2019-nCoV). On January 2020, The World Health Organization (WHO) declared the COVID-19 as an international epidemic.

Coronaviruses (CoVs) are the largest identified, enveloped, positive-sense single stranded RNA viruses; that may well infect a range of mammals (including humans), birds and fish [1]. Alpha-, Beta-, Delta-, and Gamma-coronavirus are four genera classes of coronaviruses according to the international Committee on Taxonomy of viruses (ICTV). Scientist has identified six human coronaviruses [2], which belongs to alpha- and beta- coronaviruses (SARS-CoV, MERS-CoV, HCoV-NL63, HCoV-229E, HCoV-HKU1, and HCoV-OC43).

In 2003 the SARS-CoV (a lineage B Betacoronavirus) [3-5] has emerged in China with fatality percentages around 10%, this was overcame in 2012 by the detection in humans of the MERS-CoV (a lineage C Betacoronavirus) [6-8] with fatality rates almost 40%.

Scientists carried out comprehensive genetic sequencing of the novel coronavirus, and comparative analysis of already sequenced coronaviruses (CoVs) available in GenBank. Sequenced coronavirus extracted from the first Chinese infected patient labelled HKU-SZ-005b aligned against 23 other related complete genome sequences of β CoVs strains collected from mammals (Bats, Himalayan palm civet and human) [9]. Results showed 89% similarities with bat SARS-like-CoVZXC21, and in lower percentages with human SARS coronavirus of about 82% [9].

Those numbers of high death rates by SARS-CoV and MERS-CoV-the last two human coronaviruses- show the threat potential of these highly pathogenic HCoVs.

In 2013 Chan [9]; Ge [10] in view of their studies on human coronaviruses and the interspecies –transmission ability of SARS and MERS predicted the emergence of a novel coronavirus [10,11].

The novel coronavirus SARS-CoV-2 caused up-to-the moment more than 31 million confirmed infections resulting in 960 thousand deaths worldwide since December 2019 [12]. Urgent development a high-throughput and sensitive method for effective infection diagnostic tools and new therapeutic strategies (vaccines and/or treatments) are essential to prevent further mortalities.

Unprecedented efforts worldwide in response for the COVID-19 pandemic from governments, academics, pharmaceutical companies all collaborating steering around two broad approaches. First, the development of accurate tests to identify the infected individuals, secondly, the production of antibodies that recognize or defuse the virus. Demonstrated excellent analytical performance, in terms of specificity and sensitivity, is the key to the success of these approaches.

The most common tests used for the detection of SARS-CoV-2 are the molecular tests, such as quantitative reverse transcriptase-polymerase chain reaction (RT-PCR) [13-15], quantitative real-time RT-PCR assays (qPCR) [2,16] and the enzyme-linked immunosorbent assay (ELISA).

The antibodies approach relies on accurate descriptors of the viral antigens. The two viral proteins (antigens) most widely used in antibody testing kits are either the nucleocapsid (N) Protein, which is the protein shell that envelops the nucleic acid (RNA) genome. Alternatively, the spike (S) protein, which attaches to the host cells. Evidently, the host response is vital for the successful deployment of any intended to use approach, in addition to the number of clinical samples across different populations.

Most of the current PCR tests target a single human coronavirus gene. Which results in false negative results due to the possible mutations those occur in human coronavirus genome? The PCR [17] is considered the gold standard method for the detection of SARS-CoV-2, although, it is relatively time consuming, with sound sensitivity (71-98)% and low accuracy depending on the site and quality of sampling [18], stage of disease [19] and virus replication/clearance levels. Higher sensitivity is achievable if multiple target genes are used [20,21]. It is worth note; the lack of "gold-standard" for COVID-19 PCR testing is a handicap for the test accuracy and precision. The performance of three RNA-dependent RT-PCR assays tested; targeting (RdRp)/helicase (Hel), spike (S), and nucleocapsid (N) genes of SARS-CoV-2 [21]. The lowest detection limit was achieved by the COVID-19-RdRp/Hel assay the viral load of ranged from 220 to 47k RNA copies/ ml, assay cross-reactivity was investigated with other HCoVs and other respiratory pathogens.

The structure of SARS-CoV-2 virus is a single-stranded (positive sense) enveloped RNA virus. Consists mainly of four structural proteins including S, E, M (Spike, Envelope, Membrane) glycoproteins together create the viral envelope, and N (Nucleocapsid) protein that holds the RNA genome. The virus genome has been sequenced as previously mentioned [22]. Currently considerable genetic information emerged since the start of the epidemic and also structural information are still emerging. Structural information of molecular descriptors is associated with understanding the disease progression the fast spread within diverse populations.

The rapid development of diagnostic assays and vaccine/treatment is vital.

Fast sequencing techniques developed recently granted a rapid and comprehensive genome sequencing of SARS-CoV-2 virus, which allowed the implementation of rapid PCR tests conforming the presence of viral RNA in infected individuals. In addition, in parallel many assays-based on the detection of antibodies used to the recognition of SARS-CoV-2 antigen [23,24]. Besides a bio-analytical industrial validation of those tests is required before its distribution. Having said that the successful deployment of these tests depends on accurate identification of peptides expressed uniquely to pathogens. Analytical techniques such as ELISA and other antibody based techniques are considerably in leading position compared to other analytical techniques due to its speed and specificity. ELISA proved usefulness in the detection of viral proteins in severe acute respiratory syndrome (SARS) [25-27].

Recently, remarkable evolution in mass spectrometry (MS) extended the list of identified proteins in single experiment to thousands of ID's and also their respective Posttranslational modified forms; due to the extensive advancements achieved in resolution > 450K in bench top machines or sensitivity due to low noise signal, accuracy < 1ppm in some machines, and speed of analysis. Hand to hand with quantitative improvements allowing the accurate differentiation between diseases versus control protein profiles in large number of samples, not to forget the role of bioinformatics software's that made this possible analysing huge data sets. Mass spectrometric technology has revolutionized by the introduction of Orbitrap analyser and nano scale liquid chromatography in addition to electrospray ionization and lastly most recently the TIMS-TOF machines with gigantic improvements in speed, sensitivity, and resolution of MS instruments. Which makes LCMS methods an attractive approach in clinical settings alternative to ELISA and protein array methods for the rapid identification of peptides in clinical settings where consistency is paramount? [28-33].

Mass Spectrometry and SARS-CoV-2

Mass spectrometry-based analysis can answer questions in COVID-19 field from at least four different areas. The first and most urgent question: The identification of unique peptides that can be deployed for the development of vaccines and ELISA Diagnostic kits with specific antigens. The second important question, is the viral spike glycoprotein, and this question has two parts as for the host-cell attachment as mentioned earlier the binding-receptor (ACE2) [34], and also as a target for neutralizing antibodies [35,36] that mimics circulating viruses blocking the receptor stimulated through vaccination [37-39]. The third question the development of biomarkers for host response, understanding the disease mechanisms, the immune system response during disease stages (disease severity), and response to medications. Such data from suggested/validated biomarkers will allow us to screen/recognize high-risk populations, track disease progression and identify/prevent/treat future pandemics like SARS-CoV-2. Blood biomarkers for coronaviruses disease-related proteins were suggested, like those associated with the inflammatory response [29,30], blood coagulation [29] and cell damage [31,32]. The fourth and final question is the stability of SARS-CoV-2 on surfaces and environment. SARS-CoV-2 was detected on surfaces of both symptomatic and asymptomatic infected passengers 17 days after cabins were vacated on cruise ships (The Diamond Princess and Grand Princess) [40] and also in sewage [41]. Detection in various contaminated surfaces at different time points is vital and achievable perfectly by mass spectrometry (Time resolved identification). Answering all these questions means mass spectrometry can provide significant molecular level information of SARS-CoV-2.

Mass spectrometry contributed in COVID-19 areas answering questions resembling disease mechanism and disease severity by comprehensive protein profiling [42,43] of hosts response to the viral infection. Proteins expression in response to viral infections offers possible biomarkers for disease progression and severity.

The second area concerns the SARS-CoV-2 virus attachment to the host cell. From previous studies on earlier coronaviruses pandemics, (SARS-2002& MERS-2013) researchers believe spike (S) glycoproteins are one of the main keys to viral binding to human cells, researchers targeted spike (S) glycoproteins for vaccine designs and antibody based therapies. Yuan [44] has investigated accessibility to spike (S) proteins using cryogenic electron microscopy and some antibodies that have shown a promising binding to SARS-CoV-1 [44]. Earlier several studies revealed promising efficiency of antibodies targeting spike proteins of SARS-CoV-1 in preclinical trials. In addition to receptorbinding domain (RBD) targeting [45-49]; many structural studies proposed another therapeutic monoclonal antibody binding targets in coronavirus structure; N-terminal domain (NTD) [47,50,51] which is structural unit in coronavirus S1 subunit moreover in S2 subunits, it includes FP (fusion peptide) [51], HR1 (heptad repeat 1) [44,52,53]. Spike glycoproteins in all coronaviruses are heavily glycosylated. With the recent tremendous evolvement of high-resolution mass spectrometry, it became very easy to identify and precisely site mapping of these glycoproteins. Gouveia [54] presented a short-list of 14 peptides [54] from the main SARS-CoV-2 proteins, for targeted mass spectrometry method development of diagnostic strategies. Proteins from inactivated virus samples -initially SARS-CoV-2 virus produced in Vero E6 cells- digested and data were acquired using data-dependent acquisition (DDA) mass spectrometrybased bottom-up proteomics. These peptides selected based on set of rules that eliminates any chances of cross-reactivity and/or false positives [55].

In parallel, following a SARS-CoV-2 infection; changes occurring in the host cell proteome are a valuable information that could be collected by time-dependent proteomics, which may lead perhaps as investigated to a potential drug targets. C Ihling [56] mass spectrometric detection method of nucleocapsid N protein, as the most abundant protein in the SARS-COV-2 virus. The new method uses the same reported peptides of the N protein in SARS-CoV but improving the preparation procedure in order to achieve much better detection limits using much less virus loads. Furthermore, the method was validated in different physiological fluids.

Leshan Xiu [28] designed and evaluated amultiplexed coronaviruses test, a test combining mass spectrometry with PCR appreviated (mCoV-MS), Mass ARRAY [28] method was designed to detect 6 known already known human coronaviruses, with a potential to discover any novel human coronaviruses. The method relays on the PCR amplification

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strength combined with the extensive capabilities of MALDI-TOF mass spectrometry to identify microorganisms accurately and the ability to measure large number of samples rapidly. This method is limited when human coronaviruses load is very low. Also unrecognized protein spectral signals can provide a clue for novel coronaviruses.

Finally, the joint comprehensive mass spectrometrybased proteomics research efforts with molecular level collected information on human SARS-CoV-2 will reveal pathophysiological and structural information to treat COVID-19. The computational extracted information is very well regarded data in vaccine and drug development processes; helping to understand the mechanisms behind antigen response.

From our experience with SARS and MERS coronaviruses outbreaks, a health threatening potential with high fatality rates and the actual SARS-2 global outbreak, an ideal analytical method for the diagnostic of coronaviruses should identify the HCoVs accurately and capable of predicting any potential emerging novel coronaviruses [28].

Proteomics-based mass spectrometry with its proven ability to detect numerous proteins per run rapidly, precisely, reproducibly, and site mapping proteins posttranslational modifications precisely can provide a considerable complementary information to the genomic information gained by molecular techniques. In addition, mass spectrometry has proven success in diseases-related protein biomarkers.

References

- Lai MMC, Perlman S, Anderson LJ (2007) Coronaviridae in Fields Virology. 5th (Edn.), Wolters Kluwer Health/ Lippincott Williams & Wilkins, Philadelphia.
- Gaunt ER, Hardie A, Claas EC, Simmonds P, Templeton KE (2010) Epidemiology and Clinical Presentations of the Four Human Coronaviruses 229E, HKU1, NL63, and OC43 Detected Over 3 Years using a Novel Multiplex Real-Time PCR Method. J Clin Microbiol 48(8): 2940-2947.
- Drosten C, Günther S, Preiser W, van der Werf S, Brodt HR, et al. (2003) Identification of a Novel Coronavirus in Patients with Severe Acute Respiratory Syndrome. N Engl J Med 348(20): 1967-1976.
- Ksiazek TG, Erdman D, Goldsmith CS, Zaki SR, Peret T, et al. (2003) A Novel Coronavirus Associated with Severe Acute Respiratory Syndrome. N Engl J Med 348(20): 1953-1966.
- 5. Lee N, Hui D, Wu A, Chan P, Cameron P, et al. (2003) A

Major Outbreak of Severe Acute Respiratory Syndrome in Hong Kong. N Engl J Med 348(20): 1986-1994.

- van Boheemen S, de Graaf M, Lauber C, Bestebroer TM, Raj VS, et al. (2012) Genomic Characterization of a Newly Discovered Coronavirus Associated with Acute Respiratory Distress Syndrome in Humans. MBio 3(6): e00473-12.
- de Groot RJ, Baker SC, Baric RS, Brown CS, Drosten C, et al. (2013) Middle East Respiratory Syndrome Coronavirus (MERS-CoV): Announcement of the Coronavirus Study Group. J Virol 87(14): 7790-7792.
- Zaki AM, van Boheemen S, Bestebroer TM, Osterhaus AD, Fouchier RA, et al. (2012) Isolation of a novel coronavirus from a man with pneumonia in Saudi Arabia. N Engl J Med 367: 1814-1820.
- Chan JF, Kok KH, Zhu Z, Chu H, To KK, et al. (2020) Genomic Characterization of the 2019 Novel Human-Pathogenic Coronavirus Isolated from a Patient with Atypical Pneumonia After Visiting Wuhan. Emerg Microbes Infect 9(1): 221-236.
- Ge XY, Li JL, Yang XL, Chmura AA, Zhu G, et al. (2013) Isolation and Characterization of a Bat SARS-like Coronavirus that Uses the ACE2 Receptor. Nature 503(7477): 535-538.
- 11. Chan JF, To KK, Tse H, Jin DY, Yuen KY (2013) Interspecies Transmission and Emergence of Novel Viruses: Lessons from Bats and Birds. Trends Microbiol 21(10): 544-555.
- 12. Center for Systems Science and Engineering (CSSE) (2020) COVID-19 Dashboard. Johns Hopkins University (JHU).
- 13. van der Hoek L, Pyrc K, Jebbink MF, Vermeulen Oost W, Berkhout RJ, et al. (2004) Identification of a New Human Coronavirus. Nat Med 10(4): 368-373.
- 14. Bellau-Pujol S, Vabret A, Legrand L, Dina J, Gouarin S, et al. (2005) Development of Three Multiplex RT-PCR Assays for the Detection of 12 Respiratory RNA Viruses. J Virol Methods 126(1-2): 53-63.
- 15. Vijgen L, Keyaerts E, Moës E, Maes P, Duson G, et al. (2005) Development of One-Step, Real-Time, Quantitative Reverse Transcriptase PCR Assays for Absolute Quantitation of Human Coronaviruses OC43 and 229E. J Clin Microbiol 43(11): 5452-5456.
- Vabret A, Dina J, Gouarin S, Petitjean J, Corbet S, et al. (2006) Detection of the New Human Coronavirus HKU1: A Report of 6 Cases. Clinical Infectious Diseases 42(5): 634-639.

Medicinal and Analytical Chemistry International Journal

- 17. Corman VM, Landt O, Kaiser M, Molenkamp R, Meijer A, et al. (2020) Detection of 2019 Novel Coronavirus (2019-nCoV) by Real-Time RT-PCR. Euro Surveill 25(3): 2000045.
- Wang W, Xu Y, Gao R, Lu R, Han K, et al. (2020) Detection of SARS-CoV-2 in Different Types of Clinical Specimens. JAMA 323(18): 1843-1844.
- 19. Sethuraman N, Jeremiah SS, Ryo A (2020) Interpreting Diagnostic Tests for SARS-CoV-2. JAMA 323(22): 2249-2251.
- Vogels CBF, Brito AF, Wyllie AL, Fauver JR, Ott IM, et al. (2020) Analytical Sensitivity and Efficiency Comparisons of SARS-CoV-2 RT-qPCR Primer-Probe Sets. Nature Microbiology 5(10): 1299-1305.
- 21. Chan JF, Yip CC, To KK, Tang TH, Wong SC, et al. (2020) Improved Molecular Diagnosis of COVID-19 by the Novel, Highly Sensitive and Specific COVID-19-RdRp/Hel Real-Time Reverse Transcription-PCR Assay Validated In Vitro and with Clinical Specimens. J Clin Microbiol 58(5): e00310-00320.
- 22. Wu F, Zhao S, Yu B, Chen YM, Wang W, et al. (2020) A New Coronavirus Associated with Human Respiratory Disease in China. Nature 579: 265-269.
- 23. Amanat F, Stadlbauer D, Strohmeier S, Nguyen THO, Chromikova V, et al. (2020) A serological assay to detect SARS-CoV-2 seroconversion in humans. Nat Med 26(7): 1033-1036.
- 24. Wölfel R, Corman VM, Guggemos W, Seilmaier M, Zange S, et al. (2020) Virological Assessment of Hospitalized Patients with COVID-2019. Nature 581: 465-469.
- 25. Kammila S, Das D, Bhatnagar PK, Sunwoo HH, Zayas Zamora G, et al. (2008) J Virol Methods 152(1-2): 77-84.
- 26. Cho SJ, Woo HM, Kim SK, Oh JW, Jeong YJ (2011) Novel System for Detecting SARS Coronavirus Nucleocapsid Protein Using an ssDNA Aptamer. Journal of Bioscience and Bioengineering 112: 535-540.
- 27. Che XY, Hao W, Wang Y, Di B, Yin K, et al. (2004) Nucleocapsid Protein as Early Diagnostic Marker for SARS. Emerg Infect Dis 10: 1947-1949.
- 28. Xiu L, Zhang C, Wu Z, Peng J (2017) Establishment and Application of a Universal Coronavirus Screening Method Using MALDI-TOF Mass Spectrometry. Front Microbiol 8: 1510.
- 29. Voskuil J (2014) Commercial Antibodies and their Validation. F1000Research 3: 232.

- 30. Voskuil JLA (2017) The Challenges with the Validation of Research Antibodies. F1000Research 6: 161.
- Geyer PE, Kulak NA, Pichler G, Holdt LM, Teupser D, et al. (2016) Plasma Proteome Profiling to Assess Human Health and Disease. Cell Syst 2(3): 185-195.
- 32. Grebe SKG, Singh RJ (2016) Clinical Peptide and Protein Quantification by Mass Spectrometry (MS) TrAC Trends in Analytical Chemistry 84B: 131-143.
- Grebe SK, Singh RJ (2011) LC-MS/MS in the Clinical Laboratory - Where to From Here? Clin Biochem Rev 32(1): 5-31.
- Walls AC, Park YJ, Tortorici MA, Wall A, McGuire AT, et al. (2020) Structure, Function, and Antigenicity of the SARS-CoV-2 Spike Glycoprotein. Cell 181: 281-292.
- 35. Ju B, Zhang Q, Ge J, Wang R, Sun J, et al. (2020) Human Neutralizing Antibodies Elicited by SARS-CoV-2 Infection. Nature 584(7819): 115-119.
- Walker LM, Burton DR (2018) Passive Immunotherapy of Viral Infections: 'Super-Antibodies' Enter the Fray. Nature Reviews Immunology 18: 297-308.
- 37. Graham BS (2020) Rapid COVID-19 Vaccine Development. Science 368(6494): 945-946.
- Murin CD, Wilson IA, Ward AB (2019) Antibody Responses to Viral Infections: A Structural Perspective across Three Different Enveloped Viruses. Nature Microbiology 4: 734-747.
- Graham BS, Mascola JR, Fauci AS (2018) Novel Vaccine Technologies: Essential Components of an Adequate Response to Emerging Viral Diseases. JAMA 319(14): 1431-1432.
- 40. Moriarty LF, Plucinski MM, Marston BJ, Kurbatova EV, Knust B, et al. (2020) Public Health Responses to COVID-19 Outbreaks on Cruise Ships-Worldwide, February-March 2020. Morbidity and Mortality Weekly Report (MMWR) 69(12): 347-352.
- 41. Medema G, Heijnen L, Elsinga G, Italiaander L, Brouwer A (2020) Presence of SARS-Coronavirus-2 RNA in Sewage and Correlation with Reported COVID-19 Prevalence in the Early Stage of the Epidemic in The Netherlands. Environ Sci Technol Lett 7: 511-516.
- 42. Kramer T, Greco TM, Enquist LW, Cristea IM (2011) Proteomic Characterization of Pseudorabies Virus Extracellular Virions. J Virol 85(13): 6427-6441.
- 43. Greco TM, Cristea IM (2017) Proteomics Tracing the

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Footsteps of Infectious Disease. Mol Cell Proteomics 16(4): S5-S14.

- 44. Yuan Y, Amine K, Lu J, Shahbazian Yassar R (2017) Nature Communications 8: 15806.
- 45. Bian C, Zhang X, Cai X, Zhang L, Chen Z, et al. (2009) Conserved Amino Acids W423 and N424 in Receptorbinding Domain of SARS-CoV are Potential Targets for Therapeutic Monoclonal Antibody. Virology 383(1): 39-46.
- 46. He Y, Lu H, Siddiqui P, Zhou Y, Jiang S (2005) Receptor-Binding Domain of Severe Acute Respiratory Syndrome Coronavirus Spike Protein Contains Multiple Conformation-Dependent Epitopes that Induce Highly Potent Neutralizing Antibodies. J Immunol 174(8): 4908-4915.
- Berry JD, Hay K, Rini JM, Yu M, Wang L, et al. (2010) Neutralizing Epitopes of the SARS-CoV S-Protein Cluster Independent of Repertoire, Antigen Structure or MAb Technology. MAbs 2(1): 53-66.
- 48. van den Brink EN, Ter Meulen J, Cox F, Jongeneelen MA, Thijsse A, et al. (2005) Molecular and Biological Characterization of Human Monoclonal Antibodies Binding to the Spike and Nucleocapsid Proteins of Severe Acute Respiratory Syndrome Coronavirus. J Virol 79(3): 1635-1644.
- 49. Sui J, Deming M, Rockx B, Liddington RC, Zhu QK, et al. (2014) Effects of Human Anti-Spike Protein Receptor Binding Domain Antibodies on Severe Acute Respiratory Syndrome Coronavirus Neutralization Escape and Fitness. J Virol 88(23): 13769-13780.
- 50. He Y, Li J, Heck S, Lustigman S, Jiang S (2006) Antigenic and Immunogenic Characterization of Recombinant

Baculovirus-Expressed Severe Acute Respiratory Syndrome Coronavirus Spike Protein: Implication for Vaccine Design. J Virol 80(12): 5757-5767.

- 51. Miyoshi-Akiyama T, Ishida I, Fukushi M, Yamaguchi K, Matsuoka Y, et al. (2011) Fully Human Monoclonal Antibody Directed to Proteolytic Cleavage Site in Severe Acute Respiratory Syndrome (SARS) Coronavirus S Protein Neutralizes the Virus in a Rhesus Macaque SARS Model. J Infect Dis 203(11): 1574-1581.
- 52. He Y, Li J, Jiang S (2006) A Single Amino Acid Substitution (R441A) in the Receptor-Binding Domain of SARS Coronavirus Spike Protein Disrupts the Antigenic Structure and Binding Activity. Biochem Biophys Res Commun 344(1): 106-113.
- 53. He Y, Li J, Li W, Lustigman S, Farzan M, et al. (2006) Cross-Neutralization of Human and Palm Civet Severe Acute Respiratory Syndrome Coronaviruses by Antibodies Targeting the Receptor-Binding Domain of Spike Protein. J Immunol 176(10): 6085-6092.
- 54. Gouveia D, Grenga L, Gaillard JC, Gallais F, Bellanger L, et al. (2020) Shortlisting SARS-CoV-2 Peptides for Targeted Studies from Experimental Data-Dependent Acquisition Tandem Mass Spectrometry Data. Proteomics 20(14): e2000107.
- 55. Grenga L, Gallais F, Pible O, Gaillard JC, Gouveia D, et al. (2020) Shotgun proteomics analysis of SARS-CoV-2-infected cells and how it can optimize whole viral particle antigen production for vaccines. Emerg Microbes Infect 9(1): 1712-1721.
- Ihling C, Tanzler D, Hagemann S, Kehlen A, Huttelmaier S, et al. (2020) Mass Spectrometric Identification of SARS-CoV-2 Proteins from Gargle Solution Samples of COVID-19 Patients. J Proteome Res 19(11): 4389-4392.

