## Spike Proteins Increase Endothelial Calcium Via TRPV4 \*\*WINNER\*\* Basic Science Category for 2022 Lifespan Research Day

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Abstract	
Background & Aim:	Endothelial dysfunction plays a central role in the pathogenesis of acute respiratory distress syndrome (ARDS) with COVID-19. Transient receptor potential vanilloid 4 (TRPV4), a cation channel ubiquitously expressed, can regulate inflammatory cytokines that play key roles in acute lung injury/ARDS. However, it is unknown whether spike proteins can affect TRPV4 activity and related Ca2+ signaling in pulmonary microvascular endothelial cells. We hypothesized that spike protein causes activation of TRPV4 channels, resulting in increases in intracellular Ca2+, which may lead to pulmonary endothelial dysfunction.
Methods:	Intracellular Ca2+ concentrations in human lung microvascular endothelial cells (HLMECs) were measured by calcium imaging in the presence of SARS CoV-2 Spike protein S1, receptor-binding domain (RBD) of S1, or protein S2 with or without co-incubation of the selective TRPV4 antagonist (HC-067047).
Results:	The intracellular Ca2+ concentration of HLMECs was significantly increased when incubated with S1 (1nM, n=20; 10nM, n=24) or S1 RBD (1nM, n=18; 10nM, n=12) for 12, 24, 48 hours, relative to control (n=11) or S2 (1nM, n=10; 10nM, n=13) (p<0.05, Fig. A, B). Co–incubation of HC–067047 (500nM) significantly attenuated Ca2+ intracellular influx upon treatment with S1 (10nM, n= 64, 24 hours, p<0.05) or S1 RBD (10nM, n= 80, 24 hours, p<0.05) (Fig. C). TRPV4 sensitive current density was significantly increased when incubated with S1 (10nM, n=10) or S1 RBD (10nM, n=10) for 24 hours (p<0.05 vs. control, respectively, Fig. D–G), whereas co–incubated with HC–067047 (500nM) significantly reversed the S1 (10nM, n=5, 24 hours, p<0.05) or S1 RBD (10nM, n=4, 24 hours, p<0.05) induced increases of TRPV4 sensitive current density (Fig. D–G).
Conclusion:	The SARS CoV-2 Spike protein S1 and S1 RBD caused the activation of TRPV4 channels, resulting in increased intracellular Ca2+, which may lead to pulmonary endothelial dysfunction.
Clinical Implications:	TRPV4 inhibition appears as a worthy strategy to protect against endothelial dysfunction in Covid–19 patients.

