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Patterns of immune response in COVID-19 patients

| | | |
|-----------------|---------------------------|----------------------------------|
| Project Number | Contact PI/Project Leader | Awardee Organization |
| 1ZIABC011952-01 | KREITMAN, ROBERT | DIVISION OF BASIC SCIENCES - NCI |

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Description

Abstract Text

Patients infected with **COVID**-19 have an unpredictable risk to worsen and die, making it difficult to decide who can quarantine at home and who should be monitored for respiratory failure as an inpatient. This risk may be related in part to the patient's immune response which can be characterized with respect to the B- and T-cell repertoire. Determining patterns of immune response and correlating them with clinically effective immunity may help in determining risk in a patient who is acutely infected. Patients on **COVID**-19 vaccine trials are typically tested for antibody production, protection from infection and survival. If such patients can be checked for a favorable pattern of immune response, which can be defined by the research of this protocol, it may significantly speed selection of effective candidate vaccines. RNA viruses depend on polyamines for their reproduction, including Middle East respiratory syndrome coronavirus (MERS-CoV). The rate limiting enzyme in polyamine catabolism is spermine/spermidine acetyl-transferase (SAT1). SAT1 is increased during Zika virus-triggered innate immune response, and RNA-sequencing data from a recently published study demonstrates that SAT1 expression is increased in lung cell lines infected with **COVID**-19. SAT1 generates diacetylspermine, and evidence suggests that diacetylspermine pathological tissue production directly correlates with urine levels. Therefore, urine diacetylspermine may be a prognostic biomarker to determine clinically effective immunity to **COVID**-19. Although poor pulmonary function, smoking, male sex, and age have been implicated as risk factors for poor response to **COVID**-19, we believe the immune system also plays a major role in the ability to recover from **COVID**-19. By defining the T- and B-cell repertoire in patients with active or past **COVID**-19 infection, the results of this study may help in 1) determining a pattern of immune response which will predict whether the patient will recover at home or will need close monitoring for respiratory failure; 2) determining if immune response to **COVID**-19 is primarily B- or T-cell mediated; and, 3) determining if future vaccine efforts are achieving the 'good prognosis' immune response, to insure that the vaccine will be successful.

Public Health Relevance Statement

Data not available.

NIH Spending Category











- Biodefense
- Cancer
- Clinical Research
- Coronaviruses
- Emerging Infectious Diseases
- Health Disparities
- Immunization
- Infectious Diseases
- Lung
- Minority Health
- Prevention
- Rare Diseases
- Vaccine Related

Project Terms

- Acute
- Age
- Antibody Formation
- B cell repertoire
- B-Lymphocytes
- COVID-19
- COVID-19 vaccine
- Cell Line
- Clinical
- Data
- Enzymes
- Future
- Goals
- Home environment
- Immune response
- Immune system
- Immunity
- Infection
- Innate Immune Response
- Inpatients
- Lung

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| Project Number 1ZIABC011952-01 | | Contact PI/Project Leader KREITMAN, ROBERT | | Awardee Organization DIVISION OF BASIC SCIENCES - NCI | |
| RISK | RISK FACTORS | ROLE | SMOKING | SPEED | Spermidine Spermine |

Details

| | | |
|--|----------------|---------------------|
| Contact PI/ Project Leader | Other PIs | Program Official |
| Name KREITMAN, ROBERT  | Not Applicable | Name |
| Title | | Contact |
| Contact Email not available | | Email not available |

Organization

| | | |
|--|----------------------------------|------------------------|
| Name DIVISION OF BASIC SCIENCES - NCI | Department Type Unavailable | State Code |
| City | Organization Type Unavailable | Congressional District |
| Country | | |

Other Information

| | | |
|---------------------|-------------------------------------|---------------|
| FOA | Administering Institutes or Centers | Project Start |
| Study Section | NATIONAL CANCER INSTITUTE | Date |
| Fiscal Year 2020 | Award Notice Date | Project End |
| | DUNS Number CFDA Code | Date |
| | | Budget Start |
| | | Date |
| | | Budget End |
| | | Date |

Project Funding Information for 2020











| Total Funding \$400,855 | Direct Costs \$0 | Indirect Costs \$0 |
|----------------------------|---------------------------|-----------------------|
| Year | Funding IC | FY Total Cost by |
| 2020 | NATIONAL CANCER INSTITUTE | \$400,855 |

| NIH Categorical Spending | | Click here for more information on NIH Categorical Spending |
|----------------------------------|---------------------|--|
| Funding IC | FY Total Cost by IC | NIH Spending Category |
| DIVISION OF BASIC SCIENCES - NCI | \$80,171 | Health Disparities; Minority Health; |
| DIVISION OF BASIC SCIENCES - NCI | \$400,855 | Biodefense; Cancer; Clinical Research; Coronaviruses; Emerging Infectious Diseases; Immunization; Infectious Diseases; Lung; Prevention; Rare Diseases; Vaccine Related; |

Sub Projects

Thank you for your feedback!

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No Publications available for 1ZIABC011952-01

Patents

No Patents information available for 1ZIABC011952-01

Outcomes

The Project Outcomes shown here are displayed verbatim as submitted by the Principal Investigator (PI) for this award. Any opinions, findings, and conclusions or recommendations expressed are those of the PI and do not necessarily reflect the views of the National Institutes of Health. NIH has not endorsed the content below.

No Outcomes available for 1ZIABC011952-01

Clinical Studies

No Clinical Studies information available for 1ZIABC011952-01

News and More

Related News Releases

No news release information available for 1ZIABC011952-01

History

No Historical information available for 1ZIABC011952-01

Similar Projects

No Similar Projects information available for 1ZIABC011952-01

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