



Early View

Correspondence

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COVID-19 and Nicotine as a Mediator of ACE-2

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We recently reported that current smokers and those with COPD had higher airway epithelial cell expression of the angiotensin-converting enzyme-2 (ACE-2) viral entry receptor [1]. We thus read with great interest the work of Russo *et al.* [2] which proposes a mechanism for this finding, namely that this upregulation is mediated by nicotine exposure specifically through the $\alpha 7$ subtype of nicotine acetylcholine receptors ($\alpha 7$ -nAChR). While exposure to increasing concentrations of nicotine caused epithelial cells to increase ACE-2 levels, subsequent gene silencing of $\alpha 7$ -nAChR appeared to significantly dampen this response. A secondary transcriptome sequencing analysis of our cohort (consisting of 42 subjects who underwent bronchoscopy for epithelial cell brushings [1]) reveals evidence in support of this hypothesis. We found that airway epithelial cell expression of *CHRNA7*, encoding $\alpha 7$ -nAChR, was significantly correlated with the expression of *ACE2* (**Figure 1**, Pearson $r=0.54$, $p=2.31 \times 10^{-8}$). There was significantly higher *CHRNA7* expression in those with COPD (2.75 ± 0.73 vs. 2.14 ± 0.43 in those without COPD, $p=1.47 \times 10^{-4}$), with a trend towards higher expression in current smokers compared to former and never smokers (2.86 ± 0.92 in current smokers, 2.35 ± 0.57 in former smokers, and 2.27 ± 0.45 in never smokers, $p=6.16 \times 10^{-2}$). *CHRNA7* was also negatively correlated with forced expiratory volume in 1 second percent predicted (Pearson $r=-0.37$, $p=2.83 \times 10^{-4}$). Interestingly, *CHRNA7* was positively if weakly correlated with body mass index (Pearson $r=0.14$, $p=6.31 \times 10^{-3}$), raising the intriguing possibility that nicotine receptor mediation of ACE-2 may also be related to why obese individuals have made up a considerable proportion of COVID-19 cases [3].

Together, these data further help to characterize the connections between airway epithelial ACE-2, $\alpha 7$ -nAChR, and the unique vulnerability of patients with COPD to severe COVID-19. $\alpha 7$ -nAChR's widespread abundance in the human body, from neuronal tissue to immune cells to the lung and digestive tract, and its various roles in diseases such as schizophrenia [4], Alzheimer's disease [5],

and Parkinson's disease [6] has meant that considerable work has already been done to target $\alpha 7$ -nAChR as a therapeutic modality. As an example, $\alpha 7$ -nAChR antagonists for the purpose of smoking cessation have long been proposed [7] and the idea of potentially repurposing these compounds for a pandemic with few therapeutic options currently available is certainly appealing. Whether $\alpha 7$ -nAChR-selective antagonists such as methyllycaconitine [8] and α -conotoxin [9] can meaningfully alter ACE-2 expression to prevent SARS-CoV-2 entry into the airway epithelium seems the next logical investigation in our furious pursuit for better therapeutics.

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Figure 1. Transcriptome profiles generated through RNA-Seq of airway epithelial cells demonstrated a significant positive correlation between *ACE2* and *CHRNA7* expression.

