



BCR-ABL Tyrosine Kinase Inhibitors as Candidates for the Treatment of COVID-19: Molecular Docking, Pharmacophore Modeling, ADMET Studies

Mohamed S. Attia ¹, Mohammed Y. Hassaballah ², Ahmed Negida ³, Mahmoud M. Sebaiy ^{4,*} , Noha I. Ziedan ^{5,*} 

¹ Department of Pharmaceutics, Faculty of Pharmacy, Zagazig University, Zagazig, 44519, Egypt; mosalahnabet@gmail.com (M.S.A.);

² Faculty of Pharmacy, Zagazig University, Zagazig, 44519, Egypt; 14129@stemegypt.edu.eg (M.Y.H.);

³ Zagazig University Hospitals, Zagazig University, Zagazig, Egypt; ahmed.said.negida@gmail.com (A.N.);

⁴ Department of Medicinal Chemistry, Faculty of Pharmacy, Zagazig University, Sharkia, 44519, Egypt; mmsebaiy@zu.edu.eg, sebaiym@gmail.com (M.M.S.);

⁵ Department of Mathematical and Physical sciences, Faculty of Science and Engineering, University of Chester, CH2 4NU, Kingdom; n.ziedan@chester.ac.uk (N.I.Z.);

* Correspondence: mmsebaiy@zu.edu.eg, sebaiym@gmail.com (M.M.S.); n.ziedan@chester.ac.uk (N.I.Z.); .

Scopus Author ID 56505538400

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Abstract: The novel coronavirus pandemic (COVID-19) caused by SARS-CoV-2 has affected more than 53 million individuals worldwide. Currently, there is a dire need to develop or find potential drugs that can treat SARS-CoV-2 infection. One of the standard methods to accelerate drug discovery and development in pandemics is to screen currently available medications against the critical therapeutic targets to find potential therapeutic agents. The literature has pointed out the 3CL^{pro} and RdRp proteins as the most important proteins involved in viral replications. In the present study, we used an *in-silico* modeling approach to examine the affinity of six tyrosine kinases inhibitors (TKIs), Imatinib, Ponatinib, Nilotinib, Gefitinib, Erlotinib, and Dasatinib against the 3CL^{pro} and RdRp by calculating the energy balance. The six tested TKIs had more than -7 Kcal/mol energy balance values for both viral target proteins. Nilotinib and Ponatinib showed the highest affinity for 3CL^{pro} (-8.32, -8.16, respectively) while Dasatinib, Ponatinib, and Imatinib presented the strongest binding to RdRp (-14.50, -10.57, -9.46, respectively). Based on these findings, we recommend future evaluations of TKIs for SARS-CoV-2 infection *in-vitro* and further testing in clinical trials.

Keywords: COVID-19; tyrosine kinase; RdRp; 3CL^{pro}; molecular docking.

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1. Introduction

The recent novel coronavirus disease pandemic (COVID-19) has affected more than 53 million individuals worldwide. There is a lack of antiviral agents that can provide pharmacological viral clearance of the SARS-CoV-2 infection. The recently approved Remdesivir was found to accelerate the recovery but with no impact on patient survival. Also, the recent findings on Dexamethasone clinical trials suggest a clinical benefit for the subset of patients requiring oxygen supplementation and those in the ICU with a lack of benefit for the subgroup of patients with mild and moderate infections [1].

Consequently, the mortality rates of SARS-CoV-2 are still substantial in light of the explosive and rapid spread of the virus. There is an unmet clinical need to find potent antiviral

treatments that can inhibit virus replication and translate to better clinical outcomes and lower mortality rates among infected individuals.

Results of many sequence alignment studies have shown that 3CLpro was highly conserved with 100% identity in all SARS-CoV-2 genomes examined [2,3]. The protein sequence of SARS-CoV-2 3CLpro with the protein sequence of 3CLpro of the other homologs (Bat-CoV, SARS-CoV, MERS-CoV, Human-CoV, and Bovine-CoV) [3,4]. According to the comparison, 3CLpro clusters of Bat-Cov shares 99.02% with those of SARS-Cov-2. Furthermore, SARS-Cov-2 3CLpro shares 96.08%, 87%, 90%, and 90% sequence identity with SARS-CoV, MERS-CoV, Human-CoV, and Bovine-CoV homologs, respectively [2,4,5]. These findings imply that SARS-CoV-2 has a higher similarity with SARS-CoV than MERS-CoV and shares a common ancestor with Bat-CoV. Although the similarity of SARS-CoV to SARS-CoV-2 is very high, there are variations at 12 different positions in the sequence of (residues numbers 33, 44, 63, 84, 86, 92, 132, 178, 200, 265, 283, and 284) [6,7]. The physiochemical characteristics of 3CLpro revealed that it has a polypeptide chain of 306 amino acids and a molecular weight of 33,796.64 Da [2]. RNA-dependent RNA polymerase (RdRp) is a conserved protein called Nsp12, which is a vital enzyme for the replication and transcription of SARS-CoV-2. In previous research, it was found that Nsp12-RdRp has been used as a significant drug target. Inhibition of Nsp12 does not cause significant toxicity on host cells, while it can kill SARS-CoV-2 [8–11].

Being the most critical viral proteins affecting the SARS-CoV-2 replication cycle, the 3CLpro and RdRp were used for this *in-silico* modeling to study the potential of TKIs in inhibiting SARS-CoV-2 replication. The rationale for examining TKIs for these targets could be explained as follows [12].

First of all, several TKIs that possess anticancer activity have recently shown broad-spectrum *in-vitro* activity against HCV, HIV, SARS-CoV, MERS-CoV, DENV, and EBOV [13–17]. The underlying antiviral mechanism of TKIs could not be attributed to a specific pathway since TKIs do not possess an equal affinity to all the kinases but for only one to three kinases.

Second, COVID-19 uses ACE-2 receptors on the cell surface to enter lung alveolar type II (AT2) epithelial cells through spikes, which are prior activated by extracellular proteases, including transmembrane protease serine 2 (TMPRSS2) [18–20]. Bcr-Abl tyrosine kinase inhibitors would block multiples pathways associated with cell differentiation and proliferation, which is anticipated to reduce ACE-2 levels in epithelia. Consequently, yielding immature cells expressing a low level of ACE-2 makes them theoretically less vulnerable to infection [21–23]. Side to side with the fact that ABL1 inhibitors such as Nilotinib & ponatinib were found to combat cytokine storm seen in lethal influenza infection, resulting in higher survival rates of infected mice. This effect is believed to be effective in reducing the mortality of SARS-Cov-2 [24,25]. While inhibitors of Adaptor-associated protein kinase 1 (AAK1) and Cyclin G-associated kinase (GAK) such as erlotinib & sunitinib, which are activating protein 2 (AP2) regulators that modulate ACE-2 induced clathrin endocytosis, which is considered a central point in the virion entry mechanism [26–33].

Third, Fyn kinase was found to play a role in dengue virus RNA replication [34–37]. It was also reported to be associated with the activation of NF- κ B, which is responsible for the expression of cytokines in response to interferon signaling, resulting in its inflammatory response observed in neural cells [38–41]. An Inhibitor of Fyn kinase, such as Dasatinib, was repurposed to treat SARS-CoV because it inhibited SARS-CoV *in-vitro* with EC₅₀ = 2.1 μ M

and MERs-CoV with EC50= 5.47 μ M. At this level, the drug is considered non-cytotoxic [21,42]. However, dasatinib activity against SARS-CoV suggests that there are other subtle undiscovered mechanisms.

As such, we will shed light on the accessibility of such TKIs as a possible treatment for COVID-19 through drug modeling studies on non-structural protein targets in the virus-like RNA-dependent RNA polymerase (RdRp) and chymotrypsin-like protease (3CLpro).

2. Materials and Methods

2.1. Protein data preparation.

MOE docking approach against both enzymes 3CLpro and RdRp was applied to predict the degree of inhibition of SARS-CoV-2 by approved anticancer medications. Proteins in PDB format were downloaded from Brookhaven Protein Data Bank (www.rcsb.org/pdb), and the binding sites were generated from the co-crystallized ligand within crystal protein. At first, water molecules were removed from the complex. Then, crystallographic disorders and unfilled valence atoms were corrected using protein report, utility, and clean protein options. Afterward, protein energy was minimized by applying CHARMM [43–45] and Amber14: HT force fields [46].

2.2. Optimization and data preparation of TKIs.

An MMFF94X force field. The energy minimization was first implemented to the tested compounds. These compounds were then adjusted for charges, and potential energy and other parameters were controlled by MMFF94 forcefield. The minimized structures were prepared for docking using MOE.

Table 1. The selected TKIs for the molecular modeling process.

Name	IUPAC name	PubChem CID	Molar mass	Formula
Imatinib	(4-methylpiperazin-1-yl)methyl-N-[4-methyl-3-[(4-pyridin-3-ylpyrimidin-2-yl)amino]phenyl] benzamide	5291	493.6	C ₂₉ H ₃₁ N ₇ O
Nilotinib	4-methyl-N-[3-(4-methylimidazol-1-yl)-5-(trifluoromethyl)phenyl]-3-[(4-pyridin-3-ylpyrimidin-2-yl)amino] benzamide	644241	529.5	C ₂₈ H ₂₂ F ₃ N ₇ O
Dasatinib	N-(2-chloro-6-methylphenyl)-2-[[6-[4-(2-hydroxyethyl)piperazin-1-yl]-2-methylpyrimidin-4-yl]amino]-1,3-thiazole-5-carboxamide	3062316	488	C ₂₂ H ₂₆ ClN ₇ O ₂ S
Ponatinib	3-(2-imidazo[1,2-b]pyridazin-3-ylethynyl)-4-methyl-N-[4-[(4-methylpiperazin-1-yl)methyl]-3-(trifluoromethyl)phenyl]benzamide	24826799	532.6	C ₂₉ H ₂₇ F ₃ N ₆ O
Gefitinib	N-(3-chloro-4-fluorophenyl)-7-methoxy-6-(3-morpholin-4-ylpropoxy)quinazolin-4-amine	123631	446.9	C ₂₂ H ₂₄ ClFN ₄ O ₃
Erlotinib	N-(3-ethynylphenyl)-6,7-bis(2-methoxyethoxy)quinazolin-4-amine	176870	393.4	C ₂₂ H ₂₃ N ₃ O ₄

The defined pocket was taken as the active site and extended to 6.5Å to include all putative active site residues. Triangle matcher was chosen as the placement methodology, London dG, as the scoring function. The receptor was held rigid, while the ligands were allowed to be flexible during the refinement. Each molecule was allowed to produce five different interaction poses with the protein. GBVI/WSA dG was used as a scoring function during refinement. The docking scores of the best-fitted poses with the active site at both protein sites were recorded. We used all these processes to predict the proposed binding mode,

affinity, preferred orientation of each docking pose, and binding Free energy (ΔG) of the tested compounds with RdRp.

2.2. Pharmacophore modeling.

The protein co-crystallized with the ligand was loaded into MOE (PDB code: 7b2v) and prepared using Amber10 forcefield. The interaction between the ligand and the protein was visually inspected. The electrostatic map for the active site was created, and the pharmacophore query was created using the pharmacophore query editor. The program created annotation points, which were used to select the most relevant features. After feature selection, the volume feature was added to only include the volume occupied by the active ligand. The model created was then tested against all 6 compounds allowing the partial matching of a minimum of 4 features and keeping a minimum of 1 aromatic feature and 1 H-acceptor feature.

2.3. ADMET analysis.

The prediction of pharmacokinetics, potential toxicities, and carcinogenicity of each drug was carried through the AdmetSAR2 database [47,48].

3. Results

3.1. Structure of target proteins.

The main therapeutic targets for SARS-CoV-2 used for the study were 3CL^{pro} and RdRp. The three-dimensional structures of these proteins were obtained from the protein data bank (PDB ID: 6y2f, resolution 1.95) [49] and (PDB ID: 7bv2, resolution 2.50) [50,51], respectively.

Table 2. Energy Balances of TKIs–RdRp, and TKIs–3CL^{pro} (Kcal/mol).

Drug	Energy Balance of TKIs–RdRp (Kcal/mol)						Energy Balance of TKIs–3CL ^{pro} (Kcal/mol)					
	S	Rmsd - refine	E- Conf	E- Place	E- Score1	E- Refine	S	Rms d- refin e	E- Conf	E- Place	E- Score1	E- Refine
Ligand	-11.05	1.39	- 139.2 6	-61.41	-16.08	- 118.83	- 9.04	2.23	67.07	-83.64	-9.26	-50.21
Dasatinib	-14.50	1.44	- 187.8 4	-31.86	-21.98	- 179.92	- 7.67	2.08	- 197.5 1	-96.80	- 10.511	-44.69
Ponatinib	-10.57	3.38	145.0 5	-46.23	-8.95	- 125.22	- 8.16	1.68	141.5 8	- 110.7 8	-9.94	-46.89
Imatinib	-9.46	2.12	-27.27	- 101.1 3	-10.46	-97.57	- 7.74	2.28	-14.32	-87.82	-10.21	-48.90
Nilotinib	-7.45	2.64	-59.54	-44.72	-9.49	-38.71	- 8.32	1.76	-58.36	-96.77	-12.47	-48.32
Gefitinib	-7.82	5.38	-0.29	-82.17	-10.20	-82.51	- 7.55	2.20	-3.65	-63.91	-9.81	-46.55
Erlotinib	-8.92	3.20	-33.14	-36.40	-10.30	-99.58	- 7.83	1.70	-31.70	-90.06	-10.33	-49.21

The 3CL^{pro} model was predicted and designed as a homo-dimer with both protomers. Those protomers are oriented at almost right angles to each other and labeled as ‘A’ and ‘B’. The single monomer was found to be composed of three different globular domains. Domain I and II form a substrate-binding site, which is formed of a Cys145-His41 catalytic dyad. The

composition of the substrate-binding pocket is His41, Phe140, Asn142, Gly143, Ser144, Cys145, Tyr161, His163, Glu166, and His172 residues [52–55]. The interaction of the crystal ligand within the binding pocket of 3CL^{pro} is shown in figure1-A.

3.2. Energy Balance for RdRp and 3CL^{pro} with TKIs

S: the final score; is the score of the last step, Rmsd-refine: the mean square deviation between the laying before refinement and after refinement pose, E-Conf: energy conformer, E-Place: score of the placement phase, E-Score1: score the first step of notation, E-refine: score refinement step and the number of conformations generated by ligand [56,57].

4. Discussion

4.1. Summary of study findings.

This study showed that TKIs might hold a promise for the treatment of SARS-CoV-2 infection. The examined compounds (Dasatinib, Imatinib, Nilotinib, Erlotinib, Ponatinib, and Gefitinib) showed substantial affinity to 3CL^{pro} and RdRp, which have a pivotal role in the SARS-CoV-2 replication cycle [58,59]. Notably, Dasatinib, Ponatinib, and Imatinib showed the highest scores for the inhibition of RdRp, while Ponatinib and Nilotinib were presented as potential inhibitors of 3CL^{pro}.

4.2. Explanation of the study results.

4.2.1. RNA-dependent RNA polymerase (RdRp).

The sequence identity percentage between SARS-CoV-2 RdRp and SARS, MERS, OC43, NL63, 229E, , HKU1 and HCoV strains were found to be 90.18%, 56.76%, 55.07%, 48.79%, 48.55%, and 48.16%, respectively. These findings revealed that the SARS-CoVRdRp is the closest strain to the SARS-CoV-2 RdRp [60-63].

Dasatinib has shown an excellent binding capacity to the RdRp enzyme with an affinity of -14.5 kcal/mol, as shown in Table 2. Compared to crystal ligand, Dasatinib showed a comparatively higher affinity, which equals (-11.05) kcal/mol. Dasatinib has also presented a low Root-mean-square deviation (RMSD) of 1.44 Å, which is smaller than the ligand, making the binding more stable with lower rotations. These results are illustrated by three main types of interactions between Dasatinib and RdRp: electrostatic, hydrophobic, and hydrogen-bonding interactions. In contrast, the ligand binding with RdRp is achieved through two main types of interactions are shown in Figures 1-A& 2-A. As depicted in Figures 1-G& 2-G, the pyrimidine moiety of Dasatinib formed arene-H interaction with AB19, while the nitrogen atom of piperazine moiety formed an electrostatic interaction with MG1005. Moreover, the carbonyl group forms a hydrogen bond with both AC11.

Imatinib score showed that it would bind with plausible binding energy to SARS-COV-2 RdRp (-9.46 kcal/mol), which is lower than that of Dasatinib since it lacks a strong hydrogen bond formed by the carbonyl group in Dasatinib. In comparison to the ligand, Imatinib also showed a fair, binding affinity and lower RMSD, which result in more stable and potent binding to the active sites of RdRp. Five interactions work to stabilize the binding of Imatinib with RdRp. Arene-H interaction was formed between the pyrimidine moiety of Imatinib and AC11. Two H-bonds were created between two nitrogen atom and UC10, while the piperazine moiety interacted electrostatically with MG1005 and MG1004 (Figures 1-B& 2-B).

Binding results of RdRp are consistent with the previously reported *in-vitro* inhibition of SARS-CoV results since Dasatinib showed higher inhibition results than Imatinib. RdRp results suggest that the virus is more liable to RdRp inhibition, and the TKIs might mediate their action on SARS-CoV-2 by inhibiting this target.

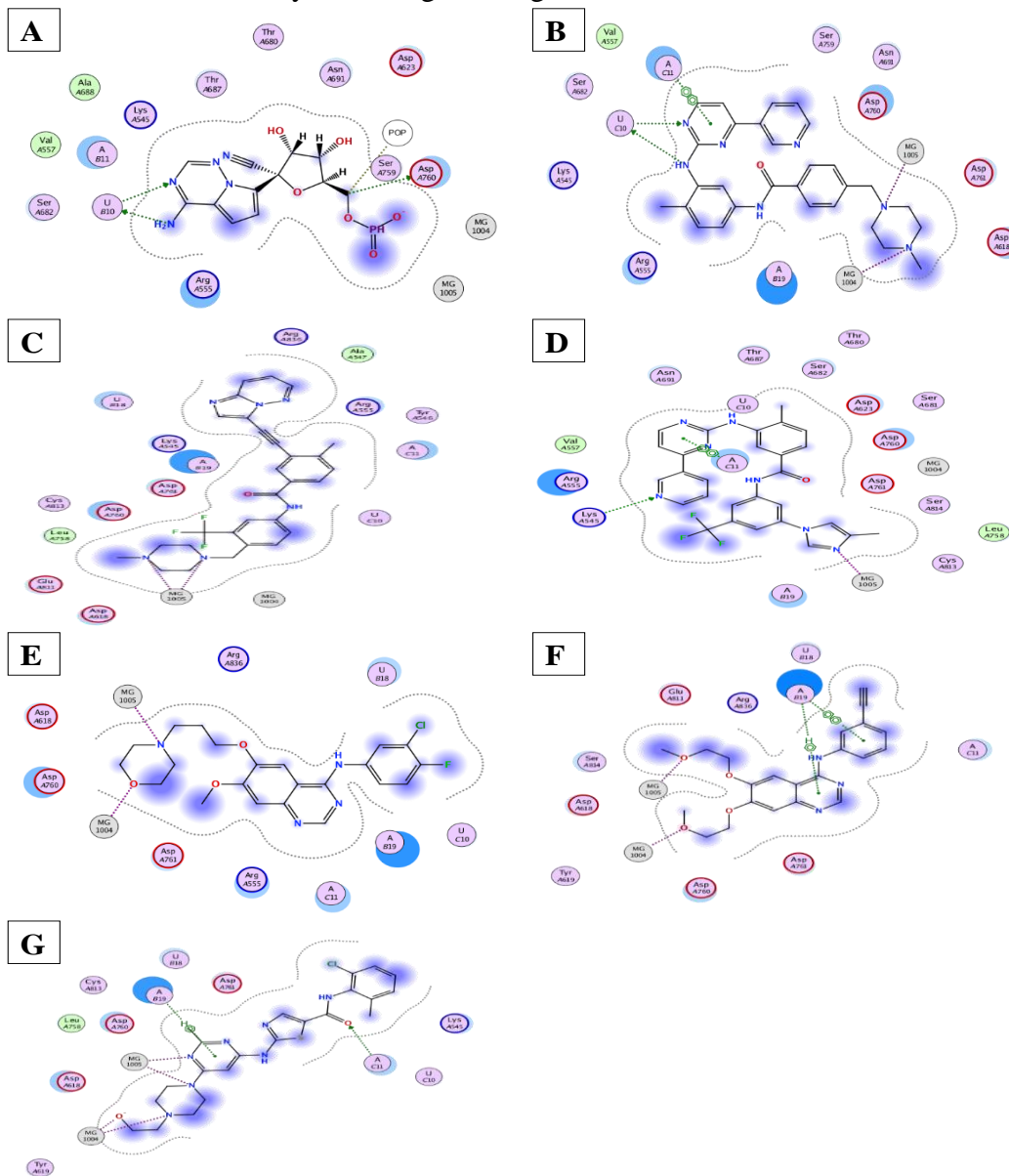


Figure 1. 2D binding mode representation of the binding site of SARS-CoV-2 RdRp with (A) Crystal ligand; (B) Imatinib; (C) Ponatinib; (D) Nilotinib; (E) Gefitinib; (F) Erlotinib; (G) Dasatinib.

4.2.2. 3-Chemotrypsin-Like protease (3CL^{pro}).

The protein structure of 3CL^{pro} could explain these energy balance results is stable, hydrophilic, and can create a hydrogen bond with drugs [64]. This could elucidate the proven affinity of flavonoids and 3clpro as in apigenin, luteolin, quercetin, quercetin, epigallocatechin, epigallocatechin gallate, gallic acid, and kaempferol. These compounds were reported to inhibit the proteolytic activity of SARS-CoV 3CL^{pro} mainly through hydrogen bonding and other interactions [65–71].

Results for Nilotinib docking showed relatively higher binding to the 3CL^{pro} enzyme with an affinity of -8.32 kcal/mol, as shown in Table 2. The azo group of Nilotinib forms an H-bond with Thr26. Another type of interaction was the heterocyclic imidazole that forms pi-

interaction with Met165. Moreover, the fluorine atom forms an electrostatic interaction with Thr190. Nilotinib also shows a Root-mean-square deviation (RMSD) of 1.76, which is lower than the ligand, making the binding more stable with minor rotations (Figures 3-D & 4-D).

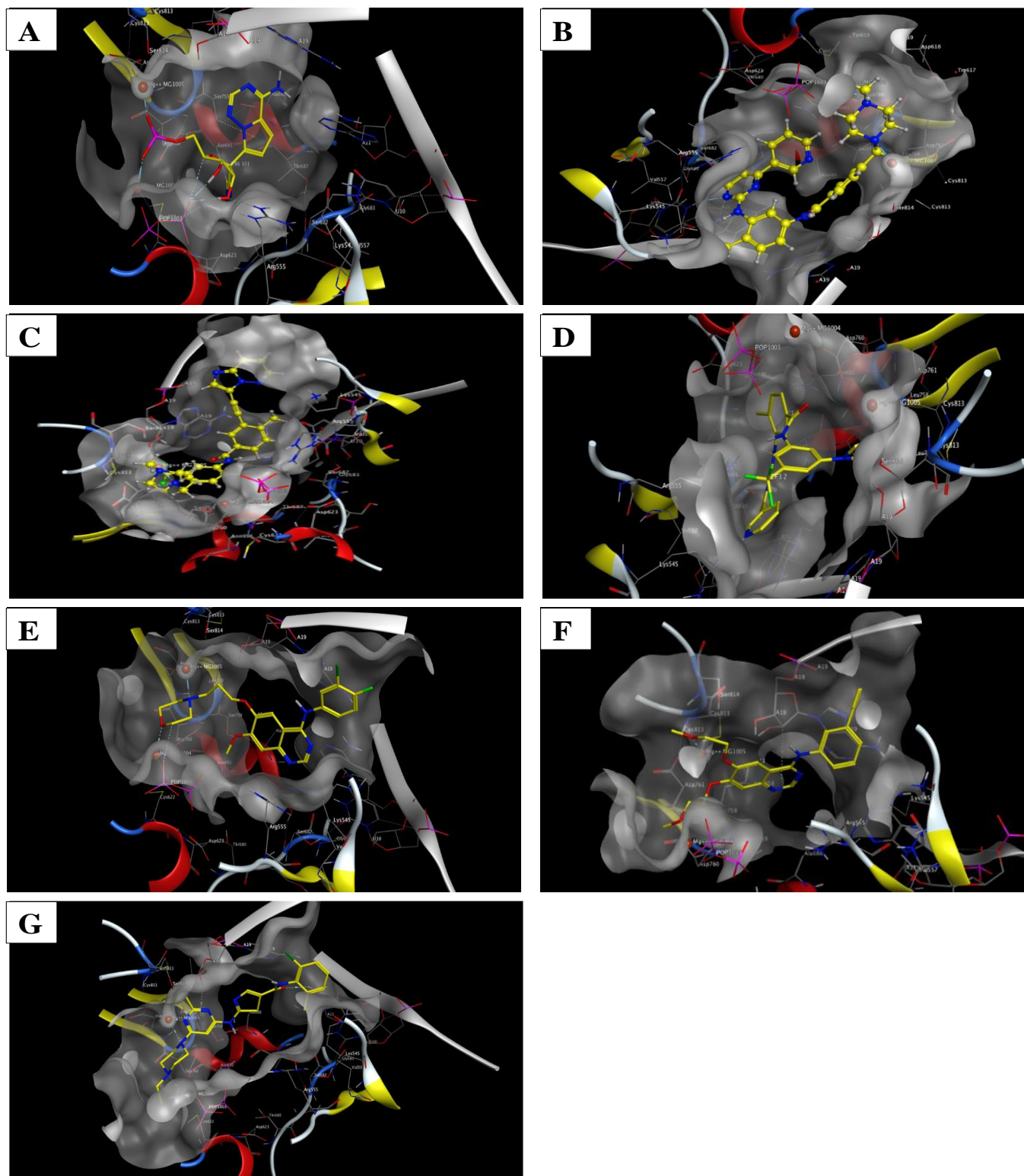


Figure 2. 3D representation of essential amino acid residue of SARS-CoV-2 RdRp binding with (A) Crystal ligand; (B) Imatinib; (C) Ponatinib; (D) Nilotinib; (E) Gefitinib; (F) Erlotinib; (G) Dasatinib.

Ponatinib interaction with the 3CL^{pro} enzyme revealed an affinity of -8.16 kcal/mol, as shown in Table 2. This binding energy is a result of hydrogen-bonding and hydrophobic interactions. The nitrogen atom of ponatinib formed a hydrogen bond with Met49, while

Ponatinib generated hydrophobic interaction with Thr26. Compared to the ligand, ponatinib showed a reasonable binding affinity and lower RMSD (Figures 3-C&4-C).

Dasatinib(Figures 3-G & 4-G) and Imatinib (Figures 3-B & 4-B) also showed an affinity to 3CL^{pro}, making them available candidates in the treatment strategy of COVID-19 targeting the 3CL^{pro} enzyme hand in hand with the RdRp enzyme.

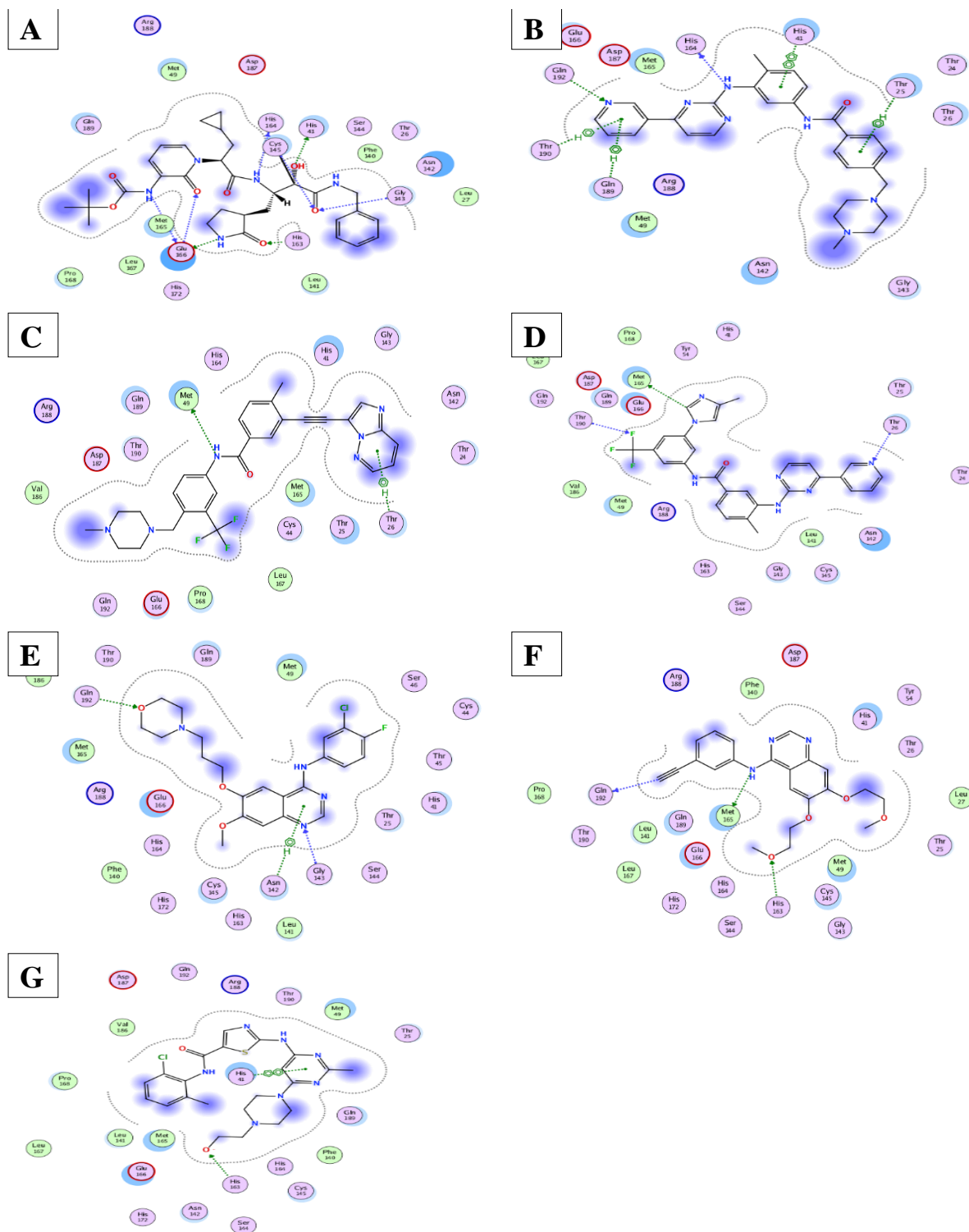


Figure 3. 2D binding mode representation of the binding site of SARS-CoV-2 3CL^{pro} with (A) Crystal ligand; (B) Imatinib; (C) Ponatinib; (D) Nilotinib; (E) Gefitinib; (F) Erlotinib; (G) Dasatinib.

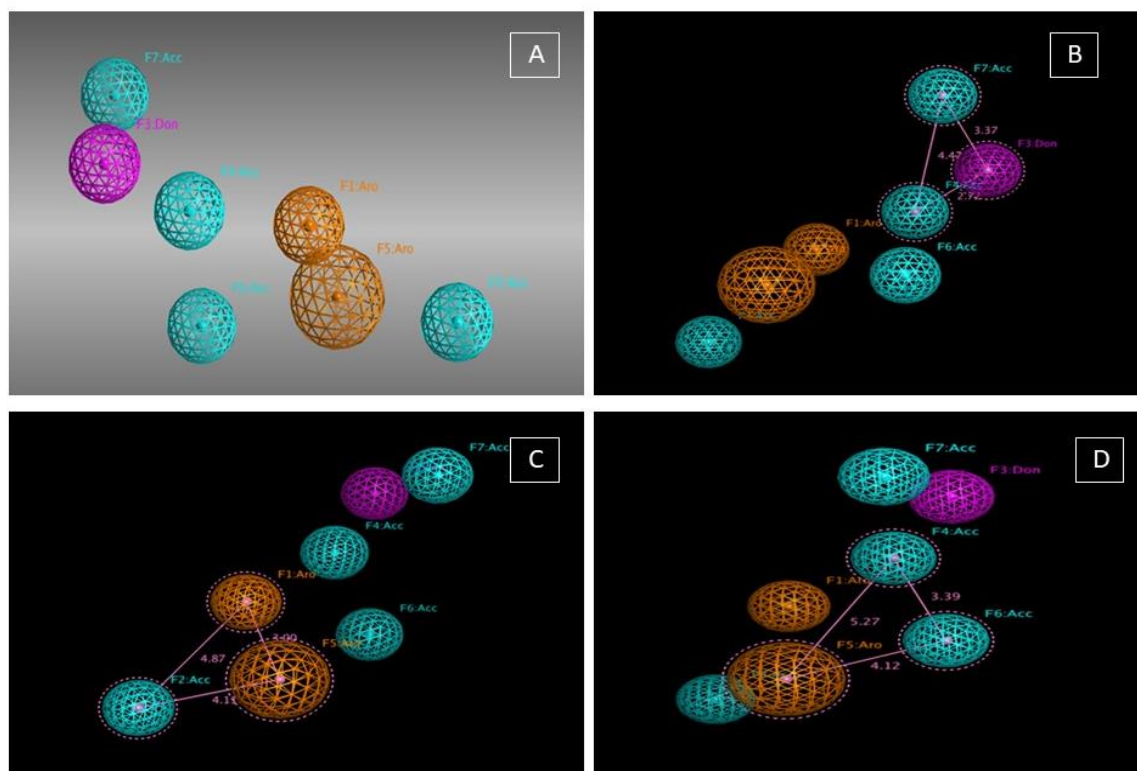


Figure 5. 3D pharmacophoric model for Covid-sars 2 RdRp showing different features of the query A) Representation of different features as F1 and F5: aromatic features, F2, F4, F6, and F7: H-bond acceptors and F3: H-bond donor, B) Distance in Angstrom between F1, F2, and F7, C) Distance in Angstrom between F1, F2, and F5, D) Distance in Angstrom between F4, F5, and F6.

4.4. ADMET analysis.

Selected parameters are shown in Table 3. The ADMET analysis provided by admetSAR2 revealed that the six molecules pass the blood-brain barrier (BBB) and intestinal mucosa with a high probability ranging from [(0.96-0.99). (0.93-0.99), respectively. All the mentioned compounds were presented as III category acute oral toxicity; thus, these drugs are anticipated to have low irritation and can be a candidate for transdermal administration.

Table 3. ADMET prediction results of admetSAR2.

Drug	Blood-brain barrier	Human intestinal absorption	P-glycoprotein inhibitor	hERG	Carcinogen (binary)	Acute oral toxicity (kg/mol)
Dasatinib	+ (0.96)	+ (0.93)	+ (0.70)	- (0.72)	- (0.87)	III(0.64) 2.85
Imatinib	+ (0.99)	+ (0.98)	+ (0.95)	+ (0.85)	- (0.71)	III (0.70) 2.766
Nilotinib	+ (0.97)	+ (0.96)	+ (0.83)	+ (0.91)	- (0.71)	III (0.54) 3.413
Ponatinib	+ (0.99)	+ (0.96)	+ 0.84	+ (0.72)	- (0.71)	III (0.61) 3.224
Erlotinib	+ (0.97)	+ (0.98)	+ (0.92)	+ (0.69)	- (0.92)	III (0.69) 2.403
Gefitinib	+ (0.99)	+ (0.99)	+ (0.88)	+ (0.89)	- (0.98)	III (0.70) 2.80

These drugs have excellent absorption and distribution characteristics explained by the possible inhibition of P-glycoprotein that has a significant role in reducing the bioavailability and permeability to certain organs [56]. Moreover, TKIs were predicted to inhibit the

human ether-a-go-go-related gene (hERG), but the prediction results were variable since Nilotinib showed the highest inhibition results. Testing inhibition of hERG is essential because it holds the potential to develop long QT syndrome [57].

4.5. Previous Studies.

To the best of our knowledge, TKIs were not tested and are not currently being tested in any of the currently ongoing clinical trials of COVID-19. However, previous studies provide a strong rationale for testing those agents in SARS-CoV-2. Dasatinib and Imatinib were evaluated for SARS-CoV-1 *in-vitro*, and there is a great potential to inhibit the SARS-CoV-2 replication.

4.6. Recommendations for future research and clinical practice.

Based on the present findings, we suggest that those agents are potential candidates for SARS-CoV-2 treatment that should be advanced to *in-vivo* and *in-vitro* evaluations to further testing through well-designed randomized controlled trials.

5. Conclusions

The modeling results presented in this study indicate that the FDA-approved tyrosine kinase inhibitors, Imatinib, Ponatinib, Nilotinib, Gefitinib, Erlotinib, and Dasatinib may inhibit viral replication of SARS-CoV-2. Future experiments are recommended to explore the efficacy of these agents in SARS-CoV-2 infected patients.

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Conflicts of Interest

The authors declare no conflict of interest.

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