ORIGINAL ARTICLE

Proteomic analysis of lung responses to SARS‑CoV‑2 infection in aged non‑human primates: clinical and research relevance

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Abstract With devastating health and socioeconomic impact worldwide, much work is left to understand the Coronavirus Disease 2019 (COVID-19), with emphasis in the severely affected elderly population. Here, we present a proteomics study of lung tissue obtained from aged *vs.* young rhesus macaques (*Macaca mulatta*) and olive baboons (*Papio Anubis*) infected with severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). Using age as a variable, we identifed common proteomic profles in the lungs of aged infected non-human primates (NHPs), including key regulators of immune function, as well as cell and

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tissue remodeling, and discuss the potential clinical relevance of such parameters. Further, we identifed key diferences in proteomic profles between both NHP species, and compared those to what is known about SARS-CoV-2 in humans. Finally, we explored the translatability of these animal models in the context of aging and the human presentation of the COVID-19.

Keywords Aging · SARS-CoV-2 · COVID-19 · Lung proteomics · Non-human primates

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Introduction

With an estimated 774 million cases or more reported and 0.90% mortality globally [[1\]](#page-18-0), the Coronavirus disease (COVID-19) pandemic is still an unresolved public health concern. Aged individuals, and especially, those with pre-existing co-morbidities, are at increased risk of respiratory complications and even death [[2,](#page-19-0) [3](#page-19-1)]. Indeed, a 62-fold increase in mortality after severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) infection has been reported in the > 65 -year-old age group compared to the < 55 age group [[4,](#page-19-2) [5\]](#page-19-3).

Despite abundant research to understand COVID-19 pathogenesis, we still lack information on specifc tissue responses driven by the infection. Most published proteomic reports are from human clinical samples obtained *post-mortem* [[6–](#page-19-4)[8\]](#page-19-5), with limited, if any, studies investigating key diferences in lung-specifc responses related to the age of the individuals.

To address this knowledge gap, here we used preexisting lung samples from our established models of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) infection in non-human primates (NHPs) [\[9](#page-19-6)[–12](#page-19-7)]. We sought to identify diferences in the proteomes of two age groups (aged *vs.* young) in two NHP species, rhesus macaques (*Macaca mulatta*) and olive baboons (*Papio anubis*) during SARS-CoV-2 infection. We previously published that both species are susceptible to SARS-CoV-2, with baboons having more lung infammation and longer SARS-CoV-2 viral shedding compared to macaques [\[9](#page-19-6)]. Their diferential progression to COVID-19 makes them suitable as models to test vaccines and therapies. Global proteomics were conducted to obtain their proteomic profles and relative quantifcation in the lungs at the time of necropsy (14 days post-infection), and results were then compared to published reports from human infections.

Materials and methods

Study approval Pre-existing samples used in this study were from infected NHPs that were housed under Animal Biosafety Level 3 (ABSL3) facilities at the Southwest National Primate Research Center (SNPRC), where they were treated according to the standards recommended by AAALAC International and the NIH Guide for the Care and Use of Laboratory Animals. NHP studies were approved by the Institutional Animal Care and Use Committee (IACUC) at Texas Biomedical Research Institute (protocol# 1714 PC 6).

Animal study and tissue processing We used a biorepository of pre-existing lung tissue samples from 3-year-old (young group, *n*=6) and 17 to 22-year-old (aged group, $n=8$) rhesus macaques and 2-year-old (young group, *n*=6) and 10 to 20-year-old (aged group, $n=7$) olive baboons; gender matched, infected with SARS-CoV-2 USA/WA1 2020 strain through multiple routes (ocular, intratracheal and intranasal) with a dose of 1.05×10^6 PFU/per animal. Lung tissues were collected at necropsy after 14 days post-infection as described [\[9](#page-19-6)]. Briefy, approximately 0.5 cm^3 tissues pieces were obtained at necropsy and snap-frozen with dry ice and stored at -80 °C until processing. Tissues were thawed in ice and homogenized in a total of 2 mL of 1X DPBS containing 1% SDS and a protease inhibitor cocktail (Roche) using Precellys Lysing Kit (CKMix50 – 7 mL). After homogenization, samples were fltered to remove large debris, and were inactivated at 60 °C for 1 h [\[9](#page-19-6)].

Proteomic analyses Lung homogenate samples were mixed with 10% SDS/50 mM triethyl-ammonium bicarbonate (TEAB) in the presence of protease and phosphatase inhibitors (Halt; Thermo Scientifc). Aliquots corresponding to 100 μ g protein (EZQ™ Protein Quantitation Kit; Thermo Fisher) were reduced with tris(2-carboxyethyl)phosphine hydrochloride (TCEP), alkylated in the dark with iodoacetamide and applied to S-Traps (mini; Protif) for tryptic digestion (sequencing grade; Promega) in 50 mM TEAB. Peptides were eluted from the S-Traps with 0.2% formic acid in 50% aqueous acetonitrile and quantifed using Pierce™ Quantitative Fluorometric Peptide Assay (Thermo Scientifc).

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DIA-MS (Data Independent Acquisition Mass Spectrometry) was conducted on an Orbitrap Fusion Lumos (Thermo Scientifc) mass spectrometer. Online HPLC separation used an RSLC NANO HPLC system (Thermo Scientifc/Dionex: column, PicoFrit[™] (New Objective; 75 μ m i.d.) packed to 15 cm with C18 adsorbent (Vydac; 218MS 5 μ m, 300 Å); mobile phase A, 0.5% acetic acid (HAc)/0.005% trifuoroacetic acid (TFA) in water; mobile phase B, 90% acetonitrile/0.5% HAc/0.005% TFA/9.5% water; gradient 3 to 42% B in 120 min; flow rate, 0.4 μl/min. A pool was made of all of the samples, and 2-µg peptide aliquots were analyzed using gasphase fractionation and 4-m/z windows (30 k resolution for precursor and product ion scans, all in the orbitrap) to create a DIA chromatogram library [\[13](#page-19-8)] by searching against a Prosit-generated predicted spectral library (Gessulat 2019) [[14\]](#page-19-9) based on either the reference protein sequence database for UniProt_Papio_anubis_9555_20220312 (44,734 sequences; 24,127,678 residues) or Uni-Prot Macaca mulatta 9544 20220315 (44,390) sequences; 28,513,169 residues), as appropriate for the experiment. A database of common contaminants (without any bovine serum protein entries; 124 sequences; 62,564 residues) was also used. Experimental samples were randomized for sample preparation and analysis. Injections of 2 μ g of peptides were employed. MS data for experimental samples were acquired in the Orbitrap using 8-*m/z* windows (staggered; 30 k resolution for precursor and product ion scans) and searched against the chromatogram library. Carbamidomethylation of cysteine was considered as a fxed modifcation for generation of the chromatogram library and for searching the MS data from the experimental samples. Scafold DIA (v3.2.1; Proteome Software) was used for all DIA-MS data processing.

Data and statistical analyses Protein identifers were transformed to gene symbols by: 1- Annotated gene name, 2- Sequence homology. Signifcant DAPs were selected based on the following thresholds: Log₂ Fold Change \lt -0.5 or > 0.5 , *p*-value \lt 0.05. IPA (v90348151; QIAGEN) was used to perform pathway analysis, pathway comparison between species, and regulator prediction analyses. R v4.2.2 was used to generate Volcano plots (EnhancedVolcano package), with supporting packages Bioconductor and ggplot2. Heatmaps were generated in NG-CHM Heat Map Viewer v2.22.2 [\[15](#page-19-10), [16](#page-19-11)].

Results and discussion

Comparative proteomics of SARS-CoV-2 infected lung tissues from aged vs. young rhesus macaques and olive baboons – shared DAPs

We performed untargeted proteomics by DIA-MS in pre-existing samples of lung tissue of SARS-CoV-2 infected rhesus macaques and olive baboons [[9\]](#page-19-6) for the identifcation and relative quantifcation of proteins in infected NHPs. We frst determined signifcant Differentially Abundant Proteins (DAPs) ($log₂$) fold change \leq -0.5 or \geq 0.5, *p*-value <0.05) in both aged *vs.* young rhesus macaques (RM) and olive baboons (OB), with rhesus macaques having 120 and olive baboons 203 total DAPs (Fig. [1,](#page-3-0) Tables [1](#page-4-0) and [2\)](#page-7-0). Of those, 11 DAPs were shared between both species, and 109 and 192 DAPs were exclusive to rhesus and baboons, respectively (Fig. [1](#page-3-0)A).

Of the 11 shared DAPs, three were signifcantly upregulated in both NHP species when comparing aged *vs.* young animals (Fig. [1A](#page-3-0), Tables [1](#page-4-0) and [2](#page-7-0)) (listed here as human protein, followed by gene name equivalent and $log₂$ fold changes in both NHPs). Serum amyloid P-component or SAP [APCS (RM 1.14/OB 2.99)] is a pentraxin associated with amyloid deposits with roles in innate and acute immune responses. Increased SAP levels could potentially be linked to disease severity since other serum amyloidassociated proteins (e.g. Serum amyloid A-component) are known markers of COVID-19 severity [[17,](#page-19-12) [18\]](#page-19-13). This was followed by the upregulation of Immunoglobulin heavy constant mu [IGHM (RM 1.06/OB 1.35)] and Immunoglobulin J chain [JCHAIN (RM 0.73/OB 1.78)], both components of immunoglobulin M (IgM), directly associated with SARS-CoV-2 infection and regulation of the host complement system. High IgM levels have been associated with an altered immune response and represent a risk factor for the development of recurrent lung infections, such as SARS-CoV-2 [\[19](#page-19-14)].

The remaining eight DAPs were signifcantly downregulated in both NHP species (aged *vs.* young) during early stages of SARS-CoV-2 infection (Fig. [1A](#page-3-0), Tables [1](#page-4-0) and [2\)](#page-7-0): Host cell factor 1

Fig. 1 Diferentially expressed proteins (DAPs) in aged *vs.* young rhesus macaques and aged *vs.* young olive baboons. **A** Venn diagram showing the number of shared and unique DAPs in each NHP species; **B** Volcano plots showing the distribu-

tion of DAPs. The x-axis shows log_2 -transformed protein fold changes, the y-axis shows $-log_{10}$ -transformed *p*-values; a total of 120 DAPs and 203 DAPs were identifed for aged rhesus macaque and olive baboon groups, respectively

[HCFC1 (RM $-1.04/OB -0.707$)] is crucial to regulate the host cell cycle and is recognized by SARS-CoV-2 [\[20\]](#page-19-15), although no direct correlation with COVID-19 progression has been described. Liprinalpha-1 [PPFIA1 (RM -1.02 /OB -0.696)], a LAR family transmembrane protein-tyrosine phosphatase involved in cell–matrix interactions [\[21\]](#page-19-16), was previously identifed as a potential gene candidate of Acute Lung Injury (ALI) risk [\[22\]](#page-19-17), which is the most severe form of COVID-19, and has also been linked to age-associated changes [\[23\]](#page-19-18). Next is far upstream element-binding protein 2 [KHSRP or FUBP2 (RM -0.814/OB -0.719)], involved in mRNA biogenesis, stability and trafficking, and regulation of innate and adaptive immune responses, with decreased host antiviral defense in their absence $[24, 25]$ $[24, 25]$ $[24, 25]$ $[24, 25]$, which could be associated with the increased disease pathology and susceptibility observed in aged animals. Further, we observed downregulation of transcription elongation factor SPT5 [SUPT5H (RMs -0.651/OB -1.23)], a component of the DRB sensitivity-induced complex

(DSIF) that regulates mRNA processing and facilitates rapid induction of pro-infammatory genes through NF-κB activation [\[26,](#page-19-21) [27\]](#page-19-22). SPT5 downregulation would result in decreased immune response, which could favor SARS-CoV-2 replication.

Two RNA-binding proteins (RBPs) were also downregulated in both NHP species. RBP Raly [RALY (RM -0.533/OB -0.892)] targets ssRNAs and acts as an antiviral, although the SARS-CoV-2 genome was found to be depleted of interacting motifs with RALY, suggesting that the viral genome might have evolved to avoid interactions with this host defense protein [[28\]](#page-19-23). Still, this might be a double-edged sword, with viral evasion and lower basal levels to respond against infection. On the other hand, RBP RO60 [RO60 (RM -0.605/OB -0.627)] binds to non-coding misfolded Y RNAs, and regulates some pro-infammatory genes in autoimmune disorders such as Guillain-Barré syndrome and rheumatoid arthritis. Autoantibodies against RO60 are found in COVID-19 patients, suggestive of some viral-host interaction [\[29](#page-19-24)].

Table 1 List of DAPs for rhesus macaques (aged *vs.* young). Accession number, protein name, gene name, *p*-value and log2 Fold Change are provided. Proteins are ordered by increasing *p*-value. Top 5 DAPs are highlighted in bold

Table 1 (continued)

Table 1 (continued)

The last two proteins downregulated in both rhesus macaques and olive baboons (aged *vs.* young) were: heterogeneous nuclear ribonucleoprotein D0 [HNRNPD (RM -0.556/OB -0.604)], which binds to heterogenous nuclear RNA (hnRNA) and is thought to prevent age-related neurodegenerative diseases [\[30](#page-19-25)], has been found under expressed in COVID-19 patients, further supporting interactions of SARS-CoV-2 with host factors [[31\]](#page-19-26). Finally, Serpin B6 [SERPINB6 (RM -0.577/OB -1.4)] is a serine protease inhibitor and its downregulation is associated with increased SARS-CoV-2 uptake and replication [[32\]](#page-19-27), which could explain the higher COVID-19 pathology observed in aged infected animals.

Lastly, we found a few other DAPs (aged *vs.* young) that were shared by rhesus macaques and olive baboons but only significant $(\log_2 f \text{old})$ change \leq -0.5 or \geq 0.5 and *p*-value <0.05) in one of these two NHP species. Among the ones over expressed, we found Desmoplakin [DSP (RM 0.444/

A0A2I3M0F1 Lymphocyte cytosolic protein 2 LCP2 0.0037 1.65

Table 2 List of DAPs for olive baboons (aged *vs.* young). Accession number, protein name, gene name, *p*-value and log2 Fold Change are provided. Proteins are ordered by increasing *p*-value. Top 5 DAPs are highlighted in bold

Table 2 (continued)

Table 2 (continued)

Table 2 (continued)

Table 2 (continued)

OB 0.618)] and Junction plakoglobin [JUP (RM 0.0392/OB 0.652)], signifcantly upregulated in aged olive baboons. These are structural proteins of the cardiac desmosome and intermediate flaments. DSP has been described as a major player in aging lung diseases [\[33](#page-20-0)], and is potentially associated with viral myocarditis [\[34](#page-20-1)], while levels of JUP were altered in COVID-19 recovered patients with long-term cardiac dysfunction [\[35](#page-20-2)]. Also associated with the potential to cause cardiac disease, Tropomyosin alpha-4 chain [TPM4 (RM 0.0628/OB 0.55)] is a common autoantigen in humans identifed as part of the COVID-19 autoimmunogenicity repertoire [[36\]](#page-20-3). We also found Clusterin [CLU (RM 0.307/OB 0.787)], which will be discussed in the next section.

Among the ones under expressed, Latent-transforming growth factor beta-binding protein 4 [LTBP4 (RMs -1.24/OB—0.218)] is a regulator of TGF β signaling, and it has recently emerged as a driver of agerelated organ pathologies in a mitochondrial-dependent manner [\[37](#page-20-4)]. It was previously found decreased in COVID-19 lung autopsy specimens [[38\]](#page-20-5). Further, Far Upstream element-Binding Protein 1 [FUBP1 (RM -1.07/OB -0.441)] is a master regulator of cell function with oncogenic associations as a dual-agent [\[39](#page-20-6)]. Downregulated FUBP1 is associated with higher risk of COVID-19 due to its antiviral function, which may be contributing to increased disease severity in aged NHPs [\[40](#page-20-7)]. Next, Alpha-actinin-1 [ACTN1 (RM -0.223/OB -1.13)], a cytoskeleton protein implicated in infammatory and degenerative autoimmune diseases, is shown to interact with SARS-CoV-2 proteins. Indeed, upregulation of related protein Alpha-actinin-4 results in a protective response to COVID-19 [\[41](#page-20-8)], suggesting that downregulation of Alpha-actinin-1 could be associated with disease susceptibility. Finally, Bromodomain-containing protein 4 [BRD4 (RM -0.176/OB -0.965)], an epigenetic regulator with multifaceted roles in aging-related diseases [\[42](#page-20-9)], has been associated with the cardiac cytokine storm during SARS-CoV-2 infection [\[43](#page-20-10)].

Overall, these results suggest the dysregulation of several immune processes in aged NHPs during SARS-CoV-2 infection, and provide clues of potential host factors that might be associated with increased susceptibility as we age.

Top DAPs in SARS-CoV-2 infected lung tissues from aged vs. young rhesus macaques and olive baboons

We next explored significant species-specific DAPs in aged *vs.* young SARS-CoV-2 infected rhesus macaques (Table [1,](#page-4-0) Suppl. Fig S1A) and aged *vs.* young SARS-CoV-2 infected olive baboons (Table [2,](#page-7-0) Suppl. Fig S1B) (p -value < 0.05, absolute log_2 fold change > 0.5) (Fig. [1](#page-3-0)).

The top fve DAPs based on *p*-value for rhesus macaques were (gene name, $log₂$ fold change, Accession #) (Table [1](#page-4-0), Suppl. Fig S1A): calpain 5 (CAPN5, 1.45, F7EDT3), Protein-Tyrosine phosphatase receptor J (PTPRJ,—0.771, F6TSU2), pentraxin (APCS, 1.14, F7H1V9), heme-binding protein 1 (HEBP1, 1.46, F6UQB6) and t-SNARE coiled-coil homology domain-containing protein (PPP1R8, -0.644, F6V089). Calpains are calcium-activated proteases involved in apoptosis, cell proliferation and motility, and overactivation has been previously associated with aging diseases and pathological lung conditions [\[44](#page-20-11), [45\]](#page-20-12). SARS-CoV-2 appears to activate calpains, resulting in increased cell death, and their inhibition has been studied as a means of stopping COVID-19 related cytokine storm, infammation, and pulmonary fbrosis [\[46](#page-20-13)[–48](#page-20-14)]. Thus, upregulation of calpain 5 could be involved in the increased disease severity observed in aged NHPs. PTPRJ contributes to protein dephosphorylation, with roles in cell adhesion, migration, proliferation and diferentiation, as well as regulation of a variety of immune cells. Downregulation of PTPRJ, as observed here, has been associated with numerous diseases, such as idiopathic pulmonary fbrosis [\[49](#page-20-15)]. Indeed, pulmonary fbrosis is one of the long-term consequences of COVID-19 [[50\]](#page-20-16). Thus, under expression of PTPRJ in aged rhesus macaques could indicate an increased potential for developing post-COVID conditions. PTPRJ has also been shown to interact with SARS-CoV-2 ORF3a [\[51](#page-20-17)]. Regarding immune efector pentraxin or serum amyloid P component, which was over expressed in aged rhesus macaques, elevated levels of pentraxin 3 have been associated with COVID-19 severity and mortality, and it has been proposed as a promising biomarker for long COVID $[52]$ $[52]$. Next, HEBP1 has high affinity for heme and porphyrins modulating mitochondrial dynamics, and has been linked to synaptic vulnerability during aging [[53\]](#page-20-19). Its metabolism is interfered by SARS-CoV-2 [\[54](#page-20-20)]. Finally, no association has been shown between PPP1R8 and COVID-19.

The top five DAPs based on *p*-value for olive baboons were (Gene name, $Log₂$ Fold Change, Accession #) (Table [2,](#page-7-0) Suppl. Fig. S1B): pentraxin (APCS, 2.99, A0A096NQN2), also a top upregulated DAP in RMs (see above), immunoglobulin heavy constant alpha (IGHA, 1.84, A0A096NEV9), dematin (DMTN, 1.41, A0A2I3M4W7), Transketolase (TKT, -0.63, A0A2I3MAI1), and clusterin (CLU, 0.787, A0A096N1Y1). The over expression of IGHA in aged baboon lungs found here is consistent with the basal increase seen during aging in humans [\[55](#page-20-21)]. Although IgA plays an important role during early SARS-CoV-2 neutralization [\[56](#page-20-22)], hyperactivation can result in IgA-mediated diseases and has been linked to post-COVID conditions [\[57](#page-20-23)], suggesting again that risk of developing long COVID is increased as we age. Dematin, a cytoskeleton-associated protein with functions in formation, bundling and stabilization of F-actin, was also over expressed in aged baboons. Interestingly, there was increased phosphorylation of dematin in patients with post-COVID-19 interstitial lung changes associated with upregulation of proinfammatory immune signatures [[58\]](#page-20-24), suggesting an altered immune response during aging. Conversely, transketolase, and enzyme that connects the pentose phosphate pathway to glycolysis, was under expressed in aged infected baboons, although reports indicate that SARS-CoV-2 infection upregulates transketolase levels [[59\]](#page-20-25). Lastly, clusterin is a glycoprotein that functions as a stress-activated and ATP-independent molecular chaperone. It is predicted to be a strong interactor of ACE2 receptor**,** and was found increased in the lungs of coronavirus-infected individuals [\[60](#page-20-26)], in agreement with our observations in aged baboons. Interestingly, it seems that cellular localization of clusterin (intra- or extracellular) leads to divergent efects on epithelial cell regeneration and lung repair during fbrosis, with both benefcial and detrimental roles [\[61](#page-21-0)], although its role during COVID-19 is yet to be understood.

Overall, several of the factors found diferentially expressed in aged NHPs seem to play a role in the development of post-COVID diseases, in agreement with a greater risk of persisting symptoms associated with COVID-19 among older people $(65 + \text{years})$ [\[62](#page-21-1)].

Pathway analysis in aged NHPs

We further explored pathways relevant to SARS-CoV-2 infection focusing in aged NHPs. We identifed nine common pathways enriched in both NHP species studied (Fig. 2 and Table 3). Based on the calculated IPA Z-scores, the ones with reduced activation were Paxillin signaling, Leukocyte Extravasation signaling, VEGF signaling, Actin cytoskeleton signaling, and Integrin signaling. The ones with increased activation were GP6 signaling pathway and LXR/RXR activation. We also identifed two divergent pathways: Protein kinase A signaling (activation increased in rhesus macaques but decreased in olive baboons) and Ferroptosis signaling (activation decreased in rhesus macaques but increased in olive baboons) pathways.

Most of these pathways have been previously associated with COVID-19. Indeed, disruption of the VEGF-related pathways was previously seen during both acute and long COVID-19 [[63](#page-21-2)], in agreement with our observations. Further, disruption of the host actin cytoskeleton, as seen here,

Pathway Comparison

is tightly connected to pathological processes during SARS-CoV-2 infection, where the virus highjacks cytoskeletal functions leading to increased viral loads, dissemination, and immune dysfunction [\[64](#page-21-3)]. Conversely, while integrin activation is essential for SARS-CoV-2 infection [[65](#page-21-4)], we found reduced integrin signaling in aged NHPs. Indeed, it has been shown that infammatory cytokines activate certain integrins, promoting cellular adherence to counter-receptors such as ICAMs resulting in phagocytosis and cytotoxic killing [\[66\]](#page-21-5). Low integrin signaling in the elderly could potentially be associated to decreased killing and thus, increased susceptibility to infections. In addition, activation of the GP6 pathway was observed in whole blood from COVID-19 patients and its upregulation constituted a molecular signature for COVID-19 progression and severity [\[67,](#page-21-6) [68](#page-21-7)], indicating a potential link with the increased pathology observed in aged NHPs. Next, the liver X receptor/retinoid X receptor or LXR/RXR activation pathway, which plays a key role in the regulation of cholesterol, lipid metabolism, and infammation, was found enriched here

Fig. 2 Comparison of top 21 canonical pathways in aged rhesus macaques and aged olive baboons. Rhesus macaques (cyan) and olive baboons (yellow) activation Z-scores (an inferred measurement of the pathway activation stated based on measured levels and IPA knowledge) is shown by bubble position on the X-axis, pathway names in the Y-axis,

where *p*-values are represented by bubble size. Highly overlapping pathways were removed from analysis and only the most comprehensive pathway is displayed. Enriched pathways in both rhesus macaques and olive baboons are underlined in red (increased activation), blue (reduced activation), or grey (divergent)

Table 3 Comparison of canonical pathways in aged rhesus macaques and aged olive baboons. List of all pathways reported in IPA, with pathway activation z-score and -log *p*-values provided for the ones detected in old rhesus macaques

Table 3 (continued)

Table 3 (continued) Canonical pathways Rhesus z-score Baboon z-score Rhesus -log *p*-value Baboon -log *p*-value PPARα/RXRα Activation and the state of the N/A N/A N/A N/A N/A Iron homeostasis signaling pathway N/A N/A N/A N/A N/A

as well as in a multi-omics study that linked this pathway to COVID-19 severity [[69\]](#page-21-8). Interestingly, a higher HDL-cholesterol measured before infection was associated with a lower risk of death during COVID-19 in older humans [[70](#page-21-9)]. Lastly, activation of the ferroptosis pathway by SARS-CoV-2 might be associated with COVID-19 cardiovascular complications [[71](#page-21-10)], although we only found increased activation in aged olive baboons (but decreased in rhesus macaques). This could be related to the higher disease pathology observed in baboons compared to rhesus [\[72\]](#page-21-11).

Other statistically signifcant pathways were identifed in only one of the two NHP species studied and are presented in Suppl. Table S1 (rhesus macaques) and Suppl. Table S2 (olive baboons). In aged rhesus macaques, the top three altered pathways based on p-value were: the Acute Phase Response signaling, the Complement system, and the Extrinsic Prothrombin Activation Pathway. The Acute Phase Response signaling, a rapid infammatory response that provides protection against microorganisms, was found activated and suggests an overactive immune response in aged NHPs, similar to our observations in elderly humans [\[73](#page-21-12)]. The Complement system was also activated, specifcally, the Alternative Pathway, which may play a major role in SARS-CoV-2 pathogenesis [\[74](#page-21-13)]. Upregulation of both acute phase response signaling and the complement system were previously seen in COVID-19 patients, linking it to IL-6 production, increased infammation and tissue damage [[75,](#page-21-14) [76\]](#page-21-15). Finally, the Extrinsic Prothrombin Activation Pathway had a z -score $=0$, but with increased levels of fbrin, alpha-thrombin and fbrinogen, as well as coagulation factor II, indicating increased risk of COVID-19-related coagulopathy in aged rhesus macaques, similar to humans [\[77](#page-21-16)]. Inhibition of the complement pathway as a therapeutic strategy during COVID-19 resulted in reduced acutephase reaction and thrombin activity, further linking these three pathways to disease severity [[78\]](#page-21-17). Complete pathway results for rhesus macaques can be found in Suppl. Table S1.

In aged olive baboons, the top three statistically signifcant enriched pathways based on p-value (with assigned z-score) were: the Actin cytoskeleton signaling, the Integrin-linked kinase (ILK) signaling pathway, and the LXR/RXR signaling pathways. The Actin cytoskeleton signaling was inhibited in both NHP species, as mentioned earlier, suggesting reduced focal adhesion assembly and actin polymerization, like what we observed previously in elderly humans [\[73](#page-21-12)]. ILK signaling (closely related to actin cytoskeleton signaling) was also inhibited in aged olive baboons; and the LXR/RXR signaling pathway (activated in both species) suggests an increase in lipogenesis, cholesterol efflux, and transport. This fnding agrees with several studies that identifed a dysregulation of the lipid transport system as a key signature of COVID-19 [\[69](#page-21-8), [79\]](#page-21-18). And contrary to what we observed here, inhibition of the LXR/RXR pathway was associated with prolonged viral RNA shedding during COVID-19, often associated with carriers with increased contagion risk such as the elderly. A potential explanation is that we might not have captured this effect since we only studied lung tissues from acute SARS-CoV-2 infection in NHPs. Complete pathway results for olive baboons can be found in Suppl. Table S2.

Clinical relevance and study limitations

Acute respiratory distress in rhesus macaques and olive baboons partially recapitulates the progression of SARS-CoV-2 infection in humans, making them suitable animal models to test vaccines and therapies [\[9](#page-19-6)]. Indeed, our published studies of SARS-CoV-2 infection in NHP models indicate that both young and old rhesus macaques develop clinical signs of viral infection, mild-to-moderate pneumonitis, and extra-pulmonary pathologies [\[9](#page-19-6)]. However, independent of their age, rhesus macaques can clear SARS-CoV-2 viral particles to undetectable levels within two weeks. Conversely, baboons have prolonged viral RNA shedding and substantially more lung infammation compared with macaques, with higher lung infammation in aged *vs.* young baboons [[9\]](#page-19-6).

Human proteomic studies provide a platform to uncover new molecular pathways associated with COVID-19 severity, identifying the involvement of complement factors, the coagulation system, infammation modulators, and pro-infammatory factors upstream and downstream of IL-6 [\[80](#page-21-19), [81\]](#page-21-20). Indeed, a proteomics study identifed infammatory response modulator S100A8/A9 as being highly expressed in fatal COVID-19 cases [[82\]](#page-21-21). Another study reported blood clot formation, severe extracellular matrix restructuring, and impaired tissue repair signaling in end-stage COVID-19 lung biopsies [\[6](#page-19-4)]. Other groups performed multiorgan proteomics analyses and revealed shared (e.g. RIPK1 or BRD4, the latter also showing altered expression in this study) and tissuespecifc factors associated with SARS-CoV-2 infection, suggesting the need of organ-specifc therapeutic interventions [[83,](#page-21-22) [84\]](#page-21-23). However, most of these studies are performed in blood or serum (systemic changes) or are limited to post-mortem lung samples (tissuespecifc responses), which are not easily available, with very few addressing COVID-19 lung-specifc

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responses in aging individuals. NHP models that recapitulate COVID-19 pathology and progression represent a suitable alternative to address this gap in knowledge. Indeed, a COVID-19 infection model in cynomolgus macaques was able to recapitulate moderate COVID-19 symptoms [[85\]](#page-21-24).

In our current study we determined tissue-specifc responses to SARS-CoV-2 infection using lung tissues from both young and aged NHPs (Fig. [3](#page-17-0)). Aged infected NHPs had signifcantly increased DAPs associated with regulation of the cytokine storm and the complement system (e.g. SAP, IGHM, JCHAIN, Clusterin). We also found increased DAPs associated with regulation of heart functions and the cardiovascular system (e.g. DSP, JUP, TPM4), specifcally controlling blood fux. Indeed, aging plasma in healthy individuals was found enriched for heart and aorta specifc proteins, revealing age-specifc changes, which could potentially contribute to COVID-19 responses [\[86](#page-21-25)]. Other studies demonstrated that aged vascular endothelial cells (ECs) are highly susceptible to SARS-CoV-2 infection and subsequent endothelial dysfunction, resulting in fatal pneumonia with thrombosis in aged mice, suggesting age-associated EC responses in severe human COVID-19 [\[87](#page-21-26), [88](#page-21-27)]. In this regard, L-arginine has been shown to enhance cardiac rehabilitation after myocardial infarction, whose risk is increased after COVID-19 [[89,](#page-22-0) [90](#page-22-1)]. Proteins involved in clearance of cellular debris and

Fig. 3 Summary fgure of shared lung responses to SARS-CoV-2 infection in aged rhesus macaques and olive baboons. Figure created with BioRender.com

apoptosis (e.g. Clusterin) were also more abundant in aged infected NHPs, as well as proteins involved in accelerating viral evasion and replication in host cells (e.g. RALY, RO60).

Proteins and pathways previously seen to be involved in long COVID (e.g. Pentraxin, IGHA, VEGF signaling) were also enriched in aged NHPs (Fig. [3](#page-17-0)). These fndings suggest that aged NHPs can serve as a good model to study long-term health consequences and outcomes for long COVID-19, a poorly understood condition, especially in the elderly population [\[62](#page-21-1)]. Indeed, in the elderly, long COVID-19 seems to make existing chronic diseases worse, where elders with disorders such as heart failure, lung disease, or dementia, among others, develop more serious symptoms after recovering from COVID-19 [\[62](#page-21-1)].

Our results in the current study were limited by the number of available NHP lung tissue samples, which might not be representative of the overall NHP responses. In addition, samples from uninfected controls were not available, thus limiting our interpretation of the efect of SARS-CoV-2 infection (compared to uninfected NHPs), as well as the differences between young and aged NHPs at the baseline level (no infection). Indeed, lower pre-infection levels of HDL-cholesterol and vitamin D defciency was associated with greater risk of adverse COVID-19 outcomes in elderly people $[70, 91]$ $[70, 91]$ $[70, 91]$ $[70, 91]$, as well as antecedent use of RASIs (renin–angiotensin system inhibitors) was associated with lower all-cause mortality in elderly hypertensive COVID-19 patients [\[92](#page-22-3)], which we were not able to determine here since pre-infection samples were not available. Further, the study had a single observation, at 14 days post-infection (necropsy timepoint), which did not allow us to study the proteome dynamics as disease progresses. Also, we used pre-existing tissue biopsies, previously snap-frozen, of approximately 0.5 cm^3 . The small size of these biopsies meant we may not have captured all local responses to infection. Indeed, a deep spatial proteomics study of human lung autopsy specimens confrmed region-specifc dysregulation of protein expression in key pulmonary structures, including alveolar epithelia, bronchial epithelia, and blood vessels, among others [[7\]](#page-19-28).

Despite these limitations, important fndings were uncovered that support the use of these models as discovery agents for respiratory infectious diseases, especially in the context of aging where limited human samples are available. This and future studies can provide clues to delineate the mechanisms that explain why COVID-19 severity is increased in the elderly.

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Author contributions A.G.-V., A.A.-G. and A.A., sample processing and data analysis. S.T.W., DIA-MS analysis. D.K.S. provided samples. A.G.-V., J.B.T. study conceptualization, experimental design. A.G.-V., A.A.-G., N.M.C, and J.B.T wrote the manuscript. B.I.R., L.S.S., J.T., and J.B.T. provided funding and critical comments. All authors read and approved the fnal version of this manuscript.

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Data availability Data supporting fndings are available in Supplementary Materials. Raw Mass Spectrometry fles and the Data-Independent Acquisition fle are publicly available at MassIVE (ProteomeXchange consortium), [http://massive.ucsd.](http://massive.ucsd.edu) [edu](http://massive.ucsd.edu), under MassIVE identifer: MSV000094333; ProteomeXchange identifer: PXD050683 (for both rhesus macaque and olive baboon species).

Declarations

Confict of interest The authors declare no confict of interest exists.

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