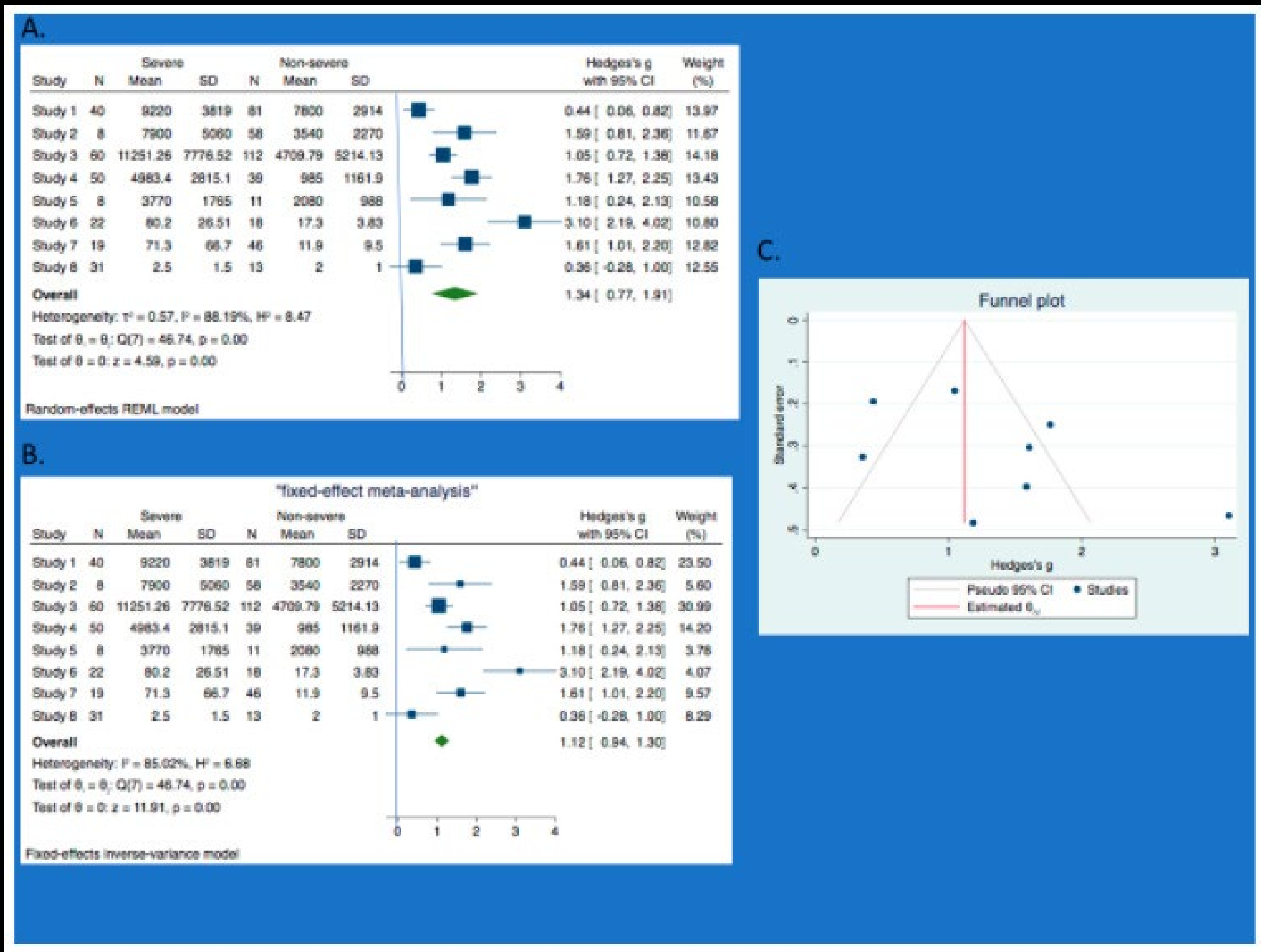


Calprotectin Metadata in COVID-19



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- * Circulating calprotectin is elevated in COVID-19
- * Higher levels in severe cases of COVID-19 offer opportunity for risk stratification and outcome prediction
- * Potential therapeutic strategy as a druggable target for TASQUINIMOD

Calprotectin, an Emerging Biomarker of Interest in COVID-19: A Systematic Review and Meta-Analysis

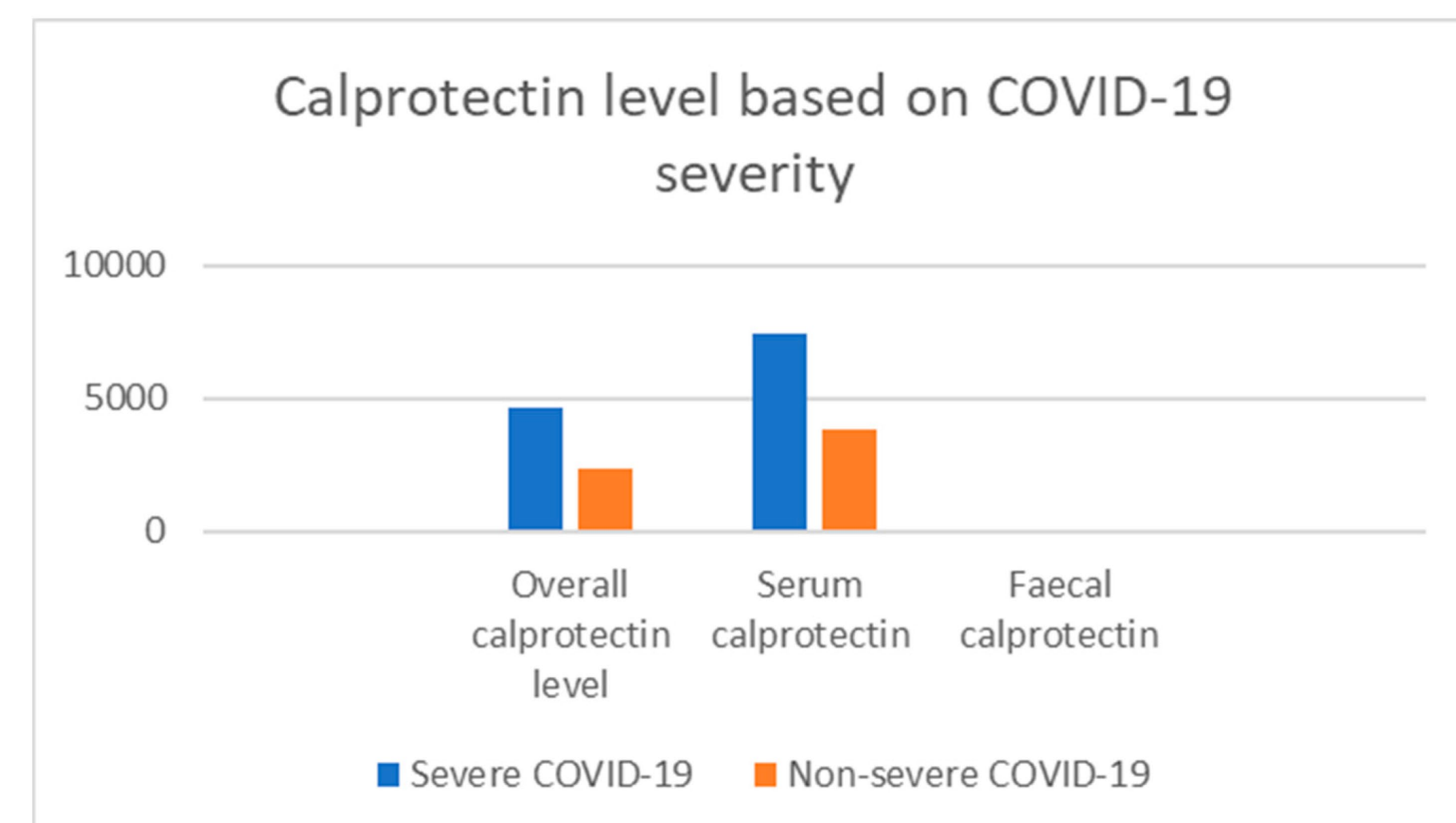
Raphael Udeh, Shailesh Advani, Luis García de Guadiana Romualdo and Xenia Dolja-Gore

INTRODUCTION

- RQ 1: What is the difference in calprotectin level between patients with and without severe COVID-19?
- RQ 2: What is the role of calprotectin as a marker of disease progression and as an outcome predictor?
- Background: Varied clinical course described for COVID-19 – such that mild/moderate cases often recover while severe cases could end up in the intensive care unit [ICU] or die
- Recent evidence had earlier shown that calprotectin has an expanded potential role as a diagnostic and stratifying tool in COVID-19 patients [Silvin et al, 2020].
- Hence, our systematic review aimed at evaluating calprotectin levels in severe and non-severe cases of COVID-19.

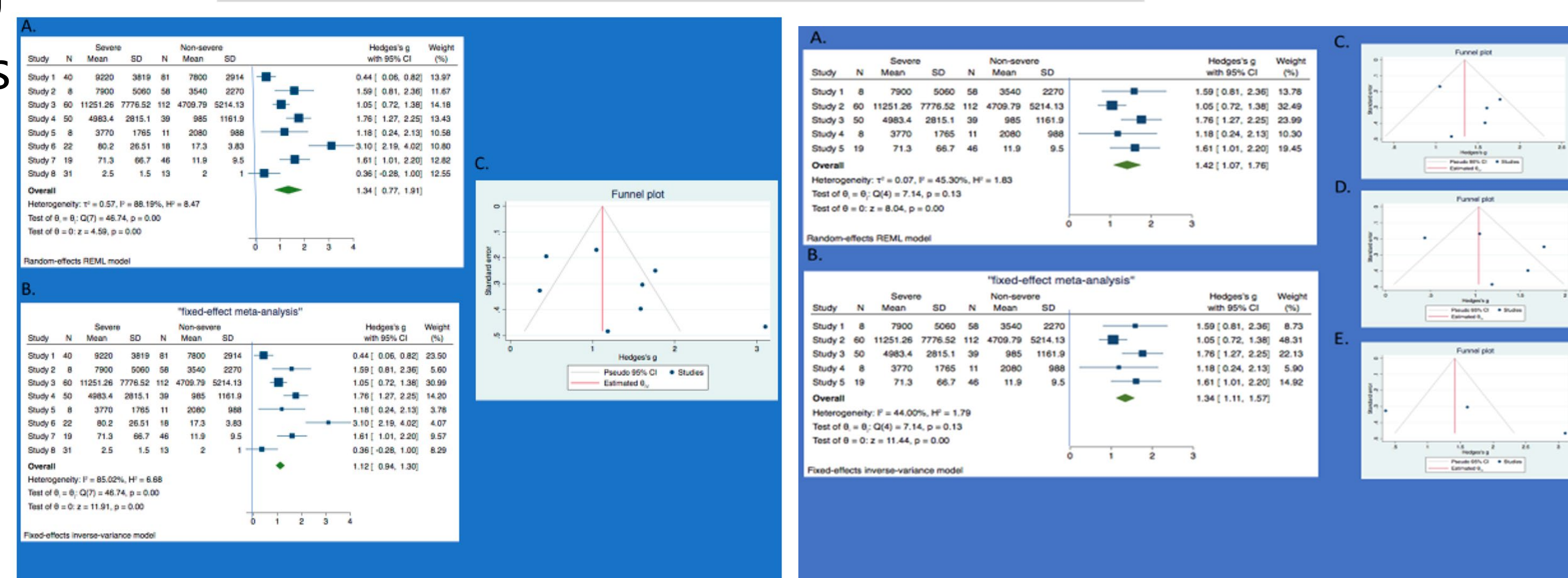
RESULTS

- A pooled analysis of data in the 8 quantitative studies from 613 patients who were RT-PCR positive for COVID-19 (average age = 55 years; 52% males) showed an overall estimate as 1.34 (95%CI: 0.77, 1.91).
- Stata was further employed to carry out an in-depth investigation of the in-between study heterogeneity. All the other correlations in the ammo bar.



METHODS

Databases searched include MEDLINE, EMBASE, the Cochrane Library, Web of Science, and MedRxiv.



CONCLUSION

“Calprotectin is significantly elevated in COVID-19 patients who develop the severe form of the disease, and it also has prognostic importance.

REFERENCES

*Silvin et al. Cell. 2020 Sep 17;182(6):1401-18.

Stata was employed in meta-analysis to compare the serum/faecal levels of calprotectin between severe and non-severe COVID-19 infections.

Calprotectin Metadata in COVID-19 | Recent Evidence

Cell

Elsevier

Elevated Calprotectin and Abnormal Myeloid Cell Subsets Discriminate Severe from Mild COVID-19

Aymeric Silvin, Nicolas Chapuis, [...], and Eric Solary

[Additional article information](#)

Associated Data

[Supplementary Materials](#)

[Data Availability Statement](#)

Abstract

- Blood myeloid cells are known to be dysregulated in coronavirus disease 2019 (COVID-19), caused by SARS-CoV-2. It is unknown whether the innate myeloid response differs with disease severity and whether markers of innate immunity discriminate high-risk patients. Thus, we performed high-dimensional flow cytometry and single-cell RNA sequencing of COVID-19 patient peripheral blood cells and detected disappearance of non-classical CD14^{Low}CD16^{High} monocytes, accumulation of HLA-DR^{Low} classical monocytes (Human Leukocyte Antigen - DR isotype), and ***release of massive amounts of calprotectin (S100A8/S100A9) in severe cases.***

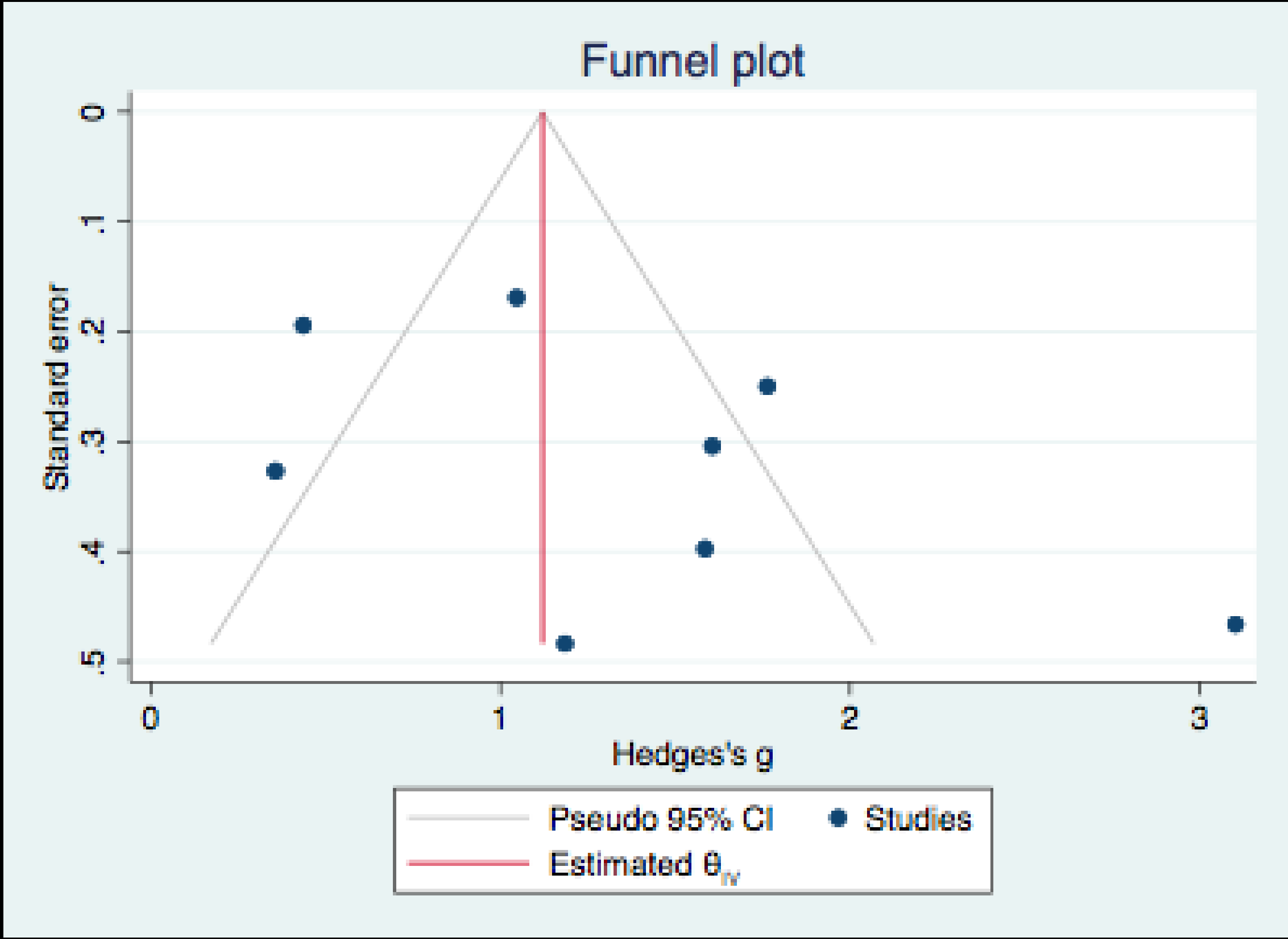
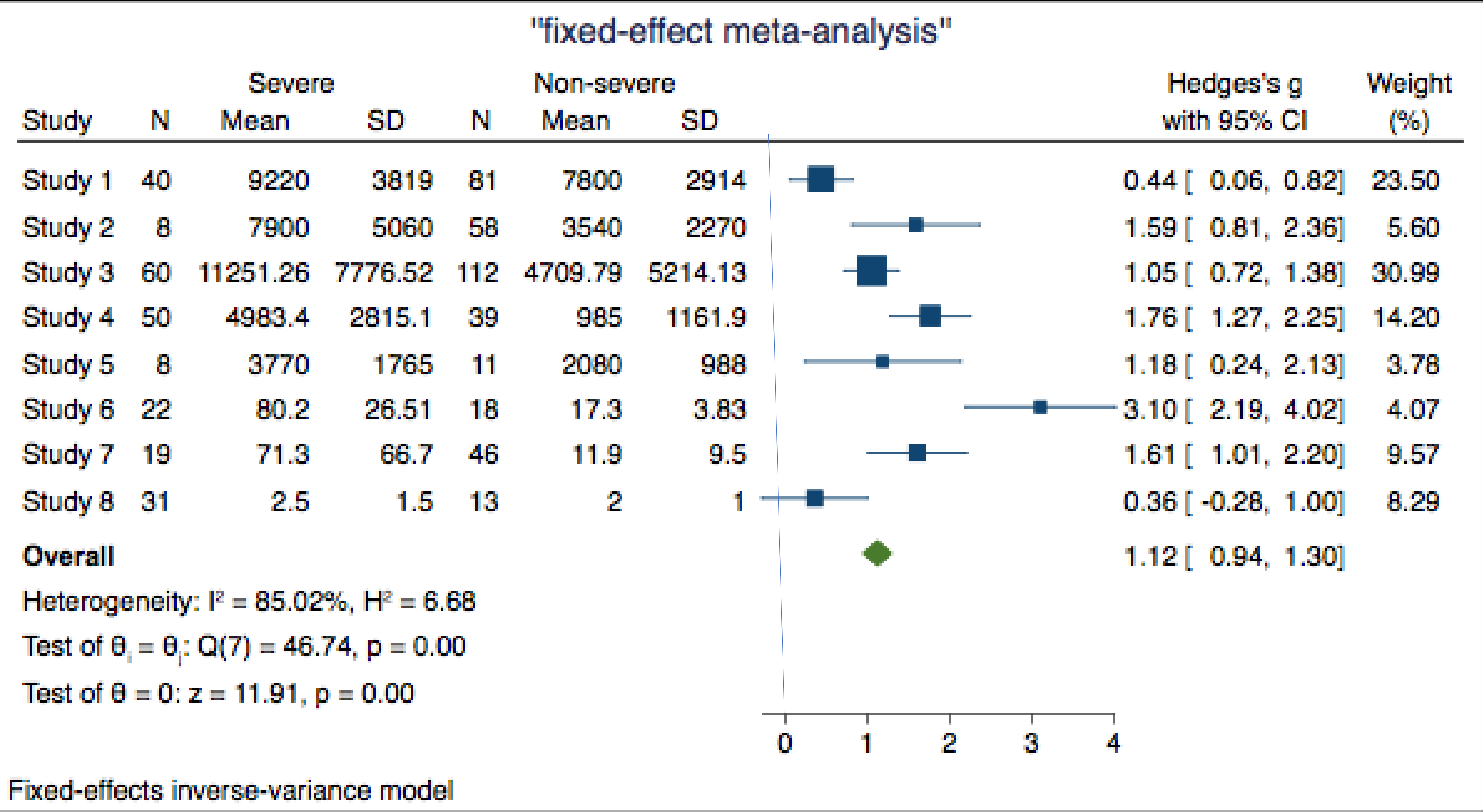
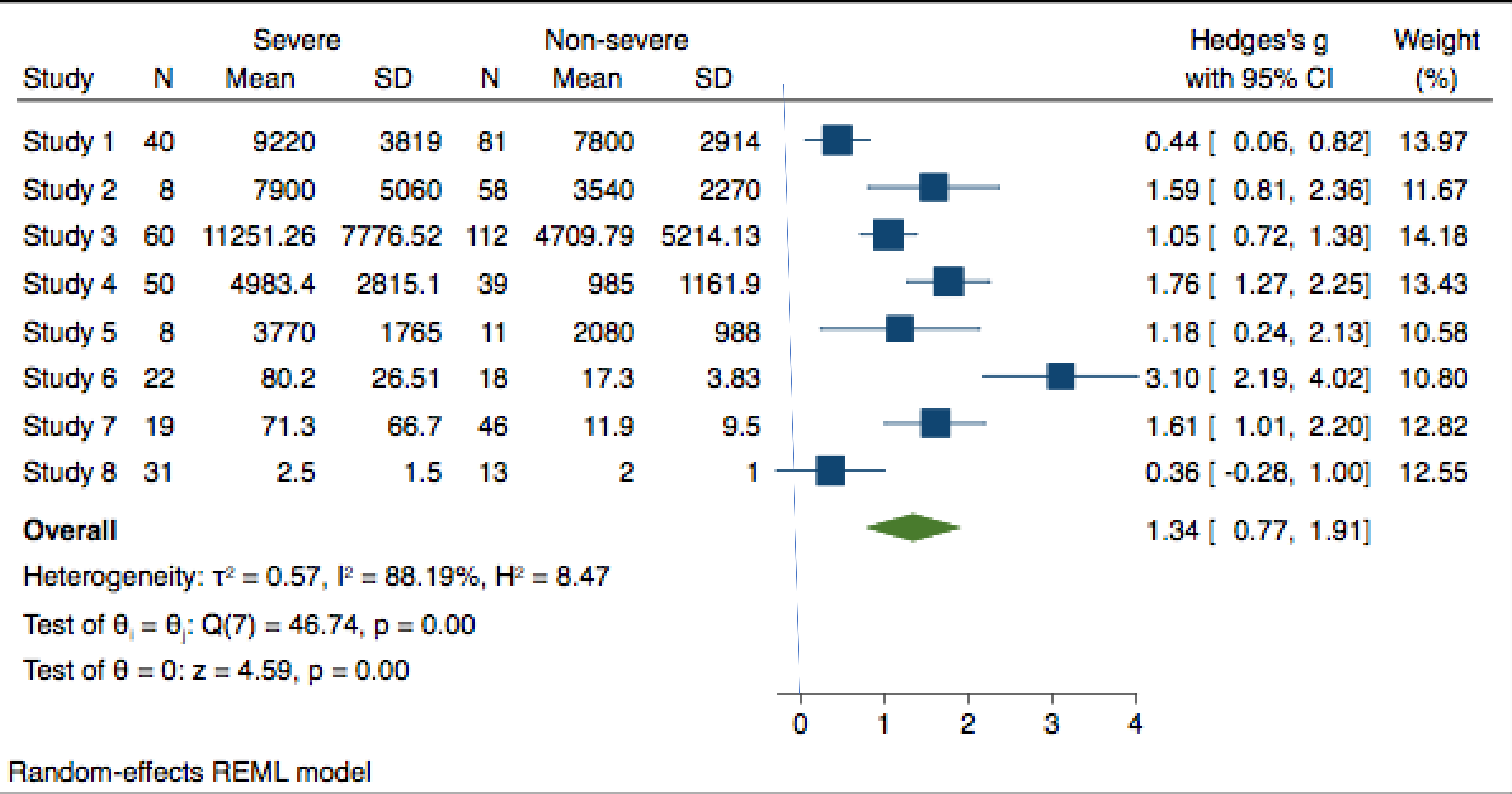


Figure 3: Meta-analysis (Total cohort).

A. Forest plot (REM) and

B. Forest plot (FEM) comparing the mean differences in calprotectin level between severe and non-severe COVID-19. Studies 1-8 are respectively: Chen et al14; De Gadiana et al25; Shi et al23; Silvin et al12; Bauer et al24; Effenberger et al16; Ojetti et al26; Britton et al27.

C. Funnel plot showing some publication bias.

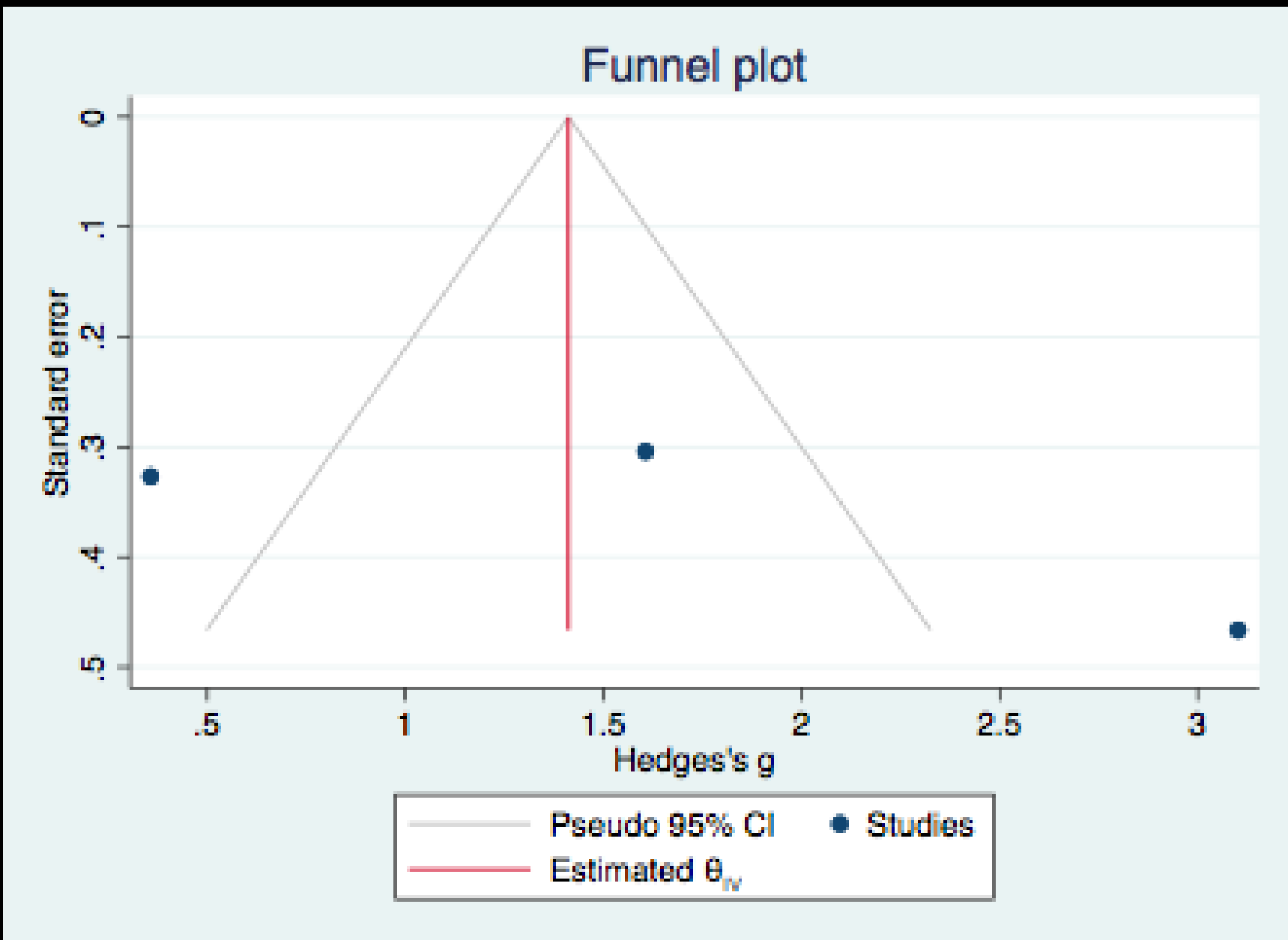
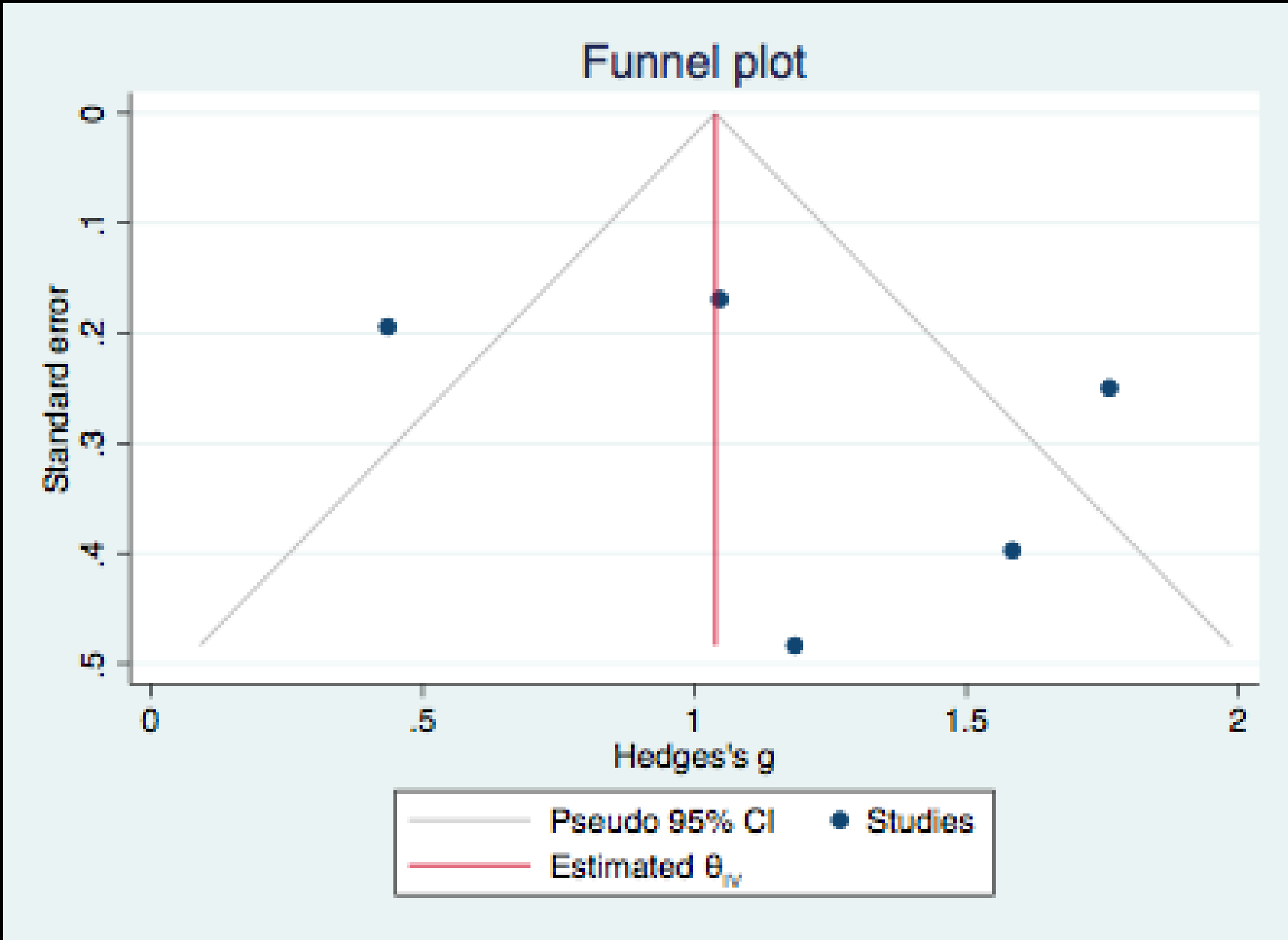
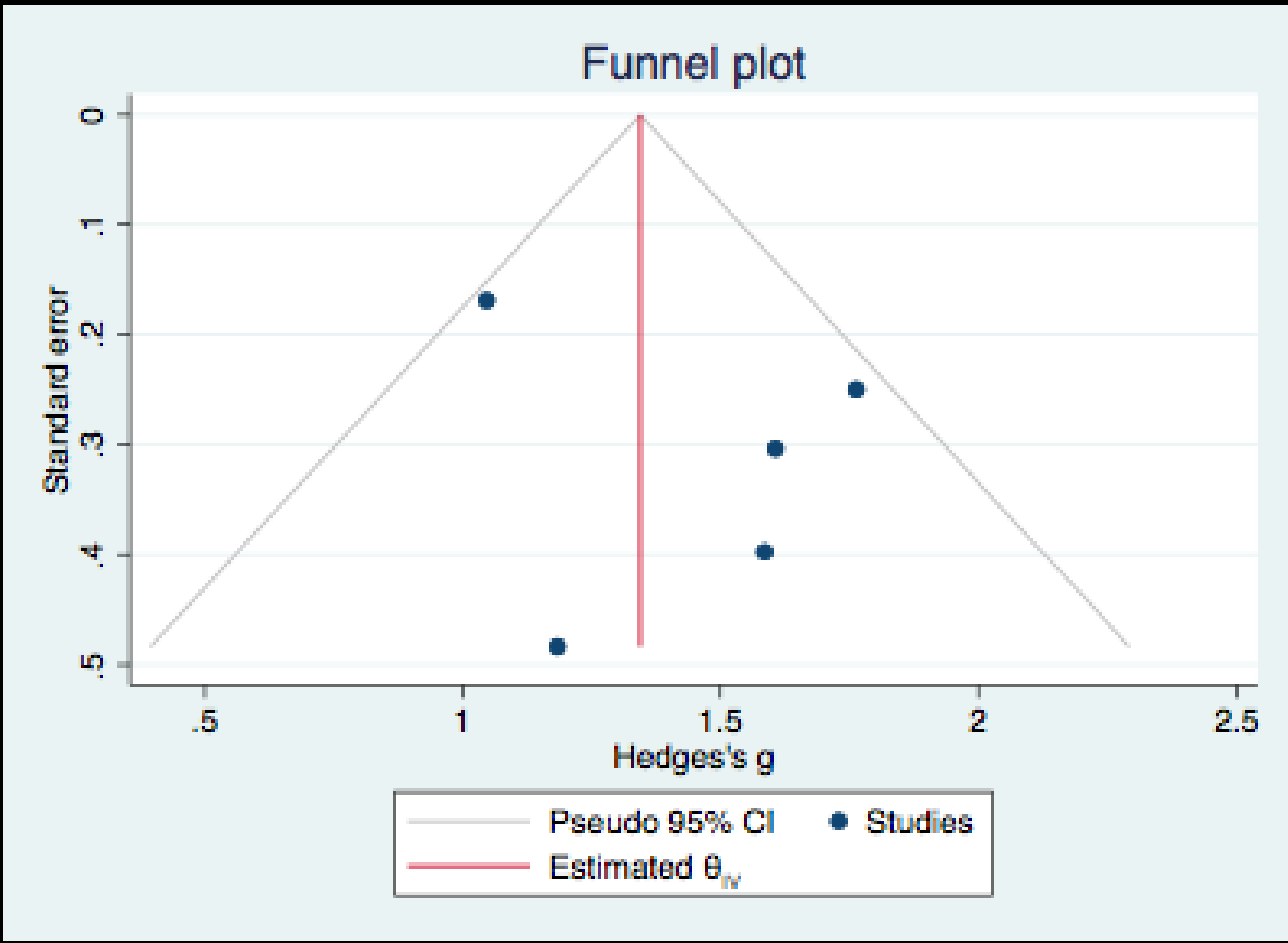
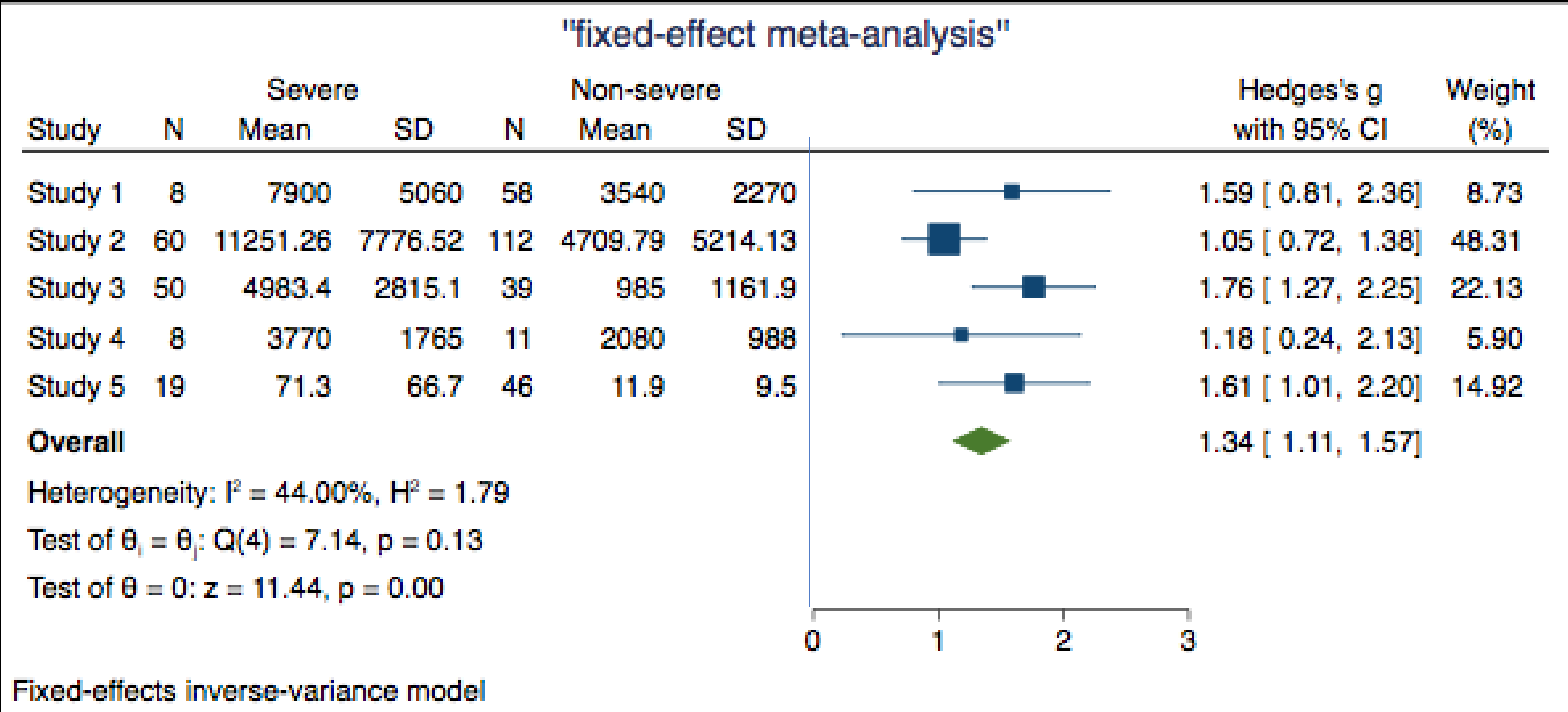
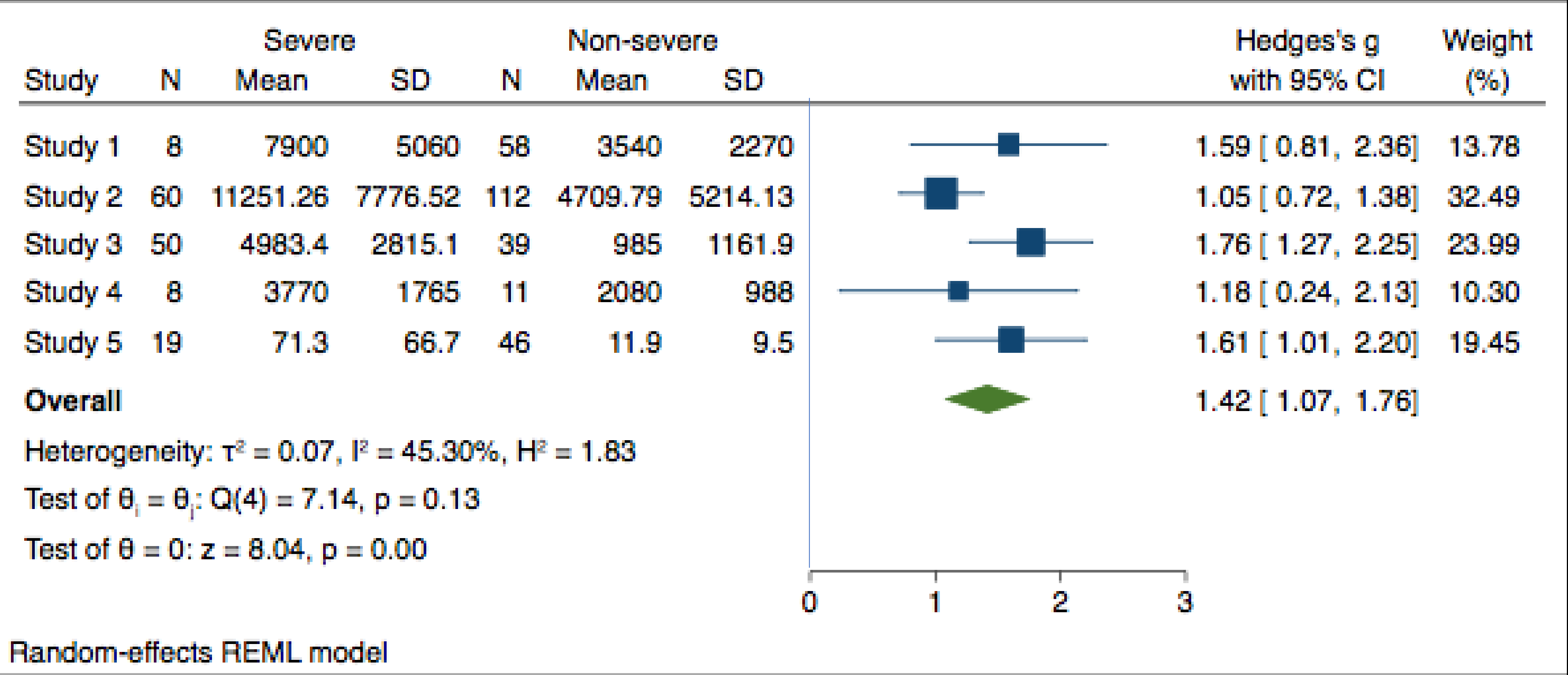


Figure 4: Meta-analysis (sensitivity analysis excluding three studies). A. Forest plot (REM) and B. Forest plot (FEM) comparing the mean differences in calprotectin level between severe and non-severe COVID-19. Studies 1-5 are respectively: De Guadiana et al²⁵; Shi et al²³; Silvin et al¹²; Bauer et al²⁴; Ogetti et al²⁶. C. Funnel plot (for the sensitivity analysis excluding three studies) shows no publication bias, an improvement from the total cohort funnel plot shown in figure 3c. D. Funnel plot (Subgroup analysis - Serum group) shows no publication bias. E. Funnel plot (Subgroup analysis - faecal group) shows some evidence of publication bias with much asymmetry.

Calprotectin level based on COVID-19 severity

