

# 1 **Doxycycline inhibition of a pseudotyped virus transduction does not** 2 **translate to inhibition of SARS-CoV-2 infectivity**

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4 Short title: Doxycycline and SARS-CoV-2 infectivity

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## 27 **Abstract**

28 The pandemic caused by the SARS-CoV-2 has created the need of compounds able to interfere with  
29 the biological processes exploited by the virus. Doxycycline, with its pleiotropic effects, including  
30 anti-viral activity, has been proposed as a therapeutic candidate for COVID-19 and about twenty  
31 clinical trials have started since the beginning of the pandemic.

32 To gain information on the activity of doxycycline against SARS-CoV-2 infection and clarify some  
33 of the conflicting clinical data published, we designed *in vitro* binding tests and infection studies with  
34 a pseudotyped virus expressing the spike protein, as well as a clinically isolated SARS-CoV-2 strain.  
35 Doxycycline inhibited the transduction of the pseudotyped virus in Vero E6 and HEK-293 T cells  
36 stably expressing human receptor angiotensin-converting enzyme 2 but did not affect the entry and  
37 replication of SARS-CoV-2.

38 Although this conclusion is apparently disappointing, it is paradigmatic of an experimental approach  
39 aimed at developing an integrated multidisciplinary platform. To avoid wasting precious time and  
40 resources we believe very stringent experimental criteria are needed in the preclinical phase,  
41 including infectious studies with SARS-CoV-2 in the platform before moving on to [failed] clinical  
42 trials.

## 43 **Author Summary**

44 The pandemic caused by the SARS-CoV-2 virus has created a completely unusual situation in rapidly  
45 searching for compounds able to interfere with the biological processes exploited by the virus. This  
46 new scenario has substantially changed the timing of drug development which has also resulted in  
47 the generation of controversial results, proving that the transition from computational screening to  
48 the clinical application requires great caution and careful studies. It is therefore necessary to establish  
49 new paradigms for evaluating the efficacy of a potential active molecule.

50 We set up a preclinical platform aimed at identifying molecules active against SARS-CoV-2 infection  
51 developing a multidisciplinary approach based on very stringent experimental criteria, comprising in-  
52 silico studies, *in vitro* binding tests and infection studies with pseudovirus expressing the spike protein  
53 as well as clinically isolated SARS-CoV-2 strains. We focused our attention on doxycycline which  
54 has been suggested as potential therapeutic candidate for treating COVID-19 and is currently  
55 employed in about twenty clinical trials. Doxycycline resulted effective in inhibiting the transduction  
56 of pseudovirus but it did not affect the entry and replication of SARS-CoV-2. The results obtained  
57 underline the need to define more stringent and controlled pharmacological approaches before  
58 wasting precious time and resources with clinical trials.

59

60 **Keywords:** SARS-CoV-2; COVID-19; spike protein; tetracyclines; doxycycline; *in vitro*; surface  
61 plasmon resonance

## 62 **Introduction**

63 Since the pandemic of coronavirus disease 2019 (COVID-19) broke out in December 2019 (1), the  
64 scientific community and drug companies have been searching for compounds to interfere with the  
65 biological processes exploited by the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-  
66 2) to infect cells and spread, so as to fight the pandemic.

67 Vaccines against the spike (S) viral protein, responsible for the virus' attachment and entry to target  
68 cells, have been developed in record time. Although effective against wild-type SARS-CoV-2, their  
69 use is still limited, confined to the richest countries, leaving many world areas excluded, particularly  
70 the poorest and more populated areas, allowing the virus to spread and mutate. These vaccines  
71 therefore, partially lose their effectiveness against emerging variants and vaccination alone may not  
72 be enough to stop the pandemic, so host- and virus-targeted pharmacological therapy is urgently  
73 needed.

74 SARS-CoV-2 enters the cells by binding the S structural protein, particularly the S1 subunit  
75 containing the receptor-binding domain (RBD), to the host cell surface receptor angiotensin-  
76 converting enzyme 2 (ACE2) (2). Once the S protein is cleaved by the host transmembrane serine  
77 protease 2 (TMPRSS2) at the S1/S2 junction, the virus is endocytosed by the cell (2). With the  
78 contribution of several enzymes, particularly 3-chymotrypsin-like cysteine protease (3CL<sup>pro</sup> or  
79 M<sup>Pro</sup>), viral genomic RNA starts to replicate and is incorporated into newly produced viral particles.  
80 The virions formed are then transported to the cell surface and released by exocytosis into the  
81 extracellular space. All these processes offer potentially druggable targets to affect virus entry,  
82 proteolysis, replication, assembly and/or release (3).

83 Great efforts have been made, and still are, to design new drugs for treating COVID-19, although a  
84 'final' therapy is unlikely to be rapidly developed and clinically approved, even in this emergence  
85 scenario. Another potential strategy is drug-repurposing, searching for an effective molecule among  
86 those already existing and approved.

87 In this context, the tetracycline antibiotics have been proposed as candidates against SARS-CoV-2.  
88 With their pleiotropic features, including anti-inflammatory and antioxidant properties, and their  
89 ability to chelate zinc compounds on matrix metalloproteinases (4), tetracyclines have been proposed,  
90 alone or combined with other compounds, as potential therapeutic candidates for COVID-19 (5)  
91 (6),(7)(8) (9) (10). Second-generation tetracyclines, such as minocycline and doxycycline, exerted a  
92 direct antiviral effect and can inhibit the replication of different viruses, including the human  
93 immunodeficiency virus (HIV), West Nile virus, Japanese encephalitis virus and influenza virus (11).  
94 In addition, tetracyclines can pass the blood/brain barrier (12), protecting central nervous system cells  
95 from the harmful effects of viral infection (13).

96 In-silico docking studies suggested a direct interaction of tetracyclines with the RBD which can result  
97 in inhibition of the RBD-ACE2 complex (14), and reported their ability to inhibit 3CLpro (15), thus  
98 interfering with virus internalization and replication. This antiviral activity was confirmed in a study  
99 on Vero E6 cells infected with a clinically isolated SARS-CoV-2 strain (IHUMI-3) showing that  
100 doxycycline, at concentrations compatible with the circulating levels reached after oral or intravenous  
101 administration, inhibited virus entry and replication (16).

102 Tetracyclines, alone or together with colchicine, have therefore been given to COVID-19 patients in  
103 a non-hospital setting and have been reported to improve symptoms and hasten recovery in case  
104 reports <sup>14</sup>(17) and observational clinical studies (18) (19).

105 About twenty clinical trials have started on tetracyclines and COVID-19 since the beginning of the  
106 pandemic (20). The UK Platform Randomised trial of INterventions against COVID-19 in older  
107 people (PRINCIPLE) investigates the effect of doxycycline administered at home in the early stages  
108 of COVID-19 to patients aged over 50 (21). The study was stopped for futility last March because  
109 the interim analysis indicated only a small benefit in the recovery of symptoms and hospitalization  
110 rates in participants receiving doxycycline (21).

111 It cannot be excluded that these negative results reflect the small amount of work on the *in vitro*  
112 characterization of the mechanisms underlying the possible effect of tetracyclines on SARS-CoV-2.

113 With this in mind, we designed experiments aimed at gaining information on the antiviral activity of  
114 doxycycline, using an integrated platform we developed to identify molecules active against SARS-  
115 CoV-2. This platform comprises *in vitro* binding tests and infection studies with a pseudotyped virus  
116 expressing the S protein as well as a clinically isolated SARS-CoV-2 strain. Doxycycline effectively  
117 inhibited the transduction of pseudotyped virus but did not affect the entry and replication of SARS-  
118 CoV-2. Even if this result is disappointing, we hope this negative experience will help define more  
119 stringent categories of judgment to improve the initial selection of potentially active molecules.

## 120 **Results**

### 121 **Effect of doxycycline on the transduction of a pseudotyped retroviral vector exposing the SARS-** 122 **CoV-2 S protein**

123 We first investigated doxycycline's ability to counteract SARS-CoV-2 infection by employing a  
124 pseudotyped retroviral vector exposing the SARS-CoV-2 S protein and expressing a GFP reporter  
125 gene (22) (**Fig 1A**). This retrovirus was spherical with a diameter of 140-160 nm, surrounded by a  
126 lipid bilayer envelope. Spikes with length from 15 to 27 nm were embedded in the envelope and  
127 penetration of the negative stain into the retrovirus revealed the viral capsid.

128 Vero E6 and HEK293-ACE2 cells, both expressing the ACE2 receptor, were incubated with different  
129 concentrations of doxycycline and transduced with retroviral vectors pseudotyped with the SARS-  
130 CoV-2 S protein, or control vectors (No-Spike). Cells were treated in the same experimental  
131 conditions with gentamicin, an antibiotic structurally related to doxycycline but without of the  
132 pleiotropic activity of tetracyclines (4). We estimated the effect of each compound on retroviral vector  
133 transduction by quantifying the percentages of cells presenting GFP fluorescence. Blinded analysis  
134 indicated that doxycycline inhibited the retroviral transduction in Vero E6 (**Fig 1B**) and HEK293-  
135 ACE2 (**Fig 1C**) cells in a dose-dependent manner. No transduction was observed when Vero E6 cells  
136 (**Fig 1D**) or HEK293-ACE2 (data not shown) were infected with the No-Spike control vector.  
137 Gentamicin did not significantly modify GFP transduction in either cell line indicating the specificity  
138 of doxycycline's effect (**Fig.1E, F and S1 Fig**).

139 Doxycycline was more effective in inhibiting the transduction of Vero E6 than HEK293-ACE cells,  
140 as indicated by the  $IC_{50}$  ( $16.92 \pm 1.55 \mu\text{M}$  for Vero E6 and  $58.81 \pm 1.45 \mu\text{M}$  for HEK293-ACE2,  
141  $p < 0.0001$ ) or comparing the effects of  $100 \mu\text{M}$  doxycycline on the two cell types: respectively, 62.5  
142 % and 38.5% inhibition of transduction in Vero E6 and HEK293-ACE2 (**Fig 1D**).

143 No degradation of doxycycline occurred during the 24 h incubation in cell medium (**S2A Fig**). We  
144 also found that about 80% of doxycycline was bound to BSA in the medium (**S2B Fig**), confirming  
145 its marked ability (80-90%) to bind to plasma proteins (23).

146 The difference in GFP transduction efficiency between the two cell lines cannot be ascribed to a toxic  
147 effect of doxycycline, which did not induce significant cytotoxicity in Vero E6 and HEK293-ACE2  
148 cells (**Fig 2A and Fig 2B**) nor affected the proliferation of HEK293-ACE2 cells (**Fi 2C**). Since gene  
149 transfer by retroviral vectors can occur only in cells that are actively replicating at the time of  
150 infection, we also investigated whether doxycycline affected the cell cycle of HEK293-ACE2. There  
151 was no change in the DNA content in the different phases of cell cycle in cells treated with 1 or 100  
152  $\mu$ M doxycycline at all time points (**Fig 2D**). In addition, doxycycline did not affect the level of ACE2  
153 expression in HEK293-ACE2 cells (**S3 Fig**).

154 These results indicate that doxycycline may reduce cellular entry for a pseudotyped retroviral vector  
155 exposing the SARS-CoV-2 S protein and that efficacy may be related to the cell type.

156

#### 157 **SPR studies**

158 SPR studies were done to determine whether doxycycline reduces retroviral transduction by binding  
159 to the S protein and/or ACE2. No evidence of a doxycycline binding, up to 100  $\mu$ M, to ACE2, S, S1  
160 and RBD was obtained in SPR studies using a direct approach (i.e. flowing the drug over immobilized  
161 proteins) (**Fig 3**). However, the possibility of false negative data cannot be excluded, as SPR has  
162 lower sensitivity of SPR when testing small molecules. For this reason, we also employed a different  
163 SPR approach to see whether doxycycline inhibited the RBD-ACE2 interaction. This can be detected  
164 well by SPR, either flowing ACE2 (10 nM) over immobilized RBD (**Fig.4A**, purple line, estimated  
165  $K_d$ = 0.9 nM) or, viceversa, flowing RBD (60 nM) over immobilized ACE2 (**Fig 4B**, purple line,  
166 estimated  $K_d$ = 1.4 nM). Preincubation of ACE2 or RBD with 100  $\mu$ M doxycycline for 60 min at  
167 room temperature, in solution (**Fig 4A and Fig 4B**, red lines), did not affect the binding of the protein  
168 with the partner immobilized on the sensor chip (RBD or ACE2, respectively), suggesting that the  
169 drug did not occupy the relevant binding sites at a significant extent.

170

#### 171 **Effect of doxycycline on authentic SARS-CoV-2 strain replication**



172 To determine the ability of doxycycline to counteract the infectivity of SARS-CoV-2, Vero E6 cells  
173 were pretreated for 4 h with 100  $\mu$ M doxycycline or gentamicin before the infection with the authentic  
174 SARS-CoV-2 strain at a MOI of 0.01. Cells were then washed and cultured for 48 h in fresh medium  
175 containing 100  $\mu$ M doxycycline or gentamicin. As shown in **Fig 5A**, SARS-CoV-2 induced cytolytic  
176 effects on Vero E6 cells which was not modified by the treatment with doxycycline or gentamicin.  
177 Quantification of viral RNA copy number in the cell culture supernatants (**Fig 5B**) and at intracellular  
178 levels (**Fig 5C**) indicated that doxycycline did not exert any inhibitory effects on viral particles'  
179 production and genome expression, respectively. These findings indicated that doxycycline, although  
180 effective in the pseudotyped virus transduction assay, did not inhibit SARS-CoV-2 replication.

## 181 **Discussion**

182 The rapid spread of the pandemic caused by the SARS-CoV-2 virus has created a completely unusual  
183 situation in defining the strategies to develop vaccines or antiviral drugs in a broad sense. The  
184 pandemic surprised everyone by the speed of its spread and, above all, by the absence of integrated  
185 national and international defense strategies (3).

186 The development of medicines usually takes a very long time between conception and the availability  
187 to the patient. Still, in COVID-19 case, the time factor was decisive. Therefore, the scientists aimed  
188 at developing vaccines and antiviral medicines, reducing the time for their availability as much as  
189 possible. Of course, this new scenario has substantially changed the timing of drug development  
190 which has also resulted in the generation of many false-negative or false-positive results (3).

191 The possibility of using artificial intelligence to identify potential molecules active against the spread  
192 of the pandemic has prompted many groups to carry out in-silico studies and screen entire libraries  
193 (24,25).

194 In the case of anti-COVID-19 drugs, numerous molecules have been identified through in-silico  
195 studies as potentially active, but in reality, the outcome of this kind of approach has not been as  
196 successful as expected. Many of the molecules identified in-silico have reported controversial results  
197 proving that the transition from in-silico screening to the clinical application requires great caution  
198 and careful studies to verify the *in vitro* efficacy. It is, therefore, necessary to establish new paradigms  
199 for evaluating the efficacy of a potential active molecule.

200 As an example, in this paper, we report the controversial results obtained with doxycycline, which in  
201 some way echoes those already published in the literature. We demonstrated for the first time that  
202 doxycycline significantly inhibited the transduction of a pseudotyped virus on two different cell lines.  
203 However, this effect did not translate into the drug's ability to counteract *in vitro* in Vero E6 cells the  
204 entry and replication of authentic SARS-CoV-2 virus. This finding was in contrast with that  
205 previously reported by Gendrot and collaborators (16) which, employing Vero E6 cells too, found  
206 doxycycline effective in counteracting SARS-CoV-2 infectivity. It cannot be excluded that this

207 discrepancy could be due to the different SARS-CoV-2 strains employed to infect the cells. We used  
208 a clinically isolated SARS-CoV-2 representative of the most widespread strain in Europe during the  
209 first wave of the pandemic which genomic data are available at EBI under study accession n.  
210 PRJEB38101 (26). Gendrot and collaborators employed the IHUMI-3 strain for which genomic data  
211 are not available thus making difficult to establish the degree of widespread of the virus and its  
212 comparison with other strains. Doxycycline did not interact with relevant binding sites of S or ACE2  
213 proteins, as instead suggested by an in-silico study (14). It cannot be excluded that it may affect, at  
214 least on the pseudotyped retroviral vector, the integrity of the virus lipidic envelope, suggested to be  
215 important for the virus integrity (27).

216 Although the conclusion of our study is somewhat disappointing, it is paradigmatic of an experimental  
217 approach aimed at developing an integrated multidisciplinary platform.

218 To avoid wasting precious time and resources we therefore believe that it is necessary to set very  
219 stringent experimental criteria in the preclinical phase, including in the platform infectious studies  
220 with SARS-CoV-2, before moving on to failed clinical trials.

221 This strategy may help develop a scientifically sound procedure for selecting potentially active  
222 molecules at the preclinical stage.

## 223 **Materials and Methods**

### 224 **Cells**

225 Human embryonic kidney (HEK) 293-T and African green monkey kidney Vero E6 cells were  
226 obtained from the American Type Culture Collection (ATCC). HEK293-T cells stably expressing  
227 human receptor ACE2 (HEK293-ACE2) were generated as described (22). All cell lines were  
228 maintained in Dulbecco modified Eagle Medium (DMEM; Gibco/Euroclone #ECB7501L)  
229 containing 10% heat-inactivated fetal bovine serum (FBS, Gibco #10270), L-glutamine (Gibco,  
230 #25030-024), non-essential aminoacids (Gibco/Euroclone, #ECB3054D) and penicillin/streptomycin  
231 (Corning, #20-002-C1). HEK293-ACE2 required puromycin (Genespin). Cells were cultured in 100  
232 mm<sup>2</sup> Petri or T75 flasks at 37°C in a humidified 5% CO<sub>2</sub> and routinely split every 3-4 days. Cells  
233 employed in this study had not been passaged more than 20 times from the original stock.

234

### 235 **Generation of pseudotyped virus particles**

236 Retroviral particles exposing the SARS-CoV-2 S protein were produced as described by Massignan  
237 et al. (22). Briefly, HEK293-T cells were seeded into 10 cm plates with DMEM containing 0.5 mg/mL  
238 geneticin G418 (Thermofisher). Once the cells reached approximately 80% confluence, the medium  
239 was replaced with DMEM containing 2.5% FBS. Cells were then transfected with a combination of  
240 following plasmids: pc Gag-pol MLV packaging plasmid, pc Spike ΔC ENV-encoding vector  
241 containing the SARS-CoV-2 S as surface glycoprotein and pc NCG MLV transfer vector containing  
242 eGFP (22). Control retroviral particles were obtained by transfecting the cells only with the packaging  
243 and transfer vectors, missing out the plasmid encoding for SARS-CoV-2 S (No-Spike). Supernatants  
244 were collected and centrifuged at 2000 x g for 5 min, then filtered using a 0.45 μm filter and  
245 ultracentrifuged at 20,000 x g for 2 h. Pellets were resuspended in 5 mM phosphate buffered saline  
246 (PBS), pH 7.4, and stored at -80°C until use.

247

### 248 **Transmission electron microscopy**

249 A suspension of retroviral particles exposing the SARS-CoV-2 S protein was gently resuspended in  
250 10  $\mu$ L of 5 mM PBS and deposited on copper grids for 20 min. After absorbing the excess of  
251 resuspension with Whatman filter paper, the grids were fixed for 30 min with 0.12 M phosphate  
252 buffer solution containing 2% glutaraldehyde and 4% paraformaldehyde, rinsed in distilled water and  
253 negatively stained with 0.1% uranyl acetate. Images were then obtained with an Energy Filter  
254 Transmission Electron Microscope (EFTEM, ZEISS LIBRA® 120) coupled with an yttrium  
255 aluminum garnet (YAG) scintillator slow-scan CCD camera (Sharp eye, TRS).

256

### 257 **Transduction Assay**

258 Different experimental settings were employed for HEK293-ACE2 and Vero E6 cells. HEK293-  
259 ACE2 cells were seeded on 96-well plates ( $2 \times 10^4$  cells/well) in complete DMEM medium. After 24  
260 h incubation at 37°C in humidified 5% CO<sub>2</sub>, the medium was replaced with fresh medium containing  
261 0.1-100  $\mu$ M doxycycline hyclate (Fagron) or gentamicin sulfate (Caelo) dissolved in Milli-Q water.  
262 Control cells were treated with equivalent volumes of water (Vehicle). Cells were incubated for 4 h  
263 at 37°C in humidified 5% CO<sub>2</sub>, then infected with 3  $\mu$ L of retroviral vector exposing the SARS-CoV-  
264 2 S protein, or control. The day after the transduction, the medium was replaced with fresh medium  
265 and after 24 h incubation, the transfection efficiency was checked by determining the percentage of  
266 cells expressing GFP, using an EnSight Multimode Microplate Reader (Perkin Elmer) and a ZOE™  
267 Fluorescent Cell Imager (Bio-Rad). The ZOE™ images were analyzed with Fiji software (see **S1**  
268 **Appendix**).

269 Untransfected Vero E6 cells were seeded on 96-well plates ( $7.5 \times 10^3$  cells/well) in complete DMEM  
270 medium. After 24 h at 37°C in humidified 5% CO<sub>2</sub>, the medium was replaced with fresh medium  
271 containing the compound to be tested at the desired concentration (22). Control cells were treated  
272 with equivalent volumes of water (Vehicle). To increase the number of transduced cells, on days 3  
273 and 4, 3  $\mu$ L of retroviral vector exposing the SARS-CoV-2 S protein or control was added to each  
274 well. Three days after the incubation, the transduction efficiency was determined as described above.

275 **Cell viability**

276 Cells were seeded on 96-well plates ( $7.5 \times 10^3$  Vero cells/well and  $2 \times 10^4$  HEK293-ACE2 cells/well)  
277 in complete DMEM medium with 10% FBS. After 24 h at 37°C in humidified 5% CO<sub>2</sub>, the medium  
278 was replaced with fresh medium containing 0.1-100 µM doxycycline hyclate or gentamicin sulfate,  
279 dissolved in Milli-Q water. Control cells were treated with equivalent volumes of water (Vehicle).  
280 Cells were incubated for 24 h at 37°C in humidified 5% CO<sub>2</sub>, then the medium was replaced with  
281 fresh medium and cells were incubated for another 24 h (HEK293-ACE2) or 48 h (Vero E6). Cells  
282 were then treated for 15 min up to 4 h at 37°C with 5 mg/mL 3-(4,5-dimethylthiazol-2-yl)-2,5-  
283 diphenyltetrazolium bromide (MTT) (Sigma Aldrich, #M5655-1G) in 5 mM PBS. The MTT was  
284 carefully removed and cells were resuspended in acidified isopropanol (0.04 M HCl) or 60 µL  
285 DMSO; cell viability was determined by measuring the absorbance at 560 nm using a  
286 spectrophotometer (Infinite M200, Tecan, Männedorf, Switzerland).

287

288 **Cell cycle**

289 Monoparametric analysis of DNA was done on exponentially growing HEK293-ACE2 cells. Cells  
290 were seeded on 12-well plates ( $2.4 \times 10^5$  cells/well) in complete DMEM medium with 10% FBS.  
291 After 24 h at 37°C in humidified 5% CO<sub>2</sub>, the medium was replaced with fresh medium containing 1  
292 or 100 µM doxycycline hyclate in Milli-Q water. Control cells were treated with equivalent volumes  
293 of water (Vehicle). The cell cycle perturbation was evaluated before and 6, 24, 30, and 48 h after the  
294 treatment. Cells were counted using a Vi-CELL™ XR Cell Viability Analyzer (Beckman Coulter)  
295 and fixed at 4°C in 70% ethanol for at least 24 h before staining. For this,  $2 \times 10^6$  cells were incubated  
296 overnight at 4°C with 1 mL of a solution containing 25 µg propidium iodide and 12.5 µL RNAsi.  
297 DNA flow cytometric analyses were done on at least  $1 \times 10^4$  cells at the acquisition rate of 300 events  
298 per second, using a Gallios flow cytometer (Beckman Coulter). Doublets were excluded from the  
299 analyses.

300

301 **Western blot analysis**

302 HEK293-ACE2 cells were seeded on 12-well plates ( $2.4 \times 10^5$  cells/well) in complete DMEM  
303 medium with 10% FBS and incubated for 24 h at 37°C in humidified 5% CO<sub>2</sub>. The medium was  
304 replaced with fresh medium containing 0.1-100 µM doxycycline hyclate in Milli-Q water. Control  
305 cells were treated with equivalent volumes of water (Vehicle). After 3 and 6 h, the medium was  
306 removed, cells were collected and lysed for 15 minutes at 4°C with 20 mM Tris-HCl solution, pH  
307 7.5, containing 150 mM NaCl, 1 mM Na<sub>2</sub>EDTA, 1 mM EGTA, 1% NP-40, 1% sodium deoxycholate,  
308 2.5 mM sodium pyrophosphate, 1 mM β-glycerophosphate, 1 mM Na<sub>3</sub>VO<sub>4</sub>, 1 µg/mL leupeptin.  
309 Samples were centrifuged for 10 min at 16100 x g and the protein content in the lysates was quantified  
310 with a BCA protein assay kit (Pierce). Samples were then immunoblotted using 10% bis-Tris gel  
311 (Invitrogen) and transferred to a PVDF membrane (Millipore); 25 µg of total proteins were loaded in  
312 each lane of the gel. The membranes were incubated overnight at 4°C with anti-ACE2 mouse  
313 monoclonal antibody AC18Z (1:2000, Santa Cruz) or anti-β-actin mouse monoclonal antibody  
314 (1:5000, Sigma Aldrich). Anti-mouse IgG peroxidase conjugated (1:5000, Sigma Aldrich) was used  
315 as secondary antibody. Hybridization signals were detected with a ChemiDoc XRS Touch Imaging  
316 System (Bio-Rad).

317

318 **Doxycycline stability and binding to albumin**

319 Doxycycline was incubated at 1, 10 and 100 µM in 500 µL of DMEM medium added to HEK293-  
320 ACE2 cells seeded on 96-well plates (as in the transduction assay, see above). Stability and the bovine  
321 serum albumin (BSA)-bound fraction of doxycycline was assessed after 5 min and 0.5, 1, 2, 4, 6 and  
322 24 h of incubation at 37°C in humidified 5% CO<sub>2</sub> (each well, in duplicate, corresponded to a different  
323 incubation time). At each time-point, medium was removed and an aliquot was employed for  
324 determination of the doxycycline concentration.

325 Doxycycline binding to BSA was assessed only for 10 µM concentration. BSA-bound and free  
326 doxycycline were separated by ultrafiltration using Amicon Ultra-0.5 centrifugal filter devices

327 (Merck Millipore Italia) with a MW cutoff of 30 KDa. Doxycycline in the three fractions (total,  
328 unbound and BSA-bound) was measured using a validated HPLC-MS/MS method (12). The amounts  
329 in the unbound and BSA-bound fractions were calculated using a mass balance approach to minimize  
330 inaccuracy due to confounding factors (e.g. non-specific binding of doxycycline to the filter  
331 membrane) (28).

332

### 333 **Surface plasmon resonance**

334 All analyses were done with a ProteOn XPR36 Protein Interaction Array system (Bio-Rad  
335 Laboratories, Hercules, CA) surface plasmon resonance (SPR) apparatus with six parallel flow  
336 channels that can immobilize up to six ligands on the same sensor chip. FLAG-tagged ACE2  
337 (AdipoGen) was captured on the chip by a previously immobilized anti-FLAG antibody (Merck Life  
338 Science S.r.l). S protein (Euprotein), its S1 domain and its RBD (SinoBiological), all Fc-tagged, were  
339 captured on the same chip by a previously immobilized anti-Fc antibody (Merck Life Science S.r.l).  
340 Anti-FLAG or anti-Fc antibodies were immobilized by classical amine coupling chemistry (29)  
341 flowing them for 5 min at 30 µg/mL in acetate buffer, pH 5.0, on GLC sensor chips pre-activated as  
342 described by the producer (Bio-Rad); the remaining activated groups were blocked with  
343 ethanolamine, pH 8.0. FlagACE-2, FcS, FcRBD or FcS1 were then flowed on the corresponding anti-  
344 tag antibodies at 30 µg/mL in 10 mM phosphate buffer containing 150 mM NaCl and 0.005% Tween  
345 20 (PBST, pH 7.4), also used as running buffer. Two flow channels were prepared in parallel with  
346 the two capturing antibodies only, as reference surfaces. The level of immobilization ranged from  
347 1000-2200 Resonance Units (RU) (**S4 Fig**). The flow channels were rotated 90° so that up to six  
348 analyte solutions could be flowed in parallel on all the immobilized ligands, creating a multi-spot  
349 interaction array.

350 To evaluate the direct binding of doxycycline on all the proteins captured simultaneously, we used  
351 the “kinetic titration” design (30). The drug was injected at concentrations from 1 to 100 µM, in PBST  
352 pH 7.4 with short dissociation times in between, with no regeneration steps. To evaluate the ability



353 of doxycycline to inhibit the ACE2-RBD interaction, we preincubated 10 nM ACE2 (or 60 nM RBD)  
354 for 60 min at room temperature with or without the drug, and then injected the mixture over chip-  
355 immobilized RBD (or ACE2). All SPR assays were run at a rate of 30  $\mu$ L/min at 25°C. The  
356 sensorgrams (time course of the SPR signal in RU) were normalized to a baseline of 0.

357

## 358 **Virus**

359 We successfully isolated SARS-CoV-2 in Vero E6 cells from the nasopharyngeal swab of a COVID-  
360 19 patient (31). The identity of the strain was verified by metagenomic sequencing, from which the  
361 reads mapped to nCoV-2019 (genomic data are available at EBI under study accession n°  
362 PRJEB38101). The clinical isolate was propagated in Vero E6 cells and the viral titer was determined  
363 by a standard plaque assay. Infection experiments were done in a biosafety level-3 laboratory (BLS-  
364 3) at a multiplicity of infection (MOI) of 0.01.

365

## 366 **Authentic virus infection assay**

367 Vero E6 cells were treated for 4 h with 100  $\mu$ M doxycycline or gentamicin, then were infected, for 1  
368 h, in the presence of 100  $\mu$ M doxycycline or gentamicin with the SARS-CoV-2 isolate at a MOI of  
369 0.01. Infection was done in DMEM medium without FBS. Then, after the removal of the virus and  
370 washing with warm PBS, cells were cultured in a medium containing 2% FBS with 100  $\mu$ M  
371 doxycycline or gentamicin. As a control, Vero E6 cells were infected with or neither antibiotic. At 48  
372 h post infection, cells and supernatants were collected for further viral genome quantification.

373

## 374 **Viral RNA extraction and qRT-PCR**

375 RNA was extracted from clarified cell culture supernatants (16,000 x g for 10 min) and infected cells  
376 using a QIAamp Viral RNA MiniKit and RNeasy Plus mini kit (Qiagen), respectively. RNA was  
377 eluted in 30  $\mu$ L of RNase-free water and stored at -80°C until use. qRT-PCR was carried out as  
378 previously described ((26)). Briefly, reverse transcription and amplification of the S gene were done

379 with the one-step QuantiFast Sybr Green RT-PCR mix (Qiagen) as follows: 50°C for 10 min, 95°C  
380 for 5 min; 95°C for 10 s, 60°C for 30 s (40 cycles) (primers: RBD-qF1: 5'-CAA TGG TTT AAC  
381 AGG CAC AGG-3' and RBD-qR1: 5'-CTC AAG TGT CTG TGGATCACG-3). A standard curve  
382 was obtained by cloning the RBD of S gene (primers: RBD-F: 5'-GCT GGA TCC CCT AAT ATT  
383 ACA AAC TTG TGCC-3'; RBD-R: 5'-TGC CTC GAG CTC AAG TGT CTG TGGATC AC- 3')  
384 into pGEM T-easy vector (Promega, Madison, WI, USA). A standard curve was generated by  
385 determining the copy numbers derived from serial dilutions of the plasmid ( $10^3$ – $10^9$  copies). Each  
386 quantification was run in triplicate.

387

### 388 **Statistical analysis**

389 For statistical analyses were used with software version 7.03/8.0 (GraphPad) including all the data  
390 points, with the exception of experiments in which negative and/or positive controls did not give the  
391 expected outcome. No test for outliers was employed. The results were expressed as mean  $\pm$  SD or  
392 SEM. The data were analyzed with one-way ANOVA, including analysis of the normality of data,  
393 and corrected by a Bonferroni or Dunnet *post hoc* test. Probability ( $p$ )  $<$  0.05 was considered  
394 significant; 50% inhibitory concentration ( $IC_{50}$ ) values were obtained by fitting dose-response curves  
395 to three-parameter non-linear fit (to a sigmoidal function using a 4PL non-linear regression model).

396

### 397 **Supporting Information**

398 **S1 Appendix. Image analysis.** Setting a fixed threshold for all the images, the number of GFP-  
399 positive cells was calculated with the function Analyze particles, using the watershed setting to  
400 segment cell clusters in the most accurate manner. The median function and Analyze particles set-up  
401 were used to exclude noise and non-specific debris from the count. The macro used to analyze the  
402 images acquired with ZOE<sup>TM</sup> Fluorescent Cell Imager is reported below:

403 run("8-bit");

```
404 setAutoThreshold("Default dark");
405 //run("Threshold...");
406 setThreshold(11,255);
407 setOption("BlackBackground", true);
408 run("Convert to Mask");
409 run("Median...", "radius=3");
410 run("Watershed");
411 run("Analyze Particles...", "size=500-Infinity show=Outlines display summarize");
```

412 Description of the method employed for image analysis; Figure S1: Preparation of the chip surface  
413 for surface plasmon resonance analysis; Figure S2: Dose-response effect of gentamicin in VeroE6  
414 cells; Figure S3: Stability and bioavailability of doxycycline in cell medium; Figure S4: Effect of  
415 doxycycline on ACE-2 expression.

416 **S1 Fig. Dose-response effect of gentamicin in VeroE6 cells.** The y-axis showed the mean± SD  
417 percentage of GFP-transduced cells in relation to control cells treated with vehicle alone (Vhc). The  
418 percentage of Vero E6 cells transduced with the retroviral vector without SARS-CoV-2 S protein  
419 (No-Spike) is reported as negative control.

420 **S2 Fig. Stability and bioavailability of doxycycline in cell medium.** Doxycycline was incubated  
421 at 1, 10 and 100 µM in DMEM medium added to HEK293-ACE2 cells seeded on 96-well plates (as  
422 in the transduction assay). Total (**A**) and BSA-bound doxycycline (**B**, for 10 µM only) were measured  
423 after 5 min and 0.5 1, 2, 4, 6 and 24h of incubation. Each point represents the mean of two independent  
424 measures.

425 **S3 Fig. Effect of doxycycline on ACE-2 expression.** HEK293-ACE2 cells were treated for 3 h or 6  
426 h with 0.1 µM (lane 2) 1.0 µM (lane 3) or 100 µM (lane 4) doxycycline. Control cells were treated  
427 with the same volume of Milli-Q water (lanes 1 and 5). Cells were then lysed and analyzed by western  
428 blotting. Signals were detected using a specific anti-ACE2 primary antibody and relevant HRP-

429 coupled secondary antibodies, and revealed using a ChemiDoc Touch Imaging System. Western blot  
430 images are representative examples of three separate experiments.

431 **S4 Fig. Preparation of the chip surface for surface plasmon resonance analysis.** Fc-RBD, Fc-S1  
432 and Fc-S were flowed for 6 min over parallel flow channels of the same sensor chip, on which anti-  
433 Fc antibodies had been pre-immobilized (**A, B, D** respectively). The proteins were efficiently and  
434 stably captured by the anti-Fc antibody; another parallel surface was left empty (anti-Fc antibody  
435 only, panel **C**), for use as reference. Flag-ACE2 was flowed for 6 min over another parallel flow  
436 channel of the same sensor chip, on which an anti-Flag antibody had been pre-immobilized (panel  
437 **F**). ACE2 was efficiently and stably captured by the anti-Flag antibody; another parallel surface was  
438 left empty (anti-Flag antibody only, panel **E**), for use as reference.

439

#### 440 **Competing interest**

441 No potential conflict of interest was reported by the authors.

442

#### 443 **Financial Disclosure**

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446 collection and analysis, decision to publish, or preparation of the manuscript.

## 447 **References**

- 448 1. Wu F, Zhao S, Yu B, Chen Y-M, Wang W, Song Z-G, et al. A new coronavirus associated  
449 with human respiratory disease in China. *Nature*. marzo 2020;579(7798):265–9.
- 450 2. Wu J, Deng W, Li S, Yang X. Advances in research on ACE2 as a receptor for 2019-nCoV.  
451 *Cell Mol Life Sci CMLS*. gennaio 2021;78(2):531–44.
- 452 3. Dolgin E. The race for antiviral drugs to beat COVID - and the next pandemic. *Nature*. aprile  
453 2021;592(7854):340–3.
- 454 4. Stoilova T, Colombo L, Forloni G, Tagliavini F, Salmona M. A new face for old antibiotics:  
455 tetracyclines in treatment of amyloidoses. *J Med Chem*. 8 agosto 2013;56(15):5987–6006.
- 456 5. Francini E, Miano ST, Fiaschi AI, Francini G. Doxycycline or minocycline may be a viable  
457 treatment option against SARS-CoV-2. *Med Hypotheses*. novembre 2020;144:110054.
- 458 6. Sodhi M, Etminan M. Therapeutic Potential for Tetracyclines in the Treatment of COVID-19.  
459 *Pharmacotherapy*. maggio 2020;40(5):487–8.
- 460 7. Ohe M, Furuya K, Goudarzi H. Tetracycline plus macrolide: A potential therapeutic regimen  
461 for COVID-19? *Biosci Trends*. 23 gennaio 2021;14(6):467–8.
- 462 8. Gautam SS, Gautam CS, Garg VK, Singh H. Combining hydroxychloroquine and  
463 minocycline: potential role in moderate to severe COVID-19 infection. *Expert Rev Clin*  
464 *Pharmacol*. novembre 2020;13(11):1183–90.
- 465 9. Malek AE, Granwehr BP, Kontoyiannis DP. Doxycycline as a potential partner of COVID-19  
466 therapies. *IDCases*. 2020;21:e00864.

- 467 10. Singh H, Chauhan P, Singh J, Saurabh null, Gautam CS, Kakkar AK. Concomitant use of  
468 dexamethasone and tetracyclines: a potential therapeutic option for the management of severe  
469 COVID-19 infection? *Expert Rev Clin Pharmacol.* marzo 2021;14(3):315–22.
- 470 11. Mosquera-Sulbaran JA, Hernández-Fonseca H. Tetracycline and viruses: a possible treatment  
471 for COVID-19? *Arch Virol.* gennaio 2021;166(1):1–7.
- 472 12. Lucchetti J, Fracasso C, Balducci C, Passoni A, Forloni G, Salmona M, et al. Plasma and  
473 Brain Concentrations of Doxycycline after Single and Repeated Doses in Wild-Type and  
474 APP23 Mice. *J Pharmacol Exp Ther.* 1 gennaio 2019;368(1):32–40.
- 475 13. Chaves Filho AJM, Gonçalves F, Mottin M, Andrade CH, Fonseca SNS, Macedo DS.  
476 Repurposing of Tetracyclines for COVID-19 Neurological and Neuropsychiatric  
477 Manifestations: A Valid Option to Control SARS-CoV-2-Associated Neuroinflammation? *J*  
478 *Neuroimmune Pharmacol Off J Soc NeuroImmune Pharmacol.* giugno 2021;16(2):213–8.
- 479 14. Zhao TY, Patankar NA. Tetracycline as an inhibitor to the SARS-CoV-2. *J Cell Biochem.*  
480 luglio 2021;122(7):752–9.
- 481 15. Bharadwaj S, Lee KE, Dwivedi VD, Kang SG. Computational insights into tetracyclines as  
482 inhibitors against SARS-CoV-2 Mpro via combinatorial molecular simulation calculations.  
483 *Life Sci.* 15 settembre 2020;257:118080.
- 484 16. Gendrot M, Andreani J, Jardot P, Hutter S, Delandre O, Boxberger M, et al. In Vitro Antiviral  
485 Activity of Doxycycline against SARS-CoV-2. *Mol Basel Switz.* 31 ottobre  
486 2020;25(21):E5064.
- 487 17. Yates PA, Newman SA, Oshry LJ, Glassman RH, Leone AM, Reichel E. Doxycycline  
488 treatment of high-risk COVID-19-positive patients with comorbid pulmonary disease. *Ther*  
489 *Adv Respir Dis.* dicembre 2020;14:1753466620951053.

- 490 18. Gironi LC, Damiani G, Zavattaro E, Pacifico A, Santus P, Pigatto PDM, et al. Tetracyclines in  
491 COVID-19 patients quarantined at home: Literature evidence supporting real-world data from  
492 a multicenter observational study targeting inflammatory and infectious dermatoses. *Dermatol*  
493 *Ther.* gennaio 2021;34(1):e14694.
- 494 19. Alam MM, Mahmud S, Rahman MM, Simpson J, Aggarwal S, Ahmed Z. Clinical Outcomes  
495 of Early Treatment With Doxycycline for 89 High-Risk COVID-19 Patients in Long-Term  
496 Care Facilities in New York. *Cureus.* 11 agosto 2020;12(8):e9658.
- 497 20. Home - ClinicalTrials.gov [Internet]. [citato 22 giugno 2021]. Disponibile su:  
498 <https://clinicaltrials.gov/>
- 499 21. Join the PRINCIPLE Trial — PRINCIPLE Trial [Internet]. [citato 22 giugno 2021].  
500 Disponibile su: <https://www.principletrial.org>
- 501 22. Massignan T, Boldrini A, Terruzzi L, Spagnolli G, Astolfi A, Bonaldo V, et al. Antimalarial  
502 Artefenomel Inhibits Human SARS-CoV-2 Replication in Cells while Suppressing the  
503 Receptor ACE2. *ArXiv200413493 Cond-Mat Physicsphysics Q-Bio* [Internet]. 5 gennaio 2021  
504 [citato 22 giugno 2021]; Disponibile su: <http://arxiv.org/abs/2004.13493>
- 505 23. Saivin S, Houin G. Clinical pharmacokinetics of doxycycline and minocycline. *Clin*  
506 *Pharmacokinet.* dicembre 1988;15(6):355–66.
- 507 24. Vatansever EC, Yang KS, Drelich AK, Kratch KC, Cho C-C, Kempaiah KR, et al. Bepridil is  
508 potent against SARS-CoV-2 in vitro. *Proc Natl Acad Sci U S A.* 9 marzo  
509 2021;118(10):e2012201118.
- 510 25. Wu C, Liu Y, Yang Y, Zhang P, Zhong W, Wang Y, et al. Analysis of therapeutic targets for  
511 SARS-CoV-2 and discovery of potential drugs by computational methods. *Acta Pharm Sin B.*  
512 maggio 2020;10(5):766–88.

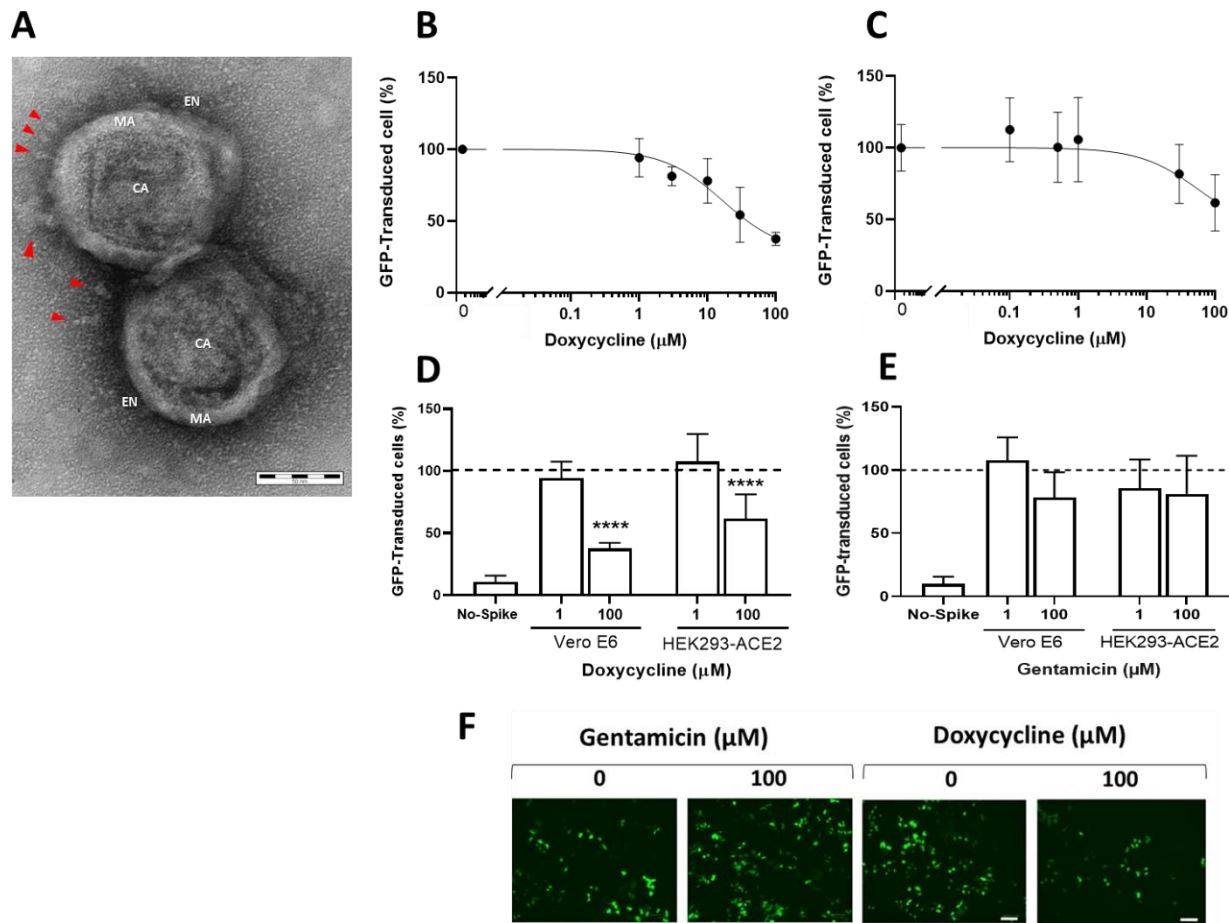
- 513 26. Caruso A, Caccuri F, Bugatti A, Zani A, Vanoni M, Bonfanti P, et al. Methotrexate inhibits  
514 SARS-CoV-2 virus replication «in vitro». *J Med Virol.* marzo 2021;93(3):1780–5.
- 515 27. O’Donnell VB, Thomas D, Stanton R, Maillard J-Y, Murphy RC, Jones SA, et al. Potential  
516 Role of Oral Rinses Targeting the Viral Lipid Envelope in SARS-CoV-2 Infection. *Funct Oxf*  
517 *Engl.* 2020;1(1):zqaa002.
- 518 28. Wang C, Williams NS. A mass balance approach for calculation of recovery and binding  
519 enables the use of ultrafiltration as a rapid method for measurement of plasma protein binding  
520 for even highly lipophilic compounds. *J Pharm Biomed Anal.* 5 marzo 2013;75:112–7.
- 521 29. Beeg M, Nobili A, Orsini B, Rogai F, Gilardi D, Fiorino G, et al. A Surface Plasmon  
522 Resonance-based assay to measure serum concentrations of therapeutic antibodies and anti-  
523 drug antibodies. *Sci Rep.* 14 febbraio 2019;9(1):2064.
- 524 30. Karlsson R, Katsamba PS, Nordin H, Pol E, Myszka DG. Analyzing a kinetic titration series  
525 using affinity biosensors. *Anal Biochem.* 1 febbraio 2006;349(1):136–47.
- 526 31. Caccuri F, Zani A, Messali S, Giovanetti M, Bugatti A, Campisi G, et al. A persistently  
527 replicating SARS-CoV-2 variant derived from an asymptomatic individual. *J Transl Med.* 23  
528 settembre 2020;18(1):362.

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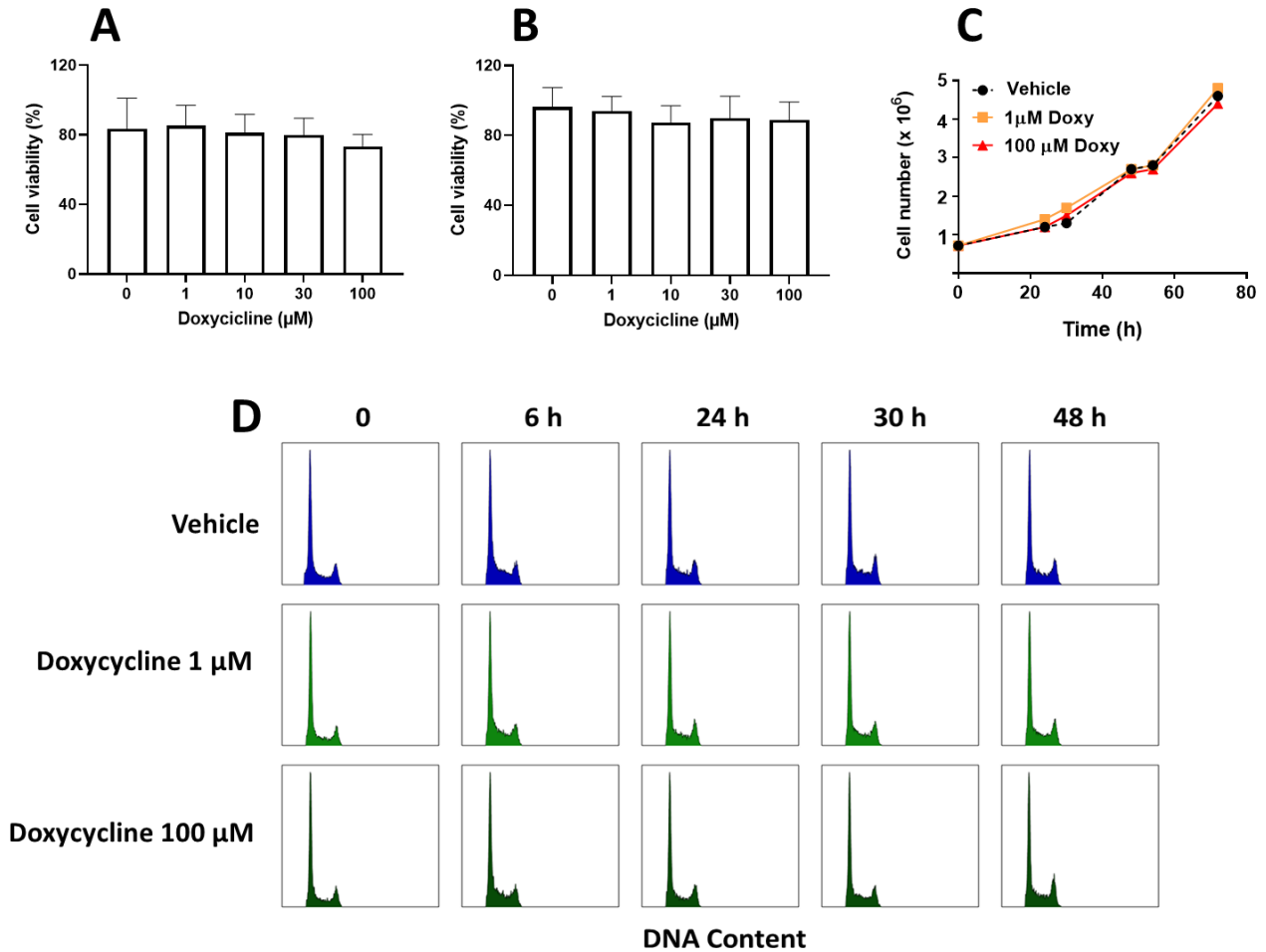


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533

534 **Fig 1. Doxycycline inhibited the transduction of pseudotyped retroviral vector exposing the**  
535 **SARS-CoV-2 S protein. (A)** Representative image of two isolated pseudotyped retrovirus particles  
536 exposing the SARS-CoV-2 S protein. CA, capsid; EN, envelope; MA, matrix; spikes are indicated  
537 by red arrowheads. Scale bar 50 nm. Dose-response effect of doxycycline in (B) VeroE6 and (C)  
538 HEK293-ACE2 cells. The y-axis showed the mean  $\pm$  SD percentage of GFP-transduced cells in  
539 relation to control cells. The top limit was set as the average-vehicle only control percentage of this  
540 assay. Effects of (D) 1 or 100  $\mu$ M doxycycline and gentamicin 1 or 100  $\mu$ M (E) on transduction of  
541 the pseudotyped retroviral vector with SARS-CoV-2 S protein in Vero E6 and HEK293-ACE cells.  
542 Data are the mean  $\pm$  SD of the percentage of GFP-transduced cells in relation to control cells  
543 transduced with vehicle only (dotted line). The percentage of Vero E6 cells transduced with the

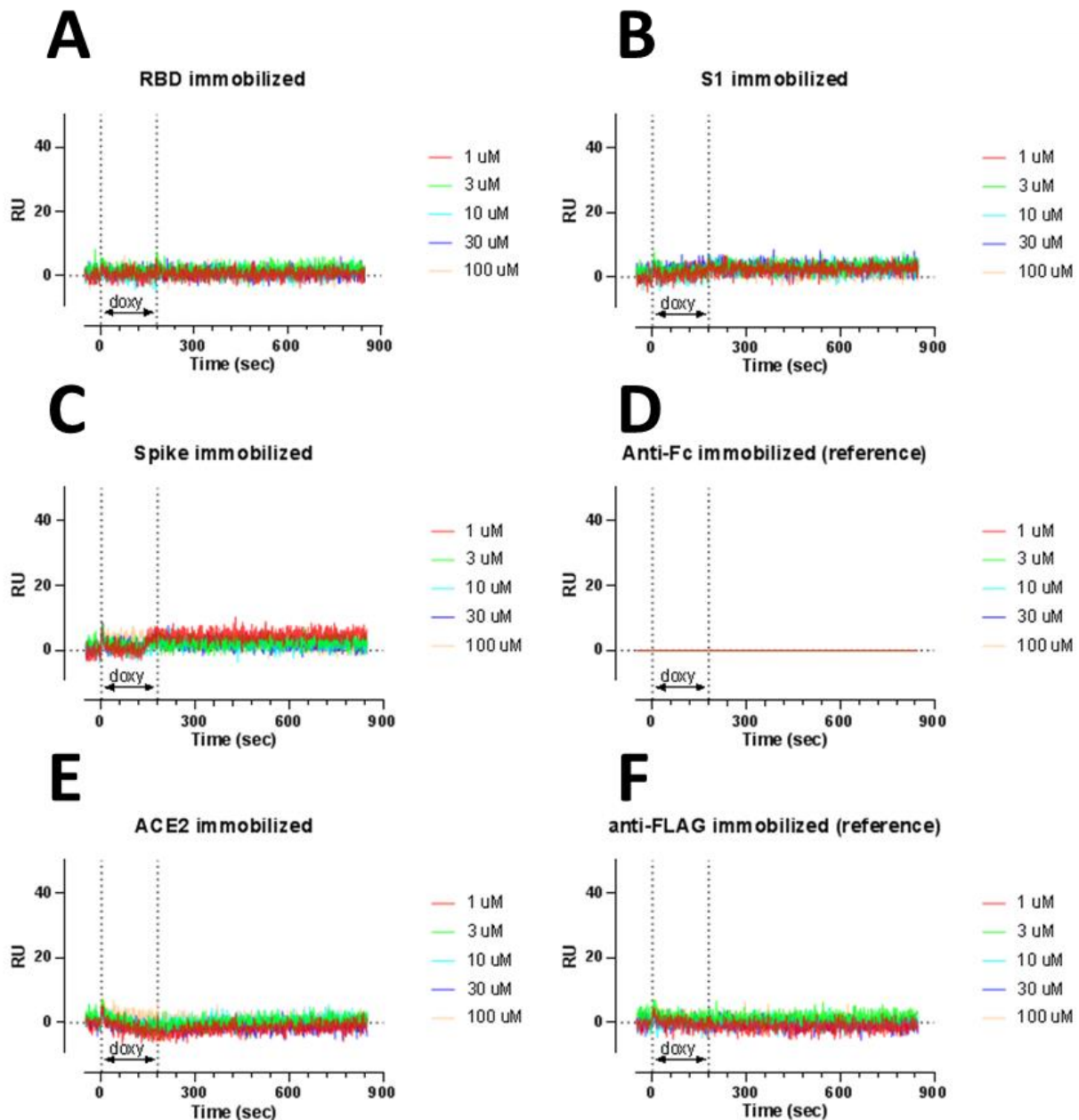
544 retroviral vector without SARS-CoV-2 S protein (No-Spike) is reported as negative control.  
545 \*\*\*\* $p < 0.0001$  vs vehicle according to one-way Anova and Bonferroni's *post hoc* test. (F)  
546 Representative fluorescence microscopy images of HEK293-ACE2 cells infected with the retroviral  
547 vector and treated or not with gentamicin or doxycycline. Scale bar 100  $\mu\text{m}$ .



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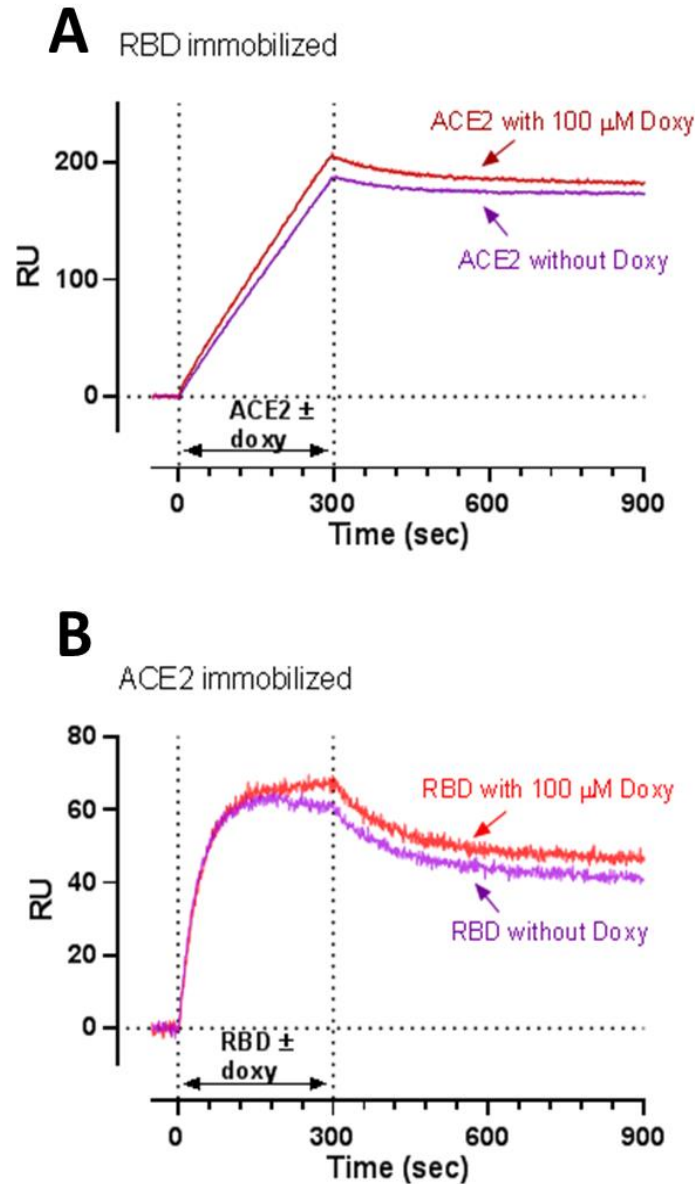
550 **Fig 2. Doxycycline did not affect cell viability and proliferation.** Cell viability of (A) Vero E6 and  
551 (B) HEK293-ACE2 cells treated with different concentrations of doxycycline, in the MTT assay.  
552 Data are the mean  $\pm$  SD percentage of viable cells, in relation to control cells (treated with vehicle  
553 only, no doxycycline), from three independent experiments. (C) Cell proliferation assay for HEK293-  
554 ACE2 cells, days 1–3, investigating the effects of 1 and 100  $\mu\text{M}$  doxycycline (Doxy). (D) Cell cycle  
555 progression assay of HEK293-ACE2 cells treated with 1 or 100  $\mu\text{M}$  doxycycline for 6 h up to 48 h.



556

557 **Fig 3. Surface plasmon resonance shows no direct binding of doxycycline to S, S1, RBD and**  
558 **ACE2 proteins.** Doxycycline was flowed for 180 secs (as indicated) over parallel flow channels of  
559 the same sensor chip on which we had previously captured Fc-RBD, Fc-S1 and Fc-S (by anti-Fc  
560 antibody) or Flag-ACE2. Two flow channels were only coated with (C) anti-Fc or (E) anti-Flag  
561 antibodies. Doxycycline was injected at concentrations from 1 to 100  $\mu$ M, in PBST pH 7.4 with short  
562 dissociation times between, without regeneration steps. The graphs show the sensorgrams obtained  
563 after subtraction of the SPR signal on the anti-Fc antibody, used as reference (C). The sensorgrams

564 shows there was no “specific” binding to the protein of interest, even at the highest concentration  
565 (100  $\mu$ M).



566

567 **Fig 4. Surface plasmon resonance analysis showing no inhibitory effect of doxycycline on ACE2-**

568 **RBD interaction.** ACE2-RBD interaction was evaluated either by flowing ACE2 (10 nM) over

569 immobilized **(A)** RBD or, viceversa, **(B)** RBD (60 nM) over immobilized ACE2. This interaction was

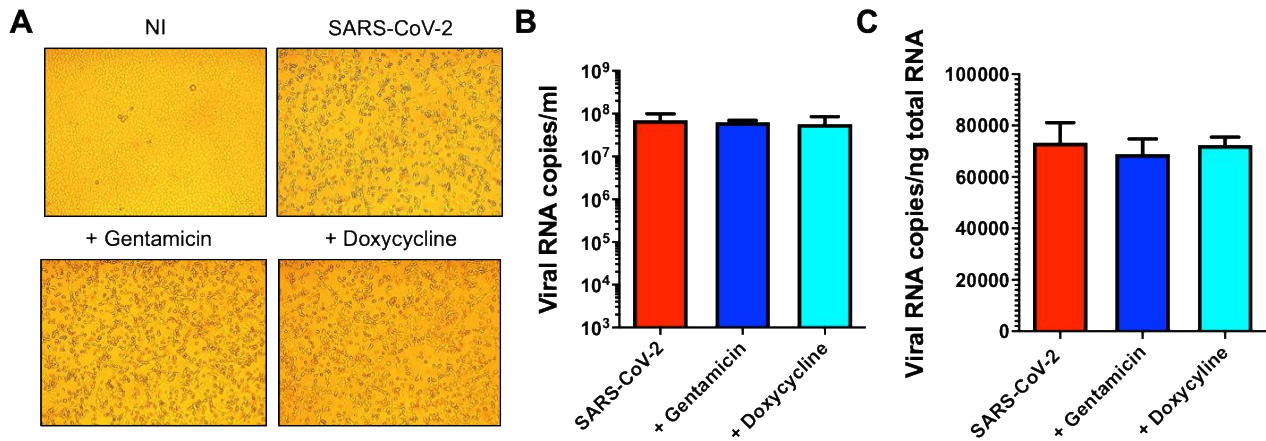
570 evaluated either in the absence or presence of 100  $\mu$ M doxycycline. In particular, we preincubated the

571 proteins for 60 min at room temperature with doxycycline or its vehicle, and then injected the mixture

572 over the chip-immobilized protein binding partners for 300 secs, as indicated. The graphs show the

573 sensorgrams after subtraction of the SPR signal on reference surfaces (anti-Fc antibody for RBD; or

- 574 anti-Flag antibody for ACE2). These are representative sensorgrams from one experimental session.
- 575 Results were similar in three independent sessions.

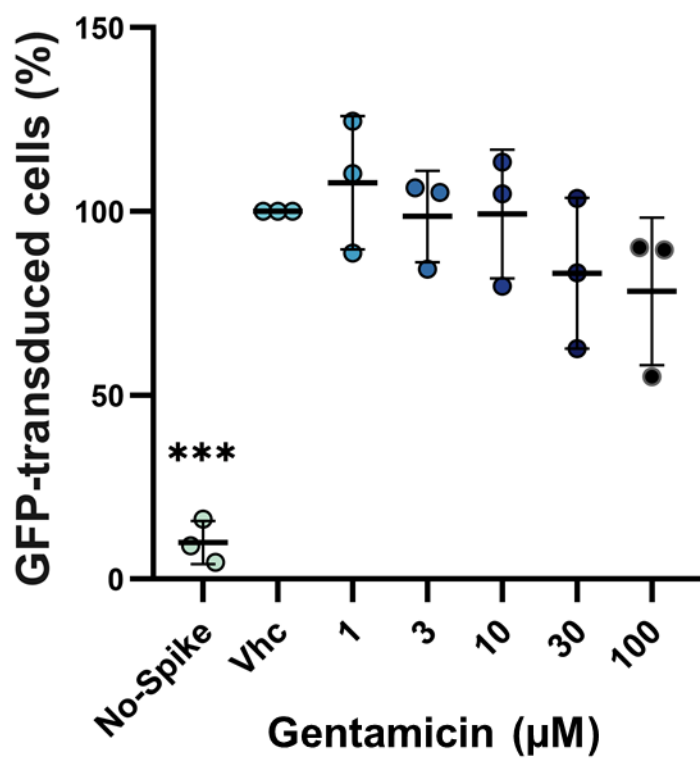


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578 **Fig 5. Doxycycline did not inhibit SARS-CoV-2 authentic virus replication.** Vero E6 cells were  
579 pretreated for 4 h with doxycycline or gentamicin (100  $\mu$ M), then infected with SARS-CoV-2 at a  
580 multiplicity of infection (MOI) of 0.01 for 1 h at 37°C with doxycycline or gentamicin (100  $\mu$ M).  
581 Cells were then washed and cultured for 48 h in fresh medium containing doxycycline or gentamicin  
582 (100  $\mu$ M). Non-infected cells (NI) or cells infected without doxycycline or gentamicin treatment  
583 (SARS-CoV-2) were used as controls. (A) Cells were imaged with an optical microscope to detect  
584 typical SARS-CoV-2-induced cytolitic effects (original magnification 10X). (B) Viral yield was  
585 quantified in the cell supernatant by qRT-PCR. (C) Quantification of SARS-CoV-2 genomes at the  
586 intracellular level by qRT-PCR. Data are the mean  $\pm$  SD of at least three independent replicates.

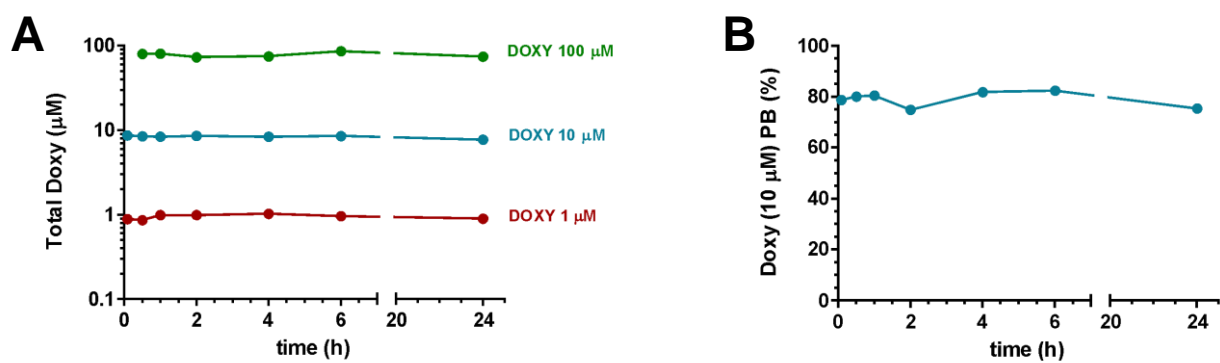




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588 S1 Fig. Dose-response effect of gentamicin in VeroE6 cells.

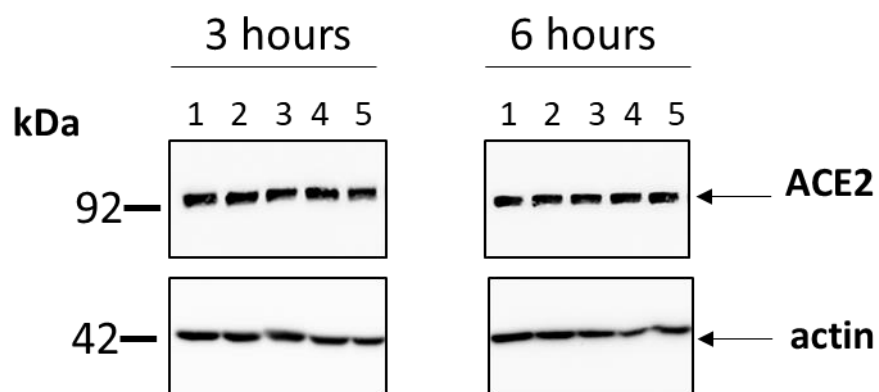
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592 **S2 Fig. Stability and bioavailability of doxycycline in cell medium.**



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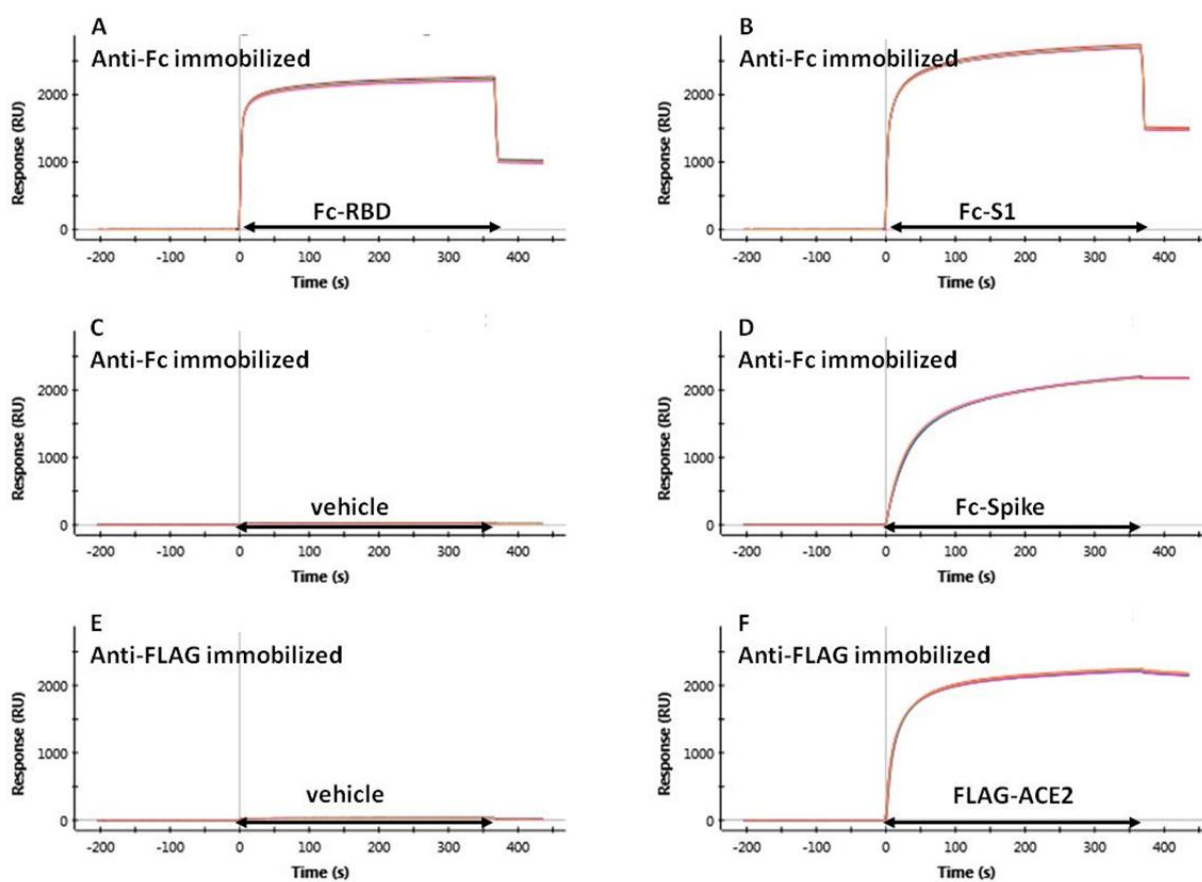
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597 **S3 Fig. Effect of doxycycline on ACE-2 expression.**

598



599

600

601 **S4 Fig. Preparation of the chip surface for surface plasmon resonance analysis.**