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Review Article

AN COMPREHENSIVE OVERVIEW ON IN SILICO TRIALS**Miss.Abburi Priyanka, Mrs.J.Bharathi, Dr.K.Venu Gopal**¹Final year B Pharmacy, Krishna Teja Pharmacy College, Tirupati – 517 506.^{2,3} Department of Pharmaceutics, Krishna Teja Pharmacy College, Tirupati – 517 506.**Abstract:**

In silico studies are those that use computer software to create a virtual world within a computer. The task of finding novel drugs in the pharmaceutical industry is greatly aided by these drug design software programs. These designing tools and programs are used in molecular modelling, gene sequencing and evaluating the three dimensional structure of molecules, which can then be applied to the design and development of design. In addition to being a potent, comprehensive, and multidisciplinary system, drug development and discovery is also an extremely difficult and time consuming process the primary focus of this book chapter was on various in silico methods types and their medicinal applications in various disorders it is demonstrated that in silico methods are computationally based techniques that use mathematical algorithms and computer simulations to examine the structure characteristics and activities of molecules.

In silico trials helps to minimize the errors such as data errors. It can predict the therapeutic potential of new drugs. This in silico techniques are mostly applied in the pharmaceutical production of invitro data to build models that facilitate the identification of new compounds by providing insight into their futures related to absorption, distribution, metabolism, and excretion.

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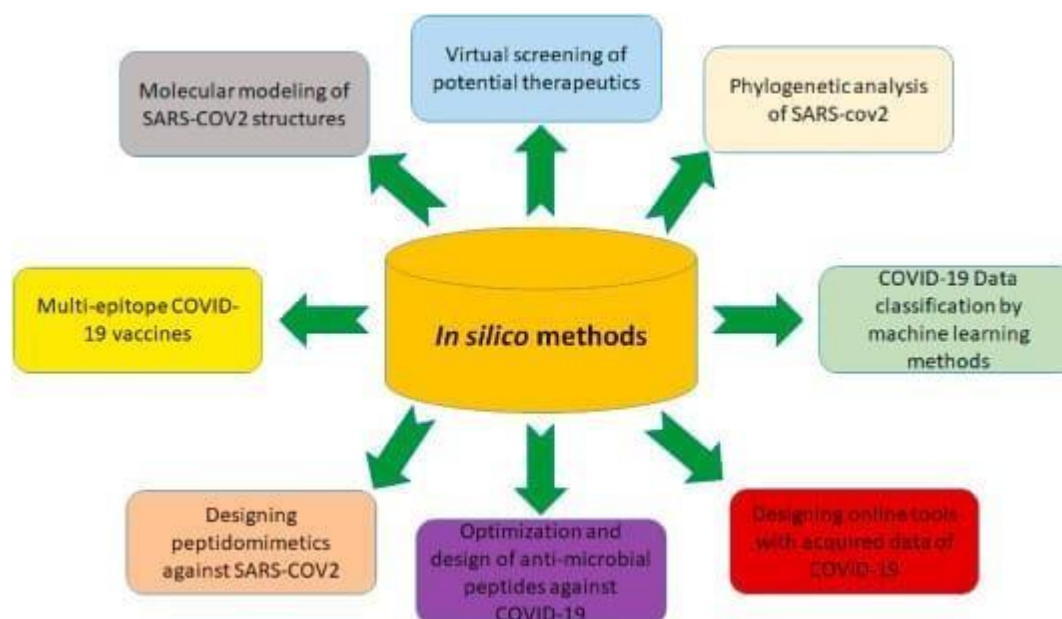


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INTRODUCTION:

Bioinformatics is an area of biology that focuses on the use of computer-based methods for studying the biological systems, which could provide some precise predictions that might come true in laboratory studies and clinical trails. The emergence of computer-based biological methods has revolutionized the life science studies, and thanks to the bioinformatics methods, a lot of pressure related to the costs of laboratory works and animal sacrifices has been reduced from medical centres. The *in silico* techniques is useful to categorize the proteins based on their function and structure, and is helpful for developing servers for assorting these molecules are used by machine learning (ML) method. Moreover, the *in-silico* methods of studying molecular interaction; such as molecular receptor complexes docking could be used for analysing the potential natural therapeutics ligands and. These methods could also provide information regarding the unknown molecular structures, including enzymes and their potential ligands, which could be important in future genetic of biotherapy agents, engineering studies in different area of biotechnology. These *in silico* methods also be used for optimizing the structure like decoy ODNs, and it suppress cancer cells and various malignancies, such as colorectal and breast cancer. These advents come really useful for developing modern therapeutics, for example

designing the multi-epitope vaccine constructs that are a new type of vaccines, with more benefits than the previous ones. one of the critical conditions in which bioinformatics and *in silico* methods proved their importance was during the COVID-19 outbreak the universal crisis of COVID-19 iscaused by Severe and acute respiratory syndrome coronavirus 2 (SARS-CoV-2), started at 2019 in Wuhan (d Since the beginning of this life threate10, 11 g crisis, many attempts have been devoted to study the different structures of this virus, providing molecular modelling of the viral structures, and to develop preventive and therapeutic agents against SARS-COV-. Since the beginning of the COVID-19 pandemic, experts in field of *in silico* studies have devoted a enormous contribution to healthcare providers by classification of COVID-19 related data through ML methods, presenting precise predictions regarding the new molecular structures in SARS-CoV-2, investigating the efficacy of potential drugs against different targets in COVID-19 virus, developing preventive agents such as vaccines, and analysing the potential therapeutic index of the natural products. Then improving the efficiency of the synthesized therapeutics; such as antimicrobial peptides and even designing the novel agents, like peptidomimetics to overcome this universal human life condition of threatening.



The overall goal of this study is to give a brief overview of the ways in which *in silico* techniques have been helpful in controlling the various parts of COVID-19 and the circumstances under which they may be applied in future. A schematic representation of how *in silico* techniques helped life science professionals enhance the calibre of the studies during COVID-19. We attempted to give a succinct overview of the prior research on employing *in silico* techniques to combat COVID-19 in this publication. The primary subjects covered include phylogenetic analysis and structural predictions for SARS-COV-2, medication virtual screening, compounds produced from natural sources, antimicrobial peptides and peptidomimetics SARS-COV-2 vaccine development, machine learning and artificial intelligence. The article last section describes how some modern *in silico* tools may be used to combat COVID-19 and discusses how these methods may also be applied to potential pandemics in the future.

IN SILICO IMAGING:

The process of imaging clinical trials is to provide targeted scientific answers to issues about the effectiveness of imaging processes and technologies for illness detection, diagnosis, therapy guidance, and monitoring. For both industry and government, imaging clinical studies can be onerous, frequently postponing patients access to innovative superior medical technologies. A large scale clinical trial is usually necessary for the evaluation of novel imaging technologies in order to show computational models have rarely been employed to support imaging goods, although they are occasionally used in the regulatory assessment of medical equipment.

The computer simulation of a complete imaging system, including source, object, detection, and image interpretation components, is known as "in silico imaging" and is used to support bench testing with research, development, optimization, technology assessment, and regulatory evaluation of new technologies [1]. With this broad definition, the term's usage are extended beyond the more traditional applications in the study and creation of new imaging technologies to fields where computer simulation has not yet been used extensively. The computer simulation of a complete imaging system, including source, object, detection, and image interpretation components, is known as "in silico imaging" and is used to support bench testing with research, development, optimization, technology assessment, and regulatory evaluation of new technologies [1]. This expansive definition broadens.

The term applications in fields where computer simulation has not yet been used extensively, going beyond its more traditional employment in the study and creation of new imaging technologies. For example, industry and regulators can utilize simulation tools to forecast the performance of new technology and gain a better understanding of improvements to existing devices. The term's applications in fields where computer simulation has not yet been used extensively, going beyond its more traditional employment in the study and creation of new imaging technologies. For example, industry and regulators can utilize simulation tools to forecast the performance of new technology and gain a better understanding of improvements to existing devices.

No *in silico* clinical imaging trial has been described until recently [3], despite the fact that numerous studies on the use of *in silico* imaging to examine the performance of radiation imaging systems have been published (see, for example, [2]). No *in silico* clinical imaging trial has been described until recently [3], despite the fact that numerous studies on the use of *in silico* imaging to examine the performance of radiation imaging systems have been published (see, for example, [2]). An *in silico* replication of a comparative human trial was used in the VICTRE study to show how this new method could promote the broad usage of *in silico* trials for regulatory review. Demonstrating the current maturity of *in silico* tools and proving that comparable regulatory judgments could be made using *in silico* data at a fraction of the expense of a clinical trial were the main objectives of the VICTRE project. An *in silico* replication of a comparative human trial was used in the VICTRE study to show how this new method could promote the broad usage of *in silico* trials for regulatory review. The main objective of the VICTRE project was to show the *in silico* tools' current level of development and offer proof that comparable proof that comparable regulatory decisions could be made using *in silico* information at a fraction of the price of a clinical study, which would require imaging of hundreds of patients gathered over many years and across multiple clinical sites. Despite the encouraging findings of VICTRE, there are still obstacles to the broad use of *in silico* methods for clinical trials. This is despite the fact that similar regulatory decisions could be made using *in silico* evidence at a fraction of the cost of a clinical trial, which would require imaging of hundreds of patients gathered over many years and across multiple clinical sites. Despite the encouraging results of VICTRE, there are still obstacles preventing the broad use of *in silico* methods for clinical trials.

VICTRE STUDY:

An in silico clinical imaging trial called VICTRE (Virtual Imaging Clinical Trial for Regulatory Evaluation) assessed digital breast tomosynthesis (DBT) as a substitute for digital mammography (DM). A recent human clinical trial [4] that double-exposed over 400 women to both modalities and had radiologists analyze their images was compared to the outcomes of the simulated trial. An in silico clinical imaging trial called VICTRE (Virtual Imaging Clinical Trial for Regulatory Evaluation) assessed digital breast tomosynthesis (DBT) as a substitute for digital mammography (DM). A recent human clinical trial [4] that double-exposed over 400 women to both modalities and had radiologists analyze their images was compared to the outcomes of the simulated trial. VICTRE, a computational reader used a performance task in which the target shape and location were known a priori and the shape did not differ from patient to patient or case to case (e.g., signal-known-exactly task) to interpret images acquired with in silico versions of DM and DBT systems via detailed Monte Carlo x-ray transport. Using an analytical method that involves randomly creating anatomical structures within a predefined volume and compressing them in the craniocaudal orientation, 2986 synthetic patients with breast sizes and radiographic densities representative of a screening population and compressed thicknesses ranging from 3.5 to 6 cm were produced. In silico DM and DBT systems were used to photograph digital patients. A group with cancer had spiculated or digitally added microcalcification cluster. The difference in the area under the receiver operating characteristic curve between lesion detection techniques served as the in-silico trial's end point. The study was sized to account for half the uncertainty in the comparative clinical trial, with a standard error of the mean (SE) of 0.01 in the change in area under the curve (AUC). The in silico trial's findings were examined and published for 31,055 DM. The difference in the area under the receiver operating characteristic curve between lesion detection techniques served as the in silico trial's end point. The study was sized to account for half the uncertainty in the comparative clinical trial, with a standard error of the mean (SE) of 0.01 in the change in area under the curve (AUC).

The general validity of the model assumptions is demonstrated by the consistency of the outcomes of the comparator and in silico trials. One must use caution, nevertheless, to avoid extrapolating the models to other situations, issues, or comparisons where they would not work. In any case, this is a relatively new area of study, and there is still much to learn about how reliable the in silico tools

provides a thorough statistical analysis of the VICTRE study outcomes. The general validity of the model assumptions is demonstrated by the consistency of the outcomes of the comparator and in silico trials. But one must be use caution, nevertheless, to avoid extrapolating the models to other situations, issues, or comparisons where they would not work. In any case, there is still a lot to learn about the robustness of the in silico techniques in this relatively new field of study. One must use caution, nevertheless, to avoid extrapolating the models to other situations, issues, or comparisons where they would not work. In any case, there is still a lot to learn about the robustness of the in silico techniques in this relatively new field of study.

LIMITATIONS:

It is important to note the limits of clinical trials for in silico imaging. A wide range of patient characteristics are produced by every clinical trial that gathers cases from a patient population [asymptomatic if the trial is for screening]. The age, ethnicity, breast size, and breast density of study participants in breast imaging trials all follow a target distribution that was predetermined during the trials design stage. Both people with and without abnormalities, as well as the abnormalities themselves, are subject to this variability. Due to this heterogeneity, the x-ray image shows a wide range of lesions in the experiment in terms of size attenuation characteristics, and other morphological parameters. The VICTRE patient population was not modelled with this diversity in mind.

The distortions caused by the presence of lesions in the surrounding normal breast structures were included after the breast models were physically crushed using finite-element techniques. Although this VICTRE model shortcoming may be readily overcome with an understanding of the physical characteristics of the lesions, the impact on both imaging modalities [DM and DBT] would be comparable. Blur is introduced by patient motion even though the breasts of the patients were physically squeezed during the DM and DBT assessments. Motion blur may have a greater impact on DBT than DM because DBT scan time is many times longer than DM. Patient motion was not taken into account by VICTRE models. The subject of motion during breast X-ray imaging method.

Lastly, the modelling of the medical decision-making with regard to each image was a significant area in the VICTRE study technique that required improvement. In the human experiment, radiologists

evaluated both breasts mediolateral oblique and craniocaudal views to interpret a complete case and assess the patients risk of having a malignant tumour .The radiologists job was to look for suspicious areas throughout the entire picture or entire image collection and assess the likelihood of malignancy .The results of the VICTRE investigation would ultimately have led to the one made by the food and drug administration based on the comparative human trial .Progress is encouraging in this field ,even though the VICTRE study findings are not readily transferable to other imaging devices and further research is required to validate the In silico clinical imaging trial approach .

INTEGRATION INTO DRUG DEVELOPMENT:

The final stage of preclinical drug development is IND submission preparation in order to get ready for regulatory review .physiologically based pharmacokinetic models in particular are essential for compiling extensive data packages that validate the safety ,effectiveness and pharmacokinetic claims of novel medications .Scientists carefully gather simulation data at this point in order to comply with regulatory requirements and make sure the novel investigational medications are prepared for clinical studies .

CREDIBILITY ASSESSMENT PROCESS:

The risk informed credibility assessment framework depicted .2018 standard ,assessing credibility of computational modelling through verification and validation .A issue of interest ,which is typically focused on a particular facet of a medical devices functional performance that is connected to its safety and efficacy ,is the first step in the credibility evaluation process .In practical terms ,the data obtained from various preclinical investigations can provide a response to the question of interest the term ‘context of use [COU] is used by the standard to describe the role of modelling and simulation in answering the issue of interest for those topics can be answered wholly or in part with those tools.

With permission from the American society of mechanical engineers ,the risk informed credibility assessment framework of ASME V&V40 -2018 is reproduced .

BAYESIAN MODELS AND GREY BOX MODELS:

The posterior probability in Bayesian models is the sum of the likelihood, which is influenced by aleatoric mistakes and is informed by observational data, and the prior probability, which, if informed by a priori knowledge, can be expected to effect largely

the epistemic error [31], [32], and [33]. A wide range of modeling techniques are included in the very broad category of "grey-box" models. The posterior probability in Bayesian models is the sum of the likelihood (which is influenced by aleatoric mistakes and is informed by observational data) and the prior probability (which, if informed by a priori knowledge, can be expected to effect solely the epistemic error)

[31] , [32], and [33]. A wide range of modeling techniques are included in the very broad category of "grey-box" models.

The Nonlinear AutoRegressive Moving Average with eXogenous input (NARMAX) model is a suitable illustration [34], [35]. These approaches typically rely on mathematical models that can only mechanistically explain a portion of the phenomenon; the remaining system behavior(s) are fully explained by phenomenological models. The Nonlinear AutoRegressive Moving Average with eXogenous input (NARMAX) model is a suitable illustration [34], [35]. These approaches typically rely on mathematical models that can only mechanistically explain a portion of the phenomenon; the remaining system behavior(s) are fully explained by phenomenological models.

For these kinds of models, the credibility method outlined in V&V 40 may still be helpful. Making any assumptions about how the epistemic error changes with the model inputs is challenging, though, due to the nature of these models. Therefore, it can be difficult to support the idea that validation operations are applicable to the topic of interest, which may use a distinct set of model inputs. For these kinds of models, the credibility method outlined in V&V 40 may still be helpful. Making any assumptions about how the epistemic error changes with the model inputs is challenging, though, due to the nature of these models. Consequently, taking into account how well validation efforts relate to the relevant question. (which can make use of a distinct set of model inputs) can be difficult to defend. As a first educated guess, we would advise designing validation studies with a sizable number of points in the input space and never trusting any prediction produced beyond the range of validated inputs. (which can make use of a distinct set of model inputs) can be difficult to defend. As a first educated guess, we would advise designing validation studies with a sizable number of points in the input space and never trusting any prediction produced beyond the range of validated inputs.

ETHICAL AND LEGAL ISSUES OF IN SILICO MEDICINE:

Although technicians are putting a lot of effort into

designing , developing ,and testing in silico healthcare applications stakeholders are aware that a number of infrastructure and cultural concerns must be resolved before in silico medicine and digital technologies in general can be fully used .

Cultural issues ;because of the stigma associated with the unreal ,there may be reluctance and resistance to the validity of simulated events .When requested to use CM&S based systems

,healthcare workers may not have the necessary degree of skill ,which could necessitate extensive training .This could be detrimental to CM&S's clinical efficacy ,particularly in the early going regarding apps that are directly targeted at citizens ,the degree of literacy and knowledge .Important digital infrastructure ,such as quick communication ,networks ,powerful computers and large amounts of storage ,are needed for CM&S- based applications .however this infrastructure is not always available for all intended users which compromises a public healthcare approach to the use of digital technology .This should be examined as one of the equity concerns that are taken into account when accessing the social impact of a proposed technology .A number of techniques are put forth to obtain the data required to evaluate the social domain of the HTA for a particular technology .

[a]evaluation of the body of research, ideally using systematic methodologies: in the event that the main questions remain unanswered based on the findings of previous studies , new primary studies involving participants and subject matter experts [mainly doctors] .

According to the European network for health technology assessment ,conducting HTA assessments in the social domain requires significant social science ,health services research ,health sociology ,medical decision making ,medical ethics ,medical sociology ,and science and technology studies are especially helpful for carrying out the analyses suggested in table 1 naturally ,moral principles and ideals must be upheld by norms ,ethical and legal concerns frequently intersect .We have decided to cover these topics in a single section as a result .Systemic changes require a discussion about their expected ethical influence among stakeholders ,in keeping with a cultural understanding of science and technology as democratized domains .Early detection and assessment of ethical difficulties can help modern society be better equipped to handle moral quandaries in the future .It can also direct research and development efforts or usage patterns to prevent or reduce unethical outcomes .

A. colleagues have identified three components of informed consent :

The issue with the transparency ,or explanation ,stems from a reluctance to reveal how algorithmic reasoning works ,which contradicts the statutory right to an explanation on the use of data .Transparency should clarify the context and potential harm caused by a decision ,rather than providing a detailed explanation of technical details that could overwhelm the subjects .The issue of repurposed data sets ,rendering the original consent invalid .In order to use data for study in the future ,proper authorization must be obtained .this is an essential Some requirement for in silico medicine information .

B. The defense of private individuals against the improper use of their personal information, including as a result of security breaches, for purposes such as discrimination in the workplace, insurance contract screening and social stigma. In this sense deidentification might not be enough to guarantee anonymization, as Roacher and colleagues have demonstrated in an intriguing method. They discovered that by utilizing 15 demographic variables 99.8% of Americans could be accurately reidentified in the any dataset creation of virtual data from real data is a novel approach to addressing the problem of big health data sharing .This type of data protects privacy by adding statistically similar information to anonymized data, which keeps the possibility of drawing legitimate statistical inferences intact

C. The requirement for standardized data, which also calls for data formatting uniformity. This is a significant issue for economies in low and middle sharing platforms income countries as well as high income nations. Adopting uniform international ai laws and guidelines can assist in resolving this issue and fostering innovation.

CONCLUSION:

In accordance with recently released standards and recommendations ,the purpose of this study was to present a comprehensive overview of the process of evaluating the credibility of predictive biological models.

Believe that models used in applies biomedical research should be subject to the same level of scrutiny as those used in the development of these standards and recommendations, eventhough we they were interested to review models used to evaluate new medical devices. The ASME V&V 40 2018 standard provides a strong foundation for the

examination of the reliability of mechanistic, physics-based models used in the regulatory assessment of innovative medical devices. On the other hand, care should be taken when assessing the reliability of alternative model types, like agent based, grey box, or machine learning models.

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