TITLE

Novel therapy for gastric cancer peritoneal dissemination using genetically modified dental

pulp cells and astatine-211

AUTHORS

Komei Kuge[1,2], Wan-Ying Du[1], Hiroki Masuda[1,2], Tomohiko Yasuda[1,2], Toshifumi Tatsumi[3],

Xiaojie Yin[4], Masao Yoshino[5], Akira Sugiyama[6], Ryohei Numata[7], Wataru Yokoyama[7], Hidenori

Shibahara[7], Tomoko Tanaka[3], Mika Kobayashi[3], Akashi Taguchi[3], Takahide Kohro[8], Naoko

Takubo[3], Masahiro Nakamura[3], Jaewoong Jang[3], Yoshitaka Kumakura[3,9], Hiroshi Yoshida[2], Akira

Yoshikawa[5,10], Hiromitsu Haba[4], Youichiro Wada[3]*, Kiwamu Imagawa[7]**, and Sachiyo

Nomura[1,3,6]***

CORRESPONDENCE

*Co-corresponding author. Email: wada-y@ric.u-tokyo.ac.jp

** Co-corresponding author. Email: imagawa-k@jp.jcrpharm.com

*** Co-corresponding author. Email: sachiyo.nomura1012@gmail.com

AFFILIATIONS

[1] Department of Gastrointestinal Surgery, Graduate School of Medicine, The University of Tokyo

[2]Department of Surgery, Graduate School of Medicine, Nippon University

[3]Isotope Science Center, The University of Tokyo

[4]Nishina Center for Accelerator-Based Science, RIKEN

[5]Institute for Materials Research, Tohoku University

[6]Clinical Pharmaceutical Sciences, School of Pharmacy and Pharmaceutical Sciences, Hoshi

University

[7]Regenerative Medicine Unit, Drug Discovery Research Institute, Research Division, JCR

Pharmaceuticals Co., Ltd.

[8] Department of Clinical Informatics, Jichi Medical School

[9]Department of Diagnostic Radiology and Nuclear Medicine, Saitama Medical Center, Saitama

Medical University

[10]New Industry Creation Hatchery Center, Tohoku University

SUMMARY

34   Peritoneal dissemination of gastric cancer is a terminal stage with limited treatment

options and a five-year survival rate below 10%. To develop a more effective treatment, we

created a new approach that uses genetically engineered human dental pulp cells (DPCs) that

express the sodium/iodide symporter (NIS). These cells (NIS-DPCs) deliver astatine-211 (At-

211) directly to tumor sites. When injected intraperitoneally into a mouse model of gastric cancer

dissemination, DPCs, which were isolated and expanded, showed strong tumor-homing ability.

Chemotaxis mediated by the CXCR4/SDF-1 axis has been reported to play a role in this

accumulation. In addition to histological analysis, fluorescent imaging confirmed the selective

accumulation of NIS-DPCs within tumor lesions. Introducing the NIS gene markedly increased

SLC5A5 expression, enabling efficient At-211 uptake. To avoid nonspecific binding, sodium At-

211 was utilized. High-resolution alpha-particle imaging visualized alpha-ray emission

specifically from NIS-DPCs, confirming the radionuclide's intracellular retention. *In vivo*, the

sequential administration of NIS-DPCs, followed by Na[At-211], resulted in the pronounced

regression of peritoneal tumors and a significant extension of survival compared to controls. The

therapeutic mechanism involves three coordinated steps: tumor-directed migration of NIS-DPCs,

At-211 uptake via NIS transporters, and localized alpha-particle–mediated cytotoxicity. This

study introduces the novel concept of cell-based alpha-radiotherapy, which integrates

regenerative and nuclear medicine. Due to the well-documented safety profile of DPCs in human

clinical trials (J-REPAIR, jRCT1080224505), the NIS-DPC platform emerges as a promising

approach for the precise, localized irradiation of disseminated gastric cancer and other challenging

malignancies.

INTRODUCTION

Peritoneal dissemination, a common terminal manifestation of gastric cancer, is classified as stage IV disease. It has a 5-year survival rate of less than 10%. Current therapeutic options are largely palliative, highlighting the urgent need for new treatment strategies with curative potential (Ref. Kanda, 2020).

Previously, we established a murine gastric cancer peritoneal dissemination cell line (YTN16) (Ref. Yamamoto 2018) and demonstrated the efficacy of targeted alpha-particle therapy using astatine-211 (At-211) (Ref. Watabe, 2025), a radionuclide with a high linear energy transfer and a 7.2-hour half-life. An anti-fibroblast growth factor receptor 4 (FGFR4) antibody, selected for its high expression on YTN16 cells, was conjugated to At-211 via a halogen-tin exchange reaction. *In vivo* biodistribution studies in a syngeneic C57BL/6J peritoneal dissemination model revealed that intraperitoneal administration resulted in peak peritoneal radioactivity at 4.5 hours. This treatment produced significant tumor regression and extended survival compared with untreated controls.

However, the therapeutic window is limited by the time required for antigen-antibody binding (approximately 24 hours) and the physical half-life of At-211. To improve delivery kinetics, we sought a vehicle capable of rapidly homing to the tumor microenvironment. Tumors

actively recruit stromal fibroblasts to form cancer-associated fibroblasts (CAFs), and

mesenchymal stem cells (MSCs) have similar tumor-tropic properties (Ref. Rosu, 2024). We

investigated dental pulp cells (DPCs), developed by JCR Pharmaceuticals, as a potential vehicle.

DPCs have an established manufacturing process and have been demonstrated to be safe in a

phase 1/2 clinical trial for acute ischemic stroke (Ref. jRCT1080224505).

In this study, we evaluate NIS-DPCs as a biologic vector for targeted alpha-particle

therapy in gastric cancer peritoneal dissemination. We hypothesize that leveraging the tumor-

homing ability of NIS-DPCs can facilitate the delivery of At-211 to the tumor niche, thereby

overcoming the limitations of radioimmunotherapy and enabling improved therapeutic efficacy

and survival outcomes.

RESULTS

Preparation and characteristics of DPCs

Dental pulp cells (DPCs) are located in dental pulp, which is the soft connective tissue

found inside teeth (Figure 1a). These cells play a key role in tooth vitality by producing dentin,

supporting sensory functions, and participating in immune defense and tissue repair (Ref. Nito).

Following dental pulp extraction, mild enzymatic digestion was performed to loosen the

extracellular matrix. Then, mechanical mincing produced small tissue pieces. These explants were

placed in culture to allow for the maintenance and expansion of DPCs (Ref. Gronthos) (Figure

1b). DPCs were able to expanded using a culture medium; however, no proliferation was observed

in soft agar, suggesting that they were not tumorigenic when injected *in vivo* (Figure 1c).

Confirmation of DPC accumulation in peritoneal tumor tissue

To evaluate the specificity of tumor-directed accumulation, 1.0×10^6 DPCs were

injected intraperitoneally into a previously established gastric cancer mouse model (Ref.

Nagaoka). Two days after the final DPC injection, the mice were sacrificed and their peritoneal

tissues were fixed and stained immunohistochemically using an anti-human Lamin B1 antibody.

Brown staining, which indicates DPC localization, was observed in tissues surrounding

established tumor lesions (Figures 2a and 2b), whereas no staining was detected in tissues lacking

tumor cell engraftment (Figure 2c). These results suggested that intraperitoneally administered

DPCs migrate to and accumulate within peritoneal dissemination sites.

To validate the migratory ability of DPCs toward the YTN16 cell line, a migration assay

was performed using a Transwell chamber. After 1.0×10^5 DPCs were placed in the upper

chamber, different numbers of YTN16 cells were placed in the lower chamber. The cells that

migrated to the other side of the micropore membrane were stained with a calcein solution, and

the absorbance was measured. Figure 2d shows that the presence of YTN16 cells induces DPC

migration in a cell number-dependent manner, proving the migratory capability of DPCs towards

YTN16 cells.

Functional transduction of NIS to DPC

The sodium-iodide symporter (NIS) is a transmembrane glycoprotein with 13

transmembrane domains that transports radioactive isotopes, such as I-131, I-123, I-125, I-124,

Tc-99m, Re-188, and At-211, into cells (see reference by Darrouzet). We introduced the NIS

gene (SLC5A5) into DPC cells using lentivirus. Although the expression levels of other NIS-

encoding genes, such as SLC26A4 and SLC26A7, remained unchanged, the expression level of

SLC5A5 in NIS-DPC increased by over 100-fold (Figure 3a).

Next, we verified the expression level of NIS molecules on the cell surface. Then, we

evaluated the correlation between uptake capacity and positive rate using iodine as a surrogate

molecule *in vitro*. The results are shown in Figures 3b and 3c. We observed that iodine uptake

increased in a manner dependent on the NIS-positive rate and observed a trend in which higher

NIS-positive rates correlated with higher iodine uptake (Figure 3b). When we measured iodine

uptake in three lots of NIS-DPC cells, we observed more iodine uptake was observable compared

to DPC cells without gene introduction. These results confirmed that the introduced NIS gene was

expressed on the cell surface and that its function was maintained (Figure 3c).

To investigate whether NIS-DPCs could preserve the ability to accumulate in tumors,

we first compared the localization of disseminated lesions and NIS-DPCs using fluorescent dye

staining. Briefly, 5.0×10^5 cells of NIS-DPCs were prepared as described in the Materials and

Methods section. Then, the cells were labeled with a fluorescent dye (DiR) for live cells, and were

administrated into peritoneal cavity of dissemination models. After 24 hours, the mouse models

were euthanized and their peritoneal surfaces were opened to apply a fluorescence detection

camera. The localization of the injected NIS-DPCs was visualized using an *in vivo* imaging

system (IVIS Lumina III) and was compared with the distribution of disseminated visible lesions.

As shown in Figures 3d–3g, the area occupied by the lesion was surrounded by a blue line (left

in Figure 3d and right in Figure 3e). Fluorescent images obtained using a fluorescent camera are

shown in Figures 3f (left) and 3g (right). Significant colocalization was observable on both sides,

suggesting the accumulation of NIS-DPCs in gastric cancer cells. To validate the ability of NIS-

DPCs to migrate into dissemination lesions, NIS-DPCs were injected into the peritoneal cavity in

a manner. Two days after injection, the peritoneal tissues were subjected to immunohistochemical

staining using an anti-human lamin B1 antibody. Brown staining, which indicates NIS-DPC

localization, was observed in tissues surrounding established tumor lesions (Figures 3h and 3i),

whereas no staining was detected in tissues lacking tumor cell engraftment (Figure 3j). A

migration assay revealed significant, cell-number-dependent migration of NIS-DPCs to YTN16

cells, similar to what was observed with DPCs (Figure 3k). These findings strongly suggest that

NIS-DPCs administered intraperitoneally accumulate within peritoneal dissemination lesions.

Uptake of At-211 by NIS-DPC

Recently, it was reported that purified At-211 undergoes nonspecific binding *in vivo*

due to its various chemical forms, and that this can be controlled by converting it to sodium At-

211 (Ref. Watabe, 2022). Therefore, prior to *in vivo* administration, we prepared sodium At -211

using the method shown in Figure 4a. We confirmed the uniform chemical form of the purified

At-211 using thin-layer chromatography (TLC) (Figure 4b).

Furthermore, we determined the amount of At-211 taken up by DPCs and NIS-DPCs.

The results are shown in Figure 4c. Similar to the results of confirming uptake capacity using a

surrogate molecule, NIS-DPC cells with the introduced NIS gene took up more At-211 than DPC

cells without the gene. Additionally, the highest uptake was observed five minutes after adding

At-211 when comparing changes in uptake amount over time at five, ten, and sixty minutes. These

results suggest that At-211 is rapidly taken up by NIS-DPC cells via the NIS protein. Therefore,

pre-accumulating NIS-DPC cells around the peritoneal dissemination site and then administering

At-211 enables the alpha-emitters to be quickly taken up by the cells and be effective within their

half-life.

Novel contact scintillator imaging of alpha-ray trajectories from alpha emitters

Because the NIS-DPC cell fraction was radioactive, uptake of At-211 was suggested in

Figure 4c. However, to verify that the alpha-rays emitted from the At-211 originate from the

NIS-DPC cells, a camera capable of visualizing alpha-rays on a 1-μm scale was used. Figure 5a

shows the alpha camera system configuration (Refs. Yamamoto, 2023; Yoshino, 2025). The

system comprises three principal components: (i) a 100-μm-thick GAGG thin-film scintillator

screen, (ii) an infinity-corrected magnification optical train consisting of an objective and an

imaging lens, and (iii) a CMOS imaging sensor (specifically the ORCA-Quest 2 qCMOS

[C15550-22UP] from Hamamatsu Photonics). Alpha-particles emitted from within the cells are

converted into photons by the GAGG scintillator, magnified by the 20x objective lens, and

detected by the CMOS sensor. Figure 5b shows an overview of the system. Eighteen thousand

NIS-DPC and DPC cells were cultured in an eight-well chamber slide. Then, 500 kBq of At-211

was added to the culture medium per well, followed by a 30-minute incubation period. The cells

were fixed with formalin and observed with an alpha camera for ten minutes. Figures 5c and 5f

show overviews of the NIS-DPC and DPC cells, respectively. Both exhibit similar morphology

and distribution. However, Figures 5d and 5g show that the alpha-particle range was detected

only in the NIS-DPC cells. Figures 5e and 5h are merged images of cells and alpha-rays.

Colocalization of alpha-ray and cell images was only observable in NIS-DPC cells treated with

At-211. These results suggest that the NIS-DPC cells efficiently took up At-211 and emitted

alpha-rays.

At-211 and NIS-DPC cell administration showed antitumor effects

Then, we evaluated the antitumor effects and survival prolongation associated with the

combined administration of NIS-DPCs and At-211 using a mouse peritoneal dissemination model.

Two weeks after tumor cell transplantation, we administered 0.6 MBq of At-211 per animal.

Twenty-four hours prior to the At-211 injection, 0.5×10^6 NIS-DPC cells were administered

intraperitoneally. One and a half weeks after transplantation, examination of the peritoneum

revealed tumor cells in the peritoneal dissemination group (Figure 6a), the NIS-DPCs

administration group (Figure 6b), and the DPCs and At-211 administration group (Figure 6c).

However, disappearance of peritoneal seeding was observed in the group that received both NIS-

DPCs and At-211 (Figure 6d, asterisks).

We evaluated the effect of NIS-DPC & At-211 treatment by scoring the antitumor

effects visually on a 5-point scale (0–4). This scoring was based on the extent of cancer cells

adhering to the peritoneal tissue at the time of death or at the end of the observation period

(Figure 6e).

Using the same evaluation scale, we performed a series of experiments to optimize the

At-211 radioactivity, NIS-DPC dose, and NIS-DPC injection repetition (data not shown). Based

on macroscopic evaluation of the extent of peritoneal dissemination, a significantly higher score

was achieved with 0.6 MBq of At-211/body, 5×10^5/body of NIS-DPCs, and three

administrations of NIS-DPCs (data not shown).

The results of the antitumor effect of the optimized procedure are analyzed using

Turkey test and are shown in Figure 6f as a box-and-whisker plot. Compared to the untreated

group (no treatment) and the At-211 monotherapy group (At-211), a significant reduction in

score (i.e., reduction in disseminated tissue) was observed in the NIS-DPCx3+At-211 group

(NIS-DPCx3+At-211). Therefore, it was suggested that the administered NIS-DPC accumulated

211 around the implanted cancer cells in the peritoneum. Subsequently, the cancer tissue was

212 reduced by the cytolytic effect of alpha-rays after uptake of the administered At-211.

213  We evaluated the survival rates using this optimized regimen with Kaplan-Meier

214 curves and Logrank tests. The survival rates of individual mice in each group were evaluated

215 after At-211 administration. The results are shown in Figure 6g. Compared to the untreated and

216 At-211-treated groups, the NIS-DPCx3+At-211 group showed significantly longer survival.

217 These results suggest that the extension of the survival rate is due to the reduction and damage

218 of the implanted tumors by NIS-DPCx3+At-211 in the mouse peritoneal dissemination model.

DISCUSSION

In this study, we created NIS-DPC cells by forcing the expression of the NIS gene—

which encodes an iodine transporter—in DPC cells that accumulate in the peritoneal cavity.

Forty-eight hours after administering the cells, we introduced At-211 into the peritoneal cavity.

This demonstrated that the NIS-DPC cells accumulated around the tumor cells rapidly took up

At-211, resulting in tumor cell death. Figure 7 illustrates this three-step treatment method:

addition of NIS-DPC cells, addition of At-211, and alpha-ray irradiation. The first step involves

accumulating NIS-DPC cells in tumors. The second process involves At-211 uptake by NIS-DPC

cells. The third process involves tumor-killing effects.

Accumulation of DPCs/NIS-DPCs to cancer cells

It is well-known that cancer cells accumulate large numbers of cancer-associated

fibroblasts (CAFs) in their vicinity (Ref. Sahai, 2020). Furthermore, mesenchymal stem cells

(MSCs) exhibit dynamics similar to those of CAFs (Ref. Antoon, 2024). MSCs migrate in

response to chemokines produced by cancer cells, such as SDF-1 (Ref. Stoicov, 2013). MSCs

recognize these chemokines via CXCR4. Due to protein cross-reactivity between humans and

mice, however, human MSCs can also migrate toward mouse tumors. Additionally, MSCs have

low immunogenicity and can be administered allogeneically. Since 2008, when it was reported

that DPC cells (a type of MSC) express CXCR4 and migrate in response to SDF-1 (Ref. Jiang,

2008), numerous studies have reported that DPC cells accumulate in inflammatory or ischemic

sites, particularly in oral and maxillofacial surgery (Refs. Yamaguchi, 2015; Li, 2017; Neves,

2020; Kornsuthisopon, 2022; Irfan, 2023). DPCs produced by JCR Pharmaceuticals have been

administered to humans and proven safe (Ref. Suda, 2022). They were examined for their ability

to migrate and accumulate around tumor tissues in a mouse peritoneal dissemination model (Ref.

Nagaoka, 2025).

As mentioned above, the first step in this therapy is the accumulation of NIS-DPC cells

in cancer cells. Multimodal experiments were performed to prove this. Macroscopically, as shown

in Figures 3d to 3g, the localization of the fluorescently labeled NIS-DPC cells coincided with

the localization of the gastric cancer peritoneal dissemination lesions. Microscopically, Figures

2a-2c and 3h-3j show that both DPCs and NIS-DPCs were present in gastric cancer lesions via

immunohistochemical staining. These findings suggest that DPC/NIS-DPC cells accumulate in

tumor cells.

In vitro, DPC/NIS-DPC cells were observed migrating toward gastric cancer cells (see

Figures 2d and 3k). The molecular mechanism underlying this migration is thought to involve the

induction of EGR1 in DPC/NIS-DPC cells by soluble factors released from the cancer cells (Ref.

Xiao, 2021). Further clarification of this mechanism is needed in future studies.

Functional uptake of At-211 by NIS-DPC

The second step of this treatment method involves NIS-DPC cells taking up At-211.

Several experiments were conducted to determine whether the introduced iodine transporter

functions in DPC cells. First, non-radioactive iodine and a non-radioactive ligand were added to

DPC cells expressing NIS, and the uptake efficiency was examined. As shown in Figures 3, the

amount of uptake increased in a NIS expression-dependent manner, demonstrating that NIS

functionally takes up the ligand (Figure 3b), and NIS-DPCs exhibited approximately 50-fold

higher iodine uptake than DPCs (Figure 3c). Furthermore, Figure 4c shows the efficient uptake

of At-211 by NIS-DPCs beginning five minutes after At-211 administration. Using the newly

developed alpha camera, we confirmed consistent uptake of At-211 and cell localization (Figure

5). This indicates that NIS-DPC cells take At-211 into the cell and emit alpha rays. In the future,

we expect to directly visualize the lethal effect of alpha-rays on tumor cells by co-culturing NIS-

DPC cells with tumor cells and observing them using the alpha camera.

Tumoricidal effect of NIS-DPC&At-211

As shown in Figure 6, this study demonstrated that administering At-211 after

three times NIS-DPC administration reduced peritoneal dissemination lesions and improved

survival rate. This confirms the tumor-killing effect, the third process of this treatment. When

evaluating the efficacy of anticancer drugs in humans, the primary endpoint is an extension of the

survival period. Therefore, improvement in survival rate is equally important when evaluating the

efficacy of cancer treatments using model animals as it is in humans. Furthermore, the proposed

mechanism of action was strongly implicated. However, it has been reported that the immune

response induced by neoantigens released from tumor cells damaged by radiation exposure

contributes to the efficacy of nuclear medicine therapy (Ref. Nagaoka, 2025). Elucidating the

mechanism in greater detail in the future may expand the application of combined therapy with

NIS-DPC cells and At-211.

Requirement for practical application

In order to commercialize this treatment method in the future, data on its efficacy must

first be accumulated. Additionally, data on the safety and pharmacokinetics of the reagents used

in this study will be necessary. Since DPC cells have previously been administered to humans and

their safety has been demonstrated (Suda, 2022), data on the safety of NIS-DPCs is essential. In

particular, since lentiviruses are used to introduce the NIS gene, it is necessary to determine if the

viruses are excreted by the treated animals. Furthermore, since At-211 is administered as sodium

astatine into the abdominal cavity, pharmacokinetic data must be obtained from medium-sized

animals before human administration. Human clinical studies will be conducted based on these

data.

DPC cells can be administered allogenically. Furthermore, they can be procured

minimally invasively, and the cells can be stored frozen, making it feasible to establish a supply

system. Meeting clinical demand for At-211 will be possible through the future widespread

adoption of mass production technology and the development of dedicated accelerators.

Perspective

Here, we reported a new treatment method combining nuclear and regenerative

medicine products. Since the safety of DPC cells has already been proven in humans, a first-in-

human trial should be conducted after the safety of NIS-DPCs and At-211 is evaluated.

MATERIALS AND METHODS

Preparation of Dental Pulp Cells (DPCs)

Human dental pulp cells (DPCs) were isolated from extracted teeth under sterile

conditions, as previously described with minor modifications. Briefly, extracted teeth were first

disinfected by immersion in 1% chlorhexidine gluconate solution followed by washing with

sterile physiological saline to remove debris and surface contaminants.

The tooth structure was mechanically fractured using a dental rongeur, and the pulp

tissue was carefully extracted from the pulp chamber. The obtained pulp tissue was minced into

small fragments using sterile surgical scissors and transferred into a tube containing Liberase

digestion solution (Roche Diagnostics, Basel, Switzerland). The tissue suspension was incubated

at 37°C for enzymatic digestion with gentle agitation until the connective matrix was adequately

loosened.

After digestion, the suspension was mixed with Dulbecco's Modified Eagle Medium

(DMEM) supplemented with 20% fetal bovine serum (FBS) and 1% penicillin/streptomycin (P/S)

to terminate the enzymatic reaction. The mixture was centrifuged at $300 \times g$ for 5 minutes, and

the supernatant was discarded. The resulting pellet was resuspended in fresh DMEM containing

20% FBS and 1% P/S and seeded onto tissue culture plates.

Cells were incubated at 37°C in a humidified 5% CO_2 atmosphere and expanded until

passage 5 (P5). From passage 1 (P1) onward, cultures were maintained in DMEM supplemented

with 10% FBS but without antibiotics, to avoid potential effects of antimicrobial agents on cell

proliferation or differentiation. All procedures were conducted under aseptic conditions using

biosafety level 2 (BSL-2) practices.

Soft Agar Colony Formation Assay

To evaluate anchorage-independent growth and confirm the non-transformed

characteristics of the cells, a soft agar colony formation assay was performed using the

CytoSelect™ 96-Well Cell Transformation Assay Kit (Cell Biolabs, Inc., San Diego, CA, USA),

according to the manufacturer's protocol.

HeLa, DPC, and NIS-DPC cells were cultured under standard conditions until reaching

logarithmic growth phase. Cells were then harvested and resuspended in assay medium at the

following densities: 8×10^3 cells/well for HeLa, and 8×10^4 cells/well for DPC and NIS-DPC.

Cell suspensions were seeded in duplicate 96-well soft agar plates (Plate ① and Plate ②) as

described in the kit instructions.

Plate ① was incubated for 7 days at 37°C in a humidified 5% CO_2 incubator to allow

potential colony formation. Plate ② was processed immediately after cell seeding for background

measurement following the manufacturer's procedures: agar dissolution, cell lysis, and nuclear

staining. The absorbance of each well was measured using a microplate reader to determine

baseline optical density (OD).

After the 7-day incubation period, Plate ① was subjected to the same lysis and staining

procedures, and absorbance was measured again. Colony formation was quantified by comparing

OD values between the 0-day (Plate ②) and 7-day (Plate ①) samples. As expected, a significant

increase in OD was observed only in the HeLa group, while DPC and NIS-DPC cells showed no

increase, confirming their non-transformed phenotype.

Construction of Lentiviral Vector pLVSIN-EF1α-hNIS-Pur

A self-inactivating (SIN) lentiviral expression vector, pLVSIN-EF1α-hNIS-Pur, was

constructed based on the parental plasmid pLVSIN-EF1α-Pur (Takara Bio Inc.). The human

sodium/iodide symporter (hNIS) gene (sequence ID No. 2; NCBI accession number

NM_000453.3) was inserted into the multiple cloning site of the parental vector.

The DNA fragment encoding hNIS was synthesized with a Not I site at the 5′ end and a BamH I

site at the 3′ end. Both the hNIS insert and the pLVSIN-EF1α-Pur vector were digested with the

respective restriction enzymes Not I and BamH I (New England Biolabs or equivalent) to

generate compatible cohesive ends. The digested fragments were ligated using Ligation High

Ver. 2 (TOYOBO Co., Ltd.), yielding the recombinant plasmid pLVSIN-EF1α-hNIS-Pur.

All recombinant DNA manipulations were carried out under standard molecular cloning

conditions in accordance with institutional biosafety regulations.

Lentiviral Packaging and Production

Lentiviral particles carrying the pLVSIN-EF1α-hNIS-Pur construct were produced

using a self-inactivating lentiviral packaging system. In addition to the expression vector

described above, a mixture of packaging plasmids encoding HIV-1–derived structural and

regulatory proteins (Gag, Pol, Tat, and Rev) and the vesicular stomatitis virus G glycoprotein

(VSV-G) envelope was provided by the Lentiviral High Titer Packaging Mix (Takara Bio Inc.).

Viral particles were generated following a modified standard protocol.

Poly-L-lysine–coated culture dishes were seeded with cells at a density of

approximately 5×10^4 cells/cm² and incubated overnight at 37°C in a humidified 5% CO_2

incubator. On the following day, a DNA mixture was prepared by adding 7 μL of Packaging Mix

and 11 μL of pLVSIN-EF1α-hNIS-Pur plasmid DNA (0.5 μg/μL) to 1.5 mL of Opti-MEM I

Reduced Serum Medium (Gibco).

Transfection was performed using either FuGENE HD (Promega) or TransIT-Lenti

Transfection Reagent (Takara Bio Inc.), according to the manufacturers' instructions. The

transfected cells were incubated at 37°C in 5% CO_2 for approximately 24 hours, after which the

culture supernatant was replaced with 10 mL of DMEM (Gibco) and incubation continued for

another 24 hours.

The culture supernatant containing lentiviral particles was collected and clarified by

centrifugation at $500 \times g$ for 10 minutes. The supernatant was then passed through a 0.45 μm filter

(Millipore, Cat. No. SLHPR33RB) to remove cellular debris. The filtered viral solution was

aliquoted into microtubes and stored at −80°C until use.

Generation of hNIS-Expressing Dental Pulp Cells (hNIS-DPCs)

DPCs were seeded at a density of 2.0×10^4 cells/cm² and cultured overnight at 37°C in

a humidified 5% CO_2 incubator. On the following day, cells were transduced with the hNIS

lentiviral vector (hNIS-LV) at a multiplicity of infection (MOI) of 10. To enhance viral

transduction efficiency, protamine sulfate (Sigma-Aldrich, Cat. No. P4020) was added to the viral

inoculum at a final concentration of 100 μg/mL.

The viral supernatant was removed 24 hours after infection and replaced with fresh

DMEM (Gibco, Cat. No. 10567-014). Cells were cultured with medium changes every 2–3 days,

and cell morphology and confluence were monitored microscopically. When cultures reached

approximately 90% confluence, cells were passaged using standard trypsinization procedures.

For selection of transduced cells, puromycin was added to the culture medium at a final

concentration of 1 μg/mL during the first passage after viral infection. Resistant colonies were

expanded under puromycin selection. Thereafter, cells were maintained in standard DMEM

without selection antibiotic for one to two additional passages to establish a stable hNIS-DPC line.

Established cells were cryopreserved in liquid nitrogen for long-term storage.

Cell Culture

NIS-DPC and YTN16 cells were cultured in Dulbecco's modified Eagle's medium

(DMEM; Gibco, Cat. No. 10567014) under standard conditions (37°C, 5% CO_2). Cells were

maintained for 3 to 4 days before use.

Cell Harvesting and Co-culture Setup

Cells were detached using 0.25% trypsin–EDTA (Gibco, Cat. No. 25200056) and

resuspended in fresh DMEM. Cell concentrations were adjusted to 1×10^5 cells/mL. For co-

culture experiments, cells were seeded into 24-well Transwell plates (Corning, Cat. No. 353504)

equipped with cell culture inserts (Corning, Cat. No. 351152). NIS-DPC cells (1×10^5 cells) were

seeded in the upper insert, and YTN16 cells (1×10^5 cells) were seeded in the lower chamber. The

co-cultures were incubated for 48 hours at 37°C in a humidified incubator with 5% CO_2.

Migration Assay

After 48 hours of co-culture, the medium was aspirated and replaced with DMEM containing 1% human serum albumin (HSA) prepared from 25% clinical-grade albumin solution (Takeda Pharmaceutical Co., Ltd.). Cells were stained with Calcein (Dojindo, Cat. No. 341-07901) according to the manufacturer's instructions to visualize viable cells. Fluorescence intensity was quantified using a spectrophotometric plate reader, and fluorescent images were captured using a fluorescence microscope under identical exposure conditions for all samples.

Preparation of Mouse Model and Application of NIS-DPC Followed by Na[At-211]

Six-week-old female C57BL/6J mice were purchased from Jackson Laboratoy Japan and housed in a specific pathogen-free environment at the Animal Experiment Facility in Isotope Science Center, the University of Tokyo. The animal use proposal and experimental protocol were reviewed and approved by the University of Tokyo Animal Committee (ID: Med-P22-084、A2024ISC003). The YTN16 cell line was maintained in Dulbecco's modified Eagle's medium (DMEM, Sigma-Aldrich Merck, Tokyo, Japan) with 10% heat-inactivated fetal bovine serum (FBS, BWT, France), 50 μg/mL streptomycin, 50 U/mL penicillin (Thermo Fisher Scientific, Tokyo, Japan), and MITO + serum extender (Corning, NY, USA). A total of 1.0×10^7 YTN16 cells were suspended in 500 μL of Hanks' Balanced Salt Solution and

434 intraperitoneally injected into mice (Ref. Nagaoka, 2025). Starting the following day, 2 μg of

435 thyroxine was administered orally once daily. At 8, 10, and 12 days after YTN16 cell injection,

436 0.5×10^6 NIS-DPC cells, 0.5×10^6 DPC cells, or vehicle alone were administered

437 intraperitoneally. On day 14, Na[At-211] (0.6 MBq) dissolved in 0.5 mL of vehicle was injected

438 intraperitoneally. Nine days after the last Na[At-211] injection, the peritoneal cavity was

439 examined, or the mice were observed until death or humane sacrifice, followed by examination

440 of the peritoneal cavity.

442 **Cell Labeling with DiR and *In Vivo* Administration**

443 NIS-DPC cells were suspended in medium at a concentration of 1×10^7 cells/mL. The

444 cell suspension was mixed with an equal volume of 20 μmol/L DiR dye solution (Thermo

445 Fisher Scientific or equivalent), resulting in a final dye concentration of 10 μmol/L. The mixture

446 was incubated for 15 minutes at room temperature in the dark, with gentle tapping every 5

447 minutes to ensure homogeneous labeling. After incubation, the cells were washed three times

448 with injection medium by centrifugation to remove excess dye. The labeled cells were

449 resuspended in injection medium at a final concentration of 1×10^6 cells/mL. Labeled NIS-DPC

450 cells were administered intraperitoneally to peritoneal dissemination model mice. All animal

experiments were conducted in accordance with institutional guidelines and approved by the

relevant Animal Care and Use Committee.

In Vivo **Fluorescence Imaging**

At predetermined time points after injection, mice were sacrificed, and peritoneal

tissues were harvested. DiR fluorescence signals were detected using an *in vivo* imaging system

(IVIS Lumina III; PerkinElmer) under the following parameters: excitation filter, 740 nm;

emission filter, 790 nm; and exposure time, automatic setting. Fluorescence images were

analyzed using the manufacturer's software.

Production of At-211

According to the procedure described in Refs. (Yin, 2023, Yin, 2024), the radioisotope

of At-211 was produced in the nuclear reaction of $^{209}Bi(\alpha,2n)^{211}At$ using the AVF cyclotron of the

RIKEN RI Beam Factory.

Preparation of Na[At-211]

Dry solid At-211 of multiple chemical species in glass vial was dissolved the injection

water (100 μL). At-211 aqueous solution (63 MBq, 50 μL) was mixed with 1% ascorbic acid,

2.3% MEYLON Injection aqueous solution (1 mL). After stirreing briefly, the reaction solution

of At-211 was left to stand for 1hour at room temperature under sealed condition to afford the

Na[At-211]. The Na[At-211] solution was dissolved 1% ascorbic acid, 2.3% MEYLON Injection

aqueous solution, and used animal experiments and the cell tracer experiments.

Thin-Layer Chromatography (TLC) Analysis

Thin-layer chromatography (TLC) was performed using silica gel 60 plates (Merck) as

the stationary phase. Samples (5 μL, 280 kBq) were spotted onto the plate and developed in a

solvent system consisting of acetonitrile and Milli-Q water ($CH_3CN:MQ = 2:1$, v/v).

After development, the chromatograms were analyzed using a TLC scanner (Scan-RAM;

LabLogic Systems Ltd.) equipped with a ZnS scintillation detector. Radioactivity on the TLC

plates was quantified using the manufacturer's analysis software.

Quantitative Measurement of At-211 Uptake

Na[At-211] (10 kBq) was added to the DPC and NIS-DPC cell and incubated for 5

minutes, 30 minutes, and 1 hour, respectively. After incubation, the medium was removed and the

cells were collected. The radioactivity of the samples was then measured with a gamma-counter,

and the counts per minute (CPM) were calculated.

Visualization of alpha-ray

Alpha-particle track images were acquired with a CMOS sensor at 1-second exposure,

yielding 600 frames each for NIS-DPS and DPC cells. Image analysis was conducted in ImageJ

(v1.54f). For each frame, a fixed intensity threshold was applied, followed by morphological

operations to generate a binarized mask of suprathreshold regions. Each image was then

accumulated with its corresponding mask to isolate regions of interest surrounding the alpha-

particle tracks, and the resulting stacks were Z-projected to produce composite track images.

ACKNOWLEDGEMENTS

The radioisotope of At-211 was produced at the RI Beam Factory operated by the RIKEN Nishina

Center and the CNS, University of Tokyo, Japan. The authors gratefully acknowledge Yousuke

Kanayama, Nozomi Sato, Akihiro Nambu, Tomohiro Tomitsuka, Hiromichi Shimizu, Yudai

Shigekawa, Sayantani Mitra, and Keiko Watanabe of RIKEN Nishina Center for technical

assistance with the At-211 production.

FUNDING

This work was supported by Grants-in-Aid for Scientific Research (KAKENHI) from the Japan

Society for the Promotion of Science (JSPS), including "Basic study on internal radiotherapy

utilizing stem cells" (grant number 15K06868); "Development of novel radiopharmaceuticals

using α-emitting radionuclides and antibody drug delivery systems" (grant number 23H00419);

"Collaborative research on therapeutic radionuclide production and radiopharmaceutical

synthesis" (grant number 20KK0174); "Development of novel therapy for peritoneal

dissemination using neoantigen activation induced by short-lived α-emitting radionuclides" (grant

number 24K02393); "Experimental study of intraperitoneal radiotherapy for gastric cancer

dissemination using highly selective short-lived alpha-particle delivery" (grant number

19H03510); and "Development of radiation imaging technology for detecting micro–peritoneal

dissemination of gastric cancer" (grant number 21H00169).

Additional support was provided by the Uehara Memorial Foundation ("Development of

radionuclide production technology and novel radiopharmaceuticals through accelerator

science") and the Nakatani Foundation for Advancement of Measuring Technologies in

Biomedical Engineering ("Development of theranostic technology using α-emitting

radionuclides").

AUTHOR CONTRIBUTIONS

S.N. conceived and supervised the study and performed animal experiments. K.K., H.Y., H.M.,

T.Y., and W.-Y.D. conducted animal experiments. Y.W. performed alpha-particle therapy

experiments and contributed to manuscript preparation. T.T. performed sodium At-211 synthesis.

M.K. conducted cell culture experiments. A.T. performed RNA-seq data acquisition. T.Ta.

analyzed pathological specimens. J.J. conducted At-211 compound analyses. Y.K. performed

imaging studies. A.S. carried out alpha-particle uptake assays. R.N. prepared DPC cells and

performed genetic modification of DPCs. W.Y. and H.S. performed functional analyses of DPCs

and NIS-DPCs. K.I. managed DPC manufacturing and quality control. H.H. and X.Y. developed

At-211 production technology. M.Yo. performed direct alpha-particle imaging. A.Yo. developed

scintillators. T.K. and N.T. performed bioinformatics analyses. M.N. supervised bioinformatics

and data integration. All authors discussed the results and approved the final manuscript.

COMPETING INTERESTS

N/A

DATA AND MATERIALS AVAILABILITY

under preparation

REFERENCES

A. Rosu, B. Ghaemi, J. W. M. Bulte, A. Shakeri-Zadeh. Tumor-tropic Trojan horses: Using

mesenchymal stem cells as cellular nanotheranostics. *Theranostics* 14, 571–591 (2024).

doi:10.7150/thno.90187.

A randomized, double-blind, placebo-controlled, multicenter study to evaluate the safety and

efficacy of JTR-161 in patients with acute ischemic stroke (jRCT1080224505).

Japan Registry of Clinical Trials, registered in 2022.

C. Nito, K. Sowa, M. Nakajima, Y. Sakamoto, S. Suda, Y. Nishiyama, A. Nakamura-Takahashi,

Y. Nitahara-Kasahara, M. Ueda, T. Okada, and K. Kimura, Transplantation of human dental pulp

stem cells ameliorates brain damage following acute cerebral ischemia. *Biomedicine &*

Pharmacotherapy 108, 1005–1014 (2018).

S. Gronthos, M. Mankani, J. Brahim, P. G. Robey, and S. Shi, Postnatal human dental pulp stem

cells (DPSCs) in vitro and in vivo. *Proceedings of the National Academy of Sciences of the*

United States of America 97, 13625–13630 (2000).

Y. Yamamoto, S. Nomura, A. Hosoi, K. Nagaoka, T. Iino, T. Yasuda, T. Saito, H. Matsushita, E.

Uchida, Y. Seto, J. R. Goldenring, K. Kakimi, M. Tatematsu, and T. Tsukamoto, Established

gastric cancer cell lines transplantable into C57BL/6 mice show fibroblast growth factor receptor

4 promotion of tumor growth. *Cancer Science* 109(5), 1480–1492 (2018).

K. Nagaoka, H. Nakanishi, H. Tanaka, J. Anindita, T. Kawamura, T. Tanaka, T. Yamashita, A.

Kuroda, S. Nomura, H. Akita, K. Itaka, T. Kodama, and K. Kakimi, Neoantigen mRNA vaccines

induce progenitor-exhausted T cells that support anti-PD-1 therapy in gastric cancer with

peritoneal metastasis. *Gastric Cancer* 28(5), 825–836 (2025).

E. Darrouzet, S. Lindenthal, D. Marcellin, J.-L. Pellequer, and T. Pourcher, The sodium/iodide

symporter: state of the art of its molecular characterization. *Biochimica et Biophysica Acta*

1838(1 Pt B), 244–253 (2014).

T. Watabe, Y. Liu, K. Kaneda-Nakashima, T. Sato, Y. Shirakami, K. Ooe, A. Toyoshima, E.

Shimosegawa, Y. Wang, H. Haba, T. Nakano, A. Shinohara, and J. Hatazawa, Comparison of the

therapeutic effects of [211At]NaAt and [131I]NaI in an NIS-expressing thyroid cancer mouse

model. *International Journal of Molecular Sciences* 23(16), 9434 (2022).

S. Yamamoto, M. Yoshino, K. Kamada, R. Yajima, A. Yoshikawa, K. Nakanishi, and J. Kataoka,

Development of an ultrahigh-resolution real-time alpha-particle imaging system for observing the

trajectories of alpha particles in a scintillator. *Scientific Reports* 13(1), 4955 (2023).

M. Yoshino, A. Sugiyama, T. Tatsumi, S. Nomura, S. Shimazoe, S. Yamamoto, A. Taguchi, T.

Tanaka, M. Kobayashi, and Y. Wada, Observation of At-211 accumulated cells using a real-time

alpha-particle imaging system. *RIKEN Accelerator Progress Report*, accepted (2025).

L. Jiang, Y.-Q. Zhu, R. Du, Y.-X. Gu, L. Xia, F. Qin, and H. H. Ritchie, The expression and role

of stromal cell–derived factor-1α–CXCR4 axis in human dental pulp. *Journal of Endodontics*

34(8), 939–944 (2008).

S. Yamaguchi, R. Shibata, N. Yamamoto, M. Nishikawa, H. Hibi, T. Tanigawa, M. Ueda, T.

Murohara, and A. Yamamoto, Dental pulp–derived stem cell conditioned medium reduces cardiac

injury following ischemia–reperfusion. *Scientific Reports* 5, 16295 (2015).

M. Li, X. Sun, L. Ma, L. Jin, W. Zhang, M. Xiao, and Q. Yu, SDF-1/CXCR4 axis induces human

dental pulp stem cell migration through FAK/PI3K/Akt and GSK3β/β-catenin pathways.

Scientific Reports 7, 40161 (2017).

V. C. M. Neves, V. Yianni, and P. T. Sharpe, Macrophage modulation of dental pulp stem cell

activity during tertiary dentinogenesis. *Scientific Reports* 10(1), 20216 (2020).

C. Kornsuthisopon, A. Chansaenroj, J. Manokawinchoke, K. A. Tompkins, N. Pirarat, and T.

Osathanon, Non-canonical Wnt signaling participates in Jagged1-induced osteo/odontogenic

differentiation in human dental pulp stem cells. *Scientific Reports* 12(1), 7583 (2022).

M. Irfan and S. Chung, C5L2 modulates BDNF production in human dental pulp stem cells via

the p38α pathway. *Scientific Reports* 13(1), 74 (2023).

R. Antoon, N. Overdevest, A. H. Saleh, A. Keating. Mesenchymal stromal cells as cancer

promoters. *Oncogene* 43, 3545–3555 (2024). doi:10.1038/s41388-024-03183-1.

C. Stoicov, H. Li, J. H. Liu, J. Houghton. Mesenchymal stem cells utilize CXCR4–SDF-1

signaling for acute, but not chronic, trafficking to gastric mucosal inflammation. *Dig. Dis. Sci.*

58, 2466–2477 (2013). doi:10.1007/s10620-013-2782-y.

F. Xiao, H. Li, Z. Feng, L. Huang, L. Kong, M. Li, D. Wang, F. Liu, Z. Zhu, Y. Wei, W. Zhang.

Intermedin facilitates hepatocellular carcinoma cell survival and invasion via ERK1/2–

EGR1/DDIT3 signaling cascade. *Sci. Rep.* 11, 488 (2021). doi:10.1038/s41598-020-80066-x.

S. Suda, C. Nito, M. Ihara, Y. Iguchi, T. Urabe, Y. Matsumaru, N. Sakai, and K. Kimura; J-

REPAIR Trial Group, Randomised placebo-controlled multicentre trial to evaluate the efficacy

and safety of JTR-161, allogeneic human dental pulp stem cells, in patients with acute ischaemic

stroke (J-REPAIR). *BMJ Open* 12(5), e054269 (2022).

X. Yin, N. Sato, A. Nambu, Y. Shigekawa, and H. Haba, Progress of 211At production at the

RIKEN AVF cyclotron. *RIKEN Accelerator Progress Report* 56, 151 (2023).

X. Yin, N. Sato, A. Nambu, Y. Kanayama, Y. Shigekawa, and H. Haba, Modification of 211At

production apparatus to increase its production efficiency. *RIKEN Accelerator Progress Report*

57, 149 (2024).

T. Watabe, K. Mukai, S. Naka, H. Sasaki, T. Kamiya, T. Hayakawa, A. Fukuhara, T. Takano, Y.

Shirakami, K. Ooe, S. Shigeno, S. Okamura, K. Masumura, E. Hida, H. Haba, A. Toyoshima, K.

Isohashi, I. Shimomura, N. Tomiyama. First-in-human study of [211At]NaAt as targeted α-

therapy in patients with radioiodine-refractory thyroid cancer (Alpha-T1 trial). *J. Nucl.*

Med. Published online 25 September 2025.

M. Kanda, Y. Kasahara, D. Shimizu, T. Miwa, S. Umeda, K. Sawaki, S. Nakamura, Y. Kodera, S.

Obika. Amido-bridged nucleic acid–modified antisense oligonucleotides targeting SYT13 to treat

peritoneal metastasis of gastric cancer. *Mol. Ther. Nucleic Acids* 22, 791–802 (2020).

 FIGURE LEGENDS

Figure 1. Isolation and characterization of dental pulp cells (DPCs).

(a) The dental pulp is a soft connective tissue located within the interior of the tooth.

(b) After extraction of the dental pulp tissue, the connective components were enzymatically

digested, mechanically minced with a sharp blade, and cultured in growth medium. Proliferating

cells were isolated and purified as DPCs.

(c) Colony-forming assay of DPCs. HeLa cells were used as a control. Cells were cultured for 0

or 7 days, then stained with a fluorescent dye. Fluorescence intensity was quantified as relative

fluorescence units (RFU; n = 3). Representative microscopic images of colonies are shown. Scale

bar, 200 μm.

Figure 2. Confirmation of DPC accumulation in peritoneal tumor tissue.

(a–c) Histological observation of peritoneal tumor tissue 1.5 weeks after intraperitoneal

administration of DPCs. Nuclei were counterstained with hematoxylin and eosin stain, and DPCs

were detected by immunostaining using an anti-human Lamin B1 antibody followed by an HRP-

conjugated secondary antibody. Panel (a) shows a low-magnification image, and (b) shows a high-

magnification view of the region. Arrows indicate DPCs accumulated within peritoneal tumor

lesions. Panel (c) shows tissue from a normal mouse injected with DPCs as a control. (scale

bars=50 μm in a&c, scale bar=100 μm in b.)

(d) Migration assay evaluating DPC chemotaxis toward YTN16 gastric cancer cells. The lower

chamber contained 5×10^4 to 2×10^5 YTN16 cells, and 1×10^5 DPCs were seeded in the upper

chamber. After 48 hours, calcein staining was performed and fluorescence intensity of migrated

cells was quantified. DPC migration increased in proportion to the number of YTN16 cells in the

lower chamber (n = 4; **p < 0.01).

Figure 3. Functional transduction of the sodium/iodide symporter (NIS) into DPCs.

(a) Gene expression levels of parental DPCs and sodium/iodide symporter (NIS)–transduced

DPCs (NIS-DPCs) quantified from RNA-seq data and presented as transcripts per million (TPM)

values. Among iodide symporter genes, SLC5A5 was transduced and expressed in NIS-DPC.

GAPDH and beta-actin (ACTB) were controls (n=3).

(b) Correlation analysis between NIS-positive cell fraction and iodide uptake levels in NIS-DPCs.

(c) Comparison of iodide uptake between DPCs and NIS-DPCs. Data for NIS-DPCs were

obtained from different lots.

(d–g) Macroscopic and fluorescence imaging analyses of a gastric cancer peritoneal

dissemination model after intraperitoneal administration of DiR-labeled DPCs. Panels (d) and (e)

show macroscopic views of the peritoneal serosa, where blue lines outline the regions of

peritoneal tumor nodules. Corresponding in vivo imaging system (IVIS) fluorescence images (f

and g) demonstrate colocalization of fluorescence signals with the tumor lesions identified in (d)

and (e).

(h~j) *In vivo* localization of NIS-DPCs within tumor tissue, showing accumulation comparable to

that of unmodified DPCs. Scale bars=50 µm in h&j, scale bar=100 µm in i.

(k) Migration assay using Transwell chambers with YTN16 gastric cancer cells placed in the

lower compartment. NIS-DPCs exhibited cell number–dependent migration similar to DPCs (n =

3; **p < 0.01).

Figure 4. Preparation and functional characterization of sodium astatide-211 (Na[At-211])

and its uptake by NIS-DPCs.

(a) Reaction protocol for converting purified free At-211, produced at an accelerator facility, into

a homogeneous sodium astatide form (Na[At-211]). The free isotope can exist in multiple

chemical species, and sodium conjugation was performed to stabilize its form.

(b) Thin-layer chromatography (TLC) analysis of At-211 before and after sodium conjugation.

Left: TLC profile of free At-211 (~100 kBq). Right: TLC profile of Na[At-211] (~280 kBq).

Arrows indicate the Na[At-211] peak position.

(c) Cellular uptake of Na[At-211] by DPCs and NIS-DPCs. DPCs or NIS-DPCs (5×10^4 cells per

well) were seeded in 24-well plates and incubated with 10 kBq Na[At-211]. At 5, 10, and 60 min,

cells were collected, fractionated, and measured for protein concentration and radioactivity.

Radioactivity normalized to protein content was calculated. NIS-DPCs exhibited approximately

tenfold higher At-211 uptake than parental DPCs (n = 3; black bars, DPCs; gray bars, NIS-DPCs).

Figure 5. Detection of alpha-particle emission from NIS-DPCs.

(a) Schematic diagram of the alpha-particle detection system. alpha-particles emitted from cells

(left) are first converted into photons by a GAGG:Ce scintillator. The photons are then amplified

and reflected within the detector and captured by a cooled CMOS sensor positioned at the top.

(b) Overview of the alpha-particle detection device.

(c–e) NIS-DPCs (1.8×10^4 cells per well) were seeded in 8-well chamber slides and incubated

for 30 min with 500 kBq of Na[At-211]. Cells were then fixed with formalin and imaged.

Arrowheads indicate the localization of individual cells.

(f–h) DPCs (1.8×10^4 cells per well) were similarly treated with 500 kBq Na[At-211], incubated

for 30 min, fixed with formalin, and imaged.

(c and f) Optical microscopic images of cells. (d and g) Corresponding alpha-camera signal

images. (e and h) Merged images combining optical and alpha-particle signals. Scale bar=100 μm.

Figure 6. Therapeutic efficacy of NIS-DPCs combined with At-211 in a murine gastric

cancer peritoneal dissemination model.

To establish a peritoneal dissemination model, C57BL/6 mice were inoculated

intraperitoneally with 1×10^7 YTN16 gastric cancer cells. Two days prior to nucleotide injection,

0.5×10^6 NIS-DPCs were administered intraperitoneally. Then, two weeks after YTN16

transplantation, 0.6 MBq of Na[At-211] was injected intraperitoneally. The mice were sacrificed

1.5 weeks later for macroscopic observation.

(a) Untreated control mouse.

(b) A mouse that received an intraperitoneal injection of NIS-DPCs only.

(c) A mouse that was treated with DPCs and Na[At-211].

(d) A mouse that received an intraperitoneal administration of NIS-DPCs, followed by Na[At-

211]. The peritoneal tumor burden disappeared after treatment with NIS-DPCs and Na[At-211].

Asterisks indicate a smooth peritoneum.

(e) Macroscopic scoring of peritoneal dissemination was performed on a 0–4 scale.

(f) Quantitative comparison of macroscopic scores among the untreated group, Na[At-211]-only

group, and the group receiving three NIS-DPC administrations plus Na[At-211]. Statistical

analysis was performed using Tukey's test (n = 10; **p < 0.01, ***p < 0.001).

(g) Kaplan–Meier survival analysis after one month following Na[At-211] administration. Mice

treated with three administrations of NIS-DPCs plus Na[At-211] (#3) showed a significant

survival advantage compared with the untreated group (#1) and the Na[At-211]-only group (#2).

Control groups without YTN16 cell implantation included Na[At-211]-only (#4) and NIS-DPC ×

3 + Na[At-211] (#5) treatments (#1：n = 16, #2/3：n = 17, #4/5：n = 3; *p < 0.05, **p < 0.01).

Figure 7. Graphical Summary. Stepwise overview of the NIS-DPC cancer-targeting concept.

The schematic illustrates the translational workflow of NIS-DPCs as a targeted theranostic

platform for cancer therapy.

Step 1 (engineering). DPCs were genetically modified to express the sodium/iodide symporter

(NIS), which mediates the cellular uptake of both iodide and astatine. The lower panel depicts

this dual transport function of NIS, highlighting its ability to internalize iodide and the αalpha-

emitting radionuclide At-211.

Step 2 (targeting and accumulation). Following administration, NIS-DPCs preferentially

accumulated in cancer cells, enabling the selective delivery of At-211 to tumor sites.

Step 3 (localized therapy/outcome). Localized α radiation at the tumor site induced targeted

cytotoxicity, demonstrating the translational potential of NIS-DPC–mediated therapy for precise

cancer treatment.

a.

Pulp

b.

Pulp extraction

mince processing

Liberase Digestion

Precipitate

Expand from P1 to P5 without antibiotics

DMEM medium With antibiotics (P0)

DPCs

c.

	Culture Medium	Hela	DPC
Day0	350.1	399.7	612.4
Day7	357.2	912.5	542.3

Fig. 2a~c

Fig. 2d

d.

	10%FBS	YTN16 (5×10^4cells)	YTN16 (1×10^5cells)	YTN16 (2×10^5cells)
■	257.4	617.8	744.8	857.6

a.

b.

c.

Fig.3 d~g

Fig.3 k

k.

	10%FBS	YTN16 (2.5×10^4cells)	YTN16 (1×10^5cells)	YTN16 (4×10^5cells)
DPC	533.9	812.8	1128.2	1147.7
NIS-DPC	555.0	839.6	1113.5	1170.5

Fig. 4a&b

a.

^{211}At ($^{211}At^{\oplus}$, $^{211}At^{\ominus}$, $^{211}At_2$, etc)

multiple chemical species

dry solid

injection water →

1% ascorbic acid,
2.3% MEYLON Injection aqueous solution →
r.t., 1 h

Na^{211}At solution

b.

Free At-211

NaAt-211

C.

Fig.6a~d

Fig.6 e&f

e.

Macroscopic Score Evaluation of Peritoneal Tissue by Gross Examination
Rating scale: 0 (lowest) to 4 (highest)

4	3	2	1	0
The grains are large and uniform throughout.	There are some grains, but not all over.	Clearly present, but the grains are small and watery.	Upon closer inspection, it exists only faintly.	No tumor

f.

No Treatment
At-211
NIS-DPCx3 + At-211

Fig.6g

Fig. 7

NIS

NIS

DPC

Cancer cells

NIS

DPC

DPC

DPC

NIS

DPC

NIS

At-211

NIS

NIS

NIS

α-ray

Process ①
Accumulation
to cancer cells

Process ②
Acquisition of
At-211

Process ③
Antitumor
effect

I, At

NIS : sodium-iodide symporter