

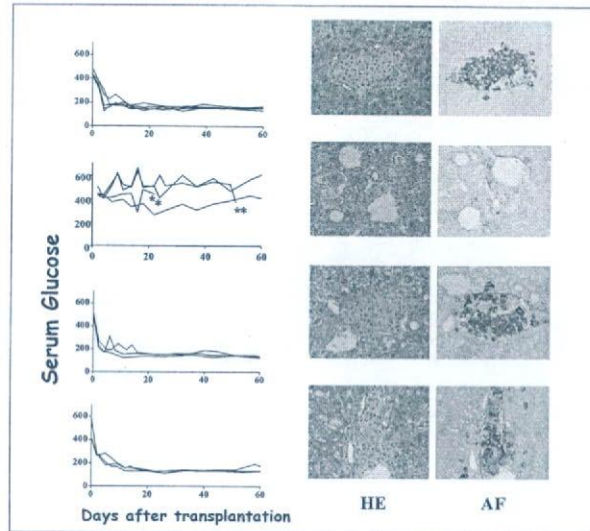
## Essential requirement of NKT cells/IFN $\gamma$ producing cells in early loss of islet grafts

NKTKO/STZ/  
200islets

NKTKO/STZ/  
200isletsWT  
LMNC

NKTKO/STZ/  
200 islets/  
NKT KO  
LMNC

NKTKO/STZ/  
200 islets/  
IFN $\gamma$  KO  
LMNC



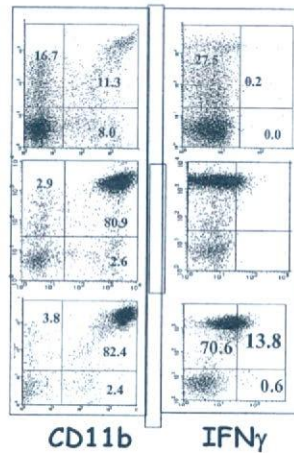
## Neutrophil influx and their IFN $\gamma$ production

Naïve  
B6

Diabetic  
NKT-KO/  
islets

Diabetic B6/  
islets

Gr-1<sup>+</sup>

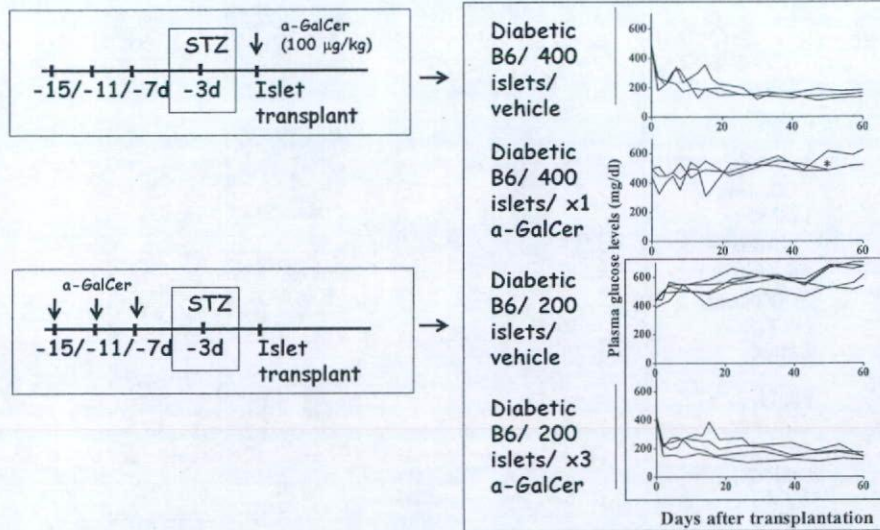


accept

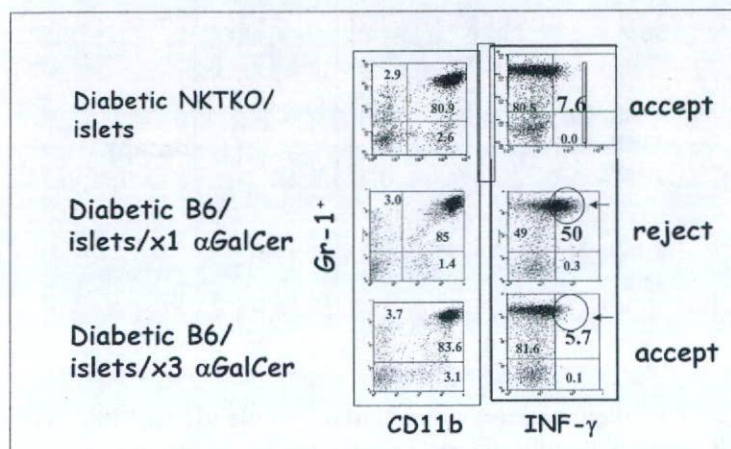
reject

Islet transplantation induces neutrophils without NKT cells  
Neutrophil production of IFN $\gamma$  is NKT cell dependent

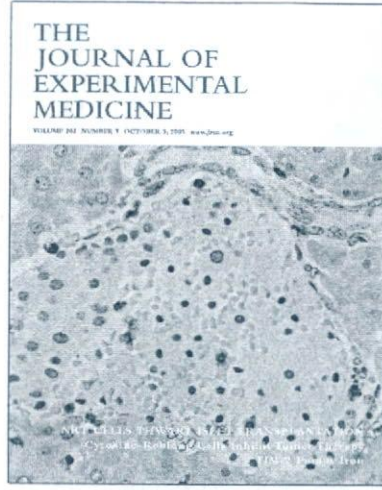
## Repeated administrations of $\alpha$ -GalCer down-regulate $\text{INF-}\gamma$ production of NKT cells to prevent early graft loss



## Prevention of $\text{INF-}\gamma$ production from Neutrophils by repeated $\alpha$ -GalCer treatment



# V $\alpha$ 14 NK T cell-triggered IFN- $\gamma$ production by Gr-1<sup>+</sup>CD11b<sup>+</sup> cells mediates early graft loss of syngeneic transplanted islets



**TRANSLATION**  
**NKT cells and neutrophils collaborate in graft rejection**

Although there has been much excitement surrounding the identification of non- $\alpha$ 14 NK T cells for the treatment of patients with diabetes, new patients fail to achieve insulin independence with a single transplant, leading to rapid rejection of the donor islets. To explore the mechanism of islet rejection, Yasunami et al. studied a mouse model of islet transplantation and they report that natural killer T (NKT) cells might be behind such early graft loss.

NKT cells have a long cell-to-islet interface immune response and, mainly through their ability to produce large amounts of interferon- $\gamma$  (IFN- $\gamma$ ), function as a bridge between innate and adaptive immune responses. Because IFN- $\gamma$  has been shown to be a major mediator in the destruction of islet  $\beta$  cells, the authors proposed that NKT cells might be involved in early islet graft failure.

Indeed, as assessed by hyperglycemia, mice lacking CD122 were less prone to diabetes than mice of wild type. A transplant of islet islets harvested from 2 separate mice and injected into the liver of the diabetic mice was required to restore normal blood glucose levels, as in that received 100 islets (normal hyperglycemic and had few islet cells). But if the diabetic mice lacked NKT cells, a transplant of only 10 islets was sufficient to restore normal blood glucose levels, indicating that NKT cells might be responsible for the loss of the transplanted islets.

Next, injection of CD122-transfected wild-type dendritic cells (in CD122) were used to induce NKT cell numbers in mice that already had early diabetes. Although NKT cell numbers seemed to decrease immediately after transplantation (combined with a diabetes-induced decrease), blood glucose levels improved. NKT cell numbers increased markedly 24 hours after transplantation, as a consequence of NKT cell activation. Neutrophils adhered to transplanted islets and were induced to produce high levels of IFN- $\gamma$ , indicating that they might be able to destroy the islets.

On the basis of the observation that a single dose of  $\alpha$ GalCer induces NKT cell activation but not islet destruction with  $\alpha$ GalCer, inhibition of IFN- $\gamma$  production by NKT cells, the authors found whether graft loss could be prevented by repeated injection of  $\alpha$ GalCer. Diabetic mice that received 400 islets were treated with a high dose of  $\alpha$ GalCer, resulting in hyperglycemia and had increased IFN- $\gamma$  production by neutrophils and NKT cells. By contrast, when diabetic mice were pretreated three times with  $\alpha$ GalCer, a transplant of only 100 islets was sufficient to restore normal blood glucose levels and reduce IFN- $\gamma$  production.

In *in vivo* deletions of NKT cell activation to prevent that will lead to better NKT cells and neutrophils might be a novel approach for improving the efficiency of islet transplantation.

**Key Words:** Diabetes and Islets  
**Address correspondence to:** Yasunami et al., Department of Pathology, University of Michigan Medical Center, 1677 Clinical Science Center, 300 Zeeb Road, Ann Arbor, MI 48109-0616 (y-yasunami@umich.edu).



Nature Rev Immunol 5: 830, 05

Yasunami, et al.  
 JEM 202: 913, 2005

## Our strategy to improve outcome of clinical islet transplantation

is to

find drugs which have already been used in clinical practice and have beneficial effects on prevention of early loss of islet grafts in the liver.

One such candidate includes anti-IL-6R antibody, adenosine, anti-proinflammatory cytokine antibodies, activated protein C, - - - - -.

Anti-IL-6R antibody has been introduced into clinics to treat Castleman's disease and will be commercially available this year for the treatment of rheumatoid arthritis.

## To overcome obstacles facing clinical islet transplantation

### #1. Loss of transplanted islets

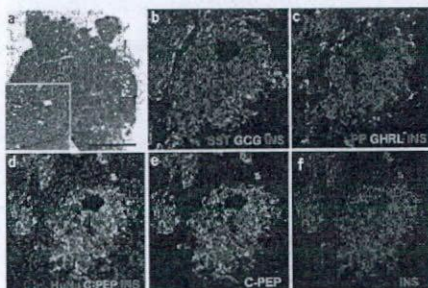
- novel procedures for its prevention
- regeneration of transplanted islets
- regeneration of islets in recipient pancreas

### #2. limited source of donors

- xenogeneic (porcine) islets
- ES cells
- iPS cells

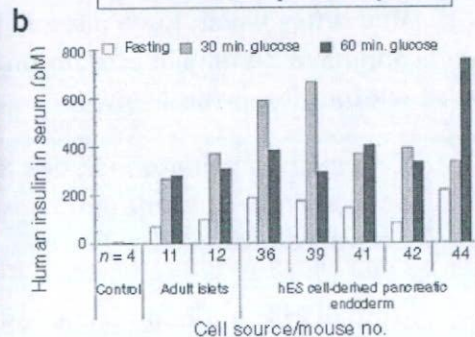
## Stage 4 培養ヒトES細胞の移植

### Morphology



Retrieved grafts 78d post implant  
from epididymal fat pads of recipient  
SCID mice

### IPGTT 94 d post implant



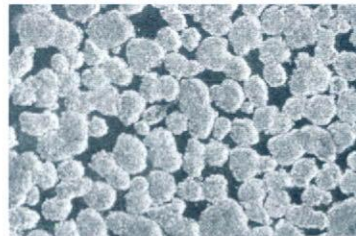
Nature Bio Tech on line pub, 2008

## Insulin-producing cells derived from human ES and iPS cells as donors for the treatment of IDDM

- #1. tumor formation after purification of pancreatic endoderm? Safety?
- #2. control of allo- and auto-immune rejection?

## Historical background of islet transplantation

- 1967 Islet isolation from rat pancreas (Lacy and Kostianovski. Diabetes)
- 1973 Experimental islet transplantation (Kemp, Scharp, Lacy, Ballinger. Nature)
- 1982 Islet isolation in large animals (P Lacy, E Lacy, Finke, Yasunami. Diabetes) →
- 1986 Mass isolation of human islets (Ricordi, Scharp, Lacy. Diabetes)
- 1990 First case of clinical islet transplantation (Scharp, Ricordi, Lacy et al. Diabetes)
- 1991 Foundation of International pancreas & Islet Transplant Association (IPITA) →
- 2000 Successful islet transplantation (Shapiro, et al. NEJM)
- 2004 First case of islet transplantation in Kyoto Univ
- 2006 Islet transplantation in Fukuoka Univ
- 2007 Suspended due to Liberase problem



Isolated canine islets



member

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## 膵島創出に向けた細胞操作技術の開発

1. 横浜市立大学 大学院医学研究科 臓器再生医学

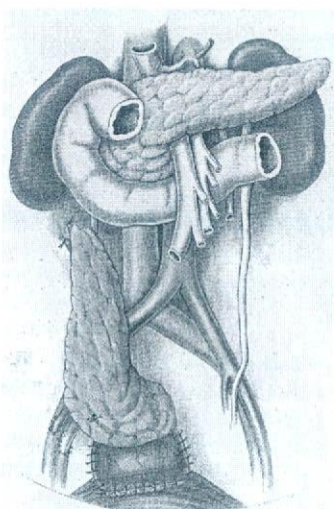
2. 理化学研究所 発生再生科学総合研究センター

谷口英樹<sup>1, 2</sup>

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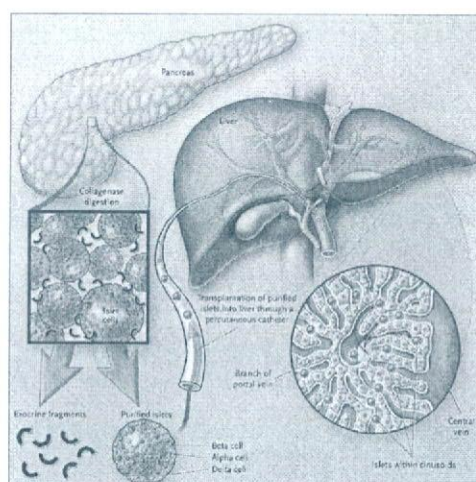
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### 臓器移植



Atlas of Liver, Pancreas, and Kidney Transplantation

### 細胞療法

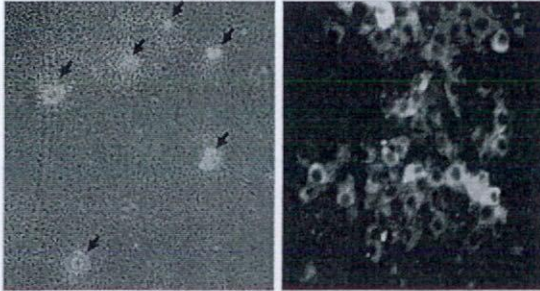


New England Journal of Medicine 350 (7): 694, 2004

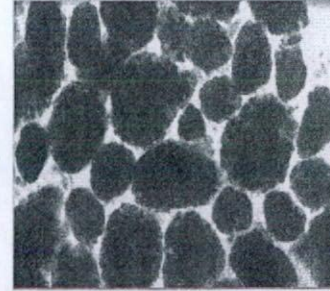
細胞操作技術に基づく膵島創出への期待

## 三次元培養系を活用した膵島再構成への展望

<膵幹細胞の二次元培養>



<三次元構造を有する膵島>



膵島移植ガイドラインより



- ・生体外における膵島スフェロイドの再構成は可能か？
- ・膵島スフェロイドの大量創出は可能か？
- ・再構成された膵島の機能は？ その治療効果は？
- ・膵島スフェロイドの血管化による高度化は可能か？

## 膵島創出のための要素技術の開発

1. 膵島スフェロイド大量作成技術の開発
2. 膵島スフェロイドの血管化技術の開発

## 重力分散型模擬微小重力発生装置を活用した 3次元大量培養システムの構築



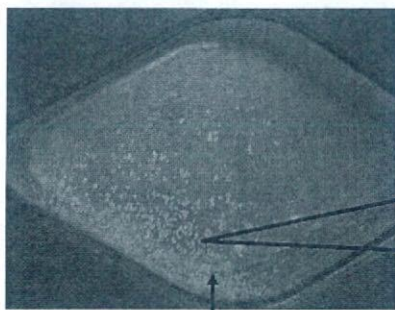
模擬微小重力環境発生装置  
2軸回転により重力方向を分散する



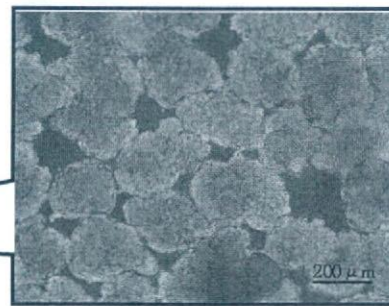
医工連携プロジェクト

## 模擬微小重力発生装置による膵β細胞株の3次元培養

RIN;2  $\times 10^5$  cells/mlにて搭載, 96時間培養後



スフェロイド(白色浮遊物)

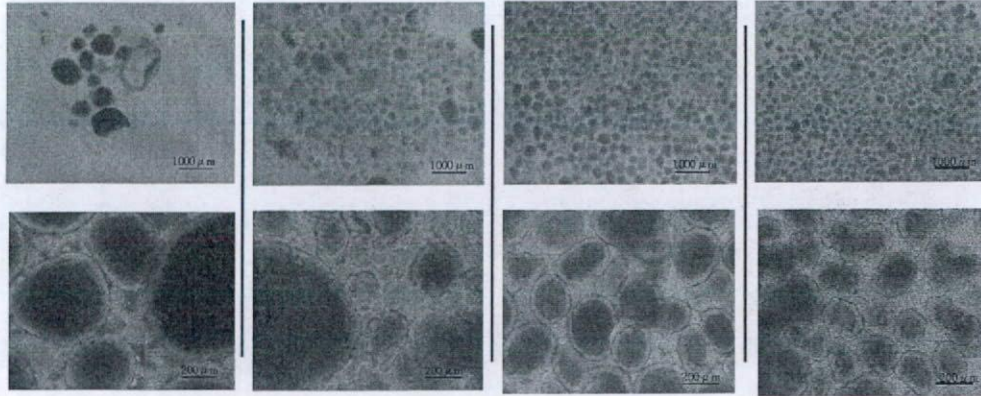


多数のスフェロイドが形成



## 三次元培養によるMIN 6 スフェロイドの大量創出

$\langle 2 \times 10^5 \text{ cells/ml, 96h培養} \rangle$   
  $\langle 1 \times 10^6 \text{ cells/ml, 96h培養} \rangle$   
  $\langle 2 \times 10^6 \text{ cells/ml, 96h培養} \rangle$   
  $\langle 6 \times 10^6 \text{ cells/ml, 96h培養} \rangle$



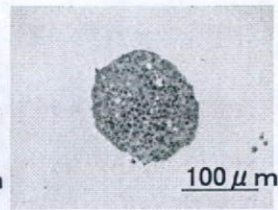
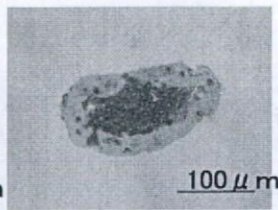
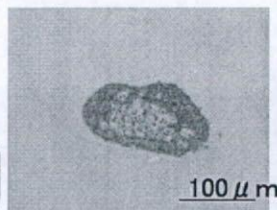
## MIN6スフェロイドにおけるインスリンおよびCペプチドの産生

HE

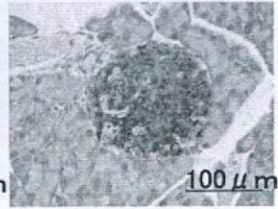
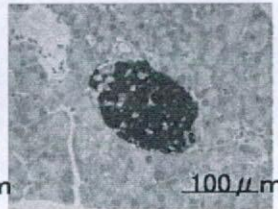
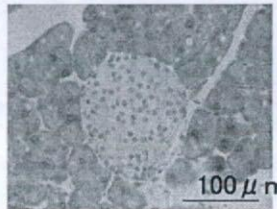
インスリン

Cペプチド

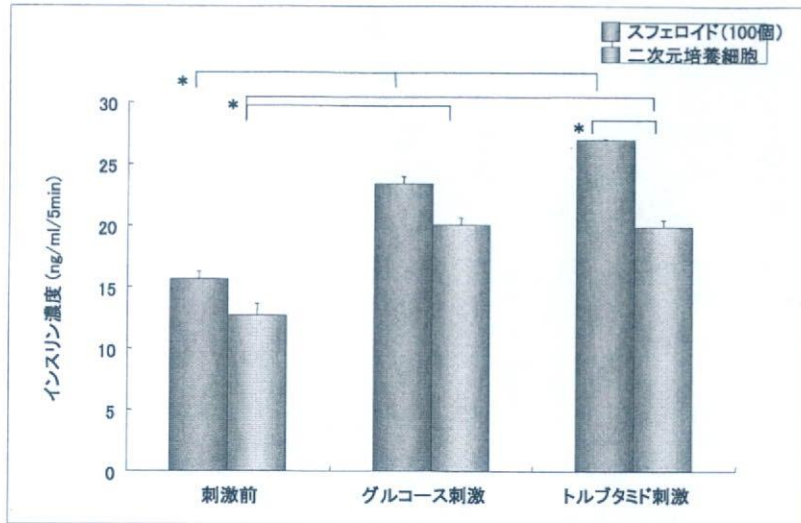
MIN6  
 スフェロイド  
 $(2 \times 10^6 \text{ cells/ml})$   
 96h培養



マウス膵臓内  
 の膵島

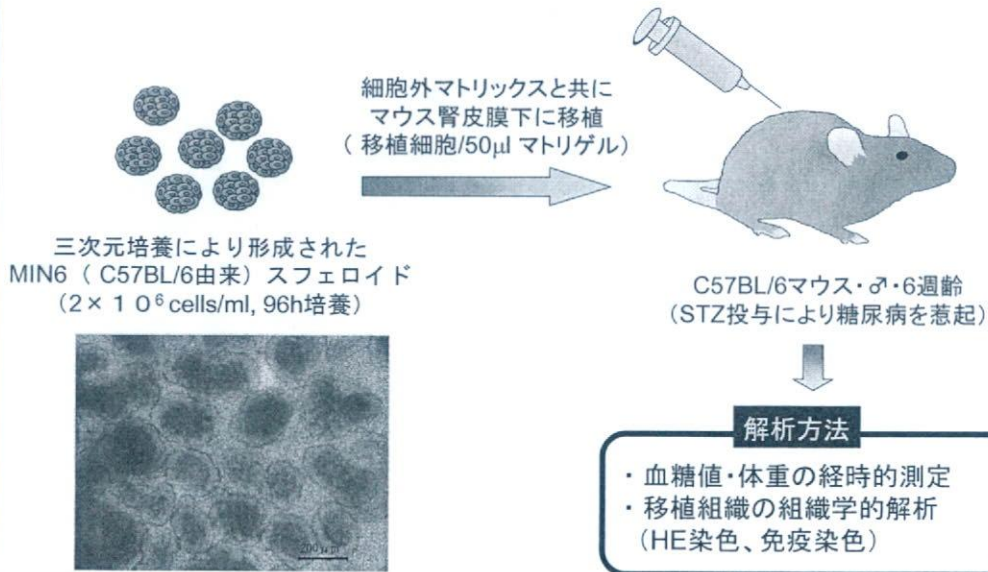


## MIN6スフェロイドにおけるグルコース応答性



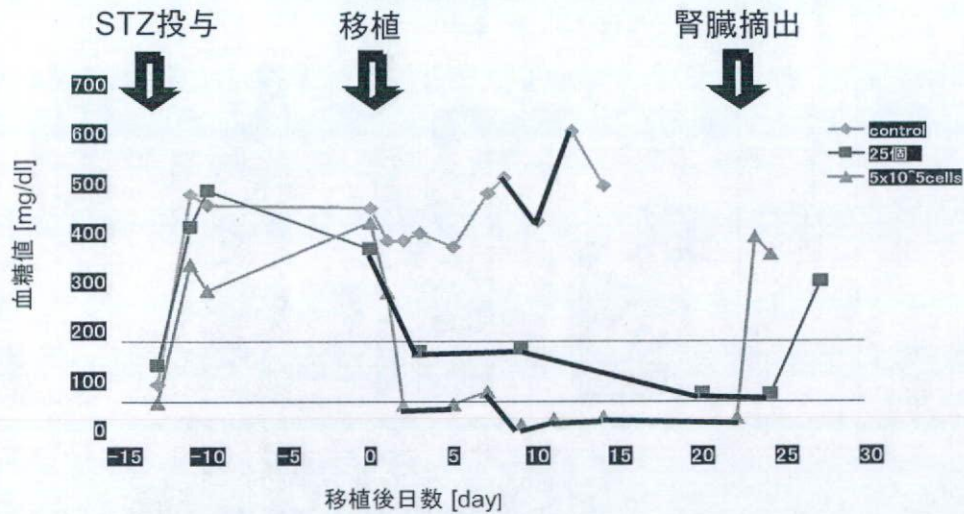
※刺激前:0.5%, グルコース刺激:3%, トルブタミド:1 mM  
 ※総スフェロイド構成生細胞数および二次元培養細胞数は共に $8 \times 10^6$  cells

## 糖尿病モデルマウスへの膵島スフェロイドの移植



## MIN6スフェロイドの移植により糖尿病が改善

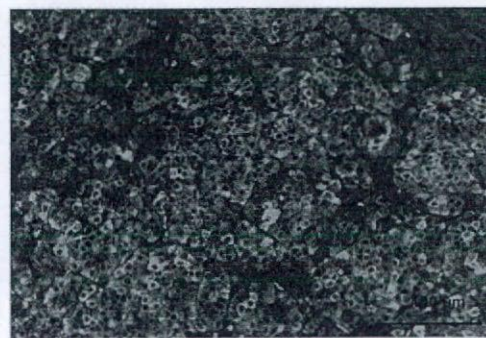
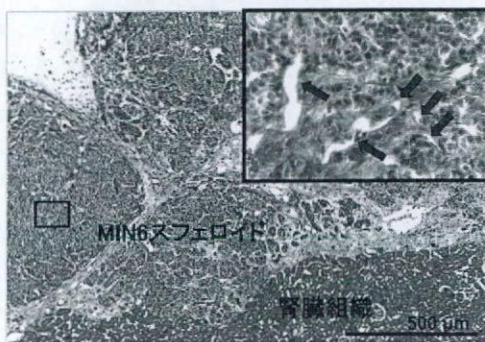
空腹時血糖値の推移



## 糖尿病マウスの腎皮膜下に生着した膵島スフェロイド

MIN6スフェロイド移植

■ DAPI    ■ Insulin



← スフェロイド内に形成された血管構造

MIN6スフェロイド25個: 5 × 10<sup>5</sup>cells  
移植後37日目

## 膵島創出のための要素技術の開発

1. 膵島スフェロイド大量作成技術の開発
2. 膵島スフェロイドの血管化技術の開発

## 膵島スフェロイドにおける血管ネットワークの再構成

膵島スフェロイド内部への血流供給  
分泌タンパク質の血流へのアクセス  
細胞極性の再構築



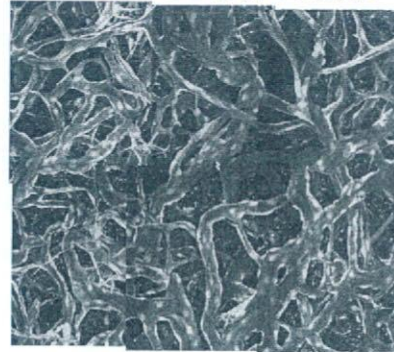
**膵島スフェロイドの高機能化**

幹細胞ニッチ (vascular niche) の確保  
内部血管をレシピエント型に置換



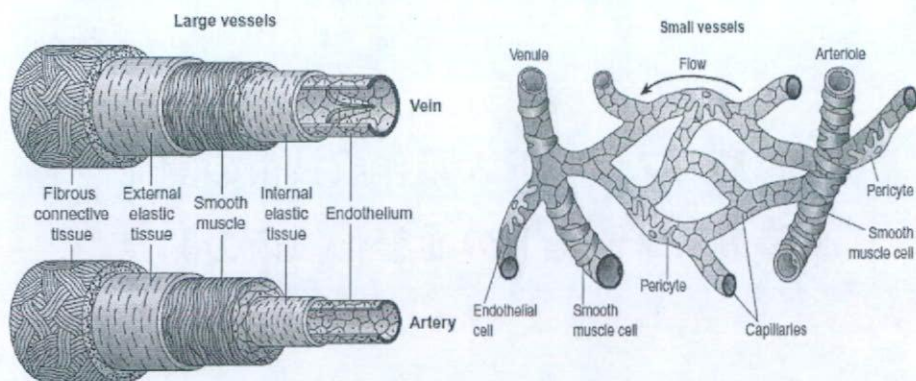
**膵島スフェロイドの長期維持**

In vivoにおける血管網の再構成



Koike N, et al: Nature, 2004

## 血管の構成細胞



**血管内皮細胞**

血管の内腔を構成する細胞

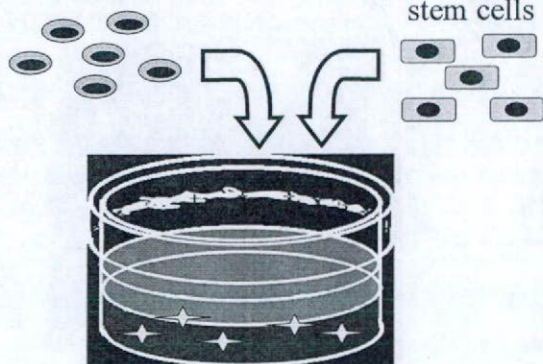
**血管壁細胞**

毛細血管ではペリサイトとして、動脈・静脈では平滑筋細胞として血管の安定化に寄与する。周囲の間葉系細胞が分化したものである。

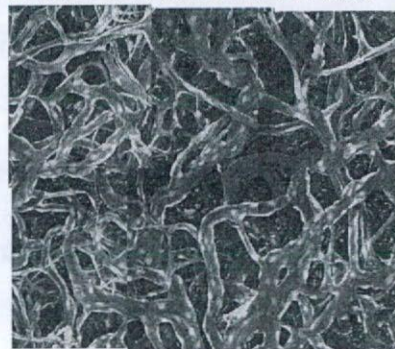
## 生体材料を用いた血管化技術の開発

EGFP-labeled HUVEC

Mesenchymal stem cells



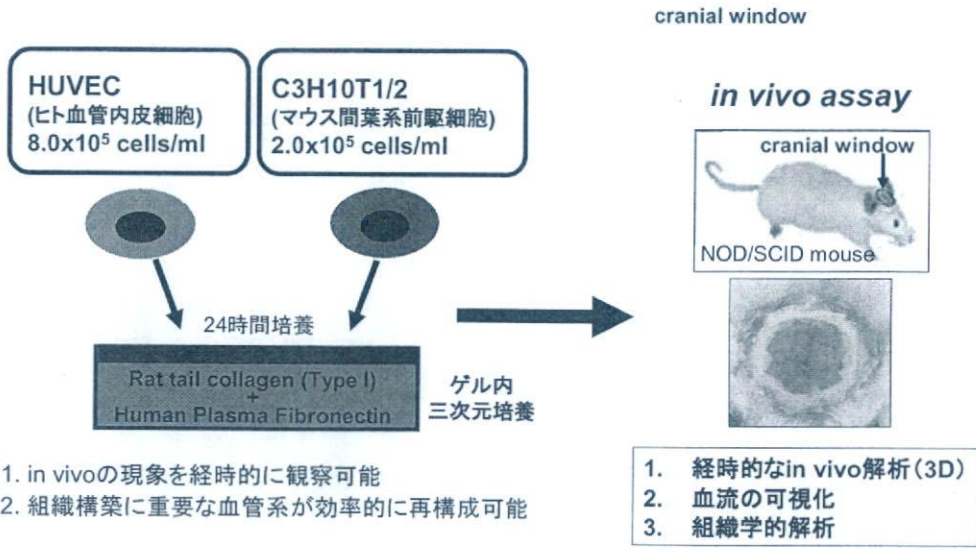
In vivoにおける血管網の再構成



Koike N, et al: Nature, 2004

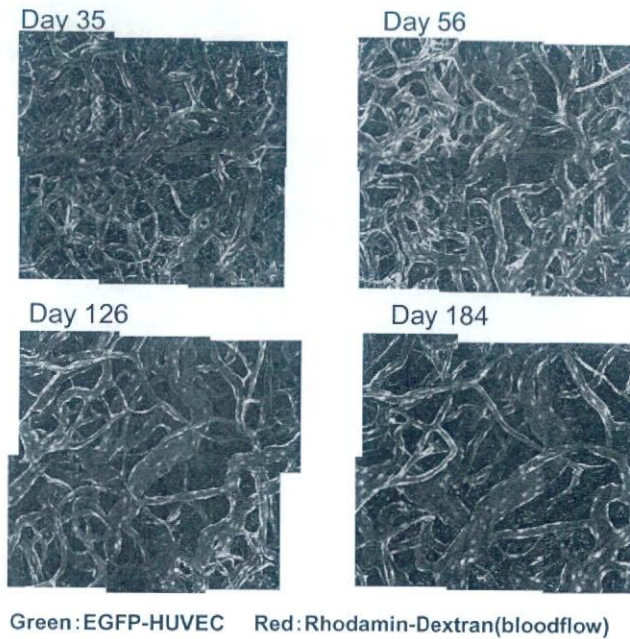
本プロジェクトにて創出される  
血管誘導作用を有する新規生体材料

## ヒト/マウスキメラ血管ネットワークの再構成法



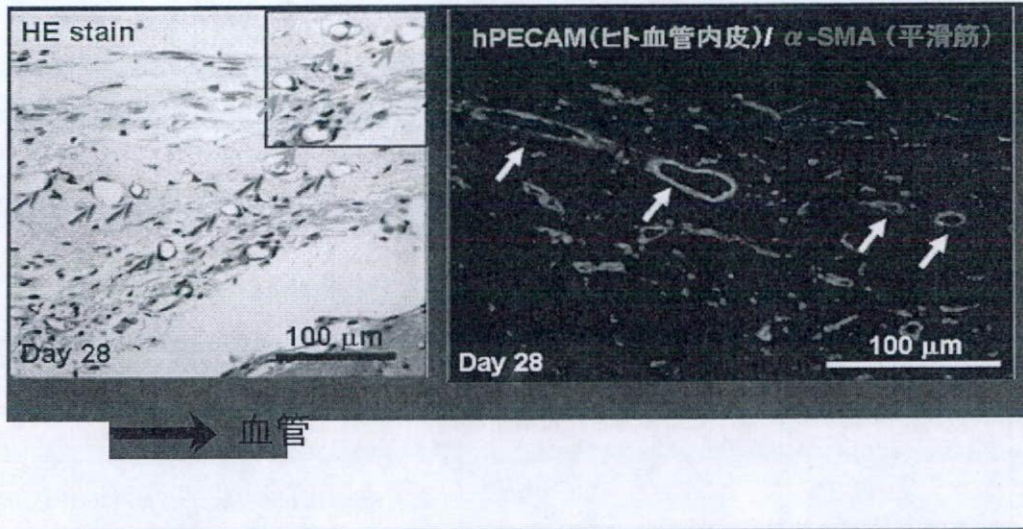
Koike N. *et al. Nature* 428, 138-139, 2004

## 再構成されたヒト/マウスキメラ血管ネットワーク

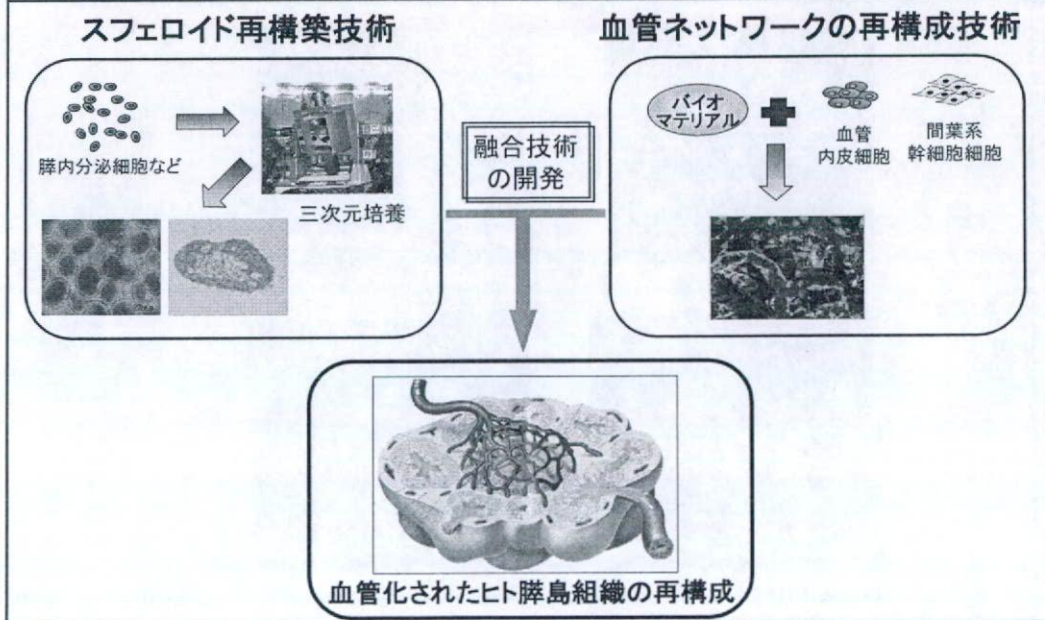


Koike N, *Nature*, 2004

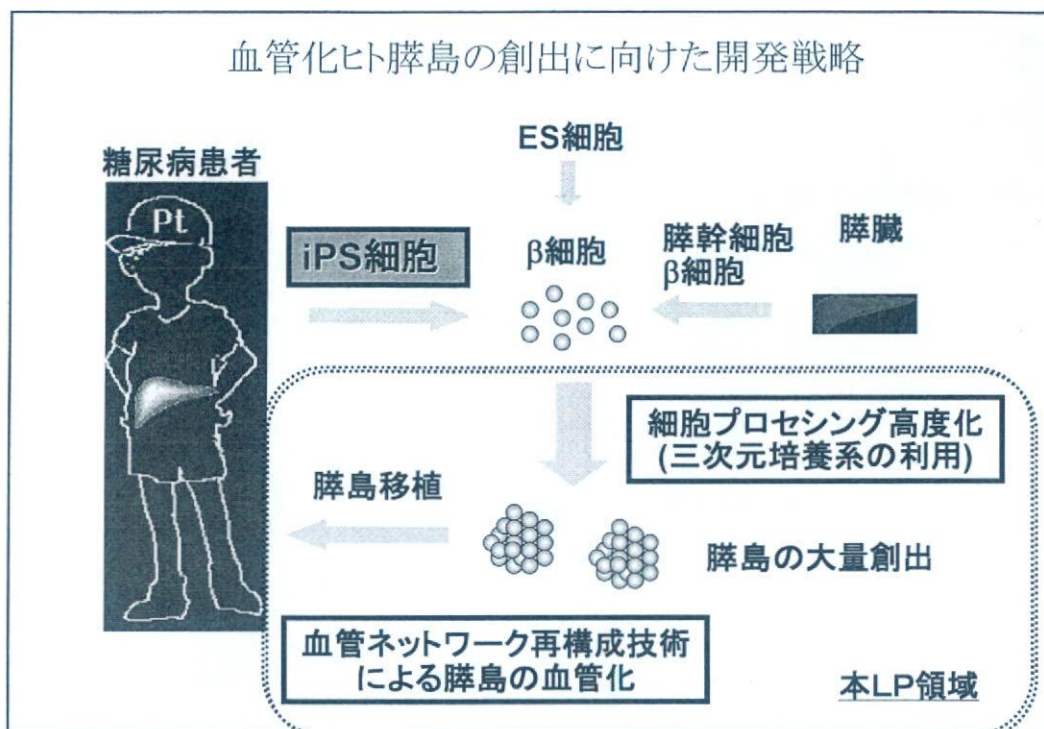
ヒト/マウスキメラ血管ネットワークの組織学的解析



今後の計画 要素技術の融合に基づく高次組織の創出



## 血管化ヒト膵島の創出に向けた開発戦略



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Yokohama City University

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Naoto Koike  
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Ai Okamura  
Yasuharu Ueno  
Takako Naito  
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Hidetoshi Miyata  
Masashi Mori  
Ayako Makita  
Yunwen Zheng  
Teruki Kishi  
Momotaro Ishikawa

BioMaterial Research Center  
National Institute for Material Sciences

Sayaka Kita  
Takeshi Amiya  
Rei Hirochika  
Junzo Tanaka  
Tetsuya Tatsuishi

Department of Radiation Oncology  
Massachusetts General Hospital  
Harvard Medical School

Dai Fukumura  
Rakesh K Jain



**Record 1 of 77**

**Author(s):** Butler, PC (Butler, Peter C.); Meier, JJ (Meier, Juris J.); Butler, AE (Butler, Alexandra E.); Bhushan, A (Bhushan, Anil)  
**Title:** The replication of beta cells in normal physiology, in disease and for therapy  
**Source:** NATURE CLINICAL PRACTICE ENDOCRINOLOGY & METABOLISM, 3 (11): 758-768 NOV 2007  
**ISSN:** 1745-8366

**Record 2 of 77**

**Author(s):** Movassat, J (Movassat, J.); Calderari, S (Calderari, S.); Fernandez, E (Fernandez, E.); Martin, MA (Martin, M. A.); Escriva, F (Escriva, F.)  
; Plachot, C (Plachot, C.); Gangnerau, MN (Gangnerau, M. N.); Serradas, P (Serradas, P.); Alvarez, C (Alvarez, C.); Portha, B (Portha, B.)  
**Title:** Type 2 diabetes - a matter of failing beta-cell neogenesis? Clues from the GK rat model  
**Source:** DIABETES OBESITY & METABOLISM, 9: 187-195 Suppl. 2 NOV 2007  
**ISSN:** 1462-8902

**Record 3 of 77**

**Author(s):** Butler, AE (Butler, A. E.); Galasso, R (Galasso, R.); Meier, JJ (Meier, J. J.); Basu, R (Basu, R.); Rizza, RA (Rizza, R. A.); Butler,  
PC (Butler, P. C.)

**Title:** Modestly increased beta cell apoptosis but no increased beta cell replication in recent-onset type 1 diabetic patients who died of diabetic ketoacidosis  
**Source:** DIABETOLOGIA, 50 (11): 2323-2331 NOV 2007  
**ISSN:** 0012-186X

**Record 4 of 77**

**Author(s):** Huang, CJ (Huang, Chang-jiang); Lin, CY (Lin, Chia-yu); Haataja, L (Haataja, Leena); Gurlo, T (Gurlo, Tatyana); Butler,  
AE (Butler, Alexandra E.); Rizza, RA (Rizza, Robert A.); Butler, PC (Butler, Peter C.)  
**Title:** High expression rates of human islet amyloid polypeptide induce endoplasmic reticulum stress-mediated beta-cell apoptosis, a characteristic  
of humans with type 2 but not type 1 diabetes  
**Source:** DIABETES, 56 (8): 2016-2027 AUG 2007  
**ISSN:** 0012-1797

**Record 5 of 77**

**Author(s):** Langley, AK (Langley, Alissa K.); Suffoletta, TJ (Suffoletta, Terri J.); Jennings, HR (Jennings, Heath R.)  
**Title:** Dipeptidyl peptidase IV inhibitors and the incretin system in type 2 diabetes mellitus  
**Source:** PHARMACOTHERAPY, 27 (8): 1163-1180 AUG 2007  
**ISSN:** 0277-0008

**Record 6 of 77**

**Author(s):** Muraca, M (Muraca, M.); Galbiati, G (Galbiati, G.); Realdi, G (Realdi, G.); Vilei, MT (Vilei, M. T.); Fabricio, ASC (Fabricio, A. Sueli Coelho); Caruso, M (Caruso, M.)  
**Title:** Regenerative medicine: An insight  
**Source:** TRANSPLANTATION PROCEEDINGS, 39 (6): 1995-1998 JUL-AUG 2007  
**ISSN:** 0041-1345

**Record 7 of 77**

**Author(s):** Greer, RM (Greer, Ristan M.); Shah, J (Shah, Janaki); Jeske, YW (Jeske, Yvette W.); Brown, D (Brown, David); Walker, RM (Walker, Rosslyn M.); Cowley, D (Cowley, David); Bowling, FG (Bowling, Francis G.); Liaskou, D (Liaskou, Daphne); Harris, M (Harris, Mark); Thomsett, MJ (Thomsett, Michael J.); Choong, C (Choong, Catherine); Bell, JR (Bell, John R.); Jack, MM (Jack, Michelle M.); Cotterill, AM (Cotterill, Andrew M.)  
**Title:** Genotype-phenotype associations in patients with severe hyperinsulinism of infancy  
**Source:** PEDIATRIC AND DEVELOPMENTAL PATHOLOGY, 10 (1): 25-34 JAN-FEB 2007  
**ISSN:** 1093-5266

**Record 8 of 77**

**Author(s):** Butler, AE (Butler, Alexandra E.); Huang, A (Huang, Andrew); Rao, PN (Rao, P. Nagesh); Bhushan, A (Bhushan, Anil); Hogan, WJ (Hogan, William J.); Rizza, RA (Rizza, Robert A.); Butler, PC (Butler, Peter C.)  
**Title:** Hematopoietic stem cells derived from adult donors are not a source of pancreatic beta-cells in adult nondiabetic humans  
**Source:** DIABETES, 56 (7): 1810-1816 JUL 2007  
**ISSN:** 0012-1797

**Record 9 of 77**

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