1 **ZIP9 is a Druggable Determinant of Sex Differences in Melanoma**
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Abstract

Melanoma and most other cancers occur more frequently, and have worse prognosis, in males

compared with females. Though sex steroids are thought to be involved, classical androgen and

estrogen receptors are not detectable in most melanomas. Here we show that testosterone

promotes melanoma proliferation by activating ZIP9 (*SLC39A9*), a zinc transporter that is not

intentionally targeted by available therapeutics, but is widely expressed in human melanoma.

This testosterone activity requires zinc influx, MAPK activation and YAP1 nuclear translocation.

We demonstrate that FDA approved inhibitors of the classical androgen receptor also inhibit

ZIP9, and thereby antagonize the pro-tumorigenic effects of testosterone in melanoma. In male

mice, androgen receptor inhibitors suppressed growth of ZIP9-expressing melanomas, but had no

effect on isogenic melanomas lacking ZIP9, nor on melanomas in females. These data suggest

that ZIP9 might be effectively targeted in melanoma and other cancers by repurposing androgen

receptor inhibitors that are currently approved only for prostate cancer.

Conflict of interest

T.W.R., C.A.N and C.A.P. are inventors on a provisional patent held by the University of

Pennsylvania related to this work.

Introduction

Cancer incidence and mortality are higher in males than in females in the U.S. and worldwide[1,2]. In the U.S., males are 15% more likely to develop cancer, and 40% more likely to die from this disease than females[1]. These sex differences were recognized as early as 1949[3], are observed in the majority of cancer types from non-reproductive tissues[1], and remain even after controlling for known risk factors such as environmental and occupational exposures[4]. While recent advances in modern targeted and immune therapeutics have markedly improved survival for both female and male melanoma patients[5], females still have more favorable outcomes[1,4]. Defining the mechanisms underlying the broad and persistent sex differences in cancer incidence and outcomes will address a major unresolved question in cancer pathobiology.

We previously showed that the female sex hormone estradiol inhibits melanoma proliferation and tumor growth *in vivo*. This effect is independent of biologic sex of the tumor, independent of classical estrogen receptors (ER), and results from activation of a nonclassical surface estrogen receptor on melanocytes and melanoma cells called the G Protein Estrogen Receptor (GPER)[6,7]. This work led us to consider whether male sex hormone signaling might also contribute to female vs. male differences in melanoma progression.

Testosterone is the most abundant androgen and circulates at much higher levels in males (630 ng/dl) than in females (32 ng/dl)[8]. In males, higher levels of circulating testosterone also correlate with increased melanoma incidence[9]. Testosterone promotes proliferation *in vitro* in non-gonadal cell types including adipocytes[10], mouse skeletal muscle myoblasts[11], glioblastoma-derived cells[12], lung cancer cell lines[13] and melanoma[14]. As the classical androgen receptor (AR) is not consistently detected in most of these tissues, the receptor(s) mediating the testosterone-dependent increased proliferation and the corresponding downstream mechanisms

are not yet defined. Also unknown is whether this androgen activity observed *in vitro* is relevant

to cancer progression *in vivo*.

Here we studied 98 human melanocytic lesions (nevus, primary and metastatic melanoma

from both males and females) and did not detect AR in any of them. However, in nearly all

samples, we readily detected ZIP9, a membrane localized zinc transporter recently discovered in

Atlantic Croaker (fish) cells to be a activated by testosterone[19].

Here, we use genetic and pharmacologic approaches to target ZIP9 in multiple melanoma

models in vitro and in vivo. These functional studies define a previously unappreciated

nonclassical testosterone signaling pathway through ZIP9, establish a novel mechanistic link

between male androgens and melanoma pathobiology, and highlight a potential new therapeutic

opportunity by repurposing currently available drugs.

Results

Melanoma tumors grow more quickly in male vs. female mice.

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To test whether preclinical melanoma models recapitulate the male vs. female survival disparity

observed in humans, we first determined growth of human BRAF-driven melanoma (WM46,

female origin, BRaf^{V600E}; CDK4^{R24C}). Tumors grew faster in immunodeficient SCID male mice

compared with matched female mice (Fig. 1A and Fig. S1A), indicating that the differences do

not depend on T and/or B cell immune responses. To test whether this phenotype extends to a

genetically-engineered preclinical mouse model, we used murine YUMM1.7 cells (male origin,

BRaf$^{V600E/wt}$;Pten$^{-/-}$CdkN2a$^{-/-}$)[16] in syngeneic immunocompetent C57BL/6 mice. These tumors

also consistently grew faster in male mice compared with matched females (Fig. S1B).

Testosterone, but not dihydrotestosterone, promotes proliferation in melanoma cells

independent of the classical androgen receptor.

Physiologic concentrations of testosterone promoted proliferation of both normal early passage

primary human melanocytes and melanoma cells (Fig. 1B, C and Fig. S1C). The proliferative

response to testosterone correlated with dose and was saturable, suggesting a specific receptor-

mediated activity. In contrast, dihydrotestosterone (DHT) had no effect on proliferation of these

cell types across a wide concentration range (Fig. 1C). Dihydrotestosterone is a more potent AR

agonist than testosterone[17,18]. The fact that the melanocytes and melanoma cells responded to

testosterone, but not to DHT (Fig. 1B, 1C, Fig. S1C, S1D and S1E), suggests the possibility that

testosterone effects in these cells are mediated by the nonclassical androgen receptor ZIP9, as

ZIP9 has a much higher affinity for testosterone than for dihydroteststerone[19]. Further suggesting

the idea that a nonclassical androgen receptor mediates these observed testosterone effects, we

were unable to detect AR protein (via western blotting using 2 different AR antibodies, or via

immunofluorescence, Table S1) in primary melanocytes, or in any of the 8 melanoma cell lines

we have tested. We did however, readily detect AR protein in 3 prostate cancer lines used as

positive controls (Fig. 1D and Fig. S1F and S1G). Consistent with this lack of detectable AR

protein, AR transcript was not detected via RNASeq in any of 6 different primary human

melanocyte cultures. In contrast, *SLC39A9*/ZIP9 transcript, as well as transcript for the classical

nuclear glucocorticoid receptor *NR3C1*, and for the melanocyte marker *MC1R*, were each readily

detected in all the cell lines (Fig. 1E).

To test whether testosterone effects in melanoma cells are mediated by a surface receptor,

we next treated WM46 and SK-MEL-24 human melanoma cells, (female and male derived,

respectively) with a membrane-impermeable testosterone analogue [(Testosterone 3-(O-

carboxymethyl)oxime: BSA] that is incapable of activating AR (AR is necessarily active in the

nucleus). This compound and free testosterone each similarly promoted melanoma proliferation

(Fig. S2A), supporting the idea that a non-classical androgen receptor located in the cellular

membrane was responsible for the observed phenotype.

ZIP9 is broadly expressed in most cancers (Fig. S2B), normal human melanocytes, and

all melanoma lines that we tested (Fig. 2A). ZIP9 transports zinc (Zn^{++}) across cell and organelle

membranes into the cytoplasm and is the only steroid receptor known to directly regulate zinc

homeostasis[20]. To test whether testosterone activates this ZIP9 activity in melanoma, we used the

fluorescent Zn^{++}-specific probe FluoZin-3. Testosterone induced a rapid increase in cytosolic

free Zn^{++} ($[Zn^{++}]_i$) in human melanoma cells (Fig. 2B), that was followed by a sustained

elevation for at least 2 days in the presence of testosterone (Fig. 2C). We determined that Zn^{++}

influx was necessary for the testosterone-dependent increase in melanoma cell proliferation, as

treatment with the Zn^{++} chelator N,N,N′,N′-tetrakis (2-pyridinylmethyl)-1,2-ethanediamine

(TPEN), blocked testosterone induced proliferation at TPEN concentrations that had no

significant effect on proliferation when used alone (Fig. 2D and Fig. S2C).

Although TPEN has high affinity for Zn^{++}, it also has some ability to chelate copper[21]. To

test whether copper flux might contribute to testosterone effects on melanoma proliferation, we

treated WM46 cells with $CuSO_4$, which had no significant effect on cell proliferation (Fig. S2D).

Moreover, the highly specific copper chelator bathocuproinedisulfonic acid (BCS), did not affect

the proliferative response to testosterone, nor did BCS affect testosterone induced Zn^{++} influx

(Fig. S2E and Fig. S2F).

After determining that Zn^{++} influx was necessary for testosterone-induced proliferation,

we next tested whether increased Zn^{++} was sufficient to increase melanoma proliferation.

Exogenous zinc pyrithione (also a Zn^{++} ionophore), and $ZnCl_2$ each increased melanoma

proliferation (Fig. 2E). Other biologically-relevant divalent cations, Fe^{++} and Mn^{++}, known to be

transported by other ZIP family members[22], had no effect on proliferation (Fig. 2E). Together,

these results demonstrate that testosterone, but not DHT, promotes zinc dependent proliferation

in melanoma cells that express ZIP9 and lack detectable AR.

We next used immunocytochemistry to test whether AR and/or ZIP9 protein are

expressed in human melanocytic lesions (14 benign nevi, 63 primary melanomas, and 21

metastatic melanomas from both males and females). AR was determined in tissue sections using

a highly validated CLIA (Clinical Laboratory Improvement Amendments) certified method in

the clinical pathology lab at the Hospital of the University of Pennsylvania. This procedure uses

a validated antibody different from the two we used for western blotting and

immunofluorescence. Each tissue was scored in a blinded fashion by a board-certified

pathologist. While AR was readily detectable in prostate tissue used as positive control, AR was

not detected in any of the nevi, nor in the melanomas (Fig. 2F). In parallel, we analyzed the same

samples for ZIP9. CLIA grade ZIP9 IHC is not available. However, we validated our ZIP9

antibody using parental WM46 ZIP9 positive (wtZIP9) and isogenic ZIP9 negative (ΔZIP9) cell

lines. These cells were grown on chamber slides and processed for IHC in parallel with the

human samples. The antibody used labeled only the wtZIP9 cells. ZIP9 protein was observed in

100% of the nevi, 97% of primary melanomas and 100% of the metastatic samples (Fig. 2G).

Further, ZIP9 relative staining intensity positively correlated with tumor stage (Fig. 2H). No

significant differences in ZIP9 staining were observed between males and females (Fig. S2G).

We next questioned whether ZIP9 expression correlates with clinical melanoma

outcomes in people. We used *OSskm*[23] to analyze pooled data from 1085 tumors (563 death

events) from multiple studies (GSE17275, GSE19234, GSE22155_GPL6102,

GSE22155_GPL6947, GSE50509, GSE46517, GSE53118, GSE65904, GSE98394 and TCGA.

High ZIP9 expression associated with shorter survival (HR=1.2039) (Fig S2H), consistent with

the idea that ZIP9 promotes melanoma progression.

Testosterone signaling through ZIP9 promotes melanoma growth

To determine whether ZIP9 mediates testosterone effects, we used CRISPR-Cas9 and gRNA

targeting Slc39A9 exon 1 to ablate ZIP9 in human (WM46) melanoma and in murine

(YUMM1.7) melanoma. Isogenic clonal populations of parental ZIP9-expressing (wtZIP9) and

ZIP9-ablated (ΔZIP9) cells were established, and the mutations disrupting the reading frame

were mapped by sequencing (Fig. S3A, S3B and S3C). ZIP9 protein was not detectable in ΔZIP9

cells (Fig. 2F, Fig. 3A, Fig. 3B and Fig. S3D). ΔZIP9 cells did not respond to testosterone,

whereas isogenic wtZIP9 control clones responded similarly to the parental wtZIP9 cells (Fig.

3A, 3B and Fig. S3E).

The testosterone insensitive phenotype associated with CRISPR-Cas9 engineered ZIP9 loss

was rescued by expression of a human ZIP9 transgene. Lentiviral mediated constitutive ZIP9

expression in the ΔZIP9 WM46 cells restored both ZIP9 protein and the proliferative response to

testosterone, verifying the on-target effects of the CRISPR-Cas9 mediated ZIP9 ablation (Fig.

S3F, S3G).

Consistent with the conclusion that ZIP9 is the major mediator of testosterone and

exogenous zinc effects in these melanoma cells, exposure to testosterone or to extracellular zinc

failed to increase $[Zn^{++}]_i$ in ΔZIP9 cells (Fig. 3C and 3D). Therefore, testosterone induces a

rapid, ZIP9-dependent, increase in $[Zn^{++}]_i$ that is required for the increased proliferation in

melanoma cells.

Testosterone-induced melanoma proliferation through ZIP9 requires downstream MAPK

and YAP1 activation

Although the studies detailed above show that testosterone promotes melanoma proliferation via

ZIP9 dependent Zn^{++} influx, zinc is involved in myriad cellular processes, making it difficult to

predict *a priori* which downstream signaling pathways are required for the testosterone activity.

To start identifying these, we used a 447-element Reverse Phase Protein Array (RPPA) analysis

of human WM46 melanoma cells treated with testosterone for 0, 30, 60 and 480 min. While the

relative expression of most represented proteins was unaffected by testosterone, some were

significantly under or overexpressed, including several with known tumor-promoting or tumor-

suppressive functions (Fig. 4A and Table S2). Downregulated proteins included 14-3-3ε, a tumor

suppressor and negative YAP1 regulator previously implicated in liver, lung, and gastric

cancers[24], and CDKN2A (p16), a cyclin-dependent kinase (CDK) inhibitor, and one of the most

studied tumor suppressors[25]. Upregulated proteins included key elements of tumor-promoting

pathways, most notably phosphorylated ERK (T202; Y204) and YAP1 (Fig. 4A).

Importantly, ΔZIP9 cells displayed decreased basal levels of ERK phosphorylation compared

with isogenic wild-type clones (Fig. S4A). MAPK activation was necessary for the testosterone-

dependent proliferative response, as the specific ATP-competitive ERK1/2 inhibitor, ulixertinib[26]

(RVD-523; Ei) blocked the testosterone-dependent proliferative response, at ulixertinib

concentrations that had no effect on the basal proliferation rate when used alone (Fig. 4B).

Testosterone-dependent ZIP9 activation appeared to render WM46 cells more sensitive to

ulixertinib, as cell viability was compromised when they were treated with both testosterone and

RVD-523. This vulnerability to combination treatment seems to be specific and ZIP9 dependent,

as ΔZIP9 cells treated with both testosterone and ulixertinib proliferated at rates comparable to

controls (Fig. 4B).

We determined that YAP1 activation is also required for the augmented proliferative

response driven by testosterone. YAP1 is a transcriptional coactivator whose activity is largely

regulated by its localization[27]. Testosterone induced rapid YAP1 translocation from cytoplasm to

nucleus in human melanoma cells in a ZIP9-dependent manner (Fig. 4C, 4D and Fig. S4B).

YAP1 subcellular localization is controlled largely by LATS, which phosphorylates YAP1 at

Serine 127 and thereby retains YAP1 in the cytoplasm[28]. The YAP1 inhibitor dobutamine also

promotes phosphorylation of YAP at Ser127[29]. Consistent with this, the testosterone induced

YAP1 nuclear localization and increase in cell proliferation were both blocked by dobutamine,

while this compound had no significant effect on its own (Fig. 4D, and Fig. 4E). When ZIP9

expression was rescued via lentiviral transduction of a ZIP9 transgene to ΔZIP9 WM46 cells,

testosterone dependent YAP1 translocation into the nucleus was also restored (Fig. S4C).

Testosterone promotion of YAP1 activity was evidenced by increased expression of

several well-known YAP1 target genes including CDC6, CTGF, CYR61 and THBS1. As

expected, these testosterone-induced expression changes were also blocked by dobutamine (Fig.

4F).

Pharmacologic ZIP9 blockade inhibits testosterone-driven melanoma proliferation and melanoma tumor growth *in vivo*.

We next tested whether FDA-approved drugs could be repurposed to effectively target ZIP9. Although specific ZIP9 inhibitors are not yet developed, molecular modeling and competition assays with fluorescent-tagged testosterone suggest that the androgen receptor inhibitor bicalutamide (BIC) competes with testosterone for ZIP9 binding to the same extracellular pocket and thereby acts as a competitive ZIP9 antagonist[30]. Bicalutamide was developed and approved for prostate cancer and has now been largely replaced by enzalutamide (ENZ) and apalutamide (APA), which are structurally related analogs with higher affinity for the androgen receptor and greater clinical efficacy against advanced prostate cancer[31,32].

While ZIP9 was not known to be an androgen receptor at the time these drugs were developed, we show here that they are nonetheless effective inhibitors of testosterone effects in melanoma cells that express ZIP9, but that lack detectable AR. Each compound completely blocked testosterone-induced proliferation and MAPK activation in several melanoma cell lines (Fig. 5A, 5B). Importantly, these agents alone (without testosterone) had no effect on cell proliferation (Fig. S5A). The testosterone dependent increase of intracellular zinc was also efficiently blocked by bicalutamide (Fig. S5B). Moreover, ΔZIP9 cells transduced to re-express ZIP9, responded to testosterone, and this effect was again blocked by bicalutamide (Fig. S5C).

To further confirm that these pharmacologic agents work through ZIP9, we next used cyproterone acetate (CPA), an anti-androgen that blocks the testosterone interaction with AR, but that does not bind to ZIP9[33]. In our melanoma cells, up to a 20-fold molar excess of CPA did not significantly inhibit testosterone effects on proliferation, consistent with the conclusion that AR is not the major mediator of testosterone effects in these melanoma models (Fig. S5D).

To test whether these pharmacologic bicalutamide class AR inhibitors block the physical

interaction between testosterone and ZIP9 in melanoma, we performed direct binding assays

using a membrane-impermeable testosterone analogue (T-BSA-FITC). This reagent labels the

plasma membrane surface of wild-type ZIP9 expressing WM46 melanoma cells (Fig. 5C). This

membrane bound testosterone was displaced by apalutamide, demonstrating the specificity of the

interaction (Fig. 5C). Further demonstrating that the binding is ZIP9 specific, testosterone

localization at the plasma membrane was markedly reduced in ΔZIP9 cells (Fig. 5C) that did not

respond to testosterone, nor to APA in vitro (Fig. 5D).

Next, we tested whether apalutamide and related analogs inhibit melanoma *in vivo*. For

this, we introduced wtZIP9 or isogenic ΔZIP9 human WM46 melanoma into SCID mice. Once-

daily systemically administered apalutamide (20 mg/kg/day via oral gavage) significantly

suppressed growth of wtZIP9 tumors in male mice and extended survival (doubling time for

tumor growth was 11.1 days for vehicle treated males and 25.2 days for APA treated males) (Fig.

5E, Fig. S6A). Similar results were obtained when males were treated with bicalutamide

(30mg/kg/day) (Fig. 5F). Importantly, bicalutamide had no effect on wtZIP9 tumors in female

mice, nor on ΔZIP9 tumors (Fig. 5F, G, Fig. S6B and C). Together, these data show that ZIP9

promotes melanoma progression specifically in males.

<u>Discussion</u>

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Although many have speculated that sex steroids contribute to sex differences in cancer

pathobiology, definitive functional studies are lacking, and the mechanisms by which they

contribute to the male-female cancer sex gap are largely unknown. The role of nonclassical

estrogen, progesterone, and testosterone receptors (GPER1, PAQR7, and ZIP9, respectively) in

cancer pathobiology has been largely unexplored. However, these are highly likely to be

significant contributors to sex specific pathobiology in melanoma (and other cancers) as each are

transcribed at much higher levels than the classical nuclear sex steroid receptors, most of which

are not detectable above background (Fig. S7).

Testosterone promoted proliferation of melanoma cells in a saturable and dose-dependent

manner. Curiously, the same cell lines did not respond to DHT, which is generally considered

the more biologically active androgen. DHT displays 4-fold increased affinity than testosterone

for AR, and it dissociates from AR three time slower than testosterone[18]. Lack of response to

DHT in melanoma is consistent with the absence of detectable AR expression in the models used

for this study, and is highly consistent with our genetic data showing that ZIP9, which has higher

affinity for testosterone vs. DHT, is an important mediator of testosterone effects.

We show that ZIP9 activation via testosterone binding promotes an increase in cytosolic

zinc in melanoma cells. The mammalian family of zinc transporters SLC39A comprises 14

members (ZIP1–14)[34] grouped into four subfamilies that were stablished according to their

amino acid sequence similarities. There may be roles for these other family members in some

cancers, as ZIP1 (SLC39A1, from ZIPII subfamily) has been associated with the regulation of

zinc uptake in prostate cancer cells[35]. However, this rapid increase of intracellular zinc through

ZIP1 appears to be AR dependent, as PC-3 cells only respond to testosterone after they are

transfected with exogenous AR. ZIP9 is unique member of ZIPI subfamily[36], and the only one

known to directly interact with testosterone.

There may be many drivers of the cancer sex gap in humans, including differences in

immune surveillance[37]. However, differences in immune surveillance do not appear to be a major

driver of the differences in the melanoma models used for this study, as tumors progressed faster

not only in male vs. female syngeneic immunocompetent mice, but also in human melanomas

grown in male vs. female SCID mice. Therefore, the testosterone effects on melanoma in these

models are dependent on ZIP9, but independent of B and T cell mediated anti-tumor activity.

Consistent with this, ZIP9 expressing tumors responded to bicalutamide and apalutamide in

SCID mice.

As ZIP9 is widely expressed in nearly all tissues, it may be a major determinant of the sex

disparity in outcomes not just for melanoma, but also for many other cancer types. Consistent

with this, we observed that testosterone promotes proliferation in many diverse cancer cell types,

and that this effect is blocked by bicalutamide (Fig. S8).

While this work clearly establishes a major role for ZIP9 in melanoma, we do recognize

the possibility that some melanoma cell lines, and perhaps even some human tumors, may

express a low level of AR that also impacts melanoma. However, any such tumor would still

likely also be affected by ZIP9. A recent report[15] also considered a possible role for testosterone

in melanoma and, consistent with our data, concluded that testosterone promotes melanoma

progression. Authors attributed this effect to the classical AR. However, that report did not

consider the nonclassical androgen receptor ZIP9. Critically, that study did not show that AR

was necessary for melanoma response to pharmacologic AR inhibitors, nor did it test whether

AR was a determinant of sex differences in melanoma.

The demonstration here that ZIP9 is pharmacologically accessible, suggests that ZIP9

may be a new eminently druggable therapeutic target (Fig. 6), and that currently approved

androgen receptor inhibitors might be useful alone, or in combination with current standard of

care therapeutics for a wide range of cancers, especially those that disproportionately affect

males.

Materials and Methods

CRISPR-Cas9 mediated ablation of Slc39A9

We used lentiviral transduction to deliver dox-inducible Cas9 and gRNA targeting exon 1 of

Slc39A9 in human WM46 and murine YUMM1.7 melanoma cells. Transduced cells were

selected with puromycin, and single cells subsequently isolated, expanded and examined for

ZIP9 protein expression, compared to clones isolated in parallel with no doxycycline treatment.

The following gRNA sequences were used (5'-3'):

hZIP9_gRNA_Fw caccgTTGGTGGGATGTTACGTGGC

hZIP9_gRNA_Rv aaacGCCACGTAACATCCCACCAAC

hZIP9_gRNA_Fw caccgCGTGGCCGGAATCATTCC

hZIP9_gRNA_Rv aaacGGAATGATTCCGGCCACG

To map the targeted sequencing, the region surrounding the gRNA target sequence was

amplified in both WM46 (282bp) and YUMM1.7 (259bp) isogenic clones. The following

primers were used (5'-3'): hZIP9_CRISPRmut_Fw:

TAAGCAGAATTCATGGATGATTTCATCTCC

hZIP9_CRISPRmut_Rv:TAAGTAAGTCCAAGCTTCTGCTGCTTTGTCTGATGCA.

mZIP9_CRISPRmut_F:TAAGCAGAATTCATGGATGACTTTCTCTC.

mZIP9_CRISPRmut_Rv TAAGTAAGTCCAAGCTTGATATTTCTGCTGCTTTGT.

Once amplified, DNA fragments were cloned into pUC19 vector using EcoRI and HindDIII

sites, and sequenced (Sanger) by the DNA Sequencing Facility (University of Pennsylvania).

Sequences were analyzed using the free software CRISP-ID (V1.1) and ICE Analysis by

Synthego were the knock-out scores were obtained.

Cell culture and proliferation assays

YUMM1.7, SH-4 and SK-MEL-2 cells were purchased from ATCC (YUMM1.7 ATCC® CRL-3362™; SH-4 ATCC® CRL-7724™; SK-MEL-2 ATCC® HTB-68™) and cultured in DMEM (Mediatech, Manassas, VA, USA) with 5% FBS (Invitrogen, Carlsbad, CA, USA) and 1% Penicillin-Streptomycin (Thermo Fisher Scientific. #15140122). SK-MEL-3 cells were purchased from ATCC (ATCC® HTB-69™ and cultured in McCoy's 5A (Modified) Medium with 10% FBS (Invitrogen, Carlsbad, CA, USA) and 1% Penicillin-Streptomycin. SK-MEL-24 cells were purchased from ATCC (ATCC® HTB-71™) and cultured in Eagle's Minimum Essential Medium with 15% FBS and 1% Penicillin-Streptomycin. WM46 melanoma cells were a gift from Meenhard Herlyn (Wistar Institute, Philadelphia, PA, USA) and were cultured in TU2% media. Tumor cells were regularly tested using MycoAlert Mycoplasma Detection Kit from Lonza (Allendale, NJ, USA). Early passage cells were used after obtaining them directly from ATCC. For monitoring cell proliferation 10×10^5 YUMM1.7 or 12×10^5 WM46 cells were seed per well in 12-well Cell culture Plates. All the experiments performed in this work utilized charcoal stripped serum (Fetal Bovine Serum, charcoal stripped, USDA-approved regions, One Shot™ format. Catalogue number #A3382101; Thermofisher Scientific). Cells were treated every second day and manually counted in triplicate using a hemocytometer (Testosterone solution and Testosterone-CMO-BSA were purchased from Sigma-Aldrich, T5411-1ML and T3392-10MG respectively). All the experiments were performed in cell populations that were in culture during a maximum of 3 weeks (5 passages in average) since thaw from the corresponding stock.

Zinc influx analysis

WM46 cells were loaded with 5 μM FluoZin™-3, AM cell permeant™ (Thermo Fisher Scientific, #F24195), for 20 minutes then incubated in 2 Ca Tyrode's solution (in mM: 140 NaCl, 5 KCl, 1 $MgCl_2$, 2 $CaCl_2$, 10 glucose and 5 (Na) Pyruvate – pH 7.4) for 5-10 minutes at room temperature prior to imaging. Cells were imaged on a Nikon Ti microscope using a 20x/0.75 NA objective for fluorescence at 340 nm and 380nm excitation/515 nm emission (Ca^{2+}-free Fura2 or FluoZin™-3) and 380 nm excitation/515 nm emission (Ca^{2+}-free Fura2 FluoZin™-3). Coverslips were perfused at 1-3 mL/min following this protocol: Ca^{2+} Tyrode's (0-30 secs); Ca^{2+} Tyrode's + DMSO & 5 uM Zinc (30-90 secs); Ca^{2+} Tyrode's + Testosterone & 5μM Zinc (90-360 secs); Ca^{2+} Tyrode's + Testosterone + BIC & 5 uM Zn (360-470 secs); Ca^{2+} Tyrode's washout (470-500 secs). 100 milliseconds exposure images for each wavelength were collected every 2 seconds. For analyzing the long-term consequences of testosterone treatment, cells were treated with the androgen for 96 hours and then loaded FluoZin™-3. Cells were incubated with FluoZin™-3 following manufacturer recommendation and exposed to 400nM Zn pyrithione or $ZnCl_2$. Images were acquired with EVOS BLA. Fluorescence was quantitated using ImageJ (National Institutes of Health, Bethesda, MD, USA), and statistical analyses were performed using Graphpad Prism software.

Reverse Phase Protein Array (RPPA)

We used the Functional Proteomics Core at MD Anderson (https://www.mdanderson.org/research/research-resources/core-facilities/functional-proteomics-rppa-core.html) to perform a 447-element Reverse Phase Protein Array (RPPA) analysis of human melanoma cells grown in medium with stripped serum and treated with testosterone

(100nM) for 0, 30', 60' and 8 hours. Cells were tripsinized and washed with PBS. After

centrifugation (5 minutes; 1200rpm), supernatant was discarded, and cells were frozen at -80ºC

prior to be sent to the Functional Proteomics Core at MD Anderson.

Western blot, immunofluorescence and antibodies

Adherent cells were washed once with PBS and lysed with 8M urea containing 50mM NaCl and

50mM Tris-HCl, pH 8.3, 10mM dithiothreitol, 50mM iodoacetamide. Lysates were quantified

(Bradford assay), normalized, reduced, and resolved by SDS gel electrophoresis on 4–15%

Tris/Glycine gels (Bio-Rad, Hercules, CA, USA). Resolved protein was transferred to PVDF

membranes (Millipore, Billerica, MA, USA) using a Semi-Dry Transfer Cell (Bio-Rad), blocked

in 5% BSA in TBS-T and probed with primary antibodies recognizing β-actin (Cell Signaling

Technology, #3700. Mouse. Lot:14 1:4000, Danvers, MA, USA), ZIP9 (Abcam, #137205,

Rabbit mAb. Lot: GR3231323-8. 1:500), P-ERK (Cell Signaling Technology, Phospho-p44/42

MAPK (Erk1/2) (Thr202/Tyr204) (D13.14.4E) XP® Rabbit mAb #4370. Lot. 24 1:1000), ERK

(Cell Signaling Technology, p44/42 MAPK (Erk1/2) (137F5) Rabbit mAb. Lot: 28 #4695,

1:1000), Androgen Receptor [(D6F11) XP® Rabbit mAb #5153. Lot: 7], Recombinant Anti-

Androgen Receptor antibody [EPR1535(2)] (ab133273. Antibody already validated by the

Human Protein Atlas), RSK1/RSK2/RSK3 [(32D7) Rabbit mAb #9355. Lot:3], Phospho-

p90RSK [(Thr359/Ser363)Antibody #9344. Lot: 15]. After incubation with the appropriate

secondary antibody [(Rabbit Anti-Mouse IgG H&L (Biotin) preabsoFS9rbed (ab7074); Anti-

mouse IgG, HRP-linked Antibody #7076. 1:2000)] proteins were detected using ClarityTM

Western ECL Substrate (Bio-Rad. #170-5060). All western blots were repeated at least 3 times.

To monitor YAP1 nuclear translocation by western blot analysis, nuclear fractionation was

performed using protein lysis buffer containing 10mM HEPES, 1mM KCl, 1.5mM MgCl2 and

10% glycerol (Buffer A). After washing the adherent cells with DPBS, samples were

resuspended in Buffer A and incubated for 5 minutes on ice in the presence of 0.1% Triton-X-

100. After centrifugation, the nuclear fraction remained as a pellet while the supernatant

corresponding to the cytosolic fraction. Nuclear fraction was washed with Buffer A. After

centrifugation, the nuclear fraction was resuspended in RIPA buffer and samples were boiled for

5 min prior to sample loading. The cytosolic fraction was centrifuged for 15 min at 13500 rpm.

Only the supernatant was kept after centrifugation. Western blot was performed as described

before and the following antibodies were used for protein detection: β-tubulin (Cell Signaling

Technology, β-Tubulin (9F3) Rabbit mAb #2128. 1:1000), PARP (Cell Signaling Technology,

Rabbit mAb #9542. 1:1000), YAP1 (Cell Signaling Technology, YAP (D8H1X) XP® Rabbit

mAb #14074. 1:1000). For immunofluorescence in adherent cells, samples were fixed with 4%

paraformaldehyde (Affymetrix; #19943) for 7 min at room temperature and permeabilized with

iced-cold methanol. After blocking with 10% FBS:0.03%Triton-X100, primary antibodies were

incubated overnight in blocking solution (β-actin and YAP1 antibodies detailed above). After

three washes in DPBS:0.03% Triton X-100) cells were incubated with secondary antibodies for

45 minutes at room temperature [(Goat anti-Mouse IgG (H+L) Highly Cross-Adsorbed

Secondary Antibody, Alexa Fluor 594. Goat anti-Rabbit IgG (H+L) Highly Cross-Adsorbed

Secondary Antibody, Alexa Fluor 488)]. Cells were rinsed with PBS-0.03%-Triton three times

and coverslips were mounted with ProLong Gold antifade reagent with DAPI (#P36935; Thermo

Fisher Scientific). Images were captured using a Leica DM IL microscope and registered using

LAS software. For fluorescence intensity quantification ImageJ software (National Institutes of

Health, Bethesda, MD, USA) was used, and statistical analyses were performed with GraphPad

Prism software.

Immunohistochemistry and quantification

FFPE tissue microarrays (ME1004h: Malignant melanoma, metastatic malignant melanoma and

nevus tissue array) were obtained from US Biomax, Inc. (Derwood, MD). For the staining with

anti-ZIP9 antibody [(SLC39A9 Antibody (PA5-52485), Thermofisher Scientific, Waltham,

MA)], slides were deparaffinized and rehydrated following the standard immunohistochemistry

protocol [(xylenes 5 minutes x 3, 100% alcohol (5 min. x 3), 95% alcohol (5 min.), 80% alcohol

(5 min.), 70% alcohol (5 min.), and 50% alcohol (5 min.) and finished with distilled water)]. The

antigen retrieval was done by loading the slides into a retriever (Electron Microscopy Sciences

EMS) with R-Buffer A. After 20 minutes, samples were allowed to cool for 30 minutes inside

the retriever and for 20 minutes at room temperature. Samples were washed twice with PBS and

blocked with Dako Dual Endogenous Enzyme Block (Code S2003. Agilent Santa Clara, CA) for

20 minutes at R.T. Samples were washed twice with PBS and blocked for 20 minutes with 2

drops of Vector Avidin Block. After washing twice with PBS, slides were blocked for 20

minutes with two drops of Vector Biotin Block (Avidin/Biotin Blocking kit. SP-2001. Vector

Laboratories, Inc. Burlingame, CA). Samples were washed twice with PBS with Protein Block

Serum-Free Ready-To-Use for 30 minutes at R.T. (Code X0909. Agilent Santa Clara, CA).

Primary antibody was prepared 1:500 in PBST (100µl per slide) and samples were incubated

overnight at 4°C. Samples were washed three times with PBS and incubated with Biotinylated

Secondary antibody (Vectastain Kit, Peroxidase Rabbit IgG, PK-4001) for one hour at R.T. After

three washes with PBS, ABC reagent (prepared 30 minutes in advance) was added and samples

were incubated for 30 minutes at R.T. Samples were washed twice with PBS and incubated for 3

minutes with ImmPACT® DAB Substrate, Peroxidase (HRP) (SK-4105. Vector laboratories,

Burlingame, CA). Tissues were counterstained with hematoxylin (30 seconds, R.T.) (GHS316.

Sigma-Aldrich) dehydrated, and mounted with SecureMount (Fisher HealthCare™

PROTOCOL™ Mounting Media. #022-208. Fisher Scientific. Thermofisher Scientific). John T.

Seykora M.D., Ph.D, performed scoring of the stained tissue microarray, and scoring index was

determined by scoring the percentage of positive cells on a scale of 0 to 3 as well as the intensity

of ZIP9 staining on a scale of 0 to 4 (1=1-25%, 2=26-50%, 3=51-75%, 4=76-100%).

The staining of the tissue microarrays (ME1004h) for AR detection was performed by

University of Pennsylvania Pathology Clinical Service Center—Anatomic Pathology Division,

using the highest grade, CLIA (Clinical Laboratory Improvement Amendments) certified and

validated test available. Briefly, five-micron sections of formalin-fixed paraffin-embedded tissue

were stained using antibody against Androgen Receptor [(Leica AR-318-L-CE, clone AR27

(clone AR27, 1:25)]. Staining was done on a Leica Bond-IIITM instrument using the Bond

Polymer Refine Detection System (Leica Microsystems DS9800). Heat-induced epitope retrieval

was done for 20 minutes with ER2 solution (Leica Microsystems AR9640). All the experiment

was done at room temperature. Slides are washed three times between each step with bond wash

buffer or water. The slides were reviewed and scored in blinded fashion by a board-certified U.

Penn pathologist. Prostate tissue was used as the positive control.

Immunocytochemistry

To detect ZIP9 protein in WM46 isogenic clones, the protocol described in ProSciΨ™ for

immunocytochemistry. Briefly, cells were fixed in 4% PFA for 7 minutes. After two washes with

PBS (5min), cells were permeabilized with PBS/0.1% Triton X-100 for 1 minute at R.T. Cells

were washed twice with PBS on a shaker. Once treated with 1.5% H_2O_2/PBS solution for 15

minutes (R.T.), cells were washed again and blocked with 5%BSA for one hour at R.T. For

primary antibody incubation, α-ZIP9 antibody [(SLC39A9 Antibody (PA5-52485),

Thermofisher Scientific, Waltham, MA)] was diluted 1:500 in 1% BSA and cells were incubated

overnight at 4ºC. After washing three times with PBS on a shaker, the slide was incubated with

Biotinylated Secondary antibody (Vectastain Kit, Peroxidase Rabbit IgG, PK-4001) for one hour

at R.T. Cells were washed three times with PBS, ABC reagent (prepared 30 minutes in advance)

was added and samples were incubated for 30 minutes at R.T. After three washes with PBS,

samples were incubated for 1.5 minutes with Vector Laboratories DAB Peroxidase (HRP)

Substrate Kit (NC9276270. Vector laboratories, Burlingame, CA). Cells were counterstain with

hematoxylin (10 seconds, R.T.) (GHS316. Sigma-Aldrich) and mounted with SecureMount

(Fisher HealthCare™ PROTOCOL™ Mounting Media. #022-208. Fisher Scientific.

Thermofisher Scientific).

Cell membrane labeling with testosterone-BSA-FITC

WM46 were seeded over coverslips in p12-well culture plate, after 24 hours cells TU2% media

was removed, and cells were grown in Serum-free TU media for 24 hours. Cells were treated

with APA (8mM) or DMSO as vehicle control. After one hour, cells were treated with 0.25μM

testosterone 3-(O-carboxymethyl) oxime:BSA-fluorescein isothiocyanate (T-BSA-FITC)

conjugate (T5771, Sigma-Aldrich, Munich, Germany) diluted in Tris-Buffer (pH 7.2) for 20 min

at room temperature. Negative control cells were incubated with 0.25 μM BSA-FITC (A9771,

Sigma-Aldrich, Munich, Germany) diluted in Tris-Buffer (pH 7.2) for 20 min at room

temperature. The medium was then aspirated, and cells were fixed for 7 minutes with 4%PFA.

Cells were washed three times with PBS (5 minutes each) and mounted with ProLong Gold

antifade reagent with DAPI (#P36935; Thermo Fisher Scientific). Images were captured using a

Leica DM IL microscope and registered using LAS software.

Quantitative RT-PCR

RNA was extracted using RNeasy kit (Qiagen. #74104) following the manufacturer's

instructions. cDNA was obtained using High Capacity cDNA Reverse Transcription Kit

(Applied Biosystems #4368814). For quantitative real-time PCR, PowerUP™ SYBR™ Green

Master Mix (Applied Biosystems #A25741) was used. ViiA 7 Real-Time PCR System was used

to perform the reaction (Applied Biosystems). Values were corrected by β-actin expression. The

$2^{-\Delta\Delta Ct}$ method was applied to calculate the relative gene expression. Primers used for the

amplification are included in Table S2.

Mice, subcutaneous tumors and pharmacologic treatments

All mice were purchased from Taconic Biosciences, Inc. (Rensselaer, NY, USA). 8- to 10-week

old male and female C57BL/6NTac or IcrTac:ICR-Prkdcscid mice were allowed to reach

sexually mature ages or to acclimatize for one week prior to being used in experiments. These

studies were performed without inclusion/exclusion criteria or blinding but included

randomization. Based on a two-fold anticipated effect, we performed experiments with at least 5

biological replicates. All procedures were performed in accordance with International Animal

Care and Use Committee (IACUC)-approved protocols at the University of Pennsylvania.

Subcutaneous tumors were initiated by injecting tumor cells in 50% Matrigel (Corning, Bedford,

MA, USA) into the subcutaneous space on the right flanks of mice. 10 x 10^6 human WM46 or 10

x 10^5 murine YUMM1.7 cells were used for each tumor. Oral administration of vehicle,

bicalutamide (30mg/kg/day) or apalutamide (20mg/kg/day) was performed daily. 100µl of drug

was administrated by oral gavage [10%DMSO:90%Vehicle (15% ethanol:85% sesame oil)].

Each experiment include n=5 replicates, which provide 100% power to detect at least a 50%

difference between groups with 95% confidence. The size of each animal cohort was determined

by estimating biologically relevant effect sizes between control and treated groups and then

using the minimum number of animals that could reveal statistical significance using the

indicated tests of significance. When in vivo experiments were performed with female, mice

located in different cages, animals were randomized prior to cell inoculation or drug treatment.

All animals housed within the same cage were placed within the same treatment group. Weight

and health status of the mice as well as tumor growth were monitored daily. As subcutaneous

tumors grew in mice, perpendicular tumor diameters were measured using calipers. Volume was

calculated using the formula $L \times W^2 \times 0.52$, where L is the longest dimension and W is the

perpendicular dimension. Animals were euthanized when tumors exceeded a protocol-specified

size of 15 mm in the longest dimension. Secondary endpoints include severe ulceration, death,

and any other condition that falls within the IACUC guidelines for Rodent Tumor and Cancer

Models at the University of Pennsylvania.

Statistical analysis

For experiments comparing two groups (treated vs control), significance was calculated using the

Mann-Whitney test. For experiments with more than two groups, one-way ANOVA with

Tukey's honest significance difference test was performed. For the tumor growth studies *in vivo*,

non-linear regression analysis was performed to get the Exponential Growth Equation and

doubling times for tumor growth. To analyze the slopes of the curves and to compare them

between groups, linear regression analysis was performed. All the statistical analyses in this

work were performed using Graphpad Prism Software. Error bars represent standard error of the

mean (SEM). **** p value≤0.0001; *** p value≤0.001; ** p value≤0.01; * p value≤0.05;

n.s>0.05.

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Author Contributions

C.A.P., R.P., A.T. performed the experiments. C.A.P., R.P. and J.K.F designed and performed

the experiments to study zinc influx. J.K.F provided experimental material and reviewed the

manuscript. J.T.S, scored the tissue microarray and reviewed the manuscript. C.A.P, C.A.N. and

T.W.R designed experiments and wrote the article. Competing interests: C.A.P., C.A.N., and

T.W.R., and are inventors on a provisional patent held by the University of Pennsylvania related

to this work.

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Figure legends

Fig. 1: Biologic sex and testosterone promote proliferation of melanoma models lacking detectable AR. A. Tumor growth of human WM46 melanoma in male and female immunodeficient SCID mice. Tumor doubling times are 16.2 and 18.6 days for males and females respectively (Non-linear regression analysis/Exponential fit. See also Sup. Fig. 1 for expanded statistical analysis). **B.** Cell proliferation (cell number) determined after 6 days of treatment with vehicle (DMSO), 100nM testosterone (T) or 100nM dihydrotestosterone (DHT). Human primary melanocytes (H.Mel.) and human melanoma WM46 cells are shown. Graphs represent the average of three independent experiments. **C.** Cell proliferation of human WM46 and murine YUMM1.7 melanoma cells exposed to increasing concentrations of testosterone (T) (left panels) or dihydrotestosterone (DHT) (right panel). **D.** AR protein expression determined by Western blot with two different antibodies. Upper line = Androgen Receptor [(D6F11) XP® Rabbit mAb #5153. Lower line = Recombinant Anti-Androgen Receptor antibody [EPR1535(2)] (ab133273). The prostate cancer cell line DU 145 was used as a postivie control.). β-actin was used as loading control. A replicate with increased exposure time is shown in Fig. S1G. **E.** RNA-seq data from 6 different primary melanocyte cell lines reported as median FPKM (number Fragments Per Kilobase of exon per Million reads). Melanocytic Receptor 1 (MC1R) and Glucocorticoid Receptor (NR3C1) were used as positive controls for membrane and nuclear receptors respectively.

** p value≤0.01; * p value≤0.05.

Fig 2: ZIP9 is active in human melanoma cells, and is broadly expressed in human melanocytic tumors. A. ZIP9 protein expression determined by western blot in primary melanocytes and a battery of human melanoma cell lines. **B.** Time-lapse *in vivo* analysis of Zn^{++}

influx in WM46 cells upon testosterone addition (100nM). FluoZin-3 was used as Zn^{++} reporter.

C. Intracellular levels of Zn^{++} after long-term testosterone treatment (96 hours; 100nM

testosterone). Zinc levels were measured as fluorescence intensity per cell. FluoZin-3 was used

as Zn^{++} reporter. Representative images are shown on the right at indicated time-points. **D.**

WM46 relative proliferation (cell number) after 6 days in the presence of 100 nM testosterone

(T) +/- 200 nM zinc chelator (TPEN). **E.** WM46 proliferation in the presence exogenous divalent

cations Zn^{++} Fe^{++} and Mn^{++}. Cells were grown for 6 days and treated as indicated in the legend.

Error bars represent standard error of the mean (SEM). **F.** Validation of ZIP9 [(SLC39A9

Antibody (PA5-52485)] and androgen receptor [(Leica AR-318-L-CE, clone AR27 (clone AR27,

1:25)] antibodies for immunohistochemistry. ZIP9 staining performed in wild-type and ZIP9

knock-out cells. Non permeabilization of the cells ensured ZIP9 membrane localization. Prostate

gland tissue and human prostate cancer samples were used as positive controls for AR.

Representative images of human melanoma samples stained for ZIP9 and AR. Tumors

expressing low, medium and high levels of ZIP9 are shown. Replicates from the same samples

stained for AR are shown. 20X magnification (1.6X zoom). Scale bar=60μM. **G.** Graphic

representation of the % of tumors that express ZIP9. Data from nevus, primary melanomas and

metastatic melanoma are displayed. **H.** Graphic representation of the percentage of nevi, primary

lesions and metastatic tumors classified according to ZIP9 intensity (Score 1=1-25%, 2=26-50%,

3=51-75%, 4=76-100%).

**** p value≤0.0001; ** p value≤0.01; * p value≤0.05; n.s>0.05.

Fig. 3: ZIP9 mediates testosterone effects in melanoma. A. Proliferation (cell number) of

isogenic clonal populations of WM46 wtZIP9 and ΔZIP9 (gRNA #3) cells exposed to increasing

concentrations of testosterone (T) and dihydrotestosterone (DHT). **B.** Proliferation (cell number)

of isogenic clonal populations of WM46 wtZIP9 and ΔZIP9 (gRNA #4) cells exposed to

increasing concentrations of testosterone (T) and dihydrotestosterone (DHT). The graph

represents the average of three independent experiments. **C.** Intracellular levels of zinc in human

melanoma ΔZIP9 cells measured as relative fluorescence intensity of FluoZin-3. Graphs

represent the average of three independent experiments. **D.** Relative cell proliferation in the

presence of 100nM testosterone (T), zinc chelator (200nM TPEN) and $ZnCl_2$ (400nM). Cells

were cultured for 6 days. The graph represents the average of three independent experiments.

**** p value≤0.0001; ** p value≤0.01; * p value≤0.05; n.s>0.05.

Fig. 4: Testosterone driven increase in melanoma proliferation requires ZIP9 and

activation of MAPK and YAP1. A. RPPA analysis displaying changes in protein expression in

WM46 human melanoma cells following exposure to 100 nM testosterone (T) for increasing

amounts of time. Down-regulated proteins are shown in black; white color corresponds to up-

regulated proteins and control proteins showing no fold-change when compared to vehicle-

treated cells are shown in dark grey. **B.** Relative proliferation (cell number) after exposure to

pharmacologic ERK1/2 inhibition via 50nM RVD-523 (Ei) alone or in combination with

testosterone. wtZIP9 and ΔZIP9 WM46 cells are shown. The western blot shows levels of

phosphorylation of the ERK target RSK in wtZIP9 and ΔZIP9 WM46 cells (Ei represents RVD-

523). **C.** Western blot for YAP1 in fractionated WM46 lysates. Cells were treated with 100 nM

testosterone for the indicated times. β-Actin is used as cytoplasmic fraction positive control.

PARP is used as nuclear fraction positive control. **D.** Quantification of YAP-1 nuclear

immunodetection after 30 minutes of exposure to 100 nM testosterone (T) and/or 8μM

dobutamine (Dob) in wtZIP9 and ΔZIP9 cells. **E.** Proliferation of wtZIP9 and ΔZIP9 WM46

cells after treatment with 100nM testosterone (T) and/or the YAP inhibitor dobutamine (Dob). **F.**

Relative mRNA expression of YAP1 target genes after 30 minutes in the presence of 100 nM

testosterone and/or 8μM dobutamine. Error bars represent standard error of the mean (SEM).

*** p value≤0.001; ** p value≤0.01; * p value≤0.05; n.s>0.05.

Fig. 5: Pharmacologic ZIP9 blockade inhibits melanoma *in vivo*. A. Proliferation of human

melanoma cells (WM46) in the presence of 100 nM testosterone (T) +/- 2 μM AR inhibitors

(BIC:Bicalutamide; ENZ:Enzalutamide; APA:Apalutamide). Western blot showing ERK and p-

ERK proteins in WM46 cells treated with 100nM testosterone +/- 2μM BIC +/- 200 nM zinc

chelator (TPEN). **B.** Cell proliferation in human and murine derived melanoma cells [SK-MEL-3

(male), SK-MEL-2 (female) and YUMM1.7(male)] treated with 100 nM testosterone (T) in

combination with apalutamide (2 μM) (APA). **C.** Cell membrane labeling with cell impermeable

testosterone-BSA conjugated with FITC (0.25 μM). BSA-FITC (0.25 μM) was used as a

negative control for unspecific binding. Quantification of membrane labeling with T-BSA or the

control BSA. The graph represents the fluorescence intensity relative to the total area of each

cell. **D.** Proliferation of WM46 wtZIP9 and ΔZIP9 treated with 100 nM testosterone (T) in

combination with apalutamide (2 μM) (APA). **E.** Tumor growth and survival analysis in SCID

male mice bearing WM46 derived subcutaneous tumors (APA treatment: 20 mg/kg/day via oral

gavage). ** p-value<0.005 by ANOVA. Doubling time (non-linear regression analysis):

Vehicle=11.11 days; APA=25.22 days. **F.** Tumor growth in mice bearing WM46 derived

subcutaneous tumors. Daily treatment with bicalutamide (30 mg/kg/day, via oral gavage) or

vehicle are shown for both male and female mice. Linear regression analysis of slopes

demonstrates significant differences between vehicle treated and Bic treated males (p-

value<0.0001) (See Fig. S6B and S6C). **G.** Tumor growth in SCID male mice bearing ΔZIP9

WM46 melanoma. Mice were treated daily with bicalutamide (30 mg/kg/day) or vehicle via oral

gavage. . See also Sup. Fig. 6 for expanded statistical analysis).

**** p value≤0.0001; *** p value≤0.001; ** p value≤0.01; * p value≤0.05; n.s>0.05.

Fig. 6: Working model. ZIP9 activation promotes ERK phosphorylation and induces YAP1

nuclear translocation. AR inhibitors [represented in the figure by apalutamide (APA)] block

testosterone effects through ZIP9 inactivation.

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Figure 1

Figure 2

Figure 3

Figure 4

Figure 5

Figure 6

 Supplementary Figures

Supplementary Figure 1

Fig. S1. Non-linear regression analysis (Exponential fit) for males and females. Doubling time

for tumor growth: males=16.99 days and females=19.95 days. (Linear-regression analysis for

slope comparison: **** p-value<0.0001). **B.** Tumor growth in C57BL/6 male and female mice

bearing syngeneic murine melanoma (YUMM1.7). Doubling time for tumor growth: males = 3.7

days, females = 4.6 days (Linear-regression analysis for slope comparison: **** p-

value<0.0001). **C.** YUMM1.7 cell number determined after 6 days of treatment with vehicle

(DMSO), 100 nM testosterone (T) or 100 nM dihydrotestosterone (DHT). Graphs represent the

average of three independent experiments. Error bars represent standard error of the mean

(SEM). **D.** Relative cell proliferation of human melanoma cell lines treated for 6 days with

increasing concentrations of testosterone (T). **E.** Relative cell proliferation of human melanoma

cells treated for 6 days with dihydrotestosterone (DHT 100 nM). **F.** Immunofluorescence

detecting AR (D6F11) in a battery of human-derived melanoma cells. AR is shown in green;

DNA was stained with DAPI and it is shown in blue. Scale bar 25μM. Error bars represent

standard error of the mean (SEM). **G.** AR protein expression determined by Western blot in

Melanoma cells. Replicate from Fig. 1D to show higher exposure times for the AR.

*** p value≤0.001; **** p value≤0.0001.

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Supplementary Figure 2

Fig. S2. A. Cell proliferation in human derived melanoma cells [WM46 (female), SK-MEL-24

(male)] treated for 8 days with 100 nM testosterone (T) and the non-permeable analogue

Testosterone-CMO-BSA. **B.** RNA-seq data from 17 cancer types reported as median FPKM

(number Fragments Per Kilobase of exon per Million reads), generated by the The Cancer

Genome Atlas (TCGA). RNA cancer tissue category calculated based on mRNA expression

levels across all 17 cancer tissues and include: cancer tissue enriched, cancer group enriched,

cancer tissue enhanced, expressed in all, mixed and not detected. Normal distribution across the

dataset is visualized with box plots, shown as median and 25th and 75th percentiles. Points are

displayed as if they are above or below 1.5 times the interquartile range. **C.** WM46 relative

proliferation (cell number) in presence of 100 nM testosterone (T) +/- 200 nM zinc chelator

TPEN. **D.**   WM46 proliferation treated with   100 nM testosterone (T), +/- copper sulfate

(CuSO4) and copper chelator (25μM BCS). **E.** Relative cell proliferation of WM46 cells treated

with testosterone (100nM) +/- zinc chelator TPEN (200nM) and the copper chelator BCS

(25μM). **F.** Relative intracellular Zn^{++} in cells treated with testosterone and/or copper chelator

(BCS). The graph represents relative fluorescence intensity. Error bars represent standard error

of the mean (SEM). **G.** Graphic representation of ZIP9 staining intensity in human samples from

nevus, primary melanoma and metastatic melanoma in males vs. females (Score 1=1-25%, 2=26-

50%, 3=51-75%, 4=76-100%). n.s>0.05. **H.** Overall survival analysis from men and women

diagnosed with skin cutaneous melanoma. Data extracted from the following datasets:

(GSE17275, GSE19234, GSE22155_GPL6102, GSE22155_GPL6947, GSE50509, GSE46517,

GSE53118, GSE65904, GSE98394 and TCGA (1085 tumors; 563 death events). Graphic

representation was modified from *OSskcm*. The Kaplan–Meier (KM) survival curves, Hazard

ratio (HR) and 95% confidence interval (95%CI) were calculated in a univariate Cox regression

analysis.

**** p value≤0.0001; ** p value≤0.01; * p value≤0.05; n.s>0.05.

Supplementary Figure 3

Fig. S3. A. Table shows the knock-out scores for WM46 isogenic clones obtained using ICE

Analysis software (Synthego). **B.** Blast alignment of the DNA sequences surrounding the gRNA

target sequence and SLC39A9 (Ensmbl. Homo Sapiens_SLC39A9_202) are shown for each

isogenic clone. As control for the sequencing, WM46 parental cells were sequenced and aligned

with human SLC39A9 (Ensmbl. Homo Sapiens_SLC39A9_202). Query = SLC39A9_202; Sbjct

= isogenic clone sequences **C.** Target sequence of YUMM1.7 isogenic clone was aligned with

mus musculus Slc30a9 sequence**. D.** Western blot showing ZIP9 expression in wild type and

knock-out YUMM1.7 isogenic clones. **E.** Relative proliferation (cell number) of YUMM1.7

wtZIP9 and ΔZIP9 in the presence of 100 nM testosterone (T) for 6 days. The graphs represent

the average of three independent experiments. Error bars represent standard error of the mean

(SEM). * p value≤0.05. **F.** Immunocytochemistry in WM46 isogenic clones transduced with

control pRRL lentivector (E.V.) or hZIP9 expressing lentivector. Western blots below show the

proteins in each sample 72 hours after transduction. **G.** Relative cell proliferation (cell number)

with testosterone treatment (100 nM) for 7 days in WM46 ΔZIP9 isogenic clones transduced

with empty pRRL lentivector (E.V.) (left panel) or pRRL_hZIP9 expressing vector (right panel).

Error bars represent standard error of the mean (SEM).

**** p value≤0.0001; n.s>0.05.

Supplementary Figure 4

Fig. S4. A. Western blot showing baseline levels of ERK phosphorylation in wtZIP9 and ΔZIP9

WM46 cells. **B.** Representative images of YAP-1 immunodetection after 30 minutes of exposure

to 100 nM testosterone (T) +/- 8μM dobutamine (Dob) in wtZIP9 and ΔZIP9 cells. YAP1 is

shown in green; β-actin is shown in red; DAPI highlights nuclear DNA in blue. Thin arrows

indicate cells where YAP1 is not localized inside the nucleus. Opaque arrows indicate cells with

nuclear YAP-1. Scale bar=15μm. **C.** Percentage of WM46 wtZIP9 and ΔZIP9 cells transduced

with pRRL empty vector (E.V.) or pRRL_hZIP9 expressing vector with nuclear localization of

YAP1. Cells were treated with vehicle and 100 nM testosterone.

*** p value≤0.001; n.s>0.05.

Supplementary Figure 5

Fig. S5. A. Relative cell proliferation (cell number) in human-derived melanoma cells (WM46)

treated with 2μM AR inhibitors (BIC: Bicalutamide; ENZ: Enzalutamide; APA: Apalutamide).

B. Intracellular Zn^{++} in WM46 cells treated with 100 nM testosterone and/or 2 μM bicalutamide

(BIC). **C.** Relative cell proliferation (cell number) of WM46 wtZIP9 and ΔZIP9 transduced with

pRRL empty vector (E.V.) or pRRL_hZIP9 expressing vector. Cells were treated with vehicle

(V) or 100 nM testosterone +/- bicalutamide (2μM) **D**. Relative cell proliferation of WM46 cells

treated with 100nM testosterone and/or cyproterone acetate (CPA) for 6 days.

**** p value≤0.0001; *** p value≤0.001; ** p value≤0.01; * p value≤0.05; n.s>0.05.

Supplementary Figure 6

Fig. S6. A. Non-lineal regression analysis (Exponential fit) for males treated with vehicle vs. APA. Doubling time for tumor growth: Vehicle treated males=16.0 days and APA treated males=36.4 days. Linear regression analysis for slope comparison demonstrate significant differences between vehicle treated and apalutamide treated males (p-value<0.0001). **B.** Tumor growth in mice bearing WM46 derived subcutaneous tumors. Linear regression analysis of slopes demonstrates significant differences between vehicle treated and Bic treated males. **C.** Tumor growth in SCID male mice bearing ΔZIP9 WM46 melanoma. Mice were treated daily

937   with bicalutamide (30 mg/kg/day) or vehicle via oral gavage. Exponential fit analyses are

938   included bellow each tumor growth graphical representation.

939   **** p value$\leq$0.0001; n.s>0.05.

Supplementary Figure 7

Fig. S7. RNA-seq data from 6 different primary melanocyte cell lines reported as median FPKM

(number Fragments Per Kilobase of exon per Million reads). Melanocytic Receptor 1 (MC1R)

and Glucocorticoid Receptor (NR3C1) were used as positive controls for membrane and nuclear

receptors respectively. PGR: Progesterone Receptor. ESR1: Estrogen Receptor 1. ESR2:

Estrogen Receptor 2. PAQR7: Progestin and AdipoQ Receptor Family Member 7. GPER1: G

Protein-Coupled Estrogen Receptor 1.

Supplementary Figure 8

Cell types

WM46: Human skin melanoma	**MCF7:** Human breast cancer
Mel290: Human uveal melanoma	**MB49:** Mouse bladder cancer
YUMMS1.7: Murine skin melanoma	**H441:** Human lung adenocarcionma
PANC1: Human pancreatic adenocarcionma	**U87:** Human glioblastoma
mPDAC: Murine pancreatic adenocarcinoma	**V411:** Human adult acute myeloid leukemia

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983 **Fig. S8.** Relative cell proliferation of a battery of cell lines derived from diverse tumor types in

984 response to 100nM testosterone +/- bicalutamide treatment (2μM).

985 *** p value≤0.001; ** p value≤0.01; * p value≤0.05; n.s>0.05.

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