Zinc availability in the tumor microenvironment dictates anti-PD1 response in *CDKN2A*Low tumors via increased macrophage phagocytosis

Raquel Buj[1]*, Aidan R. Cole[1], Jeff Danielson[1], Jimmy Xu[2], Drew Hurd[3], Akash Kishore[4,5], Katarzyna M. Kedziora[6], Jie Chen[3], Baixue Yang[1,7], David Barras[8], Apoorva Uboveja[1], Amandine Amalric[1], Juan J. Apiz Saab[9], Jayamanna Wickramasinghe[10], Naveen Kumar Tangudu[1], Evan Levasseur[1], Hui Wang[1], Aspram Minasyan[8], Rebekah E. Dadey[3], Allison C. Sharrow[1], Sheryl Kunning[12], Frank P. Vendetti[11], Dayana B. Rivadeneira[12], Christopher J. Bakkenist[1,11], Tullia C. Bruno[12], Greg M. Delgoffe[12], Nadine Hempel[3], Nathaniel W. Snyder[13], Riyue Bao[3], Adam C. Soloff[14], John M. Kirkwood[3], Denarda Dangaj Laniti[8], Andrew V. Kossenkov[10], Alexander Muir[9], Jishnu Das[4], Diwakar Davar[3], Clementina Mesaros[2], Katherine M. Aird[1]*

[1]Department of Pharmacology & Chemical Biology and UPMC Hillman Cancer Center, University of Pittsburgh School of Medicine, Pittsburgh, PA

[2]Department of Pharmacology, University of Pennsylvania, Philadelphia, PA

[3]Department of Medicine and UPMC Hillman Cancer Center, University of Pittsburgh, Pittsburgh, PA

[4]Center for Systems Immunology, Departments of Immunology and Computational & Systems Biology, University of Pittsburgh School of Medicine, Pittsburgh, PA

[5]Joint Carnegie Mellon-University of Pittsburgh Ph.D. Program in Computational Biology, Pittsburgh, PA, USA

[6]Department of Cell Biology, Center for Biologic Imaging, University of Pittsburgh School of Medicine, Pittsburgh, PA

[7]Tsinghua University School of Medicine, Beijing, P.R. China

[8]Ludwig Institute for Cancer Research, Lausanne Branch, University of Lausanne (UNIL), Department of Oncology, Lausanne University Hospital (CHUV) and University of Lausanne, and Agora Cancer Research Center, Lausanne, Switzerland

[9]Ben May Department for Cancer Research, University of Chicago, Chicago, IL, USA

[10]The Wistar Institute of Anatomy and Biology, Philadelphia, PA

[11]Department of Radiation Oncology and UPMC Hillman Cancer Center, University of Pittsburgh School of Medicine, Pittsburgh, Pennsylvania, PA

[12]Department of Immunology and UPMC Hillman Cancer Center, University of Pittsburgh School of Medicine, Pittsburgh, PA

[13]Aging + Cardiovascular Discovery Center, Department of Cardiovascular Sciences, Lewis Katz School of Medicine, Temple University, Philadelphia, PA

14Department of Cardiothoracic Surgery and UPMC Hillman Cancer Center, University of Pittsburgh School of Medicine, Pittsburgh, PA

*Corresponding Authors

Katherine M. Aird, PhD
Associate Professor
UPMC Hillman Cancer Center
University of Pittsburgh School of Medicine
5051 Centre Ave.
Office: 2041; Lab 2050A
Pittsburgh, PA 15213
412-648-4823
Katherine.aird@pitt.edu

Starting September 2025:
Professor
The Wistar Institute
3601 Spruce Street
Philadelphia, PA 19014
kaird@wistar.org

and

Raquel Buj, PhD
Research Assistant Professor
5051 Centre Ave.
Office: 2050; Lab 2050A
Pittsburgh, PA 15213
Rbg19@pitt.edu

Starting September 2025:
Research Assistant Professor
The Wistar Institute
3601 Spruce Street
Philadelphia, PA 19014
rbuj@wistar.org

Running title: Zinc modulates anti-PD1 response in *CDKN2A*Low tumors

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ABSTRACT

Anti-PD1 therapies are primarily thought to rely on functional T cell responses; yet tumors

with limited T cell infiltration can still benefit, suggesting alternative mechanisms contrib-

ute to therapeutic efficacy. Indeed, we found that myeloid-rich, T cell-poor tumor models

respond to anti-Pd1, and this is dependent on a cancer cell-macrophage crosstalk medi-

ated by cancer cell *Cdkn2a* expression. Mechanistically, we found that cancer cells with

decreased *Cdkn2a* expression (C*dkn2a*^{Low}), which occurs in ~50% of all human cancers,

reorganize zinc compartmentalization by upregulating the zinc importer Slc39a9 at the

plasma membrane. Increased cancer cell plasma membrane Slc39a9 leads to intracellu-

lar zinc accumulation in cancer cells and depletion of zinc in the tumor microenvironment

(TME), resulting in zinc-starved tumor-associated macrophages (TAMs) with reduced

phagocytic activity. Restoring zinc availability in TAMs—via dietary supplementation or

Slc39a9 knockdown in cancer cells—reprograms TAMs to a pro-phagocytic state and

sensitizes *Cdkn2a*^{Low} tumors to anti-Pd1 therapy. Remarkably, Slc39a9 knockdown tu-

mors respond to anti-Pd1 in Rag1$^{-/-}$ mice, and co-injection of zinc-replete macrophages

is sufficient to drive an anti-Pd1 response in immunodeficient mice, demonstrating the T

cell-independent nature of this response. Clinically, TAMs from *CDKN2A*^{Low} cancer pa-

tients show reduced zinc and phagocytosis gene signatures. Moreover, patients with

lower circulating zinc levels have significantly worse time-to-event outcomes than those

with higher levels. Together, these findings uncover a previously unrecognized mecha-

nism by which *Cdkn2a*^{Low} cancer cells outcompete TAMs for zinc, impairing their function

and limiting anti-Pd1 efficacy. They also provide evidence that macrophages alone,

without T cells, can enhance anti-PD1 response through zinc-mediated reprogramming

of phagocytosis.

INTRODUCTION

A number of data mining studies have highlighted a significant correlation between Cyclin-Dependent Kinase Inhibitor 2A gene (*CDKN2A*) genetic alterations and a pro-tumorigenic tumor microenvironment (TME), including TMEs with decreased T cell infiltration[1-6]. Prior studies have also shown a correlation between loss of *CDKN2A* function and poor response to immune checkpoint blockade (ICB) therapies[1-18]. ICB therapies, particularly monoclonal antibodies targeting the PD-1/PD-L1 axis, have become a cornerstone in cancer treatment, demonstrating significant clinical success across several cancers[19-23]. Their effectiveness is primarily attributed to enhancing T cell activity and T cell-mediated tumor killing[24]. However, published studies have described specific contexts in which tumors with low T cell infiltration but high myeloid cell content show responsiveness to immunotherapies, including ICB[25-28]. Supporting this notion, recent evidence suggests that at least a subset of tumor-associated macrophages (TAMs) play a role in the response to ICB[28-35]. Anti-PD-1/PD-L1 therapies can directly affect monocytes and macrophages to improve therapeutic responses at least in part by increasing their phagocytic activity[28,29,36-38]. Indeed, studies have shown that increased TAM phagocytic activity inhibits tumor growth in mouse models[39-41]. However, the mechanisms underlying this enhancement of TAM phagocytosis remain unclear.

The *CDKN2A* gene, located on chromosome 9p21, is a critical tumor suppressor and one of the most frequently altered loci in human cancers[42-45]. Disruption of *CDKN2A* typically occurs through promoter hypermethylation and genetic deletions, resulting in the loss of *CDKN2A* mRNA expression[46-48]. These alterations are observed in 12% to 80% of

tumors, depending on cancer type and stage[49]. Additionally, loss-of-function mutations in

the *CDKN2A* coding sequence represent another common mechanism of disruption, oc-

curring in approximately 6% to 16% of cases, with frequencies also depending on tumor

context[48,49]. *CDKN2A* encodes two distinct proteins through alternative reading frames:

p14^{ARF} (p19^{ARF} in mice) and p16^{INK4A} (hereafter p16), both of which are essential regula-

tors of the cell cycle[50]. While the canonical roles of *CDKN2A* in cell cycle regulation and

senescence induction are well established[51,52], evidence from our laboratory and others

suggests that its functions extend beyond this paradigm[13,18,53-63]. We have demonstrated

that loss of *CDKN2A*/p16 expression reprograms intracellular metabolism, enhancing key

biosynthetic metabolites that contribute to cellular proliferation and tumorigenesis, includ-

ing nucleotides and cholesterol[54,56]. However, whether this metabolic disruption down-

stream of *CDKN2A* loss affects the metabolic landscape of the TME remains unexplored.

Additionally, while metabolic reprogramming is known to influence macrophage phago-

cytic activity[39,64,65], the role of cancer cell-TAM nutrient competition in driving this process

remains poorly understood.

Zinc is an essential trace element obtained through the diet[66] and is the second most

abundant metal in the human body[67]. Over 2,500 human proteins depend on zinc for

structural or functional roles (e.g. zinc fingers and cofactors)[67], reflecting its broader im-

portance in numerous cellular processes, including immune responses[68-75]. Therefore,

tight regulation of zinc homeostasis is essential. The SLC39A family members, also

known as ZRT- and IRT-like proteins (ZIP), increase cytosolic zinc by importing it from

the extracellular environment or releasing it from intracellular organelles[76]. In contrast,

the SLC30A family members or zinc transporter (ZNT) proteins, reduce cytosolic zinc by transporting it into organelles or exporting it to the extracellular space[77]. Indeed, dysregulated zinc homeostasis, due to altered transport or systemic deficiency, has been linked to multiple malignancies[78-90]. Moreover, *in vivo* studies have shown that zinc supplementation can reduce tumor burden, enhance resistance to tumor challenges, and decrease the incidence of spontaneous tumors in mice[91-94], suggesting a potential therapeutic role for zinc in cancer treatment. Additionally, recent reports have found that patients who respond to ICB have TAMs with metal/zinc signatures[30], and an elevated serum zinc level has recently been associated with improved ICB responses in cancer patients[95]. While some studies have explored the link between zinc and immunotherapy response[96-100], the results remain contradictory, and the precise molecular mechanisms underlying zinc in the TME are unclear.

Here, we found that in myeloid-rich, T cell-poor tumors, the expression of *Cdkn2a* in cancer cells determines the response to anti-Pd1 by regulating zinc compartmentalization, which in turn modulates TAM phagocytic activity. By cross-comparing differentially regulated metabolites and metals in the tumor interstitial fluid (TIF) and negatively enriched plasma membrane solute carrier transporters (SLCs) from a metabolism-focused *in vivo* CRISPR knockout screen, we identified zinc and the zinc importer Slc39a9 as critical regulators of anti-Pd1 resistance in tumors with low *Cdkn2a* mRNA expression (*Cdkn2a*^Low). *Cdkn2a*^Low cells have increased cholesterol-driven plasma membrane (PM) localization of Slc39a9, leading to elevated intracellular zinc and a zinc-depleted TME. This competition for zinc within the TME leads to decreased zinc in TAMs, reducing their

phagocytic activity and impairing anti-Pd1 response. Restoring TME zinc levels through

Slc39a9 knockdown in cancer cells or dietary zinc supplementation rescues TAM function

and enhances anti-Pd1 response. Excitingly, this was independent of T cells. Using pub-

licly available single-cell RNA-Sequencing (scRNA-Seq), we also found that zinc and

phagocytosis signatures were impaired in TAMs from patients with $CDKN2A^{Low}$ tumors.

These findings highlight zinc homeostasis as essential for anti-PD1 efficacy in

$CDKN2A^{Low}$ tumors, emphasize T cell-independent mechanisms of anti-PD1 response,

and have clinical implications for the use of zinc supplements to improve patient out-

comes.

RESULTS

Expression of *CDKN2A*/p16 in cancer cells modulates anti-PD1 response in myeloid-rich, CD8 T cell-poor tumors

Loss of *CDKN2A* is a common event in cancer cells[49], including melanoma, where ~40% of patients show reduced *CDKN2A* expression[101,102]. Published studies show that tumors with loss of *CDKN2A* correlate with decreased response to ICB, including anti-PD1[1,7,9,12,14-17]. Consistently, using publicly available data, we found that melanoma patients with low *CDKN2A* mRNA expression (*CDKN2A*[Low]) have shorter overall survival compared to those with high *CDKN2A* mRNA expression (*CDKN2A*[High]) following anti-PD1 treatment (**Fig. 1A**). Therefore, we sought to determine the mechanisms by which *CDKN2A* loss in cancer cells contributes to anti-PD1 resistance. Towards this goal, we developed two complementary syngeneic models. In the first model, *Cdkn2a* expression was knocked down in the *Cdkn2a*[High] murine melanoma cell line Yumm5.2 (**Fig. S1A**). In the second model, p16 was expressed at physiological levels in the *Cdkn2a*[Null] melanoma cell line Yumm1.7 (**Fig. S1B**). Note that we did not observe differences in cell proliferation or senescence upon physiological expression of p16 (**Fig. S1C-D**). Additionally, p19 remained unexpressed in the Yumm1.7 cells with p16 expression (**Fig. S1B**); thus, results with this model specifically relate to p16 function. *CDKN2A* is located on chromosome 9p21 in humans and 4qC4 in mice. In both species, this region also contains *MTAP* and the interferon (IFN) gene cluster, which are frequently co-deleted with *CDKN2A* in cancer[1,103,104]. Importantly, both of our models have intact *Mtap* and *Ifn* gene cluster (**Fig. S1E-F**); therefore, all subsequent observations with these models are related only to

Cdkn2a. Herein, for simplicity, Yumm5.2 and Yumm1.7 with p16 expression are referred

to as *Cdkn2a*[High,] while Yumm5.2 with knockdown of *Cdkn2a* and Yumm1.7 cells are re-

ferred to as *Cdkn2a*[Low] cancer cells (**Fig. S1G**). Importantly, both syngeneic tumors mimic

the ICB response seen in cancer patients, where decreased mRNA expression of *Cdkn2a*

in both models leads to anti-Pd1 resistance (**Fig. 1B-C**).

Given the central role of the tumor immune microenvironment in dictating ICB out-

comes[105], we next investigated how *Cdkn2a* expression in cancer cells shapes the im-

mune compartment. Towards this goal, we performed scRNA-Seq on Cd45$^+$ immune cells

isolated from the Yumm5.2 isogenic model in mice treated with and without anti-Pd1. We

found that these tumors are heavily enriched in myeloid cells (>95% of all Cd45$^+$ cells)

and poor in conventional T cells (<1% of all Cd45$^+$ cells), regardless of *Cdkn2a* status or

anti-Pd1 treatment (**Fig. 1D** and **S1H**). This myeloid-rich, T cell–poor composition aligns

with prior reports showing that *Cdkn2a*[Low] tumors show reduced T cell infiltration[1-6] and

reflects the immune landscape observed in many human tumors[106]. Intriguingly, despite

the paucity of T cells, shControl (*Cdkn2a*[High]) tumors still respond to anti-Pd1 (**Fig. 1B-C**).

Thus, these data point to a potential T cell-independent mechanism of anti-Pd1 response

in these tumors, which we aimed to explore. Interestingly, Gene Set Enrichment Analysis

(GSEA) of scRNA-seq data from the myeloid compartment showed broadly reduced in-

flammatory signals in Yumm5.2 sh*Cdkn2a* compared to shControl tumors (**Fig. 1E**). This

is consistent with prior research showing that anti-inflammatory myeloid cells have pro-

tumorigenic functions that suppress ICB responses[107-109]. Therefore, we aimed to deter-

mine whether depletion of myeloid cells in *Cdkn2a*[Low] tumors would phenocopy the

improved response to anti-Pd1 observed in *Cdkn2a*[High] tumors. To test this, we treated

mice bearing Yumm5.2 sh*Cdkn2a* tumors with pexidartinib, a CSF1R inhibitor known to

effectively reduce tumor myeloid cells[110,111]. Unexpectedly, myeloid depletion (**Fig. S1I**)

Figure 1. Loss of *CDKN2A* expression abrogates anti-PD1 efficacy in myeloid-rich, CD8 T cell-poor tumors. (A) Overall survival of melanoma patients treated with anti-PD1 stratified by *CDKN2A* mRNA expression. Melanoma Patient Cohort; Log-rank (Mantel-Cox) test. **(B)** Longitudinal tumor growth in mice implanted with Yumm5.2 (*Cdkn2a*[High]) cells with knockdown of GFP (shControl) or *Cdkn2a* (sh*Cdkn2a,* hairpins #1 and #2) and treated with IgG or anti-Pd1 (200 µg,

i.p., 3×/week). Mean ± SEM (n=4/group); mixed-effects model. **(C)** Longitudinal tumor growth in mice implanted with Yumm1.7 (*Cdkn2a*^{Null}) cells expressing empty vector (EV) or physiological levels of p16 (p16 Exp) and treated with IgG or anti-Pd1 (200 µg, i.p., 3×/week). Mean ± SEM (n=8/group); mixed-effects model. **(D-E)** Cd45⁺ cells from the indicated Yumm5.2 (*Cdkn2a*^{High}) tumors treated with IgG or anti-Pd1 (200 µg, i.p., 3×/week) were sorted and used for scRNA-Seq. **(D)** Pie charts showing percentages of immune cell types. **(E)** Dot plot showing the top 10 significant gene signatures from gene set enrichment analysis (GSEA) performed in the myeloid subset. NES = normalized enrichment score. **(F)** Longitudinal tumor growth in mice implanted with Yumm5.2 (*Cdkn2a*^{High}) cells with knockdown of *Cdkn2a* and treated with pexidartinib (Pex, 45 mg/kg, o.g., 3×/week) or vehicle in combination with IgG or anti-Pd1 (200 µg, i.p., 3×/week). Mean ± SEM (n=6/group); mixed-effects model. **(G)** Overall survival of anti-PD1-treated, myeloid-rich (*ITGAM* mRNA expression above the group average) cancer patients stratified by *CD8A* mRNA expression. KMP Patient Cohort; Log-rank (Mantel-Cox) test.

failed to sensitize sh*Cdkn2a* tumors to anti-Pd1 (**Fig. 1F**). These findings indicate that the

overall anti-inflammatory bulk myeloid compartment is not the primary driver of anti-Pd1

resistance in *Cdkn2a*^{Low} tumors.

CD8 T cells are commonly considered the main mediators of anti-PD1 responses[112,113].

However, both *Cdkn2a*^{High} Yumm tumor models respond to anti-Pd1 treatment (**Fig. 1B-**

C) despite being Cd8 T cell-poor – particularly Yumm5.2 tumors, which are severely de-

pleted (**Fig. 1D, S1H, and S1J**). Interestingly, there is literature to demonstrate that spe-

cific myeloid subsets also contribute to the therapeutic efficacy of ICB[28,30,35,114]. In this

regard, analysis of publicly available bulk RNA-seq data from anti-PD1-treated patients

showed that 21% of tumors with high *ITGAM* (encoding for CD11B) and low *CD8A* ex-

pression (reflecting a myeloid-rich, T cell-poor TME) had similar survival at 20 months to

tumors with both high *ITGAM* and high *CD8A* (reflecting a myeloid-rich, T cell-rich TME;

Fig. 1G). Surprisingly, 7.9% of the myeloid-rich, T cell-poor group maintained similar sur-

vival even at 30 months (**Fig. 1G**). Together, these data suggest that a subset of myeloid

cells may actively contribute to the anti-PD1 response, even in a T cell-poor environment.

In this study, we took advantage of the Yumm models as they provide a unique platform

to investigate how myeloid cells, in the context of high *Cdkn2a,* may promote anti-Pd1

responses in a T cell-poor TME.

***Cdkn2a*Low tumors have impaired anti-Pd1-mediated TAM phagocytosis**

We found that depletion of the bulk myeloid compartment does not sensitize T cell-poor

sh*Cdkn2a* Yumm5.2 tumors to anti-Pd1 (**Fig. 1F** and **S1I**) and that some patients with

myeloid-riched, T cell-poor tumors show sustained benefit from anti-PD1 (**Fig. 1G**). To-

gether, these data suggest that a specific subset of myeloid cells may unexpectedly pro-

mote, not inhibit, an anti-PD1 response. To explore this idea, we further investigated the

different types of myeloid cells in our scRNA-Seq. We found that the large majority of

myeloid cells in these tumors are tumor-associated macrophages (TAMs) (**Fig. 2A**). In-

terestingly, a growing body of recent literature has reported that TAMs alone drive re-

sponse to ICB by promoting phagocytosis[28,29,36-38]. Consistently, analysis of publicly avail-

able patient data shows that when phagocytosis is high, overall survival following anti-

PD1 treatment is not significantly different between T cell-rich and T cell-poor tumors (**Fig.**

2B). Therefore, we sought to determine the role of anti-Pd1-mediated TAM phagocytosis

in our models. Further analysis of our scRNA-seq revealed a significant increase in phag-

ocytosis-related gene signatures in TAMs following anti-Pd1 treatment in Yumm5.2

shControl (*Cdkn2a*High) but not in sh*Cdkn2a* (*Cdkn2a*Low) tumors (**Fig. 2C** and **Table S1**).

Notably, even in IgG treated mice, Yumm5.2 shControl tumors showed modestly higher

phagocytic activity scores in TAMs compared to Yumm5.2 sh*Cdkn2a* tumors (**Fig. 2C** and

Table S1), suggesting that TAMs in *Cdkn2a*Low tumors impair basal TAM phagocytosis

 that is further exacerbated by anti-Pd1. To assess whether this is relevant in human tu-

 mors, we analyzed publicly available scRNA-seq data from patients with melanoma and

Figure 2. Loss of *CDKN2A* expression in cancer cells impairs tumor-associated macrophage (TAM) phagocytic activity. (A) Cd45+ cells from the indicated Yumm5.2 (*Cdkn2a*High) tumors treated with IgG or anti-Pd1 (200 µg, i.p., 3×/week) were sorted and used for scRNA-Seq. Bar plots

showing percentages of myeloid cell types. **(B)** Overall survival of anti-PD1-treated patients stratified by T cell inflamed score and phagocytic score (see **Table S1**). Melanoma Patient Cohort; Log-rank (Mantel-Cox) test. **(C)** Heatmap of phagocytosis signature scores in the TAM compartment from scRNA-seq of Yumm5.2 (*Cdkn2a*^{High}) tumors from (A). **(D)** Histogram showing the phagocytosis score in TAMs from the indicated scRNA-Seq datasets from melanoma and head and neck squamous cell carcinoma (HNSCC) patients stratified by *CDKN2A* expression in cancer cells. Linear mixed model. **(E)** Schematic of *in vivo* and *in vitro* phagocytosis assays. **(F)** dTOMATO-labeled Yumm5.2 (*Cdkn2a*^{High}) cells with knockdown of GFP (shControl) or *Cdkn2a* (sh*Cdkn2a,* hairpins #1 and #2) were injected into mice (see schematic in panel E), and mice were treated with IgG or anti-Pd1 (200 µg, i.p., 3×/week). Representative flow cytometry plots (left) and quantification (right) of the percentage of TAMs with dTOMATO signal (phagocytic TAMs). Mean ± SD; one-way ANOVA. **(G)** dTOMATO-labeled Yumm1.7 (*Cdkn2a*^{Null}) cells expressing empty vector (EV) or physiological levels of p16 (p16 Exp) were injected into mice (see schematic in panel E), and mice were treated with IgG or anti-Pd1 (200 µg, i.p., 3×/week). Representative flow cytometry plots (left) and quantification (right) of phagocytic TAMs. Mean ± SD; one-way ANOVA. **(H)** CellTrace™ Violet-labeled Yumm5.2 (*Cdkn2a*^{High}) cells with shControl or sh*Cdkn2a* knockdown were co-cultured with RAW264.7 macrophages. Cells in co-culture were treated with IgG or anti-Pd1 (1 µg/mL, 24 h). Representative flow cytometry plots (left) and quantification (right) of the percentage of RAW264.7 with CellTrace™ Violet signal (phagocytic RAW264.7 macrophages). Mean ± SD; one-way ANOVA. * $p<0.05$, ** $p<0.01$, *** $p<0.001$, **** $p<0.0001$, ns = not significant.

head and neck squamous cell carcinoma (HNSCC), cancers where *CDKN2A* loss is com-

mon and clinically relevant[49]. Consistent with our mouse tumor scRNA-Seq data, we ob-

served reduced TAM phagocytosis signatures in *CDKN2A*^{Low} vs. *CDKN2A*^{High} patient tu-

mors (**Fig. 2D**), underscoring the clinical relevance of our findings. To functionally validate

these observations, we generated fluorescently-labeled cancer cells and assessed *in vivo*

and *in vitro* phagocytosis by measuring the percentage of Cd11b⁺ cells that have engulfed

fluorescently-labeled cancer cells (**Fig. 2E** and **Fig. S2**), similar to previous reports[29,115].

We acknowledge the limitation that Cd11b is not a specific TAM marker, as other myeloid

cells can also express Cd11b. However, given that the overwhelming majority (60-90%)

of phagocytic myeloid cells in these tumors are TAMs (**Fig. 2A**), the Cd11b⁺ population

primarily reflects TAMs in these tumors. Consistent with our scRNA-Seq gene signatures,

we observed that TAMs in both *Cdkn2a*^{High} tumor models were more phagocytic than

those in *Cdkn2a*^{Low} tumors (**Fig. 2F-G**), although we note this was more pronounced in

the Yumm5.2 model. Moreover, anti-Pd1 treatment enhanced TAM phagocytosis only in

*Cdkn2a*High tumors in both models (**Fig. 2F-G**). This increase in phagocytic activity in re-

sponse to anti-Pd1 aligns with the tumor growth reduction observed upon anti-Pd1 treat-

ment in both models (**Fig. 1B-C**). Together with patient data, these *in vivo* data demon-

strate that TAM phagocytosis is modulated by *CDKN2A* status in cancer cells. Finally, we

aimed to confirm that this is a direct effect on macrophages by performing *in vitro* co-

culture assays with cancer cells and IFNγ-activated RAW264.7 macrophages (**Fig. 2E**).

Consistent with our *in vivo* results, macrophages *in vitro* had higher phagocytic activity

towards *Cdkn2a*High cancer cells, which was further enhanced by anti-Pd1 (**Fig. 2H**). This

effect was not observed when these macrophages were co-cultured with *in vitro*

*Cdkn2a*Low cancer cells (**Fig. 2H**). Collectively, these data demonstrate that *Cdkn2a* ex-

pression in cancer cells directly regulates macrophage phagocytic activity and that anti-

Pd1 enhances macrophage phagocytosis, which corresponds to decreased tumor vol-

ume. These findings add to emerging evidence challenging the prevailing view that T cells

are always required to mediate responses to anti-PD1, instead highlighting a critical role

for TAMs.

The zinc importer Slc39a9 in cancer cells abrogates anti-Pd1 response in

***Cdkn2a*Low tumors via a TAM-dependent mechanism**

We found that *Cdkn2a*High cancer cells promote increased TAM phagocytosis compared

to *Cdkn2a*Low cancer cells both *in vitro* and *in vivo* and that anti-Pd1 treatment further

enhances this effect only in the context of *Cdkn2a*High cells (**Fig. 2C-D and F-H**). TAMs

are highly plastic cells and responsive to the tumor's metabolic environment[116]. We and

others have published that suppression of *CDKN2A*/p16 alters cell-intrinsic metabo-

lism[54,55,58,59,117-119], although no study to date has assessed TME metabolites in the con-

text of *CDKN2A*[Low] tumors. Analyzing the tumor interstitial fluid (TIF) by unbiased metab-

olomics and metalomics (**Fig. S3A**), we found that multiple analytes are also differentially

regulated in the TME of Yumm5.2 sh*Cdkn2a* tumors compared to controls (**Fig. 3A**).

Therefore, we hypothesized that these metabolic changes could extend beyond cancer

cells to influence the surrounding immune microenvironment, including TAMs. To identify

metabolic drivers of the altered TME in sh*Cdkn2a* tumors and evaluate their role in anti-

Pd1 resistance, we performed an *in vivo* CRISPR screen using a metabolism-focused

sgRNA knockout library in the Yumm5.2 isogenic model, with and without anti-Pd1 treat-

ment (**Fig. 3B**). We identified 137 genes with significant negative enrichment in sh*Cdkn2a*

tumors treated with anti-Pd1 vs. IgG compared to shControl tumors treated with anti-Pd1

vs. IgG, indicating their requirement for inducing ICB resistance in the context of low

Cdkn2a expression (**Table S2**). As we observed differences in TME metabolites in

Cdkn2a[Low] tumors (**Fig. 3A**), we focused on plasma membrane solute carrier transporters

(**Fig. 3C and Table S3**), which play critical roles in metabolite compartmentalization be-

tween the intracellular and extracellular space[120]. We cross-compared these genes with

depleted analytes in sh*Cdkn2a* TIF (**Fig. 3A**). Using this comparison, we identified zinc

and the plasma membrane zinc importer *Slc39a9* as potential drivers of anti-Pd1 re-

sistance in sh*Cdkn2a* tumors (**Fig. 3A and Fig. 3C**). Notably, we found that the decrease

of zinc in the TIF in sh*Cdkn2a* tumors correspond to increased zinc in cancer cells (**Fig.**

3D). Consistently, data mining of scRNA-Seq from melanoma patient specimens showed

that *CDKN2A*[Low] cancer cells have higher zinc scores compared to *CDKN2A*[High] cancer

 cells (**Fig. 3E**). Altogether, these data demonstrate that loss of *CDKN2A* in cancer cells

Figure 3. Zinc and Slc39a9 are key determinants of anti-Pd1 response in *Cdkn2a*^Low tumors.
(A) Volcano plot of metabolites and metals in the tumor interstitial fluid (TIF) of tumors derived from
Yumm5.2 (*Cdkn2a*^High) cells with knockdown of GFP (shControl) or *Cdkn2a* (sh*Cdkn2a*). Metabo-
lites were quantified by liquid chromatography–mass spectrometry (LC-MS) and metals by induc-
tively coupled plasma mass spectrometry (ICP-MS). Data show log$_2$ fold change (FC) of analytes
in sh*Cdkn2a* vs. shControl and corresponding –log$_{10}$ p-value (FDR-adjusted). **(B)** Schematic of *in*

vivo metabolic CRISPR knockout (KO) screen design. Yumm5.2 (*Cdkn2a*^High) cells with knockdown of GFP (shControl) or *Cdkn2a* (sh*Cdkn2a*) were implanted into mice. Mice were treated with IgG or anti-Pd1 (200 μg, i.p., 3×/week). **(C)** Ranked plot of CRISPR KO screen results in tumors (see Schematic in B). Graph is $\log_2$ Fold change (FC) of CRISPR negative scores of plasma membrane solute carrier transporters in sh*Cdkn2a* tumors treated with anti-Pd1 vs. IgG compared to shControl tumors treated with anti-Pd1 vs. IgG (see **Table S1**). **(D)** ICP-MS quantification of total zinc levels in TIF (left) and labile zinc levels in cancer cells (right) from tumors derived from Yumm5.2 (*Cdkn2a*^High) cells with knockdown of GFP (shControl) or *Cdkn2a* (sh*Cdkn2a,* hairpins #1 and #2). Data show mean ± SD; one-way ANOVA. **(E)** Violin plot showing the cancer cell zinc score from scRNA-seq of melanoma patient tumors stratified by *CDKN2A* expression in cancer cells. Student's t-test. **(F)** Correlation plot between total zinc levels in plasma (quantified by ICP-MS) and time-to-event outcomes in patients treated with anti-PD1. Pearson correlation. **(G)** Mice were implanted with Yumm5.2 (*Cdkn2a*^High) cells with knockdown of *Cdkn2a* in combination with knockdown of GFP (shControl) or Slc39a9 (shSlc39a9, hairpins #1 and #2). Longitudinal tumor growth of mice treated with IgG or anti-Pd1 (200 μg, i.p., 3×/week). Mean ± SEM (n=5/group); mixed-effects model. **(H)** Mice were implanted with Yumm1.7 (*Cdkn2a*^Null) cells with knockdown of GFP (shControl) or Slc39a9 (shSlc39a9, hairpins #1 and #2). Longitudinal tumor growth of mice treated with IgG or anti-Pd1 (200 μg, i.p., 3×/week). Mean ± SEM (n=5/group); mixed-effects model. **(I)** Mice were implanted with Yumm5.2 (*Cdkn2a*^High) cells with knockdown of *Cdkn2a* in combination with knockdown of GFP (shControl) or Slc39a9 (shSlc39a9). Longitudinal tumor growth of mice treated with pexidartinib (Pex, 45 mg/kg, o.g., 3×/week) or vehicle, and IgG or anti-Pd1 (200 μg, i.p., 3×/week). Data show mean ± SEM (n=6/group); mixed-effects model. **(J)** Wildtype (WT) or B6.129S7-Rag1^tm1Mom^/J (RAG-1^KO) mice were implanted with Yumm5.2 (*Cdkn2a*^High) cells with knockdown of *Cdkn2a* in combination with knockdown of GFP (shControl) or Slc39a9 (shSlc39a9). Longitudinal tumor growth of mice treated with IgG or anti-Pd1 (200 μg, i.p., 3×/week). Mean ± SEM (n=5/group); mixed-effects model. * $p<0.05$, ** $p<0.01$, *** $p<0.001$, **** $p<0.0001$, ns = not significant.

drives a differential zinc compartmentalization within the tumor, leading to zinc accumu-

lation in cancer cells and concurrent depletion of zinc in the TME. Interestingly, a recent

publication demonstrates that cancer patients with elevated serum zinc levels show im-

proved overall survival when undergoing ICB treatment, including anti-PD1[95]. Consist-

ently, we also found that anti-PD1-treated patients with low circulating zinc levels have

reduced time-to-event outcomes compared to those with higher zinc levels (**Fig. 3F**),

providing support for the role of zinc in ICB response. We validated that the knockdown

of Slc39a9 (**Fig. S3B-D**) sensitizes *Cdkn2a*^Low tumors to anti-Pd1 treatment in our two

models (**Fig. 3G-H**). Importantly, TAM depletion abrogated the anti-Pd1 efficacy following

Slc39a9 knockdown (**Fig. 3I**), while there was no difference in anti-Pd1 response in tu-

mors implanted into Rag-1-/- mice (**Fig. 3J**), suggesting that this restored response was

dependent on TAMs and not T cells. Altogether, these data demonstrate that Slc39a9 is

essential for anti-Pd1 resistance in *Cdkn2a*^{Low} tumors and that TAMs, not T cells, are the

primary immune effectors driving anti-Pd1 responses in these tumors. Moreover, these

data indicate that zinc compartmentalization between cancer cells and the TME plays a

critical role in regulating the anti-Pd1 response.

CDKN2A^{Low} cancer cells reprogram zinc compartmentalization via plasma mem-

brane SLC39A9 in a mechanism mediated by cholesterol

Next, we sought to determine how *CDKN2A* regulates zinc homeostasis via SLC39A9.

Prior work found that SLC39A9 is localized in the plasma membrane and imports zinc

ions from the extracellular space into the cytosol[121-125]. We found that knockdown of

CDKN2A in multiple human and mouse cancer cell models increased plasma membrane

SLC39A9 (**Fig. 4A** and **Fig. S4A-B**), whereas expression of p16 in *Cdkn2a*^{Low} cancer

cells decreased plasma membrane Slc39a9 (**Fig. 4B**). Cells with increased plasma mem-

brane Slc39a9 had elevated intracellular zinc levels and reduced extracellular zinc levels,

an effect that was reversed by knockdown of Slc39a9 in *Cdkn2a*^{Low} cancer cells (**Fig. 4C-**

E and **Fig. S4C-F**). Importantly, knockdown of Slc39a9 decreased both labile zinc (**Fig.**

4C-E) and total zinc (**Fig. S4C-F**), where total zinc includes both labile zinc and zinc

bound to proteins and other molecules. These findings indicate that Slc39a9 is a key

regulator of zinc homeostasis, and that labile zinc quantification is a reliable indicator of

zinc content in our model. Consistently, overexpression of wildtype Slc39a9 rescued the

intracellular labile zinc defect in Slc39a9 knockdown cells, whereas the putative hypo-

morphic mutant Slc39a9^{H156R 126-128} was less effective in both Yumm5.2 (**Fig. 4F-H**) and

Yumm1.7 (**Fig. S4G-I**) cells. Importantly, the decreased zinc uptake in cells expressing

the Slc39a9^{H156R} mutant was not due to the inability of the mutant to localize to the plasma

Figure 4. Increased plasma membrane Slc39a9 drives zinc uptake in *Cdkn2a*^{Low} cancer cells.
(A-B) Representative images (left) and quantification (right) of Slc39a9 immunofluorescence on non-permeabilized cells to visualize plasma membrane (PM) Slc39a9 in **(A)** Yumm5.2 (*Cdkn2a*^{High}) cells with knockdown of GFP (shControl) or *Cdkn2a* (sh*Cdkn2a*, hairpins #1 and #2) and **(B)**

Yumm1.7 (*Cdkn2a*^{Null}) cells expressing empty vector (EV) or physiological levels of p16 (p16 Exp). Mean ± SD (n=200/group); one-way ANOVA. **(C-E)** Bar graph showing labile zinc quantification in cells (left) and media (right) in **(C)** Yumm5.2 (*Cdkn2a*^{High}) cells with knockdown of GFP (shControl) or *Cdkn2a* (sh*Cdkn2a*, hairpins #1 and #2) in combination with knockdown of GFP (shControl) or Slc39a9 (shSlc39a9, hairpins #1 and #2), **(D)** Yumm1.7 (*Cdkn2a*^{Null}) cells expressing empty vector (EV) or physiological levels of p16 (p16 Exp), and **(E)** Yumm1.7 (*Cdkn2a*^{Null}) cells with knockdown of GFP (shControl) or Slc39a9 (shSlc39a9, hairpins #1 and #2). Mean ± SD; Student's t-test and one-way ANOVA. **(F-H)** Yumm5.2 (*Cdkn2a*^{High}) cells with knockdown of GFP (shControl) or *Cdkn2a* (sh*Cdkn2a,* hairpins #1 and #2) alone or in combination with empty vector (EV) control, wildtype (WT), or hypomorphic mutant (H156R) Slc39a9. **(F)** Representative images of Slc39a9 immuno-fluorescence on non-permeabilized cells to visualize plasma membrane (PM) Slc39a9. **(G)** Quantification of (F). Mean ± SD (n=200/group); one-way ANOVA. **(H)** Labile zinc quantification in cells. Mean ± SD; one-way ANOVA. **(I)** Schematic of how plasma membrane Slc39a9 compartmentalizes zinc between the cells and the tumor microenvironment. Scale bars = 25µm.* $p<0.05$, ** $p<0.01$, *** $p<0.001$, **** $p<0.0001$, ns = not significant.

membrane (**Fig. 4F-G** and **Fig. S4G-H**). We did not observe a compensatory upregulation

of other *Slc39* or *Slc30* genes known to transport zinc upon knockdown of Slc39a9 (**Fig.**

S4J and **Table S4**), further confirming Slc39a9 as the key zinc transporter in these cells.

Additionally, none of the metal ions commonly transported by SLC39 family members

were altered upon knockdown of Slc39a9 (**Fig. S4K**), indicating that the observed

changes are not due to differential uptake of other metals. These findings demonstrate

that plasma membrane SLC39A9 is a major and specific regulator of zinc compartmen-

talization between intracellular and extracellular spaces in *CDKN2A*^{Low} cancer cells (**Fig.**

4I).

Finally, we sought to determine the mechanism whereby *Cdkn2a*^{Low} cancer cells have

increased plasma membrane Slc39a9. We did not observe differential mRNA expression

of *Slc39a9* upon *Cdkn2a* knockdown or p16 expression (**Fig. S5A**). SLC39A9 is a trans-

membrane protein, which are often anchored to the plasma membrane through choles-

terol[129]. Our prior study found that human cells with knockdown of *CDKN2A*/p16 have

 increased cholesterol[56], a finding we validated in the complementary mouse cell line mod-

 els used in this study (**Fig. S5B-C**). Thus, we hypothesized that increased cholesterol

Figure 5. Increased plasma membrane Slc39a9 in *Cdkn2a*^{Low} cancer cells is mediated by cholesterol. (A-C) Yumm5.2 (*Cdkn2a*^{High}) cells with knockdown of GFP (shControl) or *Cdkn2a* (sh*Cdkn2a,* hairpins #1 and #2) were treated with vehicle or Methyl-β-cyclodextrin (MβCD; 10mM, 1h). **(A)** Representative images of Slc39a9 immunofluorescence on non-permeabilized cells to visualize plasma membrane (PM) Slc39a9. **(B)** Quantification of (A). Mean ± SD (n=200/group); one-

way ANOVA. **(C)** Labile zinc quantification in cells. Mean ± SD; one-way ANOVA. **(D-F)** Yumm1.7 (*Cdkn2a*[Null]) cells expressing empty vector (EV) or physiological levels of p16 (p16 Exp) were treated with vehicle or Methyl-β-cyclodextrin (MβCD; 10mM, 1h). **(D)** Representative images of Slc39a9 immunofluorescence on non-permeabilized cells to visualize plasma membrane (PM) Slc39a9. **(E)** Quantification of (D). Mean ± SD (n=200/group); one-way ANOVA. **(F)** Labile zinc quantification in cells. Mean ± SD; one-way ANOVA. **(G-I)** Yumm5.2 (*Cdkn2a*[High]) cells with knockdown of *Cdkn2a* (sh*Cdkn2a,* hairpins #1 and #2) were treated with vehicle or the statins atorvastatin (Atov, 1μM, 4 days) or lovastatin (Lovas,1μM, 4 days). **(G)** Representative images of Slc39a9 immunofluorescence on non-permeabilized cells to visualize plasma membrane (PM) Slc39a9, **(H)** Quantification of (G). Mean ± SD (n=200/group); one-way ANOVA. **(I)** Labile zinc quantification in cells. Mean ± SD; one-way ANOVA. Scale bars = 25μm.* $p<0.05$, ** $p<0.01$, *** $p<0.001$, **** $p<0.0001$, ns = not significant.

levels in *CDKN2A*[Low] cancer cells may enhance plasma membrane SLC39A9 accumula-

tion. Consistent with this hypothesis, depleting plasma membrane cholesterol with me-

thyl-β-cyclodextrin (MβCD)[130,131] or inhibiting *de novo* cholesterol synthesis using statins

reduced plasma membrane Slc39a9 levels and decreased intracellular labile zinc in

Cdkn2a[Low] cancer cells (**Fig. 5A-I**). Altogether, these data demonstrate that *Cdkn2a*[Low]

cancer cells increase intracellular zinc via increased cholesterol-mediated plasma mem-

brane Slc39a9.

Competition for zinc between *Cdkn2a*[Low] cancer cells and TAMs regulates phago-

cytosis and anti-Pd1 response

We found that *CDKN2A*[Low] tumors do not respond to anti-PD1 treatment (**Fig. 1A–C**), and

that macrophages are less phagocytic when exposed to *Cdkn2a*[Low] cancer cells, both *in*

vitro (**Fig. 2H**) and *in viv*o (**Fig. 2C–D** and **F-G**). We also found that *Cdkn2a*[Low] cancer

cells deplete microenvironmental zinc through zinc uptake via increased Slc39a9 at the

plasma membrane (**Fig. 4C-E and Fig. S4C-F**) and that knockdown of Slc39a9 in

Cdkn2a[Low] cells restores anti-Pd1 response (**Fig. 3G–H**). Thus, we hypothesized that the

availability of zinc in the TME may play a direct role in TAM phagocytosis. Analysis of

publicly available scRNA-seq data from melanoma and HNSCC patients showed that

TAMs in $CDKN2A^{Low}$ tumors have lower zinc scores and that zinc scores positively cor-

relate with phagocytosis scores (**Fig. 6A** and **Fig. S6A**). Moreover, further analysis of our

scRNA-Seq data from Yumm5.2 tumors demonstrated that TAMs in $Cdkn2a^{Low}$ tumors,

which have low phagocytic activity (**Fig. 2C**), also have decreased zinc scores (**Fig. S6B**).

Consistently, *in vivo* validation demonstrated that TAMs in tumors derived from $Cdkn2a^{Low}$

cancer cells have reduced zinc levels (**Fig. 6B** and **Fig. S6C**), and zinc levels positively

correlate with phagocytosis (**Fig. 6B** and **Fig. S6D**). Moreover, we found that RAW264.7

macrophages with higher intracellular zinc have greater phagocytic activity *in vitro* (**Fig.**

S6E). Strikingly, while anti-Pd1 treatment increased the expression of phagocytosis-re-

lated genes in RAW264.7 macrophages *in vitro*, this effect was further amplified by zinc

supplementation and suppressed by zinc chelation (**Fig. S6F**). These data demonstrate

that zinc availability indeed modulates anti-Pd1-mediated macrophage phagocytosis.

We found that knockout or knockdown of the zinc importer Slc39a9 restores anti-Pd1

response in $Cdkn2a^{Low}$ tumors (**Fig. 3C, 3G-H**) and that increased intracellular zinc in

macrophages correlates with enhanced phagocytosis in human melanoma and HNSCC

patients (**Fig. 6A** and **Fig. S6A**). A recent publication found that increased metal signa-

tures in TAMs, mainly genes related to zinc function, correlate with improved ICB re-

sponses in patients[30]. Additionally, both published data[95] and our data (**Fig. 3F**) show that

patients with higher circulating zinc levels show improved outcomes on anti-PD1 therapy.

Thus, we aimed to determine whether zinc depletion in the TME, driven by Slc39a9 in

$Cdkn2a^{Low}$ cancer cells, impairs TAM zinc content and phagocytosis. To test this, we

knocked down Slc39a9 in fluorophore-labeled Yumm5.2 *Cdkn2a*^{Low} cancer cells and im-

planted them into mice (**Fig. 2E**). Slc39a9 knockdown restored TAM phagocytosis upon

Figure 6. Reduced zinc availability to TAMs in *Cdkn2a*^{Low} tumors suppresses anti-Pd1-driven phagocytosis. (A) scRNA-Seq dataset from melanoma patients stratified by *CDKN2A* expression in cancer cells. Histogram showing the zinc score in TAMs from the indicated scRNA-Seq datasets from melanoma patients stratified by *CDKN2A* expression in cancer cells (left) and zinc score correlation with phagocytic score (right). Linear mixed models and Pearson correlation. **(B)** Mice were implanted with dTOMATO-labeled Yumm5.2 (*Cdkn2a*^{High}) cells with knockdown of GFP (shControl) or *Cdkn2a*

(sh*Cdkn2a,* hairpins #1 and #2). Representative labile zinc flow cytometry plots in TAMs (left), quantification of labile zinc in TAMs (center), and correlation between labile zinc and phagocytosis in TAMs (right). Mean ± SD; one-way ANOVA and Pearson correlation. **(C-D)** Mice were implanted with dTOMATO-labeled Yumm5.2 (*Cdkn2a*^{High}) cells with knockdown of *Cdkn2a* (sh*Cdkn2a*) alone or in combination with knockdown of GFP (shControl) or Sl39a9 (shSlc39a9). **(C)** Representative flow cytometry plots of TAM phagocytosis (left) and quantification of TAM phagocytosis (right). Mean ± SD; one-way ANOVA. **(D)** Representative labile zinc flow cytometry plots in TAMs (left), quantification of labile zinc in TAMs (center), and correlation between labile zinc and phagocytosis in TAMs (right). Mean ± SD; one-way ANOVA and Pearson correlation. **(E)** Schematic of macrophage co-injection model. **(F-H)** RAW264.7 macrophages expressing empty vector (EV) control or Slc39a1 (Slc39a1 OE) were co-injected in immunocompromised NSG mice with Yumm5.2 (*Cdkn2a*^{High}) cells with knockdown of *Cdkn2a* (shCdkn2a) at a ratio of 1:10. Mice were treated with IgG or anti-Pd1 (200 µg, i.p., 3×/week). **(F)** Representative flow cytometry plots (left) and quantification (right) of labile zinc in TAMs. Mean ± SD; Student's t-test. **(G)** Representative flow cytometry plots (left) and quantification (right) of the percentage of TAMs with dTOMATO signal (phagocytic TAMs). Mean ± SD; one-way ANOVA. **(H)** Longitudinal tumor growth. Mean ± SEM (n=8/group); mixed-effects model. **(I)** Schematic of zinc competition between *CDKN2A*^{Low} cells and TAMs, leading to decreased phagocytosis and anti-PD1 resistance. * $p<0.05$, ** $p<0.01$, *** $p<0.001$, **** $p<0.0001$, ns = not significant.

anti-Pd1 (**Fig. 6C**), corresponding with increased zinc in TAMs (**Fig. 6D**). Altogether,

these data indicate that Slc39a9-mediated zinc sequestration by cancer cells directly im-

pairs TAM function in response to anti-Pd1. We did not observe consistent expression

differences in "eat me" or "don't eat me" signals in *Cdkn2a*^{Low} cells with or without Slc39a9

knockdown (**Fig. S6G** and **Table S5**), nor did we detect changes in Pd-l1 expression on

cancer cells (**Fig. S6H-I**), indicating that the observed changes in TAM phagocytosis and

anti-Pd1 response is macrophage-intrinsic. Finally, to demonstrate that increased zinc in

macrophages directly increases phagocytosis *in vivo*, we engineered RAW264.7 macro-

phages that have the ability to compete for TME zinc by overexpressing the zinc importer

Slc39a1 (**Fig. S6J**). Indeed, these macrophages are able to increase intracellular zinc *in*

vitro (**Fig. S6K**). We then co-implanted these zinc-replete macrophages with Yumm5.2

sh*Cdkn2a* cells in immunodeficient NSG mice (**Fig. 6E**). TAMs in tumors co-implanted

with Slc39a1-overexpressing macrophages had higher intracellular zinc (**Fig. 6F**). Excit-

ingly, upon anti-Pd1 treatment, these TAMs had increased phagocytic activity (**Fig. 6G**),

which was associated with reduced tumor volume (**Fig. 6H**). Together, our data demon-

strate that zinc is critical for TAM phagocytosis and that zinc-replete TAMs respond to

anti-Pd1 by increasing their phagocytic gene expression and activity. Thus, increased

zinc uptake by *Cdkn2a*^Low cancer cells impairs TAM phagocytosis by outcompeting mac-

rophages for zinc, corresponding to anti-Pd1 resistance (**Fig. 6I**).

High zinc diet combined with anti-Pd1 decreases tumor burden and enhances TAM

phagocytosis in *Cdkn2a*^Low tumors

Finally, we aimed to find a manner to exploit our discoveries to improve anti-Pd1 treat-

ment in *Cdkn2a*^Low tumors. We found that *Cdkn2a*^Low cancer cells deplete the TME of zinc

by upregulating plasma membrane Slc39a9 (**Fig. 4A-E** and **Fig. S4C-F**), therefore out-

competing TAMs for zinc (**Fig. 6B-D**). We also found that engineering TAMs that have an

enhanced ability to compete for zinc uptake have increased phagocytosis (**Fig. 6E-H**).

Since there are no available inhibitors for SLC39A9, we hypothesized that increasing di-

etary zinc would raise zinc levels in the TME to restore zinc within TAMs and promote an

anti-Pd1 response. Excitingly, a high zinc diet (~3X higher than normal chow) significantly

elevated TME zinc levels (**Fig. 7A-B**), which corresponded to decreased tumor volume in

Cdkn2a^Low tumors upon anti-Pd1 treatment (**Fig. 7C-D and Fig. S7A**). The dietary inter-

vention did not significantly affect food intake or body weight (**Fig. S7B-C**) nor did it mark-

edly alter tumor growth in the IgG control treatment group (**Fig. S7D**). Similar to

Cdkn2a^Low tumors with Slc39a9 knockdown (**Fig. 3I**), TAM depletion abrogated this anti-

Pd1 response (**Fig. 7E**), indicating that TAMs are essential for the anti-Pd1 response of

Cdkn2a^Low cancer cells on a high zinc diet. Excitingly, we confirmed that the high zinc diet

increased TAM zinc levels (**Fig. 7F** and **Fig. S7E**), and these zinc-replete TAMs had en-

hanced phagocytic activity following anti-Pd1 treatment (**Fig. 7G** and **Fig. S7F**). Similar

Figure 7. Replenishing TME zinc via the diet in *Cdkn2a*^{Low} tumors re-educates TAMs and promotes anti-Pd1-mediated phagocytosis. (A) Schematic of diet study. **(B-D)** Mice were

assigned to low (55 mg/kg) or high (300 mg/kg) zinc diets, implanted with Yumm5.2 (*Cdkn2a*^{High}) cells with knockdown of *Cdkn2a* (sh*Cdkn2a*), and treated with IgG or anti-Pd1 (200 μg, i.p., 3×/week). **(B)** Dot plot showing total levels of zinc in the tumor interstitial fluid (TIF) quantified by ICP-MS. Mean ± SD; student's t-test. **(C)** Longitudinal tumor growth. Mean ± SEM (n=8/group); mixed-effects model. **(D)** Kaplan-Meier plot depicting survival analysis. Log-rank (Mantel-Cox) test. **(E)** Mice fed a high (300 mg/kg) zinc diet were implanted with Yumm5.2 (*Cdkn2a*^{High}) cells with knockdown of *Cdkn2a* (sh*Cdkn2a*). Mice were treated with Pexidartinib (45 mg/kg, o.g., 3×/week) or vehicle in combination with IgG or anti-Pd1 (200 μg, i.p., 3×/week). Longitudinal tumor growth. Mean ± SEM (n=8/group); mixed-effects model. **(F-G)** Mice were assigned to a high (300 mg/kg) zinc diet, implanted with Yumm5.2 (*Cdkn2a*^{High}) cells with knockdown of *Cdkn2a* (shCdkn2a), and treated with IgG or anti-Pd1 (200 μg, i.p., 3×/week). **(F)** Representative flow cytometry plots (left) and quantification (right) of labile zinc in TAMs. Mean ± SD; student's t-test. **(G)** Representative flow cytometry plots (left) and quantification (right) of the percentage of TAMs with dTOMATO signal (phagocytic TAMs). Mean ± SD; one-way ANOVA. **(H)** *Cdkn2a*^{Low} cancer cells sequester TME zinc via increased plasma membrane Slc39a9, leading to macrophage dysfunction and anti-Pd1 resistance. Replenishment of TME zinc via knockdown of Slc39a9 in cancer cells, overexpression of Slc39a1 in co-implanted macrophages, or high zinc diet increases intracellular zinc in macrophages priming their phagocytic activity to respond to anti-Pd1. * $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$, **** $p < 0.0001$, ns = not significant.

to our findings with knockdown of Slc39a9 (**Fig. S6I**), the observed increase in TAM phag-

ocytosis was independent of changes in Pd-l1 expression on cancer cells (**Fig. S7G**),

further confirming that TAM phagocytosis and decreased tumor burden upon anti-Pd1

treatment is macrophage-intrinsic. Taken together, these findings support the notion that

replenishing the TME with zinc via a dietary intervention can reverse anti-Pd1 resistance

in *Cdkn2a*^{Low} tumors, which is associated with an enhanced TAM phagocytotic response

(**Fig. 7H**).

DISCUSSION

The role of *CDKN2A* as a critical regulator of the cell cycle has been well established for >30 years[51,132]. However, accumulating evidence from our lab and others has revealed that *CDKN2A*/p16 loss has non-canonical pro-tumorigenic functions that extend beyond its role in cell cycle control, including in metabolism[133]. Moreover, there is recent evidence that nutrient competition within the TME can affect immune cell activity and function[134-137], although how the micronutrient zinc is compartmentalized within cancer and immune cells has never been explored. Here, we demonstrate that loss of *CDKN2A* in cancer cells enhances zinc uptake through upregulation of the SLC39A9 transporter at the plasma membrane, a process that is mediated by cholesterol. The increased zinc uptake by *Cdkn2a*^{Low} cancer cells leads to a zinc-depleted TME, impairing TAM phagocytic activity and diminishing the efficacy of anti-Pd1 treatment. Our findings underscore the critical role of *CDKN2A*/p16 expression in modulating the immune response through zinc, demonstrate an anti-tumorigenic role for zinc-replete TAMs, and open up new therapeutic possibilities through dietary interventions. Moreover, given that the effects we observed were T cell-independent, and that many human tumors are myeloid-rich and T cell-poor[106], our data provide compelling evidence that elevating TME zinc could sensitize tumors that have generally been considered anti-PD1 refractory.

Our studies and others have shown that suppression of *CDKN2A*/p16 correlates with re-duced expression of pro-inflammatory factors across various diseases, including can-cer[18,63,138-142]. Consistently, *CDKN2A*^{Low} tumors exhibit 'cold' immune phenotypes with

reduced immune infiltration, which has been linked to the observed resistance to ICB[1-

5,11,143-146]. Excitingly, our findings reveal that TAMs, rather than T cells, are the critical

immune cell promoting the response to anti-PD1 in *CDKN2A*[Low] tumors (**Fig. 3I-J**). In this

regard, a small but growing body of literature suggests that patients with T cell-poor tu-

mors can still benefit from ICB, potentially through effects on other immune cell popula-

tions[25-27]. Consistent with this, our analysis shows that around 20% of patients with mye-

loid-rich, T cell-poor tumors exhibit clinical benefit from anti-PD1 therapy beyond 20

months, and >7% continue to benefit beyond 30 months (**Fig. 1G**). Recent studies have

shown that certain myeloid cells, including TAMs, can directly respond to anti-PD1 and

contribute to therapeutic efficacy[28-35]. Using myeloid-rich, T cell-poor models, we found

that *Cdkn2a*[Low] murine tumors have increased TAMs (**Fig. 3A**), consistent with prior re-

ports in human patients[1,5]. However, while other research focused on the macrophage

polarization status[1,3,6], here we found that *CDKN2A*[Low] cancer cells modulate TAM phag-

ocytic activity (**Fig. 2F-H**). This paradigm shift underscores the critical importance of stud-

ying TAM activity, not simply polarization status or macrophage markers, in the context

of ICB treatment to improve anti-tumor efficacy. Our results also give rise to the intriguing

possibility that myeloid-rich, T cell-poor tumors, which have typically been considered re-

fractory to ICB, can be sensitized by reprogramming TAMs to a more phagocytic pheno-

type.

Previous research indicates that TAMs can directly respond to ICB in part by enhancing

phagocytosis[28,29,35]. Additionally, a recent pan-cancer study in patient samples identified

a subgroup of TAMs that upregulate zinc-binding metallothioneins (named *metalloMac*)

that are enriched in ICB-responsive patients[30]. This is consistent with our data demon-

strating that elevated zinc in TAMs boosts the response to anti-Pd1 (**Fig. 6G-H**). Indeed,

zinc has been previously shown to enhance phagocytosis capacity and/or pathogen clear-

ance[68-70,147-150], although none of this work is in cancer and the mechanism is not well

understood. Here we found that there is a correlation between the amount of intracellular

zinc in TAMs and their phagocytic activity in both *in vivo* tumor models and human tumors

(**Fig. 6A-B**, **6D** and **Fig. S6A, S6D**). Moreover, zinc supplementation enhanced the ex-

pression of phagocytosis-related genes in macrophages treated with anti-Pd1 *in vitro*, an

effect that was abolished by zinc chelation (**Fig. S6F**). The human genome encodes over

700 zinc-finger proteins, the largest class of putative transcription factors[151], and prior

research has explored whether intracellular zinc levels directly influence gene transcrip-

tion[152]. Future studies will investigate the specific transcription factors that drive macro-

phage phagocytic activity in response to zinc replenishment. Collectively, our findings

underscore the critical role of TAM zinc metabolism in modulating the efficacy of anti-PD1

therapy, particularly in the context of $CDKN2A^{Low}$ tumors where zinc homeostasis within

the TME is disrupted. This study also highlights the potential for boosting zinc metabolism

in TAMs as a strategy to enhance the therapeutic response to anti-PD1 in cancer patients,

regardless of T cell infiltration.

Our study demonstrates that *CDKN2A*/p16 itself drives inherent resistance to anti-PD1.

There are a handful of prior reports linking loss of *CDKN2A* expression, or 9p21 deletion,

with changes in anti-tumor immunity and ICB response[1-18]. Here, we found that *Cdk2na*,

and more specifically p16 alone, can drive differential anti-PD1 responses (**Fig. 1B-C**).

Consistent with our findings, an integrated analysis of immunogenomic and clinical data

from over 1000 patients across 8 solid tumors demonstrated that 9p21 deletions, specif-

ically encompassing *CDKN2A* and *MTAP*, were associated with decreased tumor im-

mune responses and resistance to anti-PD1 or anti-PD-L1 monotherapy[1]. In contrast, a

prior study using cells with different 9p21 deletions showed deletions involving only the

CDKN2A gene did not affect the response to anti-CTLA4[104]. This discrepancy may arise

from differences in the models and immunotherapies used. Despite these insights, routine

assessment of *CDKN2A*/p16 expression remains uncommon in clinical practice, except

in specific cases such as HPV-positive tumors or when germline alterations are sus-

pected, particularly in individuals with a family history of melanoma and/or pancreatic

cancer[153-155]. Together with the prior research, our work provides compelling evidence for

the need to routinely assess *CDKN2A* status in cancer diagnostics, particularly as our

research suggests that treatment outcomes of patients harboring *CDKN2A*^{Low} tumors may

be improved by combining ICB therapy with dietary zinc supplementation.

CDKN2A has non-canonical roles in intracellular metabolism[54,55,58,59,117-119], and we em-

phasize here a role for *CKDN2A* in influencing metabolites within the TME. Specifically,

we found that *CDKN2A*^{Low} cancer cells sequester zinc from the TME (**Fig. 4**), reducing

macrophage phagocytic activity during anti-Pd1 treatment (**Fig. 6C-D** and **Fig. S6C-D**),

thereby diminishing the therapeutic response (**Fig. 3G-H**). Zinc is an essential micronu-

trient critical for the proper functioning of cells. For example, zinc deficiency impairs im-

mune cell activity, while zinc supplementation can either restore normal function in defi-

cient cells or enhance immune responses in healthy cells[156]. Despite decades of research

on zinc's role in cancer, its biological effects remain poorly understood and are often con-

tradictory[157]. These inconsistencies stem in part from a historical focus on systemic zinc

levels, which overlook the intricate regulation and compartmentalized distribution of zinc

within the TME. In this study, we found that increased intracellular zinc in CDKN2A[Low]

cancer cells was mediated by a significant upregulation of the zinc transporter SLC39A9

at the plasma membrane (**Fig. 4**). Upregulation of plasma membrane Slc39a9 was regu-

lated by *de novo* cholesterol synthesis (**Fig. 5**), which we have previously found to be

elevated in sh*CDKN2A*/shp16 cells[117] (**Fig. S5B-C**). Interestingly, several epidemiological

studies have shown a strong correlation between statin use—drugs that lower choles-

terol—and improved response to ICB in cancer patients[158-163]. Our data suggest that this

effect may be mediated, at least in part, by reduced plasma membrane Slc39a9 expres-

sion in cancer cells (**Fig. 4-5**), thereby increasing zinc availability for immune cells. Future

studies will be needed to determine the extent to which the ICB benefit observed in statin-

treated patients is driven by altered zinc compartmentalization via SLC39A9. Moreover,

these results contribute to the growing body of research highlighting the critical role of

metabolite compartmentalization within the TME[134,136,164,165] and underscores the limita-

tions of systemic zinc-level assessments in evaluating zinc's role in cancer.

Zinc can be modulated by the diet, and prior work has associated high dietary zinc intake

with improved cancer outcomes or decreased risk[166-171]. However, others report ad-

verse[172-175] or neutral effects[176-179]. Here, we found that high dietary zinc effectively in-

creases the zinc content in the TME and improves ICB response of *Cdkn2a*[Low] tumors

(**Fig. 7**). This increase in zinc in the diet is ~3X more than the normal chow. The

recommended daily allowance (RDA) of zinc is 8 mg for adult women and 11 mg for adult

men[180]. Assuming similar zinc metabolism between humans and mice, this increase in

dietary zinc is equivalent to a 30 mg zinc supplement, which is available over-the-counter.

Future studies are required to explore the potential benefits of combining ICB with this

highly accessible and cost-effective zinc supplementation for patients with CDKN2A[Low]

tumors. In contrast to our study, a recent article found that high dietary zinc promoted

tumor progression in a B16F10 melanoma model by increasing regulatory T cells[98]. These

differences are likely due to the amount of zinc in the diet (300mg/kg in our study vs.

80mg/kg in[98]), delivery method, or other context-dependent differences. Indeed, 80 mg/kg

is below our normal chow levels, suggesting that this study did not achieve high enough

intratumoral zinc levels to restore zinc in TAMs and enhance their phagocytosis. None-

theless, these discrepancies underscore the importance of considering tumor-specific

factors, zinc delivery methods, and bioavailability when exploring zinc-based therapies.

In this regard, our data show that the high zinc diet used in this study effectively increases

zinc levels not only in the TME (**Fig. 7B**), but also in intratumoral macrophages (**Fig. 7F**).

Although we found that replenishing the TME with zinc enhances TAM zinc content and

phagocytic activity in C*dkn2a*[Low] tumors, the role of increased intracellular zinc in

CDKN2A[Low] cancer cells remains unclear. The literature reports both pro-tumorigenic[181-

183] and cytotoxic[184-187] effects of high intracellular zinc in cancer cells. Thus, it is interest-

ing to speculate that zinc may have pleiotropic roles within cancer cells similar to that

observed for ROS[188], where excessively high levels are detrimental, but moderate to high

levels promote tumorigenesis. Further research is needed to determine the intracellular

mechanisms of zinc in C*DKN2A*[Low] cancer cells.

In conclusion, the TME represents a competitive environment where access to nutrients,

such as zinc, critically shapes the dynamics between tumor and immune cells. Our find-

ings demonstrate that suppression of *Cdkn2a* confers the ability to deplete zinc from the

TME by upregulating the Slc39a9 importer, impairing TAM function, and reducing the

efficacy of anti-Pd1 therapy irrespective of T cells. This study highlights a previously un-

recognized role of *CDKN2A* in maintaining a balanced TME metabolism that supports

immune activity and therapeutic responses. Our results also emphasize that, in certain

contexts, T cells are dispensable for an anti-PD1 response. In summary, our results iden-

tify an unexpected role for *CDKN2A* as a master regulator of zinc homeostasis, which

impacts the TME and anti-PD1 therapy through a T cell-independent mechanism. These

results have major implications not only for understanding novel roles for *CDKN2A* out-

side of the cell cycle, but also in underscoring the anti-tumorigenic potential of TAMs that

can be harnessed for improved ICB response.

 SUPPLEMENTAL FIGURES

Figure S1. Cellular models used in this study. Related to Figure 1. (A-B) Immunoblot analysis of p16 and p19 in **(A)** Yumm5.2 (*Cdkn2a*^{High}) with knockdown of GFP (shControl) or *Cdkn2a* (sh*Cdkn2a* hairpins #1 and #2) cells and **(B)** Yumm1.7 (*Cdkn2a*^{Null}) cells expressing empty vector (EV) control of physiological levels of p16 (p16 Exp). β-Actin was used as a loading control. **(C-D)** Yumm1.7 (*Cdkn2a*^{Null}) cells expressing empty vector (EV) control of physiological levels of p16 (p16 Exp). Induction of cellular senescence with palbociclib (Palb; 3µM, 10 days) was used as a positive control. **(C)** Representative images of colony formation (CF) assay (left) and quantification (right). Mean ± SD; one-way ANOVA. **(D)** Representative images of senescence-associated β-Galactosidase (SA-β-Gal) activity (left) and quantification (right). Mean ± SD; one-way ANOVA. **(E)** Schematic representation of the murine 4qC4 genomic region containing the *Cdkn2a* gene and gene neighbors. **(F)** Genomic DNA PCR amplification of indicated genes in Yumm1.7 and Yumm5.2 cell lines. **(G)** Schematic of cellular models. **(H)** Quantification of Cd8⁺ (left) and Cd4⁺ (right) T cells in tumors derived from Yumm5.2 (*Cdkn2a*^{High}) cells with knockdown of GFP (shControl) or *Cdkn2a* (sh*Cdkn2a*, hairpins #1 and #2). Mean ± SD; one-way ANOVA. **(I)** Quantification of Cd11b⁺ cells in tumors derived from Yumm5.2 (*Cdkn2a*^{High}) treated with pexidartinib (Pex, 45 mg/kg, o.g., 3×/week) or vehicle. Mean ± SD; student's t-test**. (J)** Quantification of Cd8⁺ cells in tumors derived from Yumm1.7 (*Cdkn2a*^{Null}) cells expressing empty vector (EV) control or

physiological levels of p16 (p16 Exp). Mean ± SD; student's t-test. * p<0.05, ** p<0.01, *** p<0.001,
**** p<0.0001, ns = not significant.

Figure S2. TAM gating strategy. Related to Figures 2, 6, 7, and S6. Figure shows the strategy used to identify live tumor-associated macrophages (TAMs), defined as the Cd11b⁺ population, and the subsequent gating to quantify: (1) High Zinc TAMs, defined as Cd11b⁺ TAMs with high Zinpyr-1 fluorescence, and (2) Phagocytic TAMs, defined as Cd11b⁺ TAMs positive for dTOMATO, the fluorophore used to label the cancer cells implanted into mice (see **Fig. 2E**).

Figure S3. Tumor Interstitial Fluid (TIF) isolation; knockdown of Slc39a9 in cancer cells. Related to Figure 3. (A) Schematic of procedure to collect tumor interstitial fluid (TIF). **(B)** Slc39a9 mRNA expression in the indicated cell lines. Fold change to shControl group. Mean ± SD; one-way ANOVA. **(C-D)** Representative images (left) and quantification (right) of Slc39a9 immunofluorescence in **(C)** Yumm5.2 ($Cdkn2a^{High}$) cells with knockdown of GFP (shControl) or $Cdkn2a$ (sh$Cdkn2a$, hairpins #1 and #2). Mean ± SD (n=200/group); one-way ANOVA. **(D)** Yumm1.7 ($Cdkn2a^{Null}$) cells expressing empty vector (EV) or physiological levels of p16 (p16 Exp). Mean ± SD (n=200/group); one-way ANOVA. Scale bars = 25μm.* p<0.05, ** p<0.01, *** p<0.001, **** p<0.0001, ns = not significant.

Figure S4. Knockdown of p16 in human melanoma cells increases plasma membrane SLC39A9; Slc39a9 regulates zinc uptake in *Cdkn2a*^Low cells. Related to Figure 4. **(A-B)** Top left- Immunoblot analysis of p16. β-Actin was used as a loading control. Bottom- representative images (bottom left), and quantification (bottom right) of the human melanoma cell lines **(A)** SK-MEL-28 (*Cdkn2a*^High) and **(B)** RPMI-7951 (*Cdkn2a*^High) with knockdown of GFP (shControl) or p16 (shp16). Mean ± SD (n=200/group); Student's t-test. **(C-F)** Dot plot showing total zinc quantification

Figure S5. Modulation of *Cdkn2a*/p16 expression does not affect *Slc39a9* mRNA expression; *Cdkn2a*Low cancer cells have decreased cholesterol. Related to Figure 5. (A) *Slc39a9* mRNA expression in the indicated cell lines. **(B-C)** Representative images of Filipin III staining to detect cholesterol (left) and quantification (right) in **(B)** Yumm5.2 (*Cdkn2a*High) cells with knockdown of GFP (shControl) or *Cdkn2a* (sh*Cdkn2a*, hairpins #1 and #2) and **(C)** Yumm1.7 (*Cdkn2a*Null) cells expressing empty vector (EV) control of physiological levels of p16 (p16 Exp). Mean ± SD (n=200/group); one-way ANOVA, student's t-test. Scale bars = 25µm.* p<0.05, ** p<0.01, *** p<0.001, **** p<0.0001, ns = not significant.

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Figure S6. TAMs in *CDKN2A*Low tumors have decreased zinc, correlating with phagocytosis activity; Zinc regulates the expression of phagocytic-related genes; Knockdown of *Cdkn2a* alone or in combination with Slc39a9 knockdown does not markedly affect the mRNA expression of 'eat me' and 'don't eat me' signals; *Cdkn2a*Low cancer cells alone or with knockdown of Slc39a9 do not have altered Pd-l1 expression *in vivo*. Related to Figure 6. (A) scRNA-Seq dataset from head and neck squamous cell carcinoma (HNSCC) patients stratified by *CDKN2A* expression in cancer cells. Histogram showing the zinc score in TAMs from the indicated scRNA-Seq datasets from melanoma patients stratified by *CDKN2A* expression in cancer cells (left) and zinc score correlation with phagocytic score (right). Linear mixed models and Pearson correlation **(B)** Box plot showing zinc signatures scores in the TAM compartment of the scRNA-Seq from Yumm5.2 (*Cdkn2a*High) cells with knockdown of *Cdkn2a* (sh*Cdkn2a*, hairpins #1 and #2). One-way ANOVA. **(C-D)** dTOMATO-labeled Yumm1.7 (*Cdkn2a*Null) cells expressing empty vector (EV) control or physiological levels of p16 (p16 Exp) were implanted into mice. **(C)** Representative flow

cytometry plots of labile zinc in TAMs (left) and quantification (right). Mean ± SD; Student's t-test. **(D)** Correlation between labile zinc in TAMs and TAM phagocytosis. Person's correlation. **(E)** Mean fluorescence intensity (MFI) of pHrodoRed in RAW264.7 macrophages stratified based on high or low Zinpyr-1 staining of intracellular labile zinc. Mean ± SD; Student's t-test. **(F)** Heatmap of phagocytosis-related genes measured by qPCR in RAW264.7 macrophages treated with ZnSO4 (30μg, 16h) or CaEDTA (3mM, 16h) in combination with IgG or anti-Pd1 (1 μg/mL,16h) in FBS-free media. **(G)** Heatmap of expression values for the indicated 'eat me' and 'don't eat me' genes in Yumm5.2 (*Cdkn2a*^High^) cells with knockdown of *Cdkn2a* (sh*Cdkn2a*, hairpins #1 and #2) alone or in combination with knockdown of GFP (shControl) or Slc39a9 (shSlc39a9, hairpins #1 and #2). **(H)** Mice were implanted with dTOMATO-labeled Yumm5.2 (*Cdkn2a*^High^) cells with knockdown of GFP (shControl) or *Cdkn2a* (sh*Cdkn2a* #1 or #2). Mice were treated with IgG or anti-PD1 (200 μg, i.p., 3×/week). Dot plot of mean fluorescence intensity (MFI) of Pd-l1 in cancer cells (dTOMATO⁺ and Cd11b⁻). Mean ± SD; one-way ANOVA. **(I)** Mice were implanted with dTOMATO-labeled Yumm5.2 (*Cdkn2a*^High^) cells with knockdown of *Cdkn2a* (sh*Cdkn2a*) alone or in combination with knockdown of GFP (shControl) or Slc39a9 (shSlc39a9). Mice were treated with IgG or anti-PD1 (200 μg, i.p., 3×/week). Dot plot of mean fluorescence intensity (MFI) of Pd-l1 in cancer cells (dTOMATO⁺ and Cd11b⁻). Mean ± SD; one-way ANOVA. **(J)** Bar plot of *Slc39a1* mRNA expression in RAW264.7 macrophages expressing empty vector control or Slc39a1 overexpression plasmid (Slc39a1 OE). Mean ± SD as the fold change relative to shControl; Student's t-test. **(K)** Bar plot of mean fluorescence intensity (MFI) of labile zinc in RAW264.7 macrophages expressing empty vector (EV) control or Slc39a1 overexpression plasmid (Slc39a1 OE). Mean ± SD as the fold change relative to shControl; Student's t-test. * p<0.05, ** p<0.01, *** p<0.001, **** p<0.0001, ns = not significant.

Figure S7. High zinc diet overcomes anti-Pd1 resistance in the Yumm1.7 *Cdkn2a*^{Null} model; Different zinc diets do not alter body weight or food consumed; Different zinc diets do not alter cancer cell Pd-l1 expression *in vivo*. Related to Figure 7. (A) Mice were fed a low (55 mg/kg) or high (300 mg/kg) zinc diet and implanted with Yumm1.7 (*Cdkn2a*^{Null}) cells expressing empty vector (EV) control or physiological levels of p16 (p16 Exp). Mice were treated with IgG or anti-PD1 (200 µg, i.p., 3×/week). Longitudinal tumor growth in the indicated groups. Mean ± SEM (n=12/group); Mixed-effects model. **(B-D)** Mice were assigned to low (55 mg/kg) or high (300 mg/kg) zinc diets and then implanted with Yumm5.2 (*Cdkn2a*^{High}) cells with knockdown of *Cdkn2a* (shCdkn2a, left) or Yumm1.7 (*Cdkn2a*^{Null}) cells expressing empty vector (EV) control or physiological levels of p16 (p16 Exp, right). Mice were treated with IgG or anti-Pd1 (200 µg, i.p., 3×/week). **(B)** Food consumed. **(C)** Body weight. **(D)** Longitudinal tumor growth in IgG treated groups. Mean ± SEM (n=12/group); Mixed-effects model. **(E-F)** Mice were assigned to a high (300 mg/kg) zinc diet and implanted with Yumm1.7 (*Cdkn2a*^{Null}) cells expressing empty vector (EV) control or physiological levels of p16 (p16 Exp). Once tumor establishment, mice were treated with IgG or anti-Pd1 (200 µg, i.p., 3×/week). **(E)** Representative flow cytometry plots (left) and quantification (left) of labile zinc in TAMs. Mean ± SD; student's t-test. **(F)** Representative flow cytometry plots (left) and quantification (right) of the percentage of TAMs with dTOMATO signal (phagocytic TAMs). Mean ± SD; one-way ANOVA. **(G)** Mice were fed a high (300 mg/kg) zinc diet and implanted with dTOMATO-labeled Yumm5.2 (*Cdkn2a*^{High}) cells with knockdown of GFP (shControl) or *Cdkn2a* (sh*Cdkn2a*). Once tumor establishment, mice were treated with IgG or anti-Pd1 (200 µg, i.p., 3×/week). Dot plot of mean fluorescence intensity (MFI) of Pd-l1 in cancer cells (dTOMATO⁺ and Cd11b⁻). Mean ± SD; one-way ANOVA. * p<0.05, ** p<0.01, *** p<0.001, **** p<0.0001, ns = not significant.

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Author Contributions

Raquel Buj: Conceptualization, Investigation, Methodology, Visualization, Writing – Orig-

inal Draft, Review & Editing, Funding acquisition. Aidan R. Cole: Investigation, Methodol-

ogy, Writing – Review & Editing. Jeff Danielson: Investigation, Methodology. Jimmy Xu:

Investigation, Methodology. Akash Kishore: Investigation, Methodology. Katarzyna M.

Kedziora: Investigation, Methodology. Jie Chen: Investigation, Methodology. Baixue

Yang: Investigation, Methodology, Writing – Review & Editing. David Barras: Investiga-

tion, Methodology. Apoorva Uboveja: Investigation, Methodology, Writing – Review & Ed-

iting. Amandine Amalric: Investigation, Methodology, Writing – Review & Editing. Juan J.

Apiz Saab: Investigation, Methodology. Jayamanna Wickramasinghe: Investigation,

Methodology. Naveen Kumar Tangudu: Investigation, Methodology, Writing – Review &

Editing. Evan Levasseur: Investigation, Methodology, Writing – Review & Editing, Hui

Wang: Investigation, Methodology. Aspram Minasyan: Investigation, Methodology. Re-

becca E. Dadey: Investigation, Methodology. Allison C. Sharrow: Investigation, Method-

ology. Sheryl Kunning: Investigation, Methodology. Frank P. Vendetti: Investigation,

Methodology. Dayana B. Rivadeneira: Investigation, Methodology. Christopher J.

Bakkenist: Investigation, Methodology, Writing – Review & Editing. Tullia C Bruno: Inves-

tigation, Methodology, Writing – Review & Editing. Greg M. Delgoffe: Investigation, Meth-

odology, Writing – Review & Editing. Nadine Hempel: Investigation, Methodology, Writing

– Review & Editing, Funding acquisition. Nathaniel W. Snyder: Investigation, Methodol-

ogy, Writing – Review & Editing. Riyue Bao: Investigation, Methodology, Writing – Review

& Editing. Adam C. Soloff: Investigation, Methodology, Writing – Review & Editing. John

M. Kirkwood: Investigation, Methodology, Writing – Review & Editing. Denarda Dangaj

Laniti: Investigation, Methodology, Writing – Review & Editing, Andrew V. Kossenkov:

Investigation, Methodology, Writing – Review & Editing. Alexander Muir: Investigation,

Methodology, Writing – Review & Editing. Jishnu Das: Investigation, Methodology, Writ-

ing – Review & Editing. Diwakar Davar: Investigation, Methodology, Writing – Review &

Editing. Clementina Mesaros: Investigation, Methodology, Writing – Review & Editing.

Katherine M. Aird: Conceptualization, Investigation, Visualization, Writing – Original Draft,

Review & Editing, Supervision, Project Administration, Funding Acquisition. All authors

reviewed the results and approved the final version of the paper.

Declaration of Interests

The authors declare no competing interests.

MATERIAL AND METHODS

Melanoma Patient Cohort

This cohort comprises 248 cutaneous melanoma patients, pooled from five independent, publicly available studies[35,108,189-191], with publicly available pre-treatment RNA-Seq and overall survival data. Details are provided in **Table S6**. Briefly, eligible patients had resectable stage III melanoma treated with neoadjuvant immunotherapy or unresectable stage III/IV treated with systemic immunotherapy. Treatment regimens included anti-PD1 monotherapy or combination therapy with anti-CTLA-4 or TLR9 agonists. For **Fig. 1A**, patients were stratified according to *CDKN2A* expression. Expression levels of the target genes were categorized as follows: patients in or above the third tertile were considered to have high expression, while those in or below the first tertile were considered to have low expression. For **Fig. 2B**, T cell inflamed signature[192] and phagocytosis signature scores (this paper, see **Table S1**) were calculated based on the sum of the genes in each signature. Patients were stratified according to median score.

Kaplan-Meier plotter (KMP) Cancer Patient Cohort:

Survival data from cancer patients was downloaded from Kaplan-Meier (KM) plotter 'Start KM Plotter for immunotherapy' (kmplot.com)[193-195] in January 2025. The analysis was performed using the following parameters: the gene symbol was set to *CD8A* with *Filter by mean expression* of patients with high expression of *ITGAM* (**Fig. 1G**). Patients were split based on *mean* expression. *Overall survival* was selected as the survival metric, with no restrictions on follow-up thresholds. The analysis was restricted to patients who had

received *all* anti-PD1 therapy and included *all* tumor types and sex. The resulting data

was exported as text for subsequent analysis in Graph Prism 10.

Patient scRNA-Seq data sets and processing

The Jereby-Arnon 2018 melanoma dataset[196] and the Chen 2020 head and neck squa-

mous cell carcinoma (HNSCC) dataset[197] were downloaded from the Gene Expression

Omnibus (GSE115978 and GSE150430, respectively). For sample processing, genes

were retained if expressed in at least three cells, cells were kept if they had more than

200 features, and cells with >20% mitochondrial reads were removed. Library size bias

was corrected using Seurat's NormalizeData, scaling expression values to 10,000 counts

per cell and log-transforming the data. Data was then scaled using Seurat's ScaleData

with all genes as features. Cancer cells and macrophages were annotated based on pub-

licly available cell type labels. Tumor samples were then stratified into $CDKN2A^{High}$ and

$CDKN2A^{Low}$ groups based on *CDKN2A* median expression in the cancer cell compart-

ment. Signature scores were calculated as the mean expression of genes in the zinc

signature and phagocytosis signature annotated in this paper (**Table S1**) for each cell in

the macrophage or cancer cell compartment.

Cell Lines and culture conditions

All cell lines used in this study were purchased from ATCC and were used within 50 pas-

sages. ATCC performs cell line authentication by short tandem repeat (STR) profiling.

Cells were cultured within 3 months of receipt or resuscitation. The murine melanoma cell

lines Yumm5.2 (ATCC, catalog no. CRL-3367, RRID: CVCL_JK43) and Yumm1.7

(ATCC, catalog no. CRL-3362, RRID: CVCL_JK16) were cultured in DMEM and Ham's

F-12 50/50 media (Corning, catalog no. 10-092-CV), supplemented with nonessential

amino acids (Corning, catalog no. 25-025-CI). The murine macrophage cell line RAW

264.7 (ATCC, catalog no. TIB-71 ™, RRID: CVCL_0493), the human melanoma cell line

SK-MEL-28 (ATCC, catalog no. HTB-72, RRID: CVCL_0526), and the human embryonic

kidney cell line HEK293-FT (ATCC, catalog no. CRL-3216, RRID: CVCL_6911) were cul-

tured in DMEM (Corning, catalog no. 10-013-CV), while the human melanoma cell line

RPMI-7951 (ATCC, catalog no. HTB-66, RRID: CVCL_1666) was cultured in MEM (Corn-

ing, catalog no. 10-009-CV). All cell lines were supplemented with 10% FBS (BioWest,

catalog no. S1620) and 1% Penicillin/Streptomycin (Gibco, catalog no. 15-140-122) and

maintained at 37 °C with 5% CO_2. To ensure the absence of Mycoplasma contamination,

all cell lines were tested monthly as described in[198].

Plasmid information and cloning:

To perform knockdown experiments, short hairpin RNAs (shRNAs) targeting specific

genes were used. The shRNA sequences used in this study included: human shp16

(TRCN0000010482), mouse sh*Cdkn2a* #1 (TRCN0000077816) and #2

(TRCN0000362595), and mouse shSlc39a9 #1 (TRCN0000346746) and #2

(TRCN0000346750). The hairpins for shp16 and shSlc39a9 #1 and #2 were purchased

pre-cloned into the lentiviral vectors expressing puromycin resistance (Sigma-Aldrich).

The sh*Cdkn2a* #1 and #2 hairpins sequences (TRCN0000077816 and

TRCN0000362595, respectively) were obtained from Integrated DNA Technologies (IDT)

as desalted oligos and subsequently cloned into the lentiviral pLKO.1 vector expressing

blasticidin resistance (Addgene, catalog no. 26655). Briefly, 2 µg of pLKO.1 vector was

digested with 1 µL of EcoRI-HF (New England Biolabs, catalog no. R3101S), 1 µL of

AgeI-HF (New England Biolabs, catalog no. R3552S), and 1 µL of rCutsmart 10X Buffer

(New England Biolabs, catalog no. B6004S) in a final reaction volume of 10 µL. The di-

gestion was incubated for 1 hour at 37°C. The linearized vector was separated by elec-

trophoresis on a 1% agarose (IBI Scientific, catalog no. IB70070) gel and purified using

the Qiagen Gel Extraction Kit (Qiagen, catalog no. 28704), following the manufacturer's

instructions. Simultaneously, shRNA oligos were reconstituted to a final concentration of

100 µM in molecular-grade water (Corning, catalog no. 46-000-CM) and annealed by in-

cubating 11.25 µL of each oligo with 2.5 µL of 10X annealing buffer (1M NaCl, 100 mM

Tris, pH 7.4). The reaction was performed in a thermal cycler (Bio-Rad, T100™ Thermal

Cycler, serial no. 621BR59583) starting at 95°C for 5 minutes, followed by a ramp-down

to 25°C at 5°C/min. The ligation reaction was prepared by combining 50 ng of purified

pLKO.1 vector with 1 µL of annealed shRNA oligos (diluted 1:400 in 0.5X annealing

buffer), 1 µL of T4 ligase (New England Biolabs, catalog no. M0202T), and 1 µL of T4

ligase buffer (New England Biolabs, catalog no. B0202S) in a final volume of 10 µL. The

reaction was incubated at room temperature for 3 hours, after which 5 µL of the ligation

mixture was used to transform One Shot™ Stbl3™ Chemically Competent *E. coli*

(Thermo Fisher Scientific, catalog no. C737303) following the manufacturer's instructions.

Control lentiviral vectors, (Addgene, catalog no. 110419, RRID: Addgene_110419 and

Addgene, catalog no. 30323, RRID: Addgene_30323), were used for both human and

mouse experiments. For overexpression experiments, lentiviral plasmids were synthe-

sized by Twist Bioscience. The Twist Bioscience empty vector (EV) was used as the

control in overexpressing experiments. The pLX304-dTOMATO lentiviral plasmid was

generously provided by the Gomes Lab at the H. Lee Moffitt Cancer Center.

Lentiviral Packaging and Infection conditions

Lentiviral vectors were packaged as follows: 10 µg of the corresponding lentiviral vector

was mixed with 7.5 µg of psPAX2 (Addgene, catalog no. 12260, RRID: Addgene_12260)

and 7.5 µg of pMD2.G (Addgene, catalog no. 12259, RRID: Addgene_12259) in 1.5 mL

of Opti-MEM™ media (Gibco, catalog no. 31985070) and incubated for 5 minutes at room

temperature. In parallel, 50 µL of Lipofectamine™ 2000 Transfection Reagent (Invitrogen,

catalog no. 11668019) was diluted in 1.5 mL of Opti-MEM™ media and incubated for 5

minutes at room temperature. The Lipofectamine mixture was added dropwise to the

plasmid mixture, gently swirled to mix, and incubated for 20 minutes at room temperature.

The Lipofectamine-lentiviral complexes were then added dropwise to a 60-70% confluent

10 cm dish of HEK293-FT cells, seeded 24 hours in advance and containing 7 mL of

regular media, and incubated at 37°C with 5% CO2. Six to eight hours later, the media

was replaced with 9 mL of fresh regular media and incubated at 37°C with 5% CO_2. Sev-

enty-two hours later, the viral supernatants were collected, filtered through a 45 µm filter

(Fisherbrand™, catalog no. 09-720-005), and used to infect target cells for 16 hours. In-

fected cells were selected for 3 days with 1 µg/mL puromycin (Thermo Fisher Scientific,

catalog no. A1113802) for SK-MEL-28 and RPMI-7951, 2 µg/mL puromycin for RAW

264.7 cells, and 3 µg/mL puromycin and/or 3 µg/mL blasticidin (InvivoGen, catalog no.

ant-bl-05) for Yumm5.2 and Yumm1.7 cells.

Mouse Models

All mice were housed in a HEPA-filtered ventilated rack system at the Animal Facility of the Assembly Building of The Hillman Cancer Center, University of Pittsburgh School of Medicine. Mice were maintained on a 12-hour light/dark cycle at 21 ± 2 °C and were group-housed up to 5 mice per cage. All animal procedures were approved by the Institutional Animal Care and Use Committee (IACUC) of the University of Pittsburgh.

To investigate the role of *CDKN2A* in the response to immunotherapy, we developed two complementary subcutaneous syngeneic melanoma models. In the first model, *Cdkn2a* expression was knocked down in the *Cdkn2a*High murine melanoma cell line Yumm5.2. In the second model, p16 was overexpressed in the *Cdkn2a*Null melanoma cell line Yumm1.7 to physiological levels that did not induce a senescence-associated phenotype. To investigate the role of SLC39A9 in resistance to anti-Pd1 treatment in *Cdkn2a*Low cancer cells, we used Yumm5.2 cells with dual knockdown of *Cdkn2a* and *Slc39a9* (sh*Cdkn2a*n + sh*Slc39a9*), as well as Yumm1.7 cells with *Slc39a9* knockdown (sh*Slc39a9*). In all models described above, 350,000 cells were subcutaneously implanted into the right flank of 6–8 weeks old male C57BL/6J mice (The Jackson Laboratory, strain #000664, RRID: IMSR_JAX:000664). To assess the role of T cells in anti-Pd1 response, 350,000 Yumm5.2 sh*Cdkn2a*/sh*Slc39a9* double knockdown cells were implanted into B6.129s7-*Rag1*tm1Mom/J mice (The Jackson Laboratory, strain #002216, RRID: IMSR_JAX:002216). For co-injection experiments, 350,000 Yumm5.2 sh*Cdkn2a* cells were mixed with 35,000 RAW264.7 cells overexpressing Slc39a1 and subcutaneously implanted into the right flank of 6-8 weeks old male NOD.Cg-Prkdcscid Il2rgtm1Wjl/Szj (The Jackson Laboratory,

strain #005557, RRID:IMSR_JAX:005557). In all cases, control groups received cells

overexpressing corresponding shControl (shGFP) or empty vector (see *Plasmid Infor-*

mation and cloning section).

In all cases described above, cells were resuspended in 200 μL DPBS (Corning, catalog

no. 21-031-CV) and subcutaneously implanted using a 1 mL tuberculin syringe and a 25G

needle (Becton Dickinson, catalog no. 309626). Tumor formation was monitored, and all

models developed palpable tumors within 8–14 days of implantation. Tumor length (L)

and width (W) were measured three times a week once palpable tumors appeared using

an electronic caliper set in mm (Adoric, model number# KC24, resolution 0.1mm ±

0.2mm). Tumor volume was calculated using the formula: $\frac{1}{2}$ (L × W²) where L > W. Mouse

body weight was measured weekly using an electronic scale. The experimental endpoint

for longitudinal tumor growth studies was defined as the point when the first mouse

reached IACUC-approved criteria: either a tumor volume exceeding 1 cm³ or a 20% loss

of body weight, whichever occurred first. For survival studies, the endpoint for each ani-

mal was similarly determined based on IACUC guidelines.

Mice treatments

For anti-Pd1 experiments, mice were administered 200 μg of anti-mouse Pd1 (Leinco

Technologies, catalog no. P362) or placebo IgG2a (Leinco Technologies, catalog no. I-

1177). diluted in DPBS to a final volume of 200 μL, by intraperitoneal injection three times

per week using insulin syringes (Excel International, catalog no. 26028). For macrophage

depletion, mice were treated with 45 mg/kg pexiclartinib (Selleck Chemicals, catalog no.

S7818), diluted in a vehicle solution containing 45% PE300 (Sigma-Aldrich, catalog no.

202371), 45% ddH$_2$O, 5% Tween-80 (Sigma-Aldrich, catalog no. P4780), and 5% DMSO

(Fisher BioReagents, catalog no. BP231-100), administered via oral gavage at a final

volume of 150 μL, three times per week. Treatment was delivered using a 1 mL syringe

(Becton Dickinson, catalog no. 309659) and a reusable animal feeding needle (Cadence

Science, catalog no. 7910; 2.5 mm ball diameter, 3.81 cm length, 20G, curved), which

were autoclaved between uses. Control mice received the same volume of vehicle solu-

tion following the same dosing schedule. All treatments described above were initiated

upon detection of palpable tumors. For dietary zinc experiments, standard rodent chow

(LabDiet, catalog no. 5P76) containing 110 ppm (110 mg/Kg) zinc was replaced with cus-

tom-made diets from LabDiet. Mice were fed either a high-zinc diet (LabDiet, catalog no.

5SNB) containing 300 ppm (300 mg/Kg) zinc or a low-zinc diet (LabDiet, catalog no.

5SNA) containing 55 ppm (55 mg/Kg) zinc. Both experimental diets were identical in com-

position to the standard chow, except for the zinc content. Mice were acclimated to the

new diet for 10 to 15 days prior to tumor cell implantation and continued on the assigned

diet throughout the experiment. The amount of food per cage was measured before and

after replenishing the feeder one to two times per week to estimate food intake per mouse

and day on each diet.

***In vivo* and *in vitro* phagocytosis assay:**

For *in vivo* phagocytosis assays, cancer cells were infected with a lentivirus encoding the

dTOMATO fluorescent protein (see *Lentiviral Packaging and Infection conditions* sec-

tion). dTOMATO-positive cancer cells were sorted prior to implantation into mice. The

level of dTOMATO expression varied by less than 1% across the different cancer cell

groups implanted. Once tumors reached a volume of 250–300 mm³, tumors were har-

vested, dissociated (see *Tumor Dissociation* section), stained, and analyzed by flow cy-

tometry (see *Immunostaining and Flow Cytometry* section). The percentage of phagocytic

TAMs was defined as the proportion of live Cd11b$^+$ cells that also expressed dTOMATO

(**Fig. 2E**). For *in vitro* phagocytosis assays, cancer cells were labeled with CellTrace™

Violet (Thermo Fisher, Cat. No. C34557) according to the manufacturer's instructions.

One million CellTrace-labeled cancer cells were added to 300,000 IFNγ-activated

RAW264.7 macrophages (100 ng/mL IFNγ for 24 hours) previously plated, and co-cul-

tured for 24 hours. After incubation, cells were harvested by scraping, stained, and ana-

lyzed by flow cytometry (see *Immunostaining and Flow Cytometry* section). The percent-

age of phagocytic RAW264.7 cells was defined as the live Cd11b$^+$ population that co-

expressed CellTrace Violet (**Fig. 2E**). Finally, the in vitro phagocytic activity was also de-

termined with the stablished pHrodo red E.coli particles (**Fig. S6E**) as follows: 75,000

RAW264.7 cells seeded in 12-well plates were washed with PBS and media replaced for

1.5 mL of 200 µg/mL of pHrodo red E.coli particles (Invitrogen, catalog no. P35361) re-

suspended in media without FBS and incubated 1h at 37°C and 5% CO_2. Cells were

scrapped out and stained with zinpry-1 and Live/Dead Fixable Near-IR Dead Cell Stain

(see *In vitro labile Zinc quantification* section).

Tumor disassociation

To obtain a single-cell suspension, dissected tumors were enzymatically and mechani-

cally disrupted. First, the tumors were mechanically minced using surgical disposable

scalpels (Surgical Design, catalog no. SCALPEL 12B) into pieces smaller than 5 mm in

diameter on a 6 cm plate. Next, 2 mL of enzymatic cocktail [8 mg of collagenase IV (Gibco,

catalog no. 17104-019), 800 µL of dispase (Stem Cell Technologies, catalog no. 07913),

and 25 µg of DNase (Sigma Aldrich, catalog no. D4263-5VL) diluted in FBS-free MEM

(Corning, catalog no. 10-009-CV)] was added to the minced tumors. The mixture was

incubated for 20 minutes at 37°C in a non-CO_2 incubator. Minced tumor pieces were then

further disrupted by smashing them between two fully frosted cytology slides (Fisher-

brand, catalog no. 12-550-401). The resulting single-cell suspension was filtered through

a 70 µm strainer (Fisherbrand, catalog no. 22-363-548) and resuspended in 5 mL of FBS-

free media. The cells were centrifuged at 350 g for 5 minutes at 4°C and resuspended in

1x RBC lysis buffer (BD, catalog no. 555899). The RBC lysis reaction was incubated for

2–5 minutes at room temperature, after which the reaction was stopped by adding 5 mL

of FBS-free media. The cells were then centrifuged at 350 g for 5 minutes at 4°C, resus-

pended in DPBS, and were ready for subsequent procedures.

Single-cell RNA-Sequencing

Yumm5.2 sh*Cdkn2a* hairpins #1 and #2, and control shGFP cells were subcutaneously

implanted into five mice per condition (see *Mice Models* section). Once reached a volume

of 0.5 cm³, tumors were harvested and processed into a single-cell suspension (see *Tu-*

mor cell disassociation section). Single-cell suspensions were first stained with a 1:4000

dilution of viability dye (ThermoFisher Scientific, catalog no. 65-0863-14) in DPBS for 20

minutes on ice and in the dark. Then, cells were centrifuged at 350 g for 5 minutes at 4°C

and stained with 2 µg/mL of anti-Cd45 PE-conjugated antibody (ThermoFisher Scientific,

catalog no. 12-0451-83), diluted in EasySep™ buffer (Stemcell Technologies, catalog no.

20144) for 20 minutes on ice and protected from light. After centrifugation at 350 g for 5

minutes at 4°C, cells were resuspended and pooled by sample group in 5 mL of FBS-free

MEM media (Corning, catalog no. 10-009-CV). Single live PE-positive (Cd45+) cells were

sorted using a Sony MA900 cell sorter (serial no. 0714313) and collected in 0.04%

BSA/PBS for downstream processing. cDNA Libraries were prepared at the University of

Pittsburgh Single Cell Core Facility. Briefly, viability was confirmed with greater than 80%

live cells using a Nexcelom automated cell counter (serial no. Auto2000-201-1019). Sam-

ples were then labeled with TotalSeq-C antibody hashtags (Biolegend, catalog no.

155881, 155883, 155885, 155887, 155889, 155891) following manufacturer's instruc-

tions. Equal numbers of cells from each sample were then pooled together and loaded

onto the Chromium controller (serial no. CXVG11091) for single-cell capture and barcod-

ing. cDNA library preparation was carried out using the Chromium Next GEM Single Cell

5' Reagent Kits v2 (10X Genomics, catalog no. PN-1000265) following the manufacturer's

protocol. The sizes of the library pools were analyzed using a Standard Sensitivity NGS

Fragment Analyzer Kit (Agilent) followed by fluorescent quantification using the Promega

QuantiFluor ONE dsDNA kit on the Infinite F Nano+ (Tecan). The library pools were nor-

malized per manufacturer protocol (Illumina). Sequencing was performed on the No-

vaSeq 6000 platform (serial no. A00524), with 28bp/90bp paired-end reads. The se-

quencing data was demultiplexed with 10X Genomics Cell Ranger mkfastq version

v6.0.2. The resulting sequence data was then aligned to the mouse reference genome

(mm10) using cellranger multi (v.7.1.0) to generate count matrices for each condition.

Analysis was conducted using R (v.4.3.0). Seurat's was used for quality control, data

normalization, and data analysis. The data was normalized using the NormalizeData func-

tion, following which the top 2000 variable genes were chosen using the 'vst' parameter

setting of the FindVariableFeatures function. The 6 data objects were merged and used

for further analysis. Celltypes were annotated using ImmGen data and the SingleR pack-

age. Gene Set Enrichment Analysis (GSEA) was performed using ranked gene lists

(log2foldchange * log10pval) using the GOBP_PHAGOCYTOSIS mouse gene set from

MSigDB. Pathway signature scores for each cell were computed using the ssGSEA

framework as implemented in the escape package. Raw and processed RNA-seq data

can be found on Gene Expression Omnibus (GSE291530).

1019

Immunostaining and flow cytometry

Tumors were harvested and processed into a single-cell suspension (see *Tumor disas-*

sociation section). Single-cell suspensions were first blocked with 5 µg/mL of Cd16/Cd32

(Invitrogen, catalog no. 14016185) diluted in DPBS for 10 minutes on ice. Cells were

stained for 20 minutes at 4°C protected from the light after which cells were fixed in 4%

paraformaldehyde (Sigma Aldrich, catalog no. 158127-3Kg) for 15 minutes at 4°C,

shielded from light, and resuspended in FACS buffer (1x PBS, 10 mM HEPES [Gibco,

catalog no. 15630080], 1% heat-inactivated FBS [Sigma Aldrich, catalog no. F4135-

100ML], 0.05% sodium azide [Sigma Aldrich, catalog no. S2002-25G]). Stained cells were

immediately analyzed on a Fortessa (Beckman Coulter, serial no. H64717700020).

FlowJo version 10 was used for further analysis. Antibodies and dyes used in this study

include: 0.5 µg/mL of anti-Cd11b Brilliant Violet 421-conjugated antibody (Biolegend, cat-

alog no. 101236), 2 µg/mL of anti-Pd-l1 PE/Cyanine5-conjugated antibody (Biolegend,

catalog no. 124344), 0.5 µg/mL of anti-Cd8a FITC-conjugated antibody (Thermo Fisher

Scientific, cat no. 11-0081-82), 0.5 µg/mL of anti-Cd4 Brillian Violet 421-conjugated anti-

body (Biolegend, catalog no. 100437), 2 µg/mL of anti-Cd45 PE-conjugated antibody

(ThermoFisher Scientific, catalog no. 12-0451-83), 50 µM Zinpyr-1 (Cayman Chemical,

catalog no. 15122). Antibodies were diluted in DPBS, containing a 1:1000 dilution of

Live/Dead Fixable Near-IR Dead Cell Stain kit (Invitrogen, catalog no. L34976).

1039

Isolation of plasma and tumor interstitial fluid (TIF)

Blood from melanoma patients treated with anti-PD1 immunotherapy (**Fig. 3F**) was col-

lected by venipuncture into ACD-A tubes (Becton-Dickinson, catalog no. 364606) as part

of an IRB-approved biorepository protocol (HCC 20-2019, MOD20010266-016). Mouse

blood was collected via lancet check bleed (Braintree Scientific, catalog no. GR 4MM)

into EDTA tubes (SAI Infusion Technologies, catalog no. K3EDTA). Plasma was sepa-

rated by centrifugation at 1500g for 10 minutes at 4°C and stored at -80°C for later anal-

ysis. After bleeding, animals were euthanized by cervical dislocation, and tumors were

harvested, weighed, rinsed briefly in saline (150 mM NaCl), and excess saline removed

using filter paper (Cytiva, catalog no. 1001-813). TIF was isolated using a previously de-

scribed centrifugal method[199] (**Fig. S3A**). Briefly, tumors were placed on a 20 µm strainer

(pluriSelect, catalog no. 43-50020-03) within a sterile 50 mL conical tube (FisherbrandTM,

catalog no. 06-443-19) and centrifuged at 11,000g for 10 minutes at 4°C. TIF was col-

lected from the conical tube, rapidly frozen in liquid nitrogen, and stored at -80°C. TIF

volumes ranged from 5 to 100 µL, <20% of the tumors did not yield any fluid. The interval

from euthanasia to centrifugation was <2 minutes per mouse.

1056

Harvest cells and conditioned media for ICP-MS and labile zinc quantification

1057

For ICP-MS and labile zinc quantification, cells were seeded in 10 cm tissue culture

dishes (Cellstar, catalog no. 82050-916) at densities of 500,000 and 300,000 cells per

dish, respectively. Cells were seeded in complete media and incubated for 48 hours (see

Cell Lines and Culture Conditions section for details). After this initial incubation, cells

were washed twice with DPBS, and the media was replaced with 6 mL of FBS-free DMEM

and Ham's F-12 50/50 media (Corning, catalog no. 10-092-CV) and incubated for an ad-

ditional 24 hours. Conditioned media was filtered through a 0.45 μm filter (Fisherbrand™,

catalog no. 09-720-005), aliquoted, snap-frozen in liquid nitrogen, and stored at -80°C

until analysis. This conditioned media is referred to as "Media" in **Figs. 4C-E** and **Fig.**

S4C-F.

1068

For ICP-MS, attached cells were washed twice with ice-cold DPBS, scraped into 1 mL of

80% methanol (Fisher Scientific, catalog no. A456-4) over dry ice, snap-frozen in liquid

nitrogen, and stored at -80°C until analysis. For Labile Zinc Quantification, attached cells

were washed twice with room-temperature DPBS, scraped into 1 mL of room-temperature

DPBS, and immediately processed for staining. Six and three replicates per condition (for

both cells and conditioned media) were harvested for ICP-MS and labile zinc quantifica-

tion, respectively. In both cases, two additional plates were cultured in parallel to estimate

the cell number at the end of the experiment, which was used to normalize zinc levels per

cell. Cell counts were determined using a hemocytometer, by counting four squares in

two independent aliquots taken from the same sample and averaging the results.

1079

Quantification of metals by mass spectrometry

Human (**Fig. 3F**) and Mouse Plasma and Mouse TIF (**Fig. 3A**) were collected as de-

scribed in the *Isolation of Plasma and Tumor Interstitial Fluid (TIF)* section. *In vitro* cells

and conditioned media were collected as outlined in the *Harvesting Cells and Conditioned*

Media for ICP-MS and Labile Zinc Quantification section. For cells collected in 80% meth-

anol, the methanol was evaporated to dryness under nitrogen gas prior to further pro-

cessing. All samples including methanol-evaporated cells, conditioned media, TIF, and

plasma, were spiked with 159Tb and 89Y (High-Purity Standards, catalog nos. 1057-1

and 1067-1, respectively) as ISTDs to final concentrations of 0.2 ppb and 1 ppb, respec-

tively. ISTDs were used to correct variations in sample preparation and to monitor fluctu-

ations during the ICP-MS acquisition. Samples were digested with 250 µL of concentrated

nitric acid (Fisher Chemical™, catalog no. A509P500) at 50°C for 16 hours. Following

digestion, samples were diluted to a final volume of 5 mL with metal-free water (produced

using a Milli-Q system, Millipore Sigma, catalog no. IQ7003). Multi-element metal stand-

ard calibration curves were generated at the same time with each batch of samples, using

a premixed metal ion stock solution (High-Purity Standards, catalog no. QCS-27-100),

using the exact sample procedure as for the samples. The calibration curves used ½

serial dilutions ranging from 250 ppb to 0.12 ppb and were spiked with same amount of

ISTD as the samples. Quality controls were prepared by exactly same protocol as the

samples and were ran at the beginning and the end of the analysis of each batch, to verify

measurement accuracy thorough the batch. The limit of quantification for each metal was

determined for each batch, and was usually 0.12 ppb or 0.24 ppb, depending on the

batch. All solvents used in the protocol were of LC/MS or TraceMetal grade. All samples,

including controls, were prepared in 15 mL polypropylene tubes (Fisher Scientific; catalog

no. 14-955-238).

1105

Metal quantification was performed using an iCAP RQ ICP-MS (Thermo Scientific, serial

no. ICAPRQ01408) equipped with a Cetac ASX-560 autosampler (Teledyne Cetac Tech-

nologies). The ICP-MS system was operated under constant argon plasma gas flow at

110 psi. Elemental detection was performed in kinetic energy discrimination (KED) mode

using helium gas at 17 psi. Data for each sample were acquired in triplicate, and averaged

values were reported.

1112

Quantification of metabolite levels

Mouse TIF was collected as described in the *Isolation of Plasma and Tumor Interstitial*

Fluid (TIF) section. LC/MS was performed using a QExactive orbitrap mass spectrometer

using an Ion Max source and heated electrospray ionization (HESI) probe coupled with a

Dionex Ultimate 3000 UPLC system (Thermo Fisher). External mass calibration was set

every 7 days and internal mass calibration (lock masses) was not used. The mass spec-

trometer was operated in full-scan, polarity switching mode with the spray voltage set to

3.0 kV, the heated capillary held at 275 °C, and the HESI probe held at 350 °C. Seath

gas flow rate was set to 40 units, the auxiliary gas flow at 15 units, and the sweep gas

flow at 1 unit. Data acquisition was performed in a range of 70 to1000 *m/z*, with resolution

set to 70,000, the AGC target at 1e6, and the maximum injection time at 20 milliseconds.

1124

A library of 149 chemical standards of plasma polar metabolites was built as we have previously described (see first paragraph of *Quantification of metabolite levels in TIF and plasma* from the methods section in Sullivan MR et al. article[199]). Polar metabolites were extracted from 5 µL of each sample using 45 µL of a solvent mixture consisting of acetonitrile, methanol, and formic acid (75:25:0.1), which included isotopically labeled internal standards (ISTDs) listed in **Table S7**. Samples were vortexed at 4°C for 10 minutes and centrifuged at 15,000g for 10 minutes to separate the supernatant containing soluble polar metabolites. Aliquots of 2 µL of sample were injected onto a ZIC-pHILIC (2.1x150 mm) analytical column equipped with a guard column (2.1 x 20mm), both of 5 µm particle size (EMD Milipore, catalog no. 150454). Column was maintained at 25°C and the autosampler was set at 4°C. The mobile phase consisted of Buffer A (20 mM ammonium carbonate, 0.1% ammonium hydroxide), and Buffer B (acetonitrile). The chromatographic gradient was run at a flow rate of 0.150 mL/minute as follows: 0–20 min: linear gradient from 80% to 20% B; 20–20.5 min: linear gradient from 20% to 80% B; 20.5–28 min: hold at 80%. All solvents used in this protocol were LC/MS gradient.

Metabolite identification was performed using XCalibur 2.2 software (Thermo Fisher Scientific), applying a 5 ppm mass accuracy window and a 0.5-minute retention time window. External standard pools were used for metabolite peak identification based on *m/z* values and retention times. The limit of detection ranged from 100 nM to 3 µM, depending on the metabolite. For metabolite quantification, two methods were used: stable isotope dilution for metabolites with available ISTDs, and external standard calibration for those without Briefly, for stable isotope dilution quantification, peak areas of labeled ISTDs were

compared to external standard pools to determine their concentration. The peak area of each unlabeled metabolite in the TIF and plasma samples was then compared to the quantified ISTDs to calculate metabolite concentrations. For metabolites without ISTDs, quantification by external calibration involved normalizing the peak area of each analyte to that of a labeled ISTD to account for sample recovery differences. This normalization was applied to both biological samples and external standard pool dilutions. A standard curve was generated from the normalized peak areas, with linear fits typically above $r^2 =$ 0.95. These curves were used to convert peak areas in TIF or plasma samples into metabolite concentrations. These results are considered semiquantitative due to matrix differences between external standards (prepared in water) and the samples. Please, refer to *Quantification of metabolite levels in TIF and plasma* from the methods section in Sullivan MR et al. article[199] for more details.

CRISPR Drop out Screen

The pooled mouse metabolic-focused CRISPR KO library was a gift from Dr. Kivanc Birsoy (Addgene, catalog no. 160129). Fifteen million Yumm5.2 cells expressing sh*Cdkn2a* or control shGFP were infected with pooled CRISPR KO library to an MOI <0.25 to achieve ~500-fold library coverage after selection with 3 µg/mL puromycin. The cells were passaged every 2–3 days for two weeks, maintaining the full population, before implantation into mice. A total of 350,000 cells per mouse were injected into 36 mice per group, achieving a 550-fold library coverage. Mice were treated with either anti-Pd1 or IgG as described in the *Mice Treatments* section above. Once tumors reached 0.5 cm³, they were harvested, and DNA was isolated using the Quick-DNA Miniprep Plus kit (Zymo

Research, catalog no. D4069) following the manufacturer's instructions. DNA from each

mouse in the same group was pooled and used for gRNA amplification. To ensure ade-

quate gRNA representation, calculations from Wohlhieter et al.[200] were used to achieve

>450-fold coverage. In brief, 64 µg of genomic DNA per condition was divided into 16

PCR reactions, with 4 µg per reaction. The gRNA region was amplified using primers

listed in **Table S8** and Ex Taq DNA polymerase (Takara, catalog no. RR001A) following

the manufacturer's protocol. The PCR conditions were as follows: one cycle at 94 °C for

2 minutes, followed by 30 cycles of 94 °C for 20 seconds, 63 °C for 30 seconds, and 72

°C for 45 seconds, concluding with a final extension step at 72 °C for 1 minute. The reac-

tion was performed in a thermal cycler (Bio-Rad, T100™ Thermal Cycler, serial no.

621BR59583). The resulting PCR amplicons were purified using the Wizard® SV Gel and

PCR Clean-Up System (Promega, catalog no. A9282) following the manufacturer's in-

structions and pooled. The cleaned amplicons were sequenced using a NextSeq high

output 75 cycle kit 1x50 in an Illumina NextSeq 500 (Serial no. NB: 501446). Data was

analyzed using the MAGeCK bioinformatics pipeline to identify negatively enriched genes

(Li et al., 2014). **Fig. 3C** shows the Log_2 fold change of the negative CRISPR score of

solute carrier transporter in YUMM5.2 sh*Cdkn2a* tumors in mice treated with anti-Pd-1

vs. IgG vs. shControl tumors in mice treated with anti-Pd-1 vs. IgG.

1189

Methyl-β-cyclodextrin (MβCD) treatment

Cells seeded in 12-well plates (Corning, catalog no. 3513) for immunofluorescence (IF)

or in 6 cm plates (Falcon, catalog no. 353002) for flow cytometry were treated with 10

mM MβCD (Sigma Aldrich, catalog no. C4555-10G) diluted in FBS-free DMEM and Ham's

F-12 50/50 media (Corning, catalog no. 10-092-CV), supplemented with 10 mM HEPES

(Gibco, catalog no. 15630080). The treatment was carried out for 1 hour at 37°C with 5%

CO_2. After treatment, cells were collected for downstream analysis (i.e. IF or labile zinc

quantification). Note that MβCD-treated cells are extremely loosely adhered, so washes

must be done gently. To prevent cell loss during the immunofluorescence staining proce-

dure, fixation time was increased to 20 minutes.

1200

Statin treatment

Two million cells were seeded in 10 cm dishes and treated with 1 µM Lovastatin (Selleck-

chem, Cat. No. S2061), Atorvastatin (MedChemExpress, Cat. No. HY-B0589) or vehicle

(DMSO). Cells were incubated for 4 days, with media replaced at 48 hours using fresh

media containing corresponding treatment. At 72 hours, cells were trypsinized, and

35,000 cells per condition were seeded onto coverslips in 12-well plates for immunofluo-

rescence, using media containing corresponding treatment. In parallel, 1 million cells

were seeded in 10 cm dishes in media containing corresponding treatment for intracellular

labile zinc quantification. After 24 hours, cells on coverslips were washed, fixed, and

stained (see *Immunofluorescence* section). Cells in 10 cm dishes were washed, scraped,

and stained for labile zinc quantification (see *In Vitro Labile Zinc Quantification* section).

1212

***In vitro* labile Zinc quantification**

Cells and conditioned media were collected as outlined in the *Harvesting Cells and Con-*

ditioned Media for ICP-MS and Labile Zinc Quantification section. One million scraped

cells were pelleted in a round-bottom 96-well plate (Corning, catalog no. 3366) by

centrifugation at 350 g for 5 minutes at 4°C. Cells were then stained with 50 μM Zinpyr-1

(Cayman Chemical, catalog no. 15122) diluted in DPBS, containing a 1:1000 dilution of

Live/Dead Fixable Near-IR Dead Cell Stain kit (Invitrogen, catalog no. L34976), in a final

volume of 50 μL for 20 minutes at 4°C, protected from light. Following staining, cells were

fixed in 4% paraformaldehyde (Sigma Aldrich, catalog no. 158127-3Kg) for 15 minutes at

4°C, shielded from light, and resuspended in FACS buffer (1x PBS, 10 mM HEPES

[Gibco, catalog no. 15630080], 1% heat-inactivated FBS [Sigma Aldrich, catalog no.

F4135-100ML], 0.05% sodium azide [Sigma Aldrich, catalog no. S2002-25G]). Stained

cells were immediately analyzed on a CytoFlex Flow Cytometer (Beckman Coulter, serial

no. 822338373). Flow cytometry data were analyzed with FlowJo version 10. The median

fluorescence intensity (MFI) of single live cells was measured to assess intracellular zinc

levels per sample.

1229

Labile zinc concentration was measured as previously described[201]. Briefly, 50 μL of con-

ditioned media was mixed with 50 μL of 50 μM Zinpyr-1 (Cayman Chemical, catalog no.

15122) in a 96-well polystyrene microplate (Greiner Bio-One, catalog no. 655101). The

mixture was incubated for 20 minutes at 37°C in a CO_2 incubator. Fluorescence was then

measured in a fluorescent plate reader (Promega GloMax explorer, serial no.

9720100141) with excitation at 475 nm and emission at 500-550 nm. This first fluores-

cence measurement reflects the signal of Zinpyr-1 bound to zinc in the sample (F). To

determine the baseline fluorescence, 50 μL of 600 μM of the zinc chelator N,N,N',N'-

tetrakis(2-pyridinylmethyl)-1,2-ethanediamine (TPEN, MilliporeSigma, catalog no.

6163941100MG), was added to each well. After another 20-minute incubation at 37°C in

a CO_2 incubator, fluorescence was measured again, representing the minimum fluores-

cence (F_{min}) due to the chelation of zinc. Finally, to obtain the maximum fluorescence

(F_{max}), 50 µL of 2 mM $ZnSO_4$ (Sigma Aldrich, catalog no. Z2876-500ML) was added to

each well. After a final 20-minute incubation at 37°C in a CO_2 incubator, the fluorescence

was measured one last time. The zinc concentration in each sample was then calculated

using the formula: Zn^{2+} concentration = $K_D \times ((F - Fmin) / (Fmax - F))$, where K_D is the

dissociation constant of the zinc:Zinpyr-1 complex (0.7 nM)[201]. Finally, zinc concentra-

tions were normalized to the number of cells in each sample at the time of harvesting.

1248

Immunofluorescence (IF)

Approximately 30,000 to 50,000 cells were seeded onto coverslips in 12-well plates

(Corning, catalog no. 3513) and incubated at 37°C with 5% CO_2. Because Yumm1.7 cells

have low attachment properties, these cells were seeded onto poly-L-ornithine-coated

coverslips. Briefly, coverslips were first washed with 2 mL of 200 proof ethanol (Decon

Labs) for 5 minutes, followed by two washes with molecular-grade water (Corning, catalog

no. 46000CM). Then, 500 µL of poly-L-ornithine (Sigma Aldrich, catalog no. P4957-50mL)

was added to each well containing a coverslip. The plates were sealed with parafilm

(VWR, catalog no. 52858-032) to prevent evaporation, and incubated overnight at 37°C.

Before seeding the cells, the coverslips were washed three times with 1 mL of molecular-

grade water and air-dried for 10 minutes. Approximately 16 hours after seeding, the cells

were fixed with 4% paraformaldehyde (Sigma Aldrich, catalog no. 158127-3Kg) for 10

minutes followed by permeabilized with 0.2% Triton X-100 (VWR, catalog no. 97062-208)

for 5 minutes. For plasma membrane staining of SLC39A9, however, permeabilization

was omitted. The cells were then blocked with 5 µg/mL of Cd16/Cd32 (Invitrogen, catalog

no. 14016185) diluted in 3% BSA/PBS (Fisher BioReagents, catalog no. BP1600) for 10

minutes. Both human and mouse cells were subsequently incubated with 10 µg/mL of

anti-Slc39a9 (Thermo Scientific, catalog no. PA521074), diluted in 3% BSA/PBS for 1

hour. After incubation, the cells were washed three times with PBS and then incubated

with 0.75 µg/mL of secondary anti-rabbit Cy3-conjugated antibody (Jackson Immu-

noResearch, catalog no. 111-165-003), diluted in 3% BSA/PBS for 1 hour in the dark.

Cells were then washed 10 times with PBS and permeabilized with 0.2% Triton X-100 for

5 minutes. Cells were stained with 0.15 µg/mL DAPI (diluted in PBS) for 1 minute. Finally,

coverslips were mounted (Sigma Aldrich, catalog no. F6182-20ML) and sealed with trans-

parent nail polish. Controls included staining with 10 µg/mL normal rabbit IgG (Cell Sig-

naling, catalog no. 2729) and secondary-only staining.

1275

1276 For filipin staining cells were cultured on coverslips and fixed with 4% paraformaldehyde

1277 for 10 minutes. Cells were incubated with 0.1 mg/mL filipin III (Cayman Chemicals, cata-

1278 log no. 70440) for 1h at room temperature. Coverslips were mounted and sealed with

1279 transparent nail polish. Of note that Yumm1.7 cells were seeded in media containing lipid-

1280 depleted FBS (Omega Scientific, catalog no. FB-50).

1281

Five to ten images were captured per condition using an inverted microscope (Nikon

ECLIPSE Ti2, serial no. 542740) equipped with a 20x/0.17 objective (Nikon DIC N2 Plan

Apo), a digital camera (ORCA-Fusion, catalog no. C1440-20UP, serial no. 000670) and

the NIS-Elements AR software. Image analysis was conducted using Python (v. 3.10).

SLC39A9 quantification was performed as follows: Nuclear staining images (DAPI) were

normalized to the 3rd and 97th percentiles before segmentation, which was carried out

using a pre-trained CellPose model ("cyto")[202]. Nuclei touching the image borders were

excluded from further analysis. The mean Cy3 fluorescence signal (anti-SLC39A9) was

quantified within the nuclear regions. Background signal was corrected by subtracting the

median intensity of the entire image. Finally, the number of cells per condition was ran-

domized, and 200 cells per condition were plotted as fold change relative to the control

condition. Filipin quantification was performed as follows: Individual cells were defined as

regions of interest (ROIs) and captured using image thresholding. Analysis was con-

ducted using the 'Analyze Particles' tool in ImageJ (Fiji), excluding cells at the image pe-

riphery. Integrated Density values were determined for each ROI. A total of at least 100

cells per condition were analyzed, and data are presented as fold change relative to the

control condition.

1299

Western Blotting

Cell lysates were collected in 1X sample buffer [2% SDS (Millipore Sigma, catalog no.

75746-1Kg), 10% glycerol (Sigma Aldrich, catalog no. G5516), 0.01% bromophenol blue

(Millipore Sigma, catalog no. BX1410), 62.5 mM Tris (Fisher Scientific, catalog no.

AAJ65594A1), pH=6.8 and 0.1 M DTT (Thermo Fisher, catalog no. 15508-013)] and

boiled at 95° C for 10 minutes. Protein concentration was determined using Bradford as-

say (Bio-Rad, catalog no. 5000006) following manufacturer's instructions. Proteins were

resolved using SDS-PAGE gels and transferred to nitrocellulose membranes (GE

Healthcare Life Sciences, catalog no. 10600001) as previously described[54]. Antibodies

used include: anti human p16 (Abcam, catalog no. ab108349, working concentration 1.5

µg/mL), mouse anti-p16 (Cell Signaling Technology, catalog no. 29271S, working con-

centration 1 µg/mL), anti-p19 (Abcam, catalog no. ab80, working concentration 1 µg/mL),

anti-β-Actin (Sigma-Aldrich, catalog no. A1978, working concentration 1 µg/mL), anti-

mouse HRP (Cell Signaling Technology, catalog no. 7076, working concentration 0.1

µg/mL), and anti-rabbit HRP (Cell Signaling Technology, catalog no. 7074, , working con-

centration 0.2 µg/mL).

1316

Bulk RNA-Seq and RT-qPCR

Total RNA was extracted from cells with Trizol (Ambion, catalog no. 15596018) and

DNase treated, cleaned, and concentrated using Zymo columns (Zymo Research, cata-

log no. R1013) following the manufacturer's instructions. Optical density values for RNA

were measured using NanoDrop One (Thermo Scientific) to confirm an A260 and A280

ratios above 1.9. For bulk RNA-Seq, RNA integrity number (RIN) was measured using

BioAnalyzer (Agilent Technologies; RRID:SCR_019715) RNA 6000 Nano Kit to confirm

RIN above 7 for each sample. The cDNA libraries, next-generation sequencing, and bio-

informatics analysis was performed by Novogene. Differential expression analysis was

done using DESeq (v2_1.6.3). Raw and processed RNA-seq data can be found on Gene

Expression Omnibus (GSE295787).

1328

For RT-qPCR, a total of 2 µg of RNA was reverse-transcribed to cDNA (Applied Biosys-

tems, catalog no. A25742) following manufacturer's instructions in a thermal cycler (Bio-

Rad, T100™ Thermal Cycler, serial no. 621BR59583). Relative expression of target

genes was analyzed using the Real-Time PCR System (Bio-Rad, CFX Connect, serial

no. 788BR09362) with clear 96-well plates (Greiner Bio-One, catalog no. 652240). Pri-

mers were designed using the Integrated DNA Technologies (IDT) web tool (**Table S8**).

Conditions for amplification were: 5 min at 95° C, 40 cycles of 10 sec at 95° C and 7 sec

at 62° C. The assay ended with a melting curve program: 15 sec at 95° C, 1 min at 70°

C, then ramping to 95° C while continuously monitoring fluorescence. Each sample was

assessed in triplicate. Relative quantification was determined to multiple reference genes

(Rplp0, Gusb, and Rp132) to ensure reproducibility using the delta-delta CT method.

1340

Senescence and proliferation assays

SA-β-Gal staining was performed as previously described[203]. Cells were fixed in a mixture

of 2% formaldehyde (Fisher Scientific, catalog no. BP531-500) and 0.2% glutaraldehyde

(Fisher Scientific, catalog no. 01909-100) diluted in PBS for 5 minutes, followed by stain-

ing with a staining cocktail containing: 40 mM Na_2HPO_4 (Sigma Aldrich, catalog no.

567547), 150 mM NaCl (Sigma Aldrich, catalog no. S5886), 2 mM $MgCl_2$ (Sigma Aldrich,

catalog no. M1028), 5Mm $K_3Fe(CN)_6$ (Sigma Aldrich, catalog no. 244023), 5 mM

$K_4Fe(CN)_6$ (Sigma Aldrich, catalog no. 455989), and 1 mg/ml 5-Bromo-4-chloro-3-indolyl

β-D-galactopyranoside (Sigma Aldrich, catalog no. B4252). Staining was incubated over-

night at 37° C in a non-CO2 incubator after which reaction was stopped with tap water.

Images were acquired immediately upon reaction stopped using an inverted microscope

(Nikon Eclipse Ts2, serial no. 139045) with a 20X/0.40 objective (Nikon LWD) equipped

with a camera (Nikon DS-Fi3). Each sample was assessed in triplicate and at least 100

cells per well were counted (>300 cells per experiment). For colony formation, an equal

number of cells were seeded in 12-well plates and cultured for an additional 1-2 weeks.

Colony formation was visualized by fixing cells in 1% paraformaldehyde for 5 minutes

followed by staining with 0.05% crystal violet for 20 minutes on rocking. Wells were de-

stained in 500mL 10% acetic acid for 10 minutes on rocking and absorbance (590 nm)

measured using a spectrophotometer (Promega GloMax explorer, serial no.

9720100141). Each sample was assessed in triplicate.

1361

Qualification and Statistical analysis

GraphPad Prism version 10.0 was used to perform statistical analysis. The level of sig-

nificance between two groups was assessed with pared or unpaired Student's *t* test as

necessary and indicated in figure caption. For data sets with more than two groups, one-

way ANOVA followed by Šidák correction for multiple comparisons was applied. For lon-

gitudinal tumor growth studies mixed-effects model was used and Šidák correction for

multiple comparisons was applied. For survival analysis log-rank (Mantel-Cox) test was

used. Pearson correlation was used to assess correlation. P-values <0.05 were consid-

ered significant. Specific statistical details used in scRNA-Seq and bulk RNA-Seq data

are included in the corresponding section.

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