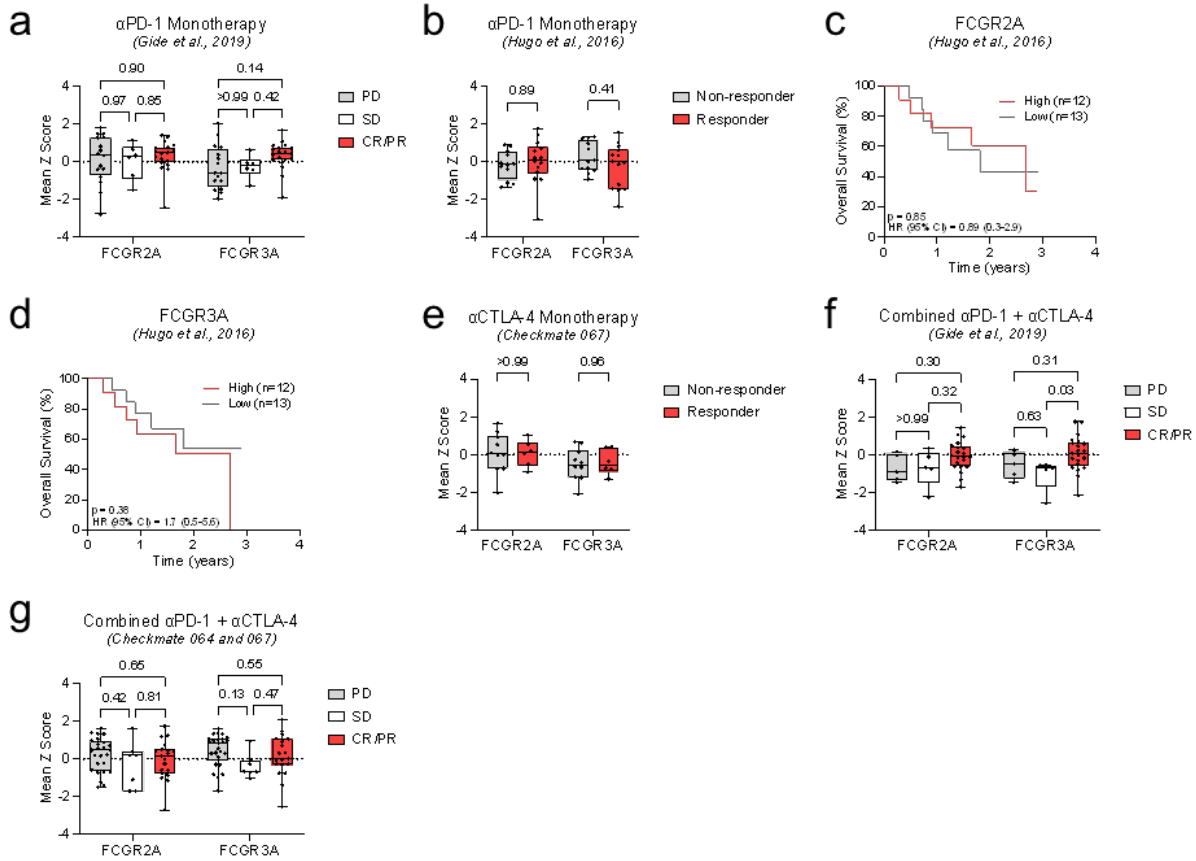


1 **Supplementary Figure S16**



2

3 **Supplementary Figure S16. Clinical response to anti-PD-1 or conventional anti-CTLA-4 is**

4 **independent of FCGR2A or FCGR3A expression in patients with advanced melanoma. Pre-**

5 **treatment tumor biopsies from patients with advanced melanoma were analyzed for FCGR2A and**

6 **FCGR3A gene expression by bulk RNA-seq. Best overall response per RECIST 1.1 was**

7 **assessed for patients treated with α PD-1 monotherapy (nivolumab or pembrolizumab), from (a)**

8 **Gide et al., 2019 (N=41) or (b) Hugo et al., 2016 (N=26) datasets. Survival correlation with high**

9 **(> median) or low (\leq median) (c) FCGR2A and (d) FCGR3A gene expression in pre-treatment**

10 **tumor biopsies was analyzed from the Hugo et al., 2016 (N=25) dataset. Best overall response**

11 **was also assessed for patients treated with (e) α CTLA-4 monotherapy (ipilimumab) from the**

12 **Checkmate 067 (N=16) dataset, or the combination of α PD-1 and α CTLA-4 from the (f) Gide et**

13 al., 2019 (N=31) and **(g)** Checkmate 064 and 067 (N=51) datasets. Mean Z-scores calculated
14 from log₂ scaled transcripts per million (TPM) expression counts. Data analyzed with two-way
15 ANOVA followed by Tukey's test **(a, f, g)** or Šidák's **(b, e)** multiple comparisons test. Survival
16 distributions compared by log-rank test with hazard ratio (HR) and confidence interval (CI)
17 indicated **(c, d)**. CR, complete response; PR, partial response; SD, stable disease; PD,
18 progressive disease. Responders (CR or PR); Non-responders (PD).