Supplementary materials

Figure S1. The overlap among CCND1, GAB2, and PAK1 amplification (A) and high amplification (B) in the TCGA-melanoma patients.

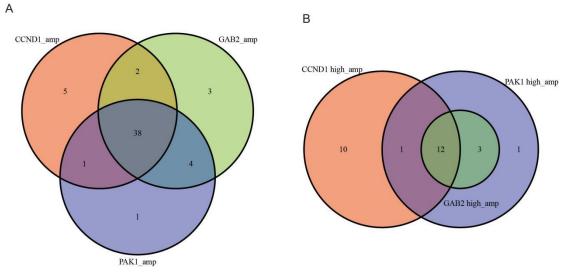


Figure S2: The CCND1 mRNA expression quantified by qPCR.

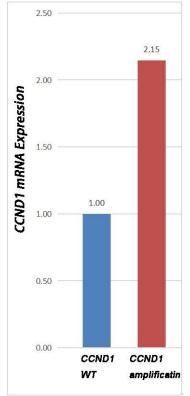


Table S1. Univariate analysis of factors influencing ICIs response.

	Univariate analysis			
	Hazard ratio (95% CI)	Р		
MSKCC-IO cohort (n=1105)				
CCND1 Amplification (+2) VS. Neutral (0)	1.626 (1.086-2.434)	0.002		

FGF3 Amplification (+2) VS. Neutral (0)	1.756 (1.137-2.713)	< 0.001
FGF4 Amplification (+2) VS. Neutral (0)	1.756 (1.137-2.713)	< 0.001
FGF19 Amplification (+2) VS. Neutral (0)	1.774 (1.153-2.730)	< 0.001

Table S2. Characteristics of 14 patients with *CCND1* amplification in the MSKCC-IO cohort

	CCND1-Amplification		
Characteristics	(<i>n</i> =14)		
Sex, n (%)			
Male	11 (78.6)		
Female	3 (21.4)		
Age (y), n (%)			
≤60	6 (42.9)		
>60	8 (57.1)		
Normalized mutation count			
Top 20% of each histology	4 (28.6)		
Bottom 80% of each histology	10 (71.4)		
Drug Class			
PD-1/PD-L1	6 (42.8)		
CTLA-4	4 (28.6)		
Combination	4 (28.6)		
Year of ICI start			
2011-2012	2 (14.3)		
2013-2014	2 (14.3)		
2015-2017	10 (71.4)		

CTLA-4, cytotoxic T-lymphocyte-associated protein 4; ICI, immune checkpoint inhibitors; MSKCC, the Memorial Sloan Kettering Cancer Center; MSKCC-IO, patients in the MSKCC cohort who had received at least one dose of immune checkpoint inhibitor; PD-1, programmed death-1; PD-L1, programmed death ligand-1.

Table S3. Multivariable analysis of factors associated with overall survival in 231patients in the MSKCC-IO cohort

Variable	OS		
	P	Hazard ratio	95% CI
CCND1 copy number alteration	0.006	2.439	1.297-4.587

MSKCC, the Memorial Sloan Kettering Cancer Center; MSKCC-IO, patients in the MSKCC cohort who had received at least one dose of immune checkpoint inhibitor; OS, overall survival.