

Reporting Summary

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Statistics

For all statistical analyses, confirm that the following items are present in the figure legend, table legend, main text, or Methods section.

- | | |
|-------------------------------------|--|
| n/a | Confirmed |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> The exact sample size (n) for each experimental group/condition, given as a discrete number and unit of measurement |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> A statement on whether measurements were taken from distinct samples or whether the same sample was measured repeatedly |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> The statistical test(s) used AND whether they are one- or two-sided
<i>Only common tests should be described solely by name; describe more complex techniques in the Methods section.</i> |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> A description of all covariates tested |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> A description of any assumptions or corrections, such as tests of normality and adjustment for multiple comparisons |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> A full description of the statistical parameters including central tendency (e.g. means) or other basic estimates (e.g. regression coefficient) AND variation (e.g. standard deviation) or associated estimates of uncertainty (e.g. confidence intervals) |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> For null hypothesis testing, the test statistic (e.g. F , t , r) with confidence intervals, effect sizes, degrees of freedom and P value noted
<i>Give P values as exact values whenever suitable.</i> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> For Bayesian analysis, information on the choice of priors and Markov chain Monte Carlo settings |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> For hierarchical and complex designs, identification of the appropriate level for tests and full reporting of outcomes |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> Estimates of effect sizes (e.g. Cohen's d , Pearson's r), indicating how they were calculated |

Our web collection on [statistics for biologists](#) contains articles on many of the points above.

Software and code

Policy information about [availability of computer code](#)

Data collection	VivaScan v10.0 (Caliber Imaging and Diagnostics, Rochester, NY, USA)
Data analysis	Fiji/ImageJ 1.53c (which includes Linear Alignment with Sift Plugin and TrackMate v6.0.3) Apero ImageScope version 12.4.3.5008 (Leica Biosystems, Wetzlar, Germany) Matlab R2019b (The MathWorks, Inc., Natick, MA, USA) GraphPad Prism 9.0 (Dotmatics, San Diego, CA, USA) Vectra Polaris Automated Quantitative Pathology Imaging System (Akoya 514 Biosciences, Marlborough, MA, USA) HALO version 2.3 (Indica Labs, Albuquerque, NM, USA) R version 3.6.3 FlowJo version 10.5.3. Custom image and data analysis scripts for Fiji and Matlab (https://github.com/mskccmccf/TIME-analysis)

For manuscripts utilizing custom algorithms or software that are central to the research but not yet described in published literature, software must be made available to editors and reviewers. We strongly encourage code deposition in a community repository (e.g. GitHub). See the Nature Portfolio [guidelines for submitting code & software](#) for further information.

Data

Policy information about [availability of data](#)

All manuscripts must include a [data availability statement](#). This statement should provide the following information, where applicable:

- Accession codes, unique identifiers, or web links for publicly available datasets
- A description of any restrictions on data availability
- For clinical datasets or third party data, please ensure that the statement adheres to our [policy](#)

The RNA-expression datasets generated during this study have been made available on gene expression omnibus (GEO). The GEO ID is GSE181037. Publicly available datasets used in this study include MsigDB (<https://www.gsea-msigdb.org/gsea/msigdb/>), gene ontology (<http://geneontology.org/>), GTex (<https://gtexportal.org/home/>) and OMIM repository (<https://www.ncbi.nlm.nih.gov/omim>). Source data are provided with this paper. Raw images will be freely available upon request. As per MSKCC guidelines, a data sharing agreement will have to be necessarily set up with requesting colleagues and their institutions.

Human research participants

Policy information about [studies involving human research participants and Sex and Gender in Research](#).

Reporting on sex and gender

Only sex was included in the study design and data analysis. These values were derived from patient charts in the electronic medical record. The effect of sex on BCC and melanoma phenotyping was analyzed in the manuscript - no correlation was found, suggesting that sex had no or minimal influence on TiME phenotyping. Disaggregated sex and gender data was not collected, since it was not pertinent to the study design.

Population characteristics

Dermatology Service at Memorial Sloan Kettering Cancer Center (MSKCC) specializes in skin cancer management. Skin lesions seen at MSKCC include keratinocytic cancers such as basal cell carcinoma (BCC), squamous cell carcinoma (SCC) and actinic keratosis (AK), melanocytic cancer such as melanoma, and drug- or therapy-induced skin rashes. Patients visiting Dermatology service for consultation and treatment of these skin lesions were recruited in this study. The age range of patients was 30-88 years, and the male:female ratio was 1.28:1. Several patients also had previous history of skin cancer or other solid cancer due to the patient population normally seen at this tertiary cancer center. Sun exposure, age and sex were the major patient covariates used in the analysis.

Recruitment

Patients visiting the Dermatology Service at MSKCC and presenting with previously biopsied or clinically suspected basal cell carcinoma (BCC), squamous cell carcinoma (SCC), actinic keratosis (AK), melanoma, or skin rash were prospectively recruited to avoid any selection bias. Of these, only lesions without any prior biopsy or treatment were 'selected' for phenotyping analysis. This pre-selection was determined to avoid influence of extraneous inflammatory processes such as wound healing on TiME phenotyping.

Ethics oversight

Memorial Sloan Kettering Cancer Center- Institutional Review Board approved the study. Written informed consent was obtained from all participants recruited under the active IRB protocols IRB#99-099 and IRB#21-019. All research was performed strictly in accordance with the Declaration of Helsinki and relevant guidelines and regulations.

Note that full information on the approval of the study protocol must also be provided in the manuscript.

Field-specific reporting

Please select the one below that is the best fit for your research. If you are not sure, read the appropriate sections before making your selection.

- Life sciences Behavioural & social sciences Ecological, evolutionary & environmental sciences

For a reference copy of the document with all sections, see [nature.com/documents/nr-reporting-summary-flat.pdf](https://www.nature.com/documents/nr-reporting-summary-flat.pdf)

Life sciences study design

All studies must disclose on these points even when the disclosure is negative.

Sample size

No sample size calculations were performed due to the preliminary nature of this study. Patients that fulfilled the inclusion criteria were prospectively accrued (defined in methods). The ultimate sample size was based on patient availability and logistical constraints.

Data exclusions

Data from 1 patient was excluded due to motion blur during image acquisition.

Replication

In this cross-sectional observational study, imaging was performed on 118 patients with different cutaneous cancers and inflammatory rashes in real-time. Since these lesions are normally biopsied after imaging procedure as part of standard of care, re-imaging to verify reproducibility of features is not feasible. As an alternative, agreement statistics between readers confirmed the reproducibility of RCM features, which were also subsequently verified on histopathology.

Randomization

Our study did not involve any intervention and was purely an observational research study (i. e., not a trial). Thus, randomization was not

relevant to the study design.

Blinding

This study was an observational research study and not a clinical trial. The group or phenotype allocation was performed purely through unsupervised clustering algorithms that only interpret the input data and find natural groups or clusters based on inherent features, rather than any external inputs or labels. This approach eliminated the scope of bias in the analysis and therefore blinding was not done in this study.

Reporting for specific materials, systems and methods

We require information from authors about some types of materials, experimental systems and methods used in many studies. Here, indicate whether each material, system or method listed is relevant to your study. If you are not sure if a list item applies to your research, read the appropriate section before selecting a response.

Materials & experimental systems

n/a	Involvement	Material/Method
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Antibodies
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Eukaryotic cell lines
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Palaeontology and archaeology
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Animals and other organisms
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Clinical data
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Dual use research of concern

Methods

n/a	Involvement	Method
<input checked="" type="checkbox"/>	<input type="checkbox"/>	ChIP-seq
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Flow cytometry
<input checked="" type="checkbox"/>	<input type="checkbox"/>	MRI-based neuroimaging

Antibodies

Antibodies used

CD3(LN10) from Leica, catalog# NCL-L-CD3-565
 CD20(L26) from Dako (Agilent), catalog# M0755
 CD68(PG-M1), from Dako (Agilent), catalog# M0876
 CD1a (O10) from Dako (Agilent), catalog# M3571
 FOXP3 (236A/E7) from AbCam, catalog# ab20034
 PDL1 (E1L3N) from Cell Signaling, catalog# 13684S
 CD68 (PG-M1) from Dako, catalog# M087601-2
 CD8 (4B11) from Bio-Rad, catalog# MCA1817
 PD1 (ERP4877) from AbCam, catalog# ab137132
 CD45, Alexa Fluor 700, clone HI30, Biolegend, catalog# 304024
 CD3, PE-Cy7, clone OKT3, Biolegend, catalog# 317334
 CD4, Pacific blue, clone OKT4, Biolegend, catalog# 317424
 CD8, PerCP-Cy5.5, clone HIT8a, Biolegend, catalog# 300924
 Foxp3, APC, clone 236A/E7, Thermo Fisher, catalog # 17-4777-42
 Ki67, FITC, clone B56, BD Pharmingen, catalog# 558616
 Gzmb, PE-Texas Red, clone GB11, Thermo Fisher, catalog# GRB17
 CD16/CD32 Fc block, clone2.4G2, BD Pharmingen, catalog# 553142

Validation

The antibodies used for flow cytometry were QC for flow cytometry applications. The antibodies CD45, CD3, CD4, CD8, Foxp3, Ki-67 and Gzmb was developed, and showed primary reactivity for human samples while CD16/32 Fc block was developed, and showed primary reactivity for mouse. The antibodies used for immunohistochemistry (IHC) were optimized and recommended for IHC with validated protocols on the manufacturer's website. Single-plex IHC antibody assays were titrated based on the manufacturer's recommendations. Normal human skin and normal tonsil were used for titration of CD3, CD20, CD68 and CD1a, and duplex staining conditions for CD3/CD20 were validated on basal cell carcinoma FFPE tissue sections. For the multiplexed IF, single and dual IHC, extensively validated antibodies (see clone and reference publications below) were used. The multiplex assay was further validated on human tonsil FFPE tissues.

CD45, Alexa Fluor 700, clone HI30, Biolegend, catalog# 304024
 DOI: 10.1016/j.cell.2018.11.021
 DOI: 10.1016/j.cell.2019.09.035
 CD3, PE-Cy7, clone OKT3, Biolegend, catalog# 317334
 DOI: 10.1016/j.omto.2019.12.003
 DOI: 10.1016/j.cmet.2017.05.018
 CD4, Pacific blue, clone OKT4, Biolegend, catalog# 317424
 DOI: 10.1016/j.ccell.2017.11.001
 DOI: 10.1016/j.cell.2020.09.054
 CD8, PerCP-Cy5.5, clone HIT8a, Biolegend, catalog# 300924
 DOI: 10.1038/s41586-018-0792-9
 DOI: 10.1016/j.immuni.2019.01.001
 Foxp3, APC, clone 236A/E7, Thermo Fisher, catalog # 17-4777-42
 DOI: 10.1038/s41591-018-0070-2
 DOI: 10.1038/s41423-019-0316-z
 Ki67, FITC, clone B56, BD Pharmingen, catalog# 558616

DOI: 10.1038/nature12207
 DOI: 10.1038/ncomms8158
 Gzmb, PE-Texas Red, clone GB11, Thermo Fisher, catalog# GRB17
 DOI: 10.1016/j.cell.2020.11.007
 DOI: 10.1136/jitc-2020-001355
 CD16/CD32 Fc block, clone2.4G2, BD Pharmingen, catalog# 553142
 DOI: 10.1038/324372a0
 DOI: 10.1126/science.2946078
 CD3, clone LN10, Leica, catalog# NCL-L-CD3-565
 DOI: 10.1111/j.1365-2559.2011.04097.x
 DOI: 10.1172/JCI129965
 CD20, clone L26, Dako (Agilent), catalog# M0755
 DOI: 10.1073/pnas.2007206117
 DOI: 10.1038/s41467-022-29040-x
 CD68, clone PG-M1, Dako (Agilent), catalog# M0876
 DOI: 10.1038/s41586-021-03710-0
 DOI: 10.1038/s41598-020-67987-3
 CD1a, clone 010, Dako (Agilent), catalog# M3571
 DOI: 10.1016/j.jconrel.2019.02.028
 DOI: 10.1111/pin.13044
 FOXP3, clone 236A/E7, Abcam, catalog# ab20034
 DOI: 10.4049/jimmunol.177.9.5852
 DOI: 10.1038/nature24462
 PDL1, clone E1L3N, Cell Signaling, catalog#136845
 DOI: 10.1371/journal.pone.0136023
 DOI: 10.1186/s12894-016-0195-x
 CD68, clone PG-M1, Dako, catalog# M087601-2
 DOI: 10.1038/modpathol.2017.144
 DOI: 10.1111/bjd.13628
 CD8, clone 4B11, Bio-Rad, catalog# MCA1817
 DOI: 10.1002/ibd.20023
 DOI: 10.1111/jdv.13989
 PD1, clone ERP4877, AbCam, catalog# ab137132
 DOI: 10.1007/s10120-014-0440-5
 DOI: 10.1038/ncomms12335

Clinical data

Policy information about [clinical studies](#)

All manuscripts should comply with the ICMJE [guidelines for publication of clinical research](#) and a completed [CONSORT checklist](#) must be included with all submissions.

Clinical trial registration	NCT00588315
Study protocol	clinicaltrials.gov
Data collection	Dermatology Service, Memorial Sloan Kettering Cancer Center. Patients were recruited between November 2018 - November 2021
Outcomes	The primary outcome was tumor-immune microenvironment phenotyping for patient stratification. The secondary outcomes were correlation of TIME phenotyping with biological markers, and response to treatment.

Flow Cytometry

Plots

Confirm that:

- The axis labels state the marker and fluorochrome used (e.g. CD4-FITC).
- The axis scales are clearly visible. Include numbers along axes only for bottom left plot of group (a 'group' is an analysis of identical markers).
- All plots are contour plots with outliers or pseudocolor plots.
- A numerical value for number of cells or percentage (with statistics) is provided.

Methodology

Sample preparation

Skin lesions (3-mm) freshly excised from human subjects during a surgical procedure were used for flow cytometry for T-cell phenotyping. Briefly, the tumors were digested with Liberase (1.67 Wunsch U/ml) and DNase I (0.2 mg/ml) for 30 min at 37° C. After dissociation of the tumor tissue in the Miltenyi GentleMACS™ Dissociator, cell suspensions were incubated with red blood cell lysis buffer on ice for 5 min and then quenched with cold PBS. The cell pellets were resuspended with MACS buffer (Miltenyi Biotec) to generate single cell suspension and then filtered through 70 µm nylon mesh prior to FACS analysis.

Instrument

Cytek Aurora (Cytek Biosciences)

Software

FlowJo version 10.5.3

Cell population abundance

No sorting performed.

Gating strategy

Cells were gated based on FSC/SSC, followed by live-dead staining to remove dead cells, gated again for CD45 fraction (immune cells) and then for CD3. After that, individual CD4, CD8 markers and their functional (Gzmb, Foxp3) or proliferation (Ki-67) states were determined.

Tick this box to confirm that a figure exemplifying the gating strategy is provided in the Supplementary Information.