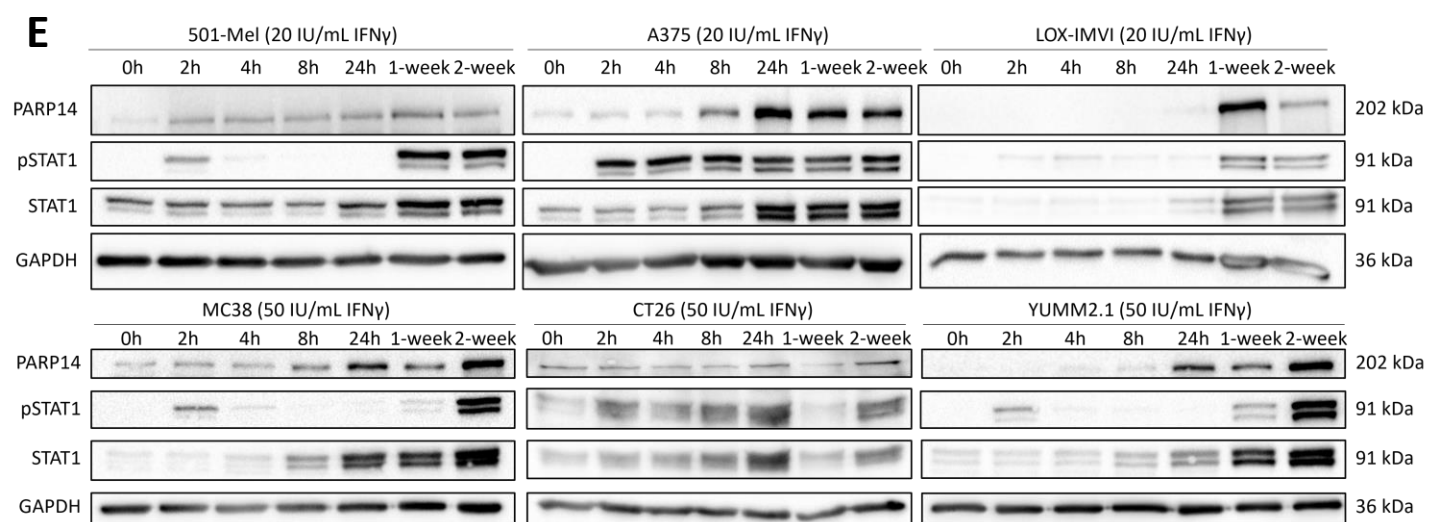
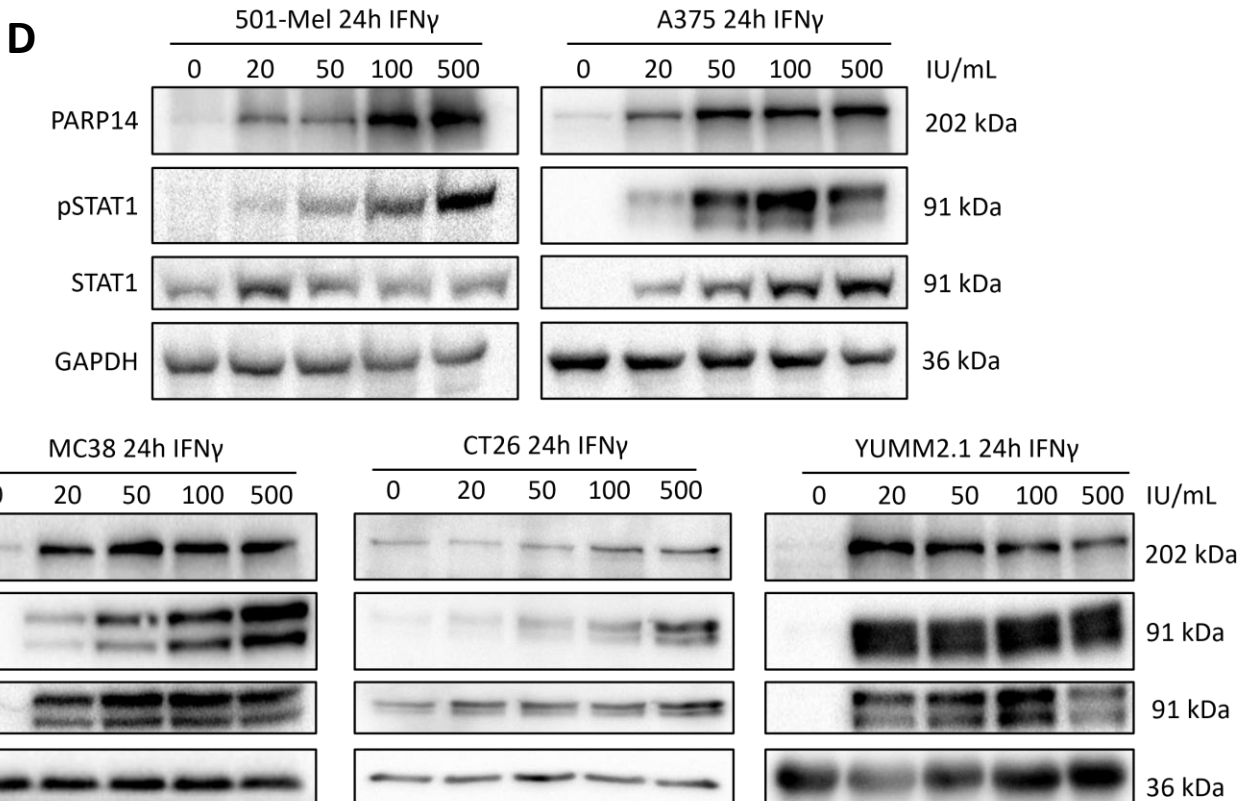
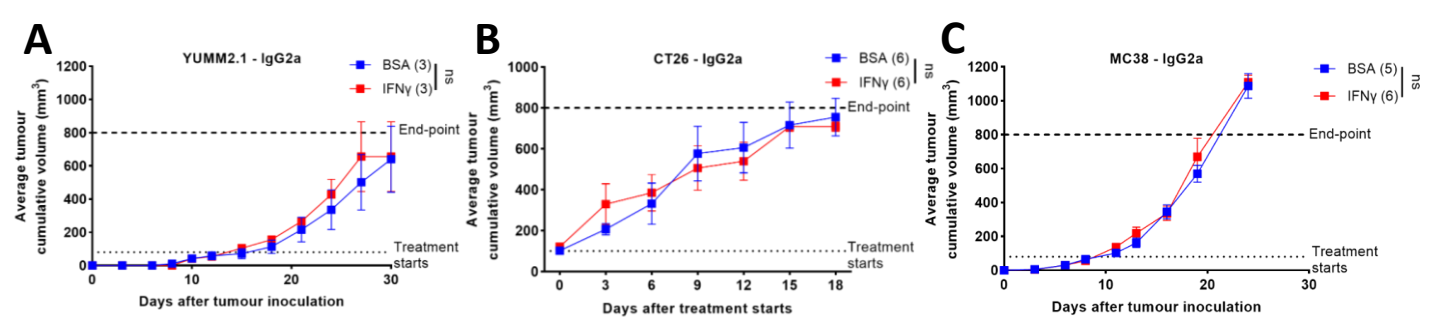
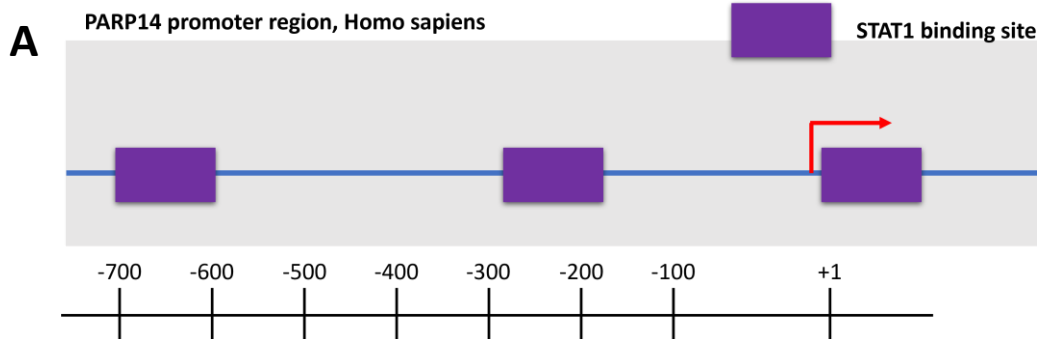




Extended Data Fig. 1. Chronic IFN γ exposure does not impact growth rate in YUMM2.1/MC38 tumours; PARP14 and STAT1 activation are similarly upregulated in response to IFN γ .

(A-C) Data shown are from the experiment depicted in **Figure 1A**. Average tumour growth curve for (A) YUMM2.1, (B) CT26, and (C) MC38 cells after tumour inoculation or after treatment with the control IgG2a antibody. Statistical significance is determined at the last day of IgG2a treatment by Unpaired t test. NS, $P > 0.05$. (C) 501-Mel, A375, MC38, CT26, and YUMM.2.1 tumour cell lines treated for 24 hours with increasing concentrations of IFN γ (0, 20, 50, 100 and 500 IU/mL), with PARP14, pSTAT1 and STAT1 protein expression determined by western blot relative to a GAPDH loading control. (D) Treatment of human (501-Mel, A375, and LOX-IMVI) or mouse (MC38, CT26, and YUMM2.1) tumour cell lines with 20 IU/mL (human) or 50 IU/mL (mouse) IFN γ for up to 2 weeks. PARP14, pSTAT1 and STAT1 protein expression were determined via western blot relative to a GAPDH loading control.



B

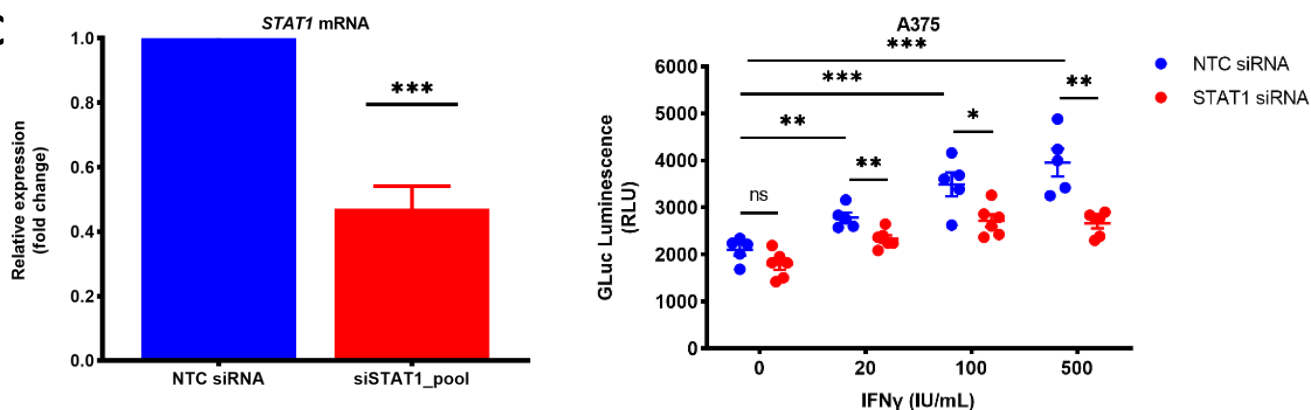
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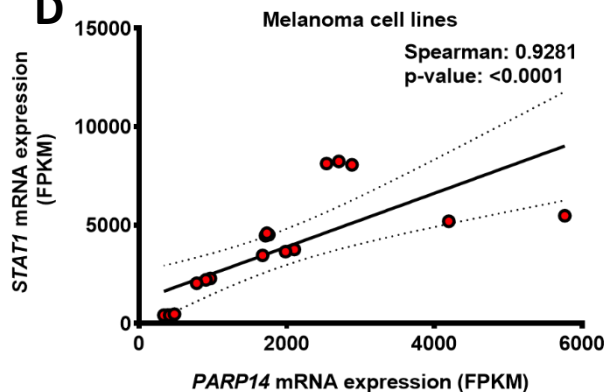
UCSC Genes (RefSeq, GenBank, CCDS, Rfam, tRNAs & Comparative Genomics)

PARP14

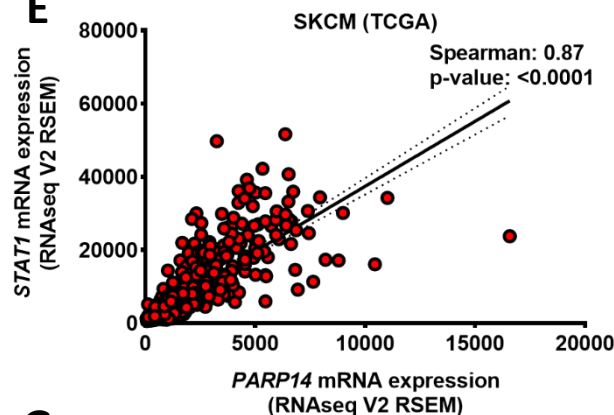
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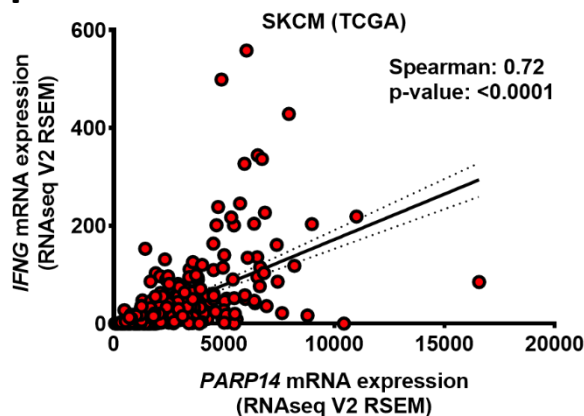
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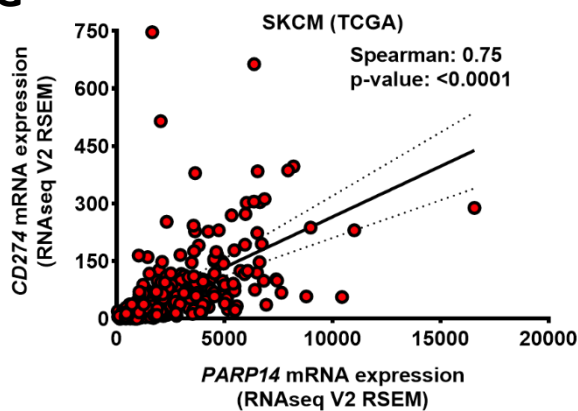
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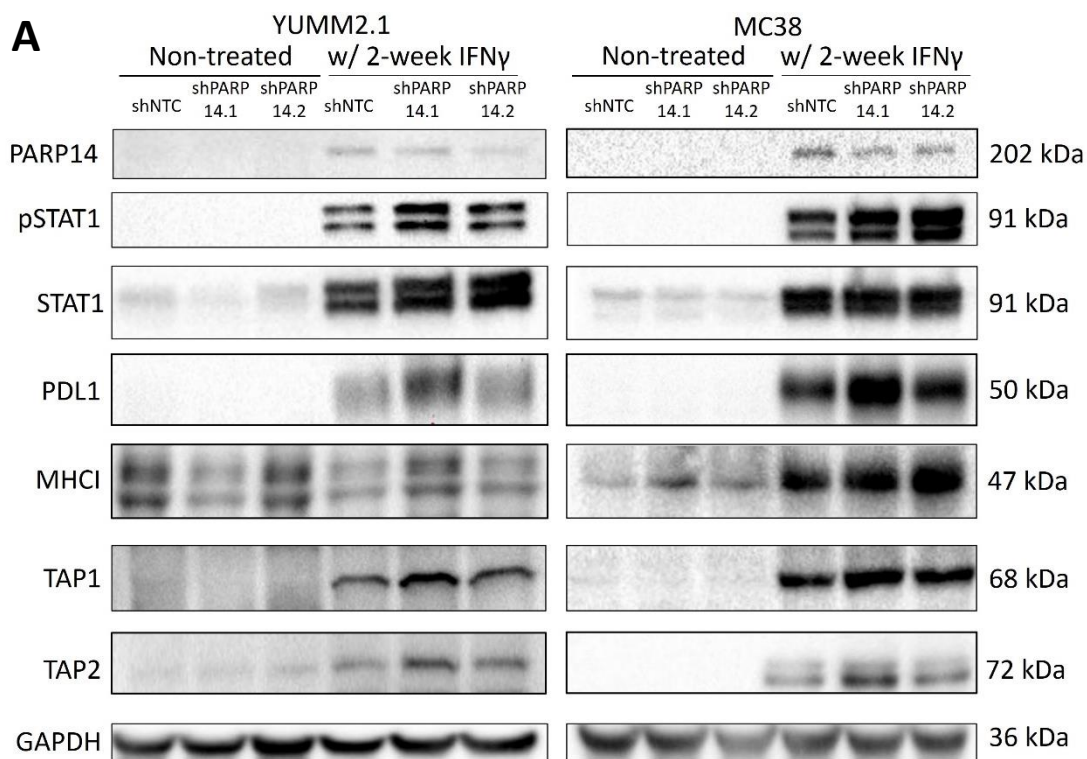
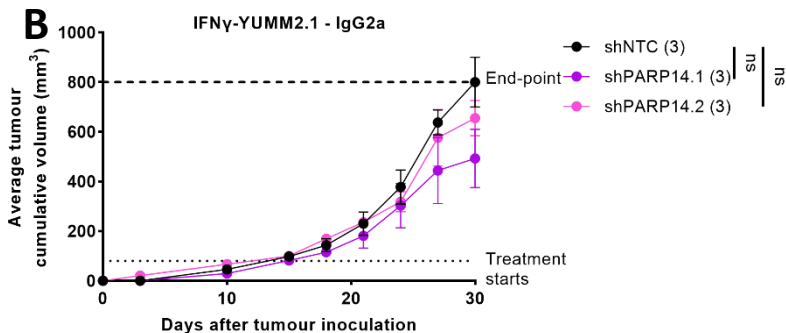
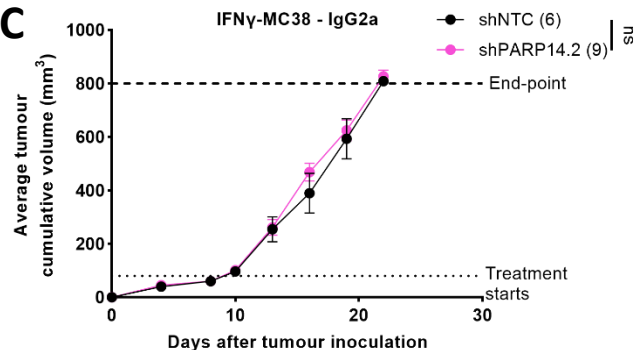
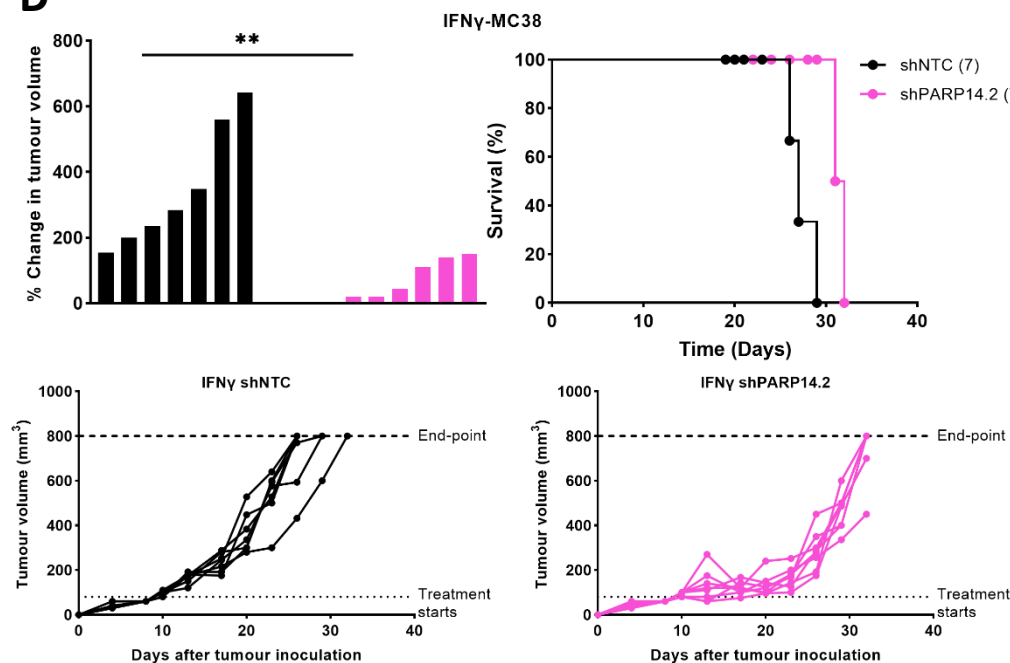
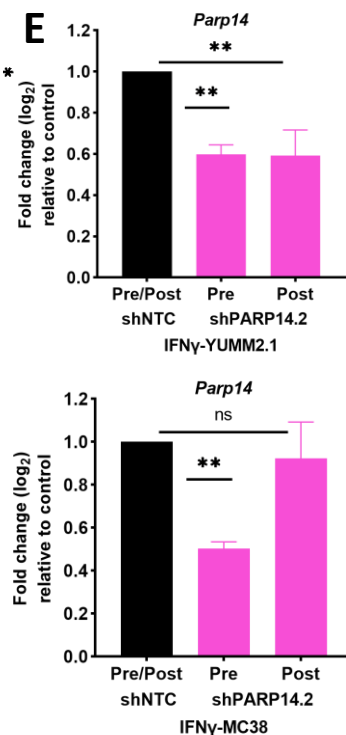
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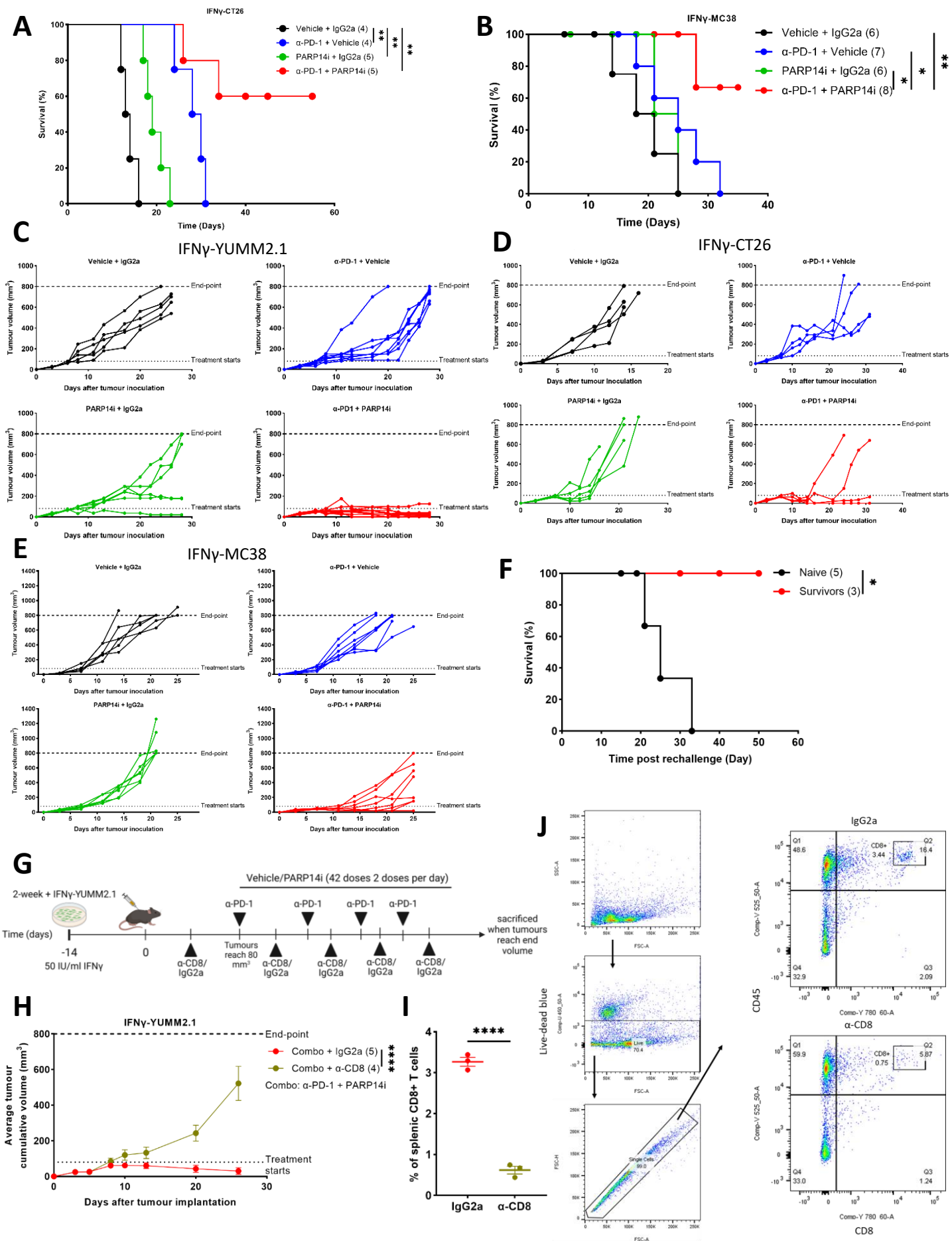
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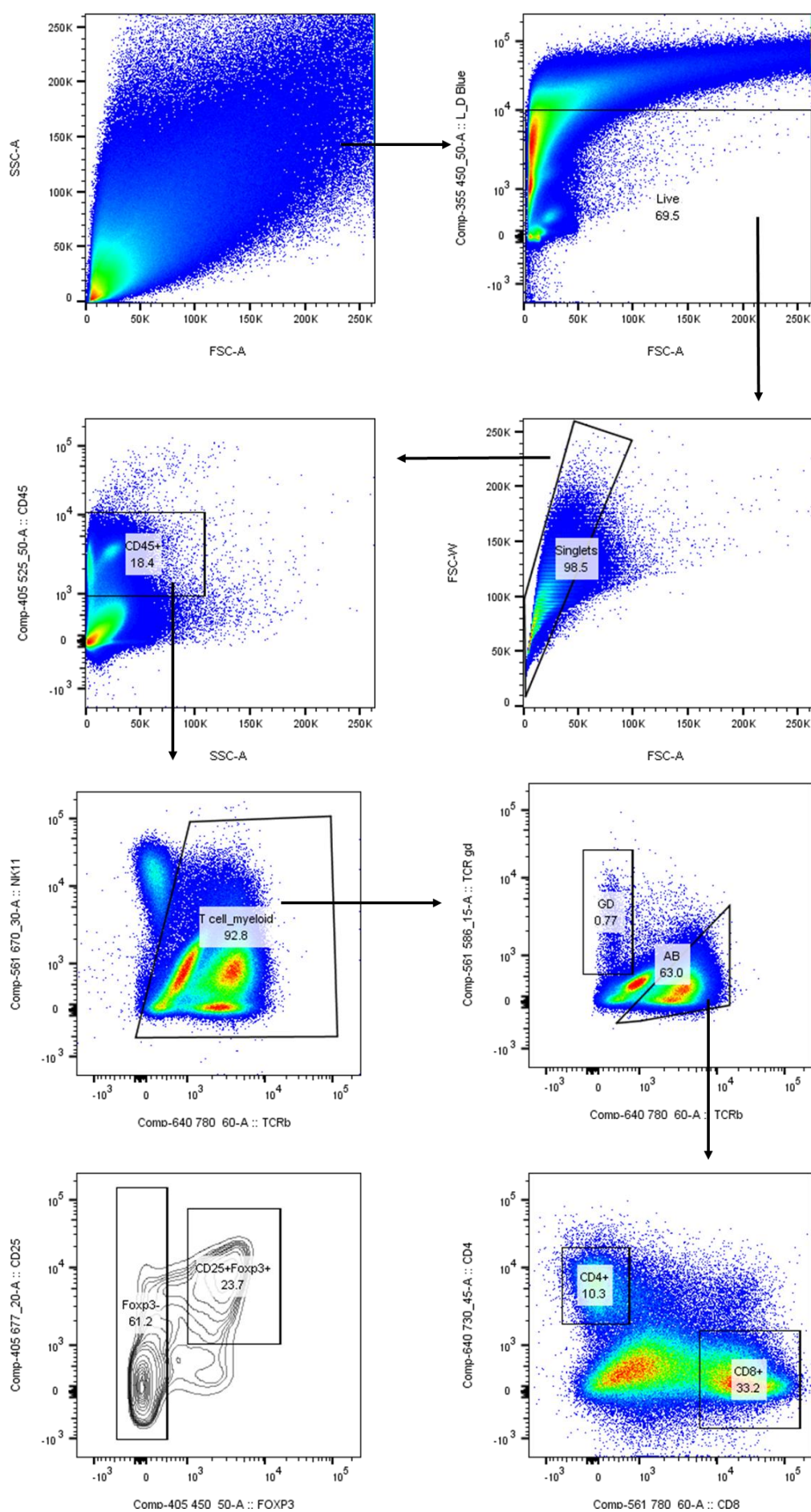
Extended Data Fig. 2. STAT1 is required for IFN γ -mediated PARP14 induction, and PARP14 and STAT1 expression strongly correlate in melanoma cell lines and patients. (A) Schematic indicating positions of putative STAT1 binding sites (purple boxes) in the upstream PARP14 promoter region (~0.8 kb), as identified with MatInspector in silico analysis. The transcriptional start site is indicated by a red arrow. (B) ChIP-seq data analysis (data retrieved from ENCODE GSM935487 Snyder lab 2010) also verified the binding of STAT1 near the transcription start site of PARP14. (C) A375 cells were transfected with a GLuc reporter plasmid in which luciferase expression is controlled by the PARP14 promoter, and then treated with either a pool of siRNA targeting STAT1 or a NTC siRNA construct. Lefthand plot shows level of Stat1 expression upon treatment with each siRNA, righthand plot shows luciferase activity in response to 24-hour treatment with a range of IFN γ doses (0, 20, 100 and 500 IU/mL) in cells treated with either of the two siRNAs. Luminescence values are normalized to the cell confluency of each respective group, as determined by staining with crystal violet. Data are presented as mean $\pm$ S.E.M., with statistical significance determined by two-way ANOVA; NS $P > 0.05$, * $P < 0.05$, ** $P < 0.01$, *** $P < 0.001$. (D–G) mRNA expression scatter plots showing co-expression of (D) *PARP14* with *STAT1* in melanoma cell lines or of *PARP14* with (E) *STAT1*, (F) *IFNG*, and (G) *CD274* in melanoma (SKCM, TCGA) patients. Spearman correlations and P-values are shown.

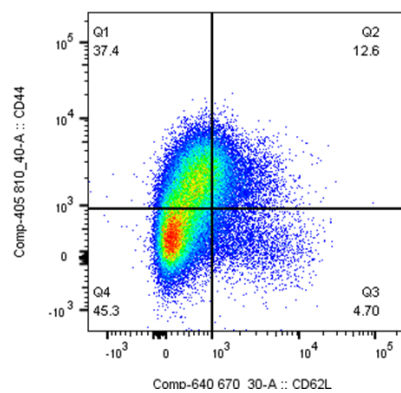
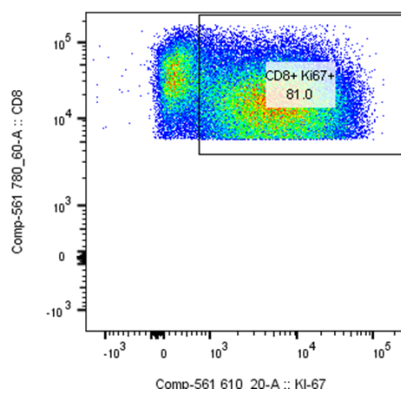
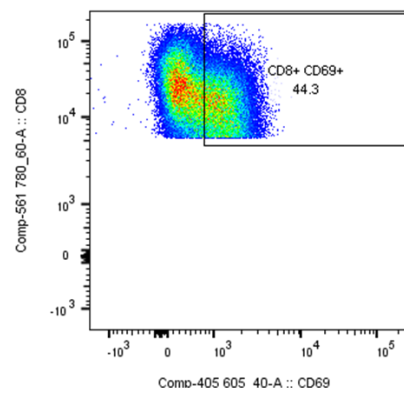
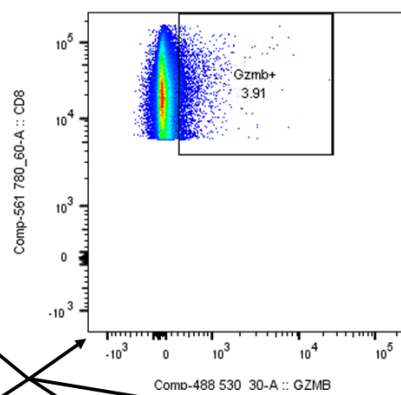
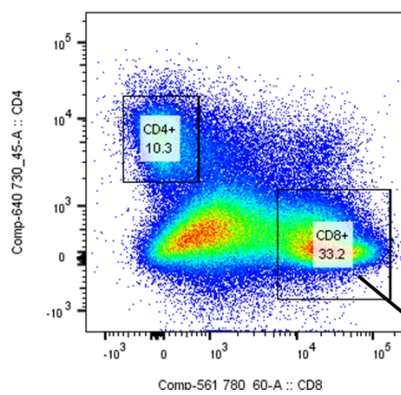
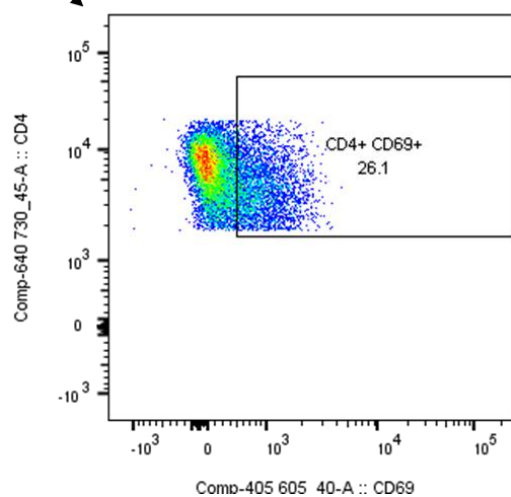
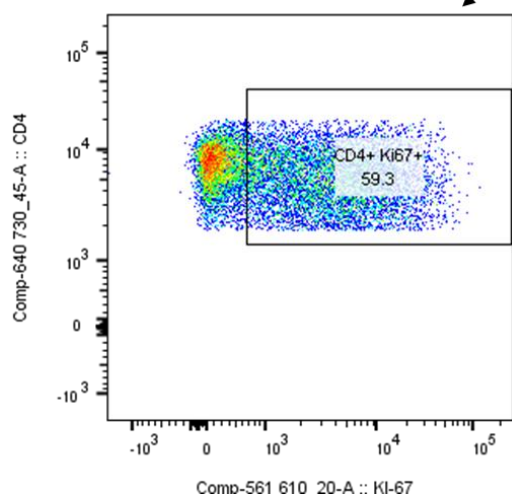
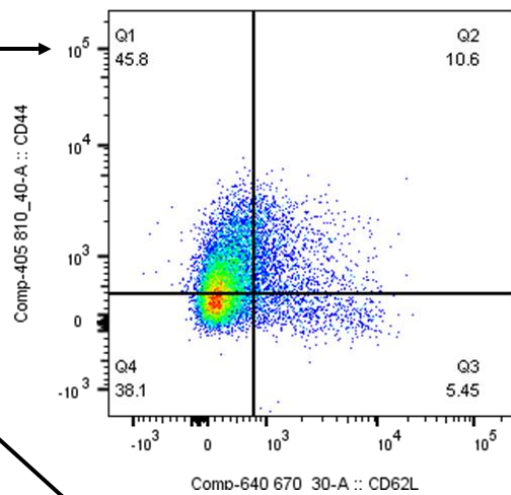
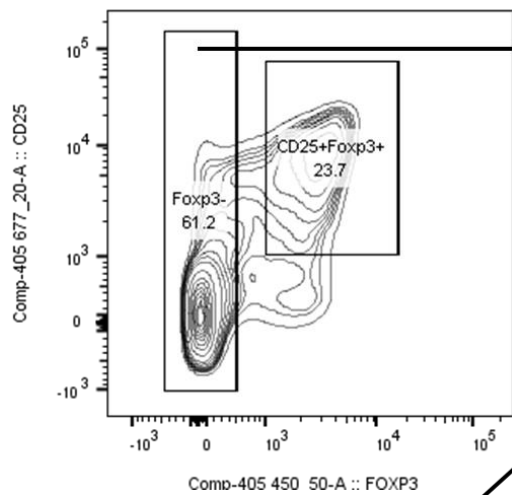
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Extended Data Fig 3. PARP14 ablation does not impact tumour growth rate but increases activation of STAT1 and expression of its target genes in chronic IFN γ -treated YUMM2.1/MC38. (A) Western blot analysis of levels of PARP14, STAT1, and STAT1 targets in YUMM2.1 and MC38 cells with or without chronic IFN γ that were also treated with one of two PARP14 shRNAs or a negative control (shNTC). GAPDH is shown as a loading control. (B-C) Average cumulative tumour volume growth curves for (B) YUMM2.1 and (C) MC38 tumours, following the experimental protocol detailed in **Figure 2A**. Statistical significance determined at the last day of IgG2a treatment by Unpaired t test; NS $P > 0.05$. (D) Percentage of tumour volume change between the first dose of antibody treatment and administration of the final α -PD-1 dose (top left), corresponding Kalan-Meier plots (top right), and tumour growth rates (bottom) for the experimental protocol detailed in **Figure 2A**. Statistical significance determined by Unpaired t test or Log-rank (Mantel-Cox) test; * $P < 0.05$, ** $P < 0.01$. (E) RT-qPCR analysis of *Parp14* mRNA expression in IFN γ -pre-treated and YUMM2.1 and MC38 tumours receiving shPARP14.2 or shNTC in pre- or post-tumour implantation. Data are presented as mean $\pm$ S.E.M. for six independent samples. Statistical significance determined by one-way ANOVA; NS $P > 0.05$, ** $P < 0.01$.

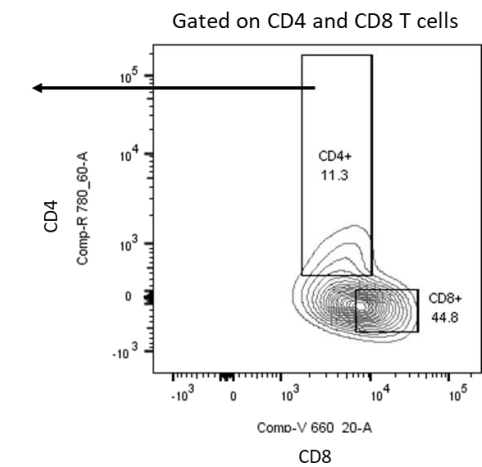
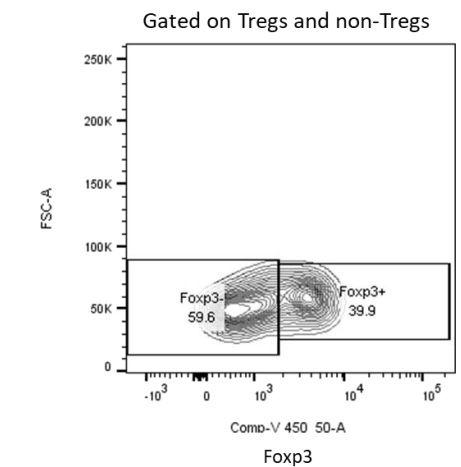
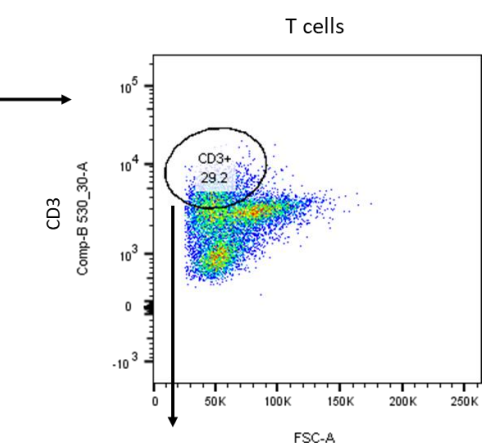
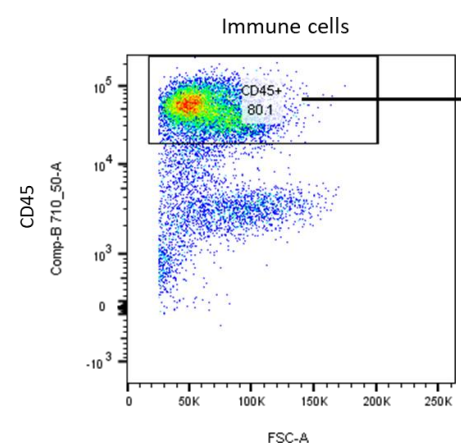
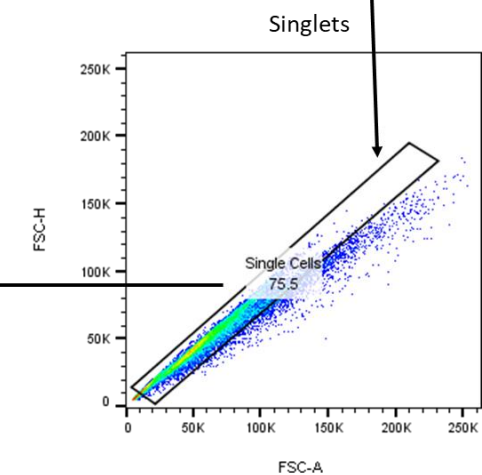
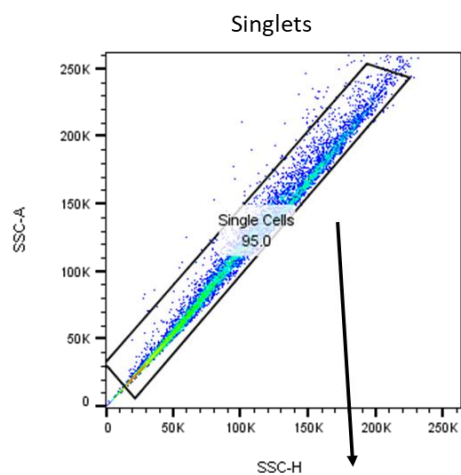
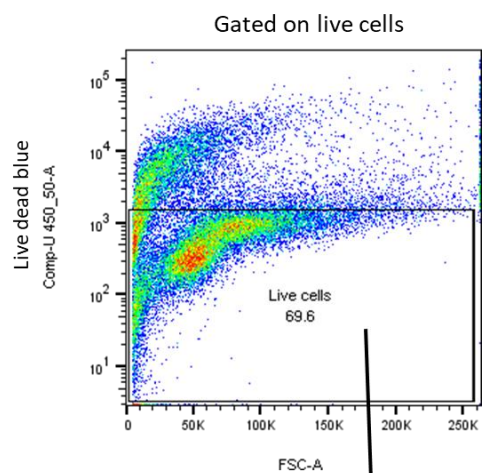
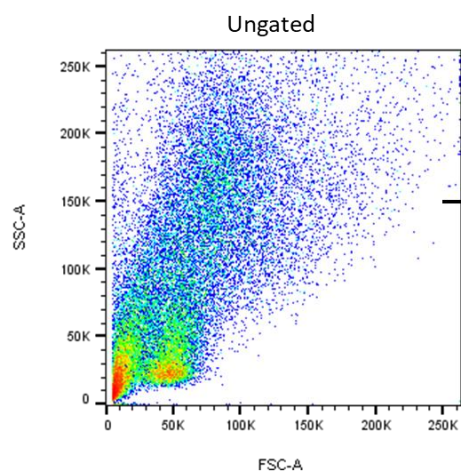


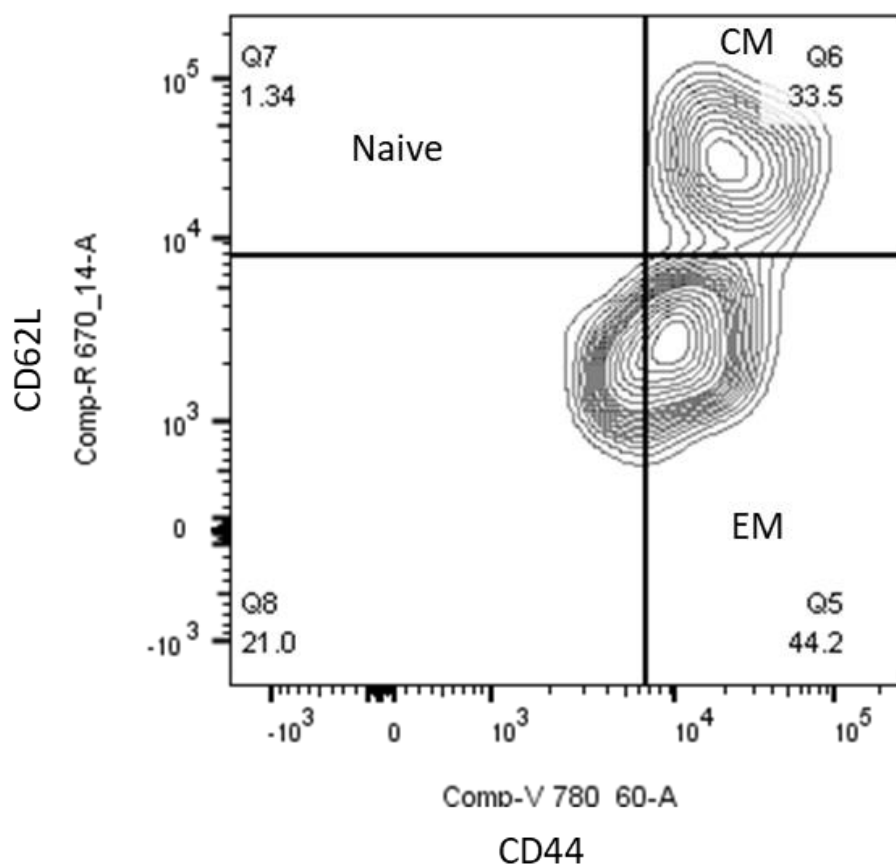
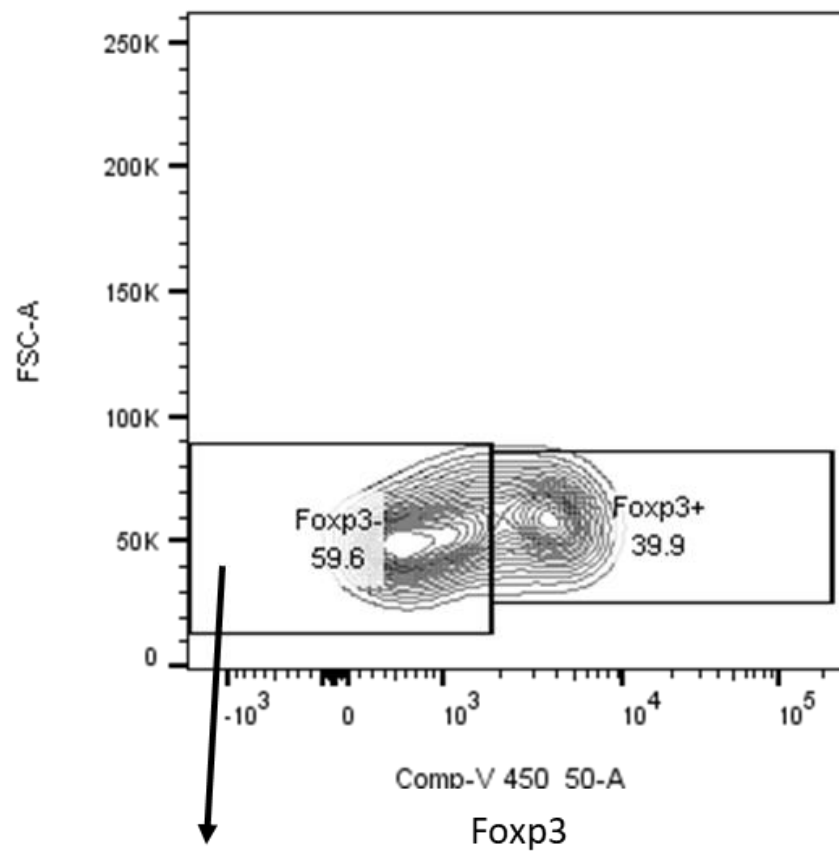
Extended Data Fig. 4. Pharmacological inhibition of PARP14 delays relapse of chronic IFN γ -treated CT26 and MC38 tumours when combined with α -PD1 therapy. (A-B) Kalan-Meier plots of mice receiving IFN γ pre-treated CT26 (A) and MC38 (B) implants in the experiment shown in **Figure 2D**. Statistical significance determined by Log-rank (Mantel-Cox) test; *P < 0.05, **P < 0.01. (C-E) Growth rate for each tumour of IFN γ pre-treated YUMM2.1 (C), CT26 (D), MC38 (E) in the experiment shown in **Figure 2D**. (F) Survivors of α -PD-1 and PARP14i combinatorial therapy from the experimental protocol shown in **Figure 2D** were maintained for 60 days and then re-implanted with IFN γ pre-treated YUMM2.1 cells on the opposite flank to initial implant. Age-matched naïve mice act as a control group. The survival rate is shown for both groups. Statistical significance determined by Log-rank (Mantel-Cox) test; *P < 0.05. (G-J) Tumour-bearing mice received a total of four doses of α -PD-1 antibodies, 42 doses of PARP14i (twice daily for three weeks), and five doses of α -CD8 or IgG2a antibodies (a single dose every five days). (G) Experimental timeline. (H) Average cumulative tumour volume over the course of treatment. Statistical significance determined at day 24 of post tumour implantation by Unpaired t test; ****P < 0.0001. (I) Proportion of CD8+ cells among splenic T cells for animals receiving combination therapy with IgG2a (green) or α -CD8 (red). Statistical significance determined at day 24 of post tumour implantation by Unpaired t test; ****P < 0.0001. (J) Flow cytometry gating strategy for assessing the efficiency of splenic CD8+ T cell depletion by α -CD8.

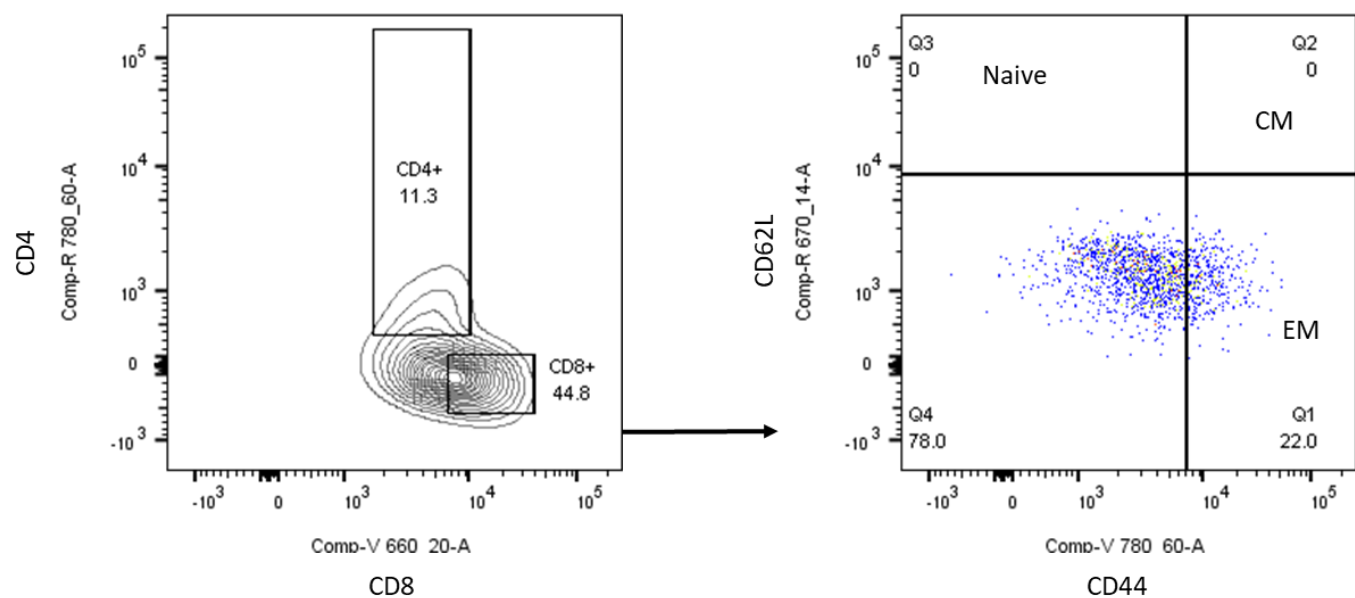
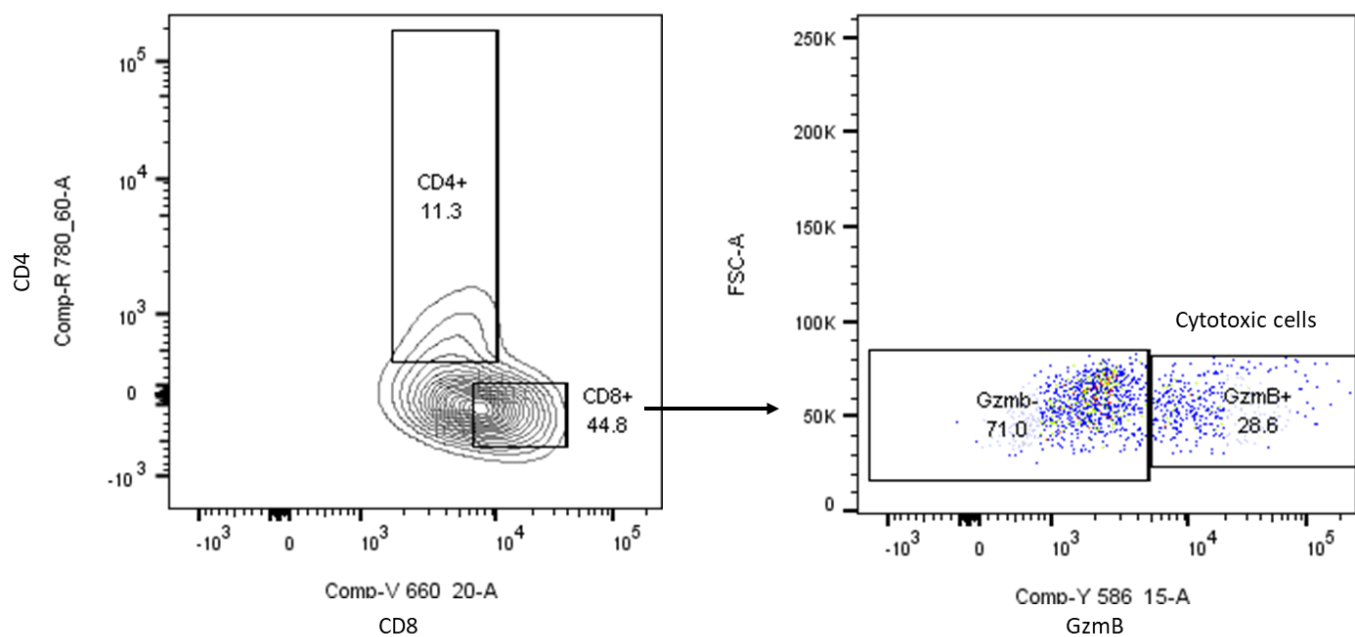




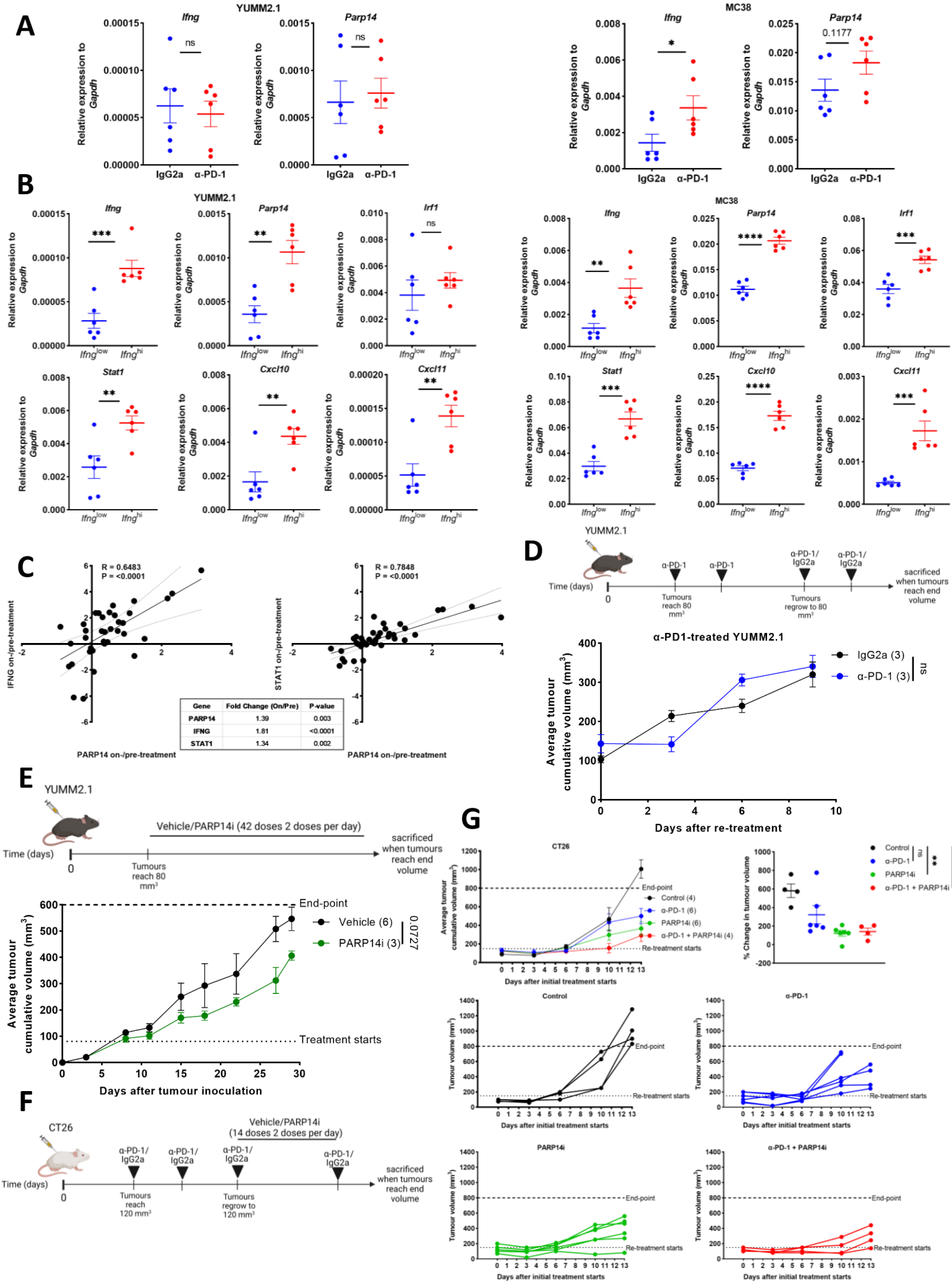
Extended Data Fig. 5. Flow cytometry gating strategy to assess the influence of sustained IFN γ exposure and PARP14 genetic ablation on tumour immune infiltrates. Discrimination of leukocytes by forward scatter vs side scatter. Single cells were then selected using forward scatter width (FSC-W) vs forward scatter area (FSC-A) pulse geometry gating to discriminate between clumps and single cells. Live/dead cell-separation was achieved using LIVE/DEAD Fixable Blue Dead. Immune cells were then gated on CD45+ labeling. These can then be gated using the markers NK1.1, TCR β , TCR $\gamma\delta$, CD4, CD8, and FOXP3 to quantify NK-T cells, NK cells, $\gamma\delta$ T cells, TCR $\alpha\beta$ ⁺ T cells, CD4⁺ helper T cells, Tregs and CD8⁺ T cells. To quantify activation status of these immune cell populations, we evaluated surface expression of CD69, CD44, and CD62L and intracellular expression of Ki-67 and GZMB.







Extended Data Fig. 6. Flow cytometry gating strategy for assessing the influence of PARP14 pharmacological inhibition on activation status of tumour-infiltrating immune cells. Dead cells and debris were excluded, followed by single-cell gating to exclude duplets and cell clusters from further analysis. Immune cells gated by CD45⁺ were then gated to quantify CD4⁺ helper T cells, T_{reg} cells and CD8⁺ T cells, which we then analysed for surface expression and intracellular expression of CD69, CD44, CD62L, PD-1, LAG-3, TIM-3, GZMB.



Extended Data Fig. 7. PARP14 levels are augmented in tumours spontaneously relapsing after α -PD-1 treatment wherein it mediates resistance. 8–12-week-old wild-type C57BL/6 mice were subcutaneously implanted with YUMM2.1/MC38 cells. Treatment with α -PD-1 or IgG2a antibodies (two doses, three days apart) was initiated once tumour volume reached $\sim 100\text{--}150\text{ mm}^3$. Within 48-hour of the last dose being administered, tumours were dissected, and the RNA was extracted and subjected to RT qPCR analysis. (A) *Ifng* and *Parp14* mRNA expression in mice receiving α -PD-1 or IgG2a. (B) YUMM2.1/MC38 α -PD-1/IgG2a-treated tumours from the experiment described in panel A were reclassified as *Ifnghigh* and *Ifnglow* based on their expression levels. Expression levels for various STAT1 target genes (*Stat1*, *Irf1*, *Parp14*, *Cxcl10*, and *Cxcl11*) in these two cohorts are shown relative to the housekeeping gene *Gapdh*. Data are presented as mean $\pm$ S.E.M. for six independent samples. For A and B, significance was determined by unpaired t-test; NS $P > 0.05$, * $P < 0.05$, ** $P < 0.01$, *** $P < 0.001$, **** $P < 0.0001$. (C) Correlation of fragments per kilobase of exon per million mapped fragments (FPKM) of *PARP14* versus *IFNG* and *STAT1* mRNA in matching melanoma patient biopsies on-treatment versus pre-treatment with anti-PD1 ($n = 49$, data retrieved from Riaz et al., 2017 cohort²⁷). The mean is shown (black solid line) with a 99% confidence interval (black dashed line). Spearman correlations and associated P-values are shown. (D) 8–12-week-old wild-type C57BL/6 mice were subcutaneously implanted with YUMM2.1 cells. Treatment with α -PD-1 antibodies (two doses, three days apart) was initiated once tumour volume reached $\sim 80\text{ mm}^3$. Once the tumours had regrown to roughly the size at which α -PD-1 treatment was initially commenced, they were treated with two doses of IgG2a or α -PD-1 (three days apart). The average cumulative tumour volume growth curve is shown for each treatment condition. (E) YUMM2.1 cells were subcutaneously implanted into 8–12 weeks-old wild-type C57BL/6 female mice. Treatment of tumour-bearing mice was initiated once tumour volume reached $\sim 80\text{ mm}^3$. The cumulative tumour volume growth curve is shown for each treatment condition. Significance was determined on day 9 of re-treatment (D) and day 29 of post-tumour implantation (E) by unpaired t-test. NS $P > 0.05$. (F) 8–12-week-old wild-type BALB/C mice were subcutaneously implanted with CT26 cells. α -PD-1 antibody treatment (two doses, three days apart) was initiated once tumour volume reached $\sim 120\text{ mm}^3$. Tumours regrew and upon reaching 120 mm^3 , the tumours were treated with two doses of α -PD-1 antibodies (1 dose every 3 days), two daily doses of PARP14i, vehicle or the combination therapy for a week. (G) Graphs show average tumour cumulative volume, percentage of tumour volume change between the start of α -PD-1 treatment and the end of re-treatment, and growth curves for each tumour. Percentage of tumour volume change statistical significance determined by one-way ANOVA; NS $P > 0.05$, ** $P < 0.01$.