

Original Article

Lactylation-driven molecular taxonomy of melanoma: linking epigenetic modifications to immune evasion and clinical outcomes

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Abstract: Lactylation, a post-translational modification derived from elevated lactate levels, has gained attention as a potential regulator of melanoma's tumor metabolism and immune responses. Here, we combined single-cell RNA sequencing and bulk transcriptome profiling of cutaneous melanoma samples to establish a lactation-centric prognostic model. Our analyses revealed melanocytes as the most acetylation-enriched cell population and identified a six-gene lactylation signature that stratified patients into high- and low-risk groups with distinct survival outcomes. Mechanistically, high-risk tumors demonstrated significant immunosuppressive features characterized by M2 macrophage accumulation and depleted CD8⁺ T-cell activity, corresponding to reduced sensitivity to certain chemotherapeutic drugs. Pathway enrichment studies implicated DNA repair, Hedgehog, and JAK-STAT signaling in driving the aggressive phenotype of high-acetylation tumors. Additionally, pseudotime trajectory analyses highlighted developmental shifts in gene expression related to lactylation during melanocyte differentiation. The signature demonstrated robust predictive accuracy in training, testing, and external validation cohorts. Functional validation confirmed the critical role of RAN in promoting proliferation and migration in vitro. These findings unveil lactylation as a critical epigenetic factor influencing melanoma progression and immune evasion, offering a novel prognostic framework and potential therapeutic targets for precision medicine.

Keywords: Lactylation, melanoma, immune microenvironment, multi-omics, prognostic model, single-cell RNA sequencing

Introduction

Cutaneous melanoma is an aggressive malignancy arising from melanocytes, and it remains a leading cause of skin cancer-related mortality due to its high metastatic potential and resistance to conventional therapies [1]. Recent advances in cancer metabolism research have highlighted lactate, a byproduct of aerobic glycolysis (the Warburg effect), as a central factor in shaping the tumor microenvironment (TME) [2]. In melanoma, dysregulated glycolytic flux results in excess lactate production and TME acidification, which drives tumor growth, invasion, and therapeutic resistance through various interconnected mechanisms [3].

Beyond serving as a metabolic byproduct, lactate also exerts profound immunomodulatory effects via protein lactylation - a post-translational modification first identified on histones [4]. Studies have since confirmed lactylation on both histone and non-histone proteins, governed by two distinct mechanisms: enzymatic lactylation, mediated by histone acetyltransferases transferring lactyl groups from lactyl-CoA to lysine residues under hypoxic or inflammatory conditions [5]; and non-enzymatic lactylation, in which tumor-associated lactate spontaneously modifies lysine residues independently of enzyme activity [6-8]. This lactylation process can promote tumor proliferation, invasion, immune evasion, and angiogenesis [9]. Ele-

vated lactate also suppresses cytotoxic T-cell function and polarizes macrophages toward a tumor-supportive M2 phenotype, underscoring lactylation's dual role as a metabolic intermediate and an immunomodulator [10-14]. Accordingly, multiple preclinical and clinical efforts aim to target lactate dehydrogenase (LDH) or lactate homeostasis to disrupt melanoma progression and potentially enhance immunotherapy outcomes [15, 16].

Single-cell RNA sequencing (scRNA-seq) has revolutionized our ability to dissect tumor heterogeneity and uncover clinically relevant molecular pathways. By combining scRNA-seq with bulk RNA-seq from public repositories, researchers can define cell type-specific mechanisms and identify robust predictive biomarkers [17]. Tools such as SCENIC and CellChat further facilitate the reconstruction of gene regulatory networks and intercellular communication at single-cell resolution [18]. This approach is especially pertinent to melanoma, which exhibits substantial cellular plasticity and distinct immunologic interactions that critically influence patient outcomes.

In this study, we investigated the molecular mechanisms by which lactylation influences melanoma progression and identified a lactylation-related prognostic signature. Integrating scRNA-seq data (GSE215120), bulk transcriptomic data (GSE53118), The Cancer Genome Atlas (TCGA) melanoma cohort (SKCM), and previously validated acetylation-associated genes, we performed comprehensive analyses spanning cell-subtype annotation, ligand-receptor interaction mapping, and regulatory network inference. Subsequently, we constructed and validated a LASSO-Cox-based risk model, examining its associations with immune cell infiltration, drug sensitivity, and critical signaling pathways. Functional characterization reveals RAN as a lactylation-associated driver of proliferation and metastasis. Our findings highlight lactylation as a key epigenetic driver in melanoma, providing a novel risk-stratification framework and potential targets for precision therapeutics.

Materials and methods

Data acquisition

The Gene Expression Omnibus (GEO) database (<https://www.ncbi.nlm.nih.gov/geo/>), curated

by the National Center for Biotechnology Information (NCBI), served as the principal repository for scRNA-seq and bulk transcriptomic datasets. We specifically obtained the scRNA-seq datasets GSE215120, comprising four samples with complete single-cell expression profiles, and GSE115978 which included 20 human melanoma samples. The microarray dataset GSE53118 (annotated on the GPL6884 platform) included survival data from 69 melanoma patients. Additionally, processed transcriptomic data for 473 cutaneous melanoma (SKCM) patients were retrieved from The Cancer Genome Atlas (TCGA) database (<https://portal.gdc.cancer.gov/>). Lactylation-related genes were extracted from a previously published study [19].

Quality control

Raw scRNA-seq data were processed using the Seurat R package (v4.3.0). We applied three primary filtering criteria: (1) total unique molecular identifiers (UMIs) per cell, (2) number of expressed genes, and (3) mitochondrial gene expression ratio (percentage of mitochondrial gene counts relative to total counts). Cells with elevated mitochondrial gene expression or low RNA content were flagged as potentially apoptotic or stressed. We used the Median Absolute Deviation (MAD) method to remove outliers, excluding data points that deviated by more than 3 MADs from the median for these metrics. This rigorous approach ensured consistent quality for subsequent analyses.

Data standardization and cell annotation

We performed data normalization using the global LogNormalize method, scaling each cell's total expression to 10,000 and then applying a log transformation. Cell-cycle scores were computed with the CellCycleScoring function, and highly variable genes were identified using FindVariableFeatures. The ScaleData function was applied to regress out mitochondrial gene expression percentage, ribosomal gene expression percentage, and cell-cycle phase. Principal component analysis (RunPCA) was then used to identify significant components for further Analysis. To address potential batch effects, we implemented Harmony, followed by nonlinear dimensionality reduction with RunUMAP (Uniform Manifold Approximation and Projection). Cell clusters were anno-

tated by integrating literature-based markers, the CellMarker database, and SingleR, which maps scRNA-seq data to known reference cell types. Genes were filtered with the parameters: only.pos = TRUE, min.pct = 0.25, logfc.threshold = 0.25. This selects only positive marker genes expressed in at least 25% of cells with a minimum log fold-change of 0.25.

Ligand-receptor interaction analysis (CellChat)

We employed CellChat to predict major signaling interactions among distinct cell subtypes [17]. Normalized expression matrices and annotated cell populations were used as inputs. CellChat's network analysis and pattern-recognition algorithms quantified intercellular communication's strength (weight) and frequency (count), revealing functional relationships and disease-specific signaling pathways.

SCENIC analysis

Gene regulatory networks and cell states were reconstructed via the SCENIC pipeline (Single-Cell Regulatory Network Inference and Clustering) [18]. First, co-expression modules were identified using GENIE3 to detect transcription factor (TF) - associated gene sets. Next, motif enrichment analyses were conducted for each module, and TFs were annotated with high or low confidence according to database matches or motif homology. Genes with low motif scores were filtered out, yielding regulons - direct TF-target relationships. Finally, regulon activity was quantified for each cell using the AUCell algorithm, delineating transcriptionally distinct cell states.

Prognostic model construction and survival analysis

We performed univariate Cox regression to identify prognosis-associated genes, then constructed a LASSO (least absolute shrinkage and selection operator) regression model to compute a risk score for each patient. Patients were divided into high- or low-risk groups based on the median risk score. Kaplan-Meier curves and log-rank tests were used to compare survival differences between these groups. LASSO regression and stratified analyses further validated the prognostic value of the risk score, while receiver operating characteristic (ROC) curves evaluated its predictive performance.

Immune cell infiltration analysis

To assess immune cell composition, we applied the CIBERSORT algorithm [20], a deconvolution method based on support vector regression that uses 547 gene expression biomarkers to distinguish 22 immune cell subtypes. Immune infiltration levels were inferred for each sample, and correlations between gene expression profiles and immune cell proportions were subsequently analyzed, elucidating the immune context of each tumor.

Nomogram model construction

We designed a nomogram to integrate the risk score with relevant clinical features, assigning points to each predictor based on its regression coefficient. Summing these points yielded a total score for estimating patient-specific survival probabilities. This graphical approach visualizes the combined prognostic impact of multiple factors and facilitates individualized risk assessment.

Drug sensitivity prediction

Chemotherapy response was predicted using the oncoPredict R package and training data from the Genomics of Drug Sensitivity in Cancer (GDSC) database (<https://www.cancerrxgene.org/>). Half-maximal inhibitory concentrations (IC50s) were estimated via a regression model with 10-fold cross-validation. We employed the ComBat method [21] to address batch effects and averaged duplicate gene expression values. This approach enabled the correlation of risk scores with chemotherapy sensitivity in melanoma.

Gene set variation analysis (GSVA)

GSVA, a non-parametric and unsupervised method, was used to measure pathway-level enrichment by transforming gene-level expression data into pathway activity scores. We downloaded gene sets from the Molecular Signatures Database (MSigDB v7.0), computed GSVA scores for each sample, and compared pathway activity across groups to investigate relevant biological processes and signaling cascades.

Gene set enrichment analysis (GSEA)

GSEA was conducted to examine pathway differences between high- and low-risk groups.

We used annotated gene sets from MSigDB, ranking differentially expressed genes by their correlation with risk scores. Enriched pathways were identified based on normalized enrichment scores (NES) and adjusted *p-values* < 0.05, providing additional insights into molecular mechanisms associated with each risk group.

Pseudotime trajectory analysis

We employed Monocle [22] to reconstruct cellular differentiation trajectories at the single-cell level. Cells were ordered along a pseudo-temporal axis based on transcriptional similarity, revealing transitional states and regulatory gene dynamics throughout the differentiation process. This Analysis highlighted genes marking intermediate or terminal stages of melanocyte development.

Cell culture, RNA extraction, and qRT-PCR

The human melanoma cell lines A375 and SKMEK28 were cultured in DMEM containing 10% fetal bovine serum (FBS), while normal human epithelial keratinocytes (NHEK) were maintained in DMEM/F12 supplemented with 10% FBS and 10 ng/mL epidermal growth factor (EGF). The manufacturer's protocol extracted Total RNA using TRIzol (Invitrogen). RNA concentrations were measured with a Nanodrop 2000C (Thermo Fisher Scientific), and cDNA was synthesized using a ThermoFisher reverse transcription kit. qRT-PCR was performed in a 20 μ L reaction volume containing SYBR Green Master Mix (CW0957H, Kangwei) and gene-specific primers. The reaction conditions included 95°C for 10 min followed by 45 cycles at 95°C for 10 s and 60°C for 30 s. Primer sequences for LAP3, RBM39, THRAP3, RAN, DDX3X, S100A11, and the β -actin reference gene are listed in detail below. Relative expression levels were normalized to β -actin.

The gene primer sequences were: Forward 5'-GTCTGGCCGTGAGACGTTT-3', reverse 5'-ACCATAAAAGTTTCGAGTCTTCC-3' for human LAP3; Forward 5'-CAATGCTTGAGGCTCCTTACA-3', reverse 5'-TCCGTTCTTACTTTTGCTTC-3' for human RBM39; Forward 5'-CTCTCTCTCGTTCAAGGAAGCG-3', reverse 5'-CCTCGGAAATCCCGATTCTGAT-3' for human THRAP3; Forward 5'-GGTGGTACTGGAAAAACGACC-3', reverse 5'-CCCAAGGTGGCTACATACTTCT-3' for human RAN; Forward 5'-AGCAGTTTTGGATC-

TCGTAGTG-3', reverse 5'-ACTGTTTCCACCACGT-TCAAAT-3' for human DDX3X; Forward 5'-TG-GCAAAAATCTCCAGCCCT-3', reverse 5'-GAAG-GGACAGCCTTGAGGAA-3' for human S100A11; Forward 5'-CACCAACTGGGACGACAT-3', reverse 5'-ACAGCCTGGATAGCAACG-3' for human β -actin. Relative expression levels were normalized to β -actin. siRNA sequences were as follows: RAN: siRAN-1: sense: 5'-GUGGCAAC-AAAGUGGAUAUTT-3', antisense: 5'-AUAUCCACU-UUGUUGCCACTT-3'; siRAN-2: sense: 5'-GU-GCCAUCAUAAUGUUUGATT-3', anti-sense: 5'-UC-AAACAUUAUGAUGGCACTT-3'.

Cells were incubated in 6-well plates, and transfection was started when cell density reached 60%. Transfection was performed using Lipofectamine RNAiMAX Transfection Reagent (Thermo Fisher Scientific) in all cells maintained in Opti-MEM. The culture medium was replaced with fresh medium supplemented with 10% FBS after 12 h post-transfection. Transfection efficiency was detected using qRT-PCR.

Western blotting

The cells were lysed in RIPA buffer containing protease inhibitors, and the sample was then heated at 100°C in a metal bath for 10 minutes. Subsequently, the same amounts of proteins were separated by 15% sodium dodecyl sulfate-polyacrylamide gel electrophoresis (SDS-PAGE), and then were blotted onto PVDF membrane (Bio-Rad, Hercules, CA, USA). Membranes were incubated with primary antibodies against human RAN (proteintech, 10469-1-AP) and Actin (Santa cruz, sc-7210) at 4°C overnight. Then, membranes were subsequently probed with horseradish peroxidase-conjugated secondary antibodies (Jackson ImmunoResearch; AB_2313567, AB_10015289) for 1.5 h at room temperature. After incubation with chemiluminescent substrate (Thermo Fisher Scientific), protein bands were detected using an Amersham Imager 680 system.

Statistical analysis

All experimental analysis was represented as the mean \pm standard deviation (SD) from three times of replicative experiments. Microsoft Excel and GraphPad Prism 5 were used to draw the charts. Survival curves were generated using the Kaplan-Meier method and compared via the log-rank test. A Cox proportional haz-

ards model was applied for multivariate analyses to assess independent prognostic factors. All statistical tests were executed in R (v4.3.0), with *p*-values < 0.05 deemed significant.

Results

Single-cell expression profiling and quality control

We obtained the scRNA-seq datasets GSE-215120, which comprised four cutaneous melanoma (SKCM) tissue samples. The single-cell data from GSE115978 comprises 20 melanoma tissue samples. GSE215120: Quality control was conducted in Seurat (v4.3.0) using three main criteria: (1) cells with fewer than 200 detected genes, (2) mitochondrial gene ratios exceeding three median absolute deviations (MADs), and (3) outlier counts of unique molecular identifiers (UMIs). After filtering 27,314 cells, we removed doublets via DoubletFinder, retaining 13,562 high-quality cells for downstream Analysis (Figure S1A, S1B). Violin and scatter plots illustrated distributions of gene counts, UMIs, and mitochondrial percentages before and after filtering. The top 10 most variable genes were visualized (Figure S1C), demonstrating considerable heterogeneity in the single-cell population. GSE115978: For this dataset, doublets were filtered using the DoubletFinder package following the aforementioned method, resulting in 6,404 cells after filtration. The corresponding violin plots and scatter plots are shown in Figure S3A, S3B. Additionally, the top 10 genes with the highest standard deviation are displayed in Figure S3C.

Identification of 12 cell clusters in melanoma patients

Using principal component analysis (PCA), we identified 20 significant dimensions (ElbowPlot, Figure S1D, S1E). Batch effects were corrected via Harmony (Figure S1F) and UMAP clustering to distinguish 12 unique cell subtypes (Figure 1A). Annotation using CellMarker, literature-defined markers, and additional validation assigned these clusters to seven cell populations: Melanocytes, T cells, B cells, Fibroblasts, Endothelial cells, Macrophages, and Keratinocytes (Figure 1B-D). Differentially expressed genes (DEGs) ($|\text{avg_log2FC}| > 0.25$, adjusted $P < 0.05$) in each cluster underwent Gene Ontology enrichment, revealing pathways involved in immune regulation and metabolic

reprogramming relevant to melanoma biology (Figure 1E).

Lactylation interacts with immune cells in melanoma

We initially compiled 330 lactylation-related genes from a published source [19]. Applying AUCCell, we measured lactylation activity scores across all single-cell subpopulations and identified melanocytes exhibiting the highest lactylation enrichment and notable intercellular heterogeneity (Figure 2A). Further differential gene expression analysis of these melanocytes ($|\text{avg_log2FC}| > 0.25$, $P < 0.05$) yielded 360 marker genes; intersecting these with the 330 lactylation-related genes produced 27 overlapping targets (Figure 2B). To evaluate how lactylation modulates intercellular communication, we employed CellChat to infer ligand-receptor interactions across diverse cell subtypes (Figure 2C). MIF-(CD74+CXCR4) interactions were highly active between melanocytes and immune or stromal cells (Figure 2D), suggesting that acetylation-enriched melanocytes engage in key immunomodulatory signaling within the melanoma TME.

Regulatory network reconstruction via SCENIC

We next performed SCENIC (Single-Cell Regulatory Network Inference and Clustering) on the melanocyte cluster to uncover potential regulatory networks. A heatmap of regulon activity scores across individual cells revealed distinct transcriptional states (Figure 3A). Regulons were ranked by their regulon specificity score (RSS), indicating their association with defined cell subgroups. Key regulons identified in lactylation-high melanocytes included YBX1 (+), POLE4 (+), PSMD12 (+), XBP1 (+), and MXD4 (+) (Figure 3B, 3C). Regulons with high RSS values likely orchestrate core transcriptional programs that define melanocyte function and malignant potential.

Prognostic model construction and validation

Using melanoma patient data from TCGA, we performed univariate Cox regression on 27 lactylation-associated genes, identifying seven with prognostic significance ($P < 0.05$) (Figure 4A). High LAP3, RBM39, DDX3X, and SUMO2 expression correlated with improved outcomes, whereas elevated RAN, THRAP3, and S100A11 signaled a worse prognosis. Feature selection

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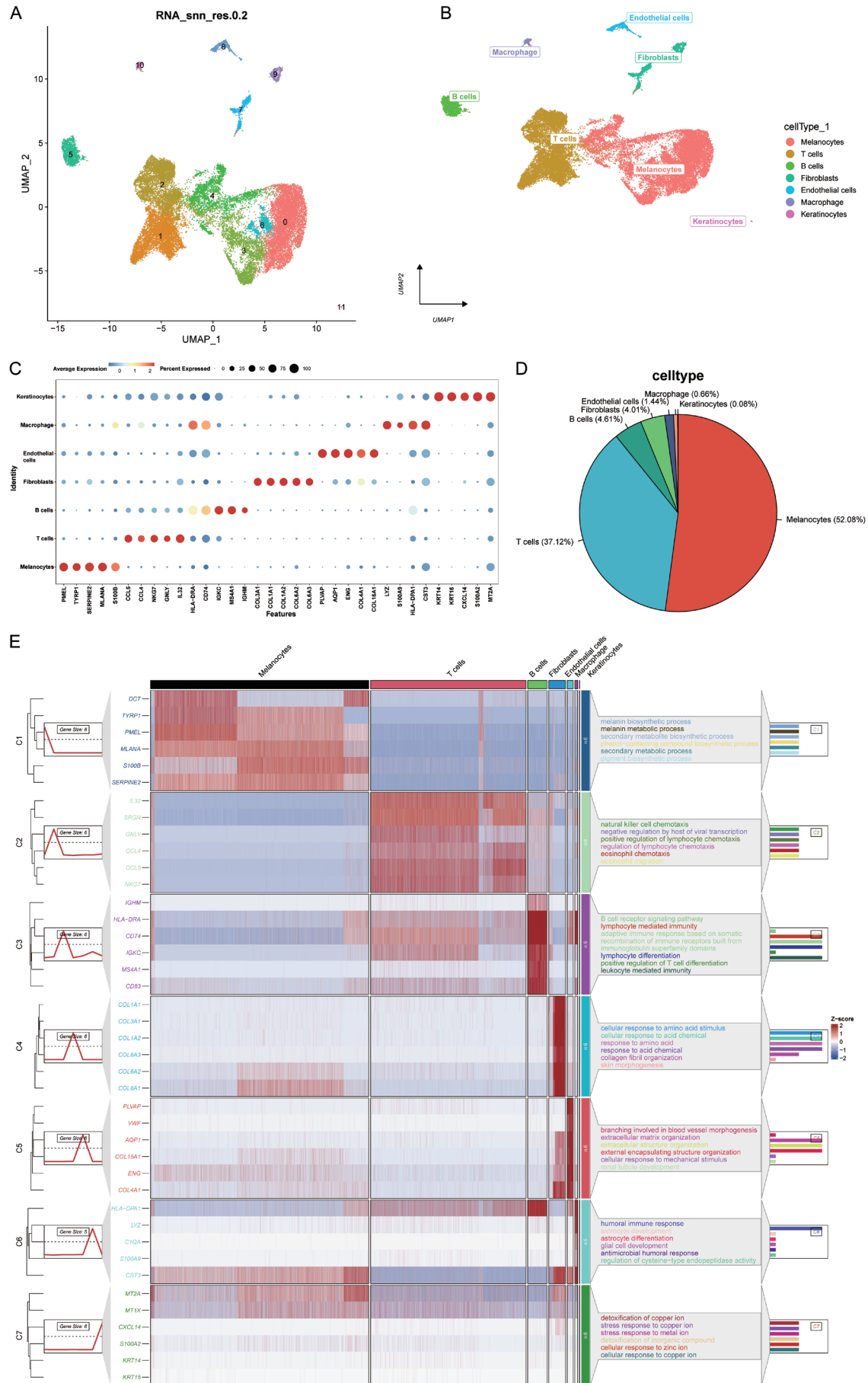


Figure 1. Cell types and gene expression patterns of melanoma. A. UMAP visualization of single-cell data colored by Leiden cluster assignment (12 clusters). B. Annotations of seven major cell lineages (melanocytes, T cells, B cells, fibroblasts, endothelial cells, macrophages, and keratinocytes) based on marker genes. C. Bubble plot of classic marker genes illustrating their expression across these cell types. Red indicates high expression, and blue indicates low expression. D. Pie chart showing relative proportions of the seven cell types. E. Heatmap displaying log2 fold changes for the top six differentially expressed genes (DEGs) in each subpopulation.

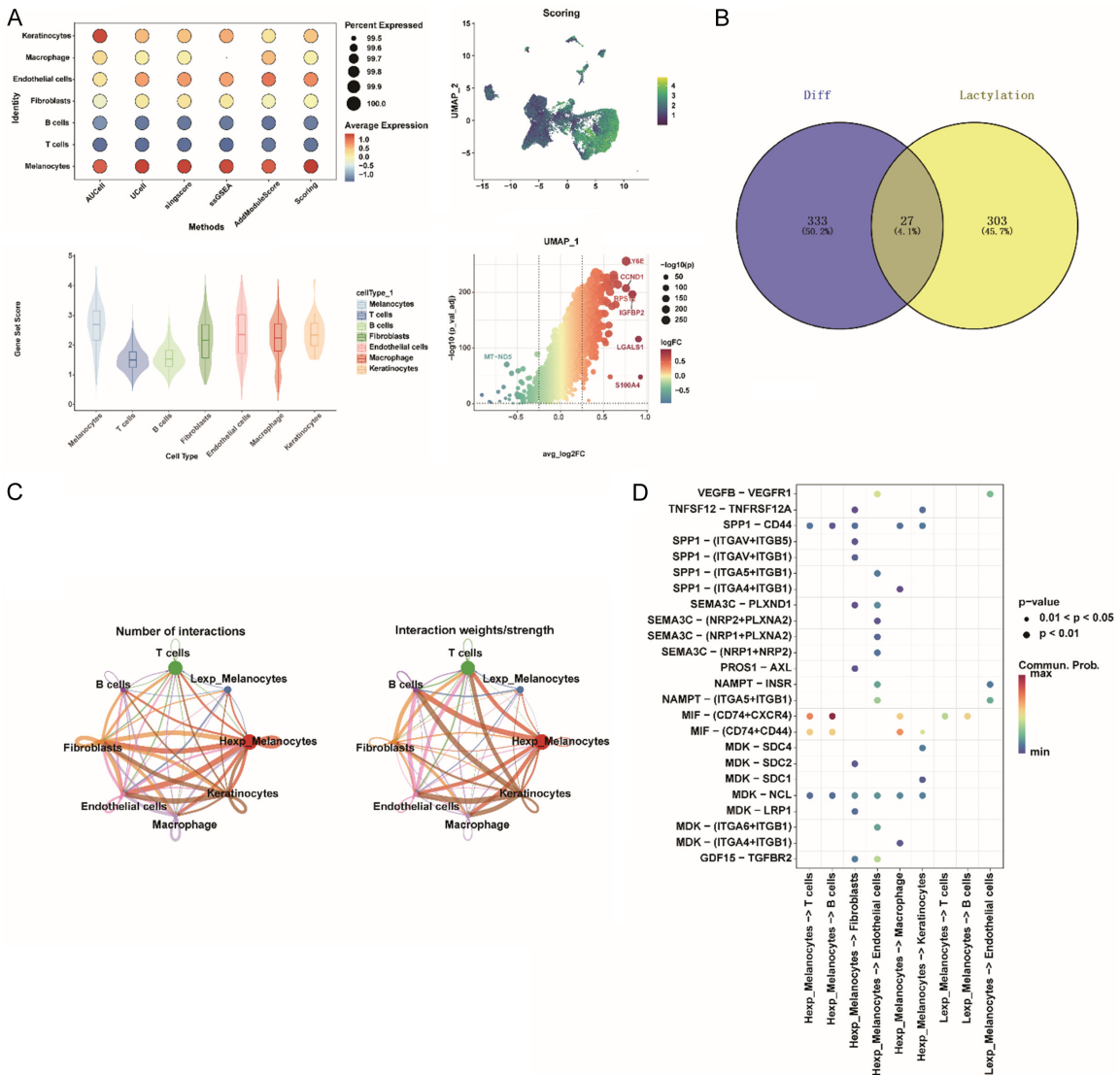


Figure 2. Lactylation-associated cell subtypes and cell-cell communication. A. Bubble plot, Violin plot and Scatter plots showing comparative profiling in melanocyte populations to identify lactylation-enriched cellular subtypes. B. Venn diagram indicating the intersection of differentially expressed lactate-related genes. C. Intercellular communication network among diverse cell populations, visualized by line widths representing interaction strength. D. Bubble plots depicting incoming and outgoing signaling pathways between melanocytes with T cells, B cells and other clusters.

by LASSO regression produced a prognostic signature refined into a risk-scoring formula: Risk Score = $(-0.463) \times \text{LAP3} + (-0.038) \times \text{RBM39} + (0.111) \times \text{THRAP3} + (0.149) \times \text{RAN} + (0.217) \times \text{DDX3X} + (0.226) \times \text{S100A11}$ (Figure 4B-D).

Patients were stratified into high- and low-risk groups according to their risk scores. In both training and testing sets, Kaplan-Meier curves showed significantly poorer overall survival (OS) for high-risk patients (Figure 4E, 4F). ROC

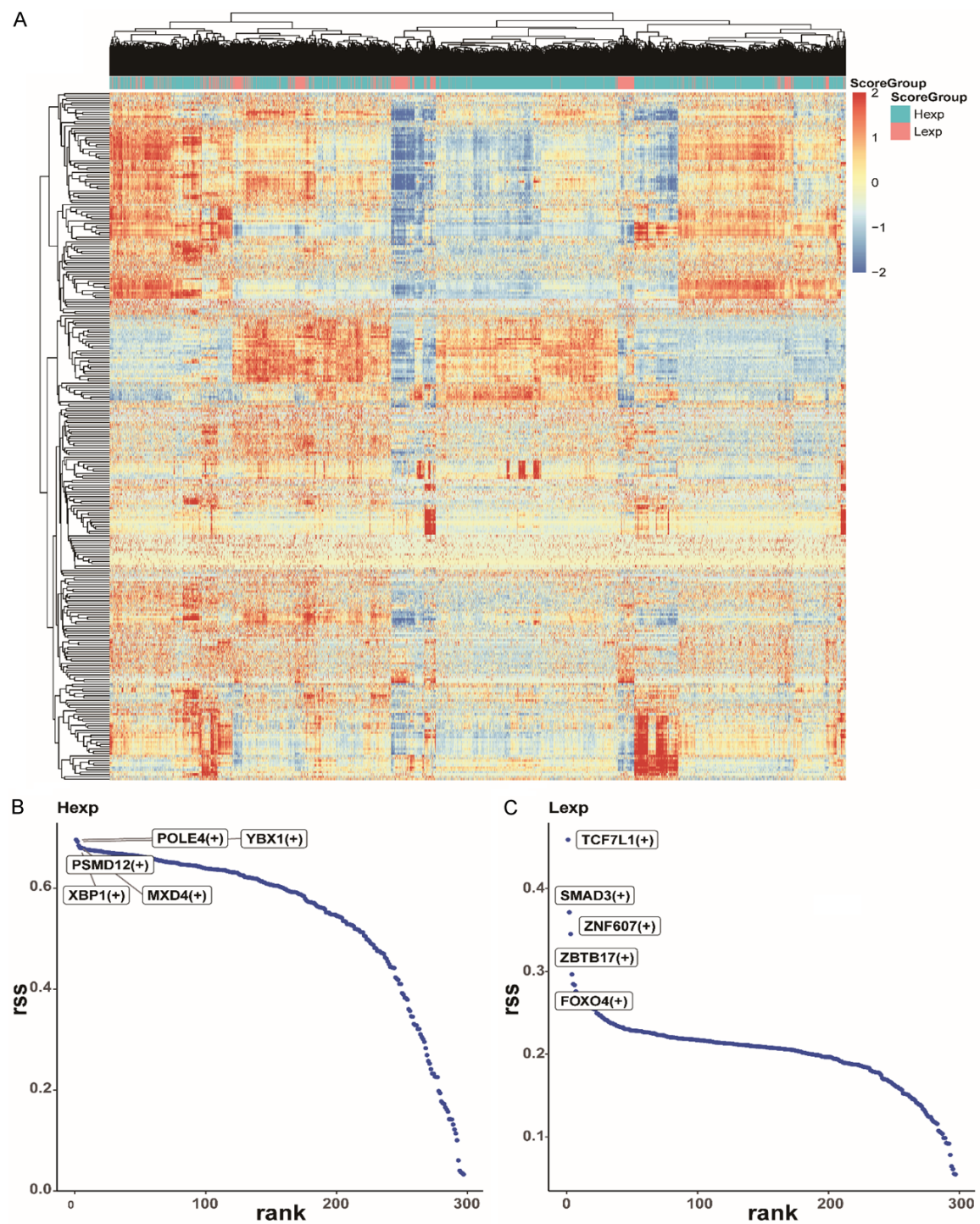


Figure 3. SCENIC analysis in melanocytes. A. Heatmap of regulon activity scores in individual melanocyte cells, indicating distinct transcriptional states. B. Scatter plot ranking transcription factors by regulon specificity score (RSS) in high-expression melanocytes (Hexp). C. Scatter plot ranking transcription factors by RSS in low-expression melanocytes (Lexp).

curves demonstrated strong predictive accuracy (Figure 4G, 4H). The external dataset

GSE53118 confirmed these findings, underscoring the model's generalizability (Figure 4I).

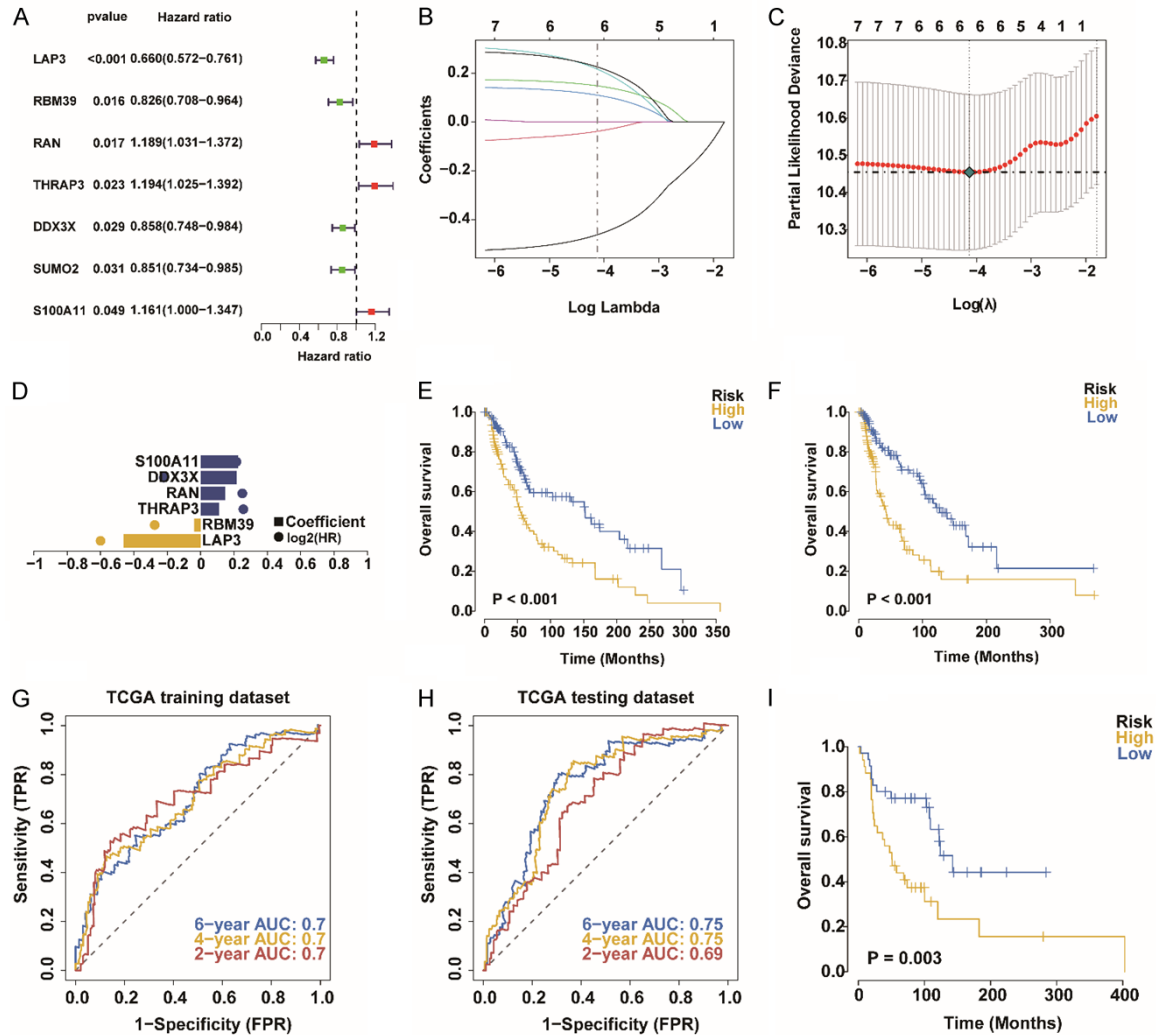


Figure 4. Prognostic model construction and validation. A. Forest Plot of seven prognostic genes ($P < 0.05$) from an initial list of 27 lactylation-related genes using univariate Cox regression. B-D. LASSO regression screening to refine these genes into a six-gene signature. E, F. Kaplan-Meier survival curves showing significantly lower overall survival (OS) in the high-risk group compared with the low-risk group for both training and testing cohorts. Statistical significance was determined by the Log-rank test ($P < 0.001$). G, H. ROC curves demonstrating strong predictive accuracy at 2, 4, and 6 years in the training and testing sets. The AUC values range between 0.5 and 1, where 0.5 indicates no discriminative ability and 1 represents perfect discriminative ability. I. External validation in the GSE53118 GEO dataset, confirming poorer OS for the high-risk group.

Relationship between risk score and the immune microenvironment

Given that the tumor microenvironment (TME) profoundly influences melanoma progression, we evaluated correlations between risk scores and immune cell infiltration. CIBERSORT-based deconvolution showed distinct immune subsets in high- versus low-risk groups (Figure 5A, 5B). In particular, eosinophils, macrophages (M0, M1, and M2), monocytes, and resting and activated NK cells varied significantly between groups (Figure 5C). The risk score was positive-

ly correlated with immunosuppressive cell types (M0 and M2 macrophages) and inversely associated with cytotoxic CD8+ T cells and activated CD4+ memory T cells (Figure 5D). These data suggest that high-risk melanomas harbor a more immunosuppressive TME, potentially driving enhanced tumor progression and resistance to therapy.

Nomogram model for prognostic prediction

Patients were categorized into high- and low-risk cohorts based on the median risk score.

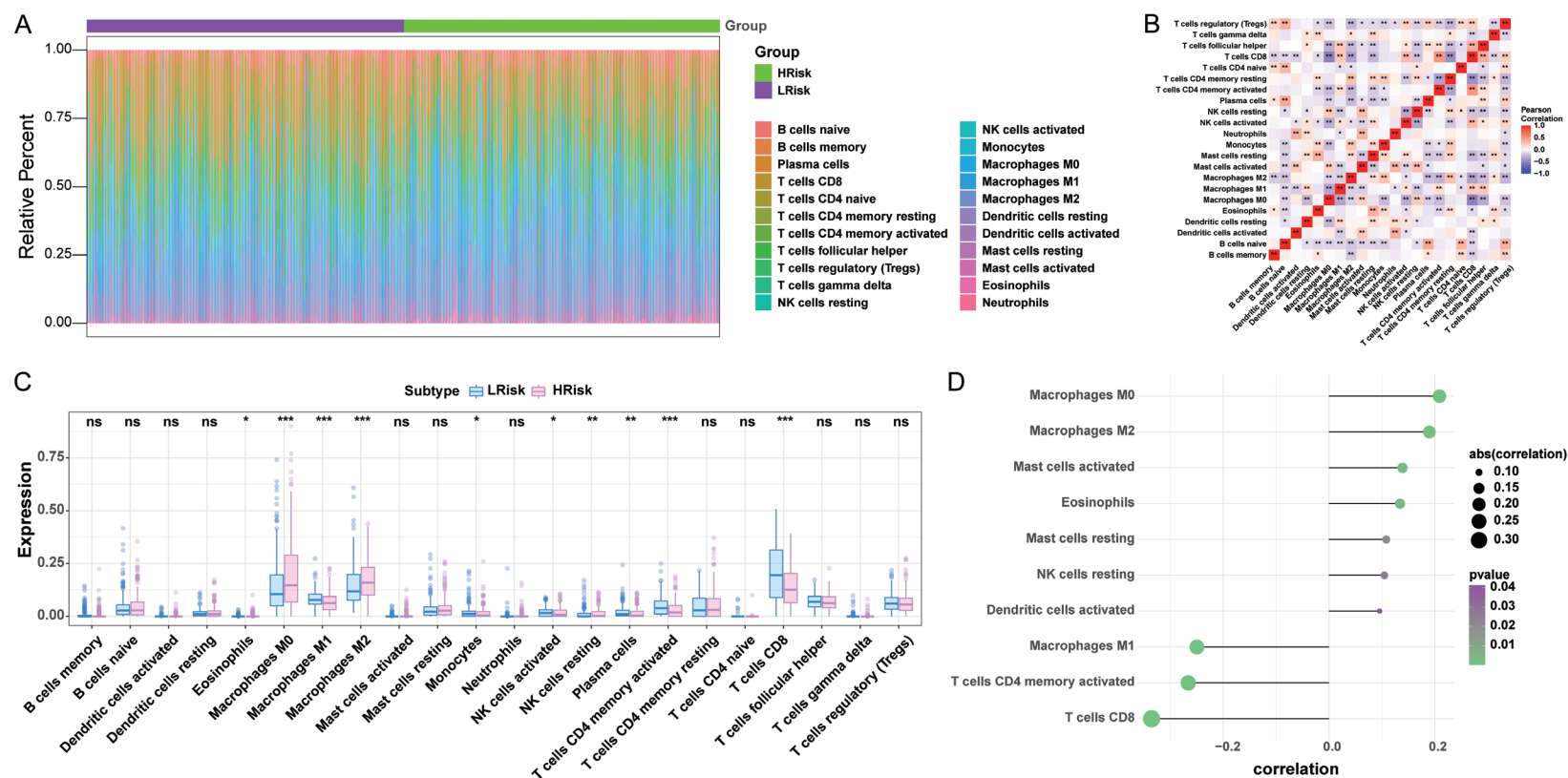


Figure 5. Correlation of the risk model with immune microenvironment. A. CIBERSORT-based immune cell composition in high- and low-risk patient groups. B. Heat-map illustrating correlations among immune cell subsets. C. Boxplots highlighting statistically significant differences in immune cell proportions between high- and low-risk tumors. D. Lollipop plot showing a positive correlation of the risk score with immunosuppressive macrophages (M0, M2) and a negative correlation with cytotoxic T cells.

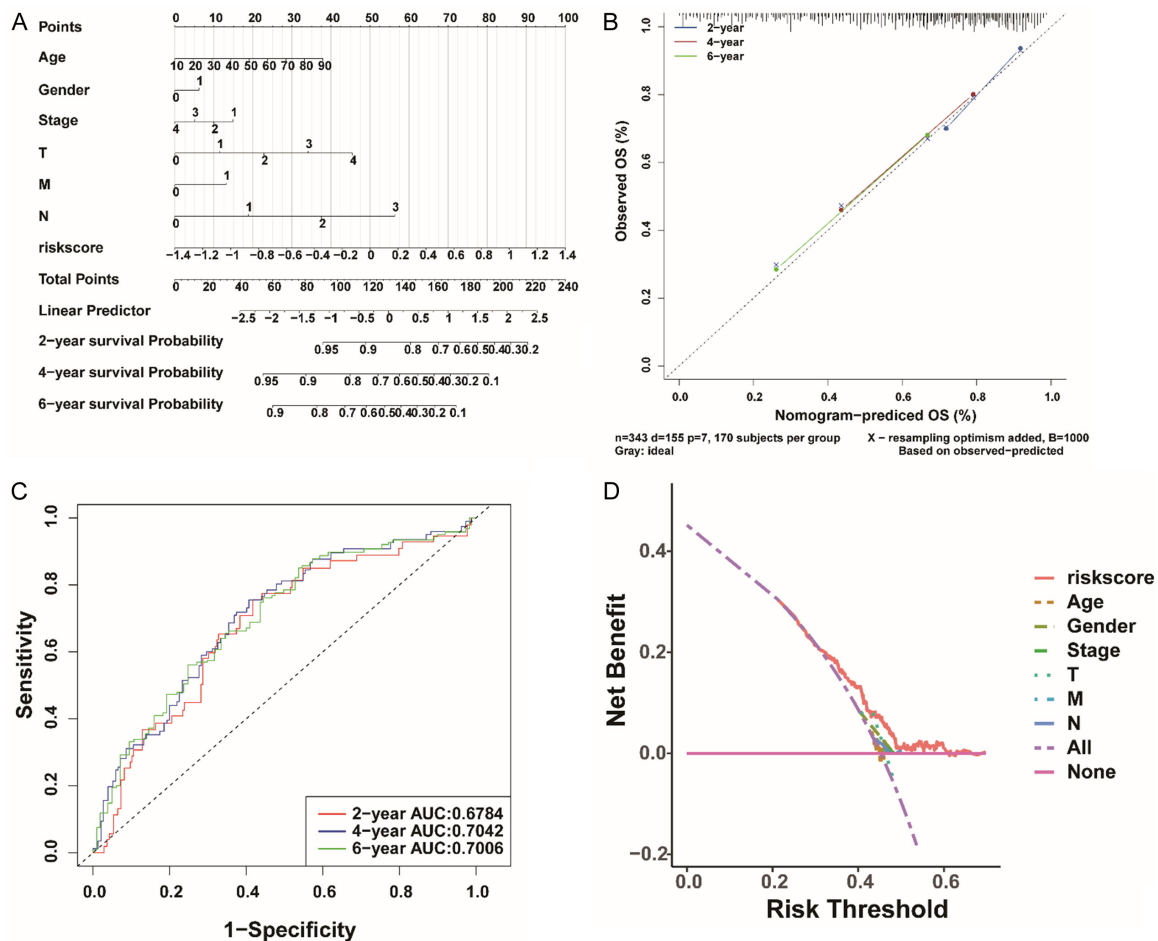


Figure 6. Nomogram model for individualized prognostic prediction. **A.** Nomogram integrating the lactylation-driven risk score with clinicopathological variables to estimate survival probabilities. **B.** Calibration curve comparing predicted and observed survival outcomes in melanoma patients. **C.** Time-dependent ROC curves (2-, 4-, and 6-year) indicating the nomogram's discriminative accuracy (AUCs: 0.6784, 0.7042, 0.7006). Shaded regions denote 95% confidence intervals. **D.** Decision curve analysis (DCA) demonstrating a superior net benefit of the nomogram versus conventional staging.

We built a nomogram integrating risk score with clinical parameters to visually estimate individual survival probabilities (**Figure 6A, 6B**). Logistic regression demonstrated that the risk score significantly improved the nomogram's predictive performance ($P < 0.001$). Predictions at 2-, 4-, and 6-year endpoints showed robust discriminative ability (AUCs: 0.6784, 0.7042, 0.7006; **Figure 6C**), and decision curve analysis (DCA) indicated superior net benefit over standard staging systems (**Figure 6D**).

Drug sensitivity correlation analysis

Early-stage cutaneous melanoma often benefits from surgery combined with chemotherapy. Using the oncoPredict R package, we assessed half-maximal inhibitory concentrations (IC50) for common chemotherapy agents, based on

drug sensitivity data from the Genomics of Drug Sensitivity in Cancer (GDSC) repository. We discovered significant associations between the risk score and responses to vinblastine_1004, paclitaxel_1080, and vincristine_1818 (**Figure 7A**). Specifically, high-risk patients exhibited increased IC50 values for these drugs ($P < 0.01$), indicating diminished therapeutic effectiveness under high-acetylation conditions and reinforcing the need to tailor treatment strategies according to lactylation status.

Functional pathway analyses of high- and low-risk groups

To dissect the molecular mechanisms underlying tumor progression in each risk category, we conducted GSEA and GSVA. In the high-risk

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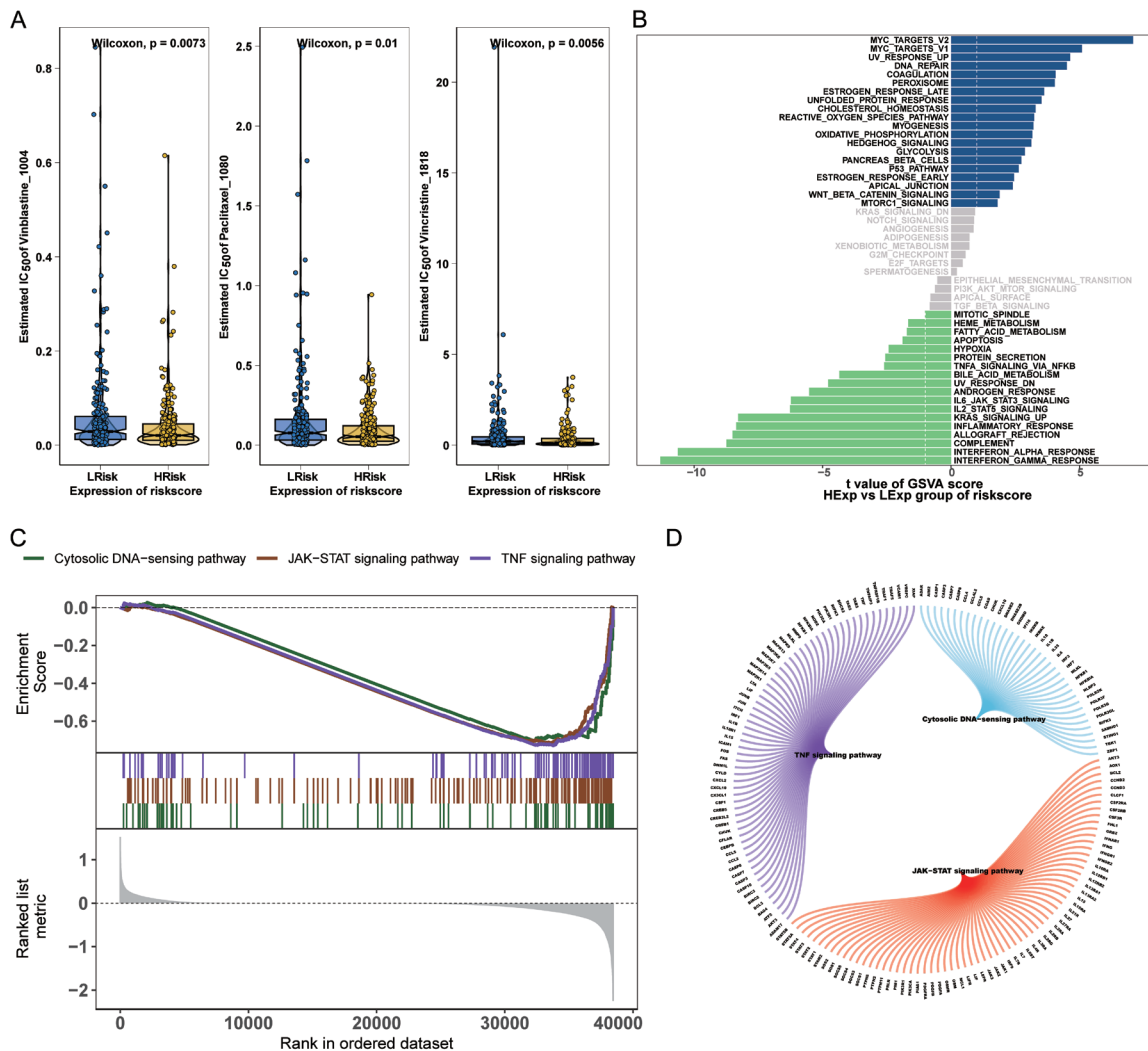


Figure 7. Drug sensitivity and associated signaling pathways. A. Predicted chemotherapy response (IC₅₀) using the oncoPredict R package, anchored by GDSC database profiles. High-risk patients showed reduced sensitivity (elevated IC₅₀) to vinblastine_1004, paclitaxel_1080, and vincristine_1818 ($P \leq 0.01$). B, C. GSVA and GSEA highlighting distinct enrichment of pathways (DNA repair, Hedgehog, JAK-STAT) in high- versus low-risk groups. D. A molecular interaction network illustrating cross-talk among these enriched pathways.

group, GSVA revealed enrichment in DNA repair, Hedgehog signaling, and p53-related pathways (Figure 7B). GSEA further highlighted differential activation of the cytosolic DNA-sensing pathway, TNF signaling, and JAK-STAT signaling (Figure 7C). We constructed a molecular interaction network depicting cross-talk among these pathways (Figure 7D), emphasizing their potential synergistic roles in driving high-risk tumor phenotypes.

Expression and pseudotime analysis of model genes

We visualized the expression distribution of six model genes (LAP3, RBM39, THRAP3, RAN,

DDX3X, S100A11) in single-cell clusters (Figure 8A, 8B). Pseudotime trajectory analysis on melanocytes placed cells along a developmental axis, with states color-coded by pseudotime, branch-specific clustering, and risk stratification (Figure 9A-C). Early differentiation markers (BCAN, LIMD1, HMCN1) were prominent at the initial stages, whereas late-stage markers (MITF, KCNJ13, AFF3) predominated at terminal points (Figure 9D). Model gene expression showed varied trajectories: DDX3X progressively increased, while LAP3, RAN, and S100A11 peaked at mid-differentiation, and RBM39 and THRAP3 demonstrated U-shaped patterns (Figure 9E).

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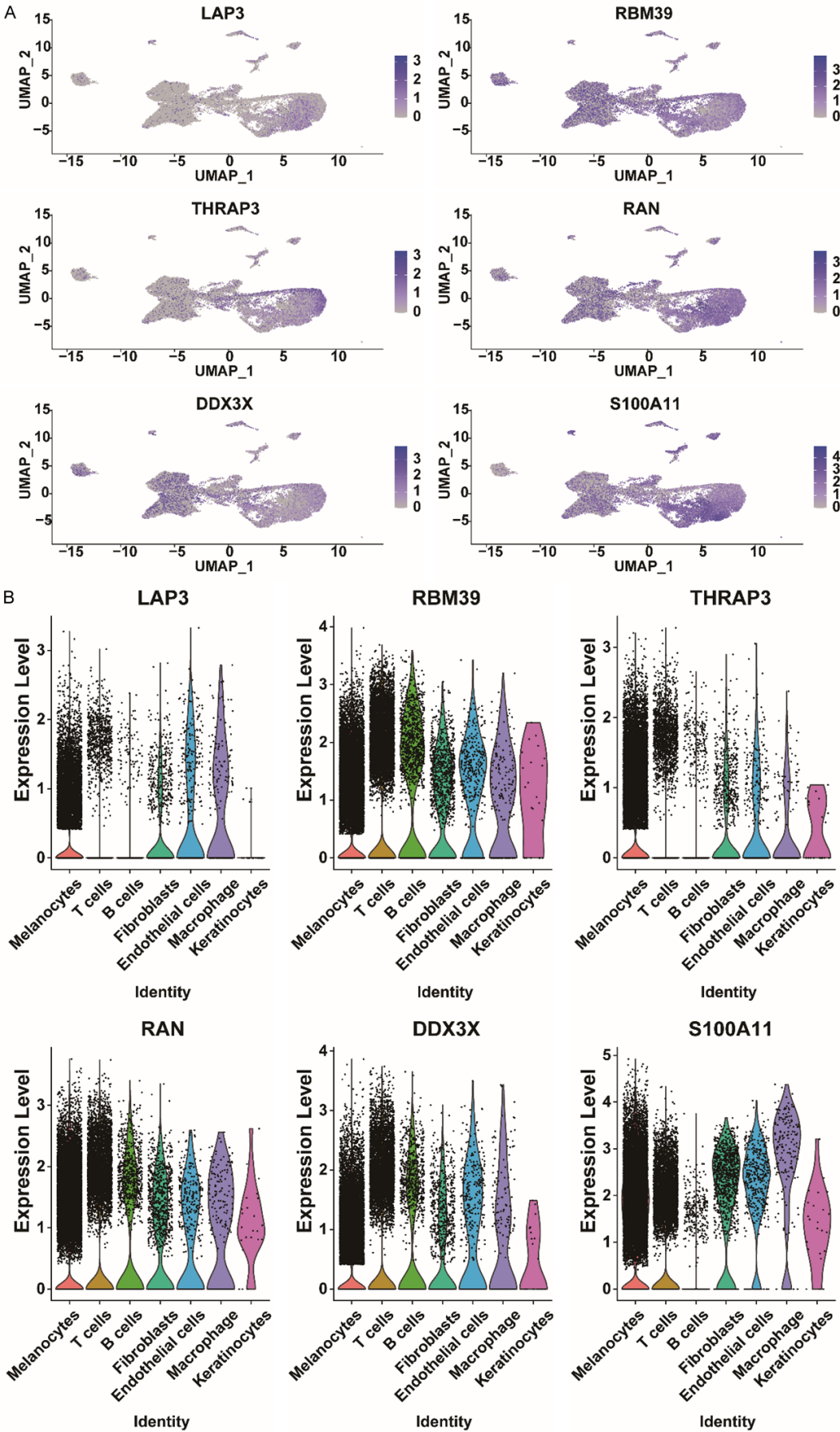


Figure 8. Model gene expression in single cells. A, B. DotPlot and Violin Plot visualizing expression patterns of the six model genes (LAP3, RBM39, THRAP3, RAN, DDX3X, S100A11) across melanoma single-cell clusters.

Validation of key gene expression profiles and multi-algorithm quantification of lactylation scores in single-cell data

To further validate our results, we first processed the single-cell data (GSE115978). The optimal number of principal components (PCs) was determined as 20 using an ElbowPlot (Figure S3D). PCA dimensionality reduction revealed the presence of batch effects between samples (Figure S3E). Following dimensionality reduction via Uniform Manifold Approximation and Projection (UMAP), 17 distinct clusters were identified (Figure S3F). These 17 clusters were annotated into 8 major cell types - Fibroblast cells, Myeloid cells, T cells, Melanocytes, B cells, Keratinocytes, Endothelial cells, and Cycling cells (proliferating cells) - based on established cell markers (Figure S4A). Dot plots illustrating the expression of canonical markers for these 8 cell types (Figure S4B) and stacked bar charts showing their proportional distribution across groups (Figure S4C) are provided.

Subsequently, we analyzed the expression profiles of key genes within the single-cell dataset. The expression patterns of these key genes across the annotated cell types (Fibroblast cells, Myeloid cells, T cells, Melanocytes, B cells, Keratinocytes, Endothelial cells, and Cycling cells) are depicted in Figure S5A, S5B.

We then employed the AUCell, UCell, singscore, ssGSEA, and AddModuleScore algorithms to quantify lactylation scores at the scRNA-seq level (Figure S5C). By averaging the scores derived from these methods to assess expression across different cell types, we observed that melanocytes consistently exhibited significantly elevated lactylation levels (Figure S5D).

Validation of prognostic gene expression in vitro

To confirm the expression patterns of LAP3, RBM39, THRAP3, RAN, DDX3X, and S100A11 in melanoma cells, we performed qRT-PCR using gene-specific primers. S100A11 was highly expressed in A375 and SK-MEL28 cells,

whereas LAP3, RBM39, RAN, THRAP3, and DDX3X were abundant in HNEK cells (Figure 10A-F). These results corroborate the transcriptomic data, lending further support to the prognostic relevance of the signature genes.

RAN plays a critical role in melanoma proliferation and migration

Based on GEPIA (<http://gepia.cancer-pku.cn>), box plots showed that RAN expression was significantly up-regulated in 461 skin cutaneous melanoma tissues compared with 558 normal tissues (Figure 10G), and the Kaplan-Meier survival curves showed that the prognosis of the RAN high-expression group was significantly worse than that of the RAN low-expression group (Figure 10H). Therefore, RAN was knocked down in A375 and SKMEL28 cells, and the knockdown efficiency was validated by qPCR and Western blotting (Figure 10I, 10J). In the time-lapse proliferation assay, RAN knockdown (siRAN1/2) significantly suppressed cell proliferation at 12, 24, 48 and 72 hours compared to the siNC group (Figure 10K). Furthermore, in the scratch wound healing assay, siRAN1/2 knockdown markedly inhibited melanoma cell migration (Figure 10L).

Metabolic-immune crosstalk of model genes

To elucidate potential links between these model genes, metabolic pathways, and immune modulation, we employed AUCell-based analyses (Figure S2). THRAP3 and S100A11 showed high activity in oxidative phosphorylation and MYC target pathways, aligning with roles in metabolic reprogramming. RBM39 was significantly enriched in allograft rejection and NF- κ B-mediated TNFA signaling, indicating a function in immune escape and inflammation. Meanwhile, RAN and LAP3 also exhibited increased oxidative phosphorylation and MYC target activation, and DDX3X was highly associated with TGF- β and NF- κ B-driven TNFA signaling. These data suggest that the signature genes operate at the intersection of metabolic adaptations and immunosuppressive mechanisms, reinforcing their significance in melanoma progression.

Lactylation-driven molecular taxonomy of melanoma

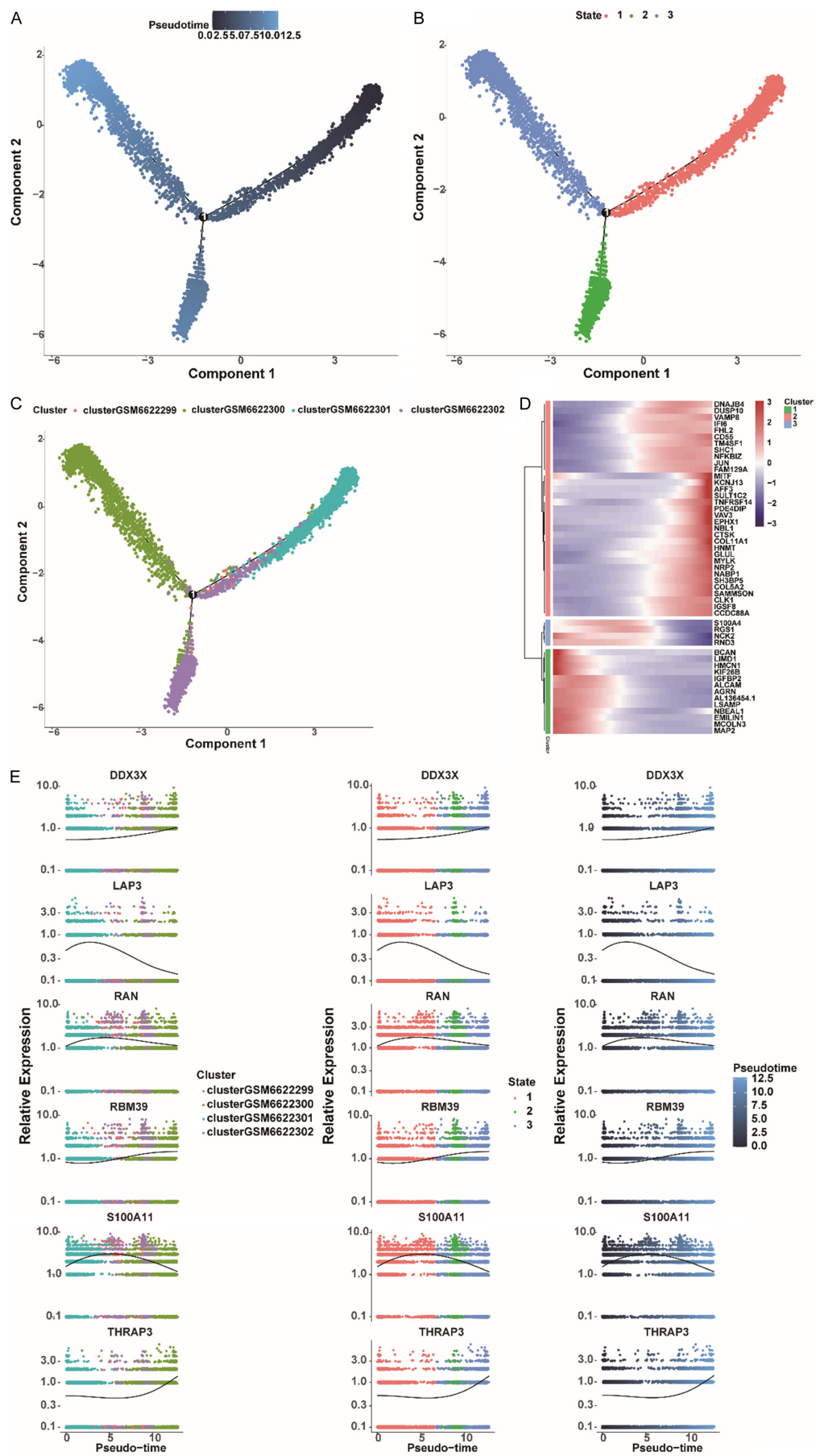


Figure 9. Pseudotime trajectory analysis of model genes. A. Pseudotime ordering of melanocytes, illustrating transitional states during differentiation. B. Distribution of cells across distinct states. C. Cluster assignments along the pseudotime axis, indicating transcriptional shifts among subpopulations. D. Heatmap of gene expression patterns at various stages, capturing early (BCAN, LIMD1, HMCN1) and late markers (MITF, KCNJ13, AFF3). E. Expression trends of model genes, highlighting mid-stage peaks (LAP3, RAN, S100A11) and U-shaped behaviors (RBM39, THRAP3).

Discussion

Cutaneous melanoma remains among the most lethal skin cancers worldwide, with its rising incidence and mortality attributed to high metastatic potential and resistance to standard therapies. Although targeted treatments (e.g., BRAF/MEK inhibitors) and immunotherapies (e.g., PD-1/PD-L1 inhibitors) have improved patient outcomes, significant heterogeneity persists. Existing prognostic systems (e.g., AJCC staging) do not capture the molecular and epigenetic complexities that critically influence disease progression and treatment response. To address this limitation, our study constructed a lactylation-related prognostic model that integrates risk scores with clinical variables, enabling refined stratification of patients and revealing immunosuppressive tumor microenvironment (TME) features in high-risk melanomas. By linking lactylation to melanoma prognosis, this work advances the understanding of how metabolic and epigenetic dysregulation contributes to clinical outcomes.

In recent years, prognostic model development in oncology has benefited greatly from multi-omics integration, machine learning, and robust clinical data curation. For instance, combining tumor mutation profiles with immune-related gene signatures can enhance the prediction of immunotherapy responsiveness [23]. Increasing evidence places lactate and histone lactylation at the intersection of metabolic plasticity and immune suppression in cancer [24, 25]. This modification can modulate chromatin accessibility, influencing oncogenic pathways and immune evasion strategies. In melanocytes, the role of histone lactylation in stabilizing MITF expression further underscores the potential of lactylation to drive tumor initiation and progression [26-28]. Consequently, lactylation-associated genes have emerged as essential biomarkers for diverse malignancies, including melanoma [29-33]. Consistent with this paradigm, our study identified six acetylation-linked genes (LAP3, RBM39, THRAP3, RAN, DDX3X, S100A11) that predict survival and cor-

relate with chemotherapy sensitivity. These genes collectively drive key oncogenic processes including proliferation, metastasis, immune evasion, metabolic reprogramming, therapy resistance, and genomic instability in aggressive cancers [34-42]. Mechanistically, high-risk melanomas exhibit activation of pathways central to immune suppression and metastasis. Functional validation confirmed RAN as a critical driver of melanoma proliferation and migration. RAN, a GTPase involved in nucleocytoplasmic transport and mitotic spindle assembly, is frequently overexpressed in cancers and linked to metastatic dissemination [43]. Single-cell and transcriptomic validation confirmed the expression dynamics of these genes in melanoma, providing a foundation for mechanistic exploration. Additionally, SCENIC analysis was employed to uncover core biological regulatory mechanisms, pinpointing key transcription factors (TFs) and their target genes. We identified YBX1 and POLE4 as master regulons in lactylation-enriched melanocytes. For instance, LINC01419 binds YBX1 to stabilize PDK1 mRNA, amplifying lactate production via enhanced transcript stability - a process potentially amplified by lactylation-mediated TF recruitment [44]. Heatmap visualization of regulon activity revealed heterogeneous transcriptional states across melanocyte subpopulations, underscoring the interplay between lactylation and cellular plasticity. In parallel, we validated our key genes and the elevated lactylation levels in melanoma using an independent single-cell dataset. Therefore, these findings provide novel insights into melanoma pathogenesis, immune microenvironment dynamics, and precision therapeutics.

Lactylation-related gene prognostic models have emerged as powerful tools in cancer research and clinical practice, offering novel insights into tumor biology, patient stratification, and therapeutic decision-making. TME is a key determinant of melanoma progression and therapeutic response. Immune infiltration in cutaneous melanoma represents a complex interplay of anti-tumor defense and pro-tumor

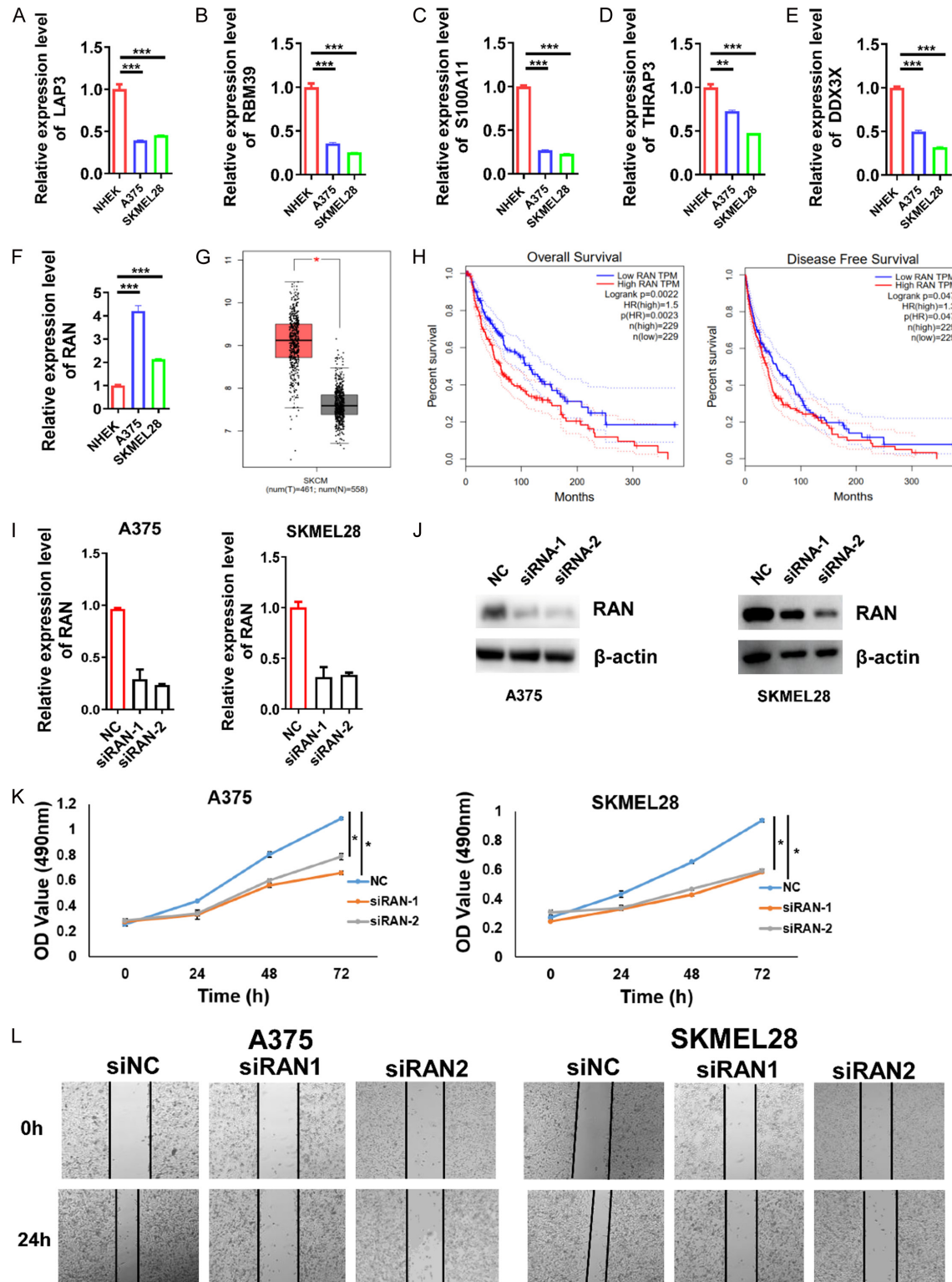


Figure 10. RAN as a critical driver of melanoma proliferation and migration. A-F. qRT-PCR validation of the expression of four genes (LAP3, RBM39, S100A11, RBM39, THRAP3, DDX3X and RAN) in A375, SK-MEL-28, and NHEK cells. G. Box plots showing RAN expression in 461 skin cutaneous melanoma tissues vs 558 normal tissues based on GEPIA (<http://gepia.cancer-pku.cn>). H. Survival Curve plots demonstrating the impact of RAN on overall survival (OS) and disease-free survival (DFS) in melanoma based on GEPIA (<http://gepia.cancer-pku.cn>). I. The knockdown efficiency of RAN in A375 and SKMEL28 cells transfected with siRNA1/2 was detected using qRT-PCR. J. The knockdown efficiency of RAN in A375 and SKMEL28 cells transfected with siRNA1/2 was detected using Western Blotting. K. Proliferative capacity was detected by MTS assay. L. Wound healing assay was used to detect the migration ability. Data are shown as mean \pm SD from three independent experiments. Significance is indicated by * $P < 0.05$.

adaptation, shaping both disease progression and therapeutic outcomes. Recent studies highlight the dual role of immune cells: while cytotoxic CD8⁺ T cells and M1 macrophages exert antitumor effects, regulatory T cells (Tregs) and M2 macrophages promote immune evasion [45, 46]. Clinically, immune infiltration patterns serve as biomarkers, with high CD8⁺/Treg ratios predicting immune checkpoint inhibitors (ICIs) efficacy [47], while elevated MDSCs correlate with BRAF/MEK inhibitor resistance [48]. Emerging strategies target metabolic competition (e.g., lactate-driven CD8⁺ T-cell dysfunction) [49] and spatial immune exclusion (e.g., Wnt/ β -catenin-mediated chemokine suppression) [50], employing CSF1R inhibitors [51], CD40 agonists [52], and LAG-3/TIM-3 blockers [53] to reprogram the TME. Technological advances, including single-cell RNA-seq and spatial transcriptomics, reveal dynamic immune evolution during therapy and identify perivascular T-cell niches as predictors of ICIs response. Despite progress, challenges persist in longitudinal monitoring of TME plasticity and integrating immune signatures with mutational burden for precision immunotherapy. Future directions focus on disrupting lactate-mediated immunosuppression and leveraging epigenetic modifiers to rebalance immune infiltration, offering hope for personalized therapeutic breakthroughs. Our findings align with these observations, revealing that high-risk melanomas exhibit elevated M2 macrophage infiltration and CD8⁺ T-cell depletion. Notably, we identified lactylation as a novel modulator of this immunosuppressive shift. Lactate accumulation, driven by glycolytic reprogramming in melanocytes, may polarize macrophages toward an M2 phenotype via histone lactylation, as suggested by the enrichment of MIF-(CD74+CXCR4) interactions [54, 55]. MIF secretion by melanocytes binds to CD74 on macrophages, triggering CXCR4-dependent PI3K/AKT signaling, which stabilizes HIF-1 α and further amplifies glycolytic flux in TAMs—a vicious cycle sustaining lactate production [56]. This suggests lactylation may reinforce immune evasion by sustaining MIF signaling, a hypothesis that warrants experimental validation. This aligns with prior reports that lactate-induced histone lactylation reprograms myeloid cells toward immunosuppressive states [57]. The differential drug sensitivity profiles between risk groups suggest that lactylation-high melanomas may benefit from combinatorial strategies targeting lactate metabolism. For instance,

LDH inhibitors or monocarboxylate transporter (MCT) blockers could synergize with chemotherapy by normalizing the TME [58]. Furthermore, the association between RBM39 and NF- κ B activation points to proteasome inhibitors as potential adjuvants to disrupt lactylation-driven survival signaling. High-risk melanomas exhibited enrichment of oxidative phosphorylation (OXPHOS) and MYC targets—a paradoxical finding in light of the Warburg effect. This may reflect mitochondrial retrograde signaling, where lactate-derived acetyl-CoA fuels histone acetylation, priming chromatin for lactylation-dependent transcription [59]. MYC activation further enhances glutamine uptake, supporting nucleotide synthesis for rapid proliferation [60]. By integrating risk scores with clinical variables, our nomogram offers a practical tool for personalized prognosis and therapy selection.

While this study advances our understanding of lactylation in melanoma, several limitations deserve attention. First, the lactylation-associated genes were derived from colorectal cancer studies, necessitating experimental validation (e.g., ChIP-seq, lactylation-specific antibodies) to confirm their relevance in melanoma. Second, the scRNA-seq cohort ($n = 4$) lacks racial and etiological diversity, potentially biasing subtype annotations. Third, the prognostic model requires prospective validation in clinical trials to assess its utility in guiding immunotherapy decisions. Future work could explore spatial transcriptomics to map lactylation gradients within the TME and investigate the role of lactylation in resistance to immune checkpoint inhibitors.

In summary, this study delineates a lactylation-centric framework for understanding melanoma progression, uniting metabolic dysregulation, epigenetic reprogramming, and immune suppression. The prognostic signature and mechanistic insights offer a foundation for developing lactate-targeted therapies and refining risk-adaptive treatment strategies. By bridging single-cell resolution with clinical outcomes, our work underscores the transformative potential of multi-omics approaches in precision oncology.

Acknowledgements

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Disclosure of conflict of interest

None.

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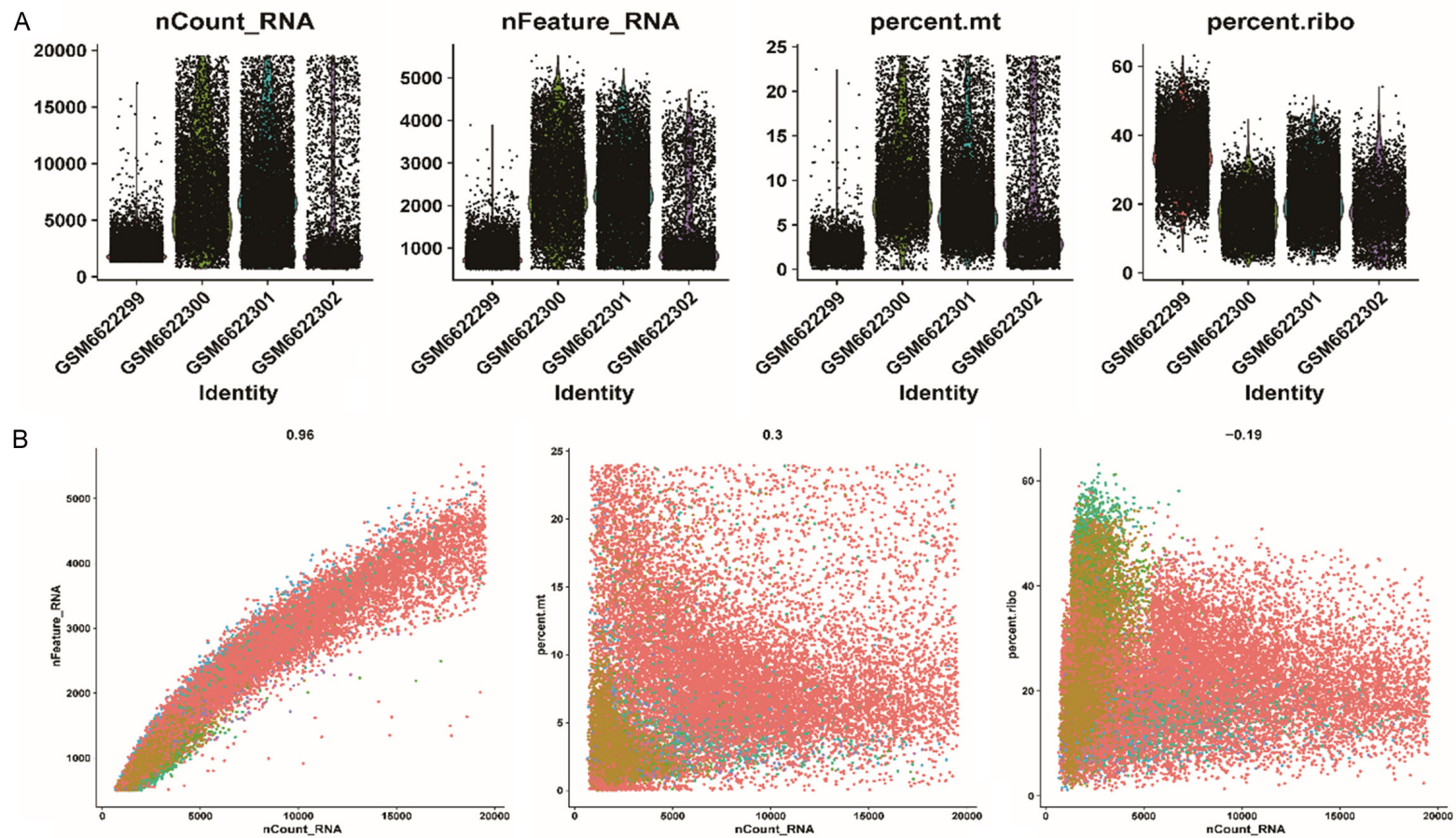
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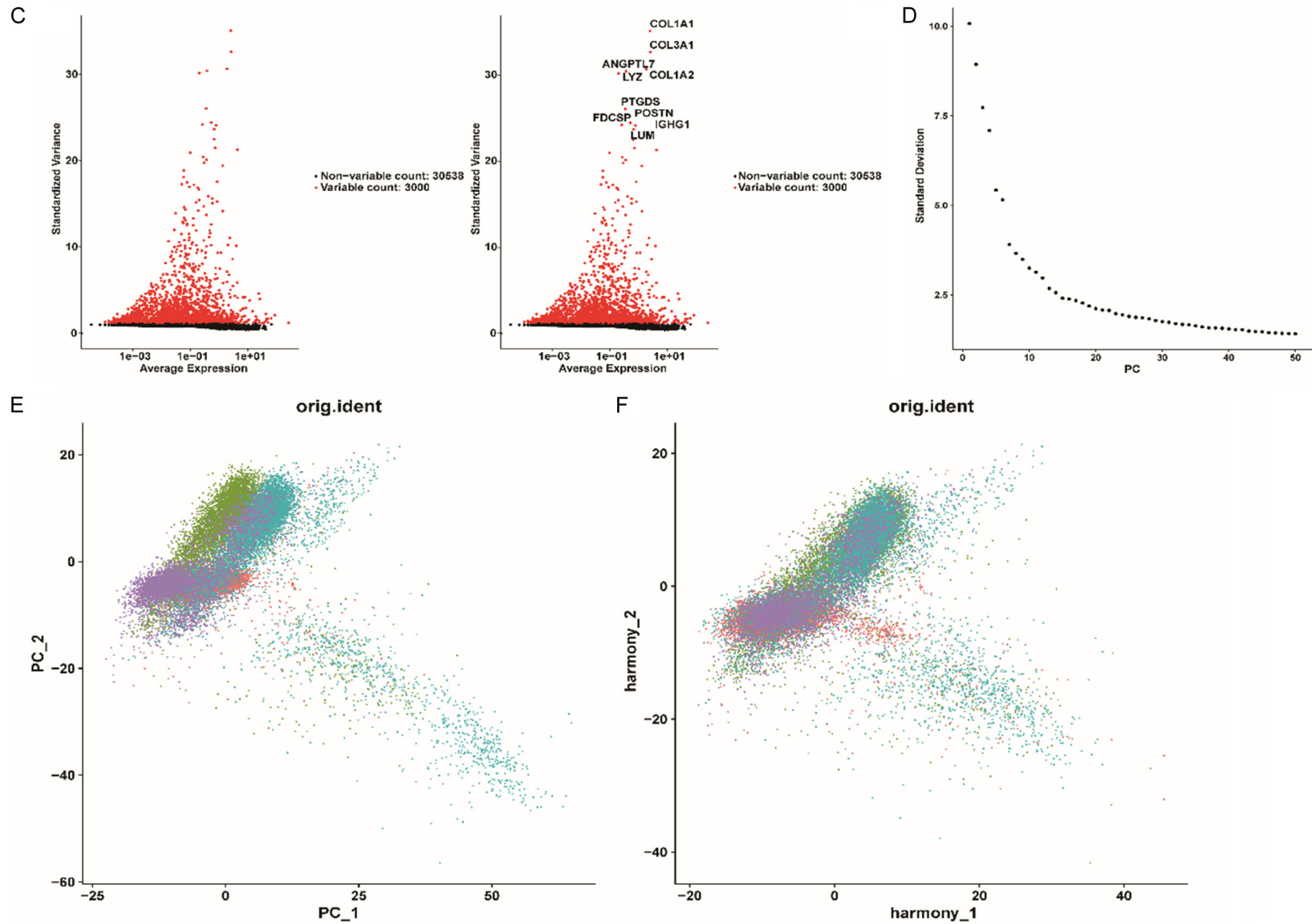


Figure S1. Preprocessing of single-cell expression data. A. Violin plots showing gene counts, unique molecular identifiers (UMIs), and mitochondrial read proportions per cell in GSM6622299, GSM6622300, GSM6622301, and GSM6622302. B. Scatter plots of filtered versus unfiltered cells, reflecting quality control outcomes. C. Top 10 genes with highest standard deviation. D. Elbow plot revealing the first 20 principal components (PCs) selected for dimensionality reduction. E. PCA-based assessment of batch effects among samples. F. Batch effect correction via Harmony.

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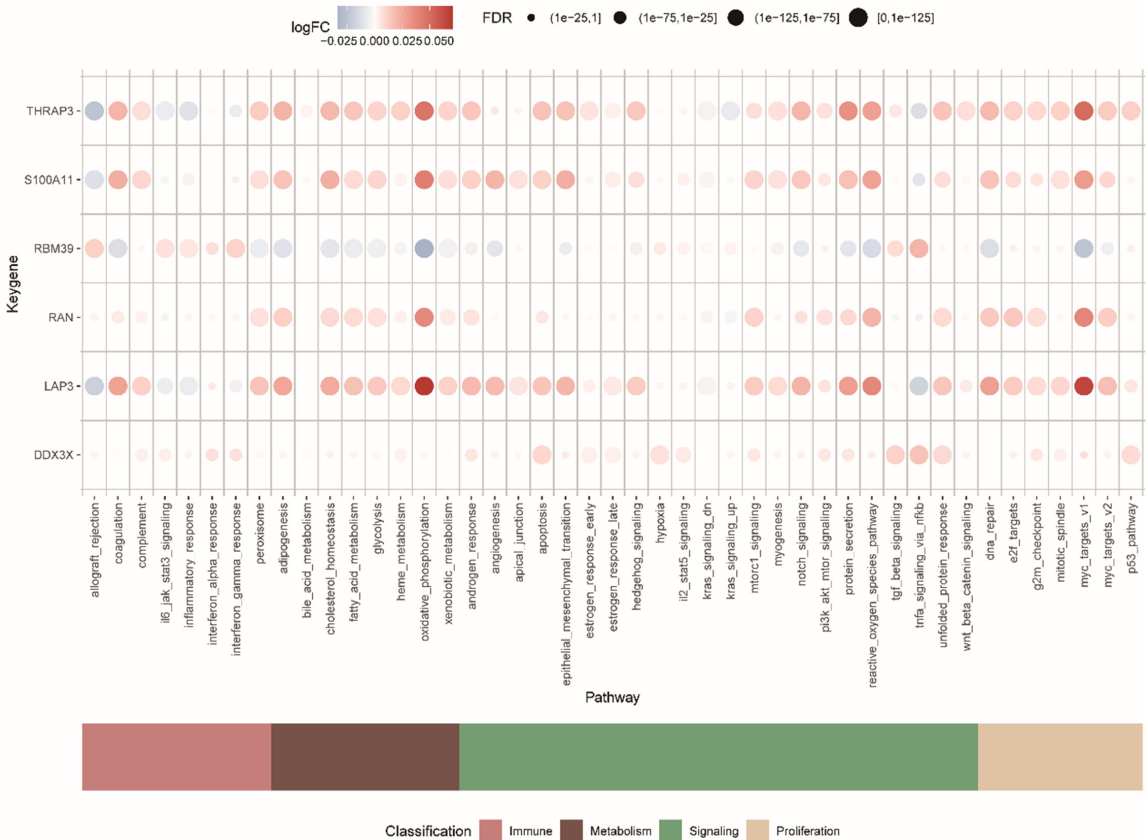


Figure S2. Metabolic and immune pathway activities of model genes. Bubble plots visualizing AUCell-based quantification of immune/metabolic pathway engagement in single cells. THRAP3 and S100A11 were strongly linked to oxidative phosphorylation and MYC targets, while RBM39, RAN, LAP3, and DDX3X exhibited associations with immune evasion and oncogenic signaling.

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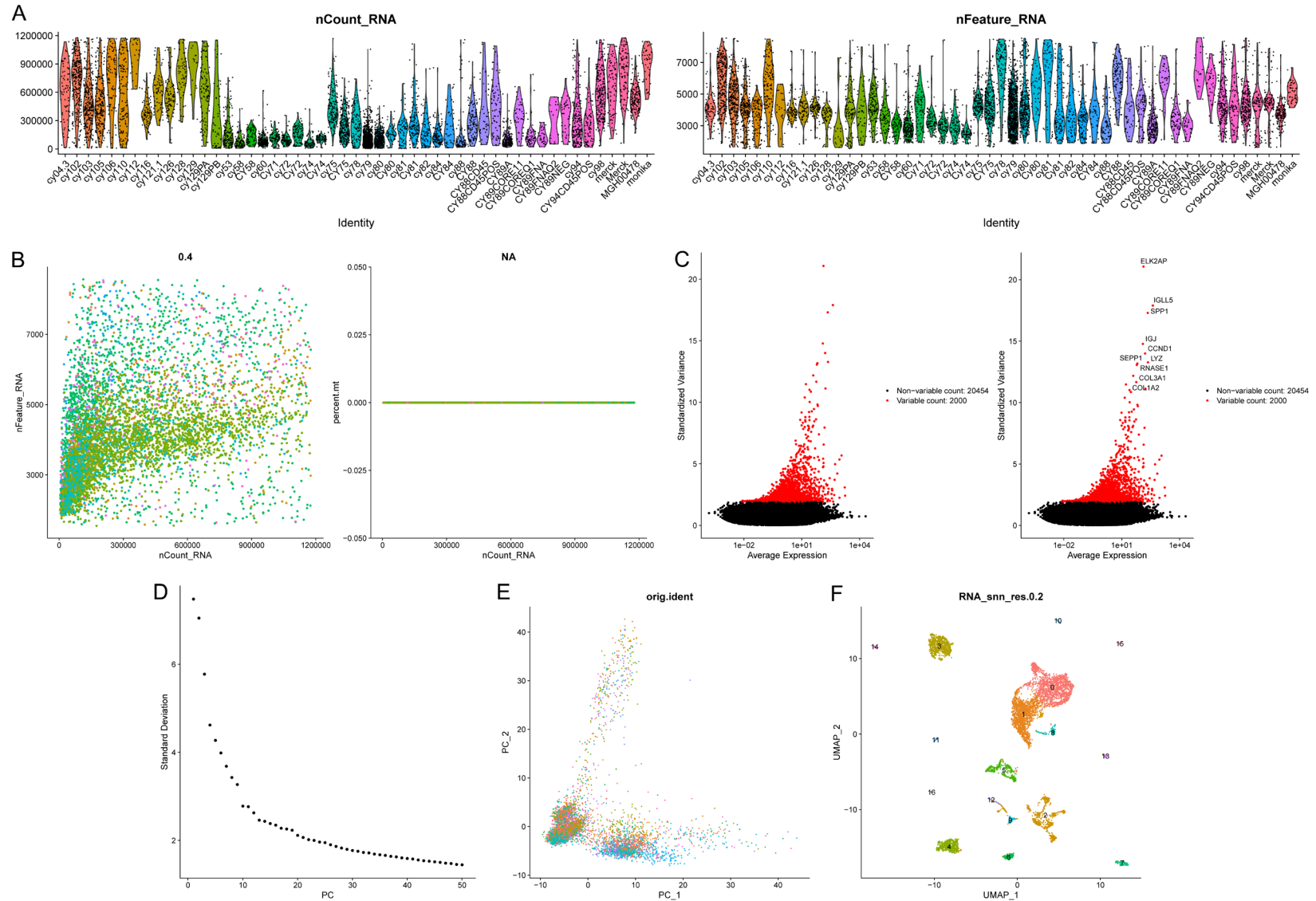


Figure S3. Quality control and clustering of scRNA-seq data from GSE115978. A. Violin plots showing distributions of detected genes, UMIs, and mitochondrial gene percentages across 20 melanoma samples before (left) and after (right) quality control filtering. Dashed lines indicate filtering thresholds. B. Scatter plots visualizing post-filtering metrics ($n = 6,404$ cells): gene counts vs. UMIs (left), and gene counts vs. mitochondrial percentages (right). C. Dot plot of the top 10 highly variable genes across cells after normalization. D. Elbow plot determining the optimal number of principal components (PCs = 20) for dimensionality reduction. E. PCA plot before batch correction, revealing significant inter-sample batch effects. F. UMAP visualization of 6,404 cells clustered into 17 transcriptionally distinct subpopulations after Harmony batch correction.

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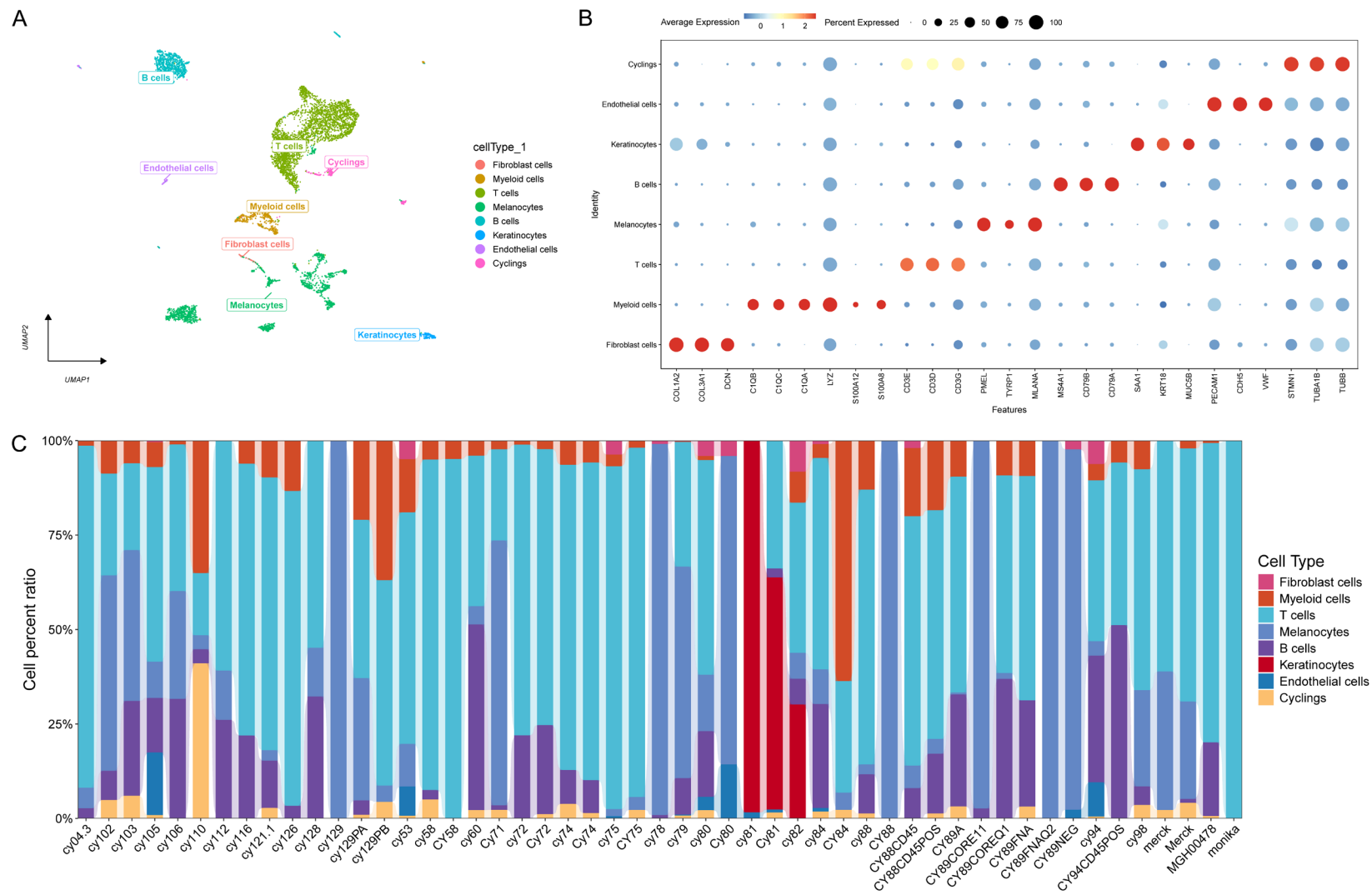
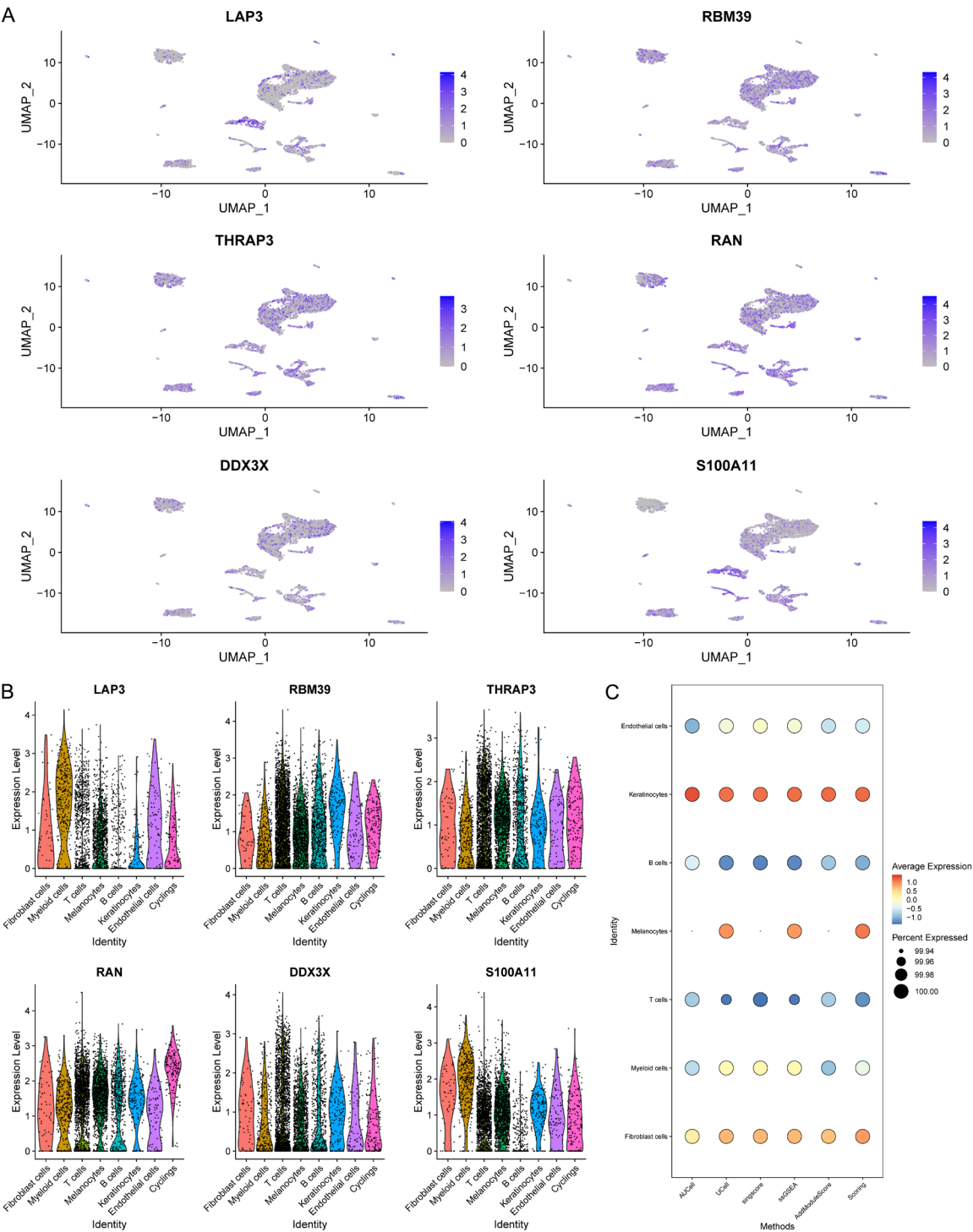


Figure S4. Cell type annotation for the GSE115978 scRNA-seq dataset. A. UMAP plot annotating 17 clusters into 8 major cell types using canonical markers. B. Bubble plot displaying expression intensity (color) and percentage (size) of marker genes across cell types. C. Stacked bar chart illustrating the proportional distribution of cell types across all samples.

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Lactylation-driven molecular taxonomy of melanoma

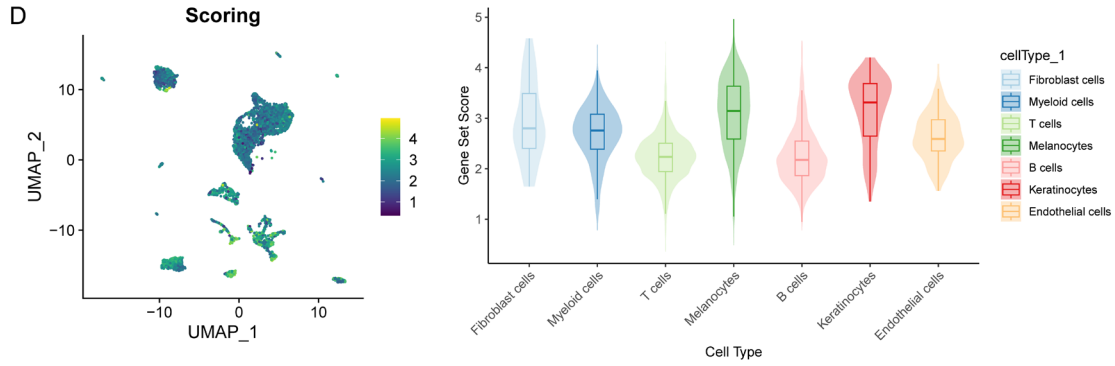


Figure S5. Key Gene Expression and Lactylation Scoring in Melanoma scRNA-seq Data (GSE115978). A, B. Dot-Plot and Violin plots visualizing expression of prognostic signature genes (LAP3, RBM39, THRAP3, RAN, DDX3X, S100A11). C. Bubble plot showing multi-algorithm quantification of lactylation scores (AUCell, UCell, singscore, ssGSEA, AddModuleScore) averaged across cell types. D. DotPlot and Violin plots confirm significantly elevated lactylation activity in melanocytes ($P < 0.001$).