
eAppendix. Details Regarding Patient Diagnosis, Disease Classification, and Statistical Analysis Techniques

This supplementary material has been provided by the authors to give readers additional information about their work.
**eAppendix.** Details Regarding Patient Diagnosis, Disease Classification, and Statistical Analysis Techniques

**Diagnosis and Disease Classification:**

Patients were identified through the institutional pathology database. Pathology specimens were confirmed as AM by testing positive for S100 and HMB-45 on immunohistochemistry staining per standard laboratory protocol. All specimens were reviewed at the institutional dermatopathology conference to confirm the diagnosis. Disease staging was assigned based on the simplified staging system described by Ballantyne et al. 1: Stage I was assigned to patients with local disease, Stage II denoted locoregional lymphadenopathy (inguinal or pelvic), and Stage III was reserved for patients with distant metastatic involvement. Surgical margins were described based on R resection status, as margin of WLE specimens were not routinely reported on the gross pathology reports. R resection status was based on operative and pathology reports: R0 status was assigned to patients with complete surgical resection and negative margins; R1 was assigned to patients with complete resection but positive margins within 10 mm; R2 was assigned to patients with incomplete resection and positive margins within 10 mm.

**Statistical Analysis:**

Demographic and other patient characteristic information were summarized as median (interquartile range, IQR) or count with percent, as appropriate. Statistical analyses were performed using nonparametric Mann Whitney-U tests for continuous variables and Pearson’s Chi-squared tests or Fisher’s exact test for categorical variables, as appropriate. Survival analyses were performed using Kaplan-Meier curves with the log-rank test. Statistical significance was defined as $p \leq 0.05$.

**References**