

## Methods

In this retrospective study, we assessed all patients with LM presenting to a single Dermatology private center in the north of Portugal between July 2007 and July 2017. For all patients, LM diagnosis was clinically suspected by a senior dermatologist and confirmed by histopathology. For all LM, we recorded their anatomical location, laterality, diameter, “ABCDE” signs and dermoscopic features as well as the patients’ demographic characteristics (gender, age and working status), phototype, number of nevi, and past and familiar history of other skin neoplasms. Breslow depth and Clark level of invasive lesions were recorded. Facial versus extrafacial LM were compared.

Dermoscopic features were classified independently by 2 trained dermatologists after image registry with Molemax HD (version 1.8)<sup>®</sup>, at a magnification of  $\times 30$ . One case missed the registry by system failure.

Categorical variables were described using absolute and relative frequencies, while continuous variables were assessed using medians and interquartile ranges. All statistical analyses were performed using software R (version 3.4.3).