Table 1. Lymphovascular Invasion

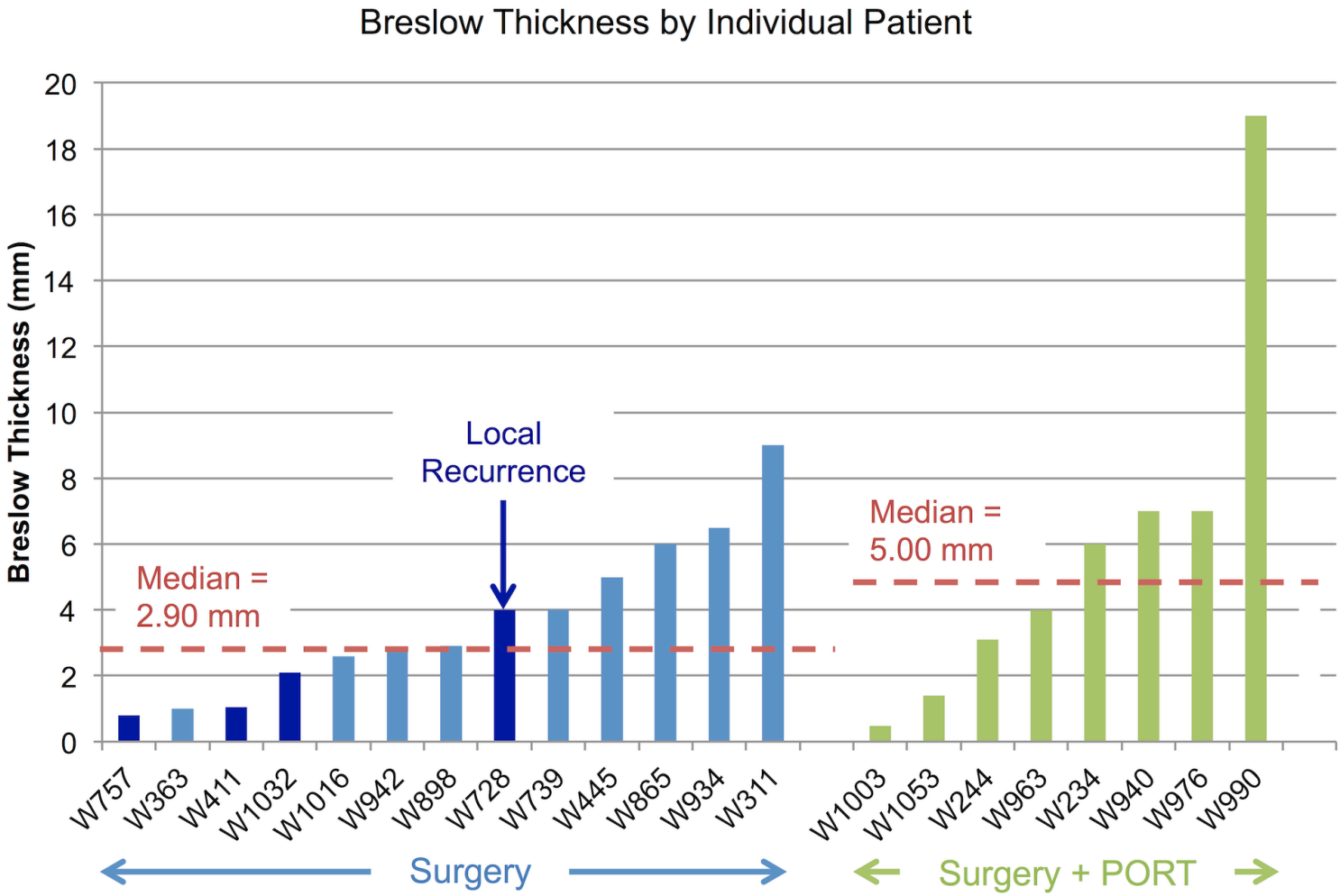
Table 1a. Comparison of LVI Between Patients Treated with and Without PORT

	No. of Patients		
	Surgery	**Surgery + PORT**	***P* ***
LVI Absent	15	10	0.20
LVI Present	5	5	
LVI Data Unavailable	3	8	
Total	23	23	

Table 1b. Influence of LVI on Local Recurrence

	No. of Patients		
	Didn't Recur Locally	**Recurred Locally**	Total
LVI Absent	20	5	25
LVI Present	9	1	10
Total	29	6	35[†]

Abbreviations: LVI, lymphovascular invasion
**P* value per Fisher's exact test.
[†]LVI data was available for 35 patients.

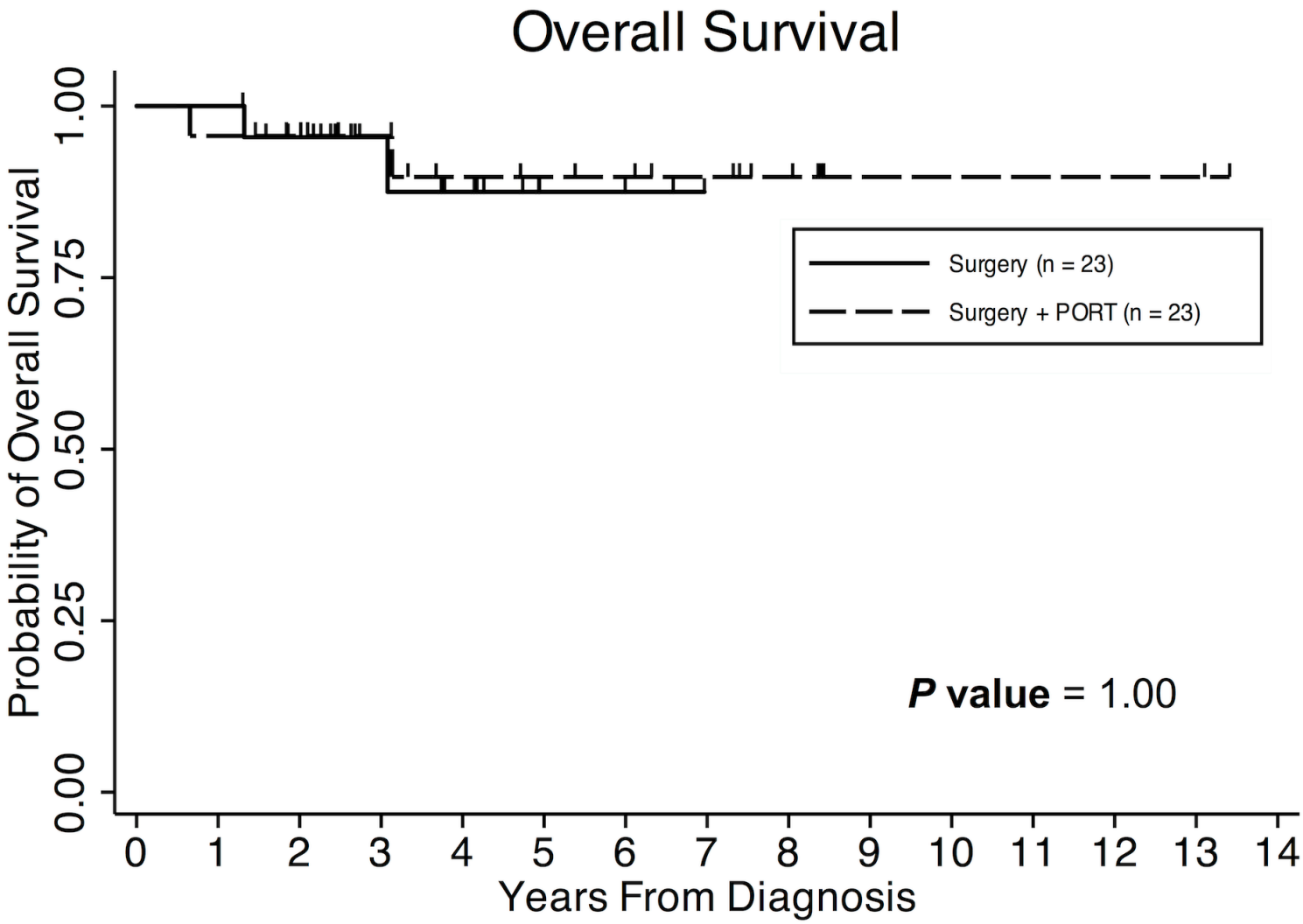


Supplementary Figure 1. Depth of Invasion. Data on 21 patients where depth of invasion data was available. The median tumor depth was greater in the surgery + PORT group (5.00 mm) when compared to the surgery group (2.90 mm). Tumor depth information was available for four out of six patients who experienced a local recurrence. Dark blue bars represent patients who experienced a local recurrence.

Table 2. Local Recurrence Rates Excluding Patients with Unknown Surgical Margin Width

	No. of Patients		
	Surgery	**Surgery + PORT**	***P* ***
Didn't Recur Locally	15	21	0.02
Recurred Locally	6	0	
Total	21	21	

**P* value per Fisher's exact test.



Patients at Risk	23	12	3	0	0	0	Surgery Alone
	22	17	12	9	2	2	Surgery + PORT

Supplementary Figure 2. Overall survival (OS) is illustrated for 46 low-risk patients. One patient died in each group due to MCC, and one patient died in each group from a non-MCC cause. There was no significant difference in OS between patients treated with surgery alone and those treated with surgery + PORT (P = 1.00). PORT indicates post-operative radiation therapy.