**Materials and Methods**

We performed a retrospective cohort review of the NAM database of patients at the Inselspital University Hospital of Bern, Switzerland. The study period was from 2007 to 2017 with the follow-up ending in 2020. All cases of single, primary localized histopathologically confirmed NAM were included in the study. Patients without complete medical records or regular follow-up were excluded from the study. Written and informed consent was obtained from participants. All procedures were carried out in accordance with the standards of the ethical committee of the Canton of Bern, Switzerland, on human experimentation (KEK number: 2016-00382) and with the Helsinki Declaration of 1975, as revised in 1983. Collected data consisted of patients’ demographics, phenotypic features, tumor features (primary tumor location, tumor thickness, ulceration, lymphovascular invasion, tumor-infiltrating lymphocytes), management protocol and sentinel lymph node biopsy (SLNB) results. Furthermore, local recurrence, locoregional metastases, distant metastases, disease-free survival (DFS) and overall survival (OS) were used as the main outcomes in our analysis.

***Statistical Analysis***

For descriptive purpose, continuous variables were presented as means with standard deviations (SD) and categorical variables as numbers with percentages. For the purpose of analysis, continuous data were also categorized based on clinically relevant cut-off points. Cumulative DFS and OS were computed based on Kaplan-Meier estimator and presented along with their 95% confidence intervals (CI). The Gehan-Breslow-Wilcoxon test was used to assess survival differences across different categories of selected factors. Since most cases occurred in the first 5 years of follow-up, cumulative estimates were reported at this time point in the analysis. All tests were considered statistically significant at *p* values <0.05. Analysis was performed with SPSS v.20.0 (IBM Corp., Armonk, NY, USA).