# Materials and Methods

# *Patients*

# In this study, 50 female patients affected by unilateral breast cancer were evaluated. The mean age was 53.58 years (32–80). All patients were subjected to careful questioning concerning their clinical history, and none were affected by cutaneous lymphoproliferative and infectious diseases, immunodeficiency, or other malignancies.

# *Statistical Analysis*

# All patients were preoperatively evaluated in order to establish the presence of cherry angiomas (CAs) on the trunk, with particular attention to the anterior thoracic skin, and the CAs were then mapped. These were subsequently recorded on our thorax outline (Fig. 2a) and photographic documentation was also collected (Fig. 2b). The number of CAs on the middle anterior thorax of the affected side was compared with the contralateral side. Subsequently, the histological features and the staging were also noted. From this data, a table was elaborated for each patient stating the histological type, tumour staging, the number of CAs on each breast, and the difference in the number of CAs between the two breasts (Table 1). According to the data in the table, the Wilcoxon signed-rank test was carried out: a non-parametric test to evaluate whether in our sample of patients, there was a significant difference in the distribution of CAs between the cancerous and the healthy breast.