

Appendix S3.

SUPPLEMENTARY RESULTS

Endotypes clinical implications

The current study reports only preliminary results; however, the authors propose some potential clinical implications of the endotypes formed.

Endotype I: Once a primary lesion has metastasized, clinical and dermatoscopic monitoring of new skin and mucosal lesions is recommended, together with testing for occult blood in the stool.

Endotype II: For patients with unstable, chronic disease, dermatologists and oncologists should interact more closely with other specialists and the family doctor.

Endotype IV-c: Given the moderate costs, it is recommended to add the following to the routine tests: chest X-ray; urine microbiological testing; C-reactive protein (CRP) and procalcitonin (if CRP levels are altered) to rule out bacterial infections.

Endotypes III, IV-a, IV-b, IV-d: Wait and see.

These suggestions also need further validation in other cohorts with the same clinical/economic and legislative context.