

Step forward

ExpertPath & ImmunoQuery Discovery insights

Discovery insights from Dr. Arrigo Bondi



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1. Please briefly describe your role and clinical experience to date?

I currently work as a pathology consultant for a private diagnostic company. Before this role, I have been the director of the Complex Operational Unit of Pathological Anatomy and Cytodiagnostics at the Maggiore Hospital in Bologna, Italy for 12 years.

2. How long have you been using ExpertPath and ImmunoQuery?

For many years. I started to use ImmunoQuery during an internship while working in New York in 1998 and ExpertPath more recently following the acquisition of the Amirsys platform by Elsevier. The use of both tools was gradual but continuous with almost daily use at the moment.

3. In your daily routine, what is the primary reason for the importance of these solutions in achieving a confident diagnosis?

I use ExpertPath to confirm the differential diagnosis in some cases, a crucial part of my daily role, while using ImmunoQuery to help guide the choice of antibodies to be applied in diagnostic hypothesis.

4. From your point of view, what are the main benefits of using ExpertPath and ImmunoQuery?

The two platforms complement each other and the combination between the two solutions is useful. ExpertPath offers a complete and comprehensive view, similar to a pathology textbook, but quicker to consult. An additional advantage is that it offers details and images for unusual diagnoses.

In ImmunoQuery I find it essential to indicate the number of references, the number of studies considered and the number of positive cases; these indicators are extremely important for the reliability of the marker and being able to support a definitive diagnosis.

5. How do you integrate the use of ExpertPath into your own clinical routine?

I have a practical case I am currently considering. I have a slide of a nasal biopsy that I am observing under the microscope and I have ExpertPath open on the computer next to me while I search for sinonasal hamartoma, suspecting this diagnosis. I scroll through the diagnosis sheet and the images to understand if my slide has similar characteristics and, if necessary; I consider other differential diagnoses and identify which tests are to be used to confirm this type of lesion. Sinonasal hamartoma is not a very frequent diagnosis, so the possibility of reviewing the summary of characteristics and the list of differential diagnoses is certainly supportive. If I want to run an immunohistochemical (IHC) analysis, I open ImmunoQuery in my browser in an adjacent window, find the same diagnosis, create the marker panel and have a series of immunological tests to choose from to confirm the diagnosis.

