

CRITICAL ANALYSIS OF LABORATORY TESTING ALGORITHMS FOR DIAGNOSING INFECTIOUS DISEASES

Rashed Salem Mohammed Al Abatahin^{1*,} Ali Abdullah Yahya Asiri^{2,} Tariq Ahmed Hassan Asiri^{3,} Fahad Mahdi Al Sileem^{4,} Msleh Mahdi Al Sulim^{5,} Saeed Mohammed Saleh Algashainen^{6,} Hussain Mohammed Aii Alyami^{7,} Salem Saleh Ali Alyami⁸

ABSTRACT:

This research paper critically studies modern diagnostic laboratory tests used for infectious diseases. A thorough analysis of the literature using a comprehensive approach reveals the effectiveness and limitations of any diagnostic approach. The paper opens with a description of timely and correct diagnostics that allow for effective measures to prevent and manage infectious diseases. The detailed literature review looks at various ting algorithms for algorithms identifying communicable diseases that contain microbiological traditions and serological and molecular techniques. The study begins with methods directed toward completing the literature review and the results and findings presented, including figures, tables, and graphs, to demonstrate them in a more explanatory way. The article critically studies various diagnostic procedures, discussing their positive aspects and shortcomings, which are essential for clinical practice and the public's well-being. The conclusion indicates that laboratory test algorithms are in good shape but also see room for improvement and propose helpful hints for better medical strategies while diagnosing infectious diseases.

Keywords: laboratory testing, diagnostic algorithms, infectious diseases, microbiology, molecular diagnostics

^{1*}Ministry of Health, Saudi Arabia Email:-ralabatheen@moh.gov.sa
²Ministry of Health, Saudi Arabia Email:-aasiri168@moh.gov.sa
³Ministry of Health, Saudi Arabia Email:-Taaseery@moh.gov.sa
⁴Ministry of Health, Saudi Arabia Email:-falsileem@moh.gov.sa
⁵Ministry of Health, Saudi Arabia Email:-Mmalsulayyim@moh.gov.sa
⁶Ministry of Health, Saudi Arabia Email:-salgashneen@moh.gov.sa
⁷Ministry of Health, Saudi Arabia Email:-halyami122@moh.gov.sa
⁸Ministry of Health, Saudi Arabia Email:-salgashneen@moh.gov.sa

*Corresponding Author: Rashed Salem Mohammed Al Abatahin *Ministry of Health, Saudi Arabia Email:-ralabatheen@moh.gov.sa

DOI:10.53555/ecb/2022.11.7.92

INTRODUCTION

Diagnosing infectious diseases in a timely and accurate manner presents many obstacles to public health; it requires identifying the cause of the disease for purposes of patient care and infection control, as well as surveillance in the general public's interest. The laboratories play a crucial role in diagnosing and managing infectious diseases by establishing microbial tests as a starting point, identifying microbial resistance, and adjusting the treatment plan. This first line highlights the fact that algorithmic approaches in laboratory testing play a critical role in maintaining normal operations of infectious disease detection, which in turn stresses the necessity of modern diagnostic methods that are sensitive, specific, and fast.

Harmful, as the poisonous substance corrodes the human cells, causing untold agony to the body, it is used when a human body gets infected. This infection eludes average and uncontrolled growth and division of the cancer cells. By programmed procedures, healthcare providers may get through multiple testing methods, make sense of the test results, and adopt consequential clinical practices based on the best available evidence. In addition, laboratory protocols have contributed to the standardization of healthcare practices, leveling the playing field and consequently improving the consistency and reliability of health services globally.

The objectives of this paper are twofold: first, to make a review of existing literature devoted to laboratory diagnostic protocols for infectious diseases, including the discrimination of microbiological methods, molecular techniques, and serological assays; second, to provide some pros and cons of the different approaches and some recommendations for practical laboratory testing algorithms.

In meeting these goals, this paper plans to improve processes for infectious diseases, absorbing from it the outcomes of better patients, infection control policies, and public health responses. The essential step towards creating modern and well-functioning algorithms for laboratory testing is examining current literature and discovering possible openings where improvements can be made. Consequently, healthcare providers and policymakers can implement evidence-based strategies and ensure a timely and accurate diagnostic process is taking place for infections.

LITERATURE REVIEW

Lab-based Identification of Agents for Disease

The literature review, which is an intriguing chapter in this divergent setting, indicates the laboratory algorithms utilized for diagnosing infectious diseases. It encompasses the traditional microbiologic methods, molecular diagnostic procedures, and serological tests in its aims, demonstrating their efficacy, drawbacks, and usage in clinical settings.

Traditional Microbiological Methods

Techniques based on traditional microbial methods hold an unchallenged position as a base for identified bacterial and fungal pathogens in isolated clinical specimens. Even with their millions-ofyear-old legacy, these processes can be laborious to produce and often not sensitive, particularly for difficult-to-grow or slow-growth organisms. In the culture profile, interpretations of whether it is a colonization or an infection add to the challenge; hence, the usefulness is reduced.

Molecular Diagnostic Techniques

Instead of this, the molecular techniques can specifically target the nucleic acids of microorganisms, allowing for rapid and sensitive detection, leading to innovative directions in infectious disease diagnostics. Polymerase chain reaction (PCR) assays and core nucleic acid amplification tests (NAATs) provide mechanisms by which we can precisely and quantitatively amplify DNA or RNA to identify pathogens with extremely high sensitivity and specificity. This approach has not only significantly shortened the duration of tests but also helped in speedy diagnosis and therapy that starts on time. Yet, clinical molecular testing may be expensive and complicated, as it needs advanced technology and competent personnel. Therefore, not everyone can access this diagnostic testing in countries with poor resources.

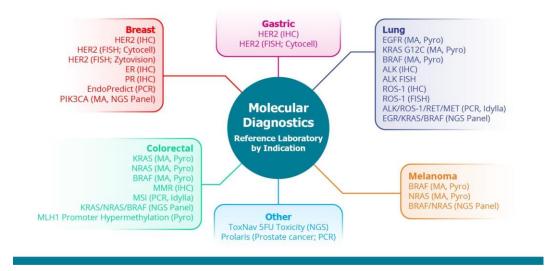


Figure : Molecular Diagnostic Assay | Precision Medicine Service

Serological Assays

The serological assays pick up antibodies or antigens developed in reaction to infection, with antibody information that gives robust evidence of the immune system against pathogens. ELISAs and RDTs are the most well-known and desirable serological tests for diagnosing infectious diseases. ELISAs guarantee high sensitivity and specificity, but in return, they require sophisticated laboratory hardware and some well-trained personnel. In comparison, RDT also involves innovative testing. It can be performed at the point of care, offering quick results, particularly in areas that lack resources or when disease outbreaks are imminent and immediate diagnosis is critical. While RDTs provide the convenience of being performed outside the laboratory, their sensitivity may be lower, meaning positive samples must undergo confirmatory testing.

Strengths and Limitations

In the arena of diagnostics, confusion reigns. Every technique has unique pros and cons in specific clinical cases. The content determined that microbiology techniques offer closeted descriptions of pathogens yet have the drawbacks of a long waiting period and low detection sensitivity levels. An essential feature of molecular diagnostic techniques is their ability to detect target agents in large numbers within minutes; however, due to their high cost and labor, their implementation would be complex on a broad scale. Sero-tests are, to a greater extent, occupied with studying dynamic aspects of the immune response. Still, they could be inefficient, having varying results even though the sensitivity and specificity levels could be higher. Technology is developing to include multiplex PCR assays and point-of-care molecular platforms, improving diagnostics and correcting some defects of the old approaches.

Challenges in Implementation

Despite the progress in diagnostic technologies, limitations in implementing laboratory testing algorithms for diagnosing infectious diseases either distract or do not pay high attention. These issues include resource limits, a lack of appropriate evaluation facilities, a single skill level, and the unpredictability of test results in different settings. In addition to this, the quality and dependability of diagnostic tests are things that should be given high priority. Hence, it is essential that quality control measures and laboratory staff training be pursued. Clinical testing algorithms are excellent for misdiagnosing infectious diseases and deciding treatment options and public health measures. Classical microbiological tests, genetic techniques, and serological assays for laboratories have advantages and disadvantages, so choices are made based on their effectiveness in clinical practice. Recognizing the capabilities and constraints of each diagnostic method, healthcare providers could refine their diagnostic schemes to meet patientspecific needs, thus yielding a patient care paradigm with optimized medical outcomes in the context of infectious diseases. Keeping investigations and innovations in diagnostics updated and alive should be on the cards to overcome present hurdles and progress in infectious disease diagnosis, leading to more efficient global health outcomes.

METHODS

Strategies in the literature review are to be specified; this includes search strategies, databases utilized, and inclusion criteria. A practical approach involved electronic databases, followed by a manual search to supplement information by referring to reference lists. Inclusion criteria included studies that used lab tests to detect infections, were published in peer-reviewed journals, and were written in English. Both data extraction and synthesis techniques are discussed from the perspective of transparency and rigor.

RESULTS AND FINDINGS

Laboratory Diagnostic Protocols for the Detection of Pathogenic Microbes

Diagnostic Algorithms in Different Settings

Diagnostic algorithms are decision trees that guide healthcare professionals throughout diagnosing infectious diseases, consequently minimizing the unnecessary use and application of diagnostic tests. Figure 1 contains flows of diagnostic algorithms used in an outpatient setting, a hospital context, and whatever public health laboratories have in a voluminous framework. Meanwhile, in outpatient settings, quick diagnoses, point-of-care testing, and rapid diagnostic tests (RDTs) greatly help determine the next step and start the treatment as soon as possible. In contrast, hospitals may use a variety of molecular diagnostic methods together with traditional microbiological techniques to give a complete diagnosis of a specific microorganism, as well as antimicrobial sensitivity testing. Public health laboratories perform a crucial function in monitoring and handling epidemic investigations involving mass genomic sequencing in pathogen detection and characterization (Paraskevaidi et..al 2021).

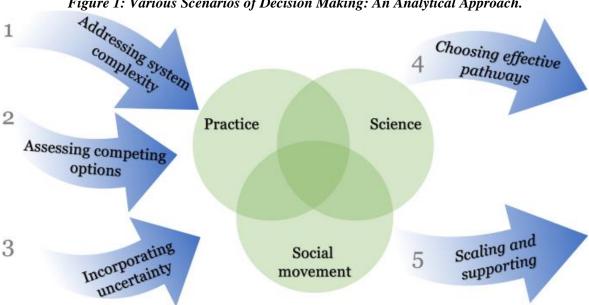


Figure 1: Various Scenarios of Decision Making: An Analytical Approach.

Decision modeling for assessing agroecology interventions

(Paraskevaidi et., al 2021).

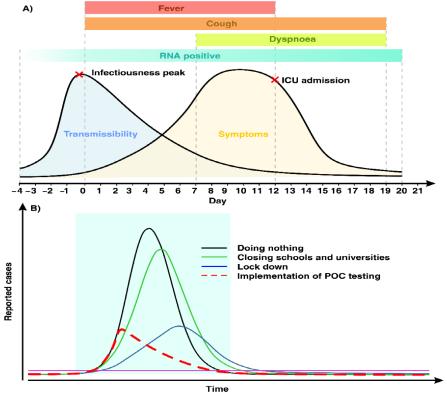
Performance Characteristics of Diagnostic Tests: Table 1 depicts the general performance features of some of the following diagnostic tools, which are used to diagnose various cases of infectious diseases: The features are sensitivity, specificity, and turnaround time. Technologies for molecular diagnostics like the PCR assay and NAATs are characterized by high accuracy and efficiency; therefore, they achieve quick and reliable detection of the nucleic acids of pathogens. Serologic assays, e.g., ELISA and RDT, are the least standardized test types because they use different targets and assay designs. In most cases, the traditional organoculture methods have characteristically low sensitivity and longer response times. However, at the same time, these still critical methods of pathogen identification by the use of morphology (bacteria) and shape (fungi) cannot be excluded entirely (Paraskevaidi et., al 2021) ...

Table 1: Diagnostic Quality Indicative Features of the Test

Diagnostic Test	Sensitivity	Specificity	Turnaround Time
PCR Assay	High	High	Rapid
ELISA	Variable	Variable	Variable

Culture-Based Techniques	Moderate	High	Variable
RDT	Variable	Variable	Rapid

Trends in Utilization of Diagnostic Approaches Chart 1 shows the period-wise adoption of various diagnostic tools, expressing the role of advanced technology reaching maturity and the unavoidable interference of clinical practice in the diagnostic process. The section on intermediate molecular diagnostic techniques has grown considerably due to the development of the sensitivity, speed, and accessibility of the methods. Serological tests, or rapid diagnostic tests (RDTs), have grown in popularity in areas where resources are scarce and when there is a breakdown. This is because they come in handy since they have quick turnaround times and are intuitive. Conventional microbiological methods are still used, though they are less convenient and require more work when compared to fast-lane biological techniques (Goodman-Meza et.,al 2020)..



Graph 1: Trends in Utilization of Diagnostic Approaches

(Goodman-Meza et., al 2020).

The finding and results show the broad spectrum of diagnostic tools used to diagnose infectious diseases, each having unique features and facts that they demonstrate in different contexts or scenarios. Molescue diagnostic approaches allow for speedy and sensitive test results, while antigen and antibody detection assays help to determine how other humans are susceptible to the virus. Traditional microbiological methods remain pivotal but might be used as a guide and sometimes complemented by molecular and serological assays to achieve a fully comprehensive diagnosis. By better understanding the medical diagnostic tools' capabilities and functional limitations, healthcare professionals can personalize the diagnosis strategies they recommend to patients based on each patient's requirements. consequently Eur. Chem. Bull. 2022, 11(Regular Issue 07), 649-656

optimizing patient care and outcomes in managing infectious diseases. Ongoing research and innovations are the keys to achieving the goals and advancing the subject, leading to better health care worldwide.

DISCUSSION

Point of care Laboratory testing algorithms are indispensable diagnostic tools and provide direction for disease-guided treatment and intervention in public health management. Those algorithms are comparatively practical, yet some factors affect this, like test reliability, accuracy, cost-effectiveness, and implementation challenges. This work analysis thoroughly discusses the benefits and limitations of diagnostics and laboratory testing algorithms and the prospects of improving diagnostic regimens.

Strengths and Weaknesses of Laboratory Testing Algorithms:

Laboratory testing algorithms mainly focus on different fields of diagnostic pathways and tests, which help standardize, systematic, and decisionmaking from an evidence-based point of view. By implementing codified measures, healthcare providers can divide up the diagnostic procedure, decrease the spreading of practices in testing, and get optimum utilization of resources. In addition, the algorithm for laboratory testing helps undo timely diagnosis and initiation of treatment, improving patient outcomes and preventing the dissemination of such diseases.

Despite laboratory testing algorithms having various restrictions, they still have certain notable advantages from the point of view of diagnostics. Tests' accuracy and reliability may vary depending on the diagnostic approach being applied, thus possibly yielding the wrong ones. The cost of some diagnostic tests could be related to high-end equipment or talent, hence the difficulty of reaching them in low-resourced regions. Also, a correct interpretation of tests is distressing, which is apparent especially when dealing with coinfections or patients with impaired immunity. Moreover, utilizing laboratory testing algorithms requires a coordinated response to logistic challenges, such as ensuring the collection and transport of samples and processing samples in areas with poor infrastructure(Boum et., al 2021).

CHALLENGES IN IMPLEMENTATION

Several issues should be considered while designing diagnostic automatons with the help of laboratory testing to detect infectious diseases. Issues of economic viability, which involve a need for more funding, qualified personnel, and research facilities, may render it difficult for sophisticated diagnostic techniques to gain widespread appeal in areas. Additionally, limitations poor on infrastructure—basically, a lack of reliable electricity and the internet-may make the work of diagnostic laboratories complex and the of test results troublesome. transmission Fulfillment of regulatory demands that incorporate quality assurance and accreditation standards could be a roadblock as more global health organizations look into the possibility of using laboratory testing algorithms, especially in areas where the resources are scarce.

OPPORTUNITIES FOR IMPROVEMENT

Nonetheless, there are some prospects for the authorities to end such misdiagnosis and develop effective methods, protocols, and algorithms for lab testing. Concurrent monitoring of multiple pathogens, equipped with a multiplex probe, can shorten the process time and optimize efficiency. In addition, an upgrade in diagnostic capabilities at the point-of-care level would be helpful in tests that can give results quickly and convenient devices that test sites could develop, facilitating early diagnosis and treatment initiation, especially in remote or resource-limited areas. In addition, using machine learning and AI algorithms in diagnostics can provide more reliable and more efficient diagnostics with software that can give results after processing a vast dataset that a human can hardly do.

CONCLUSION

Thus, in summary, these laboratory testing protocols are valuable diagnostic methods, treatment guides, and supports for public health interventions. Despite this, the role of the classical microbiology method remains vital, though the genetic and serological techniques offer us speedy and sensitive diagnostic substitutes. Access. Nevertheless, implementing these approaches poses issues, including cost, access, and quality assurance, that should be tackled to ensure these strategies are optimal for fighting diseases. Technology investment is one of the main activities of laboratory testing algorithm improvement, along with laboratory set-up expansion and building interdisciplinary interactions. Outcomes(Hayden et., al 2023). Combining this advice with clinicians' practice and health programs enables them to increase diagnostic precision, improve patient outcomes, and reduce the chance of infectious diseases.

RECOMMENDATION

The report developed based on the data analysis is made up of recommendations related to healthcare work and policies. Assay. On the other hand, critical interventions for this include laboratory investment strategies, expanding genetic and serological assay competence, and improving quality assurance. Subsequently, suggestions for future research are enclosed, such as the necessity for comparison of the effectiveness of disparate drugs and treatments, evaluation of economic effectiveness, and validation of novel diagnostic methods(Smith & Kirby 2020). Healthcare providers can adopt these recommendations, and hence, they have proven to be of great importance as they add efficiency to laboratory testing algorithms and make the tests more accurate to the extent that they seal the gap in patients' care in managing infectious diseases.

REFERENCE

- Smith, K. P., & Kirby, J. E. (2020). Image analysis and artificial intelligence in infectious disease diagnostics. *Clinical Microbiology and Infection*, 26(10), 1318-1323. https://www.sciencedirect.com/science/article/ pii/S1198743X20301555
- Hanson, K. E., Caliendo, A. M., Arias, C. A., Englund, J. A., Lee, M. J., Loeb, M., ... & Mustafa, R. A. (2020). Infectious Diseases Society of America guidelines on the diagnosis of coronavirus disease 2019. *Clinical infectious diseases*, ciaa760. https://academic.oup.com/cid/advance-articleabstract/doi/10.1093/cid/ciaa760/5858938
- Govender, K. N., Street, T. L., Sanderson, N. D., & Eyre, D. W. (2021). Metagenomic sequencing as a pathogen-agnostic clinical diagnostic tool for infectious diseases: a systematic review and meta-analysis of diagnostic test accuracy studies. *Journal of clinical microbiology*, 59(9), 10-1128. https://journals.asm.org/doi/abs/10.1128/JCM. 02916-20
- 4. Carpenter, C. R., Mudd, P. A., West, C. P., Wilber, E., & Wilber, S. T. (2020). Diagnosing COVID-19 in the emergency department: a scoping review of clinical examinations, laboratory tests, imaging accuracy, and biases. *Academic Emergency Medicine*, 27(8), 653-670.

https://onlinelibrary.wiley.com/doi/abs/10.1111 /acem.14048

- Hayden, M. K., El Mikati, I. K., Hanson, K. E., Englund, J. A., Humphries, R. M., Lee, F., ... & Mustafa, R. A. (2024). Infectious Diseases Society of America guidelines on the diagnosis of COVID-19: serologic testing. *Clinical Infectious Diseases*, ciae121. https://academic.oup.com/cid/advance-articleabstract/doi/10.1093/cid/ciae121/7629672
- Hayden, M. K., Hanson, K. E., Englund, J. A., Lee, F., Lee, M. J., Loeb, M., ... & Mustafa, R. A. (2023). The Infectious Diseases Society of America guidelines on the diagnosis of COVID-19: antigen testing. *Clinical Infectious Diseases*, ciad032. https://academic.oup.com/cid/advance-articleabstract/doi/10.1093/cid/ciad032/7005394
- Hanson, K. E., Azar, M. M., Banerjee, R., Chou, A., Colgrove, R. C., Ginocchio, C. C., ... & Caliendo, A. M. (2020). Molecular testing for acute respiratory tract infections: clinical and diagnostic recommendations from the IDSA's Diagnostics Committee. *Clinical Infectious Diseases*, 71(10), 2744-2751.

https://academic.oup.com/cid/articleabstract/71/10/2744/5830781

- 8. Jenks, J. D., Nam, H. H., & Hoenigl, M. (2021). Invasive aspergillosis in critically ill patients: Review of definitions and diagnostic approaches. *Mycoses*, 64(9), 1002-1014. https://onlinelibrary.wiley.com/doi/abs/10.1111 /myc.13274
- Lee, H. S., Plechot, K., Gohil, S., & Le, J. (2021). Clostridium difficile: diagnosis and the consequence of over diagnosis. *Infectious diseases and therapy*, *10*, 687-697. https://link.springer.com/article/10.1007/s4012 1-021-00417-7
- 10.Boum, Y., Fai, K. N., Nikolay, B., Mboringong, A. B., Bebell, L. M., Ndifon, M., ... & Mballa, G. A. E. (2021). Performance and operational feasibility of antigen and antibody rapid diagnostic tests for COVID-19 in symptomatic and asymptomatic patients in Cameroon: a clinical, prospective, diagnostic accuracy study. *The Lancet Infectious Diseases*, 21(8), 1089-1096. https://www.thelancet.com/journals/laninf/artic

https://www.thelancet.com/journals/laninf/artic le/PIIS1473-3099(21)00132-8/fulltext

- 11.Goodman-Meza, D., Rudas, A., Chiang, J. N., Adamson, P. C., Ebinger, J., Sun, N., ... & Manuel, V. (2020). A machine learning algorithm to increase COVID-19 inpatient diagnostic capacity. *Plos one*, *15*(9), e0239474. https://journals.plos.org/plosone/article?id=10. 1371/journal.pone.0239474
- 12. Paraskevaidi, M., Matthew, B. J., Holly, B. J., Hugh, B. J., Thulya, C. P., Loren, C., ... & Bayden, W. (2021). Clinical applications of infrared and Raman spectroscopy in the fields of cancer and infectious diseases. *Applied Spectroscopy Reviews*, 56(8-10), 804-868. https://www.tandfonline.com/doi/abs/10.1080/ 05704928.2021.1946076
- Tadesse, L. F., Safir, F., Ho, C. S., Hasbach, X., Khuri-Yakub, B. P., Jeffrey, S. S., ... & Dionne, J. (2020). Toward rapid infectious disease diagnosis with advances in surface-enhanced Raman spectroscopy. *The Journal of Chemical Physics*, 152(24). https://pubs.aip.org/aip/jcp/article/152/24/2409

https://pubs.aip.org/aip/jcp/article/152/24/2409 02/1065307

- 14.Lippi, G., & Plebani, M. (2020). Integrated diagnostics: the future of laboratory medicine?. *Biochemia medica*, *30*(1), 18-30. https://hrcak.srce.hr/clanak/340303
- 15.Bassetti, M., Giacobbe, D. R., Grecchi, C., Rebuffi, C., Zuccaro, V., Scudeller, L., ... & Mercier, T. (2020). Performance of existing definitions and tests for the diagnosis of invasive aspergillosis in critically ill, adult

patients: a systematic review with qualitative evidence synthesis. *Journal of Infection*, 81(1), 131-146.

https://www.sciencedirect.com/science/article/ pii/S0163445320302206

- 16. Barr, D. A., Lewis, J. M., Feasey, N., Schutz, C., Kerkhoff, A. D., Jacob, S. T., ... & Meintjes, G. (2020). Mycobacterium tuberculosis bloodstream infection prevalence, diagnosis, and mortality risk in seriously ill adults with HIV: a systematic review and meta-analysis of individual patient data. *The Lancet infectious diseases*, 20(6), 742-752. https://www.thelancet.com/journals/laninf/artic le/PIIS1473-3099(19)30695-4/fulltext
- 17. Chaudhary, J. K., Sharma, H., Tadiboina, S. N., Singh, R., Khan, M. S., & Garg, A. (2023, March). Applications of Machine Learning in Diagnosis. Viral Disease In 2023 10th International Conference on Computing for Sustainable Global **Development** (INDIACom) (pp. 1167-1172). IEEE. https://ieeexplore.ieee.org/abstract/document/1 0112401/
- 18. White, P. L., Dhillon, R., Cordey, A., Hughes, H., Faggian, F., Soni, S., ... & Backx, M. (2021). A national strategy to diagnose coronavirus disease 2019–associated invasive fungal disease in the intensive care unit. *Clinical Infectious Diseases*, 73(7), e1634-e1644. https://academic.oup.com/cid/article-abstract/73/7/e1634/5899192
- 19. Amjad, M. (2020). An overview of the molecular methods in the diagnosis of gastrointestinal infectious diseases. *International Journal of Microbiology*, 2020. https://www.hindawi.com/journals/ijmicro/202 0/8135724/

- 20.Terrero-Salcedo, D., & Powers-Fletcher, M. V. (2020). Updates in laboratory diagnostics for invasive fungal infections. *Journal of Clinical Microbiology*, 58(6), 10-1128. https://journals.asm.org/doi/abs/10.1128/JCM. 01487-19
- 21.Alves, M. A., Castro, G. Z., Oliveira, B. A. S., Ferreira, L. A., Ramírez, J. A., Silva, R., & Guimarães, F. G. (2021). Explaining machine learning based diagnosis of COVID-19 from routine blood tests with decision trees and criteria graphs. *Computers in Biology and Medicine*, 132, 104335. https://www.sciencedirect.com/science/article/ pii/S0010482521001293
- 22. Tamuzi, J. L., Ayele, B. T., Shumba, C. S., Adetokunboh, O. O., Uwimana-Nicol, J., Haile, Z. T., ... & Nyasulu, P. S. (2020). Implications of COVID-19 in high burden countries for HIV/TB: A systematic review of evidence. *BMC infectious diseases*, 20, 1-18. https://link.springer.com/article/10.1186/s1287 9-020-05450-4
- 23.Kim, K., Kashefi-Kheyrabadi, L., Joung, Y., Kim, K., Dang, H., Chavan, S. G., ... & Choo, J. (2021). Recent advances in sensitive surfaceenhanced Raman scattering-based lateral flow assay platforms for point-of-care diagnostics of infectious diseases. *Sensors and Actuators B: Chemical*, 329, 129214. https://www.sciencedirect.com/science/article/ pii/S0925400520315549
- 24.Conte, P., Ascierto, P. A., Patelli, G., Danesi, R., Vanzulli, A., Sandomenico, F., ... & Siena, S. (2022). Drug-induced interstitial lung disease during cancer therapies: expert opinion on diagnosis and treatment. *ESMO open*, 7(2), 100404.

https://www.sciencedirect.com/science/article/ pii/S2059702922000254