

# Pharmacogenomics and Precision Medicine: An Evolving Analytical Clinical Tools for Future Medicine – A Narrative Review

Mekkanti Manasa Rekha<sup>1\*</sup>, Soumitra Das<sup>2</sup>

## Abstract

The term *Pharmacogenomics* is coined as an emerging field that exactly examines how the genetic variations influence the individual responses towards medications. This discipline in turn integrates the pharmacology as well as genomics to facilitate the personalized medicine, encouraging the healthcare providers to tailor their drug therapies based on individual patient's genetic profile. Key applications include optimizing drug efficacy, minimizing adverse effects, and enhancing treatment outcomes across various medical fields, such as oncology, cardiology, and psychiatry. As genetic testing becomes more accessible, pharmacogenomics is poised to revolutionize healthcare by promoting precision medicine, improving patient care, and reducing healthcare costs. However, the other challenges, such as cost, accessibility, as well as ethical considerations must be addressed to fully realize its potential.

**Keywords:** Pharmacogenomics, personalized medicine, genetic variations, drug response, precision medicine, drug metabolism, adverse effects, clinical applications, healthcare costs, ethical considerations

## INTRODUCTION

The term Pharmacogenomics is defined as the study of how genes affect a person's response towards the drugs. This field in turn combines pharmacology (the science of drugs) as well as genomics (the study of genes and their functions) to promote and to develop effective, safe medications and doses tailored to a person's genetic makeup [1].

## KEY POINTS REGARDING PHARMACOGENOMICS INCLUDES

1. *Personalized medicine:* By understanding patient's individual genetic profile, physicians can prescribe drugs that are more likely to be effective with desired therapeutic outcomes and cause lesser side effects.

2. *Genetic variations:* Different genetic variants can affect how individuals metabolize drugs, impacting the drug's efficacy and risk of adverse effects.

3. *Applications:* Pharmacogenomics is used in various fields, including oncology, cardiology, psychiatry, and infectious diseases, to optimize drug therapies [2].

4. *Testing:* Genetic tests are used to determine how a person might respond to certain medications, which can guide treatment decisions.

5. *Future of medicine:* As research advances, pharmacogenomics is expected to play a crucial role in the development of new drugs and treatment protocols, leading to more personalized and effective healthcare.

### \*Author for Correspondence

Mekkanti Manasa Rekha

E-mail: manasarekharoyal@gmail.com

<sup>1</sup>Associate Professor, Department of Pharmacy Practice, Aditya Bangalore Institute of Pharmacy Education and Research, Bangalore, Karnataka, India

<sup>2</sup>Student, Department of Pharmacy Practice, Aditya Bangalore Institute of Pharmacy Education and Research, Bangalore, Karnataka, India

Received Date: August 16, 2024

Accepted Date: September 04, 2024

Published Date: September 14, 2024

**Citation:** Mekkanti Manasa Rekha, Soumitra Das. Pharmacogenomics and Precision Medicine: An Evolving Analytical Clinical Tools for Future Medicine – A Narrative Review. *Research & Reviews: A Journal of Pharmaceutical Science*. 2024; 15(3): 44–52p.

Personalized medicine, can also be considered and termed as precision medicine, is a medical miracle that can tailors healthcare professionals to the individual characteristics of each patient. This approach in turn considers an individual genetic makeup, environment and to diagnose, prevent and treat diseases.

1. *Genomic information*: it involves by analyzing a patient's genes, genetic profile where doctors can identify genetic predispositions linked to certain diseases and tailor their treatments accordingly.
2. *Targeted therapies*: Treatments can be customized based on the genetic profiles of both the patient and the disease, leading to more effective interventions with fewer side effects [3].
3. *Biomarkers*: Biological markers, such as specific genes or proteins, can be used to identify the most appropriate treatments for a patient [4].
4. *Preventive care*: Personalized medicine enables the identification of risk factors for diseases, allowing for early intervention and prevention strategies.
5. *Technology and data*: Advances in technology, such as high-throughput sequencing and big data analytics, are crucial in gathering and analyzing the vast amounts of data required for personalized medicine [5].
6. *Pharmacogenomics*: It's a subbranch of personalized medicine which focuses on how an individual's genetic makeup and genetic profile directly affects their response towards to drugs in turn allowing for the precise selection of the most effective medications combinations and their dosages.
7. *Patient-centered care*: Personalized medicine directly shifts the focus from a one-size-fits-all approach to a more individualized précised approach, improving patient desired therapeutic outcomes and their satisfaction level.
8. *Examples of use*:
  - In oncology, genetic profiling of tumors helps in selecting targeted therapies that are most likely to work for specific cancer types.
  - In cardiology, genetic tests can determine the best medications for managing heart conditions.
  - In pharmacology, pharmacogenomic testing can predict how a patient will respond to a particular drug, minimizing adverse effects [6].

Personalized medicine holds the most promising transformation of healthcare by making it more accurate, personalized, predictive and preventive including participatory. This approach not only improves patient desired therapeutic outcomes but also involves and contributes to more efficient and cost-effective friendly healthcare systems.

Genetic variations in pharmacogenomics refer to differences in DNA sequences among individuals that can influence their response to medications. These variations can directly affect drug absorption, distribution, metabolism, and excretion, ultimately impacting drug efficacy and safety. Here are some key concepts related to genetic variations in pharmacogenomics [7]:

1. *Single nucleotide polymorphisms (SNPs)*: SNPs are the most important common type of genetic variations and involve for a change in a single nucleotide in the DNA sequence. Certain SNPs can affect how individuals metabolize drugs, making some drugs effective or increasing the risk of adverse effects.
2. *Gene variants*: Variations in specific genes, such as those encoding drug-metabolizing enzymes, transporters, and receptors, can significantly influence drug response. Examples include variations in the CYP450 enzymes, which play a major role in drug metabolism [7].
3. *Pharmacokinetics vs. Pharmacodynamics*:
  - *Pharmacokinetics*: Genetic variations can affect the pharmacokinetics of a drug, which involves how the body absorbs, distributes, metabolizes, and excretes the drug. For example, variations in the CYP2D6 gene can lead to different metabolizer statuses (e.g., poor, intermediate, extensive, or ultra-rapid metabolizers), affecting drug concentration and efficacy [8].

- *Pharmacodynamics*: Genetic variations can also impact pharmacodynamics, which involves the interaction of the drug with its target. For instance, sudden variations in the VKORC1 gene can directly affect the response towards warfarin, a blood thinner, in turn requiring dose adjustments.
4. *Haplotype*: A haplotype is coined as a group of genes within an organism that was inherited together from a single parent. Specific haplotypes can be associated with drug responses or adverse effects.
  5. *Examples of pharmacogenomic variants*:
    - *CYP2C9 and VKORC1*: Variants in these genes affect mainly the warfarin dosing. Patients with certain variants may require lower doses precisely to avoid bleeding and other complications [9].
    - *TPMT (Thiopurine methyltransferase)*: Variants in the TPMT gene can directly affect the metabolism of thiopurine drugs that are particularly prescribed and used in the treatment of leukemia and other autoimmune diseases. Patients with low TPMT activity may require precise dose adjustments to avoid toxicity.
    - *SLCO1B1*: Variants in this gene can majorly influence the risk of statin-induced myopathy. Patients with certain SLCO1B1 variants may have an increased risk of muscle toxicity when taking statins.
  6. *Clinical implementation*: Incorporating pharmacogenomic testing into clinical practice can help personalize drug therapy. By identifying genetic variants that are majorly influencing the drug response, healthcare providers can aptly choose their most appropriate medication combinations and dosage for each patient, reducing the risk of adverse effects and improving desired patient therapeutic outcomes.

Understanding genetic variations in pharmacogenomics is essential for advancing personalized medicine and optimizing drug therapy based on individual genetic profiles.

Pharmacogenomics applications have a wide range of applications in medical fields, significantly improving patient desired therapeutic outcomes by tailoring drug therapy towards their individual's genetic profile. Here are detailed examples of how pharmacogenomics is applied in various medical areas [10]:

### **Oncology**

- *Targeted therapies*: Genetic profiling of tumors identifies specific mutations involved and mainly driving cancer cell growth and in turn allowing for targeted cancer therapies. For example, drugs like trastuzumab (Herceptin) target HER2-positive breast cancer, and erlotinib (Tarceva) targets EGFR mutations in lung cancer.
- *Chemotherapy response*: Pharmacogenomic tests can predict how a patient will respond to chemotherapy, helping to select the most effective regimen with the least side effects. For example, patients with certain UGT1A1 variants may have a higher risk of toxicity from irinotecan, a chemotherapy drug [11].

### **Cardiology**

- *Warfarin dosing*: Variants in the CYP2C9 and VKORC1 genes influence how patients' liver enzymes metabolize warfarin, an anticoagulant. Genetic testing helps determine the optimal dose to avoid bleeding or clotting complications.
- *Statin therapy*: Variants in the SLCO1B1 gene can affect the risk of muscle toxicity with statin use. Patients with high-risk variants may need alternative therapies or lower doses [12].

### **Psychiatry**

- *Antidepressants and antipsychotics*: Variants in genes, such as CYP2D6 and CYP2C19 can affect the liver enzymatic responses and metabolism of psychiatric medications. For example, poor

---

metabolizers of CYP2D6 may require lower doses of medications like fluoxetine (Prozac) or haloperidol (Haldol) to avoid adverse effects.

- *Personalized treatment plans:* Pharmacogenomic testing can guide the selection of antidepressants and antipsychotics, reducing trial-and-error prescribing and improving treatment efficacy [12].

### Infectious Diseases

- *HIV treatment:* Variants in the HLA-B5701 gene can predict hypersensitivity to the antiretroviral drug abacavir. Patients with this variant can be given alternative medications to prevent severe reactions.
- *Hepatitis C:* Genetic testing for IL28B variants can involve in prediction of achieving a steady virologic response towards certain hepatitis C treatments and other guiding therapy choices.

### Pain Management

- *Opioid metabolism:* Variants in the CYP2D6 gene affect the metabolism of drugs like opioids (codeine and tramadol). Poor metabolizers may experience below sub-therapeutic level responses, such as inadequate pain relief, while ultra-rapid metabolizers are at risk for toxicity. Genetic testing helps in selecting the appropriate opioid and dose.
- *Non-opioid analgesics:* Variants in genes, such as CYP2C9 can influence the metabolism of non-opioid pain medications like NSAIDs, guiding safer and more effective pain management strategies.

### Gastroenterology

- *Thiopurine therapy:* Variants in the TPMT gene affect the metabolism of thiopurine drugs used in treating conditions like inflammatory bowel disease (IBD). Patients with low TPMT activity are at higher risk for bone marrow toxicity and may require dose adjustments or alternative therapies [13].
- *Proton pump inhibitors (PPIs):* Variants in CYP2C19 influence the metabolism of PPIs used to treat acid reflux and peptic ulcers. Poor metabolizers may require lower doses to avoid adverse events, while ultra-rapid metabolizers may need higher doses for proving their efficacy.

### Neurology

- *Epilepsy:* Variants in genes, such as SCN1A can be able to predict the response towards antiepileptic drugs. Genetic testing can help in selecting the most effective medication and dosage, reducing seizure frequency and side effects.
- *Alzheimer's disease:* Genetic testing for the APOE gene can provide information on an individual's risk for Alzheimer's disease, influencing early intervention strategies and personalized treatment plans.

### Hematology

- *G6PD deficiency:* Patients with G6PD deficiency are at higher risk for getting haemolytic anaemia when they are exposed to certain medications like sulfa drugs and antimalarials. Genetic testing can identify at-risk individuals, allowing for safer and effective medication choices.
- *Iron overload disorders:* Variants in the HFE gene can cause hereditary hemochromatosis, leading to iron overload. Genetic testing helps in early diagnosis and management of the condition [14].

### Rheumatology

- *Methotrexate toxicity:* Variants in the MTHFR gene can influence the risk of toxicity from methotrexate, a common treatment for rheumatoid arthritis. Genetic testing can guide dose adjustments to minimize side effects.
- *Biologic therapies:* Pharmacogenomic testing can predict the response to biologic drugs used in autoimmune diseases, optimizing treatment efficacy and reducing adverse effects.

### **Pediatrics**

- *Newborn screening*: Pharmacogenomic testing can identify metabolic disorders and genetic conditions early in life, allowing for prompt and tailored interventions to improve health outcomes.
- *Pediatric oncology*: Genetic profiling of pediatric cancers can guide the selection of targeted therapies, improving survival rates and reducing long-term side effects.

### **Implementation and Challenges**

- *Clinical integration*: Incorporating pharmacogenomic testing into routine clinical practice requires infrastructure for genetic testing, education for healthcare providers, and integration into electronic health records.
- *Cost and accessibility*: While the cost of genetic testing has decreased, ensuring accessibility and insurance coverage remains as a major challenge [15].

### **Key Elements Involved in Pharmacogenomic Testing**

1. *Genetic variants*: Involves in identifying specific genetic variations, such as SNPs, insertions, deletions, and copy number variations that influence drug metabolism and its responses.
2. *Drug metabolizing enzymes*: Testing for variations in various genes encoding enzymes responsible for drug metabolism, such as CYP450 enzymes.
3. *Drug transporters*: Analyzing genes encoding proteins that transport drugs across cell membranes, affecting drug distribution and elimination.
4. *Drug targets*: Evaluating genetic variations in drug targets, such as receptors and enzymes, which influence drug efficacy and safety.
5. *Clinical implementation*: Integrating genetic test results into clinical practice to guide drug selection and dosing.

### **Detailed Examples of Pharmacogenomic Testing**

#### **CYP2D6 Testing**

- *Function*: The CYP2D6 enzyme metabolizes approximately 25% of all medications, including antidepressants, antipsychotics, opioids, and beta-blockers [16].
- *Genetic variants*: Variants in the CYP2D6 gene can categorize individuals into different metabolizer statuses:
- *Poor metabolizers (PM)*: Little to no enzyme activity, leading to higher drug levels and increased risk of side effects.
- *Intermediate metabolizers (IM)*: Reduced enzyme activity, leading to moderate/sub therapeutic drug levels.
- *Extensive metabolizers (EM)*: Normal enzyme activity, leading to expected therapeutic drug levels.
- *Ultra-rapid metabolizers (UM)*: Increased enzyme activity, leading to lower plasma concentration drug levels and potential therapeutic failure.
- *Example*: Codeine is metabolized into morphine by CYP2D6. Poor metabolizers may experience inadequate pain relief, while ultra-rapid metabolizers are at risk for toxicity due to high morphine levels [17].

#### **CYP2C19 Testing**

- *Function*: The CYP2C19 enzyme metabolizes drugs, such as clopidogrel (Plavix), proton pump inhibitors (PPIs), and certain antidepressants.
- *Genetic variants*: Variants in CYP2C19 affects the enzyme activity:
- *Poor metabolizers (PM)*: Increased risk of adverse effects due to its higher drug concentration levels.
- *Intermediate metabolizers (IM)*: Moderate enzymatic activity.
- *Extensive metabolizers (EM)*: Normal enzymatic activity.
- *Ultra-rapid metabolizers (UM)*: Increased enzyme activity, leading to lower drug levels and potential therapeutic failure.
- *Example*: Clopidogrel, an antiplatelet drug, requires activation by CYP2C19. Poor metabolizers may have reduced drug efficacy, increasing the risk of cardiovascular events.

---

### TPMT (Thiopurine Methyltransferase) Testing

- *Function:* TPMT metabolizes thiopurine drugs, such as azathioprine, mercaptopurine, and thioguanine, used in treating leukemia and autoimmune diseases.
- *Genetic variants:* Variants in TPMT can lead to low enzyme activity, increasing the risk of bone marrow toxicity.
- *Example:* Patients with low or absent TPMT activity require lower doses of thiopurine drugs to avoid severe myelosuppression and toxicity.

### HLA-B5701 Testing

- *Function:* HLA-B5701 is a genetic marker majorly associated with hypersensitivity reactions towards the antiretroviral drug abacavir.
- *Genetic variants:* Presence of the HLA-B5701 allele increases the risk of severe hypersensitivity reactions.
- *Example:* Patients testing positive for HLA-B5701 should avoid abacavir to prevent potentially life-threatening reactions.

### SLCO1B1 Testing

- *Function:* The SLCO1B1 gene encodes a transporter protein involved in the hepatic uptake of statins.
- *Genetic variants:* Variants in SLCO1B1 can increase the risk of statin-induced myopathy.
- *Example:* Patients with certain SLCO1B1 variants may require lower doses of statins or alternative lipid-lowering therapies to reduce the risk of muscle toxicity.

### DPYD (Dihydropyrimidine Dehydrogenase) Testing

- *Function:* DPYD enzyme metabolizes fluoropyrimidine drugs, such as 5-fluorouracil (5-FU) and capecitabine, used in cancer treatment.
- *Genetic variants:* Deficiency in DPYD activity can lead to severe toxicity due to impaired drug metabolism.
- *Example:* Patients with DPYD variants may require dose adjustments or alternative therapies to avoid severe toxicity from fluoropyrimidine drugs.

### Clinical Implementation

- *Pre-treatment testing:* Conducting pharmacogenomic tests before starting a new medication to guide drug selection and dosing.
- *Electronic health records (EHR):* Integrating genetic test results into EHRs to ensure that healthcare providers have access to relevant information when prescribing medications.
- *Decision support tools:* Using clinical decision support tools to interpret genetic test results and provide recommendations for drug therapy [18].

### Challenges and Considerations

- *Cost and accessibility:* Ensuring that pharmacogenomic testing is well affordable and accessible to all patients irrespective of their socio-economic status.
- *Education and training:* Educating all the healthcare providers on the interpretation and application of pharmacogenomic test results.
- *Ethical and privacy concerns:* Protecting patient privacy and actively addressing their ethical considerations related to various genetic testing.

Pharmacogenomic testing represents a crucial step towards personalized medicine, allowing for more precise, effective, and safer drug therapies. As research advances and testing becomes more widespread, the potential to improve patient outcomes will continue to grow.

### **Personalized Medicine**

- *Tailored therapies:* Medications can be customized based on an individual patient's genetic profile, optimizing drug efficacy and minimizing all adverse effects.
- *Precision dosing:* Genetic testing can help determine the appropriate dosage for patients, avoiding the trial-and-error approach currently used [19].

### **Advancements in Drug Development**

- *Targeted drug development:* Understanding genetic variations can lead to the development of drugs that target specific genetic profiles, increasing the success rate of new medications.
- *Reduced adverse drug reactions:* Identifying genetic markers associated with adverse reactions can help in designing safer drugs [20].

### **Clinical Applications**

- *Oncology:* Pharmacogenomics is particularly promising in cancer treatment, where it can identify the most effective drugs for specific genetic mutations found in tumors.
- *Cardiology:* Genetic testing can predict patient response to anticoagulants and other cardiovascular drugs, improving treatment outcomes.
- *Psychiatry:* Pharmacogenomics can help in selecting the most effective psychiatric medications with the least side effects based on a patient's genetic makeup.

### **Public Health Impact**

- *Population health management:* Large-scale genetic screening can identify at-risk populations and guide public health interventions.
- *Reduction in healthcare costs:* By preventing adverse drug reactions and ensuring effective treatments, pharmacogenomics can reduce hospitalizations and other healthcare costs.

### **Technological Integration**

- *Electronic health records (EHR):* Integrating genetic information into EHRs can provide clinicians with real-time decision support for prescribing medications.
- *Artificial intelligence (AI) and big data:* AI can analyze vast amounts of genetic and clinical data to identify patterns and make precise treatment recommendations [21].

### **Ethical and Social Considerations**

- *Privacy and confidentiality:* Ensuring the privacy of genetic information is paramount to gaining patient trust and compliance [22].
- *Access and equity:* Efforts must be made to ensure that pharmacogenomic testing is well accessible to all, regardless of their socioeconomic status.
- *Education and training:* Healthcare providers need proper education and training to interpret and apply genetic information in clinical practice [23].

### **Challenges and Future Directions**

- *Standardization:* Developing standardized guidelines for pharmacogenomic testing and its clinical application.
- *Regulatory frameworks:* Establishing a well-established strong regulatory framework to ensure the safety and efficacy of pharmacogenomic applications.
- *Research and development:* Continued research is needed to uncover more gene-drug interactions and to validate the clinical utility of pharmacogenomic testing [24].

### **Case Studies and Success Stories**

- *Warfarin dosing:* Genetic testing for CYP2C9 and VKORC1 variants greatly helps in determining the appropriate précised dose of warfarin, reducing the risk of bleeding complications.

- *Breast cancer*: HER2 genetic testing guides the use of trastuzumab, improving survival rates in HER2-positive breast cancer patients [25].
- *HIV treatment*: HLA-B5701 testing prevents hypersensitivity reactions to the antiretroviral drug abacavir, enhancing patient safety.

### Prospects

- *Expansion of genetic databases*: As genetic databases grow; they will provide more comprehensive data for identifying gene-drug interactions [26].
- *Gene editing*: Technologies, such as CRISPR may one day allow for the correction of genetic variations that affect personalizing treatment and drug response.
- *Integration with other omics*: Combining pharmacogenomics with other omics fields (proteomics, metabolomics) can provide a more holistic approach to personalized medicine [27, 28].

Pharmacogenomics gives a promise of transforming healthcare by making treatments more personalized, effective, and safer. As technology advances and our understanding of genetics deepens, pharmacogenomics will become an integral part of medical practice, ushering in a new era of precision medicine [29, 30].

### CONCLUSION

Pharmacogenomics represents a transformative advancement in the field of modern medicine, offering the potential to tailor drug therapies based on individual genetic profiles. By integrating this genetic testing into a clinical practice, healthcare providers can optimize treatment efficacy and involves in reduction of adverse drug reactions, and improve patient desired therapeutic outcomes across a range of various branches of medical fields As research progresses and technology in turn advances, the promise of personalized/précised medicine will continue to grow to higher and higher, making all the available treatments more precise, effective and healthcare system more efficient. Realizing the full potential of pharmacogenomics will require numerous overcoming challenges related to cost, accessibility, education, and other ethical considerations. Ultimately, pharmacogenomics is poised to play a important role in the future of medicine, contributing to more personalized, effective, and safer healthcare systems for all.

### REFERENCES

1. Polasek TM, Shakib S, Rostami-Hodjegan A. Precision dosing in clinical medicine: Present and future. *Expert Rev Clin Pharmacol*. 2018 Aug 3;11(8):743–6.
2. Crews KR, Hicks JK, Pui CH, Relling MV, Evans WE. Pharmacogenomics and individualized medicine: Translating science into practice. *Clin Pharmacol Ther*. 2012 Oct;92(4):467–75.
3. Gurwitz D, Weizman A, Rehavi M. Education: Teaching pharmacogenomics to prepare future physicians and researchers for personalized medicine. *Trends Pharmacol Sci*. 2003 Mar 1;24(3):122–5.
4. Lee SJ. Clinical application of CYP2C19 pharmacogenetics toward more personalized medicine. *Front Genet*. 2013 Feb 1;3:318. Available from: <https://doi.org/10.3389/fgene.2012.00318>.
5. Koning PD, Keirns J. Clinical pharmacology biomarkers and personalized medicine: Education please. *Biomark Med*. 2009 Dec 1;3(6):685–700.
6. Carr DF, Alfirevic A, Pirmohamed M. Pharmacogenomics: current state-of-the-art. *Genes*. 2014 May 26;5(2):430–43.
7. Everett JR. Pharmacometabonomics in humans: A new tool for personalized medicine. *Pharmacogenomics*. 2015 May 1;16(7):737–54.
8. Everett JR. From metabonomics to pharmacometabonomics: The role of metabolic profiling in personalized medicine. *Front Pharmacol*. 2016 Sep 8;7:297.
9. Ziegelstein RC. Personomics: The missing link in the evolution from precision medicine to personalized medicine. *J Pers Med*. 2017 Oct 16;7(4):11.

10. De Leon J. Pharmacogenomics: The promise of personalized medicine for CNS disorders. *Neuropsychopharmacol.* 2009 Jan;34(1):159–72. Available from: <https://doi.org/10.1038/npp.2008.147>.
11. Drăgoi CM, Nicolae AC, Dumitrescu IB. Emerging strategies in drug development and clinical care in the era of personalized and precision medicine. *Pharmaceutics.* 2024 Aug 22;16(8):1107.
12. Farmaki A, Manolopoulos E, Natsiavas P. Will precision medicine meet digital health? A systematic review of pharmacogenomics clinical decision support systems used in clinical practice. *OMICS.* 2024 Sep;28(9). Available from: <https://doi.org/10.1089/omi.2024.0131>.
13. Manchia M, Pisanu C, Squassina A, Carpiniello B. Challenges and future prospects of precision medicine in psychiatry. *Pharmacogenomics Pers Med.* 2020;13:127–40. Available from: <https://doi.org/10.2147/PGPM.S198225>.
14. Scheen AJ. Precision medicine: The future in diabetes care? *Diabetes Res Clin Pract.* 2016 Jul;117:12–21. Available from: <https://doi.org/10.1016/j.diabres.2016.04.033>.
15. Sim SC, Ingelman-Sundberg M. Pharmacogenomic biomarkers: new tools in current and future drug therapy. *Trends Pharmacol Sci.* 2011 Feb;32(2):72–81.
16. Lindpaintner K. Pharmacogenetics and the future of medical practice. *J Mol Med.* 2003;81:141–53. Available from: <https://doi.org/10.1007/s00109-002-0416-5>.
17. Agyeman AA, Ofori-Asenso R. Perspective: Does personalized medicine hold the future for medicine? *J Pharm Bioallied Sci.* 2015 Jul 1;7(3):239–44.
18. Wei CY, Michael Lee MT, Chen YT. Pharmacogenomics of adverse drug reactions: implementing personalized medicine. *Hum Mol Genet.* 2012 Oct 15;21(R1).
19. Ritchie MD. The success of pharmacogenomics in moving genetic association studies from bench to bedside: Study design and implementation of precision medicine in the post-GWAS era. *Hum Genet.* 2012 Oct;131:1615–26.
20. Sadee W, Dai Z. Pharmacogenetics/genomics and personalized medicine. *Hum Mol Genet.* 2005 Oct 15;14(suppl\_2). Available from: <https://doi.org/10.1093/hmg/ddi261>.
21. Iriart JA. Precision medicine/personalized medicine: a critical analysis of movements in the transformation of biomedicine in the early 21st century. *Public Health J.* 2019 Mar 25;35(3). Available from: <https://doi.org/10.1590/0102-311X00153118>.
22. Mishra PJ, Bertino JR. MicroRNA polymorphisms: The future of pharmacogenomics molecular epidemiology and individualized medicine. *Pharmacogenomics.* 2009 Mar 1;10(3):399–416.
23. Duffy DJ. Problems, challenges, and promises: Perspectives on precision medicine. *Brief Bioinform.* 2016 May;17(3):494–504.
24. Seyhan AA, Carini C. Are innovation and new technologies in precision medicine paving a new era in patient-centric care? *J Transl Med.* 2019 Apr 5;17(1):114.
25. Giri J, Moyer AM, Bielinski SJ, Caraballo PJ. Concepts driving pharmacogenomics implementation into everyday healthcare. *Pharmacogenomics Pers Med.* 2019 Oct 30:305–18.
26. Love-Koh J, Peel A, Rejon-Parrilla JC, Ennis K, Lovett R, Manca A, et al. The future of precision medicine: Potential impacts for health technology assessment. *Pharmacoeconomics.* 2018 Dec; 36:1439–51.
27. Xie HG, Frueh FW. Pharmacogenomics steps toward personalized medicine. *Pers Med.* 2005 Nov 1;2(4):325–37.
28. De Maria Marchiano R, Di Sante G, Piro G, Carbone C, Tortora G, Boldrini L, et al. Translational research in the era of precision medicine: Where we are and where we will go. *J Pers Med.* 2021 Mar 18;11(3):216.
29. Oates JT, Lopez D. Pharmacogenetics: An important part of drug development with a focus on its application. *Int J Biomed investg.* 2018;1(2):111. doi: 10.31531/2581-4745.1000111.
30. Fountzilias E, Tsimberidou AM, Vo HH, Kurzrock R. Clinical trial design in the era of precision medicine. *Genome Med.* 2022 Aug 31;14(1):101.