

PERSONALIZED MEDICINE: FUTURE DRUG THERAPY A COMPREHENSIVE REVIEW

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ABSTRACT

Personalized medicine is changing healthcare. It moves away from the traditional “one-size-fits-all” approach. Instead, it focuses on prevention, diagnosis, and treatment based on each patient’s genetic profile, biomarkers, lifestyle, and environmental factors. This review outlines the basic ideas and scientific foundations of personalized medicine. It covers biomarkers, pharmacogenetics, and pharmacogenomics, which help make better treatment decisions. The review also looks at how tests and validations are done. This includes personalized drug screening, biomarker validation, N-of-1 clinical trials, and adaptive clinical trials. Moreover, it examines current clinical uses, especially in cancer treatment. It explains how personalized medicine works in today’s healthcare system. The changing role of pharmacists in applying precision therapies is also noted. Additionally, the article discusses the key benefits, challenges, and limitations of personalized medicine. This includes ethical, economic, and technological issues. Finally, it looks at future developments, This vision aims to integrate personalized medicine into everyday healthcare and improve patient outcomes around the world. Personalized medicine can improve treatment effectiveness, reduce harmful drug reactions, and influence the future of drug therapy with more tailored healthcare strategies.

KEYWORDS: Personalized medicine; Precision medicine; Pharmacogenomics; Pharmacogenetics; Biomarkers; Personalized drug therapy; Precision healthcare.

1. INTRODUCTION

Personalized medicine is currently a key topic in all areas of human medicine and is discussed from scientific, political, and economic angles.^[1] Instead of seeing personalized medicine as a sudden breakthrough, we can view it as a continuous process of research aimed at customizing treatment based on individual patient traits.

In many ways, medicine has always been personalized. For years, doctors have considered environmental, behaviour, and genetic factors that influence disease classification, medication response, and disease management when making treatment choices.^[2]

Personalized medicine is a distinctive type of medicine that involves the customization of treatment according to the characteristics of the patients.

It is also referred to as precision medicine. It is a form of treatment depending on the genetic makeup of the human genome. It has become a major focus in the diagnosis, prevention, and treatment of diseases. Personalized medicine depends on pharmacogenomics and genomics.^[3]

2. PERSONALIZED MEDICINE: WHAT IS IT EXACTLY?

Personalized medicine (PM) is one of the most innovative issues in the medicine and healthcare sectors at the moment. Personalized medicine represents the concept with the ability to change the way medical interventions are made by providing an efficient and personalized method of treatment taking into account the genetic, epigenetic, and proteomics profile of an individual, while being conscious of his/her personal situation. The benefits of personalized medicine are not limited to therapy alone; personalized medicine can be

used for the purposes of prevention as well. By using more molecular stratification of patients such as detecting mutations responsible for the development of treatment resistance, physicians will be provided with clear evidence to use as the basis for making decisions concerning the treatment of patients. With this innovation, there will be no need for relying on the results of varied trial-and-error approaches to drug prescriptions.^[4,5] Personalized medicine is one of the most promising areas in the practice of medicine that involves the individual's genetic information in the process of decision-making.^[6]

3. PERSONALIZED MEDICINE: A CONTINUOUS DEVELOPING APPROACH

The primary goal of personalized medicine is to provide healthcare that is tailored to the unique characteristics of each patient. It uses information such as an individual's genetic profile, omics data (including genomics, proteomics, and metabolomics), medical history, lifestyle, and environmental factors to support better clinical decisions. Unlike the traditional "one-size-fits all" approach, personalized medicine recognizes that each person may respond differently to the same disease or treatment. Advances in genetic research have made it possible to identify individuals who have a higher risk of developing certain diseases, allowing healthcare professionals to implement early preventive measures and improve disease management. In addition, rapid progress in next-generation sequencing technologies has significantly reduced the cost and time required for genetic testing. As a result, genome sequencing is becoming more accessible and has the potential to be incorporated into routine clinical practice. Personalized medicine also helps overcome some of the limitations of conventional evidence-based medicine by considering individual biological differences rather than relying only on average responses observed in large patient populations. This patient-centred approach has the potential to improve the accuracy of diagnosis, enhance treatment effectiveness, reduce adverse drug reactions, and ultimately provide safer and more efficient healthcare.^[7]

The interest in the concept of personalized medicine has increased recently, not only because medicines are not 100 percent efficient and safe but also due to the progress that has been achieved, for example, in the context of the Human Genome Project.^[8] This kind of progress allowed the scientists to distinguish the subtypes of some diseases using genetics, besides using other tools such as histology. This discovery has led to an assumption that there will be more opportunities for preventing and treating different diseases due to genetics. For instance, the knowledge of genetics can provide the information on how probable it is for people with some subtypes of a disease to respond to some medicine both old and new.

The definition of personalized medicine looks obvious from the first point of view. But when analyzing the

existing definitions of the concept of personalized medicine, one can see some significant discrepancies between them.

Personalized medicine has been defined as the medical model that suggests customization of health care, where decisions and actions depend on individual patients using genetic information.^[9]

4. SCIENTIFIC BASIS AND COMPONENT OF PERSONALIZED MEDICINE

Personalized medicine is based on a comprehensive understanding of the various factors that influence an individual's health and response to treatment. These factors include genetic (genomic) variations, epigenetic changes, environmental influences, disease-related physiological conditions, and potential drug interactions. Together, they help explain why patients with the same disease may respond differently to the same medication.

Among these factors, genetic variation plays the most important role in current personalized medicine. The study of genomic differences enables healthcare professionals to predict drug response, optimize drug selection, determine the appropriate dosage, and reduce the risk of adverse drug reactions. By integrating these biological and clinical factors into medical decision-making, personalized medicine supports more effective, safer, and patient-centred healthcare.^[10,11] In the future, epigenomic factors are expected to play an increasingly important role in the advancement of personalized medicine.^[12]

Novel biomarkers, such as circulating DNA, microRNAs (miRNAs), and proteins or peptides, are becoming valuable tools in personalized medicine because they help predict how patients respond to specific drugs.

Genetic variations that influence drug response are mainly found in genes encoding drug-metabolizing enzymes, drug transporters, drug targets, and drug receptors involved in cellular signaling pathways.

Identifying these genomic factors enables healthcare professionals to select more effective therapies, optimize drug dosage, and reduce the risk of adverse drug reactions.^[13]

4.1 INTRODUCTION TO BIOMARKERS

Recent advances in medical technology, together with the knowledge gained from the Human Genome Project, have significantly accelerated the development of personalized medicine. These advancements have also increased interest in the discovery and application of biomarkers, which play a crucial role in individualized healthcare. A biomarker is any measurable biological characteristic that can indicate the presence, progression, or response of a disease or medical condition. With the development of genomic and proteomic technologies,

biomarkers now include molecular indicators that provide detailed information about biological processes and disease mechanisms. In drug discovery and development, clinically validated biomarkers are used to evaluate a patient's response to treatment by predicting both therapeutic effectiveness and the risk of adverse effects. As a result, biomarkers have become essential tools for improving diagnosis, guiding treatment selection, and supporting the successful implementation of personalized medicine.^[14]

Similar to pharmacogenetics testing, the successful use of protein-based biomarkers depends on the development of testing methods that are accurate, rapid, and cost-effective. Continuous advances in proteomics, including the study of protein-protein interactions, protein expression profiling, well-organized proteomic databases, and improved techniques for analyzing protein function, are expanding the identification of new biomarkers. These developments are expected to support the discovery of novel therapeutic targets, improve disease diagnosis, and enhance the effectiveness of personalized medicine.^[15]

4.2 PHARMACOGENETICS

Pharmacogenetics is one of the most promising directions in personalized medicine and has significantly changed the paradigm of pharmacotherapy, making it more targeted and efficient. Nowadays, pharmacogenetics is regarded as an integral part of precision medicine, which helps increase the safety and efficiency of treatment.

The study of pharmacogenetics focuses on the role of genetic variability between different people and their impact on the pharmacodynamics and pharmacokinetics of certain medications. Such variability determines the process of metabolism of drugs and the effect that it has on the activity of different enzymes and proteins involved in metabolism as well as their interaction with cellular receptors and signaling pathways.

The use of specific genetic markers makes it possible to predict the response of a patient to certain medication, which helps choose the optimal therapy.^[16] The amount of scientific research evidence available in the area of pharmacogenetics in the last few decades has skyrocketed. The testing technology has improved, and the clinical evidence behind the implementation of pharmacogenetics in clinical practice has become more convincing, and the cost of testing has been reduced.^[17]

4.3 PHARMACOGENOMICS

Pharmacogenomics (or toxicogenomics) As a newly emerging science represents a result of the combination of pharmacogenetics (or toxicogenomics) with genomics.

The high throughput approaches to DNA analysis make possible the addition of one more aspect to individualized predictive medicine.

Knowing the personal genetic background of each person in relation to disease risk and treatment will significantly contribute to the comprehension of the mechanisms of disease development, which might help in making a personalized treatment plan. We might call it "treatment with the proper drug at the proper dosage for the proper patient."

The necessity of such a science has become apparent when a survey was made regarding adverse drug effects in patients in hospital. Adverse drug effects could be considered to be the fifth cause of death in the US.^[18] Genomics will be very important for assessing diseases, discovering and developing medicines, as well as for determining the kind of medication that should be used. Furthermore, it can also give data useful for choosing the dosage of treatment for a particular patient.

The medicine that is developed at present for this new millennium takes into account the largest possible population group that would benefit from it and uses statistics regarding the reaction of the population group to make predictions regarding individual patients' reactions. There remains a need to decide on the drug and dosage based on the average information obtained from the population. This approach, which can be called "one drug fits all," can be transformed, due to the advances in pharmacogenomics, into an individualized approach to treatment.^[19]

5. TESTING AND VALIDATION OF PM

5.1 PERSONALIZED DRUG SCREENING

Currently, medicine is based on a particular disease usually described by the pathological and clinical aspects of the disease. In the last 20 years, it has been observed that many medicines have therapeutic effect on only a few people who suffer from that particular disease.

Moreover, these medicines have different side effects on these patients. The genetic makeup of the patient, life style of the patient, adherence to therapy and medicine itself are all responsible for this variability.^[20] Genetic variations involve the presence of deleterious mutations and different expression in drug targets and drug metabolizing proteins. In the last decade, the focus of translational research has been on the development of personalized medicines for a particular disease in an individual. Recent advances in genomics have helped us understand how the genetics of the individual influences his/her risks, prognoses and effects of the therapeutic intervention.

One of the possible ways to develop personalized medicines involves the use of personal health data and

personalized drug screening to discover therapeutic molecules with higher efficacy and low toxicity.

Here, we propose that the drug libraries used in PDS be constituted by FDA-approved drugs. The identification of a drug with an approved drug molecule would help in treating patients directly or advancing the molecules to the clinical stage, which otherwise require years of drug discovery processes to enter the clinical stage. Here, for the purpose of this paper, we will use PDS for personalized drug screening involving an FDA drug library.

Nevertheless, PDS is not necessarily restricted to use with FDA-approved drug libraries only. In order to produce these outcomes, a team of various scientists from clinical practitioners, researchers, bioinformatics experts, ethicists, informatics experts, and regulatory affairs experts should cooperate to invent and fine-tune the PDS with drug repurposing process. Drug screening for a particular disease sample of a patient, be it cancer or bacteria-induced infection, can be rapidly done through a newly introduced concept of “bedside-to-bench and back to patients.”^[21]

5.2 BIOMARKERS VALIDATION AND QUALIFICATION

Greater understanding of genetics is leading to the emergence of potential markers that could prove helpful in making more precise diagnoses, prognosis, evaluation, and treatment of patients. To ensure the full utilization of these breakthroughs in order to make best use of them for patients' benefit, the use of clinical trial designs in assessing their usefulness is necessary. Clinical trial designs that seek to assess the usefulness of molecular markers within the context of genetic testing form the basis of the process. Ideally, the study population should comprise people who have clinical value of knowing about the markers in question, and from whom specimens can be obtained easily. Biomarkers have begun playing significant roles in personalized treatment; however, there is little supervision of their use.

Approximately 1,000 biomarkers can be used as diagnostic tests, almost exclusively offered as “home brews” without any official approval by any regulatory body. Despite having being used in decision making, in clinical practice, in drug discovery, and regulation of drugs for decades, there is a current emphasis on their use in facilitating regulatory decision making. The use of biomarkers in preclinical and clinical non-clinical development stages to achieve a more informed scientific basis for designing pivotal trials has already proven its utility in the development of targeted drugs.

The discovery and confirmation of efficacy and safety biomarkers, in particular, might prove to be very helpful in future drug development since a change in biomarkers may be indicative of pharmacodynamics and clinical effect of the product.

Research plans should involve assay validation and biomarker qualification. Various approaches to assay validation have been described by FDA guidance for industry on bioanalytical method validation (2001).

There is, however, a lack of regulation concerning validation of biomarker assays. Validation of methods should ensure that the selected method of measurement is fit for purpose.^[22]

5.3 N-OF-1 CLINICAL TRIALS

When there is no evidence to suggest that one treatment is more suitable for an individual than other available treatment options based on factors such as genetic profile, lifestyle, or other personal characteristics, all treatment choices are considered equally appropriate. In such situations, the best therapeutic option cannot be predicted in advance and must be determined through clinical evaluation and evidence. This approach helps identify the most effective and safest intervention for the individual patient while supporting the principles of personalized medicine.

The experiments which are designed based on one person's reactions to various treatments in order to come up with the best treatment are known as N-of-1 trials or single-subject trials. N-of-1 trials may utilize simple crossover trial or even the repeated crossover trial designs, e.g., ABABAB designs, whereby A and B represent different treatments, and the sequence of ABABAB represents the sequence of the delivery of the different treatments to the patient. The alternating of treatments and the documentation of one's reaction to the treatments help in comparison of those treatments, for instance, testing of treatments against each other or Blinding, washout period, multiple endpoints, among others.^[23-25]

5.4 ADAPTIVE CLINICAL TRIALS

While adaptive and sequential clinical trial designs have been established methodologies for decades, their integration into the field of personalized medicine is a relatively recent development. Traditionally utilized to optimize efficiency and sample sizes in standard drug development, these flexible frameworks are now being tailored to accommodate the highly individualized nature of precision therapies. This shift addresses the need for dynamic trial protocols that can adjust to patient-specific data, thereby advancing the evaluation and delivery of targeted pharmaceutical interventions.^[26]

A primary objective of adaptive clinical trials is to protect patient safety by minimizing their exposure to ineffective or inferior therapies. In personalized medicine, attempting to test multiple sequential treatments on a single patient—similar to an intensive n-of-1 study—is often impractical and potentially harmful, especially when several of the interventions may offer no clinical benefit. To mitigate this risk, modern trial

designs incorporate real-time biomarker monitoring to track early indicators of therapeutic efficacy or adverse drug reactions. If these biological markers signal that a treatment is failing, the protocol allows the patient to promptly cross over to an alternative therapy. Although these dynamic modifications present logistical challenges in real-time execution and require highly complex statistical analyses, they offer a safer, more responsive framework for evaluating individualized pharmaceutical care.^[27-29]

6. CLINICAL APPLICATION OF PERSONALIZED MEDICINE

6.1 PERSONALIZED MEDICINE FOR CANCER

Despite the rising global burden of cancer, therapeutic advancements remain constrained, often yielding modest extensions in patient survival. Standard clinical oncology has historically relied on reactive frameworks, including symptomatic evaluation, patient history, and post-onset histopathological findings. However, contemporary diagnostic workflows leverage diverse biomolecular indices—encompassing genetic, epigenetic, proteomic, metabolomic, and advanced imaging markers—to identify malignancies long before clinical symptoms manifest. Employing high-throughput, multiplexed assay platforms to analyze these biomarkers concurrently enhances both diagnostic sensitivity and specificity. Consequently, this multi-marker profiling allows clinicians to transition from generalized interventions toward highly customized, patient-specific precision medicine tailored to the exact molecular stage of the disease.

Furthermore, while hereditary genetic aberrations dictate familial cancers, they constitute only 10% to 15% of total oncological cases; the vast majority are driven by modifiable environmental, infectious, and lifestyle triggers. Mapping these distinct genetic and environmental etiological profiles remains vital for accurately calculating lifetime patient risk and refining early preventative strategies.^[30]

Even though all cells in the human body share the exact same DNA, genes behave and express themselves differently depending on the organ they are in. This variation is highly visible in cancer, where different tumors can have identical DNA but show completely different gene expression patterns. Today, technologies like gene expression microarrays allow us to study the activity of thousands of genes at the same time. This helps researchers easily distinguish cancer-associated genetic patterns from healthy ones. Historically, standard medical treatments were designed based on large population studies, which ignored individual genetic differences. However, identifying these unique genetic variations is now shifting clinical medicine away from general treatments and toward personalized therapies based on a patient's specific genetic profile.^[31]

Modern personalized medicine marks a major shift in patient care. Traditionally, medicine has been reactive: a doctor examines a patient's symptoms, looks at their lifestyle, and then prescribes a standard treatment. In contrast, modern personalized medicine is proactive. It analyzes a patient's unique genetic makeup and disease history before creating a treatment plan.

Our growing understanding of genomic variations—such as mutations, deletions, and single nucleotide polymorphisms (SNPs)—allows clinicians to identify who faces a high risk of developing cancer. By using DNA sequencing to catalog these genetic changes across different cancer subtypes, researchers can design more accurate diagnostic tools and effective therapies. Because cancer is fundamentally a disease of the genome, every individual tumor carries its own distinct genetic fingerprint and gene expression profile. Mapping these specific molecular signatures allows pharmacists and clinicians to move away from a “one-size-fits-all” approach, shifting instead toward tailored pharmacotherapy regimens that target the exact genetic profile of a patient's cancer.^[32]

7. PERSONALIZED MEDICINE AND HOW DOES IT WORKS?

7.1 GENOMIC PROFILING

A foundational pillar of personalized medicine is the evaluation of an individual's genomic profile to determine how specific genes influence disease susceptibility and therapeutic outcomes. By utilizing clinical genetic testing, healthcare providers can identify key genetic variations that put a patient at a higher risk for developing certain medical conditions. From a pharmacological standpoint, this profiling is highly significant because it reveals how variations in a patient's DNA affect drug metabolism and overall therapeutic response. Recognizing these patient-specific genetic markers before prescribing medication allows clinicians to predict drug efficacy, avoid severe adverse drug reactions, and optimize the overall safety of the treatment regimen.^[33]

7.2 PRECISION THERAPEUTIC AND INDIVIDUALIZED REGIMEN DESIGN

By combining patient-specific genomic data with external factors like environmental exposures and lifestyle habits, healthcare providers can design individualized therapeutic strategies. These customized treatment plans offer significant advantages over traditional, “one-size-fits-all” drug therapies by maximizing therapeutic efficacy while minimizing potential toxicities.^[34] A major clinical application of this approach is found in modern oncology. Instead of using generalized chemotherapy, targeted cancer therapies are selected based on the specific genetic mutations driving a patient's unique tumor. This molecular targeting ensures that the drug aggressively attacks malignant cells while sparing healthy tissue, ultimately resulting in vastly

superior clinical outcomes and fewer adverse drug events.

7.3 PERSONALIZED PREVENTIVE STRATEGIES

Preventive strategies are an important component of personalized medicine, as they focus on reducing disease risk according to an individual's unique genetic and lifestyle profile. By identifying genetic predispositions and other risk factors, such as environmental exposure and lifestyle habits, healthcare professionals can recommend personalized preventive interventions before the onset of disease. This individualized approach supports early risk assessment, promotes timely preventive measures, and improves overall health outcomes through targeted disease prevention.^[35]

7.4 THERAPEUTIC MONITORING AND TREATMENT OPTIMIZATION

Personalized medicine requires continuous monitoring of a patient's health status and response to therapy to ensure optimal treatment outcomes. Healthcare professionals may use periodic genetic testing, biomarker analysis, and other diagnostic investigations to evaluate the effectiveness of the prescribed treatment. The information obtained from these assessments helps determine whether the current therapy should be continued, modified, or replaced to achieve better efficacy and safety for the individual patient.^[36]

8. FROM DISPENSING TO PRECISION CARE: THE EVOLVING ROLE OF PHARMACIST IN PERSONALIZED MEDICINE

The pharmacy profession has continuously evolved in response to scientific and technological advancements in healthcare. Over the past century, the role of pharmacists has expanded from primarily preparing and dispensing medicines to providing patient-centered pharmaceutical care. Modern pharmacy practice focuses on optimizing drug therapy, ensuring the safe and effective use of medications, and addressing the individual needs of each patient. As personalized medicine continues to advance, pharmacists are expected to integrate emerging scientific knowledge into clinical practice and contribute actively to individualized treatment planning and improved patient outcomes.^[37]

In addition to dispensing medications, pharmacists now provide a wide range of clinical healthcare services in community pharmacies and ambulatory care settings.

These services include blood glucose testing, cholesterol screening, blood pressure monitoring, immunization, and other preventive healthcare activities. By offering these patient-centered services, pharmacists contribute to early disease detection, health promotion, and improved medication management, thereby enhancing overall patient care.^[38,39]

Personalized medicine offers significant opportunities for pharmacists to play an active role in optimizing patient care.

Their specialized knowledge of pharmacokinetics, pharmacodynamics, and clinical pharmacology enables them to apply scientific principles to support individualized drug therapy. Pharmacists assess patient-specific factors such as age, body size, organ function, coexisting diseases, concurrent medications, dietary habits, and allergy history before recommending or monitoring treatment. By integrating these clinical considerations with personalized medicine approaches, pharmacists help improve therapeutic effectiveness, minimize adverse drug reactions, and promote the safe and rational use of medicines.

Pharmacists also contribute to personalized medicine by individualizing drug doses through therapeutic drug monitoring (TDM). By evaluating drug concentrations and the patient's clinical response, they can adjust therapy to achieve optimal therapeutic outcomes while minimizing toxicity. Personalized drug therapy has long been a part of pharmacy practice, and genetic information is now considered an additional factor that can further improve treatment decisions. Incorporating genotype data with other patient-specific factors enables pharmacists to provide more precise, safe, and effective medication management.^[40]

ROLE OF PHARMACIST IN PERSONALIZED MEDICATION MANAGEMENT

Pharmacists play a vital role in medication management by ensuring that drug therapy is tailored to the individual needs of each patient. In personalized medicine, they consider factors such as genetic profile, medical history, concurrent diseases, and other patient-specific characteristics when selecting medications and determining appropriate dosages.

Pharmacists also monitor therapeutic response, identify potential drug-related problems, and make necessary adjustments to optimize treatment outcomes while minimizing adverse drug reactions.^[41]

PHARMACIST'S ROLE IN PREVENTING AND MANAGING ADVERSE DRUG REACTION

Pharmacists play an important role in the identification, prevention, and management of adverse drug reactions (ADRs). In personalized medicine, they evaluate genetic variations and other patient-specific factors that may influence drug safety and treatment response. Through careful monitoring and timely intervention, pharmacists help reduce the risk of ADRs, improve medication safety, and ensure more effective and individualized patient care.^[42]

ROLE OF PHARMACIST IN PATIENT EDUCATION AND COUNSELING

Pharmacists play a key role in educating and counseling patients about the safe and effective use of medications. They explain the purpose of prescribed medicines, their mechanism of action, possible adverse effects, and the importance of following the prescribed treatment regimen.^[43] In personalized medicine, pharmacists also help patients understand how genetic variations and other individual factors can influence drug response. This personalized guidance improves medication adherence, promotes informed decision-making, and supports better therapeutic outcomes.^[44]

9. PERSONALIZED MEDICINE IN THE DEVELOPMENT OF MODERN HEALTHCARE

Personalized medicine aims to provide medical care that is tailored to the unique characteristics of each individual rather than following a uniform treatment approach.^[45]

It integrates information related to a patient's genetic profile, molecular characteristics, and other biological factors to support accurate disease prevention, diagnosis, and treatment. Advances in molecular biology and genomics have made it possible to better understand individual differences in disease susceptibility and drug response, enabling the development of more targeted therapeutic strategies. Unlike the traditional trial-and-error approach, where treatment is modified until the desired outcome is achieved, personalized medicine uses patient-specific information to guide clinical decision-making from the beginning. This approach helps healthcare professionals select the most appropriate medication, determine the optimal dose, and reduce the risk of adverse drug reactions.

Genomic analysis also allows the prediction of disease risk, making it possible to implement preventive measures that are suited to an individual's genetic profile and lifestyle. Furthermore, personalized medicine improves treatment effectiveness by identifying the drug and dosage most likely to benefit each patient, thereby minimizing unnecessary medication use and healthcare costs. Overall, the integration of genomics into clinical practice represents a major advancement toward safer, more precise, and patient-centered healthcare.^[46]

10. ADVANTAGES OF PERSONALIZED MEDICINE

EARLY DISEASE DETECTION THROUGH PERSONALIZED SURVEILLANCE

Personalized medicine enables the early identification of diseases by using advanced diagnostic technologies, genetic information, and disease-specific biomarkers to monitor individuals who are at increased risk. Continuous and personalized surveillance helps detect disease at an early stage, often before the appearance of clinical symptoms. Early diagnosis allows healthcare professionals to initiate timely and targeted interventions,

improving treatment effectiveness and reducing the risk of disease progression and complications. This proactive approach enhances patient outcomes and supports more efficient and individualized healthcare.

REDUCING ADVERSE DRUG REACTIONS THROUGH PERSONALIZED PRESCRIBING

Personalized medicine reduces preventable drug-related complications by replacing the traditional "one-size-fits-all" prescribing approach with individualized treatment strategies. By considering a patient's genetic profile and other clinical characteristics, healthcare professionals can select the most appropriate medication and determine the optimal dosage for each individual. This approach helps improve drug efficacy, minimizes adverse drug reactions and treatment failure, and enhances the overall safety and effectiveness of pharmacotherapy. As a result, personalized prescribing contributes to better therapeutic outcomes and improved quality of patient care.

OPTIMIZING THERAPEUTIC OUTCOMES THROUGH PERSONALIZED DRUG SELECTION AND DOSING

Personalized medicine improves therapeutic effectiveness by ensuring that the most appropriate medication is selected for each patient based on their genetic profile and clinical characteristics. Genetic variations that influence drug metabolism, transport, and response are considered when determining the optimal dosage regimen. This individualized approach helps achieve the desired therapeutic effect, reduces the risk of treatment failure and adverse drug reactions, and supports safer and more effective pharmacotherapy. As a result, patients receive treatment that is better suited to their individual biological characteristics, leading to improved clinical outcomes.^[47]

PHARMACOGENOMICS TESTING FOR PERSONALIZED DRUG THERAPY

Pharmacogenomic testing evaluates how an individual's genetic makeup influences the metabolism, efficacy, and safety of medications. By identifying genetic variations that affect drug response, healthcare professionals can select the most appropriate medication and determine the optimal dosage for each patient. This personalized approach helps reduce the risk of adverse drug reactions, improves treatment effectiveness, and minimizes unnecessary trial-and-error prescribing.

Consequently, Pharmacogenomic testing plays a key role in achieving safer, more precise, and individualized drug therapy.^[48]

IMPROVING DRUG SAFETY AND EFFICIENCY THROUGH

PHARMACOGENOMICS

Pharmacogenomics helps predict how an individual's genetic profile influences their response to medications.

This information enables healthcare professionals to select the most effective drug and determine the appropriate dosage for each patient. As a result, treatment can be optimized while reducing the risk of adverse drug reactions. Since adverse drug reactions are a significant cause of patient morbidity and mortality, the application of pharmacogenomics contributes to safer, more effective, and individualized pharmacotherapy.

COST EFFECTIVE HEALTHCARE THROUGH PERSONALIZED MEDICINE

Personalized medicine improves healthcare efficiency by ensuring that treatments are provided to patients who are most likely to benefit from them. By selecting appropriate therapies based on individual genetic and clinical characteristics, it reduces the use of unnecessary medications, diagnostic procedures, and ineffective treatments. This targeted approach enhances therapeutic outcomes while minimizing avoidable healthcare expenses. Consequently, personalized medicine supports the efficient use of healthcare resources and contributes to more cost-effective patient care.

ENHANCING PATIENT ENGAGEMENT THROUGH PERSONALIZED MEDICINE

Personalized medicine encourages patients to participate actively in their healthcare by providing information about their genetic risk factors and individualized treatment options. A better understanding of their health condition enables patients to make informed decisions and work more closely with healthcare professionals.

This patient-centered approach improves adherence to prescribed therapies, increases patient satisfaction, and contributes to better clinical outcomes and overall quality of care.^[49-51]

PHARMACOGENOMICS FOR EFFICIENT DRUG DEVELOPMENT

The development of new medicines is a complex, time-consuming, and expensive process. Pharmacogenomic information has the potential to improve drug development by identifying genetic factors that influence drug response.

Genetic testing can help select patients who are more likely to respond positively to a new therapy or who have a lower risk of experiencing adverse drug reactions. This targeted approach can improve the efficiency of clinical trials, reduce development costs and time, and increase the likelihood of successful drug approval.^[52]

11. CURRENT OBSTACLES AND LIMITATIONS IN PERSONALIZED MEDICATION

CHALLENGES IN UNDERSTANDING DISEASE BIOLOGY AND PUBLIC AWARENESS

A major challenge in the implementation of personalized medicine is the limited understanding of the complex

biological mechanisms underlying many diseases. In addition, awareness of personalized medicine remains low among the general population, with many individuals continuing to rely solely on conventional treatment approaches without recognizing the potential benefits of individualized therapy. The application of personalized medicine is further restricted by incomplete knowledge of a patient's genetic profile and the identification of reliable biomarkers associated with disease development and treatment response. These limitations hinder the effective adoption of precision-based healthcare in clinical practice.

LIMITATION IN GENOMIC TESTING INFRASTRUCTURE

Limited infrastructure is a significant challenge in the implementation of personalized medicine. Advanced technologies required for genetic testing, gene sequencing, and genomic analysis depend on specialized laboratory equipment, computerized systems, and well-established healthcare facilities. The installation and maintenance of these technologies require substantial financial investment, skilled personnel, and considerable time. In many healthcare settings, inadequate infrastructure and limited access to genomic testing facilities restrict the widespread adoption of personalized medicine in routine clinical practice.

LIMITATION OF CONVENTIONAL DISEASE CLASSIFICATION

Traditional disease classification systems present a significant challenge to the implementation of personalized medicine. These systems primarily classify diseases based on clinical signs, symptoms, and pathological findings, without adequately considering the underlying molecular and genetic variations among patients. As new scientific evidence emerges, incorporating this information into conventional classification systems is often difficult. Consequently, disease subtypes with distinct genetic or molecular characteristics may be grouped under the same diagnosis, despite differences in their underlying mechanisms and treatment responses. This limitation restricts the effective application of personalized medicine and highlights the need for more precise disease classification approaches.

PATENT ACCESS TO PERSONALIZED MEDICINE

Although personalized medicine offers significant benefits by enabling diagnosis and treatment based on an individual's genetic profile, its accessibility remains limited for many patients. As a relatively new approach to healthcare, awareness of personalized medicine is still low among the general population, resulting in underutilization of genetic testing and precision-based therapies. In addition, unequal access to specialized diagnostic services and advanced treatment facilities further restricts its widespread adoption. Increasing public awareness, improving healthcare access, and

expanding the availability of genomic services are essential to ensure that more patients can benefit from personalized medicine.

CHALLENGES IN IMPLEMENTING ADVANCED DIAGNOSTIC TECHNOLOGIES

The implementation of advanced diagnostic technologies remains a significant challenge in personalized medicine. Healthcare professionals may be reluctant to adopt newer diagnostic methods when conventional diagnostic approaches are already well established in clinical practice. In addition, interpreting genetic test results, selecting appropriate diagnostic investigations, and integrating complex genomic information into clinical decision-making require specialized knowledge and training. The large volume of genetic and molecular data can further complicate the diagnostic process, making the routine adoption of advanced diagnostic techniques more difficult.^[53]

PROTECTION OF PATIENT DATA AND PRIVACY

Data privacy and security are critical considerations in the practice of personalized medicine. This approach depends on the collection, storage, and analysis of sensitive patient information, particularly genetic and genomic data, to guide individualized treatment decisions. Therefore, protecting the confidentiality and security of this information is essential to prevent unauthorized access or misuse. Strong data protection measures and ethical management of patient information help maintain patient trust, support informed consent, and encourage the safe implementation of personalized medicine in clinical practice.^[54]

ETHICAL CONSIDERATION IN PERSONALIZED MEDICATION

Personalized medicine introduces several ethical challenges related to the use of genetic and genomic information in healthcare. The use of genetic data for clinical decision-making raises concerns about patient privacy, informed consent, and the responsible handling of sensitive information. In addition, there is a risk of genetic discrimination in areas such as employment and insurance if genetic information is misused. Ensuring fair and equitable access to personalized medicine is also an important ethical consideration, as unequal distribution of healthcare resources may limit the availability of precision-based therapies for some patient populations.^[55]

REGULATORY CHALLENGES IN PERSONALIZED MEDICATION

Regulatory challenges play an important role in the implementation of personalized medicine. Regulatory authorities must establish clear guidelines for the approval, evaluation, and post-marketing oversight of personalized therapies and companion diagnostic tests.

These regulations should ensure that new treatments are safe, effective, and of high quality while also supporting scientific innovation. Developing appropriate regulatory frameworks is essential to promote the responsible and successful integration of personalized medicine into routine clinical practice.^[56]

CONCLUSION

Personalized medicine represents a significant advancement in modern healthcare by shifting the focus from a generalized treatment approach to individualized patient care. The integration of pharmacogenetics, pharmacogenomics, biomarker-based diagnostics, and advanced clinical research has improved the ability to select appropriate therapies according to each patient's genetic profile, disease characteristics, and clinical needs. This approach has shown considerable potential in enhancing therapeutic efficacy, reducing adverse drug reactions, and promoting safer and more effective use of medicines. The expanding role of pharmacists in precision healthcare, together with ongoing developments in diagnostic technologies and digital health, further supports the successful implementation of personalized medicine in routine clinical practice.

Although challenges related to cost, accessibility, ethical concerns, data privacy, and healthcare infrastructure remain, continuous scientific innovation and collaborative healthcare strategies are expected to overcome these barriers. Overall, personalized medicine has the potential to transform the future of drug therapy by providing more precise, patient-centered, and evidence-based treatment, ultimately contributing to improved clinical outcomes and a more sustainable healthcare system.

REFERENCES

1. President's Council of Advisors on Science and Technology. Priorities for Personalized Medicine. Available online: http://www.whitehouse.gov/files/documents/ostp/PCAST/pcast_report_v2.pdf (accessed on 7 July 2026)
2. Salari, K.; Watkins, H.; Ashley, E.A. Personalized medicine: Hope or hype? *Eur. Heart J.*, 2012. Doi:10.1093/eurheartj/ehs112.
3. Schilsky RL. Personalized medicine in oncology: the Future is now. *Nature Reviews Drug Discovery*, 2010; 9(5): 363.
4. Vogenberg FR, Isaacson Barash C and Pursel M: Personalized Medicine: Part 1: Evolution and development into theranostics, 2010; P T 35: 560-576.
5. Vogenberg FR, Barash CI and Pursel M: Personalized medicine: Part 2: Ethical, legal, and regulatory issues. P T, 2010; 35: 624-642.
6. Hamburg MA, Collins FS. The path to personalized medicine. *N Engl J Med*, 2010; 363(4): 301-4.
7. Hasanzad M. Precision Medicine in Clinical Practice: Springer Nature, 2022.

8. President's Council of Advisors on Science and Technology. Priorities for Personalized Medicine. President's Council of Advisors on Science and Technology, 2008.
9. Wikipedia. Personalized medicine. Available from: http://en.wikipedia.org/wiki/Personalized_medicine. [Accessed 10 July 2026].
10. Sim SC, Ingelman-Sundberg M. Pharmacogenomic biomarkers: new tools in current and future drug therapy. *Trends Pharmacol Sci*, 2011; 32: 72–81.
11. Meyer UA, Zanger UM, Schwab M. Omics and drug response. *Annu Rev Pharmacol Toxicol*, 2013; 53: 475–502.
12. Ivanov M, Barragan I, Ingelman-Sundberg M. Epigenetic mechanisms of importance for drug treatment. *Trends Pharmacol Sci*, 2014; 35: 384–96.
13. Ehmann F, Caneva C, Prasad K et al. Pharmacogenomic Information in Drug Labels – European Medicines Agency perspective. *Pharmacogenomics J*, 2015.
14. A. Amir-Aslani, Toxicogenomics predictive modelling: emerging opportunities for more efficient drug discovery and development, *Technol. Forecast. Soc. Change*, 2008; 7; 905-932.
15. J.R. Heath, M.E. Davis, L. Hood, Nanomedicine targets cancer, *Sci. Am.* (February 2009): 44-51.
16. Quiñones L, Roco Á, Cayún JP, Escalante P, Miranda C, Varela N, et al. Clinical applications of pharmacogenomics. *Rev Med Chil*, 2017; 145(4): 483–500. Doi: 10.4067/S0034-98872017000400009.
17. Hockings JK, Pasternak AL, Erwin AL, Mason NT, Eng C, Hicks JK. Pharmacogenomics: an evolving clinical tool for precision medicine. *Cleve Clin J Med*, 2020; 87(2): 91–9. Doi: 10.3949/ccjm.87a.19073.
18. Lazarou J, Pomeranz BH, Corey PN. Incidence of adverse drug reactions in hospitalized patients. *JAMA*, 1998; 279: 1200-1205.
19. Sadee W. Finding the right drug for the right patient. *Pharm Res*, 1998; 15: 959-963.
20. Peck RW, Precision medicine is not just genomics: the right dose for every patient. *Ann. Rev. Pharmacol. Toxicol*, 2018; 58: 105–122 [PubMed: 28961067]
21. Manolio TA et al., Bedside back to bench: building bridges between basic and clinical genomic research. *Cell*, 2017; 169: 6–12 [PubMed: 28340351]
22. Wagner JA, Williams SA, Webster CJ. Biomarkers and surrogate end points for fit-for-purpose development and regulatory evaluation of new drugs. *Clin Pharmacol Ther*, 2007; 81(1): 104-7.
23. Schork NJ, Goetz LH. Single-subject studies in translational nutrition research. *Annu Rev Nutr* 2017; 37: 395–422.
24. Schork NJ. Personalized medicine: time for one-person trials. *Nature*, 2015; 520: 609–11.
25. Lillie EO, Patay B, Diamant J, Issell B, Topol EJ, Schork NJ. The n-of-1 clinical trial: the ultimate strategy for individualizing medicine? *Per Med*, 2011; 8: 161–73.
26. Biankin AV, Piantadosi S, Hollingsworth SI. Patient-centric trials for therapeutic development in precision oncology. *Nature*, 2015; 526: 361–70.
27. Klasnja P, Hekler EB, Shiffman S, Boruvka A, Almirall D, Tewari A, et al. Microrandomized trials: An experimental design for developing just-in-time adaptive interventions. *Health Psychol*, 2015; 34S: 1220–8.
28. Laber EB, Lizotte DJ, Qian M, Pelham WE, Murphy SA. Dynamic treatment regimes: technical challenges and applications. *Electron J Stat*, 2014; 8: 1225–72.
29. Chakraborty B, Murphy SA. Dynamic Treatment Regimes. *Annu Rev Stat Appl*, 2014; 1: 447–64.
30. Stricker, T.; Catenacci, D.V.; Siewert, S.Y. Molecular profiling of cancer—the future of personalized cancer medicine: a primer on cancer biology and the tools necessary to bring molecular testing to the clinic. *Semin. Oncol*, 2011; 38: 173–185.
31. Offit, K. Personalized medicine: new genomics, old lessons. *Hum. Genet*, 2011; 130: 3–14.
32. Baehner, F.L.; Lee, M.; Demeure, M.J.; Bussey, K.J.; Kiefer, J.A.; Barrett, M.T. Genomic signatures of cancer: basis for individualized risk assessment, selective staging and therapy. *J. Surg. Oncol*, 2011; 103: 563–573.
33. The Promise of Personalized Medicine.” *Journal of the American Medical Association*, 2018; 319(9): 853–854.
34. Personalized Medicine in Oncology: Genomic Testing and Treatment Recommendations.” *American Society of Clinical Oncology Educational Book.*, 2019; 39: e204–e214.
35. The Role of Personalized Medicine in Disease Prevention and Detection.” *Annual Review of Medicine*, 2020; 71: 27–37.
36. Monitoring and Adjusting Treatment in Personalized Medicine: Time to Abandon One-Size-Fits-All Approach?” *Frontiers in Genetics*, 2019; 10: 1117.
37. Carter BL. Evolution of clinical pharmacy in the US and future directions for patient care. *Drugs Aging*, 2016; 33(3): 169–177.
38. Didonato KL, May JR, Lindsey CC. Impact of wellness coaching and monitoring services provided in a community pharmacy. *J Am Pharm Assoc*, 2013; 53(1): 14–21.
39. Hogue MD, Grabenstein JD, Foster SL, Rothholz MC. Pharmacist involvement with immunizations: a decade of professional advancement. *J Am Pharm Assoc*, 2006; 46(2): 168–182.
40. American Society of Health-System Pharmacists. ASHP statement on the pharmacist's role in clinical pharmacogenomics. *Am J Health Syst Pharm*, 2015; 72(7): 579–581.
41. Morse, G. D.; Wu, B., & Zhang, L., *Journal of the American Pharmacists Association.*, 2014; 54(5): e304–e315.

42. Ozawa, S.; Evans, J. P.; Kirchhoff, K. T., & Larson, E. B., Pharmacogenomic testing: A systematic review of the economic evidence for its effectiveness on patient outcomes., *Personalized Medicine*, 2018; 15(3): 245–257.
43. Cohen, L. S.; Sciascia, T.; Saccomano, S. J., & Batra, V., *American Journal of Health-System Pharmacy*, 2016; 73(7): 455–463.
44. Vogenberg, F. R., & Isaacson Barash, C., *The American Journal of Managed Care*, 2010; 16(4): e91–e95.
45. Kishorbhai VT, Malaviya, M., Overview of an ovarian cancer and its treatment aspects. *International Journal of Pharmaceutical and Biological Science Archive*, 2021; 9(2): 24-30
46. Hamburg MA, Collins FS. The Path to Personalized Medicine. *New England Journal of Medicine*, 2010; 363(4): 301-4
47. Pirmohamed, M., & Hughes, D. A., *The pharmacogenomics Journal.*, 2018; 18(2): 203–207.
48. Phillips, K. A.; Veenstra, D. L., & Oren, E., Potential role of pharmacogenomics in reducing adverse drug reactions: a systematic review., *JAMA.*, 2008; 299(23): 2736–2744.
49. Panahi O. *Artificial intelligence in dentistry.* Scholars Press Academic Publishing.
50. Panahi O, et al. Smart robotics for personalized dental implant solutions. *Dental*, 2025; 7: 21.
51. Panahi P, Freund M. Safety application schema for vehicular virtual ad hoc grid networks. *Inter J Academic Res*, 2011; 3.
52. Cobleigh MA, Vogel CL, Tripathy D, Robert NJ, Scholl S, Fehrenbacher L, Wolter JM, Paton V, Shak S, Lieberman G, Slamon DJ. Multinational study of the efficacy and safety of humanized anti-HER2 monoclonal antibody in women who have HER2-overexpressing metastatic breast cancer that has progressed after chemotherapy for metastatic disease. *J Clin Oncol*, 1999; 17(9): 2639-48
53. U.S.Food and Drug Administration (FDA) Paving the way for personalized medicines FDA Role in a new Era of medical product Development. Available from <http://www.fda.gov/downloads/ScienceResearch/SpecialTopics/PersonalizedMedicine/UCM372421>
54. Privacy and Security in the Era of Digital Health: What Should translational researchers know and do about it?" *American Journal of Translational Research.*, 2019; 11(6): 3235–3242.
55. Ethical issues in personalized medicine: A systematic literature review." *European Journal of Human Genetics.*, 2019; 27: 1065–1077.
56. Regulatory challenges in personalized medicine." *Journal of Personalized Medicine.*, 2018; 8(1): 3.