Special Issue

Pharmacogenetic Testing in Primary Care and Prevention

Message from the Guest Editors

The increasing implementation of pharmacogenetic (PGx) testing brings challenges and excitement. Like other testing applications in personalized and precision medicine, PGx testing is increasingly being used in healthy individuals and in patients with common, chronic diseases and to affect risk factors for cardiovascular disease and cancer. Can PGx testing be used for precision prescribing, and ultimately improve clinical outcomes in healthy populations and for primary and for secondary prevention in patients with conditions commonly managed in primary care -- like hypertension, hyperlipidemia, type 2 diabetes, and depression. This Special Issue focuses on the clinical application of pharmacogenetic testing in primary care and prevention contexts. It includes, but is not limited to, populationbased studies on genetic variation in the toxicity and efficacy of commonly used drugs, multi-omics studies for determining therapeutic and toxicity response, determination of epigenetic changes in drug response/resistance, and the implementation of pharmacogenetic testing results into routine clinical interactions.

Guest Editors

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About the Journal

Message from the Editor-in-Chief

Journal of Personalized Medicine (JPM; ISSN 2075-4426) is an international, open access journal aimed at bringing all aspects of personalized medicine to one platform. JPM publishes cutting edge, innovative preclinical and translational scientific research and technologies related to personalized medicine (e.g., precision medicine, pharmacogenomics/proteomics, systems biology, 'omics association analysis). JPM is covered in Scopus, the Science Citation Index Expanded (SCIE), PubMed, PMC, Embase, and other databases.

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manuscripts are peer-reviewed and a first decision is provided to authors approximately 21.5 days after submission; acceptance to publication is undertaken in 3.5 days (median values for papers published in this journal in the first half of 2025).

