

Volume 7 • Number 2

PUBLISHER Lisa Banket EDITOR Taren Grom CREATIVE DIRECTOR Marah Walsh

MANAGING EDITOR

Denise Myshko

SENIOR EDITOR Elisabeth Pena Villarroel

> FEATURES EDITOR Kim Ribbink

CONTRIBUTING EDITORS Cynthia Borda Eleanor Venables, Ph.D.

DESIGN ASSOCIATE Cathy Liszewski

NATIONAL ACCOUNT MANAGER Cathy Tracy

CIRCULATION ASSISTANT Robert Harrison

Copyright 2007 by PharmaLinx LLC, Titusville, NJ Printed in the U.S.A. Volume Seven, Number Two

PharmaVOICE is published monthly except August and December, by PharmaLinx LLC, P.O. Box 327, Titusville, NJ 08560. **Periodicals postage paid** at Titusville, NJ 08560 and additional mailing offices.

Postmaster: Send address changes to PharmaVOICE, P.O. Box 292345, Kettering, OH 45429-0345.

PharmaVOICE Coverage and Distribution:

Domestic subscriptions are available at \$190 for one year (10 issues). Foreign subscriptions: 10 issues US\$360. Contact PharmaVOICE at P.O. Box 327, Titusville, NJ 08560. Call us at 609.730.0196 or FAX your order to 609.730.0197.

Contributions: PharmaVOICE is not responsible for unsolicited contributions of any type. Unless otherwise agreed in writing, PharmaVOICE retains all rights on material published in PharmaVOICE for a period of six months after publication and reprint rights after that period expires. E-mail: tgrom@pharmavoice.com.

Change of address: Please allow six weeks for a change of address. Send your new address along with your subscription label to PharmaVOICE, P.O. Box 292345, Kettering, OH 45429-0345. Call us at 800.607.4410 or FAX your change to 937.890.0221. E-mail: mwalsh@pharmavoice.com.

IMPORTANT NOTICE: The post office will not forward copies of this magazine. PharmaVOICE is not responsible for replacing undelivered copies due to lack of or late notification of address change.

Advertising in PharmaVOICE: To advertise in Pharma-VOICE please contact our Advertising Department at P.O. Box 327, Titusville, NJ 08560, or telephone us at 609.730.0196. E-mail: lbanket@pharmavoice.com.

Letters

s there anything more personal than healthcare? Whether we are talking about medical records or medicine — personalization is coming into vogue, albeit with a caveat on privacy protection.

According to a recent Wall Street Journal Online/Harris Interactive Health-Care poll, when it comes to the value of using electronic medical records, most adults who are online strongly or somewhat strongly agree that they would improve the quality and safety of medical care and reduce the cost of healthcare.

However, most also believe that electronic medical records may present a challenge to ensuring patients' privacy: 68% of consumers say the use of electronic medical records can improve the quality of care patients receive by reducing the number of redundant or unnecessary tests and procedures they receive; 62% say the use of electronic medical records makes it more difficult to ensure patients' privacy; 60% say the use of electronic medical records can significantly reduce healthcare costs; and 55% say the use of electronic medical records can significantly decrease the frequency of medical errors.

The poll also indicates that the availability of online services could influence to some extent how patients choose healthcare providers. If given a choice between a doctor who provides an electronic medical record and one who does not, 54% of adults say this would influence their choice of doctors a great deal or to some extent, compared with 34% who say it would not influence their decision. (See the upcoming April 2007 issue of PharmaVOICE for a more detailed discussion on the topic of personal electronic medical/patient records.)

When it comes to medicine, there also is a case to be made for personalization. In this month's Forum, experts discuss the benefits and limitations of personalized medicine and the evolving science of pharmacogenomics. They also outline what the future holds for this very exciting area of science.

According to The Personalized Medicin



Because of the many hurdles personalized medicine faces, some experts question whether it will become a dominant trend in healthcare or just a passing phase.

tion curricula, integrated health information systems, legislation to protect against genetic discrimination, insurance coverage for sophisticated molecular diagnostic tests, and a reimbursement system that encourages proactive care.

Many experts say pharmacogenomics has the potential to significantly change disease management by enabling the development of targeted therapies that will be administered based upon a patient's genetic make up, not his or her symptoms.

On the other hand, because of the complexity of the hurdles the science must overcome, some question whether personalized medicine is just a passing trend or truly a market changing dynamic.

Brian Spear, Ph.D., director of genomic and proteomic technologies, Global Pharmaceutical Research and Development, at Abbott Laboratories, identifies three major trends that have emerged during the past few years in the pharmacogenomics field. First, pharmacogenomics technologies have become a near-standard element of the drug-development process. Second, the cost of conducting whole genome scans has decreased to the point where they can be used regularly in exploratory drug development. And third, there is growing interest in how genes relate to adverse side effects in patient populations.

In addition to being a thought leader in this month's forum, Dr. Spear provides his insights on the topic of pharmacogenomics and personalized medicine in a featured Podcast, which can be accessed at pharmavoice.com/podcasts.