The Pharmacogenomics Journal: there is a new chief in town

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It gives me great pleasure to inform the international pharmacogenomics community about the recent changes in the editorial team of *The Pharmacogenomics Journal* (TPJ), published by Springer Nature. TPJ is a high impact, internationally renowned peer-reviewed scientific journal, serving the field of pharmacogenomics and personalized medicine for many years, previously led by Professor Julio Licinio.

As of September 2020, I am delighted and very honored to be put at the helm of the editorial team of TPJ. My vision is to further improve the Journal's metrics and further raise its impact worldwide, consistent with the recent advances in the field of individualized therapy, particularly as far as clinical implementation of pharmacogenomics is concerned.

Focus going forwards will not only be on high impact discovery work, identifying novel associations between genomic loci and pharmacovariants with drug efficacy and toxicity prescribed for conditions in all medical specialties, but also on presenting clinically pertinent, original research and timely review articles related to the clinical implementation of genome-guided interventions. This includes clinical studies conducted both from academic centers as well as pharmaceutical and biotechnology companies, the latter possibly leading to companion diagnostics solutions. The Journal will also encourage submission of manuscripts describing innovative genome informatics solutions, attempting to translate pharmacogenomic information into a

clinically meaningful format. Manuscripts addressing timely ethical, legal and societal ethics in pharmacogenomics, as well as manuscripts touching upon the field of economic evaluation of genome-guided technologies and treatment modalities, an emerging discipline in the pharmacogenomics sphere, will also be welcomed.

I am keen to engage with authors and research groups from the developing world and low-resource environments. We ultimately look for manuscripts describing high impact collaborative work describing the implementation of pharmacogenomics in clinical settings, that would allow not only expediting of clinical implementation of individualized therapy in these environments but also strengthening communication of these groups to synergize and establish collaborative ties and mutually beneficial research consortia [1].

My vision is for TPJ to become a communication forum for publishing original and timely review articles in the field of pharmacogenomics resulting from innovative work produced in developing nations, which at present does not enjoy broad international coverage. This would eventually allow partnering with institutes and research centers from developed countries to allow for knowledge and technology transfer from the latter centers [2].

A pertinent issue I commonly see in the field is the existing major discrepancies found in the guidance for genome-guided interventions produced by regulatory bodies, such as the United States Food and Drug Administration (www.fda.gov), the European Medicines Agency (www.ema.europa.eu), and others, and research consortia, such as the Clinical Pharmacogenetics Implementation Consortium (www.cpicpgx.org) or the Dutch Pharmacogenetics Working Group and others [3], that create confusion as to which guideline to follow to properly inform drug prescribing. To try and tackle this issue, we hope to commission manuscripts that will not only summarize the existing guidance issued by these regulatory bodies and research consortia but that also produce harmonized guidance for clinicians in order to diminish ambiguity and to provide proper advice for clinicians to assist them towards

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genome-informed drug prescription for the benefit of the patients.

We will also seek to form long-term partnerships with data resources, such as the Pharmacogenomics Knowledgebase (www.pharmgkb.org), the PharmVar database (www.pharmvar.org), and others, for (a) depositing clinically actionable pharmacovariants especially those derived from next-generation sequencing-based approaches that are occasionally correlated with extreme phenotypes, and (b) reporting the prevalence of pharmacovariants in various populations worldwide, within the scope of population pharmacogenomics. To this end, we cordially invite submissions that provide comprehensive coverage of pharmacogene-related variants, including functional evidence, clinical actionability and population-specific prevalence, both for known, as well as rare and novel pharmacovariants. The latter would follow the micro-attribution approach for genomic data sharing, previously demonstrated [4, 5], which in close partnership with the above mentioned data resources would contribute a comprehensive coverage of clinically actionable pharmacovariants.

To help achieve the above outlined goals, a number of changes have been made to the editorial team, bringing on board key opinion leaders, researchers and academics from a variety of pharmacogenomics-related disciplines, ensuring a truly global coverage, including members from Latin America, Africa, Asia and the Middle East, while always maintaining the gender balance.

I wish to thank Professor Licinio and the previous editorial team for the time and efforts they have dedicated to the journal and would like to welcome on board the new Associate Editors and Editorial Board members. I look

forward to working with them all and to actively engage our experience, enthusiasm and commitment to fulfill the challenge of further raising the profile and impact of TPJ in order to emerge as the leading journal in the pharmacogenomics field.

Compliance with ethical standards

Conflict of interest GPP is Full Member and National Representative of the European Medicines Agency, Committee of Human Medicinal Products (CHMP) – Pharmacogenomics Working Party, Amsterdam the Netherlands.

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References

1. Cooper DN, Brand A, Dolzan V, Fortina P, Innocenti F, Michael Lee MT, et al. Bridging genomics research between developed and developing countries: the genomic medicine alliance. *Per Med*. 2014;11:615–23.
2. Özdemir V, Patrinos GP. David Bowie and the art of slow innovation: a fast-second winner strategy for biotechnology and precision medicine global development. *OMICS*. 2017;21:633–7.
3. Koutsilieris S, Tzioufa F, Sismanoglou DC, Patrinos GP. Unveiling the guidance heterogeneity for genome-informed drug treatment interventions among regulatory bodies and research consortia. *Pharm Res*. 2020;153:104590.
4. Georgitsi M, Viennas E, Gkantouna V, Christodouloupoulou E, Zagoriti Z, Tafrali C, et al. Population-specific documentation of pharmacogenomic markers and their allelic frequencies in FINDbase. *Pharmacogenomics*. 2011;12:49–58.
5. Patrinos GP, Cooper DN, van Mulligen E, Gkantouna V, Tzimas G, Tatum Z, et al. Microattribution and nanopublication as means to incentivize the placement of human genome variation data into the public domain. *Hum Mutat*. 2012;33:1503–12.