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Review Article

Application of Genome-Based Therapy in Clinical Pharmacy Practice: Prospects and Challenges

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Abstract

Genome-based therapy, an innovative approach to personalized medicine, utilizes insights from genomic research to tailor treatments to individual patients. In clinical pharmacy practice, this emerging field holds promise for improving therapeutic outcomes, minimizing adverse drug reactions, and optimizing drug efficacy by integrating pharmacogenomics into patient care. Genomebased therapies include gene editing technologies (e.g., CRISPR-Cas9), gene therapy for rare genetic disorders, and the use of biomarkers for targeted treatments in oncology and other complex diseases. Despite its transformative potential, the application of genome-based therapies faces significant challenges, including ethical concerns, high costs, limited accessibility, and the need for advanced infrastructure and specialized training. Additionally, regulatory hurdles and the scarcity of robust clinical data impede the widespread adoption of these therapies in routine clinical pharmacy practice. This review explores the prospects of genome-based therapies in clinical pharmacy, emphasizing their potential to revolutionize healthcare delivery. It also examines challenges such as ethical dilemmas, policy gaps, and resource limitations, proposing strategies to address these barriers. The integration of genomic tools into clinical pharmacy practice requires a multidisciplinary effort involving pharmacists, clinicians, researchers, and policymakers to ensure equitable access and effective implementation in diverse healthcare settings.

Keywords: Genome-Based Therapy, Clinical Pharmacy, Challenges, A multidisciplinary Effort

Introduction

Genome-based therapy, a cornerstone of precision medicine, uses genetic insights to guide individualized treatment strategies. It represents transformative approach, a particularly in the field of clinical pharmacy. genetic variations where significantly influence drug response and efficacy. From pharmacogenomics to advanced gene-editing techniques like CRISPR-Cas9, genome-based therapy is revolutionizing the management of various diseases, including cancer, rare genetic disorders, and chronic illnesses [1].

Clinical pharmacists are at the forefront of implementing this personalized care model, ensuring that genomic data translate into actionable therapeutic interventions. Despite its potential to enhance treatment outcomes and reduce adverse drug reactions, several challenges limit the widespread adoption of genome-based therapy. These include ethical concerns, high costs, regulatory hurdles, and the need for specialized training among healthcare providers [2].

This review explores the potential of genomebased therapies, focusing on their applications, prospects, and the challenges they pose to clinical pharmacy practice. By addressing these challenges, the integration of genomic medicine into routine healthcare can be accelerated, offering patients more precise and effective treatment options.

Methodology

This review was conducted using a systematic literature search approach. Relevant articles were identified from PubMed, Google Scholar, Scopus, and Web of Science using keywords such as 'genome-based therapy', 'pharmacogenomics in clinical pharmacy', and 'personalized medicine'. Selection criteria included peer-reviewed studies, clinical trials, and review articles published in the last 10 years, focusing on the prospects, challenges, and future directions of genome-based therapy in clinical pharmacy. Data were extracted and analyzed thematically, covering benefits, implementation barriers, and advancements in the field. The review synthesized existing knowledge to provide insights into the integration of genomics in clinical pharmacy practice.

Prospects of Genome-Based Therapy

- 1. Precision Treatment in Genome-based therapy allows for highly individualized medical treatments by considering a person's genetic makeup. For instance, pharmacogenomic profiling of cytochrome P450 enzymes (CYP450) can predict drug metabolism and response. Patients with CYP2D6 polymorphisms may require adjusted doses of drugs, such as antidepressants or beta-blockers, to avoid toxicity or inefficacy. This precision ensures a better therapeutic outcome, reduced adverse effects, and higher patient satisfaction [3].
- 2. Advances in Gene Editing Revolutionary tools, like CRISPR-Cas9, enable researchers to edit genetic material with unprecedented accuracy. For example:

Cystic Fibrosis: Targeting mutations in the CFTR gene, CRISPR is being explored as a potential curative treatment. **Sickle Cell Disease:** Gene-editing trials have shown success in reactivating fetal hemoglobin to counteract the effects of sickle hemoglobin. 3. Duchenne Muscular Dystrophy (DMD): By repairing mutations in the dystrophin gene, CRISPR offers hope for addressing this debilitating condition [4].

4. Personalized Oncology Oncology is one of the most advanced fields in genome-based therapy. Examples include:

HER2-Positive Breast **Cancer:** Trastuzumab (Herceptin) targets HER2 overexpression, significantly improving survival rates in a subgroup of breast patients cancer [5]. Lung Cancer: EGFR mutation testing helps identify candidates for tyrosine kinase inhibitors like erlotinib or gefitinib. Pharmacists play an essential role in these therapies by monitoring for resistance mechanisms and ensuring medication adherence [6].

5. Reduction in Adverse Drug Reactions Incorporating genetic testing preemptively reduces the likelihood of severe drugrelated adverse effects. For instance: Abacavir Hypersensitivity: Screening for HLA-B*5701 eliminates hypersensitivity risks, a serious side effect in HIV treatment [7].

Warfarin Therapy: Testing for VKORC1 and CYP2C9 variants assists in personalized anticoagulation regimens, minimizing bleeding risks [8].

6. Expanding Therapeutic Horizons Genome-based therapies are increasingly applied to diseases beyond traditional genetic disorders:

Autoimmune Disorders: CAR-T cells are being investigated for autoimmune diseases like lupus, with promising preliminary results. **Regenerative Medicine:** Gene therapies using adeno-associated viruses (AAVs) are showing success in delivering corrective genes for spinal muscular atrophy (SMA) and inherited retinal diseases [9].

ChallengesinImplementingGenome-BasedTherapy

1 .Ethical and Legal Considerations Genome-based therapy raises profound ethical questions, including:

Privacy Concerns: Patients' genetic data are sensitive and could be misused if not properly protected. Breaches of such data can lead to discrimination in employment or insurance. Laws, such as the Genetic Information Nondiscrimination Act (GINA) in the U.S., aim to address these concerns but may not cover all situations [10].

Informed Consent: Ensuring patients understand the implications of genetic testing and therapy; however, including the potential for discovering incidental findings is complex [11].

Equity in Access: Ethical dilemmas arise when these expensive therapies are available only to wealthier individuals or regions, exacerbating healthcare disparities[12].

2 .High Costs and Limited Accessibility

Cost of Therapy: Genome-based treatments, such as CAR-T cell therapy (e.g., tisagenlecleucel), can cost hundreds of thousands of dollars per patient. These costs make them inaccessible to most patients, especially in low- and middle-income countries [13].

Genetic Testing Costs: Widespread use of genome-based therapies requires affordable genetic testing, which remains expensive in many healthcare systems. **Healthcare Inequality**: Limited access to advanced medical infrastructure and skilled personnel in underserved areas hampers the equitable distribution of these therapies.

3.Regulatory and Infrastructure Barriers

Regulatory Challenges: Genome-based therapies often face delays due to rigorous regulatory processes. Harmonizing guidelines across countries is critical for accelerating global adoption [14].

Diagnostic Infrastructure: Many regions lack facilities capable of conducting advanced genetic tests, such as next-generation sequencing (NGS), which is essential for identifying therapeutic targets [15].

Scalability Issues: Developing and manufacturing genome-based treatments at scale while maintaining quality is a significant logistical hurdle [16].

4 .Educational Gaps in Clinical Pharmacy and Healthcare

Pharmacists' Expertise: A lack of comprehensive training in pharmacogenomics and genome-based therapies limits clinical pharmacists' ability to interpret genetic data and advise on treatment plans [16].

Interdisciplinary Collaboration: Effective implementation requires collaboration between pharmacists, geneticists, and clinicians, which is hindered by the absence of standardized communication protocols [17].

Patient Awareness: Patients often lack understanding of genome-based medicine, which can lead to resistance or hesitancy in undergoing genetic testing or accepting novel treatments [16].

5. Ethical Use of Gene-Editing Technologies

Potential Misuse: Technologies like CRISPR-Cas9, while revolutionary, pose risks of misuse for non-therapeutic purposes, such as creating 'designer babies '[18].

Off-Target Effects: Unintended genetic modifications could lead to new health issues, raising questions about safety and long-term consequences [9].

6 .Integration with Existing Healthcare Systems

Reimbursement Policies: Many healthcare systems lack reimbursement mechanisms for genome-based therapies, discouraging their adoption [20].

Data Management: Handling vast amounts of genetic data securely and efficiently remains a technical challenge, requiring robust bioinformatics tools and policies [20].

Addressing these challenges requires concerted efforts from governments, healthcare providers, industry stakeholders, and academic institutions. Collaborative frameworks for funding, regulation, and education are essential to realize the full potential of genome-based therapy.

The Role of Clinical Pharmacists in Genome-Based Therapy

Clinical pharmacists are vital in the implementation and success of genome-based therapy. Their expertise in pharmacology, coupled with patient interaction and education skills, positions them to bridge the gap between complex genetic science and practical clinical application. Below is a detailed analysis of their roles: [21].

1 .Educating Patients on Genetic Testing and Genome-Based Therapies

Simplifying Genetic Concepts: Clinical pharmacists explain complex genetic information to patients in an understandable manner, addressing questions about genetic testing and potential outcomes [22].

Counseling on Implications: They guide patients on the implications of genetic testing, including privacy, potential risks, and how genetic insights impact treatment plans.

Informed Consent: Clinical pharmacists ensure patients understand the need for informed consent before genetic testing and therapy, fostering trust and compliance, such as counseling a patient undergoing HLA-B*5701 testing for hypersensitivity, to abacavir ensures they understand the reason for the test and its impact on therapy decisions [22].

2 .Collaboration with Healthcare Teams

Designing Individualized Therapy Plans: Clinical pharmacists collaborate with physicians, geneticists, and other healthcare professionals to interpret genetic data and tailor treatment regimens.

Therapeutic Drug Monitoring: They monitor drug responses, adjusting therapies based on genetic predispositions to optimize efficacy and minimize adverse effects.

Interdisciplinary Integration: As part of multidisciplinary teams, clinical pharmacists contribute pharmacogenomic insights to clinical decision-making processes. Therefore, a clinical pharmacist might work with oncologists to select targeted therapies like HER2 inhibitors for breast cancer based on genetic markers [23].

3 .Enhancing Drug Safety and Monitoring Therapy Outcomes

Predicting Adverse Drug Reactions (**ADRs**): By leveraging pharmacogenomics, clinical pharmacists identify genetic factors that predispose patients to ADRs, improving drug safety.

Monitoring Treatment Efficacy: Clinical pharmacists assess the effectiveness of genome-based therapies, ensuring that therapeutic goals are met while managing potential side effects.

Adjusting Dosages: Using pharmacogenomic data, clinical pharmacists help fine-tune drug dosages for drugs metabolized by enzymes like CYP2D6 or CYP2C19. For patients on clopidogrel, a clinical pharmacist can recommend alternative therapies if CYP2C19 variants predict poor drug metabolism [24].

4 .Advocacy for Equitable Access and Policy Development

Promoting Accessibility: Clinical pharmacists advocate for policies that reduce the cost of genetic testing and genome-based therapies, ensuring equitable access for all patients.

Shaping Guidelines: They contribute to the development of clinical guidelines for pharmacogenomic testing and genome-based therapy integration into healthcare systems.

Insurance Navigation: Clinical pharmacists assist patients in navigating insurance coverage and reimbursement for genomebased therapies.

A clinical pharmacist might push for inclusion of pharmacogenomic testing in insurance plans, highlighting its long-term cost-saving potential [25].

5 .Educating Future Pharmacists and Healthcare Professionals

Academic Contributions: Clinical pharmacists contribute to the incorporation of pharmacogenomics into pharmacy school curricula, ensuring the next generation of pharmacists is prepared for genome-based therapy.

Continuous Professional Development: They participate in and lead workshops, seminars, and training sessions to educate peers and other healthcare professionals about genome-based therapy. A clinical pharmacist delivering a workshop on CRISPR-based therapies helps other healthcare providers understand the implications of gene-editing technologies [26].

6 .Facilitating Technological Integration

Electronic Health Records (EHRs): Clinical pharmacists work with IT professionals to integrate genetic data into EHRs, enabling seamless access to genetic profiles during therapy design [27].

Utilizing Decision-Support Tools: Clinical pharmacists employ advanced decision-support tools that incorporate pharmacogenomic data to recommend optimized drug regimens.

Bioinformatics Collaboration: Collaborating with bioinformatics specialists, clinical pharmacists ensure accurate

clinical pharmacists ensure accurate interpretation and application of genetic data in clinical practice .

Integrating genetic test results into EHRs allows clinical pharmacists to quickly identify patients who may benefit from specific genome-based therapies.

7 .Advocating Ethical Practices in Genome-Based Therapy

Addressing Ethical Concerns: Clinical pharmacists ensure that genome-based

therapies adhere to ethical standards, including maintaining patient confidentiality and preventing genetic discrimination.

Patient Advocacy: They advocate for the ethical use of genetic information, ensuring that it is used solely for therapeutic purposes and not for non-therapeutic or discriminatory reasons [28].

A clinical pharmacist might counsel patients about their rights under laws, such as the Genetic Information Nondiscrimination Act (GINA).

Future Directions of the ApplicationofGenome-BasedTherapyinClinicalPharmacyPractice:Prospects and Challenges

Genome-based therapy is poised to revolutionize clinical pharmacy practice, offering personalized, precise, and effective treatments. However, to unlock its full potential, several areas require development and strategic focus. Below is a detailed exploration of future directions in this transformative field: [29].

1. Expanding Pharmacogenomics Education

Curriculum Integration: Incorporating pharmacogenomics and genome-based therapy into pharmacy school curricula is essential. This ensures future clinical pharmacists are equipped with the knowledge and skills needed to implement these therapies.

Continuing Education Programs: Offering workshops, certifications, and training programs for practicing clinical pharmacists will bridge current knowledge gaps.

Interdisciplinary Training: Collaboration with geneticists and bioinformatics experts during

training can enhance clinical pharmacists' understanding of genetic data interpretation [30].

Universities are suggested to develop comprehensive pharmacogenomics modules as part of their standard pharmacy programs.

2. Advancing Genomic Testing and Infrastructure

Affordable and Accessible Testing: Reducing the cost of genetic testing is crucial for widespread adoption. Efforts to develop cheaper, faster, and more accurate testing technologies are ongoing.

WidespreadLaboratoryFacilities:Establishingadvancedlaboratoriesinunderprivilegedandruralareaswillexpandaccess togenome-basedtherapies.

Integration with Healthcare Systems: Linking genomic testing data with electronic health records (EHRs) will enable seamless therapy design and monitoring [31].

Portable genomic testing devices can allow clinical pharmacists in remote areas to conduct genetic analyses and guide therapy.

3 .Improving Policy and Regulatory Frameworks

Harmonizing Regulations: Establishing unified global guidelines for genome-based therapies will facilitate their approval and implementation.

Insurance and Reimbursement Policies: Advocating for insurance coverage of genetic testing and genome-based therapies [32].

Conclusion

Genome-based therapy holds immense potential to transform clinical pharmacy practice, offering a pathway to more effective and safer treatments. However, its full integration into healthcare systems requires overcoming significant ethical, economic, and logistical challenges. Clinical pharmacists, as key healthcare providers, must adapt to this evolving landscape, leveraging their expertise to bridge the gap between scientific innovation and patient care.

References

- 1. Kohn DB, Chen YY, Spencer MJ. Successes and challenges in clinical gene therapy. Gene Therapy. 2023 Nov;30(10):738-46.
- Cornetta K, Kay S, Urio F, Minja IK, Mbugi E, Mgaya J, Mselle T, Nkya S, Alimohamed MZ, Ndaki K, Bonamino M. Implementation of a gene therapy education initiative by the ASGCT and Muhimbili University of Health and Allied Sciences. Molecular Therapy. 2023 Sep 6;31(9):2561-5.
- Kumar H, Miryala SK, Anbarasu A, Ramaiah S. Integrated computational approaches to aid precision medicine for cancer therapy: Present scenario and future prospects. InComputational Methods in Drug Discovery and Repurposing for Cancer Therapy 2023 Jan 1 (pp. 403-424). Academic Press
- 4. Doudna JA, Charpentier E. The new frontier of genome engineering with CRISPR-Cas9. Science. 2014 Nov 28;346(6213):1258096.
- 5. Emens LA. Trastuzumab: targeted therapy for the management of HER-2/neuoverexpressing metastatic breast cancer. American journal of therapeutics. 2005 May 1;12(3):243-53.
- 6. Pozella P. Strategies for increasing EGFR mutation testing of patients with non-small cell lung cancer (Doctoral dissertation, The University of North Carolina at Chapel Hill), 2014, (pp. 1-154).
- Mallal S, Phillips E, Carosi G, Molina JM, Workman C, Tomažič J, Jägel-Guedes E, Rugina S, Kozyrev O, Cid JF, Hay P. HLA-

B* 5701 screening for hypersensitivity to abacavir. New England Journal of Medicine. 2008 Feb 7;358(6):568-79.

- Johnson JA, Caudle KE, Gong L, Whirl-Carrillo M, Stein CM, Scott SA, Lee MT, Gage BF, Kimmel SE, Perera MA, Anderson JL. Clinical Pharmacogenetics Implementation Consortium (CPIC) guideline for pharmacogenetics-guided warfarin dosing: 2017 update. Clinical Pharmacology & Therapeutics. 2017 Sep;102(3):397-404.
- Hosseinkhani H, Domb AJ, Sharifzadeh G, Nahum V. Gene therapy for regenerative medicine. Pharmaceutics. 2023 Mar 6;15(3):856.
- 10. Knoppers BM. Framework for responsible sharing of genomic and health-related data. The HUGO journal. 2014 Dec;8(1):3.
- Bredenoord AL, Kroes HY, Cuppen E, Parker M, van Delden JJ. Disclosure of individual genetic data to research participants: the debate reconsidered. Trends in Genetics. 2011 Feb 1;27(2):41-7.
- 12. Venook AP, Niedzwiecki D, Lenz HJ, Innocenti F, Fruth B, Meyerhardt JA, Schrag D, Greene C, O'Neil BH, Atkins JN, Berry S. Effect of first-line chemotherapy combined with cetuximab or bevacizumab on overall survival in patients with KRAS wild-type advanced or metastatic colorectal cancer: a randomized clinical trial. Jama. 2017 Jun 20;317(23):2392-401.
- 13. Garrison Jr LP, Jiao B, Dabbous O. Gene therapy may not be as expensive as people think: challenges in assessing the value of single and short-term therapies. Journal of managed care & specialty pharmacy. 2021 May;27(5):674-81
- 14. McCarthy JJ, McLeod HL, Ginsburg GS. Genomic medicine: a decade of successes, challenges, and opportunities. Science translational medicine. 2013 Jun 12;5(189):189sr4.-

- 15. Mardis ER. The impact of next-generation sequencing on cancer genomics: from discovery to clinic. Cold Spring Harbor Perspectives in Medicine. 2019 Sep 1;9(9):a036269.
- 16. Owusu Obeng A, Egelund EF, Alsultan A, Peloquin CA, Johnson JA. CYP 2C19 Polymorphisms and Therapeutic Drug Monitoring of Voriconazole: Are We Ready for Clinical Implementation of Pharmacogenomics?. Pharmacotherapy: The Journal of Human Pharmacology and Drug Therapy. 2014 Jul;34(7):703-18.
- Weitzel KW, Elsey AR, Langaee TY, Burkley B, Nessl DR, Obeng AO, Staley BJ, Dong HJ, Allan RW, Liu JF, Cooper-DeHoff RM. Clinical pharmacogenetics implementation: approaches, successes, and challenges. InAmerican Journal of Medical Genetics Part C: Seminars in Medical Genetics 2014 Mar (Vol. 166, No. 1, pp. 56-67).
- Chen JS, Dagdas YS, Kleinstiver BP, Welch MM, Sousa AA, Harrington LB, Sternberg SH, Joung JK, Yildiz A, Doudna JA. Enhanced proofreading governs CRISPR– Cas9 targeting accuracy. Nature. 2017 Oct 19;550(7676):407-10.
- 19. Tsai SQ, Joung JK. Defining and improving the genome-wide specificities of CRISPR– Cas9 nucleases. Nature Reviews Genetics. 2016 May;17(5):300-12.
- 20. Mulder NJ, Adebiyi E, Adebiyi M, Adeyemi S, Ahmed A, Ahmed R, Akanle B, Alibi M, Armstrong DL, Aron S, Ashano E. Development of bioinformatics infrastructure for genomics research. Global heart. 2017 Jun 1;12(2):91-8.
- 21. Alyami SM, Alswedan HY, Al Zamanan YY, Al-Harith MM, Almahamedh HS, Almakhalas AJ, Lasloum SM, Almakhlas MS. Comprehensive Review of Pharmaceutical Innovations: The Role of Pharmacists in Modern Healthcare Systems. Journal of Ecohumanism. 2024 Dec 17;3(8):7558-67.

- 22. Lee KC, Ma JD, Kuo GM. Pharmacogenomics: bridging the gap between science and practice. Journal of the American Pharmacists Association. 2010 Jan 1;50(1):e1-7.
- 23. Balogun OD, Ayo-Farai O, Ogundairo O, Maduka CP, Okongwu CC, Babarinde AO, Sodamade OT. The role of pharmacists in personalised medicine: a review of integrating pharmacogenomics into clinical practice. International Medical Science Research Journal. 2024 Jan 8;4(1):19-36.
- 24. Fritsche E, Elsallab M, Schaden M, Hey SP, Abou-El-Enein M. Post-marketing safety and efficacy surveillance of cell and gene therapies in the EU: A critical review. Cell Gene Ther. Insights. 2019;5(11):1505-21.
- 25. Gaviglio AM, Skinner MW, Lou LJ, Finkel RS, Augustine EF, Goldenberg AJ. Genetargeted therapies: Towards equitable development, diagnosis, and access. InAmerican Journal of Medical Genetics Part C: Seminars in Medical Genetics 2023 Mar (Vol. 193, No. 1, pp. 56-63). Hoboken, USA: John Wiley & Sons, Inc.
- 26. AlRasheed MM, AlAli H, Alsuwaid AF, Khalaf S, Ata SI, BinDhim NF, Bakheet D, Khurshid F, Alhawassi TM. Gene therapy knowledge and attitude among healthcare professionals: a cross-sectional study. Frontiers in Public Health. 2021 Nov 15;9:773175.
- Ohno-Machado L, Kim J, Gabriel RA, Kuo GM, Hogarth MA. Genomics and electronic health record systems. Human molecular genetics. 2018 May 1;27(R1):R48-55.
- 28. Morrissey C, Walker RL. The ethics of general population preventive genomic sequencing: rights and social justice. In The Journal of Medicine and Philosophy: A Forum for Bioethics and Philosophy of Medicine 2018 Jan 12 (Vol. 43, No. 1, pp. 22-43). US: Oxford University Press

- 29. .Rajakumari K, Shri KK, Logesh R, Meenambiga SS, Vivek P, Romauld SI. Global Perspectives on Pharmacogenomics and Drug Discovery. InGenomics-Driven Drug Discovery Through Pharmacogenomics 2025 (pp. 123-166). IGI Global Scientific Publishing.
- Weitzel KW, Aquilante CL, Johnson S, Kisor DF, Empey PE. Educational strategies to enable expansion of pharmacogenomicsbased care. American Journal of Health-System Pharmacy. 2016 Dec 1;73(23):1986-98.
- 31. Lennerz JK, McLaughlin HM, Baron JM, Rasmussen D, Shin MS, Berners-Lee N, Batten JM, Swoboda KJ, Gala MK, Winter HS, Schmahmann JD. Health care infrastructure for financially sustainable clinical genomics. The Journal of Molecular Diagnostics. 2016 Sep 1;18(5):697-706.
- 32. ang J, Griffiths E, Tounekti O, Nemec M, Deneault E, Lavoie JR, Ridgway A. Canadian regulatory framework and regulatory requirements for cell and gene therapy products. Regulatory Aspects of Gene Therapy and Cell Therapy Products: A Global Perspective. 2023 Aug 2:91-116.