

Pharmacogenomics in oncology: Personalizing cancer treatments.

Kenneth Poletto*

Department of Radiation Oncology, University of Washington School of Medicine, New York

Introduction

Pharmacogenomics, the study of how an individual's genetic makeup influences their response to drugs, has emerged as a transformative field in oncology. Traditional cancer treatments, including chemotherapy and radiotherapy, often follow a one-size-fits-all approach. However, variations in genetic makeup can significantly influence drug metabolism, efficacy, and toxicity. Pharmacogenomics aims to tailor cancer therapies to the genetic profile of individual patients, ensuring optimal efficacy and minimizing adverse effects [1].

One of the critical advantages of pharmacogenomics in oncology is its ability to predict drug responses. Genetic variations in drug-metabolizing enzymes, such as cytochrome P450 (CYP) enzymes, can alter the metabolism of chemotherapeutic agents. For example, patients with specific CYP2D6 gene variants may metabolize tamoxifen, a common breast cancer drug, at different rates, affecting treatment outcomes. Identifying these variations before treatment can guide clinicians in adjusting drug dosages or selecting alternative therapies [2].

Targeted therapies have been a major success story in oncology pharmacogenomics. Drugs like trastuzumab, which targets the HER2 receptor in breast cancer patients, exemplify the potential of precision medicine. Patients whose tumors overexpress the HER2 protein respond significantly better to trastuzumab than those without this biomarker. Similarly, EGFR mutations in lung cancer patients can determine their response to tyrosine kinase inhibitors such as gefitinib and erlotinib [3].

Pharmacogenomics also plays a crucial role in mitigating adverse drug reactions (ADRs). Severe toxicities from cancer drugs can arise due to genetic differences in drug processing. For instance, patients with mutations in the DPYD gene may suffer life-threatening toxicity from fluoropyrimidines, a class of chemotherapeutic agents. Pre-treatment genetic testing for such mutations can help avoid unnecessary risks [4].

Despite its promise, the integration of pharmacogenomics into routine oncology practice faces several challenges. High costs of genetic testing, lack of standardized protocols, and limited access to genetic screening facilities remain significant barriers. Additionally, the interpretation of pharmacogenomic data requires specialized expertise, which may not always be available in smaller healthcare settings [5].

Ethical and legal considerations also come into play. Genetic information is highly sensitive, and its misuse can lead to

discrimination or breaches of patient privacy. Ensuring strict data protection measures and clear regulations is critical to building public trust in pharmacogenomics [6].

Pharmacogenomic research is advancing rapidly, with new biomarkers and genetic targets being discovered regularly. Clinical trials incorporating pharmacogenomic testing are becoming more common, providing valuable insights into drug responses across diverse patient populations. Regulatory bodies, such as the FDA, have also started incorporating pharmacogenomic information into drug labeling, guiding clinicians in personalized treatment approaches [7].

Education and awareness among healthcare professionals are essential for the successful implementation of pharmacogenomics in oncology. Oncologists, pharmacists, and genetic counselors must collaborate to interpret genetic data effectively and make informed treatment decisions [8].

Additionally, empowering patients with knowledge about pharmacogenomic testing can enhance their participation in treatment planning [9].

In the future, advancements in technologies such as next-generation sequencing (NGS) and artificial intelligence (AI) are expected to further refine pharmacogenomic applications. These tools will allow faster, more accurate genetic analysis and provide actionable insights for clinicians [10].

Conclusion

In conclusion, pharmacogenomics holds immense potential to revolutionize oncology by moving away from a trial-and-error approach to a more precise and patient-centric model of care. While challenges remain, ongoing research, improved accessibility, and multidisciplinary collaboration will be key to realizing the full benefits of pharmacogenomics in cancer treatment. Personalized oncology is no longer a distant vision but a rapidly approaching reality, offering hope for better outcomes and improved quality of life for cancer patients worldwide.

References

1. Rodríguez-Antona C, Taron M. Pharmacogenomic biomarkers for personalized cancer treatment. *J Intern Med.* 2015;277(2):201-17.
2. Zhang Y, Somtakoune SD, Cheung C, et al. Therapeutic application of pharmacogenomics in oncology. *The AAPS journal.* 2016;18:819-29.

*Correspondence to: Kenneth Poletto, Department of Radiation Oncology, University of Washington School of Medicine, New York. E-mail: kenneth.p@ucsd.edu

Received: 1-Jan-2024, Manuscript No. JMOT-25-157408; Editor assigned: 4-Jan-2024, PreQC No. JMOT-25-157408 (PQ); Reviewed: 17-Jan-2024, QC No. JMOT-25-157408; Revised: 24-Jan-2024, Manuscript No. JMOT-25-157408 (R); Published: 31-Jan-2024, DOI: 10.35841/jmot-10.1.245

3. Weng L, Zhang L, Peng Y, et al. Pharmacogenetics and pharmacogenomics: A bridge to individualized cancer therapy. *Pharmacogenomics*. 2013;14(3):315-24.
4. Patel JN, Wiebe LA, Dunnenberger HM, et al. Value of supportive care pharmacogenomics in oncology practice. *Oncologist*. 2018;23(8):956-64.
5. van Schaik RH. CYP450 pharmacogenetics for personalizing cancer therapy. *Drug Resist Updat*. 2008;11(3):77-98.
6. Dupont P. Pharmacogenomics in cancer treatment: Tailoring drug therapy based on genetic variations. *J Med Artif Intell*. 2024;15(1):203-10.
7. Andersen RL, Johnson DJ, Patel JN. Personalizing supportive care in oncology patients using pharmacogenetic-driven treatment pathways. *Pharmacogenomics*. 2016;17(4):417-34.
8. Rodríguez-Vicente AE, Lumbreras E, Hernández JM, et al. Pharmacogenetics and pharmacogenomics as tools in cancer therapy. *Drug Metab Pers Ther*. 2016;31(1):25-34.
9. Avci CB, Bagca BG, Shademan B, et al. Machine learning in oncological pharmacogenomics: Advancing personalized chemotherapy. *Funct Integr Genomics*. 2024;24(5):182.
10. Wheeler HE, Maitland ML, Dolan ME, et al. Cancer pharmacogenomics: Strategies and challenges. *Nat Rev Genet*. 2013;14(1):23-34.

Citation: Poletto K. *Pharmacogenomics in oncology: Personalizing cancer treatments*. *J Med Oncol Ther*. 2025;10(1):245.