

Pharmacogenomics in the Age of Personal Genomics: A Concise Guide to Online Resources and Tools

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ABSTRACT

The post-HapMap era has witnessed a significant expansion in resources available for genome analysis and interpretation, alongside the development of numerous databases and consortia dedicated to personal genomics. The emergence of next-generation sequencing technologies has accelerated the growth of personal genomics, while also indirectly advancing the field of pharmacogenomics (PGx). Modern pharmacogenomics has progressed beyond merely identifying variations in common genes related to frequently used drugs, evolving into a comprehensive study of the interactions between single genes and multiple drugs, as well as the effects of combinatorial drug use. The vast increase in genomic data has prompted the growth of specialized databases and consortia focused on PGx and the curation of this data. This review provides an overview of key online resources and tools essential for interpreting personal genomes, with a focus on pharmacogenetically relevant data. The resources are categorized into five main sections according to their content and utility, encompassing pharmacogenomics databases, variation databases, tools and resources for analyzing pharmacogenomic data, community efforts and consortia, as well as standards for data representation.

Key Words: Pharmacogenomics, Single-nucleotide variations, Data Bases, Datasets

INTRODUCTION

Pharmacogenomics (PGx) investigates the genetic factors underlying individual differences in drug responses. It has rapidly become a significant focus within human genetics, driven by advancements in technology that facilitate genome-wide analysis of variations, enabling more precise association studies and deeper insights into the molecular mechanisms of diseases. In recent years, there has been a growing interest in exploring how genetic variations

influence drug efficacy and the occurrence of adverse drug reactions.¹

Currently, thousands of genetic variants in the human genome have been identified with significant pharmacogenetic implications. Among the various types of genetic variations that can influence drug response, single-nucleotide variations (SNVs) are the most extensively studied. SNVs in genes encoding enzymes, carriers, transporters, and targets, which are integral to a drug's pharmacokinetics and pharmacodynamics,

can lead to altered drug responses and, in some cases, severe adverse effects. Beyond genetic variations affecting drug transport, metabolism, and action, variations in immune-related genes have also been investigated for their association with idiosyncratic adverse drug reactions.²

The growing importance of pharmacogenetics is largely driven by the prevalence of adverse drug reactions (ADRs). Research indicates that ADR incidence rates among patients undergoing treatment range from 1.6% to 41.4%, with an estimated annual expenditure of \$17–29 billion on preventable adverse events. In the United States, ADRs account for approximately 100,000 deaths each year, while in the United Kingdom, they are linked to a 25% increase in hospital stay duration. Furthermore, one study found that 56.3% of ADRs result in no or minor disabilities, 7.0% may lead to permanent disabilities, and 7.4% could be fatal. Pharmacogenomics holds significant potential in this context, as many adverse events could be mitigated through appropriate genetic testing and tailored prescriptions. The importance of pharmacogenetic testing is underscored by the increasing number of drugs for which the FDA recommends genetic testing. Currently, the FDA endorses genetic tests in the labeling of 103 drugs for 113 biomarkers. The widespread adoption of pharmacogenomic testing in clinical practice could markedly enhance patient healthcare by ensuring greater clinical efficacy and cost-effectiveness. However, despite rapid advancements in clinical testing methodologies and the availability of numerous pharmacogenetic markers, only a limited number of these tests are currently implemented in clinical settings. This shortfall is mainly due to challenges in replicating genetic markers with moderate effects and a limited biological understanding of the pathways and mechanisms underlying drug actions. The rise of pharmacogenomics has been partly driven by the Human Genome Project and related initiatives, such as the HapMap

Project and the 1000 Genomes Project, which aim to elucidate genetic variation across global populations. These projects, along with technological advancements and the increased throughput of genome sequencing, have enabled the sequencing of numerous personal genomes, including those from diverse populations worldwide.

Advancements in technology and throughput are paving the way for personal genomics to become a standard practice in clinical settings. However, the successful integration of personal genomics into routine healthcare will require more than just improved sequencing capabilities. It will necessitate the development of faster, more efficient bio-computational pipelines and workflows capable of extracting clinically relevant insights from genomic data. Additionally, the availability of well-curated, high-quality datasets of genetic variants is crucial to ensure that this data mining is both meaningful and applicable in clinical contexts. These resources must also be designed with user-friendliness in mind, enabling clinicians to access and interpret the most pertinent information quickly when needed.³

Pharmacogenomics Databases: *Pharmacogenomics Knowledge Base (PharmGKB)*

PharmGKB is a publicly accessible online portal dedicated to the collection, curation, and dissemination of genotype-phenotype data pertinent to pharmacogenetics. Its editors focus on aggregating human genetic variations that influence drug response. The platform provides a range of pharmacogenomics-related information, including Variant Annotations, Clinical Annotations, and Very Important Pharmacogene (VIP) Summaries. In addition, PharmGKB offers clinically relevant resources such as Pharmacogenomics-Based Drug-Dosing Guidelines and Drug Labels containing pharmacogenomic information. The portal also includes drug-centered pathways. PharmGKB's data management and

implementation are organized into four distinct levels, collectively referred to as the PharmGKB Knowledge Pyramid.

The process begins with knowledge extraction, where pharmacogenomic (PGx) data is meticulously curated from PubMed publications, complemented by the development of Natural Language Processing (NLP) techniques to enhance data mining efficiency. This is followed by knowledge annotation, aggregation, and integration, which involves linking genetic variants with corresponding drugs (Variant Annotations), mapping pharmacogenetic pathways (both pharmacodynamic and pharmacokinetic), and summarizing genes

critical to drug response (Very Important Pharmacogenes, VIPs). Clinical interpretation then synthesizes these associations into Clinical Annotations, offering insights into the relationship between specific drugs and genotypes. These annotations are continuously refined based on emerging evidence, adjusting their clinical significance accordingly. Finally, clinical implementation integrates this knowledge into practical applications, such as FDA Drug Labels with PGx information, genetic testing for variants affecting treatment outcomes, and Drug-Dosing Guidelines.⁴

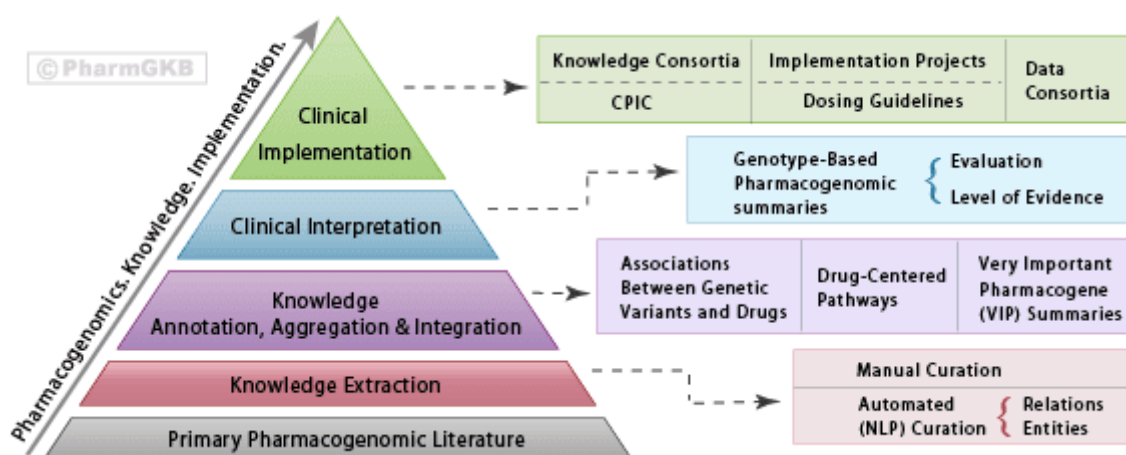


Figure-1: Pharm GKB Blog: The Pharm GKB Knowledge Pyramid

Pharm GKB organizes and curates data into five key categories: (1) clinical outcomes (CO), (2) pharmacodynamics and drug response (PD), (3) pharmacokinetics (PK), (4) molecular and cellular functional assays (FA), and (5) genotype (GN). The first four categories focus on the impact of genetic variations on various aspects, including clinical outcomes (CO), biological and physiological drug responses that do not significantly alter treatment regimens (PD), drug levels or metabolite concentrations at their sites of action (PK), and results from molecular and cellular functional assays (FA). The fifth category, GN, pertains to genetic variations independent of specific drugs, which are measured as sequence variations in individual genes and may influence drug response variability. Pharm

GKB's data can also be searched by genes, drugs, diseases, and pathways, with comprehensive datasets available in an A-Z index for alphabetical searching. Additionally, Pharm GKB collaborates with several consortia and implementation partners, including the Clinical Pharmacogenetics Implementation Consortium (CPIC), International Clopidogrel Pharmacogenomics Consortium (ICPC), International SSRI Pharmacogenomics Consortium (ISPC), International Tamoxifen Pharmacogenomics Consortium (ITPC), International Warfarin Pharmacogenetics Consortium (IWPC), International Warfarin Pharmacogenetics Consortium-Genome Wide Association Studies (IWPC-GWAS), Translational Pharmacogenetics Project (TPP), University

of Florida & Shands Personalized Medicine Program, and the 1200 Patients Project, to advance the development and implementation of pharmacogenomics (PGx) concepts.⁵

Drug Bank

Drug Bank is a comprehensive online resource that integrates detailed drug information—encompassing chemical, pharmaceutical, and pharmacological data—with extensive drug target data, including sequences, pathways, and structural details. Designed as a robust *in silico* tool for various drug discovery applications, including cheminformatics, Drug Bank hosts 6,711 drug entries. This includes 1,447 FDA-approved small molecule drugs, 131 FDA-approved biotech (protein/peptide) drugs, 85 nutraceuticals, and 5,080 experimental drugs. These entries are linked to 4,227 unique proteins, including drug targets, enzymes, carriers, and transporters. The data within Drug Bank is curated from multiple databases and includes unique identifiers from external sources such as Uni Prot and KEGG, providing users with access to additional information. Each drug in Drug Bank is organized into a Drug Card, comprising over 150 data fields, with approximately half dedicated to drug/chemical information and the other half to drug-protein data.

Users can explore Drug Bank data through the "Browse" feature, which displays information in a tabulated format, or by navigating specific categories like drug name (Drug Browse), pharmaceutical application (Pharma Browse), associated genes/SNPs (Geno Browse), drug pathways (Pathway Browse), drug class based on organic or inorganic nature (Class Browse), and related targets/carriers/enzymes/transporters (Association Browse). The database can be queried using five different methods: Chem Query, which allows users to search for drugs or compounds by drawing or entering a chemical structure; Text Query, utilizing the Lucene query language for advanced Boolean searches; Interaction Search, which

includes options for drug-drug, multi-drug, and food-drug interaction lookups; Sequence Search, supporting BLASTP protein sequence searches among the 18,000 sequences in the database; and Data Extractor, enabling the extraction of data from Drug Bank by selecting specific Drug Card fields and generating results in HTML, CSV, or printable formats. Drug Bank also integrates external links to key bioinformatics and biomedical databases, such as GenBank, Swiss Prot/Uni Prot, PDB, Ch EBI, KEGG, PubChem, and PubMed, as well as drug and pharmaceutical resources like Rx List, Pharm GKB, and FDA labels. It offers reciprocal links to Swiss Prot/Uni Prot, Wikipedia, Bio MOBY, and PubChem, making it an invaluable resource for identifying pharmacogenomic (PGx) associations.⁶

Database of Genotypes and Phenotypes (db GaP)

db GaP, maintained by NCBI, is a comprehensive public database that archives results from genotype-phenotype association studies. Currently, it holds data from 285 studies, encompassing 131,482 variables, 3,052 documents, 3,519 analysis studies, and 2,267 datasets. Access to the database is divided into two main categories: open access and controlled access. Open access includes non-sensitive data that is available to all users and is categorized into study data, which covers study descriptions, protocols, data collection instruments, and other experimental details; phenotypic data, which presents variable summaries and individual-level data; genotypic data, which provides individual genotypes, pedigree information, fine-mapping results, and re-sequencing traces; and statistical data, which includes results from association and linkage studies when available. Controlled access pertains to individual-level data that requires authorization and includes personal, phenotypic, and genotypic details of study participants. Users can explore top studies through five categories: Studies, Variables, Analyses, Documents, and Datasets.

Additionally, db GaP features the Phenotype-Genotype Integrator (Phen GenI) tool, which integrates data from the NHGRI genome-wide association study (GWAS) catalog with other NCBI databases such as Gene, OMIM, GT Ex, and db SNP. The Phen

GenI tool enables users to search for either phenotypes or genotypes and view associated genotypic and phenotypic results, making db GaP a crucial resource for pharmacogenomics research and data analysis.⁷

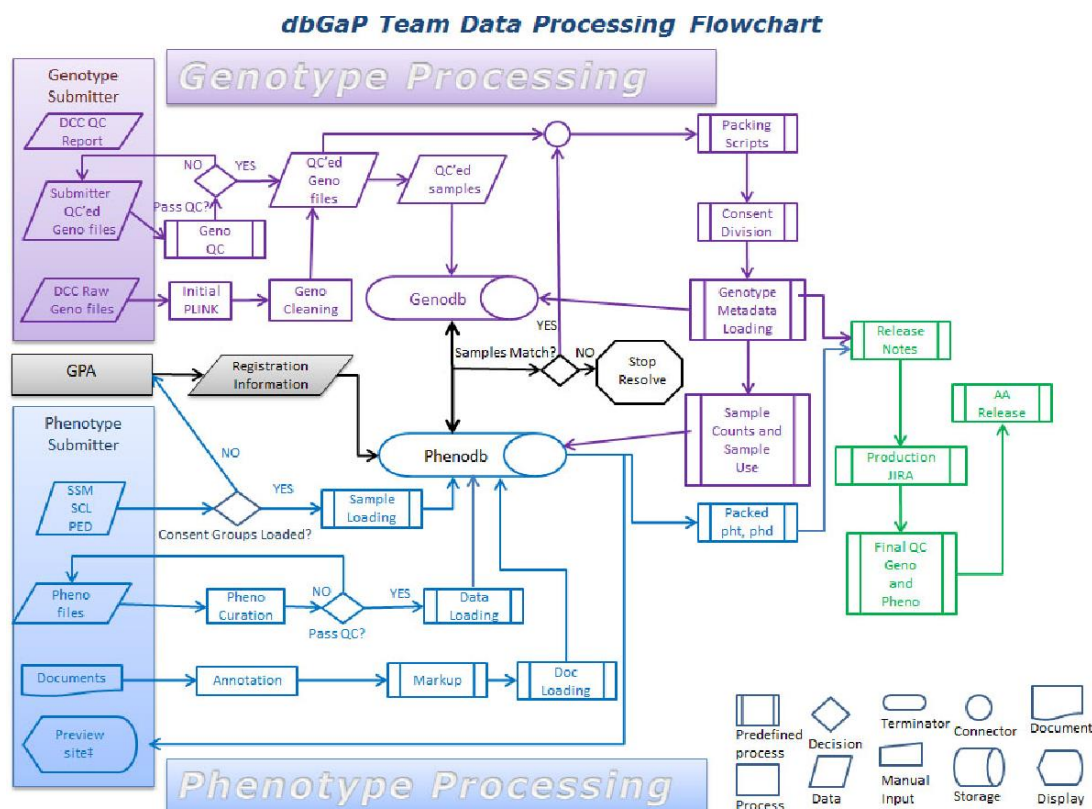


Figure-2: This figure illustrates the intricate processing involved once data is submitted to dbGaP. Notably, the central step highlighted in black on the chart involves the matching of samples

Comparative Toxicogenomics Database (CTD)

The Comparative Toxicogenomics Database (CTD) is an online platform designed to aggregate and synthesize data from multiple sources to explore the connections between environmental agents and human health. It focuses on elucidating how toxicants impact health by curating data into three primary interaction categories: chemical-gene, chemical-disease, and gene-disease relationships. This curated data forms the basis for creating integrated chemical-gene-disease networks, which provide insights into the mechanisms underlying variability in susceptibility and environmentally influenced diseases. The CTD encompasses eleven data categories, including chemicals, genes, chemical-gene/protein interactions,

diseases, gene-disease associations, chemical-disease associations, references, organisms, gene ontology, pathways, and exposures. Among these, the datasets on chemicals, genes, chemical-gene/protein interactions, pathways, gene-disease associations, and chemical-disease associations are particularly relevant to pharmacogenomics (PGx). The remaining datasets support and substantiate the core data within the database and may offer additional insights pertinent to PGx research. CTD also offers a range of analytical tools: Batch Query for downloading complete datasets related to various biological entities; Gene Set Enricher for discovering functional annotations or pathways associated with gene sets; MyGeneVenn for comparing user-defined gene lists with those linked to up to

two chemicals or diseases; MyVenn for visualizing relationships between different lists of CTD data; and VennViewer for comparing datasets involving up to three chemicals, diseases, or genes. Overall, CTD

serves as a comprehensive resource for exploring toxicogenomic associations and has significant implications for pharmacogenomics research.⁸

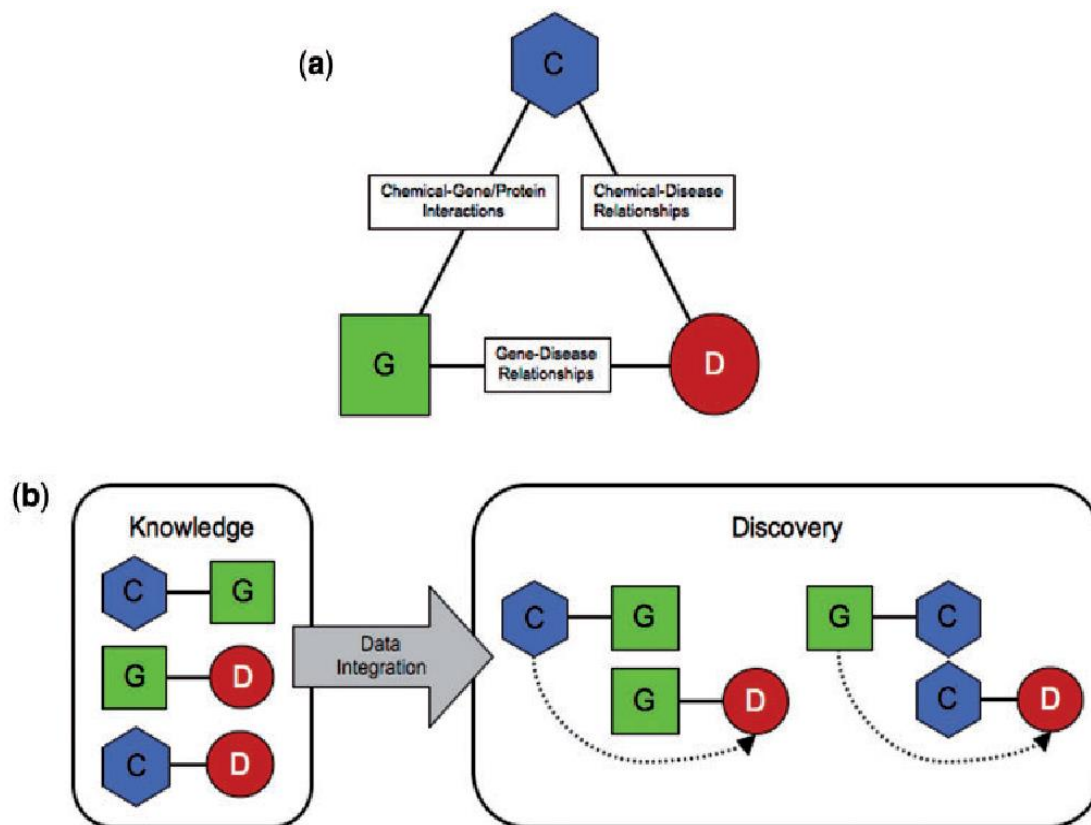


Figure-3: CTD's curation and integration framework involves several steps. (a) Biocurators extract data from the literature related to chemicals (C), genes (G), and diseases (D), focusing on C–G interactions, G–D relationships, and C–D connections. These interactions form a chemical–gene–disease triad. (b) By integrating these data sets, users can uncover new links between chemicals and diseases, as well as between genes and diseases (indicated by the dashed arrow).

HIV-Pharmacogenomics.org

HIV-Pharmacogenomics.org is an invaluable resource designed to aid researchers and healthcare professionals in understanding the genetic factors that influence clinical outcomes of drug therapy in HIV patients. Given the severe adverse reactions and long-term toxicity associated with antiviral drugs, and the complex, prolonged nature of HIV treatment regimens, selecting and planning an appropriate therapeutic strategy is crucial. This database offers comprehensive information on the pharmacogenetics of HIV treatments, allowing users to search by drug name, gene, or specific induced toxicity. It also provides a detailed exploration of genes

based on their pharmacogenetic impact, including those affecting drug metabolism, transport, associated toxicity, therapy efficacy, and natural history modifications. Natural history modifiers are genes and their variants that influence HIV progression, susceptibility, and treatment response. Users can visualize pharmacogenetic associations through a systematic approach, which ultimately presents the relevant associations clearly.⁹

Con LiGen

The International Consortium on Lithium Genetics (Con LiGen) was established to investigate the pharmacogenetics of lithium,

a substance crucial in the psychotherapeutic management of bipolar disorder despite its potential toxicity. Research into the pharmacogenomic factors influencing lithium toxicity has been limited, primarily due to the challenges posed by small sample sizes and significant interindividual variability, which hinder the effectiveness of genome-wide association studies (GWAS) in smaller cohorts. To address this gap, ConLiGen was formed with the goal of conducting a comprehensive GWAS on rigorously defined lithium response phenotypes. The consortium aimed to

elucidate the genetic underpinnings of both therapeutic efficacy and adverse effects associated with lithium therapy. The ConLiGen consortium successfully assembled a substantial cohort of over 1,200 bipolar disorder patients, who were meticulously categorized into responders and non-responders. This cohort was analyzed to uncover pharmacogenetic associations relevant to lithium treatment in bipolar disorder, with the ultimate objective of improving the understanding of genetic factors influencing both therapeutic outcomes and side effects of lithium.¹⁰

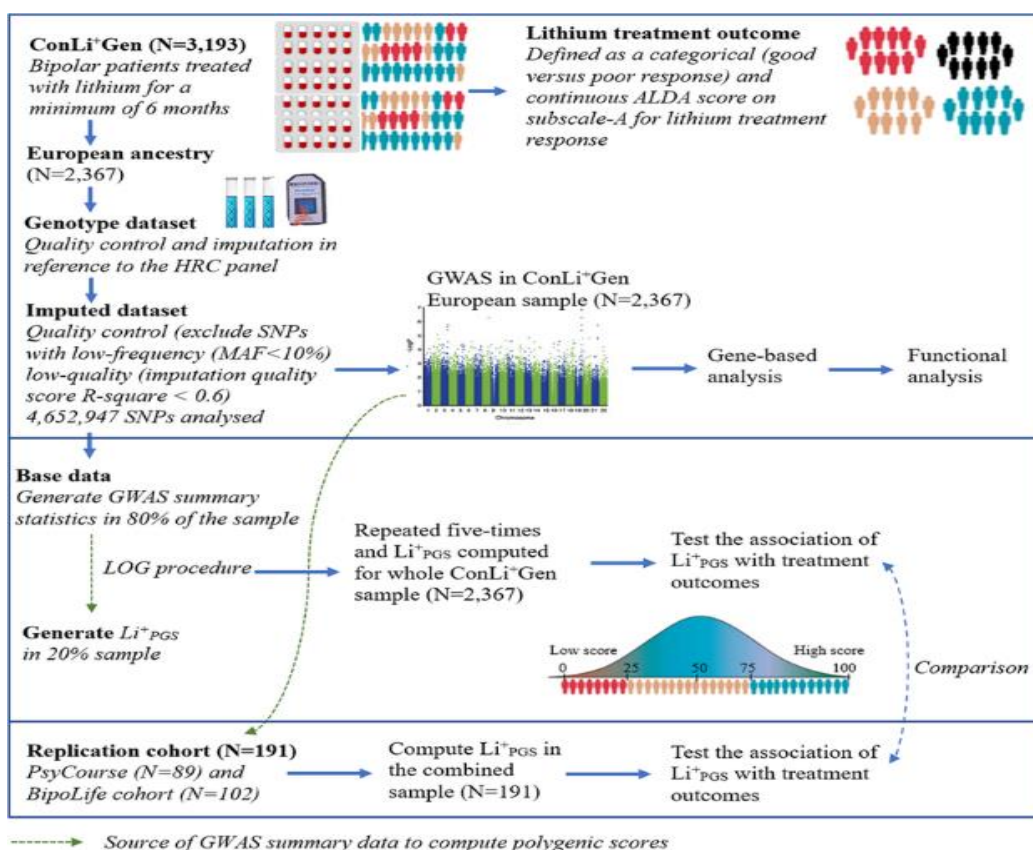


Figure-4: The analysis of input datasets and steps involves several key components: ConLi+Gen, the International Consortium on Lithium Genetics; ALDA, which uses the Retrospective Criteria of Long-Term Treatment Response in Research Subjects with Bipolar Disorder scale; HRC, the Haplotype Reference Consortium; and SNPs, or Single Nucleotide Polymorphisms. Other important aspects include MAF (Minor Allele Frequency), GWAS (Genome Wide Association Study), and Li+PGS (Polygenic Score for Lithium Treatment Response). The LOG (Leave-One-Group-Out) procedure is also utilized, along with PsyCourse, the Pathomechanisms and Signature in the Longitudinal Course of Psychosis study, and BipoLife, the German research consortium focused on bipolar disorder.

Other Databases

PACdb

PACdb, or the Pharmacogenomics and Cell Database, is a specialized online resource dedicated to pharmacogenomics, focusing on

the interplay between single nucleotide polymorphisms (SNPs), gene expression, and cellular sensitivity to drugs, as investigated through cell-based models. This database leverages lymphoblastic cell lines

derived from diverse populations due to their comprehensive genotypic data and their potential to elucidate hematological and other toxicities. An essential aspect of PACdb is its development of advanced computational workflows and pipelines designed to handle and interpret the substantial volumes of data generated. The database architecture is comprised of three interconnected layers: the front end, middle tier, and data storage. The front end offers user access and interaction capabilities, the middle tier addresses user queries related to drugs, SNPs, genes, gene expression, phenotypes, and populations, and the data storage layer utilizes a MySQL relational database to manage and store information. PACdb supports extensive genomic analyses, including whole genome assessments of genotype-drug toxicity relationships, transcript clustering, and the correlation of gene expression with drug phenotypes, as well as other functional and physical annotations. The database's web interface includes a link to the SCAN SNP database, which provides both physical annotations, detailing SNP positions and linkage disequilibrium (LD), and functional annotations, which categorize SNPs based on their impact on gene expression. SNP genotype data within PACdb is sourced from HapMap for CEU and YRI populations. Currently, the database contains pharmacogenomic information for a select group of drugs: carboplatin, cisplatin, etoposide, daunorubicin, busulfan, ara-C, doxyfluridine (capecitabine), hydroxyurea, and pemetrexed. PACdb plans to expand its coverage by incorporating additional pharmacogenetic data from lymphoblastoid cell line models and by establishing a connection with PharmGKB to enhance its utility in both clinical and experimental research contexts.¹¹

Variation Databases

World Population Databases

HapMap

The International HapMap Project, commonly known as HapMap, is a global

initiative designed to identify and catalogue genetic variations among individuals to assess the influence of genes and genetic variations on drug responses, disease susceptibility, and overall human health. Although HapMap itself does not establish definitive connections between genetic variants and their effects, it provides critical data that other researchers can use to explore these relationships. The project is a collaborative effort involving scientists and funding bodies from Japan, the United Kingdom, Canada, China, Nigeria, and the United States.

The HapMap project involves the analysis of DNA samples from diverse populations, including those of European, African, and Asian descent, to identify haplotypes and investigate their associations with various diseases. The study initially genotyped 270 individuals, including both unrelated individuals and “trios” comprising two parents and an adult child. The database encompasses samples from Yoruba individuals in Nigeria (30 trios), residents of Tokyo, Japan (45 unrelated individuals), individuals from Beijing, China (45 unrelated individuals), and participants from the USA (30 trios of Northern or Western European ancestry).

HapMap data can be accessed through graphical search tools by specifying chromosome numbers or using the Genome Browser. Users can explore different datasets, including Genotype data (individual genotypes submitted to HapMap), Frequencies (allele and genotype frequencies derived from genotype data), and Linkage Disequilibrium (LD) Data (properties of linkage disequilibrium). Additional resources include Phasing data (obtained using PHASE software), Allocated SNPs (dbSNP reference SNP clusters), CNV Genotypes (data on copy number variations), Recombination rates and Hotspots, SNP Assays (compiled data on SNP assays), Perlegen amplicons (mapping of Perlegen amplicons to HapMap assays), and Raw data on signal intensities from genotypes, as well

as Inferred genotypes and Mitochondrial and chrY Haplogroups.

Through the identification of TagSNPs, HapMap has catalogued more than 3.5 million SNPs, with the goal of identifying over 10 million SNPs across the human genome. The project has been conducted in three phases: Phase 1 aimed to genotype one common SNP every 5,000 bases and identify over 1 million SNPs; Phase 2 focused on discovering an additional 2 million SNPs; and Phase 3 significantly expanded the sample size to 1,301 genotyped individuals. The extensive data generated by HapMap is instrumental in analyzing variations in drug responses, disease susceptibility, and other individual characteristics, thus highlighting its significance in pharmacogenomics (PGx) research and the identification of therapeutic targets.¹²

1000 Genome Project

The 1000 Genomes Project is a global collaborative effort involving research institutions and foundations from the United Kingdom, the United States, China, and Germany. Its primary objective is to identify genetic variations with a population frequency of at least 1%. The project aims to gather DNA samples from 2,500 individuals across diverse ethnic backgrounds and to sequence their genomes with a coverage of 4X. The project's initial phase, conducted between 2010 and 2011, involved genotyping 1,167 samples from 13 different populations. The second phase, completed in early 2011, focused on genotyping an additional 633 samples from 7 populations, while the third phase, which concluded later in 2011, involved sequencing the genomes of 700 samples. To refine the sequencing protocol and ensure its efficacy, several preliminary studies were undertaken. These included sequencing the genomes of 180 individuals at 2–4X coverage, sequencing 2 trios at 20–60X coverage, and examining 1,000 gene regions in 900 samples at 50X coverage. Data from the 1000 Genomes Project can be accessed directly from the project's mirror FTP sites. The

comprehensive genomic information generated by this project holds significant promise for advancing patient care and therapeutic strategies by elucidating genetic variants associated with diseases, drug response phenotypes, and other traits, thus enhancing the utility of genetic testing.^{13,14}

Population Reference Sample (POPRES)

The Population Reference Sample (POPRES) project represents a significant genetic resource, encompassing DNA samples from approximately 6,000 individuals who participated in diverse studies globally. This extensive dataset underwent rigorous principal component analysis (PCA) to assess its quality and to highlight the genetic diversity across these populations. Established with the aim of advancing pharmacogenomics (PGx) research, POPRES includes samples from ten ethnically diverse groups, including African-American, East Asian, South Asian, Mexican, and European ancestries. The genotyping effort involved a comprehensive genome-wide panel, analyzing 500,000 single nucleotide polymorphisms (SNPs) for all participants. The data, carefully scrutinized to identify potential genetic markers and relevant subjects, is publicly accessible through the dbGaP database.

This invaluable resource underpins various research applications, particularly within the realm of pharmacogenomics. It offers critical insights into genetic variability that can influence drug sensitivity and adverse drug reactions (ADRs). By elucidating genetic variants that affect patient responses to pharmacological treatments, POPRES aids in the identification of biomarkers that could enhance personalized medicine approaches. This enhanced understanding of genetic influences on drug efficacy and safety is crucial for developing tailored therapeutic strategies and improving patient outcomes.¹⁵

Population-Specific Datasets

Pan-Asian SNP Database/ Pan-Asian SNP Consortium (PASNP)

The Pan-Asian SNP database offers a comprehensive repository of over 50,000 single nucleotide polymorphisms (SNPs) derived from 1,808 DNA samples across 73 diverse Asian populations. This resource provides users with two primary viewing options: the “Summary” format, which delivers a broad overview of the SNP and copy number variation (CNV) data, and the “CNV” option, which enables detailed searches for CNVs across entire chromosomes, utilizing sample IDs or specific CNV types. Additionally, the database includes analytical insights into the migratory patterns of East and Southeast Asian populations. It is equipped with external links to other SNP databases, facilitating comparative analysis of SNPs and CNVs between the Pan-Asian database and other repositories, thus enhancing cross-referencing capabilities and broadening the scope of genetic research.¹⁶

Indian Genome Variation Database (IGVdb)

The Indian Genome Variation Database (IGVdb) was established to investigate the genetic underpinnings across four predominant linguistic groups in India:

Dravidian, Indo-European, Austro-Asiatic, and Tibeto-Burman populations. This comprehensive database is a vital resource, encompassing single nucleotide polymorphisms (SNPs), copy number variations (CNVs), and repetitive sequences within the genomes of Indian subpopulations. Currently, it catalogues genetic variations in over 1,000 genes, which may have significant implications for pharmacogenomics (PGx).

IGVdb offers a detailed visual representation of SNP locations within genes, enhancing the ability to understand their genomic context. Additionally, it facilitates user contributions by allowing researchers to upload data on novel SNPs. The primary goals of IGVdb include constructing haplotype maps to elucidate genetic diversity, applying these maps in disease association studies and pharmacogenomic research, and analyzing the functional relevance of identified biomarkers. By providing these resources, IGVdb aims to advance personalized medicine and improve healthcare outcomes within the Indian population through a deeper understanding of genetic variations and their implications.¹⁷

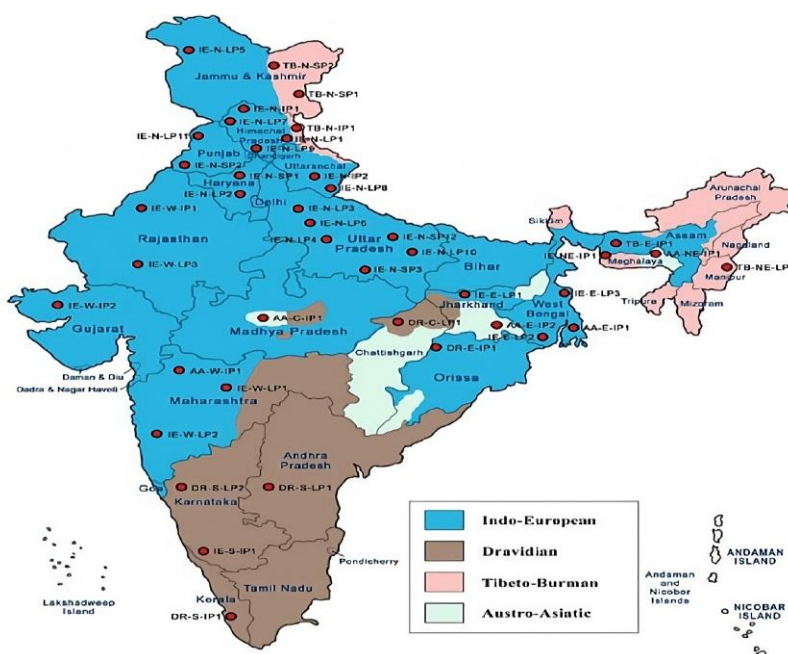


Figure-5: A map of India illustrating the broad distribution of the four major language families—Indo-European, Dravidian, Tibeto-Burman, and Austro-Asiatic—as well as the populations chosen for the initial phase of validation in the IGV project.

EUDRAGENE

EUDRAGENE is an ambitious initiative funded by the European Union (EU), aimed at identifying genetic factors associated with severe adverse drug reactions (ADRs). In its initial phase, the project focuses on collecting DNA samples from patients who have experienced significant ADRs, which often occur with drugs considered the most effective treatment options but result in unexpectedly severe side effects or symptoms inconsistent with the diagnosed condition. Researchers from multiple centres across Europe are collaborating to investigate a select group of these critical ADRs. The second phase of EUDRAGENE is designed to broaden the scope of research by increasing the number of ADRs studied, thereby enriching the understanding of drug safety and patient response. For each type of ADR under investigation, the consortium plans to gather 100 DNA samples, paired with an equal number of samples from healthy control subjects. This large-scale genetic data, along with the comprehensive clinical and demographic information collected, will be stored in a centralized database maintained by the consortium's coordinating members. One of the unique aspects of the EUDRAGENE initiative is its commitment to open science. The database will be made freely accessible to registered researchers, providing a valuable resource for pharmacogenomic studies. In addition to genetic data, the database will also include detailed records on drug reactions, patient medical histories, alcohol consumption, family backgrounds, and other relevant factors. Physicians are encouraged to contribute case studies of patients who have exhibited ADRs following drug therapy, further enriching the dataset.

The database is designed for ease of use, allowing researchers to download the entire dataset as a CSV file or to filter the data based on specific criteria such as drug reaction type, sex, and age group before downloading. EUDRAGENE has already established a robust network of collaborations with research groups from

Austria, Denmark, Canada, Belgium, France, Italy, the Netherlands, Spain, Sweden, and the UK. These partnerships aim to facilitate cutting-edge pharmacogenomic research, ultimately leading to safer and more effective drug therapies tailored to individual genetic profiles.¹⁸

Other Population-Specific Genomes

Population-specific databases play a critical role in understanding the genetic diversity and the unique genotype-phenotype associations within particular groups. Unlike global databases that aggregate genotypic data across multiple populations, these specialized resources concentrate on detailed, population-specific genetic information. They offer invaluable insights into how genetic variations contribute to the manifestation of diseases and traits within distinct populations. In addition to well-known databases like IGVdb and EUDRAGENE, there are several other notable repositories. For instance, the ALFRED database (Allele Frequency Database) provides allele frequency data for various populations worldwide, aiding in the study of genetic differences across ethnic groups. The HAPMAP project, though initially broad in scope, includes population-specific data that has been foundational in mapping genetic loci associated with disease risk. Furthermore, the 1000 Genomes Project, while global, offers a wealth of information that can be parsed to understand population-specific genetic structures. Other resources like the Exome Aggregation Consortium (ExAC) and the Genome Aggregation Database (gnomAD) offer extensive data on exome and genome sequences from various populations, allowing researchers to explore genetic variants specific to certain demographic groups. These databases collectively enhance our understanding of the genetic underpinnings of complex traits and diseases, fostering the development of targeted therapeutic strategies and personalized medicine.

The Korean Genome Project, hosted on Koreangenome.org, is an ambitious open-access initiative aimed at collecting, analyzing, and disseminating the genomic data of individuals of Korean descent. This project serves as a valuable resource for both the scientific community and the general public, providing comprehensive access to the personal genomes of Korean nationals. As the project progresses into its second phase, known as the Korean Personal Genome Project, it is poised to significantly enhance public engagement and research capabilities by offering an open, interactive

platform. This platform will cater to the needs of both laypersons and experts interested in personal genomics, enabling them to explore and utilize the wealth of genomic information. Researchers and other stakeholders can conveniently access the data by downloading it from the mirror FTP site linked on Koreangenome.org. This initiative not only supports advancements in personalized medicine and genomics research but also promotes greater understanding and appreciation of the unique genetic makeup of the Korean population.¹⁹

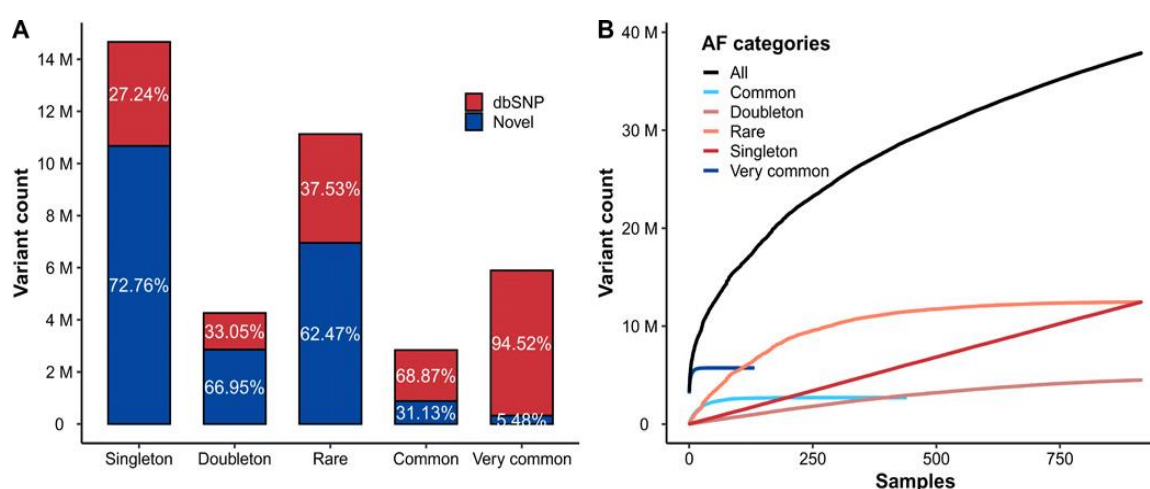


Figure-6: Statistics on variants and the rate of discovery for novel variants.

(A) The Korea1K dataset includes a categorization of variants across all autosomal regions based on allele frequencies (AFs). The categories are as follows: singletons (allele count = 1), doubletons (allele count = 2), rare variants (allele count > 2 and allele frequency ≤ 0.01), common variants (allele frequency > 0.01 and ≤ 0.05), and very common variants (allele frequency > 0.05). (B) The number of novel variants is depicted in relation to the number of unrelated Korean genome samples.

The Latvian Genome Database (LGDB) serves as a comprehensive repository for all genetic research conducted within Latvia. This initiative aims to significantly advance the integration of genetic data into the fields of pharmacogenetics and genetic epidemiology, thereby enhancing the

precision and effectiveness of medical treatments tailored to the Latvian population. Currently, the LGDB is focused on generating Genome-Wide Association (GWA) data from a cohort of 95 individuals of Latvian descent. This data is expected to provide critical insights into the genetic factors that influence drug response and disease susceptibility, which in turn will support the development of personalized medicine strategies. The LGDB stands as a pivotal resource for researchers and healthcare professionals seeking to leverage genetic information to improve public health outcomes in Latvia.²⁰

The Sri Lankan Genome Variation Database is a comprehensive repository that catalogues single nucleotide polymorphisms (SNPs) identified across the three principal ethnic groups in Sri Lanka: the Sinhalese, Sri

Lankan Tamils, and Moors. This database serves as a valuable resource for researchers, providing the ability to search for specific genetic variations using gene names, gene identifiers, or SNP IDs. In addition to its robust search capabilities, the database also offers a platform for users to contribute new data, fostering a collaborative environment for advancing genetic research within these populations. By enabling the submission of novel data and facilitating detailed genetic inquiries, the Sri Lankan Genome Variation Database plays a pivotal role in enhancing our understanding of the genetic diversity and health-related genetic factors in these ethnic communities.²¹

The 1 Malaysia Human Genome Variation Consortium (1Mhgvc) is an ambitious project initiated to comprehensively map the genetic diversity within Malaysia's ethnically rich populations. This initiative seeks to uncover the migratory history of the various ethnic groups that constitute the Malaysian population, tracing their ancestral roots and movements over time. By identifying and analyzing the genetic variations across different ethnicities, the project aims to elucidate the underlying genetic similarities and differences among these groups. These findings have far-reaching implications, particularly in the field of pharmacogenomics, where understanding genetic variation is crucial for developing personalized medical treatments. The insights gained from this project are expected to enhance the precision of therapeutic interventions, contribute to public health strategies, and advance scientific research in genomics and related disciplines.²²

The Singapore Genome Variation Project (SGVP) is a significant initiative focused on identifying common genetic variants across a large number of Single Nucleotide Polymorphisms (SNPs) within Singapore's three primary ethnic groups: Chinese, Indian, and Malay. The study encompasses a comprehensive analysis of approximately 1 million SNPs across 99 Chinese, 95 Indian, and 98 Malay individuals, amounting to a total of 268 participants. This extensive

dataset, currently comprising around 1.6 million SNPs, serves as a critical resource for understanding the genetic diversity and population structure of these ethnic groups. Researchers and scientists can access the data through two main methods: downloading bulk data under eight distinct categories or utilizing the "GBrowser" option for a more interactive and detailed exploration of the dataset. The SGVP database represents a valuable tool for genetic studies, providing insights that may contribute to advances in personalized medicine, population genetics, and the identification of genetic risk factors for various diseases within these populations.²³

Personal Genome Datasets

Personal Genome Project

The Personal Genome Project (PGP) is an initiative spearheaded by Harvard Medical School with the objective of advancing the application of data derived from personal genome sequencing. Building upon the foundational work of the Human Genome Project, the PGP aims to deepen our understanding of the complex interplay between genetic and environmental factors that shape human traits. This initiative involves the collection of biological samples from volunteers, which are then used for comprehensive DNA and genome sequencing, the creation of cell lines, and other related research activities. A distinguishing feature of the PGP is its commitment to making the resulting data freely accessible to researchers around the globe. By providing open access to this wealth of genetic and phenotypic information, the project seeks to accelerate scientific discovery and innovation in multiple fields, including genomics, personalized medicine, and biotechnology. The PGP is also focused on the broader implications of personal genome sequencing. It actively disseminates knowledge on the potential applications of personal genomes in healthcare and disease prevention. Furthermore, the project is dedicated to developing analytical tools that facilitate the

interpretation of genotypic data, which can be complex and challenging to understand without specialized knowledge. In addition to its scientific objectives, the PGP addresses the ethical, legal, and social issues (ELSI) that arise from personal genome sequencing. The project is at the forefront of exploring these critical areas, ensuring that advancements in genomics are conducted in a manner that respects individual privacy and societal norms.

Beyond its contributions to science and technology, the PGP has significant implications for healthcare, personal knowledge, and the development of new products and services based on genetic information. By integrating personal and medical data with genetic information, the project provides a comprehensive resource that can be utilized in pharmacogenomics (PGx) studies, ultimately paving the way for more personalized and effective approaches to medicine and wellness.²⁴

Tools/ Resources for Analysing PGx Data.

Advancements in pharmacogenomics have led to the development of various tools and resources designed to curate, analyze, and interpret data derived from these studies. These tools can be broadly classified into two main categories. The first category encompasses tools that facilitate the visualization of drug pathways and interactions, allowing researchers to map out and comprehend the complex relationships between different drugs, genes, and biological pathways. Such tools are crucial for understanding the mechanistic aspects of drug action and predicting potential outcomes of drug interventions.

The second category includes tools dedicated to the interpretation of pharmacogenomic data. These tools integrate genetic information with clinical data, helping researchers and clinicians to make informed decisions about personalized treatment plans. They provide insights into how genetic variations influence drug response, which is essential for developing tailored therapeutic

strategies that maximize efficacy and minimize adverse effects.

Both categories of tools are indispensable in the field of precision medicine, as they enable a more comprehensive understanding of individual responses to drugs, ultimately contributing to the optimization of therapeutic outcomes and the advancement of personalized healthcare. The integration of these tools into pharmacogenomic research and clinical practice holds the potential to revolutionize drug development and patient care by enabling a more targeted and effective approach to treatment.^{25,26}

Resources Which Aid in the Visualisation of Drug Pathways and Interactions

STITCH

STITCH (Search Tool for Interacting Chemicals) is an advanced online resource designed to identify both known and predicted associations between chemicals, as well as between chemicals and proteins. This tool integrates a wealth of data derived from experimental results, comprehensive databases, and extensive literature analysis. The most recent version, STITCH 3.1, encompasses a vast dataset comprising interactions among 312,000 small molecules and 2.6 million proteins across 1,133 different organisms. This represents a significant expansion compared to its predecessor, STITCH 2, which included data on 74,000 chemicals. The dramatic increase in the number of chemicals included reflects the broader scope and enhanced functionality of the latest version.

STITCH 3.1 leverages four primary data sources to establish these interactions. First, it draws from experimental databases such as ChEMBL, PDSP Ki Database, BindingDB, and PDB, which provide empirical data on chemical interactions. Second, it utilizes drug target sources, including DrugBank, GLIDA, Matador, TTD, and CTD, to identify specific drug-protein interactions. Third, it incorporates pathway repositories like KEGG, NCI/Nature Pathway Interaction Database, Reactome, and BioCyc to map out complex biochemical pathways. Finally,

STITCH employs sophisticated literature mining techniques, combining manual curation with Natural Language Processing (NLP) to extract interaction data from published scientific research.

The STITCH platform offers users several search functionalities to explore these interaction networks. Users can search by chemical name, chemical structure, protein sequence, or even multiple names or sequences simultaneously. The platform's versatility is further demonstrated by its four distinct visualization modes. The confidence view provides a graphical representation of the confidence level associated with each interaction, while the evidence view displays the types of evidence (e.g., database records, experimental data) supporting each association. The actions view offers insights into the nature of the interactions, such as inhibition, activation, expression changes, or post-transcriptional modifications. The interactive view presents a comprehensive network of all possible interactions for a given chemical or protein.

Additionally, STITCH 3.1 allows users to explore stereoisomers of drugs, examine chemical links to other structures, and access detailed records of the experiments, databases, and literature that informed the construction of the interaction networks. By enabling the visualization of both chemical-chemical and chemical-protein associations, STITCH provides a powerful tool for researchers seeking to understand the complex web of interactions that underpin chemical biology. This resource is invaluable for drug discovery, toxicology studies, and the broader field of chemical informatics, offering a robust framework for investigating the multifaceted relationships within biological systems.²⁷

Reactome

Reactome is a comprehensive and freely accessible pathway database meticulously curated by domain experts, integrating data from a variety of established sources such as HapMap, Ensembl, and UniProt. This resource features detailed visual

representations of biological pathways, ranging from fundamental metabolic processes to intricate signaling networks. At the heart of Reactome's pathway model are the "reactions" and the "entities" involved, including drug molecules and nucleic acids, which are central to these processes. Users of Reactome can leverage the database for multiple purposes: (1) they can browse through pathways directly to explore their structure and components, (2) they can map identifiers of compounds or entities present in Reactome by integrating or inputting data to determine their roles in existing or newly identified pathways, (3) they can compare entities across different organisms using orthology data, and (4) they can analyze gene expression data to evaluate its impact on pathways and reactions within various organisms.

The database supports data extraction in several formats including BioPax, SBML, MySQL, and PSI-MITAB, and offers access through web-based APIs. Reactome is also equipped with advanced tools for data analysis and interpretation such as BioMart for data mining, PathFinder for pathway exploration, and Cytoscape Plugins for network visualization. The pathways detailed in Reactome, particularly those relevant to human biology, are valuable for a wide range of applications including research, pathway modeling, systems biology, and pharmacogenomics (PGx). These applications enable researchers to investigate how alterations in drug pathways influence drug responses and phenotypic outcomes, thereby contributing to the advancement of personalized medicine.²⁸

Kyoto Encyclopaedia of Genes and Genomes (KEGG)

KEGG (Kyoto Encyclopedia of Genes and Genomes) is an extensive knowledge base designed to support the systemic analysis of gene functions through interconnected networks of genes and molecules. Its primary goal is to elucidate the roles and functions of biological systems by integrating graphical representations of biochemical pathways.

KEGG provides a comprehensive array of data on genes, proteins, and chemicals, along with molecular interaction diagrams, to offer a holistic view of biological processes.

The KEGG database is organized into 17 interconnected databases, divided into three major categories: systems information, genomic information, and chemical information. The systems information databases include KEGG Pathways, KEGG Brite, KEGG Module, KEGG Disease, KEGG Drug, and KEGG Environ. These databases collectively outline the network mechanisms involving molecules and genes, offering detailed insights into biological pathways and their functional implications. The genomic information databases encompass KEGG Orthology, KEGG Genes, KEGG Genome, KEGG DGenes, and KEGG SSDB. These resources provide comprehensive gene catalogues for sequenced genomes, linking individual genes to the components within KEGG's biochemical pathways, thereby facilitating a deeper understanding of genetic functions and interactions. The chemical information databases, categorized under KEGG LIGAND, include KEGG Compounds, KEGG Glycans, KEGG Reaction, KEGG RPair, KEGG RClass, and KEGG Enzyme. These databases link chemical entities to KEGG pathways, offering valuable information on biochemical reactions and molecular interactions. KEGG employs a distinctive color-coding system to differentiate between datasets and components, each identified by a unique database prefix and a five-digit number. This structured approach enables efficient navigation and utilization of KEGG's extensive genetic, molecular, and chemical data. As such, KEGG is a pivotal resource for pharmacogenomics (PGx), supporting research and development in the field of personalized medicine.²⁹

Tools for the Interpretation of Personal Genome Data

Interpretome

Interpretome encompasses a collection of sophisticated tools designed to simplify the interpretation of personal genomic data, effectively translating raw genetic information into meaningful insights. As the accessibility of personal genomics grows, these tools are increasingly vital for individuals and healthcare providers. They provide extensive annotations for genetic variants, detailing their functional impacts, associations with diseases, and relevance to various traits. By harnessing large databases of genetic information, these tools predict the potential phenotypic effects of specific variants, including risks for genetic disorders and drug responses. They also incorporate algorithms to estimate individual risk for certain conditions, aiding in proactive health management and personalized prevention strategies. Additionally, Interpretome tools support personalized medicine by offering insights into how genetic variations affect drug metabolism, facilitating tailored treatment plans. Many platforms also integrate genomic data with clinical records, enhancing the understanding of genetic influences on health conditions and treatment histories. These tools are invaluable across genetic counselling, research, and clinical practice, enabling more accurate guidance, discovery of genetic associations, and precise, individualized care.³⁰

SNPedia and Promethease

SNPedia is an openly accessible wiki resource that provides comprehensive information on the medical, genealogical, phenotypic, and forensic associations of single nucleotide polymorphisms (SNPs). The inclusion of specific variants in SNPedia is determined by their scientific relevance, which is assessed based on factors such as the study sample size, medical context, and analytical methodologies employed. SNPs are identified by their unique reference SNP identifiers (rsIDs), and users can search the database through various categories including genes, genosets, genomes, medications, and medical conditions.

Within the gene category, users can access a list of SNPs associated with specific genes and obtain brief descriptions of their implications. The genosets category provides information on phenotypes linked to sets of variants. The genome section allows users to explore whole genome data along with SNP information. The medications category lists drugs alongside the SNPs that influence their efficacy or side effects. The medical condition category details SNPs potentially related to various disorders.

Each rsID directs users to a detailed “variant page” that aggregates all available information on that SNP, including links to other relevant databases such as dbSNP, HapMap, Ensembl, PharmGKB, NextBio, and 23andMe. SNPedia also features a tool called “Promethease,” which generates personalized genome reports using SNPedia data in conjunction with user-provided genotype files. Additionally, SNPedia allows users to contribute to the database by submitting novel SNPs and whole genome sequences obtained from external sources.³¹

Trait-O-Matic

Trait-O-Matic is an advanced online platform designed for the identification and classification of genetic variants across entire genomes. Although it does not offer whole genome sequencing services directly, users can access the platform in several ways. They may submit queries confidentially to determine the presence and implications of genetic variants or download the Trait-O-Matic software to perform in-depth analyses of their own genomic data at home. The platform features a comprehensive database that includes whole genome sequences, complete genotypic information such as variant details, associated phenotypes (including diseases and adverse events), as well as chromosome numbers, positions, and allele frequencies. Additionally, Trait-O-Matic provides access to cell lines derived from samples contributed by specific individuals. This extensive resource is particularly valuable for pharmacogenomics (PGx) research, facilitating personalized

genomic analyses for tailored therapeutic strategies.^{32,33,34,35}

ANNOVAR

ANNOVAR is a command-line-driven, open-source software tool designed for the functional annotation of genetic variants across a wide range of organisms, including mouse, worm, fly, yeast, and human genomes (hg18 and hg19). Developed to address the challenge of identifying novel single nucleotide polymorphisms (SNPs) from next-generation sequencing data, ANNOVAR shifts the focus from well-studied common SNPs to previously uncharacterized variants. This approach overcomes the limitations of traditional tools like SIFT and PolyPhen2 by extending annotation capabilities beyond human data to include various model organisms. To annotate genetic variants, ANNOVAR requires input data that includes chromosome number, start and end positions, reference nucleotide, and observed nucleotide variants. The tool then performs several types of annotations: gene-based, region-based, and filter-based. Gene-based annotations identify variations that may alter protein-coding sequences and the affected amino acids. Region-based annotations locate SNPs within specific genomic regions, while filter-based annotations sift through variants based on criteria such as their presence in dbSNP, frequency in the 1000 Genomes Project (minor allele frequency >1%), non-synonymous changes with SIFT scores greater than 0.05, and other mutation-related attributes.

In addition to these primary functions, ANNOVAR offers additional utilities, such as identifying SNPs in strong linkage disequilibrium with genome-wide association study (GWAS) hits and analyzing other relevant datasets. The computational efficiency of ANNOVAR is notable, with gene-based functional annotations processed in approximately 4 minutes and a “variants reduction” procedure linking SNPs to diseases and traits completed in around 15 minutes. This rapid processing

capability facilitates the effective handling of large-scale data sets on a daily basis.³⁶

Community Efforts and Consortia

Consortiums play a crucial role across various scientific disciplines by facilitating the dissemination of knowledge and fostering collaborations among researchers from around the globe. These collaborative networks not only enhance the collective understanding of specific research areas but also contribute to the advancement of science through shared expertise and resources. Typically, consortiums maintain extensive databases that aggregate results from research efforts or compile comprehensive data mined from the literature. While accessing these consortiums or their databases often involves a registration process, there is usually no charge for this access. However, securing membership in these consortiums often entails a fee. The following section provides a detailed review of some of the prominent pharmacogenomics (PGx) consortiums and initiatives, highlighting their contributions and impact on the field.

Pharmacogenomics Research Network (PGRN)

The Pharmacogenomics Research Network (PGRN) is an initiative funded by the National Institutes of Health (NIH) that brings together a consortium of researchers from various fields. The primary aim of PGRN is to elucidate the relationship between genetic variations and drug responses. To support this goal, scientific data generated by the participating research groups are systematically stored and annotated within PharmGKB, a comprehensive pharmacogenomics knowledge base.

PGRN was established to advance the integration of pharmacogenomics (PGx) research into clinical practice and other research contexts. It seeks to develop innovative tools and methodologies to enhance PGx research, facilitate the sharing of data and biological samples, and foster the

creation of cross-disciplinary collaborations. These collaborations are designed to support the discovery and dissemination of novel data, strengthen alliances and partnerships, and enhance the application of PGx knowledge. The research groups within PGRN may focus on various aspects, including the development of drugs for treating specific disorders or the investigation of protein interactions with drugs. Through these efforts, PGRN aims to improve our understanding of genetic factors influencing drug efficacy and safety, ultimately contributing to more personalized and effective therapeutic strategies.³⁷

Pharmacogenetics for Every Nation Initiative (PGENI)

The Pharmacogenomics Education and Research Network Initiative (PGENI) is dedicated to advancing the application of pharmacogenomics across health care systems globally, with a focus on both developed and developing nations. The consortium is engaged in a comprehensive effort to collect and analyze blood samples from major ethnic groups worldwide, with the goal of identifying genetic variants and their distribution patterns within diverse populations. PGENI has also created a catalog of frequently used medications in developing countries, drawing from the World Health Organization's "14th Essential Medicines" list, and plans to expand this list to include all essential drugs in the future. This initiative aims to uncover pharmacogenomic associations that may impact drug efficacy and safety, particularly identifying populations at heightened risk for adverse drug reactions or inadequate therapeutic responses. By leveraging databases such as PubMed and PharmGKB, PGENI has currently identified 154 genetic markers related to the response of 206 drugs. The consortium comprises 104 countries and is coordinated by five major centres located in Brazil, China, Greece, Mexico, and South Africa. PGENI's overarching objective is to integrate pharmacogenomics into public health policies and improve the quality of

health care services, while also enhancing the understanding and application of pharmacogenomics in developing regions.³⁸

PharmGenEd

PharmGenEd, an innovative pharmacogenomics education program established by the University of San Diego, California, aims to enhance the integration of pharmacogenomics (PGx) into clinical practice and provide foundational evidence-based knowledge to a wide range of healthcare professionals. This program targets pharmacists, physicians, pharmacy and medical students, and other healthcare providers by offering comprehensive educational resources. The initiative encompasses four primary objectives: first, it delivers continuing education for healthcare practitioners, particularly pharmacists and clinicians, through live presentations, online modules, and written articles; second, it equips faculty members with PGx training materials and modules to incorporate into academic curricula, which can be utilized by both students and other instructors; third, it provides targeted PGx training and resources for healthcare practitioners via online modules and live presentations conducted by experts in the field; and fourth, it fosters the development of online PGx resources by establishing virtual communities and pubcasts in collaboration with leading professionals and organizations. PharmGenEd also partners with various organizations and PGx communities, such as PharmGKB, to ensure ongoing advancement and implementation of pharmacogenomics principles.³⁹

OpenPGx

The Open Personal Genomics Consortium (OpenPGx) is an international, collaborative initiative dedicated to advancing the field of pharmacogenomics (PGx) and its application in patient healthcare through an open-access model. The consortium's primary objectives include the creation of a comprehensive, open-access database that catalogs biomarkers relevant to clinical settings, the

development of innovative algorithms and tools for enhanced data mining and interpretation of personal genomic information, and the provision of an interactive platform that fosters engagement among students, researchers, healthcare professionals, and PGx experts. Additionally, OpenPGx aims to establish evidence-based guidelines for integrating pharmacogenomic data into clinical practice. The OpenPGx database will feature meticulously curated data on pharmacogenomic associations between drugs and genetic polymorphisms, offering detailed insights into drug-gene interactions, including drug indications, gene names, risk allele rsIDs, and statistical metrics such as hazard ratios, odds ratios, and p-values. It will also encompass study-specific details, including population demographics, allele frequencies, and supporting PubMed IDs. Furthermore, the database will integrate a comprehensive map of reported drug interactions, covering targets, carriers, enzymes, and transporters, sourced from major databases such as DrugBank, PharmGKB, and UniProt, as well as relevant literature. This pathway map, developed using CellDesigner and available in SBML format, will facilitate integration with other visualization software. OpenPGx has also forged partnerships with several laboratories, particularly within South Asia, to support data exchange and in-depth studies on genetic variants and their impact on drug response.⁴⁰

The Biomarkers Consortium

The Biomarkers Consortium is a collaborative initiative that unites researchers from various disciplines with the goal of identifying and validating novel biomarkers to enhance drug development and improve human health outcomes. This consortium focuses on four primary research areas: cancer, immunity and inflammation, metabolic disorders, and neuroscience, while also addressing other diseases, therapeutic areas, and interdisciplinary fields. Membership is open to scientific members,

who are affiliated with research organizations and whose work involves biomarkers, as well as supporting members, who contribute financially without providing scientific input. Members can propose projects aligned with the consortium's research priorities or explore other relevant fields, with acceptance contingent on meeting the consortium's criteria. The consortium's objectives include: (1) advancing the development and validation of biomarkers through innovative and established methodologies; (2) elucidating the role of biomarkers in disease diagnosis, clinical practice, and therapeutic efficacy; (3) disseminating research findings from consortium projects to the broader scientific community; and (4) supporting regulatory processes related to biomarker use.⁴¹

International Serious Adverse Events Consortium (iSAEC)

The International Serious Adverse Events Consortium (iSAEC) represents a collaborative effort between the pharmaceutical industry and the FDA, designed to identify and validate genetic variants that may predict severe adverse reactions to drugs. This initiative extends beyond industry and regulatory partners to include academic researchers and industry professionals engaged in the development of advanced genetic and computational methodologies, particularly in the context of whole genome sequencing and mapping. Access to data collected from both pharmaceutical companies and academic institutions is facilitated through a data portal, available only under the constraints outlined by iSAEC and upon signing a data use agreement. The consortium's research is organized into two phases. Phase 1 concentrated on identifying common DNA variants linked to drug-induced liver diseases and severe skin conditions such as Stevens-Johnson syndrome (SJS) and toxic epidermal necrolysis (TEN), alongside the establishment of core operational and computational processes. In Phase 2, the focus shifted to discovering rare genetic

variants associated with these conditions using next-generation sequencing technology. The overarching goals of iSAEC are to uncover DNA variants correlated with severe drug-induced adverse reactions, disseminate research findings publicly, and enhance awareness of severe adverse drug reactions among both scientific and general communities.⁴²

Consortium on Breast Cancer Pharmacogenomics (COBRA)

The COBRA consortium has been established to investigate how various genetic factors influence the clinical pharmacology of tamoxifen and aromatase inhibitors, with the aim of extending findings from tamoxifen to other drugs within the same therapeutic class. The consortium's objectives are multifaceted: firstly, to identify common genetic variants associated with the human estrogen receptor and its nuclear coactivators and repressors using advanced bioinformatics and sequencing technologies; secondly, to evaluate through in vitro assays whether these genetic variants in estrogen receptor subtypes (ER α and ER β) affect gene expression and function; thirdly, to determine whether these genetic variants and associated genotype/haplotype information influence the clinical response to tamoxifen; fourthly, to explore the impact of genetically polymorphic drug-metabolizing enzymes on the metabolism of aromatase inhibitors; and fifthly, to assess whether variants in candidate genes identified in these studies correlate with curated phenotypic outcomes such as estrogen metabolite concentrations, pharmacokinetics, bone metabolism, and serum lipid subfractions in breast cancer patients treated with exemestane and letrozole. The COBRA webpage offers additional resources, including links to PGRN and PharmGKB, and provides a comprehensive table of drug interactions with cytochrome P450 isoforms, which can be viewed directly on the site or downloaded in PDF format. An additional table detailing clinically relevant cytochrome

P450s and their interacting drugs is also available for further reference.⁴³

Genomic Sequence Variation Mark-up Language (GSVML)

The Genomic Standardized Variation Mark-up Language (GSVML) was designed to facilitate the standardized exchange of genomic information, particularly Single Nucleotide Polymorphisms (SNPs), through an internationally recognized format. Developed through a rigorous process encompassing case analysis and domain evaluations, GSVML supports seamless interaction among users, regardless of the specific Mark-up Language or data format employed. This tool is distinctly human health-centric, focusing on the exchange of clinical and omics data. It encompasses three primary data categories: variation data, direct annotations, and indirect annotations. The variation data, which is mandatory, details critical information such as allele specifics, type, position, region, and length. In contrast, direct annotations—while optional—include data on associated genes, experimental assays, and other genetic details, and indirect annotations provide supplementary omics, clinical, and environmental information. Unlike other Mark-up Languages used for data exchange, GSVML is uniquely tailored for human genome sequence variations. Given the rapid growth in genomic data and the increasing focus on human genetic variations, GSVML aims to offer a robust platform for efficient data mining, analysis, and interpretation. Developed in collaboration with the Health Level Seven Clinical Genomics Special Interest Group (HL7 CG SIG) and aligned with the International Organization for Standardization (ISO) requirements, GSVML is crucial for clinical and omic applications. It is imperative that all three data categories are utilized together to fully leverage GSVML's capabilities in clinical and omic contexts.⁴⁴

CONCLUSION

Pharmacogenomics is rapidly advancing the field of personalized medicine by enabling tailored therapies based on individual genetic profiles. The growth of this field is supported by numerous databases and consortiums, such as PharmGKB, OpenPGx, and dbGaP, which curate and provide access to pharmacogenomics data. Collaborative efforts through groups like PGENI, PGRN, and iSEAC enhance research and implementation by addressing challenges like small sample sizes and allele frequency analysis. Ancillary resources like DrugBank and ConLiGen further aid in PGx research and future studies. The proliferation of tools and languages, including KEGG, Reactome, and SBML, facilitates data analysis and visualization. Despite significant progress, research in pharmacogenomics still has much to explore, with a shift needed from review articles to innovative research. As new drugs receive FDA approval and patient safety becomes a priority, the integration of pharmacogenomics into clinical practice must accelerate, ensuring that research benefits reach patients effectively.

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REFERENCES

1. Balogun OD, Ayo-Farai O, Ogundairo O, Maduka CP, Okongwu CC, Babarinde AO, Sodamide 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.
2. van der Westhuizen ET. Single nucleotide variations encoding missense mutations in G protein-coupled receptors may contribute to autism. *British Journal of Pharmacology*. 2024 Jul;181(14):2158-81.

3. Kitzmiller JP, Groen DK, Phelps MA, Sadee W (2011) Pharmacogenomic testing: relevance in medical practice: why drugs work in some patients but not in others. *Cleve Clin J Med* 78(4):243–257.
4. Dorado P, M Peñas-Lledó E. Pharmacogenetic and pharmacogenomic treatment of rheumatoid arthritis: a review of Pharmacogenomics Knowledge Base scientific evidence. *Pharmacogenomics*. 2024 Jan;25(2):55-8.
5. Klein TE, Altman RB (2004) PharmGKB: the pharmacogenetics and pharmacogenomics knowledge base. *Pharmacogenomics J* 4(1):1 Knox C, Law V, Jewison T, Liu P, Ly S, Frolkis A, Pon A, Banco K, Mak C, Neveu V, Djoumbou Y, Eisner R, Guo AC, Wishart DS (2011) DrugBank 3.0: a comprehensive resource for ‘omics’ research on drugs. *Nucleic Acids Res* 39(Database issue):D1035–D1041
6. Knox C, Wilson M, Klinger CM, Franklin M, Oler E, Wilson A, Pon A, Cox J, Chin NE, Strawbridge SA, Garcia-Patino M. DrugBank 6.0: the DrugBank knowledgebase for 2024. *Nucleic acids research*. 2024 Jan 5;52(D1):D1265-75.
7. Mailman MD, Feolo M, Jin Y, Kimura M, Tryka K, Bagoutdinov R, Hao L, Kiang A, Paschall J, Phan L, Popova N, Pretel S, Ziyabari L, Lee M, Shao Y, Wang ZY, Sirotkin K, Ward M, Kholodov M, Zbicz K, Beck J, Kimelman M, Shevelev S, Preuss D, Yaschenko E, Graeff A, Ostell J, Sherry ST (2007) The NCBI dbGaP database of genotypes and phenotypes. *Nat Genet* 39(10):1181–1186
8. Mattingly CJ, Colby GT, Rosenstein MC, Forrest JN, Boyer JL (2004) Promoting comparative molecular studies in environmental health research: an overview of the comparative toxicogenomics database (CTD). *Pharmacogenomics J* 4(1):5–8
9. Yu ZJ, Mosher EP, Bumpus NN. Pharmacogenomics of Antiretroviral Drug Metabolism and Transport. *Annu Rev Pharmacol Toxicol*. 2021 Jan 6;61:565-585.
10. Schulze TG, Alda M, Adli M, Akula N, Arda R, Bui ET, Chillotti C, Cichon S, Czerski P, Del Zompo M, Detera-Wadleigh SD. The International Consortium on Lithium Genetics (ConLiGen): an initiative by the NIMH and IGSLI to study the genetic basis of response to lithium treatment. *Neuropsychobiology*. 2010 Jun 1;62(1):72-8.
11. Gamazon ER, Duan S, Zhang W, Huang RS, Kistner EO, Dolan ME, Cox NJ. PACdb: a database for cell-based pharmacogenomics. *Pharmacogenetics and genomics*. 2010 Apr 1;20(4):269-73.
12. Gibbs RA, Belmont JW, Hardenbol P, Willis TD, Yu FL, Yang HM, Ch'ang LY, Huang W, Liu B, Shen Y, Tam PK. The international HapMap project.
13. Gustafson JA, Gibson SB, Damaraju N, Zalusky MP, Hoekzema K, Twesigomwe D, Yang L, Snead AA, Richmond PA, De Coster W, Olson ND. Nanopore sequencing of 1000 Genomes Project samples to build a comprehensive catalog of human genetic variation. *medRxiv*. 2024 Mar 7.
14. 1000 Genomes Project Consortium (2010) A map of human genome variation from population-scale sequencing. *Nature* 467(7319):1061–1073.
15. Nelson MR, Bryc K, King KS, Indap A, Boyko AR, Novembre J, Briley LP, Maruyama Y, Waterworth DM, Waeber G, Vollenweider P. The Population Reference Sample, POPRES: a resource for population, disease, and pharmacological genetics research. *The American Journal of Human Genetics*. 2008 Sep 12;83(3):347-58.
16. Ngamphiw C, Assawamakin A, Xu S, Shaw PJ, Yang JO, Ghang H, Bhak J, Liu E, Tongsima S, HUGO Pan-Asian SNP Consortium. PanSNPdb: the Pan-Asian SNP genotyping database. *PloS one*. 2011 Jun 23;6(6):e21451.
17. Hardy BJ, Seguin B, Singer PA, Mukerji M, Brahmachari SK, Daar AS. From diversity to delivery: the case of the Indian Genome Variation initiative. *Nature Reviews Genetics*. 2008 Oct;9(Suppl 1):S9-14.
18. Molokhia M, McKeigue P. EUDRAGENE: European collaboration to establish a case-control DNA collection for studying the genetic basis of adverse drug reactions. *Pharmacogenomics*. 2006 Jun 1;7(4):633-8.
19. Korean Genome Project (KGP). http://koreangenome.org/index.php/Main_Page
20. Rovite V, Wolff-Sagi Y, Zaharenko L, Nikitina-Zake L, Grens E, Klovins J. Genome Database of the Latvian Population (LGDB): design, goals, and primary results. *Journal of epidemiology*. 2018 Aug 5;28(8):353-60.
21. Samarakoon PS, Jayasekara RW, Dissanayake VH. The Sri Lankan genome

- variation database. Sri Lanka Journal of Bio-Medical Informatics. 2011 Nov 7;2(1).
22. 1Malaysia Human Genome Variation Consortium. <http://1mhgvc.kk.usm.my/ANNOVAR>. <http://www.openbioinformatics.org/annovar/>Canó FG, Rozenfeld S (2009) Adverse drug events in hospitals: a systematic review. *Cad Saude Publica* 25:S360–S372
 23. Teo YY, Sim X, Ong RT, Tan AK, Chen J, Tantoso E, Small KS, Ku CS, Lee EJ, Seielstad M, Chia KS. Singapore Genome Variation Project: a haplotype map of three Southeast Asian populations. *Genome research*. 2009 Nov 1;19(11):2154-62.
 24. Lunshof JE, Bobe J, Aach J, Angrist M, V. Thakuria J, Vorhaus DB, R. Hoehe M, Church GM. Personal genomes in progress: from the human genome project to the personal genome project. *Dialogues in clinical neuroscience*. 2010 Mar 31;12(1):47-60.
 25. Kanehisa M, Goto S, Sato Y, Furumichi M, Tanabe M (2012) KEGG for integration and interpretation of large-scale molecular data sets. *Nucleic Acids Res* 40(Database issue):D109–D114
 26. Kuhn M, Szklarczyk D, Franceschini A, Campillos M, von Mering C, Jensen LJ, Beyer A, Bork P (2010) STITCH 2: an interaction network database for small molecules and proteins. *Nucleic Acids Res* 38(Database issue):D552–D556
 27. Kuhn M, Szklarczyk D, Franceschini A, von Mering C, Jensen LJ, Bork P (2012) STITCH 3: zooming in on protein-chemical interactions. *Nucleic Acids Res* 40(Database issue):D876–D880
 28. Jassal B, Matthews L, Viteri G, Gong C, Lorente P, Fabregat A, Sidiropoulos K, Cook J, Gillespie M, Haw R, Loney F. The reactome pathway knowledgebase. *Nucleic acids research*. 2020 Jan 8;48(D1):D498-503.
 29. Kyoto Encyclopedia of Genes and Genomes (KEGG). <http://www.kegg.jp/kegg/>
 30. Karczewski KJ, Tirrell RP, Cordero P, Tattonetti NP, Dudley JT, Salari K, Snyder M, Altman RB, Kim SK (2012) Interpretome: a freely available, modular, and secure personal genome interpretation engine. *Pac Symp Biocomput* 2012:339–350
 31. Cariaso M, Lennon G. SNPedia: a wiki supporting personal genome annotation, interpretation and analysis. *Nucleic acids research*. 2012 Jan 1;40(D1):D1308-12.
 32. Kawamoto K, Orlando LA, Voora D, Lobach DF, Joy S, Cho A, Ginsburg GS (2009) Evaluation of the PharmGKB knowledge base as a resource for efficiently assessing the clinical validity and utility of pharmacogenetic assays. *AMIA Annu Symp Proc* 2009:307–311
 33. Lee KC, Ma JD, Kuo GM (2009) Pharmacogenomics: bridging the gap between science and practice. *J Am Pharm Assoc* (2003). 50(1):e1–e14; quiz e15-7
 34. Marsh S, McLeod HL (2006) Pharmacogenomics: from bedside to clinical practice. *Hum Mol Genet*. 15 Spec No. 1:R89–R93
 35. McLeod HL, Isaacs KL (2011) Preemptive pharmacogenetic testing: insufficient data equal unsatisfactory guidance. *Ann Intern Med* 154(12):842–844.
 36. Wang K, Li M, Hakonarson H. ANNOVAR: functional annotation of genetic variants from high-throughput sequencing data. *Nucleic acids research*. 2010 Sep 1;38(16):e164-.
 37. Shuldiner, A.R., Relling, M.V., Peterson, J.F., Hicks, K., Freimuth, R.R., Sadee, W., Pereira, N.L., Roden, D.M., Johnson, J.A., Klein, T.E. and Pharmacogenomics Research Network Translational Pharmacogenetics Program Group, 2013. The pharmacogenomics research network translational pharmacogenetics program: overcoming challenges of real-world implementation. *Clinical Pharmacology & Therapeutics*, 94(2), pp.207-210.
 38. Potamias G, Lakiotaki K, Katsila T, Lee MT, Topouzis S, Cooper DN, Patrinos GP. Deciphering next-generation pharmacogenomics: an information technology perspective. *Open Biology*. 2014 Jul 1;4(7):140071.
 39. Kuo GM, Ma JD, Lee KC, Halpert JR, Bourne PE, Ganiats TG, Taylor P. Institutional profile: University of California San Diego pharmacogenomics education program (pharmgened™): bridging the gap between science and practice. *Pharmacogenomics*. 2011 Feb;12(2):149-53.
 40. Pasha A, Scaria V. Pharmacogenomics in the era of personal genomics: A quick guide to online resources and tools. *Omics for personalized medicine*. 2013 Aug 3:187-211.

41. Menetski JP, Hoffmann SC, Cush SS, Kamphaus TN, Austin CP, Herrling PL, Wagner JA. The Foundation for the National Institutes of Health Biomarkers Consortium: past accomplishments and new strategic direction. *Clinical Pharmacology & Therapeutics*. 2019 Apr;105(4):829-43.
42. Behr ER, January C, Schulze-Bahr E, Grace AA, Käab S, Fiszman M, Gathers S, Buckman S, Youssef A, Pirmohamed M, Roden D. The International Serious Adverse Events Consortium (iSAEC) phenotype standardization project for drug-induced torsades de pointes. *European heart journal*. 2013 Jul 7;34(26):1958-63.
43. Consortium on Breast Cancer Pharmacogenomics (COBRA). <http://medicine.iupui.edu/clinpharm/cobra/>
44. Nakaya J, Kimura M, Hiroi K, Ido K, Yang W, Tanaka H. Genomic Sequence Variation Markup Language (GSVML). *Int J Med Inform*. 2010;79(2):130-42.

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