

Personalized medicine: a podcast

“... we almost certainly over treat many, many patients, we almost certainly give patients treatments that aren't going to work, and we almost certainly under- or over-dose patients. So there's a lot of room to move in medical oncology and I think we've got plenty of room to do it.”

The area of oncology one with “the greatest potential for personalisation of medicine”, because “unlike many other diseases, we have fairly easy access to the somatic tissue that we're trying to address” ...

Dan Hayes of the University of Michigan School of Public Health, interviewed by BMC Medicine Senior Editor Claire Barnard

A podcast on personalised medicine:

<http://biome.biomedcentral.com/podcast-transcript-personalized-medicine/>

Includes also talks about: *mobile health* with Eric Topol (Scripps Translational Science Institute, California), *stroke genetics* with Hugh Markus (Department of Clinical Neurosciences at the University of Cambridge), and *diabetes* with David Leslie (St Bartholomew's Hospital, London).

David Leslie offers an example of what personalised medicine means in practice:

“Last night, I saw a bus driver. This bus driver does not want to go on to insulin. Why? Because if he went on to insulin, he would lose his job and he's relatively young. So in the event, I gave him a GLP1 agonist, which is an injection, and with this agonist, his blood glucose came down. But actually, if that agonist had not been available I would have had to give him insulin. So the introduction of these agents, such as GLP1 agonist, which do not cause hypoglycaemia have in this case meant that this man can continue with his job, and that is a perfect example of personalised medicine.”

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