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PERSONALIZED AND TRANSLATIONAL MEDICINE AS A MODEL OF THE HEALTHCARE SERVICES AND ARMA-MENTARIUM TO GET THE MODEL ARMED: MYTH OR THE REALITY?

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A new systems approach to diseased states and wellness result in a new branch in the healthcare services, namely, personalized medicine (PM). To achieve the implementa-tion of PM concept into the daily practice including clinical cardiology, it is necessary to create a fundamentally new strategy based upon the subclinical recognition of bioindicators (bio predictors and biomarkers) of hidden abnormalities long before the disease clinically manifests itself. Each decision-maker values the impact of their decision to use PM on their own budget and well-being, which may not necessarily be optimal for society. It would be extremely useful to integrate data harvesting from different databanks for applications such as prediction and personalization of further treatment to thus provide more tailored measures for the patients and persons-at-risk resulting in improved outcomes whilst securing the healthy state and wellness, reduced adverse events, and more cost-effective use of health care resources. One of the most advanced areas in cardiology is atherosclerosis, cardiovascular and coronary disorders as well as in myocarditis. A lack of medical guidelines has been identified by most responders as the predominant barrier for adoption, indicating a need for the development of best practices and guidelines to support the implementation of PM into the daily practice of cardiologists! implementation of PM requires a lot before the current model physician-patient could be gradually displaced by a new model medical advisor-healthy person-at-risk. This is the reason for developing global scientific, clinical, social and educational projects in PM to elicit the content of the new branch.

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