Welcome to the 16th volume of *Personalized Medicine*

Ebony Torrington*,¹

¹ Future Science Group, Unitec House, 2 Albert Place, London N3 1QB, UK

* Author for correspondence: e.torrington@futuremedicine.com

First draft submitted: 2 November 2018; Accepted for publication: 12 November 2018; Published online: 4 December 2018

Background

To all of our readers, we would like to welcome you to volume 16 of *Personalized Medicine*. We are pleased to introduce the first issue of 2019, which as usual contains a broad spread of content representing the diverse field of personalized medicine.

2018 saw a superb achievement for *Personalized Medicine* as the journal was selected for coverage by MEDLINE, allowing enhanced discoverability of articles. This would have not been possible without the continuous support of our readers, reviewers, authors and the invaluable expertise the editorial board members provide us with. Along with this, *Personalized Medicine* gained a new senior editorial team, whom we are looking forward to working with as we move into the new year [1].

Content highlights in 2018

The top five most read articles of the past year are shown in [Table 1](#); these articles demonstrate the diverse research that is being done in the field as well as some of the key focus areas. At the time of writing, our most read article of 2018 was an editorial titled 'How genome editing could be used in the treatment of cardiovascular diseases' [2]. In this article K Musunuru, Harvard University (MA, USA), outlines a number of genome editing tools such as clustered regularly interspaced short palindromic repeats (CRISPR) and clustered regularly interspaced short palindromic repeats (CRISPR)-associated 9 (Cas9) and germline therapy, for the treatment of various cardiovascular genetic disorders.

Another highly popular article from this volume was a special report led by G Oderda, University of Utah (UT, USA) [3]. The work outlines the potential impact of the incorporation of biomarkers into rheumatoid arthritis management on the outcomes and cost. The authors also speculate on the benefits biomarkers could have by decreasing medical expenditure without a loss of clinical effectiveness and how the area could progress in future.

Our most read review in 2018 and one of our top-scoring papers on the Altmetric platform this year reviewed current and prospective wearable technologies and their progression toward clinical application [4]. The authors also discuss challenges associated with the adoption of wearable sensors in the current healthcare system and areas for future research and development.

Special mention goes to the following articles, which have achieved the highest Altmetric scores in the journal during 2018, as we continue our successful partnership with the platform:

- Our highest scores were for the 'Your DNA, Your Say: global survey gathering attitudes toward genomics: design, delivery and methods' [5], which also scored as one of our most read articles of 2018 and 'Enhancing diversity to reduce health information disparities and build an evidence base for genomic medicine' [7].
- Another previously mentioned review that scored highly was an article by Dunn and colleagues 'Wearables and the medical revolution' [4].
- We also received high scores for an editorial article discussing the 'What will follow the first hundred thousand genomes in the NHS?' [8].

Readership demographics

As the precision medicine research community continues to grow, the readership of *Personalized Medicine* changes. In 2018, our content was mostly read by experts in the USA (45%) and the UK (30%) ([Figure 1](#)). However, we

Future
Medicine

Table 1. Top five *Personalised Medicine* 2018 articles by readership.

Rank	Title	Author (s)	Volume (Issue)	Ref.
1	How genome editing could be used in the treatment of cardiovascular diseases	K Musunuru	Volume 15 (Issue 2)	[2]
2	The potential impact of monitoring disease activity biomarkers on rheumatoid arthritis outcomes and costs	GM Oderda, GD Lawless, GC Wright, et al.	Volume 15 (Issue 4)	[3]
3	Wearables and the medical revolution	J Dunn, R Runge, M Snyder	Volume 15 (Issue 5)	[4]
4	'Your DNA, Your Say': global survey gathering attitudes toward genomics: design, delivery and methods	A Middleton, E Niemiec, B Prainsack, et al.	Volume 15 (Issue 4)	[5]
5	Analytical validation of a psychiatric pharmacogenomic test	MR Jablonski, N King, Y Wang, et al.	Volume 15 (Issue 3)	[6]

Figure 1. Readership demographics for *Personalized Medicine* in 2018.

also saw an increase in readership in Asia from 15 to 20%, compared with 2017 [9]. While our content continues to have impact across Europe and the West, we expect to see a continued growth in emerging scientific communities and look forward to continuing the circulation of our content to an increasingly global audience.

Social media

Personalized Medicine's social media presence has continued to grow throughout 2018 and you can join over 2000 people (at the time of writing) in following the journal on Twitter, at @fsgpme [10]. We regularly post journal highlights including newly published content and issues, offers and the latest news in the field.

Conclusion

We appreciate all feedback from the personalized and precision medicine communities regarding the direction of our content, especially suggestions of any priority topics in the field that you feel the journal should cover. We welcome unsolicited research, review and opinion article proposals, among others and would be delighted to hear from you if you are interested in submitting to the journal.

We would also like to take this opportunity to thank all of our valued Editorial Board members, readers, authors and peer reviewers for their continued support. We greatly look forward to collaborating with you all over the next year and hope to see *Personalized Medicine* continue to grow and serve the research community in 2019.

Financial & competing interests disclosure

E Torrington is an employee of Future Medicine Ltd, publisher of *Personalized Medicine*. The author has no other relevant affiliations or financial involvement with any organization or entity with a financial interest in or financial conflict with the subject matter or materials discussed in the manuscript apart from those disclosed. This includes employment, consultancies, honoraria, stock ownership or options, expert testimony, grants or patents received or pending, or royalties.

No writing assistance was utilized in the production of this manuscript.

References

1. Ginsburg G, McCarthy J, Patrinos G. A note from the editors. *Pers. Med.* 15(4), 237–238 (2017).
2. Musunuru K. How genome editing could be used in the treatment of cardiovascular diseases. *Pers. Med.* 15(2), 67–69 (2018).
3. Oderda G, Lawless G, Wright G *et al.* The potential impact of monitoring disease activity biomarkers on rheumatoid arthritis outcomes and costs. *Pers. Med.* 15(4), 291–301 (2018).
4. Dunn J, Runge R, Snyder M. Wearables and the medical revolution. *Pers. Med.* 15(5), 429–448 (2018).
5. Middleton A, Niemiec E, Prainsack B *et al.* 'Your DNA, Your Say': global survey gathering attitudes toward genomics: design, delivery and methods. *Pers. Med.* 15(4), 311–318 (2018).
6. Jablonski M, King N, Wang Y *et al.* Analytical validation of a psychiatric pharmacogenomic test. *Pers. Med.* 15(3), 189–197 (2018).
7. Hindorff L, Bonham V, Ohno-Machado L. Enhancing diversity to reduce health information disparities and build an evidence base for genomic medicine. *Pers. Med.* 15(5), 403–412 (2018).
8. Grant M, Maytum J. What will follow the first hundred thousand genomes in the NHS? *Pers. Med.* 15(4), 239–241 (2018).
9. Tarring A. Personalized Medicine: foreword. *Pers. Med.* 15(1), 1–3 (2018).
10. Twitter.com. Personalized Med Jnl (@fsgpme) on Twitter. (2018). <https://twitter.com/fsgpme?lang=en>