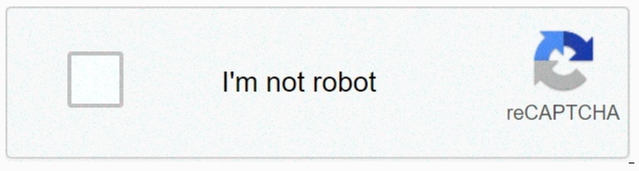

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If you are like most people, you need to take the drug at some point in your life. You may need to take the drug every day, or you may only need to take the drug once in a while. Either way, you want to make sure that your medications are safe and they will help you get better. In the United States, the Food and Drug Administration is responsible for ensuring that prescriptions and over-the-counter medications are safe and effective. There are always risks to taking medications. It is important to think about these risks before you take the drug. Even safe medications can cause unwanted side effects or interactions with food, alcohol or other medications you may take. Some medications may not be safe during pregnancy. To reduce the risk of reactions and make sure that you get better, it is important for you to take your medications properly. You should also be careful when giving medications to children, because they can be more susceptible to the effects of medications. Berg Health co-founder and CEO Nevin R. Narin used to laugh outside the rooms, as he was interested in bringing artificial intelligence into the drug development process. But things have changed, he says, thanks to the growing excitement about the practice known as precision medicine. This afternoon, at the company's fast-paced innovation festival, Narin spoke at a panel discussion on bringing advanced technologies to medicine with industry experts from Mount Sinai and Columbia University. Precision medicine is a comprehensive term, which generally refers to the idea of treating patients in a more personalized and targeted way rather than taking a one-size-fits-all approach in dealing with the disease. The White House announced a $215 million investment in precision medicine earlier this year. If nothing else, i generated a lot of noise. This is a time of unprecedented change, Narin said at the start of the discussion at the Hesse Center for Science and Medicine in Mount Sinai. The irony is that The financial challenges of patients occur at a time of transformative progress in biomedical research. Boston-based Berg Health, backed by Silicon Valley real estate billionaire Carl Berg, hopes to cut the costs and time associated with drug discovery and development - nearly $3 billion and more than 10 years - by incorporating methods of genome, proteomics, and artificial intelligence to detect novel drug targets. (All of these have been tried individually, but Berg hopes his approach will stand away because it combines tools.) Berg wants to offer new drugs at a reasonable price so they won't be out of reach for most patients. For Berg, potential roadblocks seem endless: in health care, combining disparate data sources is a nightmare, let alone regulatory protocols. Financial incentives are a mess. Most hospitals still pay for the service, which means that they are paid on the basis of costly tests and procedures rather than on patient outcomes. (This is beginning to change, thanks in part to the efforts of medicare and Medicare centers, but that won't happen overnight.) Here's what the committee had to say, both about the promise of precision medicine and potential obstacles: Show me dataall of experts on stage agreed that collecting a single source of patient data, such as the genome, usually isn't all that helpful. Eric Shadt, director of the Icaan Institute of Genomics and Multi-Scale Biology at Mount Sinai, urged the medical sector to find better ways to deal with patients. It was not enough to sequence their DNA: to develop predictive models, researchers would need to extract data from the patient's electronic medical record, their laboratories, as well as procedures and pharmacy data. You may also benefit from the flow of health-related data from devices through services such as Apple's HealthKit.The trick will be to provide some kind of value to patients in exchange for this data, as well as to ensure that it is used ethically. Schadt explained that most of us willingly deliver personal information to Google versus a stylish search engine and email service, but not for medical research. What's in my Gmail is more personal than in my medical record, he said. So in medicine, we have to figure out the trade-off with regard to the right amount you have to give to someone in order to be willing to approve it. An important development that makes all this possible is the additional clarity about the approval and data sharing of institutional review boards and regulators, although more needs to be done in this regard. We also need more objective laws to protect patients from discrimination: Gina, a genetic company to combat discrimination, said Eric Nester, professor of neurology at Mount Sinai. For example, it does not protect people from denial of life insurance, long-term care, and disability based on the outcome of a genetic test. Do we need more drug treatments? Another important question is drug development: do we need new treatments to treat diseases, or should we focus our energies on making better use of existing treatments? New algorithms are increasingly being used by researchers to match patient tumors with optimal drug treatments, according to Andrea Callano, head of systems biology at Columbia University. We take a whole bunch of thousands of investigative compounds approved by the FDA and run them through the same algorithm, he said. Califano may determine that a combination of different medications can work for a particular cancer patient, while others need only one treatment. This is what the near-term promise of precision medicine considers: we don't need to develop a lot of new drugs, he says. We should be able to treat a lot of different cancers. But Narayan believes we need to do both, to reposition existing drugs and develop new ones. His company is working on new treatments through a differentiated approach, an approach he describes as biological first. The process begins with the extraction of biological data from cancer ousand healthy tissue samples. The company then uses artificial intelligence to suggest potential treatments for drugs, and models that are in mice. But... One word: interoperability. The big challenge in collecting patient data is that information stored in electronic medical files cannot be easily stored or shared. This is an ongoing nightmare for those in the medical sector, partly due to the fact that health systems do not want to lose patients (who drive profit) to another facility. (Check out my multi-part series about it.) When asked whether this situation would be resolved in the near future so that health information could be consolidated, no one on the team seemed particularly optimistic. It looks a long way off, Shadt said. (Note: Cleveland Clinic recently named FHIR, an approach to this crisis that works as a translator for electronic health records systems that don't usually play well together, as one of its best achievements in 2016.) For this reason, the group seemed to agree that artificial intelligence was not a quick solution to systemic issues. We need to collect data first and then marry artificial intelligence with existing tools. The disease is about demystifying what we don't know, Narin said. Concluded.

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