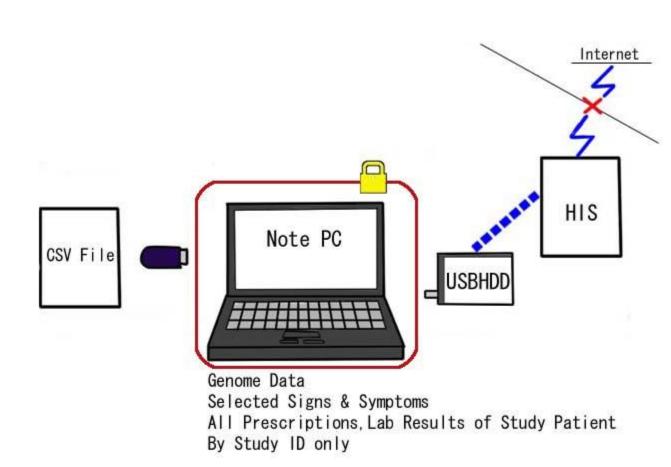


## Put Genome data into Clinical DB, not Clinical data into Genome DB

<sup>∺</sup>So, you can try whatever you think of medication, lab results, to try. **#**Safely apart from network, other users.



"CYP2C19 genotype is associated with symptomatic recurrence of GERD during maintenance therapy with low-dose lansoprazole" EJCP-2008-0363.R1

- 125 patients of gastroesophageal regurgitation, their CYP2C19 genotype status, presence or absence of heartburn condition, are put into Clinical DB.
- We tested the relation of genotype (rapid, intermediate and poor metabolizers), examination results, such as calcium and total protein,,,,
- ₭ Finally, we tested an example of improvement where the given dose of PPI could remain reduced 8 weeks after the start of medication. We found a significant difference between PM-RM and PM-IM (PM-RM P=0.014, PM-IM P=0.104).
- His study design (effectiveness judgment by PPI and relation with Genotype) required less than one hour.