



Personalized Medicine in the ICU

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Message from the Guest Editors

Critical Care Medicine has been dealing with the most vulnerable patient—the critically ill. Pathophysiologic mechanisms of disease and response to disease, monitoring issues and individualized treatment approaches are distinct compared to regular patients and vary considerably between critical care patients. ICUs hospitalize patients with a wide diversity of diseases requiring different management approaches (neurosurgical, thoracic-surgical, general surgical, medical, COVID-19 patients).

More than ever, in the pandemic era, scientists have realized the rationale to personalized medicine, especially for critically ill patients. Multiple subphenotypes have been identified concerning the presence of ARDS, sepsis, hyperinflammatory syndrome or multiorgan involvement. The underlying different pathophysiologic, cellular, and molecular pathways called for the individualization of treatments. The “one size does not fit all” approach is translated into precision medicine.

Under this perspective, we are calling for **review articles** and **original contributions** covering all aspects of how personalized medicine can improve critically ill patients’ management.





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Message from the Editor-in-Chief

Journal of Personalized Medicine (JPM; ISSN 2075-4426) is an international, open access journal aimed at bringing all aspects of personalized medicine to one platform. *JPM* publishes cutting edge, innovative preclinical and translational scientific research and technologies related to personalized medicine (e.g., precision medicine, pharmacogenomics/proteomics, systems biology, ‘omics association analysis). *JPM* is covered in Scopus, the Science Citation Index Expanded (SCIE), PubMed, PMC, Embase, and other databases.

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