

Scientists believe drug response connected to ancestry, not race

**The GLP aggregated and excerpted this blog/article to reflect the diversity of news, opinion and analysis.**

Each year in the US, 300,000 to 900,000 people suffer a venous thromboembolism (VTE), which includes deep vein thrombosis (DVT) and pulmonary embolism (PE). African Americans have a 30–60% higher incidence of either or both than people of European ancestry. However, mention of genetic factors tend to be those found primarily among people of European ancestry – even though African Americans are at higher risk.

The fallacy of “race-based prescribing” has made headlines for 15 years and may finally be on the way out. But now that everyone is officially talking about precision medicine, it’s important to emphasize that ancestry, not race, is connected to drug response. After all, it is the transmission of genes we’re talking about for establishing inherited risk, not how much melanin infiltrates the uppermost skin layer. In the case of DVT and PE, ancestry awareness – not race-based prescribing – can prevent death.

As the Precision Medicine Initiative moves ahead and stratifies complex populations by ancestry and identifies the threads of mixed ancestries, diagnostics and therapeutics will become increasingly tailored, and presumably more effective.

**Read full, original post:** [African Ancestry and Dangerous Blood Clots](#)