

BIOGRAPHICAL SKETCH

Provide the following information for the key personnel in the order listed for Form Page 2.
Follow the sample format for each person. **DO NOT EXCEED FOUR PAGES.**

NAME		POSITION TITLE	
Julie A. Johnson, Pharm.D.		Professor and Chair	
EDUCATION/TRAINING (Begin with baccalaureate or other initial professional education, such as nursing, and include postdoctoral training.)			
INSTITUTION AND LOCATION	DEGREE (if applicable)	YEAR(s)	FIELD OF STUDY
Ohio State University	B.S.	1980-1985	Pharmacy
University of Texas	Pharm.D.	1985-1987	Clinical Pharmacy
Ohio State University	Fellowship	1987-1989	Pharmacokinetics/clin pharmacology

Professional Experience

1989-93 Assistant Professor of Clinical Pharmacy, University of Tennessee College of Pharmacy
 1993-98 Associate Professor of Clinical Pharmacy, University of Tennessee College of Pharmacy
 1998-2001 Associate Professor of Pharmacy Practice, University of Florida College of Pharmacy
 1999-2001 Associate Professor of Medicine (Cardiology), University of Florida College of Medicine
 2001-present Professor of Pharmacy Practice, University of Florida College of Pharmacy
 2001-present Professor of Medicine (Cardiology), University of Florida College of Medicine
 2001-present Director, University of Florida Center for Pharmacogenomics
 2002-present Professor of Pharmaceutical Sciences, University of Florida College of Pharmacy
 2002-present Chair, Department of Pharmacy Practice

Professional Awards and Honors

Inducted Fellow, American College of Clinical Pharmacy, 1996
 University of Tennessee Student Government Association Excellence in Teaching Award, 1996
 Ohio State University William Oxley Thompson Alumni Award, for early career achievement, 1997
 Outstanding Faculty Award, University of Florida Working Professional Pharm.D. Program, 2001

Professional Appointments and Activities

FDA Nonprescription Drugs Advisory Committee Member, 2000-2004
 NIH/NHLBI - Pediatric Heart Disease Clinical Research Network, Protocol Review Committee member, 2002 to 2007
 NIH/NHLBI – Special Emphasis Panel member, February 2002, May 2002
 NIH/NHLBI – Workshop on Genetic Determinants of Response to Drug Therapies in Heart Failure, participant/speaker, September 2002
 NIH/NHLBI - Working Group on Polymorphisms of the β -adrenergic Receptor Gene: Implications for the Pharmacotherapy of Asthma, participant/speaker, June 2003.
 Elected Officer (Regent), Board of Regents, American College of Clinical Pharmacy, 2000-2003
 Editorial Boards: *Pharmacogenetics* and *Pharmacotherapy*

Selected Publications

Johnson JA, Akers WS, Miller ST, Applegate WB. Metoprolol minimizes nighttime blood pressure dip in hypertensive black males. Am J Hypertens 1995;8:254-259.
 Sowinski KM, Lima JJ, Burlew BS, Massie JD, **Johnson JA**. Racial differences in propranolol enantiomer kinetics following simultaneous IV and oral administration. Br J Clin Pharmacol 1996;42:339-46.
Johnson JA, Burlew BS. Metoprolol metabolism via CYP2D6 in ethnic populations. Drug Met Dispos 1996;24:350-355.

- Lima JJ, Thomason DB, Mohamed MHN, Eberle LV, Self TH, **Johnson JA**. Impact of genetic polymorphisms of the β_2 -adrenergic receptor on albuterol bronchodilator pharmacodynamics. Clin Pharmacol Ther. 1999;65:519-525.
- Herring VL, **Johnson JA**. A simple method for determination of terbutaline plasma concentrations by HPLC. J Chromatog 2000;741:307-312.
- Johnson JA**, Akers WS, Herring VL, Wolfe MS, Sullivan JM. Gender differences in labetalol kinetics: Importance of determining stereoisomer kinetics for racemic drugs. Pharmacotherapy 2000;20:622-28.
- Lima JJ, Mohamed MHN, Self TS, Eberle LV, **Johnson JA**. Importance of β_2 adrenergic receptor genotype, gender and race on albuterol-evoked bronchodilation in asthmatics. Pulm Pharmacol Ther 2000;13:127-134.
- Nguyen BNT, Parker RB, Noujehdehi M, Sullivan JM, **Johnson JA**. Effects of COER-verapamil on circadian pattern of blood pressure and forearm vascular resistance. J Clin Pharmacol 2000;40:1480-87.
- Humma LM, Farmerie WG, Wallace MR, **Johnson JA**. Sequencing of β_2 -adrenoceptor gene PCR products using *Taq* BigDye-Terminator chemistry results in inaccurate base-calling. BioTechniques 2000;29:962-970.
- Johnson JA**, Herring VL, Wolfe MS, Relling MV. CYP1A2 and CYP2D6 4-hydroxylate propranolol and both reactions exhibit racial differences. J Pharmacol Exp Ther 2000;294:1099-1105.
- Tuteja S, Alloway RR, **Johnson JA**, Gaber AO. The effect of gut metabolism on tacrolimus bioavailability in renal transplant recipients. Transplantation 2001;71:1303-07.
- Evans WE, **Johnson JA**. Pharmacogenomics: The inherited basis for inter-individual differences in drug response. (Invited review) Ann Rev Genomics Hum Genet, 2001;2:9-39.
- Wang J, Humma LM, Mougey EB, David CJ, **Johnson JA**, Lima JJ, Sylvester JE. Determination of human β_2 -adrenergic receptor haplotypes by denaturation selective amplification and subtractive genotyping. Am J Pharmacogenomics 2001;1:315-322.
- Humma LM, Puckett BJ, Richardson HE, Terra SG, Andrisin TE, Lejeune BL, Farmerie WG, Wallace MR, Lewis JF, McNamara DM, Picoult-Newberg L, Pepine CJ, **Johnson JA**. Effects of β_1 -adrenoceptor genetic polymorphisms on resting hemodynamics in patients undergoing diagnostic testing for ischemia. Am J Cardiol 2001;88:1034-37.
- Johnson JA**. Drug target pharmacogenomics: An overview. (Invited review). Am J Pharmacogenomics 2001;1:271-81.
- Johnson JA**, Humma LM. Pharmacogenetics of cardiovascular drugs. (Invited review). Briefings Functional Genom and Proteom 2002;1:66-79.
- Andrisin TE, Humma LM, **Johnson JA**. Collection of genomic DNA by noninvasive mouthwash method for use in pharmacogenetic studies. Pharmacotherapy 2002;22:954-960.
- Johnson JA**, Evans WE. Molecular diagnostics as a predictive tool: Genetics of drug efficacy and toxicity. (Invited review) Trends Mol Med 2002;8:300-305.
- Humma LM, Richardson HE, Lewis JF, McGorray SP, Pepine CJ, **Johnson JA**. Dobutamine pharmacodynamics during Dobutamine Stress Echocardiography and the Impact of β -blocker Withdrawal: A report from the NHLBI-sponsored WISE Study. Pharmacotherapy 2002;22:939-46.
- Terra SG, **Johnson JA**. Pharmacogenetics, Pharmacogenomics and Cardiovascular Therapeutics: The Way Forward (Invited review) Am J Cardiovasc Drugs. 2002;2:287-96.
- Johnson JA**, Terra SG. β -adrenergic receptor polymorphisms: Cardiovascular disease associations and pharmacogenetics (Invited review). Pharmaceut Res 2002;19:1781-89.
- Johnson JA**, Bootman JL, Evans WE, Hudson RA, Knoell D, Simmons L, Straubinger RM, Meyer SM. Pharmacogenomics: A scientific revolution in pharmaceutical sciences and pharmacy practice. Report of the 2001/02 Academic Affairs Committee. Am J Pharmaceut Ed 2002;66:12S-15S.
- Lou X-Y, Casella G, Littell RC, Yang MCK, **Johnson JA**, Wu R. A haplotype-based algorithm for multilocus linkage disequilibrium mapping of quantitative trait loci with epistasis. Genetics 2003;163:1533-48.
- Johnson JA**, Zineh I, Puckett BJ, McGorray SP, Pauly DF. β_1 -adrenergic receptor genetic polymorphisms and antihypertensive response to metoprolol. Clin Pharmacol Ther 2003;74:44-52.
- Zineh I, Schofield RS, **Johnson JA**. The evolving role of nesiritide in advanced/decompensated heart failure. Pharmacotherapy 2003;23:1266-1280.
- Johnson JA**, Lima JJ. Drug receptor/effector polymorphisms and pharmacogenetics: Current status and challenges. (Invited review) Pharmacogenetics 2003;13:525-534.
- Johnson JA**. Pharmacogenetics: Potential for individualized drug therapy through genetics. (Invited review) Trends Genet 2003 in press.

Active research support

R01 HL074730 (PI: J.A. Johnson) October 2003-September 2007

NIH/NHLBI

“Hypertension pharmacogenetics”

The aims of this study are to: 1) Determine sequence in five genes relevant to calcium regulation and the calcium channel blocker response; 2) Determine *in vitro* functional consequences of discovered polymorphisms; 3) Determine association between sequence variability in relevant genes and antihypertensive response to verapamil; 4) Determine associations between genotype and outcomes (death, myocardial infarction, stroke) for patients taking atenolol, verapamil, trandolapril and hydrochlorothiazide; 5) Determine the role of assessing population stratification and ancestral proportions using genetic markers in pharmacogenetic studies.

1 R01 HL64691 (PI: J.A. Johnson) May 2000 to April 2004

NIH/NHLBI

“ β -adrenoceptor polymorphisms and hypertension”

The aims of this study are to determine if the β_1 - and/or β_2 AR receptor genes are: 1) hypertension genes and/or contribute to racial differences in hypertension, 2) disease modifying genes; specifically looking at the dipper phenotype in hypertension, or 3) drug response modifying genes by looking at antihypertensive response to β AR-blocker therapy.

1 K24 HL68834-01 (PI: J.A. Johnson) July 2002 to June 2007

NIH/NHLBI

“ β -receptor polymorphisms and cardiovascular pharmacogenomics”

The aims of this Research Career Award are to provide additional protected research time to insure the continued success of the candidate in patient-oriented research and to aid in her training of future patient-oriented researchers. This award provides support to reduce teaching responsibilities of the PI to insure the ability to carry out patient oriented research.

U01 HL69758-01 supplement (Supplement PI: JA Johnson) October 2001 to December 2003

NIH/NHLBI

“ β -blocker pharmacogenomics in ethnic populations”

The aims of this study are to determine whether genetic polymorphisms in the β -adrenergic receptors and their G proteins are important determinants of the response to β -blockers in hypertension. The study is powered to investigate this in a Caucasians, Hispanics and African Americans. The second objective is to determine whether the well-recognized ethnic differences in β -blocker response are a reflection of ethnic differences in allele frequencies of the polymorphisms that are critical to drug response.

Abbott Laboratories(PI: JA Johnson) July 2002 to June 2004

“Heart Disease Outcomes: Impact of Genetics and Pharmacogenetics”

The aims of this project are to collect as many genetic samples as possible from participants of the INVEST international clinical trial. Genetic samples will then be used for testing of disease-gene hypotheses that might be useful in identifying new drug targets, along with limited testing of pharmacogenetic hypotheses. An explicit goal from the outset was to obtain sufficient numbers of genetic samples to facilitate development of a competitive application for federal funding to support larger pharmacogenetic efforts; such an application is contained herein.

1 R01 HL64924 (PI: C.J. Pepine) April 2001 to March 2006

NIH/NHLBI

“Altered renin angiotensin system as a mechanism for coronary microvascular dysfunction”

The primary objective of this study is to further elucidate the mechanisms and consequences of coronary microvascular dysfunction in women without severe coronary stenoses. A parallel objective is to demonstrate that modulation of angiotensin II responses by ACE inhibition and/or AT-1 receptor blockade is clinically useful by decreasing morbidity due to vascular dysfunction. Finally, the study will investigate the genetic associations between variability in the renin angiotensin system and β -adrenergic receptor genes and coronary microvascular dysfunction.

American Foundation for Pharmaceutical Education (PI: JA Johnson)

July 2002 to June 2004

Principal Investigator/Program Director (Last, first, middle): Johnson, Julie A.

Fellow: Christina Aquilante, Mentor: Julie A. Johnson

“Post-Pharm.D. Fellowship in the Biomedical Research Sciences”

This award provides salary support for the post-doctoral training of Christina Aquilante, Pharm.D.

American Heart Association – Florida/Puerto Rico Affiliate (PI: JA Johnson)

July 2002 to June 2004

Fellow: Issam Zineh; Mentor: Julie A. Johnson

“Postdoctoral Fellowship”

This award provides salary support for the post-doctoral training of Issam Zineh, Pharm.D.