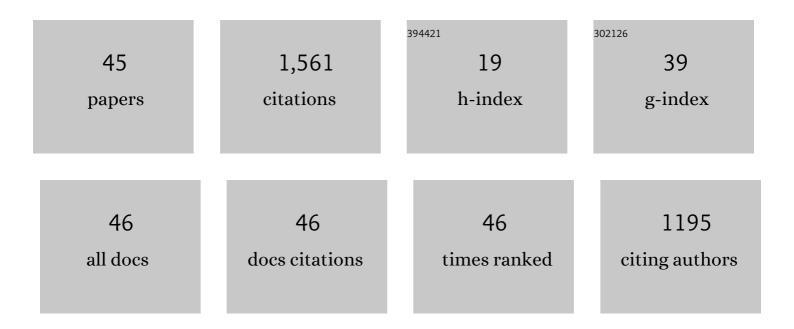
Benjamin C Remington

List of Publications by Year in descending order

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#	Article	IF	CITATIONS
1	Peanut Can Be Used as a Reference Allergen for Hazard Characterization in Food Allergen Risk Management: A Rapid Evidence Assessment and Meta-Analysis. Journal of Allergy and Clinical Immunology: in Practice, 2022, 10, 59-70.	3.8	21
2	Allergen quantitative risk assessment within food operations: Concepts towards development of practical guidance based on an ILSI Europe workshop. Food Control, 2022, 138, 108917.	5.5	8
3	â€~Too high, too low': The complexities of using thresholds in isolation to inform precautionary allergen (â€~may contain') labels. Allergy: European Journal of Allergy and Clinical Immunology, 2022, 77, 1661-1666.	5.7	9
4	Updated threshold doseâ€distribution data for sesame. Allergy: European Journal of Allergy and Clinical Immunology, 2022, 77, 3124-3162.	5.7	6
5	Reproducibility of food challenge to cow's milk: Systematic review with individual participant data meta-analysis. Journal of Allergy and Clinical Immunology, 2022, 150, 1135-1143.e8.	2.9	12
6	Suitability of lowâ€dose, open food challenge data to supplement doubleâ€blind, placeboâ€controlled data in generation of food allergen threshold dose distributions. Clinical and Experimental Allergy, 2021, 51, 151-154.	2.9	8
7	Bayesian Stacked Parametric Survival with Frailty Components and Intervalâ€Censored Failure Times: An Application to Food Allergy Risk. Risk Analysis, 2021, 41, 56-66.	2.7	18
8	Addressing risk management difficulties in children with food allergies. Pediatric Allergy and Immunology, 2021, 32, 658-666.	2.6	11
9	Post hoc analysis of epicutaneous immunotherapy for peanut allergy phase 3 results. Annals of Allergy, Asthma and Immunology, 2021, 126, 208-209.	1.0	4
10	A systematic comparison of food intake data of the United States and the Netherlands for food allergen risk assessment. Food and Chemical Toxicology, 2021, 150, 112006.	3.6	3
11	Using data from food challenges to inform management of consumers with food allergy: AÂsystematic review with individual participant data meta-analysis. Journal of Allergy and Clinical Immunology, 2021, 147, 2249-2262.e7.	2.9	35
12	Predicted number of peanutâ€allergic patients needed to treat with epicutaneous immunotherapy (EPIT) to prevent one allergic reaction: A novel approach to assessing relevance. Allergy: European Journal of Allergy and Clinical Immunology, 2021, 76, 3223-3226.	5.7	3
13	The population threshold for soy as an allergenic food – Why did the Reference Dose decrease in VITAL 3.0?. Trends in Food Science and Technology, 2021, 112, 99-108.	15.1	7
14	Sesame as an allergen in Lebanese food products: Occurrence, consumption and quantitative risk assessment. Food and Chemical Toxicology, 2021, 156, 112511.	3.6	4
15	Risk Reduction in Peanut Immunotherapy. Immunology and Allergy Clinics of North America, 2020, 40, 187-200.	1.9	7
16	Risk of shared equipment in restaurants for consumers with peanut allergy: a simulation for preparing Asian foods. Annals of Allergy, Asthma and Immunology, 2020, 125, 543-551.e6.	1.0	7
17	Full range of population Eliciting Dose values for 14 priority allergenic foods and recommendations for use in risk characterization. Food and Chemical Toxicology, 2020, 146, 111831.	3.6	75
18	Updated population minimal eliciting dose distributions for use in risk assessment of 14 priority food allergens. Food and Chemical Toxicology, 2020, 139, 111259.	3.6	124

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19	Estimated risk reduction to packaged food reactions by epicutaneous immunotherapy (EPIT) for peanut allergy. Annals of Allergy, Asthma and Immunology, 2019, 123, 488-493.e2.	1.0	25
20	Deriving individual threshold doses from clinical food challenge data for population risk assessment of food allergens. Journal of Allergy and Clinical Immunology, 2019, 144, 1290-1309.	2.9	37
21	Sensitivity analysis to derive a food consumption point estimate for deterministic food allergy risk assessment. Food and Chemical Toxicology, 2019, 125, 413-421.	3.6	15
22	Shared Cooking Equipment in Restaurants: A Quantitative Risk Assessment for Peanut-Allergic Consumers. Journal of Allergy and Clinical Immunology, 2019, 143, AB239.	2.9	1
23	Frequentist and Bayesian approaches for food allergen risk assessment: risk outcome and uncertainty comparisons. Scientific Reports, 2019, 9, 18206.	3.3	3
24	Componentâ€resolved diagnostics demonstrates that most peanutâ€ellergic individuals could potentially introduce tree nuts to their diet. Clinical and Experimental Allergy, 2018, 48, 712-721.	2.9	32
25	How does dose impact on the severity of foodâ€induced allergic reactions, and can this improve risk assessment for allergenic foods?. Allergy: European Journal of Allergy and Clinical Immunology, 2018, 73, 1383-1392.	5.7	36
26	Approaches to assess IgE mediated allergy risks (sensitization and cross-reactivity) from new or modified dietary proteins. Food and Chemical Toxicology, 2018, 112, 97-107.	3.6	36
27	The importance of reducing risk in peanut allergy: Current and future therapies. Annals of Allergy, Asthma and Immunology, 2018, 120, 124-127.	1.0	18
28	Quantitative risk reduction through peanut immunotherapy: Safety benefits of an increased threshold in Europe. Pediatric Allergy and Immunology, 2018, 29, 762-772.	2.6	28
29	P333 Quantitative risk reduction through peanut immunotherapy: safety benefits of an increased threshold in Europe. Annals of Allergy, Asthma and Immunology, 2017, 119, S79.	1.0	1
30	Food allergy and risk assessment: Current status and future directions. IOP Conference Series: Earth and Environmental Science, 2017, 85, 012003.	0.3	0
31	Majority of shrimp-allergic patients are allergic to mealworm. Journal of Allergy and Clinical Immunology, 2016, 137, 1261-1263.	2.9	69
32	Unintended allergens in precautionary labelled and unlabelled products pose significant risks to <scp>UK</scp> allergic consumers. Allergy: European Journal of Allergy and Clinical Immunology, 2015, 70, 813-819.	5.7	73
33	Understanding food allergen thresholds requires careful analysis of the available clinical data. Journal of Allergy and Clinical Immunology, 2015, 135, 583-584.	2.9	8
34	Allergen reference doses for precautionary labeling (VITAL 2.0): Clinical implications. Journal of Allergy and Clinical Immunology, 2014, 133, 156-164.	2.9	177
35	Establishment of Reference Doses for residues of allergenic foods: Report of the VITAL Expert Panel. Food and Chemical Toxicology, 2014, 63, 9-17.	3.6	234
36	Food allergy population thresholds: An evaluation of the number of oral food challenges and dosing schemes on the accuracy of threshold dose distribution modeling. Food and Chemical Toxicology, 2014, 70, 134-143.	3.6	25

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37	Survey of peanut levels in selected Irish food products bearing peanut allergen advisory labels. Food Additives and Contaminants - Part A Chemistry, Analysis, Control, Exposure and Risk Assessment, 2013, 30, 1467-1472.	2.3	41
38	Soy in wheat – Contamination levels and food allergy risk assessment. Food and Chemical Toxicology, 2013, 62, 485-491.	3.6	19
39	Threshold Dose for Shrimp: A Risk Characterization Based On Objective Reactions in Clinical Studies. Journal of Allergy and Clinical Immunology, 2013, 131, AB88.	2.9	4
40	Quantitative risk assessment of foods containing peanut advisory labeling. Food and Chemical Toxicology, 2013, 62, 179-187.	3.6	63
41	Clinical Protocols For Allergen Threshold Studies: Does One Stand Above The Rest?. Journal of Allergy and Clinical Immunology, 2012, 129, AB30.	2.9	0
42	Risk Assessment of Soy Commodity Contamination in Wheat Flour. Journal of Allergy and Clinical Immunology, 2011, 127, AB114-AB114.	2.9	1
43	Risk Assessment of Foods Containing Peanut Advisory Labeling. Journal of Allergy and Clinical Immunology, 2010, 125, AB218.	2.9	3
44	Threshold dose for peanut: Risk characterization based upon diagnostic oral challenge of a series of 286 peanut-allergic individuals. Food and Chemical Toxicology, 2010, 48, 814-819.	3.6	140
45	Cysteine p <i>K</i> _a Depression by a Protonated Glutamic Acid in Human DJ-1. Biochemistry, 2008, 47, 7430-7440.	2.5	110