

Robert P Anderson

List of Publications by Year in descending order

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Version: 2024-02-01

49
papers

3,581
citations

201674

27
h-index

214800

47
g-index

49
all docs

49
docs citations

49
times ranked

2821
citing authors

#	ARTICLE	IF	CITATIONS
1	In vivo antigen challenge in celiac disease identifies a single transglutaminase-modified peptide as the dominant A-gliadin T-cell epitope. <i>Nature Medicine</i> , 2000, 6, 337-342.	30.7	521
2	Nomenclature and listing of celiac disease relevant gluten T-cell epitopes restricted by HLA-DQ molecules. <i>Immunogenetics</i> , 2012, 64, 455-460.	2.4	442
3	Comprehensive, Quantitative Mapping of T Cell Epitopes in Gluten in Celiac Disease. <i>Science Translational Medicine</i> , 2010, 2, 41ra51.	12.4	393
4	T-cell receptor recognition of HLA-DQ2-gliadin complexes associated with celiac disease. <i>Nature Structural and Molecular Biology</i> , 2014, 21, 480-488.	8.2	177
5	A Structural and Immunological Basis for the Role of Human Leukocyte Antigen DQ8 in Celiac Disease. <i>Immunity</i> , 2007, 27, 23-34.	14.3	157
6	The effects of ALV003 pre-digestion of gluten on immune response and symptoms in celiac disease in vivo. <i>Clinical Immunology</i> , 2010, 134, 289-295.	3.2	125
7	Update 2020: nomenclature and listing of celiac disease-relevant gluten epitopes recognized by CD4+ T cells. <i>Immunogenetics</i> , 2020, 72, 85-88.	2.4	125
8	Biased T Cell Receptor Usage Directed against Human Leukocyte Antigen DQ8-Restricted Gliadin Peptides Is Associated with Celiac Disease. <i>Immunity</i> , 2012, 37, 611-621.	14.3	121
9	Epitope-specific immunotherapy targeting CD4-positive T cells in coeliac disease: two randomised, double-blind, placebo-controlled phase 1 studies. <i>The Lancet Gastroenterology and Hepatology</i> , 2017, 2, 479-493.	8.1	113
10	T cells in peripheral blood after gluten challenge in coeliac disease. <i>Gut</i> , 2005, 54, 1217-1223.	12.1	110
11	Suppression of Inflammatory Immune Responses in Celiac Disease by Experimental Hookworm Infection. <i>PLoS ONE</i> , 2011, 6, e24092.	2.5	105
12	T cell receptor cross-reactivity between gliadin and bacterial peptides in celiac disease. <i>Nature Structural and Molecular Biology</i> , 2020, 27, 49-61.	8.2	91
13	A novel serogenetic approach determines the community prevalence of celiac disease and informs improved diagnostic pathways. <i>BMC Medicine</i> , 2013, 11, 188.	5.5	88
14	Resistance to Celiac Disease in Humanized HLA-DR3-DQ2-Transgenic Mice Expressing Specific Anti-Gliadin CD4+ T Cells. <i>Journal of Immunology</i> , 2009, 182, 7440-7450.	0.8	85
15	Cytokine release and gastrointestinal symptoms after gluten challenge in celiac disease. <i>Science Advances</i> , 2019, 5, eaaw7756.	10.3	84
16	Vaccine against autoimmune disease: antigen-specific immunotherapy. <i>Current Opinion in Immunology</i> , 2013, 25, 410-417.	5.5	65
17	Circulating gluten-specific FOXP3 + CD39 + regulatory T cells have impaired suppressive function in patients with celiac disease. <i>Journal of Allergy and Clinical Immunology</i> , 2017, 140, 1592-1603.e8.	2.9	63
18	Ingestion of oats and barley in patients with celiac disease mobilizes cross-reactive T cells activated by avenin peptides and immuno-dominant hordein peptides. <i>Journal of Autoimmunity</i> , 2015, 56, 56-65.	6.5	62

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19	Epitope-Specific Immunotherapy Targeting CD4-Positive T Cells in Celiac Disease: Safety, Pharmacokinetics, and Effects on Intestinal Histology and Plasma Cytokines with Escalating Dose Regimens of Nexvax2 in a Randomized, Double-Blind, Placebo-Controlled Phase 1 Study. <i>EBioMedicine</i> , 2017, 26, 78-90.	6.1	51
20	Elevated serum interleukin-2 after gluten correlates with symptoms and is a potential diagnostic biomarker for coeliac disease. <i>Alimentary Pharmacology and Therapeutics</i> , 2019, 50, 901-910.	3.7	51
21	Ex-vivo whole blood secretion of interferon (IFN)- γ and IFN- γ -inducible protein-10 measured by enzyme-linked immunosorbent assay are as sensitive as IFN- γ enzyme-linked immunospot for the detection of gluten-reactive T cells in human leucocyte antigen (HLA)-DQ2.5-associated coeliac disease. <i>Clinical and Experimental Immunology</i> , 2014, 175, 305-315.	2.6	50
22	Consistency in Polyclonal T-cell Responses to Gluten Between Children and Adults With Celiac Disease. <i>Gastroenterology</i> , 2015, 149, 1541-1552.e2.	1.3	46
23	Baseline quantitative histology in therapeutics trials reveals villus atrophy in most patients with coeliac disease who appear well controlled on gluten-free diet. <i>GastroHep</i> , 2020, 2, 22-30.	0.6	43
24	Serum cytokines elevated during gluten-mediated cytokine release in coeliac disease. <i>Clinical and Experimental Immunology</i> , 2019, 199, 68-78.	2.6	36
25	Randomised clinical trial: a placebo-controlled study of subcutaneous or intradermal NEXVAX2, an investigational immunomodulatory peptide therapy for coeliac disease. <i>Alimentary Pharmacology and Therapeutics</i> , 2019, 50, 547-555.	3.7	35
26	Society for the Study of Celiac Disease position statement on gaps and opportunities in coeliac disease. <i>Nature Reviews Gastroenterology and Hepatology</i> , 2021, 18, 875-884.	17.8	34
27	A Phase I Study to Determine Safety, Tolerability and Bioactivity of Nexvax2 [®] in HLA DQ2+ Volunteers With Celiac Disease Following a Long-Term, Strict Gluten-Free Diet. <i>Gastroenterology</i> , 2011, 140, S-437-S-438.	1.3	31
28	Deep sequencing of blood and gut T-cell receptor β -chains reveals gluten-induced immune signatures in celiac disease. <i>Scientific Reports</i> , 2017, 7, 17977.	3.3	31
29	Protective Role of the Epithelium of the Small Intestine and Colon. <i>Inflammatory Bowel Diseases</i> , 1996, 2, 279-302.	1.9	28
30	Masked bolus gluten challenge low in FODMAPs implicates nausea and vomiting as key symptoms associated with immune activation in treated coeliac disease. <i>Alimentary Pharmacology and Therapeutics</i> , 2020, 51, 244-252.	3.7	27
31	Cytokine release after gluten ingestion differentiates coeliac disease from self-reported gluten sensitivity. <i>United European Gastroenterology Journal</i> , 2020, 8, 108-118.	3.8	26
32	Protective role of the epithelium of the small intestine and colon. <i>Inflammatory Bowel Diseases</i> , 1996, 2, 279-302.	1.9	25
33	Patient factors influencing acute gluten reactions and cytokine release in treated coeliac disease. <i>BMC Medicine</i> , 2020, 18, 362.	5.5	22
34	The Gluten Gene: Unlocking the Understanding of Gluten Sensitivity and Intolerance. <i>The Application of Clinical Genetics</i> , 2021, Volume 14, 37-50.	3.0	21
35	A systematic approach for comprehensive T-cell epitope discovery using peptide libraries. <i>Bioinformatics</i> , 2005, 21, i29-i37.	4.1	17
36	Plasma IL-2 and Symptoms Response after Acute Gluten Exposure in Subjects With Celiac Disease or Nonceliac Gluten Sensitivity. <i>American Journal of Gastroenterology</i> , 2022, 117, 319-326.	0.4	16

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37	Whole blood interleukin-2 release test to detect and characterize rare circulating gluten-specific T cell responses in coeliac disease. <i>Clinical and Experimental Immunology</i> , 2021, 204, 321-334.	2.6	15
38	A Sensitive Whole Blood Assay Detects Antigen-Stimulated Cytokine Release From CD4+ T Cells and Facilitates Immunomonitoring in a Phase 2 Clinical Trial of Nexvax2 in Coeliac Disease. <i>Frontiers in Immunology</i> , 2021, 12, 661622.	4.8	14
39	Circulating gluten-specific, but not CMV-specific, CD39 + regulatory T cells have an oligoclonal TCR repertoire. <i>Clinical and Translational Immunology</i> , 2020, 9, e1096.	3.8	7
40	Review article: Diagnosis of coeliac disease: a perspective on current and future approaches. <i>Alimentary Pharmacology and Therapeutics</i> , 2022, 56, .	3.7	6
41	Editorial: a non-dietary treatment for coeliac disease – two steps forward, one step back? Authors' reply. <i>Alimentary Pharmacology and Therapeutics</i> , 2019, 50, 956-957.	3.7	5
42	Emergence of an adaptive immune paradigm to explain celiac disease: a perspective on new evidence and implications for future interventions and diagnosis. <i>Expert Review of Clinical Immunology</i> , 2022, 18, 75-91.	3.0	5
43	Effects of In Vivo Gluten Challenge on PBMC Gene Expression Profiles in Diet Treated Celiac Disease. <i>Frontiers in Immunology</i> , 2020, 11, 594243.	4.8	4
44	Innate and adaptive immunity in celiac disease. <i>Current Opinion in Gastroenterology</i> , 2020, 36, 470-478.	2.3	3
45	Sa1395 Nexvax2 [®] , a Peptide-Based Antigen-Specific Immunotherapy, Administered Intra-Dermally Three-Times Over 15-Days attenuates Responsiveness to Immuno-Dominant Gluten Peptides in HLA-DQ2.5+ People With Celiac Disease (CeD). <i>Gastroenterology</i> , 2016, 150, S304.	1.3	2
46	Editorial: towards an understanding of increased mortality in coeliac disease. <i>Alimentary Pharmacology and Therapeutics</i> , 2021, 53, 654-655.	3.7	2
47	Editorial: inaccuracies in attribution of symptoms due to gluten – not just in those with self-reported noncoeliac gluten sensitivity. Authors' reply. <i>Alimentary Pharmacology and Therapeutics</i> , 2020, 51, 403-404.	3.7	1
48	Reply. <i>Gastroenterology</i> , 2016, 150, 779-780.	1.3	0
49	Editorial: Lessons on T-Cells and Immune-Targeting Therapeutics in Coeliac Disease. <i>Frontiers in Immunology</i> , 2021, 12, 756087.	4.8	0