

Marco Sebben

List of Publications by Year in descending order

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Version: 2024-02-01

56
papers

755
citations

430874

18
h-index

642732

23
g-index

56
all docs

56
docs citations

56
times ranked

485
citing authors

#	ARTICLE	IF	CITATIONS
1	Predictors of complications occurring after open and robot-assisted prostate cancer surgery: a retrospective evaluation of 1062 consecutive patients treated in a tertiary referral high volume center. <i>Journal of Robotic Surgery</i> , 2022, 16, 45-52.	1.8	6
2	Is a Drain Needed After Robotic Radical Prostatectomy With or Without Pelvic Lymph Node Dissection? Results of a Single-Center Randomized Clinical Trial. <i>Journal of Endourology</i> , 2021, 35, 922-928.	2.1	18
3	Predictors of Lymph Node Invasion in Patients with Clinically Localized Prostate Cancer Who Undergo Radical Prostatectomy and Extended Pelvic Lymph Node Dissection: The Role of Obesity. <i>Urologia Internationalis</i> , 2021, 105, 362-369.	1.3	4
4	Consulting "Dr. Google"™ for minimally invasive urological oncological surgeries: A contemporary web-based trend analysis. <i>International Journal of Medical Robotics and Computer Assisted Surgery</i> , 2021, 17, e2250.	2.3	9
5	Incidental prostate cancer after transurethral resection of the prostate: analysis of incidence and risk factors in 458 patients. <i>Minerva Urology and Nephrology</i> , 2021, 73, 471-480.	2.5	5
6	Prostate volume index and prostatic chronic inflammation predicted low tumor load in 945 patients at baseline prostate biopsy. <i>World Journal of Urology</i> , 2020, 38, 957-964.	2.2	11
7	Risk factors of positive surgical margins after robot-assisted radical prostatectomy in high-volume center: results in 732 cases. <i>Journal of Robotic Surgery</i> , 2020, 14, 167-175.	1.8	20
8	Consulting "Dr. Google" for Prostate Cancer Treatment Options: A Contemporary Worldwide Trend Analysis. <i>European Urology Oncology</i> , 2020, 3, 481-488.	5.4	29
9	Linear extent of positive surgical margin impacts biochemical recurrence after robot-assisted radical prostatectomy in a high-volume center. <i>Journal of Robotic Surgery</i> , 2020, 14, 663-675.	1.8	11
10	Prostatic chronic inflammation and prostate cancer risk at baseline random biopsy: Analysis of predictors. <i>Arab Journal of Urology Arab Association of Urology</i> , 2020, 18, 148-154.	1.5	3
11	Association between Basal Total Testosterone Levels and Prostate Cancer "Amico Risk Classes. <i>Urologia Internationalis</i> , 2020, 104, 716-723.	1.3	2
12	Obesity strongly predicts clinically undetected multiple lymph node metastases in intermediate- and high-risk prostate cancer patients who underwent robot assisted radical prostatectomy and extended lymph node dissection. <i>International Urology and Nephrology</i> , 2020, 52, 2097-2105.	1.4	13
13	Basal total testosterone serum levels predict biopsy and pathological ISUP grade group in a large cohort of Caucasian prostate cancer patients who underwent radical prostatectomy. <i>Therapeutic Advances in Urology</i> , 2020, 12, 175628722092948.	2.0	3
14	The impact of extended pelvic lymph node dissection on the risk of hospital readmission within 180 days after robot assisted radical prostatectomy. <i>World Journal of Urology</i> , 2020, 38, 2799-2809.	2.2	14
15	Predictive Factors of the Risk of Long-Term Hospital Readmission after Primary Prostate Surgery at a Single Tertiary Referral Center: Preliminary Report. <i>Urologia Internationalis</i> , 2020, 104, 465-475.	1.3	8
16	Response to: Bando et al. Diagnostic and therapeutic value of pelvic lymph node dissection in the fossa of Marcille in patients with clinically localized high-risk prostate cancer: Histological and molecular analyses. <i>Prostate</i> , 2020, 80, 795-796.	2.3	3
17	Endogenous testosterone mirrors prostate cancer aggressiveness: correlation between basal testosterone serum levels and prostate cancer European Urology Association clinical risk classes in a large cohort of Caucasian patients. <i>International Urology and Nephrology</i> , 2020, 52, 1261-1269.	1.4	10
18	Prostate-specific antigen levels and proportion of biopsy positive cores are independent predictors of upgrading patterns in low-risk prostate cancer. <i>Minerva Urologica E Nefrologica = the Italian Journal of Urology and Nephrology</i> , 2020, 72, 66-71.	3.9	22

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19	Open approach, extended pelvic lymph node dissection, and seminal vesicle invasion are independent predictors of hospital readmission after prostate cancer surgery: a large retrospective study. <i>Minerva Urologica E Nefrologica = the Italian Journal of Urology and Nephrology</i> , 2020, 72, 72-81.	3.9	9
20	High body mass index predicts multiple prostate cancer lymph node metastases after radical prostatectomy and extended pelvic lymph node dissection. <i>Asian Journal of Andrology</i> , 2020, 22, 323.	1.6	32
21	Elevated prostate volume index and prostatic chronic inflammation reduce the number of positive cores at first prostate biopsy set: results in 945 consecutive patients. <i>International Braz J Urol: Official Journal of the Brazilian Society of Urology</i> , 2020, 46, 546-556.	1.5	1
22	Body mass index is an independent predictor of Clavien-Dindo grade 3 complications in patients undergoing robot assisted radical prostatectomy with extensive pelvic lymph node dissection. <i>Journal of Robotic Surgery</i> , 2019, 13, 83-89.	1.8	32
23	Prostate volume index and prostatic chronic inflammation have an effect on tumor load at baseline random biopsies in patients with normal DRE and PSA values less than 10 ng/ml: results of 564 consecutive cases. <i>Therapeutic Advances in Urology</i> , 2019, 11, 175628721986860.	2.0	5
24	Positive Association between Preoperative Total Testosterone and Lymph Node Invasion in Intermediate Risk Prostate Cancer. <i>Current Urology</i> , 2019, 12, 216-222.	0.6	1
25	Prostate Volume Index Is Able to Differentiate between Prostatic Chronic Inflammation and Prostate Cancer in Patients with Normal Digital Rectal Examination and Prostate-Specific Antigen Values <10 ng/mL: Results of 564 Biopsy Naïve Cases. <i>Urologia Internationalis</i> , 2019, 103, 415-422.	1.3	7
26	Total testosterone density predicts high tumor load and disease reclassification of prostate cancer: results in 144 low-risk patients who underwent radical prostatectomy. <i>International Urology and Nephrology</i> , 2019, 51, 2169-2180.	1.4	9
27	Surgeon volume and body mass index influence positive surgical margin risk after robot-assisted radical prostatectomy: Results in 732 cases. <i>Arab Journal of Urology Arab Association of Urology</i> , 2019, 17, 234-242.	1.5	6
28	Positive Association between Basal Total Testosterone Circulating Levels and Tumor Grade Groups at the Time of Diagnosis of Prostate Cancer. <i>Urologia Internationalis</i> , 2019, 103, 400-407.	1.3	11
29	High surgeon volume and positive surgical margins can predict the risk of biochemical recurrence after robot-assisted radical prostatectomy. <i>Therapeutic Advances in Urology</i> , 2019, 11, 175628721987828.	2.0	8
30	Multiple stones in neobladder: Case report and literature review. <i>Urologia</i> , 2019, 86, 216-219.	0.7	7
31	Lymph Nodes Invasion of Marcille's Fossa Associates with High Metastatic Load in Prostate Cancer Patients Undergoing Extended Pelvic Lymph Node Dissection: The Role of Marcillectomy. <i>Urologia Internationalis</i> , 2019, 103, 25-32.	1.3	28
32	Low Preoperative Prolactin Levels Predict Non-Organ Confined Prostate Cancer in Clinically Localized Disease. <i>Urologia Internationalis</i> , 2019, 103, 391-399.	1.3	8
33	Impact of Combination of Local Anesthetic Wounds Infiltration and Ultrasound Transversus Abdominal Plane Block in Patients Undergoing Robot-Assisted Radical Prostatectomy: Perioperative Results of a Double-Blind Randomized Controlled Trial. <i>Journal of Endourology</i> , 2019, 33, 295-301.	2.1	27
34	Robot-assisted Vescica Ileale Padovana: A New Technique for Intracorporeal Bladder Replacement Reproducing Open Surgical Principles. <i>European Urology</i> , 2019, 76, 381-390.	1.9	21
35	Extended pelvic lymphadenectomy for prostate cancer: should the Cloquet's nodes dissection be considered only an option?. <i>Minerva Urologica E Nefrologica = the Italian Journal of Urology and Nephrology</i> , 2019, 71, 136-145.	3.9	27
36	Body Mass Index and prostatic-specific antigen are predictors of prostate cancer metastases in patients undergoing robot-assisted radical prostatectomy and extended pelvic lymph node dissection. <i>Minerva Urologica E Nefrologica = the Italian Journal of Urology and Nephrology</i> , 2019, 71, 516-523.	3.9	13

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37	Inverse Association of Prostatic Chronic Inflammation among Prostate Cancer Tumor Grade Groups: Retrospective Study of 738 Consecutive Cases Elected to a First Random Biopsy Set. <i>Urologia Internationalis</i> , 2018, 100, 456-462.	1.3	14
38	Associations of Transitional Zone Volume with Intraprostatic Chronic Inflammation and Prostate Cancer Risk in Patients Undergoing a First Random Biopsy Set. <i>Current Urology</i> , 2018, 11, 85-91.	0.6	5
39	Prostate-specific antigen associates with extensive lymph node invasion in high-risk prostate cancer. <i>Tumori</i> , 2018, 104, 307-311.	1.1	3
40	Robotic bladder diverticulectomy: step-by-step extravesical posterior approach “ technique and outcomes. <i>Scandinavian Journal of Urology</i> , 2018, 52, 285-290.	1.0	14
41	Clinical factors stratifying the risk of tumor upgrading to high-grade disease in low-risk prostate cancer. <i>Tumori</i> , 2018, 104, 111-115.	1.1	22
42	Positive Association between Preoperative Total Testosterone Levels and Risk of Positive Surgical Margins by Prostate Cancer: Results in 476 Consecutive Patients Treated Only by Radical Prostatectomy. <i>Urologia Internationalis</i> , 2018, 101, 38-46.	1.3	27
43	Clinical Factors Predicting and Stratifying the Risk of Lymph Node Invasion in Localized Prostate Cancer. <i>Urologia Internationalis</i> , 2017, 99, 207-214.	1.3	21
44	Association between Basal Total Testosterone Levels and Tumor Upgrading in Low and Intermediate Risk Prostate Cancer. <i>Urologia Internationalis</i> , 2017, 99, 215-221.	1.3	23
45	Clinical Factors Predicting Tumour Upgrading in Patients Under Active Surveillance and Elected to Active Treatment after Disease Reclassification or Progression. <i>Urologia Internationalis</i> , 2017, 99, 186-193.	1.3	2
46	Clinical Factors Predicting Bilateral Lymph Node Invasion in High-Risk Prostate Cancer. <i>Urologia Internationalis</i> , 2017, 99, 392-399.	1.3	20
47	Intraprostatic Chronic Inflammation is Associated with a Reduced Risk of Prostate Cancer in Patients Elected to a First Random Biopsy Set. <i>Tumori</i> , 2017, 103, 475-482.	1.1	10
48	Prostate Volume Index Stratified Prostate Cancer Risk in Patients Elected to a First Random Biopsy Set. <i>Tumori</i> , 2017, 103, 374-379.	1.1	6
49	Clinical Factors of Disease Reclassification or Progression in a Contemporary Cohort of Prostate Cancer Patients Elected to Active Surveillance. <i>Urologia Internationalis</i> , 2017, 98, 32-39.	1.3	24
50	Low-Risk Prostate Cancer and Tumor Upgrading in the Surgical Specimen: Analysis of Clinical Factors Predicting Tumor Upgrading in a Contemporary Series of Patients Who were Evaluated According to the Modified Gleason Score Grading System. <i>Current Urology</i> , 2017, 10, 118-125.	0.6	23
51	Preoperative Plasma Levels of Total Testosterone Associated with High Grade Pathology-Detected Prostate Cancer: Preliminary Results of a Prospective Study in a Contemporary Cohort of Patients. <i>Current Urology</i> , 2017, 10, 72-80.	0.6	6
52	Simultaneous Measurements of Follicle Stimulating Hormone and Total Testosterone and Associations in Clinically Localized Prostate Cancer. <i>Current Urology</i> , 2017, 10, 174-181.	0.6	2
53	Bilateral Lymph Node Micrometastases and Seminal Vesicle Invasion Associated with Same Clinical Predictors in Localized Prostate Cancer. <i>Tumori</i> , 2017, 103, 299-306.	1.1	24
54	High Testosterone Preoperative Plasma Levels Independently Predict Biopsy Gleason Score Upgrading in Men with Prostate Cancer Undergoing Radical Prostatectomy. <i>Urologia Internationalis</i> , 2016, 96, 470-478.	1.3	24

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55	Low-Risk Prostate Cancer and Tumor Upgrading to Higher Patterns in the Surgical Specimen. Analysis of Clinical Factors Predicting Tumor Upgrading to Higher Gleason Patterns in a Contemporary Series of Patients Who Have Been Evaluated According to the Modified Gleason Score Grading System. <i>Urologia Internationalis</i> , 2016, 97, 32-41.	1.3	26
56	Robotic assisted radical prostatectomy accelerates postoperative stress recovery: Final results of a contemporary prospective study assessing pathophysiology of cortisol peri-operative kinetics in prostate cancer surgery. <i>Asian Journal of Urology</i> , 2016, 3, 88-95.	1.2	16