List of Publications by Year in descending order

Source: https://exaly.com/author-pdf/646395/publications.pdf Version: 2024-02-01



AIREDT RECKEDS

#	Article	IF	CITATIONS
1	High Prevalence of Pituitary Adenomas: A Cross-Sectional Study in the Province of Liège, Belgium. Journal of Clinical Endocrinology and Metabolism, 2006, 91, 4769-4775.	1.8	904
2	Pituitary Incidentaloma: An Endocrine Society Clinical Practice Guideline. Journal of Clinical Endocrinology and Metabolism, 2011, 96, 894-904.	1.8	452
3	Pituitary Disease in MEN Type 1 (MEN1): Data from the France-Belgium MEN1 Multicenter Study. Journal of Clinical Endocrinology and Metabolism, 2002, 87, 457-465.	1.8	413
4	Cabergoline in the Treatment of Hyperprolactinemia: A Study in 455 Patients. Journal of Clinical Endocrinology and Metabolism, 1999, 84, 2518-2522.	1.8	399
5	Cabergoline in the Treatment of Acromegaly: A Study in 64 Patients. Journal of Clinical Endocrinology and Metabolism, 1998, 83, 374-378.	1.8	337
6	Clinical Characteristics and Therapeutic Responses in Patients with Germ-Line <i>AIP</i> Mutations and Pituitary Adenomas: An International Collaborative Study. Journal of Clinical Endocrinology and Metabolism, 2010, 95, E373-E383.	1.8	323
7	Risk Factors and Causes of Death in MEN1 Disease. A GTE (Groupe d'Etude des Tumeurs Endocrines) Cohort Study Among 758ÂPatients. World Journal of Surgery, 2010, 34, 249-255.	0.8	293
8	Gigantism and Acromegaly Due to Xq26 Microduplications and <i>GPR101</i> Mutation. New England Journal of Medicine, 2014, 371, 2363-2374.	13.9	292
9	Familial Isolated Pituitary Adenomas (FIPA) and the Pituitary Adenoma Predisposition due to Mutations in the Aryl Hydrocarbon Receptor Interacting Protein (AIP) Gene. Endocrine Reviews, 2013, 34, 239-277.	8.9	289
10	Aryl Hydrocarbon Receptor-Interacting Protein Gene Mutations in Familial Isolated Pituitary Adenomas: Analysis in 73 Families. Journal of Clinical Endocrinology and Metabolism, 2007, 92, 1891-1896.	1.8	283
11	The multi-ligand somatostatin analogue SOM230 inhibits ACTH secretion by cultured human corticotroph adenomas via somatostatin receptor type 5. European Journal of Endocrinology, 2005, 152, 645-654.	1.9	248
12	The Epidemiology of Prolactinomas. Pituitary, 2005, 8, 3-6.	1.6	247
13	Clinical Characterization of Familial Isolated Pituitary Adenomas. Journal of Clinical Endocrinology and Metabolism, 2006, 91, 3316-3323.	1.8	217
14	A Consensus on the Diagnosis and Treatment of Acromegaly Comorbidities: An Update. Journal of Clinical Endocrinology and Metabolism, 2020, 105, e937-e946.	1.8	207
15	Multidisciplinary management of acromegaly: A consensus. Reviews in Endocrine and Metabolic Disorders, 2020, 21, 667-678.	2.6	183
16	The role of germline <i>AIP</i> , <i>MEN1, PRKAR1A</i> , <i>CDKN1B</i> and <i>CDKN2C</i> mutations in causing pituitary adenomas in a large cohort of children, adolescents, and patients with genetic syndromes. Clinical Genetics, 2010, 78, 457-463.	1.0	182
17	The Novel Somatostatin Analog SOM230 Is a Potent Inhibitor of Hormone Release by Growth Hormone- and Prolactin-Secreting Pituitary Adenomasin Vitro. Journal of Clinical Endocrinology and Metabolism, 2004, 89, 1577-1585.	1.8	178
18	Prolactinomas resistant to standard doses of cabergoline: a multicenter study of 92 patients. European Journal of Endocrinology, 2012, 167, 651-662.	1.9	173

#	Article	IF	CITATIONS
19	Efficacy of the New Long-Acting Formulation of Lanreotide (Lanreotide Autogel) in the Management of Acromegaly. Journal of Clinical Endocrinology and Metabolism, 2002, 87, 99-104.	1.8	167
20	Classical pituitary tumour apoplexy: Clinical features, management and outcomes in a series of 24 patients. Clinical Neurology and Neurosurgery, 2007, 109, 63-70.	0.6	166
21	Acromegaly at diagnosis in 3173 patients from the LiÃ ge Acromegaly Survey (LAS) Database. Endocrine-Related Cancer, 2017, 24, 505-518.	1.6	164
22	The epidemiology and genetics of pituitary adenomas. Best Practice and Research in Clinical Endocrinology and Metabolism, 2009, 23, 543-554.	2.2	161
23	The clinical, pathological, and genetic features of familial isolated pituitary adenomas. European Journal of Endocrinology, 2007, 157, 371-382.	1.9	160
24	Clinical and genetic characterization of pituitary gigantism: an international collaborative study in 208 patients. Endocrine-Related Cancer, 2015, 22, 745-757.	1.6	155
25	High prevalence of AIP gene mutations following focused screening in young patients with sporadic pituitary macroadenomas. European Journal of Endocrinology, 2011, 165, 509-515.	1.9	152
26	X-linked acrogigantism syndrome: clinical profile and therapeutic responses. Endocrine-Related Cancer, 2015, 22, 353-367.	1.6	151
27	Gross total resection or debulking of pituitary adenomas improves hormonal control of acromegaly by somatostatin analogs. European Journal of Endocrinology, 2005, 152, 61-66.	1.9	148
28	Genetic analysis in young patients with sporadic pituitary macroadenomas: besides AIP don't forget MEN1 genetic analysis. European Journal of Endocrinology, 2013, 168, 533-541.	1.9	146
29	The Epidemiology of Pituitary Adenomas. Endocrinology and Metabolism Clinics of North America, 2020, 49, 347-355.	1.2	137
30	Expression of aryl hydrocarbon receptor (AHR) and AHR-interacting protein in pituitary adenomas: pathological and clinical implications. Endocrine-Related Cancer, 2009, 16, 1029-1043.	1.6	134
31	Changes in the management and comorbidities of acromegaly over three decades: the French Acromegaly Registry. European Journal of Endocrinology, 2017, 176, 645-655.	1.9	133
32	Mutations in theAryl Hydrocarbon Receptor Interacting ProteinGene Are Not Highly Prevalent among Subjects with Sporadic Pituitary Adenomas. Journal of Clinical Endocrinology and Metabolism, 2007, 92, 1952-1955.	1.8	132
33	Cabergoline and the risk of valvular lesions in endocrine disease European Journal of Endocrinology, 2008, 159, 1-5.	1.9	131
34	Pituitary Disease in MEN Type 1 (MEN1): Data from the France-Belgium MEN1 Multicenter Study. Journal of Clinical Endocrinology and Metabolism, 2002, 87, 457-465.	1.8	126
35	Mutation Analysis of the MEN1 Gene in Multiple Endocrine Neoplasia Type 1, Familial Acromegaly and Familial Isolated Hyperparathyroidism. Journal of Clinical Endocrinology and Metabolism, 1998, 83, 2621-2626.	1.8	125
36	Hypogonadism in a Patient with a Mutation in the Luteinizing Hormone Beta-Subunit Gene. New England Journal of Medicine, 2004, 351, 2619-2625.	13.9	117

#	Article	IF	CITATIONS
37	THERAPY OF ENDOCRINE DISEASE: Outcomes in patients with Cushing's disease undergoing transsphenoidal surgery: systematic review assessing criteria used to define remission and recurrence. European Journal of Endocrinology, 2015, 172, R227-R239.	1.9	114
38	Hormonal and Biochemical Normalization and Tumor Shrinkage Induced by Anti-Parathyroid Hormone Immunotherapy in a Patient with Metastatic Parathyroid Carcinoma. Journal of Clinical Endocrinology and Metabolism, 2004, 89, 3413-3420.	1.8	113
39	Reproduction, Smell, and Neurodevelopmental Disorders: Genetic Defects in Different Hypogonadotropic Hypogonadal Syndromes. Frontiers in Endocrinology, 2014, 5, 109.	1.5	111
40	Cabergoline in the Treatment of Hyperprolactinemia: A Study in 455 Patients. Journal of Clinical Endocrinology and Metabolism, 1999, 84, 2518-2522.	1.8	104
41	Gender-related differences in MEN1 lesion occurrence and diagnosis: a cohort study of 734 cases from the Groupe d'étude des Tumeurs Endocrines. European Journal of Endocrinology, 2011, 165, 97-105.	1.9	101
42	Thyrotropin-Secreting Pituitary Adenomas: Report of Seven Cases. Journal of Clinical Endocrinology and Metabolism, 1991, 72, 477-483.	1.8	95
43	Placental and Pituitary Growth Hormone Secretion during Pregnancy in Acromegalic Women. Journal of Clinical Endocrinology and Metabolism, 1990, 71, 725-731.	1.8	94
44	Presurgical octreotide treatment in acromegaly. Metabolism: Clinical and Experimental, 1992, 41, 51-58.	1.5	91
45	Long-Term Outcome of Patients with Acromegaly and Congestive Heart Failure. Journal of Clinical Endocrinology and Metabolism, 2004, 89, 5308-5313.	1.8	89
46	Variable pathological and clinical features of a large Brazilian family harboring a mutation in the aryl hydrocarbon receptor-interacting protein gene. European Journal of Endocrinology, 2007, 157, 383-391.	1.9	84
47	Light and Electron Microscopic Immunolocalization of Bovine Pregnancy-Associated Glycoprotein in the Bovine Placentome1. Biology of Reproduction, 1992, 46, 623-629.	1.2	82
48	Mutation analysis of the MEN1 gene in Belgian patients with multiple endocrine neoplasia type 1 and related diseases. Human Mutation, 1999, 13, 54-60.	1.1	82
49	T2-weighted MRI signal predicts hormone and tumor responses to somatostatin analogs in acromegaly. Endocrine-Related Cancer, 2016, 23, 871-881.	1.6	82
50	The genetics of pituitary adenomas. Best Practice and Research in Clinical Endocrinology and Metabolism, 2010, 24, 461-476.	2.2	81
51	Higher risk of death among MEN1 patients with mutations in the JunD interacting domain: a Groupe d'étude des Tumeurs Endocrines (GTE) cohort study. Human Molecular Genetics, 2013, 22, 1940-1948.	1.4	81
52	Clinical Biology of the Pituitary Adenoma. Endocrine Reviews, 2022, 43, 1003-1037.	8.9	81
53	Two years of replacement therapy in adults with growth hormone deficiency. Clinical Endocrinology, 1997, 47, 485-494.	1.2	78
54	The Effects of Growth Hormone Replacement Therapy on Bone Metabolism in Adult-Onset Growth Hormone Deficiency: A 2-Year Open Randomized Controlled Multicenter Trial. Journal of Bone and Mineral Research, 2002, 17, 1081-1094.	3.1	78

#	Article	IF	CITATIONS
55	Octreotide (Long-Acting Release Formulation) Treatment in Patients with Graves' Orbitopathy: Clinical Results of a Four-Month, Randomized, Placebo-Controlled, Double-Blind Study. Journal of Clinical Endocrinology and Metabolism, 2005, 90, 841-848.	1.8	78
56	Pituitary MRI characteristics in 297 acromegaly patients based on T2-weighted sequences. Endocrine-Related Cancer, 2015, 22, 169-177.	1.6	78
57	Cabergoline for Cushing's disease: a large retrospective multicenter study. European Journal of Endocrinology, 2017, 176, 305-314.	1.9	77
58	Somatic mosaicism underlies X-linked acrogigantism syndrome in sporadic male subjects. Endocrine-Related Cancer, 2016, 23, 221-233.	1.6	75
59	Presurgical octreotide: Treatment in acromegaly. Metabolism: Clinical and Experimental, 1996, 45, 72-74.	1.5	72
60	Cyclin-dependent kinase inhibitor 1B (CDKN1B) gene variants in AIP mutation-negative familial isolated pituitary adenoma kindreds. Endocrine-Related Cancer, 2012, 19, 233-241.	1.6	72
61	Parathyroid carcinoma: Challenges in diagnosis and treatment. Annales D'Endocrinologie, 2015, 76, 169-177.	0.6	69
62	Epidemiology and Management Challenges in Prolactinomas. Neuroendocrinology, 2019, 109, 20-27.	1.2	69
63	The treatment of sporadic versus MEN1-related pituitary adenomas. Journal of Internal Medicine, 2003, 253, 599-605.	2.7	68
64	Hyperplasia–adenoma sequence in pituitary tumorigenesis related to aryl hydrocarbon receptor interacting protein gene mutation. Endocrine-Related Cancer, 2011, 18, 347-356.	1.6	66
65	MANAGEMENT OF ENDOCRINE DISEASE: Pituitary â€~incidentaloma': neuroradiological assessment and differential diagnosis. European Journal of Endocrinology, 2016, 175, R171-R184.	1.9	60
66	The Ratio of Parathyroid Hormone as Measured by Third- and Second-Generation Assays as a Marker for Parathyroid Carcinoma. Journal of Clinical Endocrinology and Metabolism, 2010, 95, 3745-3749.	1.8	57
67	Pheochromocytomas and pituitary adenomas in three patients with MAX exon deletions. Endocrine-Related Cancer, 2018, 25, L37-L42.	1.6	57
68	The causes and consequences of pituitary gigantism. Nature Reviews Endocrinology, 2018, 14, 705-720.	4.3	57
69	Familial acromegaly: case report and review of the literature. Pituitary, 1999, 1, 273-277.	1.6	56
70	Tumor ZAC1 expression is associated with the response to somatostatin analog therapy in patients with acromegaly. International Journal of Cancer, 2009, 125, 2122-2126.	2.3	55
71	McCune-Albright Syndrome: A Detailed Pathological and Genetic Analysis of Disease Effects in an Adult Patient. Journal of Clinical Endocrinology and Metabolism, 2014, 99, E2029-E2038.	1.8	55
72	GHRH excess and blockade in X-LAG syndrome. Endocrine-Related Cancer, 2016, 23, 161-170.	1.6	55

#	Article	IF	CITATIONS
73	Somatostatin analogues increase AIP expression in somatotropinomas, irrespective of Gsp mutations. Endocrine-Related Cancer, 2013, 20, 753-766.	1.6	50
74	Familial Isolated Pituitary Adenomas (FIPA) and Mutations in the Aryl Hydrocarbon Receptor Interacting Protein (AIP) Gene. Endocrinology and Metabolism Clinics of North America, 2015, 44, 19-25.	1.2	49
75	Aggressive pituitary adenomas occurring in young patients in a large Polynesian kindred with a germline R271W mutation in the AIP gene. European Journal of Endocrinology, 2009, 161, 799-804.	1.9	45
76	Aggressive tumor growth and clinical evolution in a patient with X-linked acro-gigantism syndrome. Endocrine, 2016, 51, 236-244.	1.1	45
77	Familial pituitary adenomas. Journal of Internal Medicine, 2009, 266, 5-18.	2.7	44
78	AIP-mutated acromegaly resistant to first-generation somatostatin analogs: long-term control with pasireotide LAR in two patients. Endocrine Connections, 2019, 8, 367-377.	0.8	44
79	T2-weighted MRI signal intensity as a predictor of hormonal and tumoral responses to somatostatin receptor ligands in acromegaly: a perspective. Pituitary, 2017, 20, 116-120.	1.6	43
80	Expression of Somatostatin Receptor SST4 in Human Placenta and Absence of Octreotide Effect on Human Placental Growth Hormone Concentration during Pregnancy. Journal of Clinical Endocrinology and Metabolism, 1997, 82, 3771-3776.	1.8	43
81	Cyclical Cushing's disease and its successful control under sodium valproate. Journal of Endocrinological Investigation, 1990, 13, 923-929.	1.8	40
82	Comparative densitometric study of iliac crest and scapula bone in relation to osseous integrated dental implants in microvascular mandibular reconstruction. Journal of Cranio-Maxillo-Facial Surgery, 1998, 26, 75-83.	0.7	40
83	Excellent response to pasireotide therapy in an aggressive and dopamine-resistant prolactinoma. European Journal of Endocrinology, 2019, 181, K21-K27.	1.9	39
84	Autonomously functioning thyroid nodules in a patient with a thyrotropin-secreting pituitary adenoma: possible cause–effect relationship. European Journal of Endocrinology, 1994, 131, 355-358.	1.9	38
85	Gsα overexpression and loss of Gsα imprinting in human somatotroph adenomas: Association with tumor size and response to pharmacologic treatment. International Journal of Cancer, 2007, 121, 1245-1252.	2.3	38
86	Clinical and Genetic Features of Familial Pituitary Adenomas. Hormone and Metabolic Research, 2005, 37, 347-354.	0.7	36
87	The Third/Second Generation PTH Assay Ratio as a Marker for Parathyroid Carcinoma: Evaluation Using an Automated Platform. Journal of Clinical Endocrinology and Metabolism, 2014, 99, E453-E457.	1.8	36
88	A vital region for human glycoprotein hormone trafficking revealed by an LHB mutation. Journal of Endocrinology, 2016, 231, 197-207.	1.2	34
89	Characterization of GPR101 transcript structure and expression patterns. Journal of Molecular Endocrinology, 2016, 57, 97-111.	1.1	34
90	Somatic and germline mutations in the pathogenesis of pituitary adenomas. European Journal of Endocrinology, 2019, 181, R235-R254.	1.9	33

6

#	Article	lF	CITATIONS
91	Medical Treatment in Cushing's Syndrome: Dopamine Agonists and Cabergoline. Neuroendocrinology, 2010, 92, 116-119.	1.2	32
92	The Burden of Illness of Hypopituitary Adults with Growth Hormone Deficiency. Pharmacoeconomics, 1998, 14, 395-403.	1.7	31
93	GPR101 drives growth hormone hypersecretion and gigantism in mice via constitutive activation of Gs and Gq/11. Nature Communications, 2020, 11, 4752.	5.8	31
94	Screening for GPR101 defects in pediatric pituitary corticotropinomas. Endocrine-Related Cancer, 2016, 23, 357-365.	1.6	30
95	The Epidemiology and Management of Pituitary Incidentalomas. Hormone Research in Paediatrics, 2007, 68, 195-198.	0.8	29
96	Breast cancer in a male-to-female transsexual patient with a BRCA2 mutation. Endocrine-Related Cancer, 2016, 23, 391-397.	1.6	29
97	Pharmacokinetics, pharmacodynamics, and safety of pasireotide LAR in patients with acromegaly: A randomized, multicenter, openâ€label, phase I study. Journal of Clinical Pharmacology, 2014, 54, 1308-1317.	1.0	28
98	Intensity of prolactinoma on T2-weighted magnetic resonance imaging: towards another gender difference. Neuroradiology, 2015, 57, 679-684.	1.1	28
99	Genetic, Molecular and Clinical Features of Familial Isolated Pituitary Adenomas. Hormone Research in Paediatrics, 2009, 71, 116-122.	0.8	27
100	French consensus on the management of acromegaly. Annales D'Endocrinologie, 2009, 70, 92-106.	0.6	27
101	Familial Pituitary Tumor Syndromes. Endocrine Practice, 2011, 17, 41-46.	1.1	27
102	Combined treatment with octreotide LAR and pegvisomant in patients with pituitary gigantism: clinical evaluation and genetic screening. Pituitary, 2016, 19, 507-514.	1.6	27
103	MRI follow-up is unnecessary in patients with macroprolactinomas and long-term normal prolactin levels on dopamine agonist treatment. European Journal of Endocrinology, 2017, 176, 323-328.	1.9	27
104	Histologically Proven Bronchial Neuroendocrine Tumors in MEN1: A GTE 51â€Case Cohort Study. World Journal of Surgery, 2018, 42, 143-152.	0.8	27
105	Conversion to Graves disease from Hashimoto thyroiditis: a study of 24 patients. Archives of Endocrinology and Metabolism, 2018, 62, 609-614.	0.3	26
106	Multivariable Prediction Model for Biochemical Response to First-Generation Somatostatin Receptor Ligands in Acromegaly. Journal of Clinical Endocrinology and Metabolism, 2020, 105, 2964-2974.	1.8	26
107	Variable regions of chromosome 11 loss in different pathological tissues of a patient with the multiple endocrine neoplasia type I syndrome. Journal of Clinical Endocrinology and Metabolism, 1994, 79, 1498-1502.	1.8	26
108	AIP and MEN1 mutations and AIP immunohistochemistry in pituitary adenomas in a tertiary referral center. Endocrine Connections, 2019, 8, 338-348.	0.8	26

#	Article	IF	CITATIONS
109	Resistant Paediatric Somatotropinomas due to <i>AIP</i> Mutations: Role of Pegvisomant. Hormone Research in Paediatrics, 2018, 90, 196-202.	0.8	25
110	<scp>miR</scp> â€34a is upregulated in <i><scp>AIP</scp>â€</i> mutated somatotropinomas and promotes octreotide resistance. International Journal of Cancer, 2020, 147, 3523-3538.	2.3	25
111	Pituitary <scp>MRI</scp> in Cushing's disease ―an update. Journal of Neuroendocrinology, 2022, 34, e13123.	1.2	24
112	Skin Tensile Properties in Patients Treated for Acromegaly. Dermatology, 2002, 204, 325-329.	0.9	23
113	Familial pituitary adenomas. Annales D'Endocrinologie, 2010, 71, 479-485.	0.6	23
114	Prospective, long-term study of the effect of cabergoline on valvular status in patients with prolactinoma and idiopathic hyperprolactinemia. Endocrine, 2017, 55, 239-245.	1.1	23
115	Thyrotoxic adenoma followed by atypical hyperthyroidism due to struma ovarii: clinical and genetic studies. European Journal of Endocrinology, 2004, 150, 431-437.	1.9	22
116	Genetics of Cushing's Syndrome. Neuroendocrinology, 2010, 92, 6-10.	1.2	22
117	Genetic susceptibility in pituitary adenomas: from pathogenesis to clinical implications. Expert Review of Endocrinology and Metabolism, 2011, 6, 195-214.	1.2	22
118	The Liege Acromegaly Survey (LAS): A new software tool for the study of acromegaly. Annales D'Endocrinologie, 2012, 73, 190-201.	0.6	22
119	Testicular Effects of Isolated Luteinizing Hormone Deficiency and Reversal by Long-Term Human Chorionic Gonadotropin Treatment. Journal of Clinical Endocrinology and Metabolism, 2009, 94, 3-4.	1.8	21
120	Aggressive prolactinoma in a child related to germline mutation in the ARYL hydrocarbon receptor interacting protein (AIP) gene. Arquivos Brasileiros De Endocrinologia E Metabologia, 2010, 54, 761-767.	1.3	21
121	Pituitary gigantism: Causes and clinical characteristics. Annales D'Endocrinologie, 2015, 76, 643-649.	0.6	21
122	Familial colloid cyst of the third ventricle: neuroendocrinological follow-up and review of the literature. Clinical Neurology and Neurosurgery, 2002, 104, 367-370.	0.6	20
123	Lanreotide Autogel?? for Acromegaly. Treatments in Endocrinology: Guiding Your Management of Endocrine Disorders, 2004, 3, 77-81.	1.8	20
124	Does Preoperative Somatostatin Analog Treatment Improve Surgical Cure Rates in Acromegaly? A New Look at an Old Question. Journal of Clinical Endocrinology and Metabolism, 2008, 93, 2975-2977.	1.8	20
125	Higher prevalence of clinically relevant pituitary adenomas confirmed. Clinical Endocrinology, 2010, 72, 290-291.	1.2	20
126	Screening for genetic causes of growth hormone hypersecretion. Growth Hormone and IGF Research, 2016, 30-31, 52-57.	0.5	20

#	Article	IF	CITATIONS
127	Oral administration of the growth hormone secretagogue NN703 in adult patients with growth hormone deficiency. Clinical Endocrinology, 2003, 58, 572-580.	1.2	19
128	Tensegrity and type 1 dermal dendrocytes in acromegaly. European Journal of Clinical Investigation, 2005, 35, 133-139.	1.7	19
129	Paleogenetic study of ancient DNA suggestive of X-linked acrogigantism. Endocrine-Related Cancer, 2017, 24, L17-L20.	1.6	19
130	Immunocytochemical Evidence for Production of Luteinizing Hormone and Follicle-Stimulating Hormone in Separate Cells in the Bovine. Biology of Reproduction, 1991, 45, 788-796.	1.2	18
131	A novel inactivating mutation of the LH/chorionic gonadotrophin receptor with impaired membrane trafficking leading to Leydig cell hypoplasia type 1. European Journal of Endocrinology, 2015, 172, K27-K36.	1.9	18
132	GPR101 Mutations are not a Frequent Cause of Congenital Isolated Growth Hormone Deficiency. Hormone and Metabolic Research, 2016, 48, 389-393.	0.7	18
133	Duplications disrupt chromatin architecture and rewire GPR101-enhancer communication in X-linked acrogigantism. American Journal of Human Genetics, 2022, 109, 553-570.	2.6	18
134	Pharmacokinetic study of a new testosterone-in-adhesive matrix patch applied every 2 days to hypogonadal men. Journal of Steroid Biochemistry and Molecular Biology, 2008, 109, 177-184.	1.2	17
135	Clinical and Molecular Update on Genetic Causes of Pituitary Adenomas. Hormone and Metabolic Research, 2020, 52, 553-561.	0.7	17
136	Pseudomalabsorption ofÂthyroid hormones: case report andÂreview ofÂtheÂliterature. Annales D'Endocrinologie, 2007, 68, 460-463.	0.6	15
137	Update on Familial Pituitary Tumors: from Multiple Endocrine Neoplasia Type 1 to Familial Isolated Pituitary Adenoma. Hormone Research in Paediatrics, 2009, 71, 105-111.	0.8	15
138	Long-term remission of disseminated parathyroid cancer following immunotherapy. Endocrine, 2020, 67, 204-208.	1.1	15
139	Clinical and genetic aspects of familial isolated pituitary adenomas. Clinics, 2012, 67, 37-41.	0.6	14
140	Effect of treatment with octreotide on the morphology of growth hormone—secreting pituitary adenomas: Study of 24 cases. Endocrine Pathology, 1991, 2, 123-131.	5.2	13
141	Treatment of Pituitary Tumors: Somatostatin. Endocrine, 2005, 28, 093-100.	2.2	13
142	Genetic Factors in the Development of Pituitary Adenomas. Endocrine Development, 2009, 17, 121-133.	1.3	13
143	The role of AIP mutations in pituitary adenomas: 10 years on. Endocrine, 2017, 55, 333-335.	1.1	12
144	Association between mixture of persistent organic pollutants and thyroid pathologies in a Belgian population. Environmental Research, 2020, 181, 108922.	3.7	12

#	ARTICLE	IF	CITATIONS
145	HEREDITARY ENDOCRINE TUMOURS: CURRENT STATE-OF-THE-ART AND RESEARCH OPPORTUNITIES: GPR101, an orphan GPCR with roles in growth and pituitary tumorigenesis. Endocrine-Related Cancer, 2020, 27, T87-T97.	1.6	12
146	Pituitary adenoma in patients with multiple endocrine neoplasia type 1: a cohort study. European Journal of Endocrinology, 2021, 185, 863-873.	1.9	12
147	125I-TyrO-hCRH Labelling characteristics of corticotropin-releasing hormone receptors: differences between normal and adenomatous corticotrophs. Neurochemistry International, 1997, 30, 291-297.	1.9	11
148	Vitex agnus castus might enrich the pharmacological armamentarium for medical treatment of prolactinoma. European Journal of Obstetrics, Gynecology and Reproductive Biology, 2007, 135, 139-140.	0.5	11
149	High prevalence of autoimmune thyroid diseases in patients with prolactinomas: A cross-sectional retrospective study in a single tertiary referral centre. Annales D'Endocrinologie, 2016, 77, 37-42.	0.6	11
150	AIP mutations and gigantism. Annales D'Endocrinologie, 2017, 78, 123-130.	0.6	11
151	HEREDITARY ENDOCRINE TUMOURS: CURRENT STATE-OF-THE-ART AND RESEARCH OPPORTUNITIES: The roles of AIP and GPR101 in familial isolated pituitary adenomas (FIPA). Endocrine-Related Cancer, 2020, 27, T77-T86.	1.6	11
152	Contrast behavior between microadenoma and normal pituitary gland after gadolinium injection as a function of time at 1.5 T. Neuroradiology, 1992, 34, 184-189.	1.1	10
153	Hyperfunctioning unilateral adrenal macronodule in three patients with Cushing's disease: hormonal and imaging characterization. European Journal of Endocrinology, 1993, 129, 284-290.	1.9	10
154	Use of cinacalcet and sunitinib to treat hypercalcaemia due to a pancreatic neuroendocrine tumor. Archives of Endocrinology and Metabolism, 2017, 61, 506-509.	0.3	10
155	Acute effects of Parlodel-LAR® and response to long-term treatment with bromocriptine in a patient with a follicle stimulating hormone-secreting pituitary adenoma. Journal of Endocrinological Investigation, 1991, 14, 135-138.	1.8	9
156	Overview of genetic testing in patients with pituitary adenomas. Annales D'Endocrinologie, 2012, 73, 62-64.	0.6	9
157	X-LAG: How did they grow so tall?. Annales D'Endocrinologie, 2017, 78, 131-136.	0.6	9
158	Pancreatic Neuroendocrine Neoplasm Associated with a Familial MAX Deletion. Hormone and Metabolic Research, 2020, 52, 784-787.	0.7	9
159	Diagnosis of primary thyrotrophin-secreting microadenoma by 1.5 T MR. European Journal of Radiology, 1992, 14, 18-21.	1.2	8
160	Deletion of exons 1–3 of the MEN1 gene in a large Italian family causes the loss of menin expression. Familial Cancer, 2014, 13, 273-80.	0.9	8
161	Pituitary Disease in AIP Mutation-Positive Familial Isolated Pituitary Adenoma (FIPA): A Kindred-Based Overview. Journal of Clinical Medicine, 2020, 9, 2003.	1.0	8
162	Primary hypertrophic osteoarthropathy due to a novel SLCO2A1 mutation masquerading as acromegaly. Endocrinology, Diabetes and Metabolism Case Reports, 2017, 2017, .	0.2	8

#	Article	IF	CITATIONS
163	Human anti-animal antibodies interference in the Siemens Immulite chemiluminescent insulin immuno-assay: About one case. Clinica Chimica Acta, 2011, 412, 668-669.	0.5	7
164	Means, Motive, and Opportunity: SDH Mutations Are Suspects in Pituitary Tumors. Journal of Clinical Endocrinology and Metabolism, 2013, 98, 2274-2276.	1.8	7
165	Compound heterozygous mutations in the luteinizing hormone receptor signal peptide causing 46,XY disorder of sex development. European Journal of Endocrinology, 2019, 181, K11-K20.	1.9	7
166	Pituitary MRI Features in Acromegaly Resulting From Ectopic GHRH Secretion From a Neuroendocrine Tumor: Analysis of 30 Cases. Journal of Clinical Endocrinology and Metabolism, 2022, 107, e3313-e3320.	1.8	7
167	A clinically novel AIP mutation in a patient with a very large, apparently sporadic somatotrope adenoma. Endocrinology, Diabetes and Metabolism Case Reports, 2014, 2014, 140048.	0.2	6
168	Persistent low levels of serum hCG due to heterophilic mouse antibodies: an unrecognized pitfall in the diagnosis of trophoblastic disease. Gynecological Endocrinology, 2016, 32, 439-441.	0.7	6
169	How to recognize Cowden syndrome: A novel PTEN mutation description. Annales D'Endocrinologie, 2017, 78, 188-190.	0.6	6
170	Neuroimaging of aggressive pituitary tumors. Reviews in Endocrine and Metabolic Disorders, 2020, 21, 235-242.	2.6	6
171	The association of astrocytoma and pituitary adenoma in a patient with alcaptonuria. Journal of the Neurological Sciences, 1992, 108, 32-34.	0.3	5
172	Acromegaly and sleep apnea: Cephalometric evaluations. Annales D'Endocrinologie, 2011, 72, 211-217.	0.6	5
173	Adipsic diabetes insipidus revealing a bifocal intracranial germinoma. Annales D'Endocrinologie, 2017, 78, 141-145.	0.6	5
174	Genetics of Pituitary Tumor Syndromes. , 2017, , 619-630.		5
175	Acromegaly in the setting of Tatton-Brown-Rahman Syndrome. Pituitary, 2020, 23, 167-170.	1.6	5
176	The effect of naloxone and metoclopramide on the secretion of luteinizing hormone in a hyperprolactinemic hypogonadotropic postmenopausal woman. Fertility and Sterility, 1995, 64, 969-971.	0.5	4
177	Pituitary adenomas in young patients: when should we consider a genetic predisposition?. Expert Review of Endocrinology and Metabolism, 2009, 4, 529-531.	1.2	4
178	Management of acromegaly. F1000 Medicine Reports, 2010, 2, 54.	2.9	4
179	Mutations of calcium-sensing receptor gene: two novel mutations and overview of impact on calcium homeostasis. European Journal of Endocrinology, 2011, 165, 353-358.	1.9	4
180	Tumor cells may circulate in medullary thyroid cancer patients independently of serum calcitonin. Endocrine-Related Cancer, 2018, 25, L59-L63.	1.6	4

ALBERT BECKERS

#	Article	IF	CITATIONS
181	Characteristics of familial isolated pituitary adenomas. Expert Review of Endocrinology and Metabolism, 2007, 2, 725-733.	1.2	3
182	Expression of Peroxisome Proliferator-Activated Receptor Alpha (PPARα) in Non-Somatotroph Pituitary Tumours and the Effects of PPARα Agonists on MMQ Cells. Hormone and Metabolic Research, 2018, 50, 640-647.	0.7	3
183	Shrinkage of pituitary adenomas with pasireotide. Lancet Diabetes and Endocrinology,the, 2019, 7, 509.	5.5	3
184	Thyroid cancer in the Democratic Republic of the Congo: Frequency and risk factors. Annales D'Endocrinologie, 2021, 82, 606-612.	0.6	3
185	Association of acute leukemia and autoimmune polyendocrine syndrome in two kindreds. Leukemia, 2003, 17, 1912-1914.	3.3	2
186	Prolactinomas resistant to standard doses of cabergoline: a multicenter study of 92 patients. European Journal of Endocrinology, 2012, 167, 887-887.	1.9	2
187	Challenges and controversies in the treatment of prolactinomas. Expert Review of Endocrinology and Metabolism, 2014, 9, 593-604.	1.2	2
188	The acromegalic voice of Tango: Don Edmundo Rivero. Journal of Endocrinological Investigation, 2015, 38, 1023-1024.	1.8	2
189	Expression of Peroxisome Proliferator-Activated Receptor alpha (PPARα) in somatotropinomas: Relationship with Aryl hydrocarbon receptor Interacting Protein (AIP) and inÂvitro effects of fenofibrate in GH3 cells. Molecular and Cellular Endocrinology, 2016, 426, 61-72.	1.6	2
190	Comment on "Hypogonadotrophic hypogonadism due to a mutation in the luteinizing hormone β-subunit gene― Korean Journal of Internal Medicine, 2017, 32, 566-567.	0.7	2
191	A Hard Look at Cardiac Safety with Dopamine Agonists in Endocrinology. Journal of Clinical Endocrinology and Metabolism, 2021, 106, e2452-e2454.	1.8	2
192	Familial Pituitary Adenomas: An Overview. , 2013, , 103-112.		2
193	Dutch founder SDHB exon 3 deletion in patients with pheochromocytoma-paraganglioma in South Africa. Endocrine Connections, 2022, 11, .	0.8	2
194	Complicated Clinical Course in Incipient Gigantism Due to Treatment-resistant Aryl Hydrocarbon Receptor–Interacting Protein–mutated Pediatric Somatotropinoma. AACE Clinical Case Reports, 2022, 8, 119-123.	0.4	2
195	Absence of hypogonadism in a male patient with a giant prolactinoma: A clinical paradox. Annales D'Endocrinologie, 2008, 69, 47-52.	0.6	1
196	Genetic Testing in Pituitary Adenomas: What, How, and In Whom?. Endocrinologia, Diabetes Y NutriciÓn, 2019, 66, 71-73.	0.1	1
197	Differentiated thyroid carcinoma in sporadic and familial presentations of acromegaly: A case series. Annales D'Endocrinologie, 2020, 81, 482-486.	0.6	1
198	GPR101 drives growth hormone hypersecretion and gigantism in mice via constitutive activation of G s and G q/11. FASEB Journal, 2021, 35, .	0.2	1

#	Article	IF	CITATIONS
199	Somatostatin Analogs in the Gastrointestinal Tract. , 2006, , 1131-1138.		1
200	De la génétique des adénomes hypophysaires familiaux. Bulletin De L'Academie Nationale De Medecine, 2009, 193, 1557-1571.	0.0	1
201	Pituitary Tumors Associated With Multiple Endocrine Neoplasia Syndromes. , 2019, , 642-647.		1
202	Does the nadir growth-hormone level predict response to somatostatin-analogue therapy?. Nature Clinical Practice Endocrinology and Metabolism, 2006, 2, 12-13.	2.9	0
203	Current and future perspectives on recombinant growth hormone for the treatment of obesity. Expert Review of Endocrinology and Metabolism, 2008, 3, 75-90.	1.2	0
204	Functioning Pituitary Adenomas. , 2010, , 55-65.		0
205	Professor Rolf C. Gaillard. Pituitary, 2012, 15, 465-465.	1.6	0
206	A bittersweet symphony. Endocrine-Related Cancer, 2014, 21, C7-C9.	1.6	0
207	Functioning Pituitary Adenomas. , 2016, , 79-91.		0
208	Advances in diagnosis and management of familial pituitary adenomas. International Journal of Endocrine Oncology, 2016, 3, 313-323.	0.4	0
209	From the shortest to the tallest. Annales D'Endocrinologie, 2017, 78, 75-76.	0.6	0
210	Prognostic Factors: Molecular Pathway – Tumour Suppressor Gene (MEN1). , 2018, , 135-148.		0
211	Genetics of Pituitary Gigantism: Syndromic and Nonsyndromic Causes. Endocrinology, 2019, , 1-21.	0.1	0
212	Genetic Testing in Pituitary Adenomas: What, How, and In Whom?. EndocrinologÃa Diabetes Y Nutrición (English Ed), 2019, 66, 71-73.	0.1	0
213	Medical management of pituitary gigantism and acromegaly. , 2021, , 245-257.		0
214	Gigantism: clinical diagnosis and description. , 2021, , 39-52.		0
215	History of the identification of gigantism and acromegaly. , 2021, , 1-16.		0
216	Acromegaly: clinical description and diagnosis. , 2021, , 53-78.		0

13

#	Article	IF	CITATIONS
217	Genetics of Pituitary Gigantism: Syndromic and Nonsyndromic Causes. Endocrinology, 2021, , 291-311.	0.1	0
218	Genetic Causes of Familial Pituitary Adenomas. , 2011, , 137-150.		0
219	What to do with a pituitary incidentaloma?. Expert Review of Endocrinology and Metabolism, 2011, 6, 505-507.	1.2	0
220	The Role of Aryl Hydrocarbon Receptor (AHR) and AHR-Interacting Protein (AIP) in the Pathogenesis of Pituitary Adenomas. , 2013, , 189-201.		0
221	Genetics of Pituitary Gigantism: Syndromic and Nonsyndromic Causes. Endocrinology, 2019, , 1-21.	0.1	0
222	Gigantism Remains a Clinical Challenge. Archives of Iranian Medicine, 2015, 18, 871.	0.2	0