Johnny Moons

List of Publications by Year in descending order

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#	Article	IF	CITATIONS
1	A Risk Model to Predict the Delivery of Adjuvant Chemotherapy Following Lung Resection in Patients With Pathologically Positive Lymph Nodes. Seminars in Thoracic and Cardiovascular Surgery, 2023, 35, 387-398.	0.4	3
2	Outcomes after totally minimally invasive <i>versus</i> hybrid and open Ivor Lewis oesophagectomy: results from the International Esodata Study Group. British Journal of Surgery, 2022, 109, 283-290.	0.1	29
3	Perioperative fluid management in esophagectomy for cancer and its relation to postoperative respiratory complications. Ecological Management and Restoration, 2021, 34, .	0.2	10
4	Impact of the introduction of an enhanced recovery pathway in esophageal cancer surgery: a cohort study and propensity score matching analysis. Ecological Management and Restoration, 2021, 34, .	0.2	2
5	Surgery for mediastinal neurogenic tumours: a 25-year single-centre retrospective study. Interactive Cardiovascular and Thoracic Surgery, 2021, 32, 737-743.	0.5	6
6	ls Re-introducing Major Open and Minimally Invasive Surgery during COVID-19 Safe for Patients and Healthcare Workers? An International, Multi-centre Cohort Study in the Field of Oesophago-gastric Surgery. Annals of Surgical Oncology, 2021, 28, 4816-4826.	0.7	5
7	Safety of Esophageal Cancer Surgery During the First Wave of the COVID-19 Pandemic in Europe: A Multicenter Study. Annals of Surgical Oncology, 2021, 28, 4805-4813.	0.7	16
8	Risk Prediction Model of 90-Day Mortality After Esophagectomy for Cancer. JAMA Surgery, 2021, 156, 836.	2.2	41
9	Importance of Lymph Node Response After Neoadjuvant Chemoradiotherapy for Esophageal Adenocarcinoma. Annals of Thoracic Surgery, 2021, 112, 1847-1854.	0.7	6
10	The Effect of Postoperative Complications After Minimally Invasive Esophagectomy on Long-term Survival. Annals of Surgery, 2021, 274, e1129-e1137.	2.1	54
11	OC-0380 Dose response relation in esophageal cancer after neoadjuvant therapy: multi-institutional analysis. Radiotherapy and Oncology, 2019, 133, S189-S190.	0.3	0
12	PV-0622 NCTP model for postoperative pulmonary complications after trimodality therapy in esophageal cancer. Radiotherapy and Oncology, 2019, 133, S330-S331.	0.3	0
13	PO-0805 Analysis of esophageal cancer patients treated with neoadjuvant therapy who never made it to surgery. Radiotherapy and Oncology, 2019, 133, S418.	0.3	0
14	NTCP model for postoperative complications and one-year mortality after trimodality treatment in oesophageal cancer. Radiotherapy and Oncology, 2019, 141, 33-40.	0.3	28
15	Radiation dose and pathological response in oesophageal cancer patients treated with neoadjuvant chemoradiotherapy followed by surgery: a multi-institutional analysis. Acta Oncológica, 2019, 58, 1358-1365.	0.8	11
16	Analysis of patients scheduled for neoadjuvant therapy followed by surgery for esophageal cancer, who never made it to esophagectomy. World Journal of Surgical Oncology, 2019, 17, 89.	0.8	21
17	Anastomotic Techniques and Associated Morbidity in Total Minimally Invasive Transthoracic Esophagectomy. Annals of Surgery, 2019, 270, 820-826.	2.1	68
18	Predictors of staging accuracy, pathologic nodal involvement, and overall survival for cT2N0 carcinoma of the esophagus. Journal of Thoracic and Cardiovascular Surgery, 2019, 157, 1264-1272.e6.	0.4	26

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19	Combined modality treatment for malignant pleural mesothelioma: a single-centre long-term survival analysis using extrapleural pneumonectomy. European Journal of Cardio-thoracic Surgery, 2019, 55, 934-941.	0.6	13
20	Is central lung tumour location really predictive for occult mediastinal nodal disease in (suspected) non-small-cell lung cancer staged cNO on 18F-fluorodeoxyglucose positron emission tomography–computed tomography?. European Journal of Cardio-thoracic Surgery, 2018, 54, 134-140.	0.6	24
21	Risk-adjusted performance evaluation in three academic thoracic surgery units using the Eurolung risk modelsâ€. European Journal of Cardio-thoracic Surgery, 2018, 54, 122-126.	0.6	10
22	Prognostic value of the circumferential resection margin and its definitions in esophageal cancer patients after neoadjuvant chemoradiotherapy. Ecological Management and Restoration, 2018, 31, .	0.2	17
23	ypTON+: the unusual patient with pathological complete tumor response but with residual lymph node disease after neoadjuvant chemoradiation for esophageal cancer, what's up?. Journal of Thoracic Disease, 2018, 10, 2771-2778.	0.6	15
24	Multicentric evaluation of the impact of central tumour location when comparing rates of N1 upstaging in patients undergoing video-assisted and open surgery for clinical Stage I non-small-cell lung cancerâ€. European Journal of Cardio-thoracic Surgery, 2018, 53, 359-365.	0.6	19
25	Palliative esophagectomy in unexpected metastatic disease: sense or nonsense?. Asian Cardiovascular and Thoracic Annals, 2018, 26, 552-557.	0.2	9
26	FA01.02: THE EFFECT OF POSTOPERATIVE COMPLICATIONS AFTER MIE ON LONG-TERM SURVIVAL: A RETROSPECTIVE, MULTI-CENTER COHORT STUDY. Ecological Management and Restoration, 2018, 31, 1-1.	0.2	4
27	PV-0100: Impact of lung dose on postoperative complications after trimodality treatment in esophageal cancer. Radiotherapy and Oncology, 2018, 127, S53-S54.	0.3	0
28	OC-0162: A comparison of two neoadjuvant chemoradiotherapy regimens for esophageal cancer. Radiotherapy and Oncology, 2018, 127, S83.	0.3	0
29	Impact of Extracapsular Lymph Node Involvement After Neoadjuvant Chemoradiation Therapy Followed by Surgery in Carcinoma of the Esophagus. Annals of Surgery, 2018, 268, 1000-1007.	2.1	21
30	Coronary artery disease is associated with an increased mortality rate following video-assisted thoracoscopic lobectomy. Journal of Thoracic and Cardiovascular Surgery, 2017, 154, 352-357.	0.4	13
31	Defining Benchmarks for Transthoracic Esophagectomy. Annals of Surgery, 2017, 266, 814-821.	2.1	198
32	Mediastinal staging by videomediastinoscopy in clinical N1 non-small cell lung cancer: a prospective multicentre study. European Respiratory Journal, 2017, 50, 1701493.	3.1	40
33	P-264DOES DIAGNOSIS OF SINGLE LEVEL N2 NON-SMALL CELL LUNG CANCER BY ENDOBRONCHIAL ULTRASOUND RESULT IN LESS FREQUENT INCOMPLETE RESECTIONS AFTER INDUCTION THERAPY COMPARED TO MEDIASTINOSCOPY?. Interactive Cardiovascular and Thoracic Surgery, 2017, 25, .	0.5	0
34	P-119ypT0N+: THE OUTCASTS IN PATHOLOGICAL COMPLETE TUMOUR RESPONSE AFTER NEOADJUVANT CHEMORADIATION FOR OESOPHAGEAL CANCER. HOW DO THEY FARE?. Interactive Cardiovascular and Thoracic Surgery, 2017, 25, .	0.5	0
35	Trimodales Therapiekonzept unter Einschluss der extrapleuralen Pneumonektomie bei malignem Pleuramesotheliom: eine single-center Erfahrung. , 2017, 142, .		0
36	Neoadjuvant chemoradiation treatment followed by surgery for esophageal cancer: there is much more than the mandard tumor regression score. Acta Chirurgica Belgica, 2016, 116, 149-155.	0.2	5

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37	Isolated local recurrence or solitary solid organ metastasis after esophagectomy for cancer is not the end of the road. Ecological Management and Restoration, 2016, 30, 1-8.	0.2	33
38	Central tumour location should be considered when comparing N1 upstaging between thoracoscopic and open surgery for clinical stage I non-small-cell lung cancer. European Journal of Cardio-thoracic Surgery, 2016, 50, 110-117.	0.6	41
39	Thoracoscopic tunnel technique for anatomical lung resections: a â€~fissure first, hilum last' approach with staplers in the fissureless patient. Interactive Cardiovascular and Thoracic Surgery, 2015, 21, 2-7.	0.5	51
40	International Multicenter Study on the Impact of Extracapsular Lymph Node Involvement in Primary Surgery Adenocarcinoma of the Esophagus on Overall Survival and Staging Systems. Annals of Surgery, 2015, 262, 809-816.	2.1	24
41	B-003ANALYSIS OF THE MOST COMMON MAJOR INTRAOPERATIVE COMPLICATIONS DURING VIDEO-ASSISTED THORACOSCOPIC SURGERY ANATOMICAL RESECTIONS. Interactive Cardiovascular and Thoracic Surgery, 2015, 21, S1-S2.	0.5	0
42	O-024TUMOUR LOCATION SHOULD BE CONSIDERED WHEN COMPARING N1 UPSTAGING BETWEEN VIDEO-ASSISTED THORACOSCOPIC SURGERY AND OPEN SURGERY FOR CLINICAL STAGE I NON-SMALL CELL LUNG CANCER. Interactive Cardiovascular and Thoracic Surgery, 2015, 21, S7-S7.	0.5	1
43	F-036ISOLATED LOCAL RECURRENCE OF SOLITARY SOLID ORGAN METASTASIS AFTER OESOPHAGECTOMY FOR CANCER IS NOT THE END OF THE ROAD. Interactive Cardiovascular and Thoracic Surgery, 2015, 21, S10-S11.	0.5	0
44	V-065IDENTIFICATION OF THE INTER-SEGMENTAL PLANE BY PUNCTURE AND INSUFFLATION OF THE TRANSECTED BRONCHUS DURING VIDEO-ASSISTED THORACOSCOPIC ANATOMICAL SEGMENTECTOMIES. Interactive Cardiovascular and Thoracic Surgery, 2015, 21, S19-S19.	0.5	1
45	Validation of a new approach for mortality risk assessment in oesophagectomy for cancer based on age- and gender-corrected body mass index. European Journal of Cardio-thoracic Surgery, 2015, 48, 600-607.	0.6	7
46	Major intraoperative complications during video-assisted thoracoscopic anatomical lung resections: an intention-to-treat analysis. European Journal of Cardio-thoracic Surgery, 2015, 48, 588-599.	0.6	108
47	Can extracapsular lymph node involvement be a tool to fine-tune pN1 for adenocarcinoma of the oesophagus and gastro-oesophageal junction in the Union Internationale contre le Cancer (UICC) TNM 7th edition?. European Journal of Cardio-thoracic Surgery, 2014, 45, 1001-1010.	0.6	14
48	Signet Ring Cells in Esophageal and Gastroesophageal Junction Carcinomas Have a More Aggressive Biological Behavior. Annals of Surgery, 2014, 260, 1023-1029.	2.1	48
49	Assessing the relationships between health-related quality of life and postoperative length of hospital stay after oesophagectomy for cancer of the oesophagus and the gastro-oesophageal junction. European Journal of Cardio-thoracic Surgery, 2013, 44, 525-533.	0.6	31
50	F-055SEMIMECHANICAL ANASTOMOSIS VERSUS HAND-SEWN ANASTOMOSIS AFTER OESOPHAGECTOMY WITH GASTRIC TUBULISATION AND CERVICAL ANASTOMOSIS. Interactive Cardiovascular and Thoracic Surgery, 2013, 17, S15-S15.	0.5	0
51	F-090SIGNET-RING CELLS IN OESOPHAGEAL AND GASTRO-OESOPHAGEAL JUNCTION CARCINOMAS HAVE A MORE AGGRESSIVE BIOLOGICAL BEHAVIOUR. Interactive Cardiovascular and Thoracic Surgery, 2013, 17, S24-S24.	0.5	1
52	F-106COMPARISON OF THE PREDICTIVE MORTALITY SCORES BY THORACOSCORE AND ESTS RISK-ADJUSTED CARDIOPULMONARY RISK MODEL IN PATIENTS UNDERGOING VIDEO-ASSISTED THORACOSCOPIC ANATOMICAL RESECTION FOR NON-SMALL CELL LUNG CANCER. Interactive Cardiovascular and Thoracic Surgery, 2013, 17, S28-S28.	0.5	0
53	Functional Correlations of Tympanic Membrane Perforation Size. Otology and Neurotology, 2012, 33, 379-386.	0.7	40
54	Recurrence pattern in patients with a pathologically complete response after neoadjuvant chemoradiotherapy and surgery for oesophageal cancer17. British Journal of Surgery, 2012, 100, 267-273.	0.1	87

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55	Minimally invasive oesophagectomy: a valuable alternative to open oesophagectomy for the treatment of early oesophageal and gastro-oesophageal junction carcinoma. European Journal of Cardio-thoracic Surgery, 2011, 40, 1455-63; discussion 1463-4.	0.6	54
56	Surgical Management of Submucosal Esophageal Cancer. Annals of Surgery, 2010, 252, 823-830.	2.1	35
57	Early metabolic response evaluation on PET-CT after a single cycle of chemotherapy in patients with cT3-4N0/+ oesophageal or GE-junction cancer subsequently treated by neoadjuvant chemoradiotherapy Journal of Clinical Oncology, 2010, 28, e14505-e14505.	0.8	1
58	Postoperative Complications After Transthoracic Esophagectomy for Cancer of the Esophagus and Gastroesophageal Junction Are Correlated With Early Cancer Recurrence. Annals of Surgery, 2009, 250, 798-807.	2.1	233
59	Survival after Trimodality Treatment for Superior Sulcus and Central T4 Non-small Cell Lung Cancer. Journal of Thoracic Oncology, 2009, 4, 62-68.	0.5	22
60	Morbidity and Mortality after Induction Chemotherapy Followed by Surgery in Illa-N2 non Small Cell Lung Cancer. Acta Chirurgica Belgica, 2009, 109, 333-339.	0.2	2
61	Multidisciplinary Treatment of Advanced Cancer of the Esophagus and Gastroesophageal Junction: A European Center's Approach. Surgical Oncology Clinics of North America, 2008, 17, 485-502.	0.6	16
62	Survival after resection of synchronous bilateral lung cancerâ~†. European Journal of Cardio-thoracic Surgery, 2008, 34, 1215-1222.	0.6	89
63	Outcome after esophagectomy for cancer of the esophagus and GEJ in patients aged over 75 yearsâ ⁻ †. European Journal of Cardio-thoracic Surgery, 2008, 33, 1096-1104.	0.6	76
64	Predicting Individual Survival After Potentially Curative Esophagectomy for Adenocarcinoma of the Esophagus or Gastroesophageal Junction. Annals of Surgery, 2008, 248, 1006-1013.	2.1	41
65	Expression of Carbonic Anhydrase IX (CA IX), a Hypoxia-Related Protein, Rather Than Vascular-Endothelial Growth Factor (VEGF), a Pro-Angiogenic Factor, Correlates With an Extremely Poor Prognosis in Esophageal and Gastric Adenocarcinomas. Annals of Surgery, 2006, 243, 334-340.	2.1	98
66	Diagnosis and therapy in advanced cancer of the esophagus and the gastroesophageal junction. Current Opinion in Gastroenterology, 2006, 22, 437-441.	1.0	13
67	Surgical techniques. Journal of Surgical Oncology, 2005, 92, 218-229.	0.8	46
68	Quality in the surgical treatment of cancer of the esophagus and gastroesophageal junction. European Journal of Surgical Oncology, 2005, 31, 587-594.	0.5	17
69	Extracapsular lymph node involvement in esophageal cancer and number of involved nodes. Journal of Thoracic and Cardiovascular Surgery, 2004, 127, 1855-1856.	0.4	5
70	Extended surgery for cancer of the esophagus and gastroesophageal junction. Journal of Surgical Research, 2004, 117, 58-63.	0.8	50
71	Three-Field Lymphadenectomy for Carcinoma of the Esophagus and Gastroesophageal Junction in 174 R0 Resections: Impact on Staging, Disease-Free Survival, and Outcome. Annals of Surgery, 2004, 240, 962-974.	2.1	346
72	Extracapsular lymph node involvement is a negative prognostic factor in T3 adenocarcinoma of the distal esophagus and gastroesophageal junction. Journal of Thoracic and Cardiovascular Surgery, 2003, 126, 1121-1127.	0.4	59

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73	Circumferential resection margin involvement ȕa postoperative predictor of survival in distal esophageal and cardia cancer. Gastroenterology, 2003, 124, A653.	0.6	0
74	Optimizing Treatment of Carcinoma of the Esophagus and Gastroesophageal Junction. Surgical Oncology Clinics of North America, 2001, 10, 863-884.	0.6	25
75	Optimizing treatment of carcinoma of the esophagus and gastroesophageal junction. Surgical Oncology Clinics of North America, 2001, 10, 863-84, x.	0.6	9