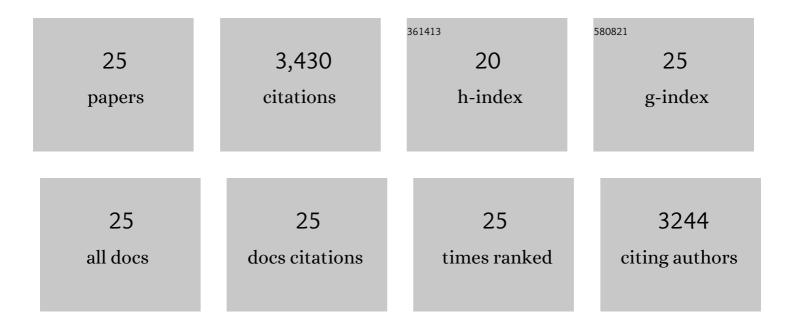
Stefan Kostense

List of Publications by Year in descending order

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STEEAN KOSTENSE

#	Article	IF	CITATIONS
1	A fit-for-purpose strategy for the risk-based immunogenicity testing of biotherapeutics: a European industry perspective. Journal of Immunological Methods, 2015, 417, 1-9.	1.4	28
2	Stability studies of binding and functional anti-vaccine antibodies. Bioanalysis, 2014, 6, 1385-1393.	1.5	20
3	Challenges of immunogenicity assays for vaccines. Bioanalysis, 2012, 4, 397-406.	1.5	10
4	A Peptide-Based <i>Plasmodium falciparum</i> Circumsporozoite Assay To Test for Serum Antibody Responses to Pre-Erythrocyte Malaria Vaccines. Vaccine Journal, 2011, 18, 776-782.	3.1	6
5	High responsiveness of HLA-B57-restricted Gag-specific CD8+ T cellsin vitro may contribute to the protective effect of HLA-B57 in HIV-infection. European Journal of Immunology, 2005, 35, 150-158.	2.9	28
6	Immunogenicity of Recombinant Adenovirus Serotype 35 Vaccine in the Presence of Pre-Existing Anti-Ad5 Immunity. Journal of Immunology, 2004, 172, 6290-6297.	0.8	357
7	Neutralizing Antibodies and CD8 + T Lymphocytes both Contribute to Immunity to Adenovirus Serotype 5 Vaccine Vectors. Journal of Virology, 2004, 78, 2666-2673.	3.4	158
8	Characterization of virus-specific CD8+ effector T cells in the course of HIV-1 infection: longitudinal analyses in slow and rapid progressors. Clinical Immunology, 2004, 113, 299-309.	3.2	24
9	An adenoviral type 5 vector carrying a type 35 fiber as a vaccine vehicle: DC targeting, cross neutralization, and immunogenicity. Vaccine, 2004, 22, 3035-3044.	3.8	69
10	Adenovirus types 5 and 35 seroprevalence in AIDS risk groups supports type 35 as a vaccine vector. Aids, 2004, 18, 1213-1216.	2.2	138
11	Quantifying Adenovirus-Neutralizing Antibodies by Luciferase Transgene Detection: Addressing Preexisting Immunity to Vaccine and Gene Therapy Vectors. Journal of Clinical Microbiology, 2003, 41, 5046-5052.	3.9	174
12	Replication-Deficient Human Adenovirus Type 35 Vectors for Gene Transfer and Vaccination: Efficient Human Cell Infection and Bypass of Preexisting Adenovirus Immunity. Journal of Virology, 2003, 77, 8263-8271.	3.4	436
13	Lack of Epstein-Barr virus- and HIV-specific CD27â^' CD8+ T cells is associated with progression to viral disease in HIV-infection. Aids, 2002, 16, 2001-2011.	2.2	57
14	Persistent numbers of tetramer+ CD8+ T cells, but loss of interferon-γ+ HIV-specific T cells during progression to AIDS. Blood, 2002, 99, 2505-2511.	1.4	167
15	Failing immune control as a result of impaired CD8+ T-cell maturation: CD27 might provide a clue. Trends in Immunology, 2002, 23, 586-591.	6.8	109
16	Functional restoration of human immunodeficiency virus and Epstein-Barr virus-specific CD8+ T cells during highly active antiretroviral therapy is associated with an increase in CD4+ T cells. European Journal of Immunology, 2002, 32, 1080-1089.	2.9	42
17	HIV-specific CD8+ T cell proliferation is coupled to perforin expression and is maintained in nonprogressors. Nature Immunology, 2002, 3, 1061-1068.	14.5	909
18	Functional restoration of human immunodeficiency virus and Epstein-Barr virus-specific CD8+ T cells during highly active antiretroviral therapy is associated with an increase in CD4+ T cells. European Journal of Immunology, 2002, 32, 1080-1089.	2.9	1

STEFAN KOSTENSE

#	Article	IF	CITATIONS
19	Dysfunctional Epstein-Barr virus (EBV)–specific CD8+T lymphocytes and increased EBV load in HIV-1 infected individuals progressing to AIDS-related non-Hodgkin lymphoma. Blood, 2001, 98, 146-155.	1.4	156
20	High viral burden in the presence of major HIV-specific CD8+ T cell expansions: evidence for impaired CTL effector function. European Journal of Immunology, 2001, 31, 677-686.	2.9	171
21	T cell expansions in lymph nodes and peripheral blood in HIV-1-infected individuals: effect of antiretroviral therapy. Aids, 2001, 15, 1097-1107.	2.2	21
22	Normalization of the CD4 T cell receptor repertoire after evolution of syncytium-inducing HIV-1 variants. Aids, 2000, 14, 330-331.	2.2	2
23	Evidence that human CD8+CD45RA+CD27– cells are induced by antigen and evolve through extensive rounds of division. International Immunology, 1999, 11, 1027-1033.	4.0	160
24	Longitudinal Phenotypic Analysis of Human Immunodeficiency Virus Type 1-Specific Cytotoxic T Lymphocytes: Correlation with Disease Progression. Journal of Virology, 1999, 73, 9153-9160.	3.4	142
25	Diversity of the T-cell receptor BV repertoire in HIV-1-infected patients reflects the biphasic CD4+ T-cell repopulation kinetics during highly active antiretroviral therapy. Aids, 1998, 12, F235-F240.	2.2	45