Rakesh Sindhi

List of Publications by Year in descending order

Source: https://exaly.com/author-pdf/1689315/publications.pdf

Version: 2024-02-01

76 papers 2,649 citations

236925 25 h-index 50 g-index

82 all docs 82 docs citations

times ranked

82

2057 citing authors

#	Article	IF	CITATIONS
1	Longâ€ŧerm outcomes of intestinal transplantation from donors aged under 1Âyear. Pediatric Transplantation, 2022, , e14257.	1.0	1
2	A network-based approach to identify expression modules underlying rejection in pediatric liver transplantation. Cell Reports Medicine, 2022, 3, 100605.	6.5	5
3	Operational tolerance in intestinal transplantation. American Journal of Transplantation, 2021, 21, 876-882.	4.7	7
4	CD154â€expressing CMVâ€specific T cells associate with freedom from DNAemia and may be protective in seronegative recipients after liver or intestine transplantation. Pediatric Transplantation, 2020, 24, e13601.	1.0	11
5	Liver transplant for inherited metabolic disease among siblings. Clinical Transplantation, 2020, 34, e14090.	1.6	2
6	Biliary-Atresia-Associated Mannosidase-1-Alpha-2 Gene Regulates Biliary and Ciliary Morphogenesis and Laterality. Frontiers in Physiology, 2020, 11, 538701.	2.8	13
7	Factors Associated With Neurobehavioral Complications in Pediatric Abdominal Organ Transplant Recipients Identified Using Computable Composite Definitions*. Pediatric Critical Care Medicine, 2020, 21, 804-810.	0.5	5
8	Induction regimens and postâ€transplantation lymphoproliferative disorder after pediatric intestinal transplantation: Singleâ€center experience. Pediatric Transplantation, 2020, 24, e13723.	1.0	8
9	Liver Transplantation for Pediatric Liver Cancer. Cancers, 2020, 12, 720.	3.7	22
10	Technique and outcome of domino liver transplantation from patients with maple syrup urine disease: Expanding the donor pool for live donor liver transplantation. Clinical Transplantation, 2019, 33, e13721.	1.6	21
11	Donor mucosal immunocytes perpetuate refractory GVHD after intestinal transplantation without engrafting in recipient bone marrow: Case report and review of the literature. Pediatric Transplantation, 2019, 23, e13350.	1.0	2
12	Evolving Trends in Liver Transplant for Metabolic Liver Disease in the United States. Liver Transplantation, 2019, 25, 911-921.	2.4	32
13	Pediatric Intestinal Transplantation. Gastroenterology Clinics of North America, 2018, 47, 355-368.	2.2	21
14	Improvements in intestine transplantation. Seminars in Pediatric Surgery, 2018, 27, 267-272.	1.1	15
15	Postâ€transplant lymphoproliferative disorder in pediatric intestinal transplant recipients: A literature review. Pediatric Transplantation, 2018, 22, e13211.	1.0	15
16	The Donor Operation: Recovery of Isolated Intestine or Intestine in Continuity with Other Organs. , 2018, , 589-609.		1
17	Pediatric Liver Transplantation with Technical Variant Allografts. , 2018, , 169-189.		O
18	Predicting Cellular Rejection With a Cell-Based Assay. Transplantation, 2017, 101, 131-140.	1.0	29

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19	Host conditioning and rejection monitoring in hepatocyte transplantation in humans. Journal of Hepatology, 2017, 66, 987-1000.	3.7	99
20	Synergistic immunosuppression and unintended consequences. Pediatric Transplantation, 2017, 21, e13047.	1.0	0
21	Pediatric intestinal transplantation. Seminars in Pediatric Surgery, 2017, 26, 241-249.	1.1	11
22	Achieving Ideal Outcome after Intestinal Transplantation. Transplantation, 2017, 101, S34.	1.0	1
23	Pediatric liver transplantation for hepatocellular cancer and rare liver malignancies: US multicenter and singleâ€center experience (1981â€2015). Liver Transplantation, 2017, 23, 1577-1588.	2.4	43
24	Liver transplantation for maple syrup urine disease: A global domino effect. Pediatric Transplantation, 2016, 20, 350-351.	1.0	10
25	Loss of EGFR-ASAP1 signaling in metastatic and unresectable hepatoblastoma. Scientific Reports, 2016, 6, 38347.	3.3	20
26	Profile of the Pleximmune blood test for transplant rejection risk prediction. Expert Review of Molecular Diagnostics, 2016, 16, 387-393.	3.1	14
27	Alloreactive CD154-expressing T-cell subsets with differential sensitivity to the immunosuppressant, belatacept: potential targets of novel belatacept-based regimens. Scientific Reports, 2015, 5, 15218.	3.3	2
28	Liver allograft fibrosis and minimization of immunosuppression. Pediatric Transplantation, 2015, 19, 667-668.	1.0	3
29	Genomeâ€wide association studies in biliary atresia. Wiley Interdisciplinary Reviews: Systems Biology and Medicine, 2015, 7, 267-273.	6.6	35
30	The Role of ARF6 in Biliary Atresia. PLoS ONE, 2015, 10, e0138381.	2.5	66
31	Longâ€term outcomes and predictors in pediatric liver retransplantation. Pediatric Transplantation, 2015, 19, 866-874.	1.0	36
32	Analysis of national and single-center incidence and survival after liver transplantation for hepatoblastoma: New trends and future opportunities. Surgery, 2013, 153, 150-159.	1.9	71
33	Allospecific CD154 $\hat{a} \in f$ + $\hat{a} \in f$ T $\hat{a} \in e$ ytotoxic memory cells as potential surrogate for rejection risk in pediatric intestine transplantation. Pediatric Transplantation, 2012, 16, 83-91.	1.0	25
34	Autoimmunity, alloimmunity, and chronic liver allograft injury. Pediatric Transplantation, 2012, 16, 402-403.	1.0	2
35	Intestinal Transplantation in Children. Paediatric Drugs, 2011, 13, 149-159.	3.1	13
36	Increased Expression of Peripheral Blood Leukocyte Genes Implicate CD14+ Tissue Macrophages in Cellular Intestine Allograft Rejection. American Journal of Pathology, 2011, 179, 1929-1938.	3.8	22

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37	Cellular alloresponses for rejection-risk assessment after pediatric transplantation. Current Opinion in Organ Transplantation, 2011, 16, 515-521.	1.6	3
38	Allospecific CD154+ T-Cytotoxic Memory Cells Identify Recipients Experiencing Acute Cellular Rejection After Renal Transplantation. Transplantation, 2011, 92, 433-438.	1.0	23
39	Elevated Myeloid: Plasmacytoid Dendritic Cell Ratio Associates With Early Acute Cellular Rejection in Pediatric Small Bowel Transplantation. Transplantation, 2010, 89, 55-60.	1.0	17
40	Proliferative Alloresponse of T Cytotoxic Cells Identifies Rejection-Prone Children With Small Bowel Transplantation. Transplantation, 2010, 89, 1371-1377.	1.0	11
41	Allospecific CD154+ B Cells Associate With Intestine Allograft Rejection in Children. Transplantation, 2010, 90, 1226-1231.	1.0	22
42	Immune monitoring in small bowel transplantation. Current Opinion in Organ Transplantation, 2010, 15, 349-356.	1.6	12
43	Pediatric small bowel transplantation. Seminars in Pediatric Surgery, 2010, 19, 68-77.	1.1	85
44	Allospecific CD154+ T cells identify rejection-prone recipients after pediatric small-bowel transplantation. Surgery, 2009, 146, 166-173.	1.9	39
45	Proliferative alloresponse of T-cytotoxic cells identifies rejection-prone children with steroid-free liver transplantation. Liver Transplantation, 2009, 15, 978-985.	2.4	7
46	Evolution of the immunosuppressive strategies for the intestinal and multivisceral recipients with special reference to allograft immunity and achievement of partial tolerance. Transplant International, 2009, 22, 96-109.	1.6	101
47	Lymphocyte subset reconstitution patterns in children with small bowel transplantation induced with steroidâ€free rabbit antiâ€human thymocyte globulin. Pediatric Transplantation, 2009, 13, 353-359.	1.0	8
48	Five Hundred Intestinal and Multivisceral Transplantations at a Single Center. Annals of Surgery, 2009, 250, 567-581.	4.2	343
49	Elevated Myeloid: Plasmacytoid Dendritic Cell Ratio Associates With Late, but Not Early, Liver Rejection in Children Induced With Rabbit Anti-Human Thymocyte Globulin. Transplantation, 2009, 88, 589-594.	1.0	19
50	Lymphoproliferative Disorders and De Novo Malignancies in Intestinal and Multivisceral Recipients: Improved Outcomes With New Outlooks. Transplantation, 2009, 88, 926-934.	1.0	93
51	Lymphocyte subset reconstitution in pediatric liver recipients induced with steroidâ€free rabbit antiâ€human thymocyte globulin. Pediatric Transplantation, 2008, 12, 804-808.	1.0	10
52	Genetic Variants in Major Histocompatibility Complex-Linked Genes Associate With Pediatric Liver Transplant Rejection. Gastroenterology, 2008, 135, 830-839.e10.	1.3	28
53	Functional Assessment of Immunosuppression. , 2008, , 589-598.		0
54	Persistent donor-specific alloreactivity may portend delayed liver rejection during drug minimization in children. Frontiers in Bioscience - Landmark, 2007, 12, 660.	3.0	14

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55	Sirolimus pharmacokinetic differences between children and adults. Pediatric Transplantation, 2006, 10, 872-874.	1.0	3
56	Individualizing combination of two antiproliferative immunosuppressants with pharmacodynamic modeling of stimulated lymphocyte responses. Cytometry Part A: the Journal of the International Society for Analytical Cytology, 2006, 69A, 95-103.	1.5	7
57	HSV infection and immunosuppression. Liver Transplantation, 2006, 12, 1906-1907.	2.4	1
58	Replacing calcineurin inhibitors with mTOR inhibitors in children. Pediatric Transplantation, 2005, 9, 391-397.	1.0	52
59	Enhanced Donor-Specific Alloreactivity Occurs Independently of Immunosuppression in Children with Early Liver Rejection. American Journal of Transplantation, 2005, 5, 96-102.	4.7	24
60	Intestinal Transplantation under Tacrolimus Monotherapy after Perioperative Lymphoid Depletion with Rabbit Anti-Thymocyte Globulin (ThymoglobulinR). American Journal of Transplantation, 2005, 5, 1430-1436.	4.7	112
61	Reduced immunosuppression in pediatric liver-intestine transplant recipients with CD8+CD28â [^] ' T-suppressor cells. Human Immunology, 2005, 66, 252-257.	2.4	35
62	Multiparametric effect: concentration analyses. Frontiers in Bioscience - Landmark, 2004, 9, 1218.	3.0	1
63	Pharmacokinetics of Sirolimus and Tacrolimus in Pediatric Transplant Patients. American Journal of Transplantation, 2004, 4, 767-773.	4.7	69
64	Graft Versus Host Disease in Intestinal Transplantation. American Journal of Transplantation, 2004, 4, 1459-1465.	4.7	137
65	Peripheral lymphocyte markers as surrogate measures of immunosuppression and post-transplant clinical states. Clinical and Applied Immunology Reviews, 2004, 4, 225-238.	0.4	3
66	Modeling individual variation in biomarker response to combination immunosuppression with stimulated lymphocyte responses—potential clinical implications. Journal of Immunological Methods, 2003, 272, 257-272.	1.4	19
67	Lymphocyte subsets may discern treatment effects in children and young adults with post-transplant lymphoproliferative disorder. Pediatric Transplantation, 2003, 7, 370-375.	1.0	8
68	Causes of mortality beyond 1 year after primary pediatric liver transplant under tacrolimus1. Transplantation, 2002, 74, 1721-1724.	1.0	48
69	Pharmacodynamics of sirolimus in transplanted children receiving tacrolimus. Transplantation Proceedings, 2002, 34, 1960.	0.6	18
70	Preliminary immunosuppression withdrawal strategies with sirolimus in children with liver transplants. Transplantation Proceedings, 2002, 34, 1972-1973.	0.6	27
71	Clinical Intestinal Transplantation: A Decade of Experience at a Single Center. Annals of Surgery, 2001, 234, 404-417.	4.2	334
72	Cytokines and Cell Surface Receptors as Target End Points of Immunosuppression with Cyclosporine A. Journal of Interferon and Cytokine Research, 2001, 21, 507-514.	1.2	16

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73	SIROLIMUS FOR RESCUE AND PRIMARY IMMUNOSUPPRESSION IN TRANSPLANTED CHILDREN RECEIVING TACROLIMUS1,2. Transplantation, 2001, 72, 851-855.	1.0	81
74	Long Term Management of Liver Transplant Rejection in Children. BioDrugs, 2000, 14, 31-48.	4.6	6
75	STIMULATED RESPONSE OF PERIPHERAL LYMPHOCYTES MAY DISTINGUISH CYCLOSPORINE EFFECT IN RENAL TRANSPLANT RECIPIENTS RECEIVING A CYCLOSPORINE+RAPAMYCIN REGIMEN1. Transplantation, 2000, 69, 432-436.	1.0	94
76	Post-Transplant Management. , 0, , 232-241.		0