Michael J Bourke

List of Publications by Year in descending order

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		38660	49773
224	8,795	50	87
papers	citations	h-index	g-index
231	231	231	4154
all docs	docs citations	times ranked	citing authors

#	Article	IF	CITATIONS
1	A Rectum-Specific Selective Resection Algorithm Optimizes Oncologic Outcomes for Large Nonpedunculated Rectal Polyps. Clinical Gastroenterology and Hepatology, 2023, 21, 72-80.e2.	2.4	8
2	Effect of pre-resection biopsy on detection of advanced dysplasia in large nonpedunculated colorectal polyps undergoing endoscopic mucosal resection. Endoscopy, 2023, 55, 267-273.	1.0	4
3	Prophylactic clipping to prevent delayed colonic post-polypectomy bleeding: meta-analysis of randomized and observational studies. Surgical Endoscopy and Other Interventional Techniques, 2022, 36, 1251-1262.	1.3	7
4	Histopathological effects of electrosurgical interventions in an in vivo porcine model of colonic endoscopic mucosal resection. Gut, 2022, 71, 864-870.	6.1	6
5	Factors Associated With Advanced Colorectal Neoplasia in Patients With CKD. American Journal of Kidney Diseases, 2022, 79, 549-560.	2.1	8
6	â€~Fish-eye' polypectomy defect: a new sign during endoscopic mucosal resection?. Gut, 2022, 71, 2413-2488.	6.1	0
7	Outcomes of Deep Mural Injury After Endoscopic Resection: An International Cohort of 3717 Large Non-Pedunculated Colorectal Polyps. Clinical Gastroenterology and Hepatology, 2022, 20, e139-e147.	2.4	13
8	Endoscopic Mucosal Resection of Colorectal Lesions. , 2022, , 329-353.		0
9	A Randomized Controlled Trial of Cold Snare Polypectomy Technique: Technique Matters More Than Snare Wire Diameter. American Journal of Gastroenterology, 2022, 117, 100-100.	0.2	26
10	Top tips for cold snare polypectomy (with video). Gastrointestinal Endoscopy, 2022, 95, 1226-1232.	0.5	4
11	Clinical outcome of non-curative endoscopic submucosal dissection for early colorectal cancer. Gut, 2022, 71, 1998-2004.	6.1	12
12	Comparison of the morphology and histopathology of large nonpedunculated colorectal polyps in the rectum and colon: implications for endoscopic treatment. Gastrointestinal Endoscopy, 2022, 96, 118-124.	0.5	5
13	Incremental benefit of dye-based chromoendoscopy to predict the risk of submucosal invasive cancer in large nonpedunculated colorectal polyps. Gastrointestinal Endoscopy, 2022, 95, 527-534.e2.	0.5	2
14	Connecting the dots to eliminate recurrence after endoscopic mucosal resection in the colon. Gastrointestinal Endoscopy, 2022, , .	0.5	0
15	Oncological outcomes after piecemeal endoscopic mucosal resection of large non-pedunculated colorectal polyps with covert submucosal invasive cancer. Gut, 2022, 71, 2481-2488.	6.1	5
16	Rio de Janeiro Global Consensus on Landmarks, Definitions, and Classifications in Barrett's Esophagus: World Endoscopy Organization Delphi Study. Gastroenterology, 2022, 163, 84-96.e2.	0.6	6
17	Endoscopic submucosal dissection for superficial gastrointestinal lesions: European Society of Gastrointestinal Endoscopy (ESGE) Guideline – Update 2022. Endoscopy, 2022, 54, 591-622.	1.0	188
18	Endoscopic papillectomy; a retrospective international multicenter cohort study with long-term follow-up. Surgical Endoscopy and Other Interventional Techniques, 2021, 35, 6259-6267.	1.3	9

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19	Piecemeal cold snare polypectomy versus conventional endoscopic mucosal resection for large sessile serrated lesions: a retrospective comparison across two successive periods. Gut, 2021, 70, 1691-1697.	6.1	81
20	Computerized image analysis of blood vessels within mucosal defects for the prediction of delayed bleeding following colonic endoscopic mucosal resection: a pilot study. Endoscopy, 2021, 53, 837-841.	1.0	3
21	Don't judge a book by its cover: except during optical evaluation. Gut, 2021, 70, 1252-1286.	6.1	0
22	Snare-tip soft coagulation is effective and efficient as a first-line modality for treating intraprocedural bleeding during Barrett's mucosectomy. Endoscopy, 2021, 53, 511-516.	1.0	2
23	The prevalence of small-bowel polyps on video capsule endoscopy in patients with sporadic duodenal or ampullary adenomas. Gastrointestinal Endoscopy, 2021, 93, 630-636.	0.5	7
24	Response. Gastrointestinal Endoscopy, 2021, 93, 281-282.	0.5	0
25	Pain and Pigmentation: A Puzzling Presentation. Gastroenterology, 2021, 160, 1034-1036.	0.6	0
26	Authors' response — Delineating a rectum-specific selective resection algorithm: the time is now!. Gut, 2021, 70, 1201-1202.	6.1	0
27	When Evaluating the Benefit of Prophylactic Clipping Following Polypectomy, Not All of the Answers Are Found in Randomized Trials. Gastroenterology, 2021, 160, 1428-1429.	0.6	2
28	COVID-19 and endoscopic management of superficial gastrointestinal neoplastic lesions: a multinational cross-sectional survey. Endoscopy, 2021, 53, 173-177.	1.0	7
29	Colonic Endoscopic Mucosal Resection. , 2021, , 119-139.		0
30	A prospective multicentre study of perâ€oral endoscopic myotomy (POEM) for achalasia in Australia. Medical Journal of Australia, 2021, 214, 173-178.	0.8	7
31	Preventing adverse events after endoscopic resection of duodenal polyps: Size and context matter!. Gastrointestinal Endoscopy, 2021, 93, 375-377.	0.5	0
32	Previously Attempted Large Nonpedunculated Colorectal Polyps Are Effectively Managed by Endoscopic Mucosal Resection. American Journal of Gastroenterology, 2021, 116, 958-966.	0.2	20
33	Simple optical evaluation criteria reliably identify the post-endoscopic mucosal resection scar for benign large non-pedunculated colorectal polyps without tattoo placement. Endoscopy, 2021, , .	1.0	2
34	Impact of technical innovations in EMR in the treatment of large nonpedunculated polyps involving the ileocecal valve (with video). Gastrointestinal Endoscopy, 2021, 94, 959-968.e2.	0.5	8
35	When and How To Use Endoscopic Tattooing in the Colon: An International Delphi Agreement. Clinical Gastroenterology and Hepatology, 2021, 19, 1038-1050.	2.4	9
36	Barrett's esophagus with low-grade dysplasia: high rate of upstaging at Barrett's esophagus referral units suggests progression rates may be overestimated. Gastrointestinal Endoscopy, 2021, 94, 902-908.	0.5	11

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37	Optical Evaluation for Predicting Cancer in Large Nonpedunculated Colorectal Polyps Is Accurate for Flat Lesions. Clinical Gastroenterology and Hepatology, 2021, 19, 2425-2434.e4.	2.4	19
38	How to Manage the Large Nonpedunculated Colorectal Polyp. Gastroenterology, 2021, 160, 2239-2243.e1.	0.6	5
39	Outcomes of thermal ablation of the defect margin after duodenal endoscopic mucosal resection (with videos). Gastrointestinal Endoscopy, 2021, 93, 1373-1380.	0.5	6
40	Fully Covered Self-Expanding Metal Stent vs Multiple Plastic Stents to Treat Benign Biliary Strictures Secondary to Chronic Pancreatitis: A Multicenter Randomized Trial. Gastroenterology, 2021, 161, 185-195.	0.6	35
41	Outcomes of Thermal Ablation of the Mucosal Defect Margin After Endoscopic Mucosal Resection: A Prospective, International, Multicenter Trial of 1000 Large Nonpedunculated Colorectal Polyps. Gastroenterology, 2021, 161, 163-170.e3.	0.6	66
42	Dataset for the reporting of carcinoma of the esophagus in resection specimens: recommendations from the International Collaboration on Cancer Reporting. Human Pathology, 2021, 114, 54-65.	1.1	3
43	A call to arms for further randomised controlled trials in polypectomy Gastroenterology, 2021, , .	0.6	Ο
44	Expert consensus on endoscopic papillectomy using a Delphi process. Gastrointestinal Endoscopy, 2021, 94, 760-773.e18.	0.5	20
45	Large prolapse-related lesions of the sigmoid colon. Endoscopy, 2021, 53, 652-657.	1.0	0
46	Advances in Endoscopic Resection in the Lower Gastrointestinal Tract. Gastroenterology and Hepatology, 2021, 17, 435-438.	0.2	0
47	The CKD bowel health study: understanding the bowel health and gastrointestinal symptom management in patients with chronic kidney disease: a mixed-methods observational longitudinal study (protocol). BMC Nephrology, 2021, 22, 388.	0.8	2
48	Measure twice, cut once: an unexpected finding within the postresection defect. Gastrointestinal Endoscopy, 2021, , .	0.5	0
49	llc or not llc: a question for meticulous optical evaluation. Gut, 2020, 69, 410-512.	6.1	1
50	Long-term outcomes after temporary placement of a self-expanding fully covered metal stent for benign biliary strictures secondary to chronic pancreatitis. Gastrointestinal Endoscopy, 2020, 91, 361-369.e3.	0.5	44
51	Can artificial intelligence accurately diagnose endoscopically curable gastrointestinal cancers?. Techniques and Innovations in Gastrointestinal Endoscopy, 2020, 22, 61-65.	0.4	4
52	ESD, not EMR, should be the first-line therapy for early gastric neoplasia. Gut, 2020, 69, 1711-1712.	6.1	9
53	Endoscopic mucosal resection is effective for laterally spreading lesions at the anorectal junction. Gut, 2020, 69, 673-680.	6.1	27
54	Acute Epigastric Pain after Gastric Endoscopic Submucosal Dissection. Gastroenterology, 2020, 158, e2-e3.	0.6	8

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55	Impact of en bloc resection on long-term outcomes after endoscopic mucosal resection: a matched cohort study. Gastrointestinal Endoscopy, 2020, 91, 1155-1163.e1.	0.5	18
56	Key performance indicators are needed for polypectomy. The Lancet Gastroenterology and Hepatology, 2020, 5, 6-8.	3.7	3
57	Efficacy and Safety of Endoscopic Resection of Sessile Serrated Polyps 10 mm or Larger: A Systematic Review and Meta-Analysis. Clinical Gastroenterology and Hepatology, 2020, 18, 2448-2455.e3.	2.4	25
58	Snare-based full-thickness endoscopic resection for deeply invasive colorectal neoplasia. Gastrointestinal Endoscopy, 2020, 92, 731-734.	0.5	2
59	Gross morphology predicts the presence and pattern of invasive cancer in laterally spreading tumors: Don't overlook the overview!. Gastrointestinal Endoscopy, 2020, 92, 1095-1097.	0.5	3
60	Response. Gastrointestinal Endoscopy, 2020, 92, 1277-1278.	0.5	0
61	Transmucosal diverticular myotomy for the treatment of oesophageal diverticula associated with spastic motility disorders. Gut, 2020, 69, 1552-1554.	6.1	2
62	Optical evaluation: the crux for effective management of colorectal neoplasia. Therapeutic Advances in Gastroenterology, 2020, 13, 175628482092274.	1.4	4
63	ls it time to consider prophylactic appendectomy in patients with serrated polyposis syndrome undergoing surveillance?. Gut, 2020, 70, gutjnl-2020-321445.	6.1	1
64	Recovery of endoscopy services in the era of COVID-19: recommendations from an international Delphi consensus. Gut, 2020, 69, 1915-1924.	6.1	34
65	Clinical pathways and outcomes of patients with Barrett's esophagus in tertiary care settings: a prospective longitudinal cohort study in Australia, 2008–2016. Ecological Management and Restoration, 2020, 34, .	0.2	Ο
66	Health-Related Quality of Life in People Across the Spectrum of CKD. Kidney International Reports, 2020, 5, 2264-2274.	0.4	25
67	Proposal for the return to routine endoscopy during the COVID-19 pandemic. Gastrointestinal Endoscopy, 2020, 92, 735-742.	0.5	38
68	Clinical implications of decision making in colorectal polypectomy: an international survey of Western endoscopists suggests priorities for change. Endoscopy International Open, 2020, 08, E445-E455.	0.9	12
69	Endoscopic submucosal dissection in the rectum with a novel tissue retraction device. Digestive Endoscopy, 2020, 32, e17-e18.	1.3	0
70	Endoscopic Mucosal Resection Is a Dynamic Technique: Ongoing Refinement Continues to Improve Outcomes. Clinical Gastroenterology and Hepatology, 2020, 18, 754-755.	2.4	0
71	Do not narrow your focus: systematic optical evaluation is required. Gastrointestinal Endoscopy, 2020, 91, 1403-1405.	0.5	Ο
72	Prophylactic Endoscopic Clipping Does Not Prevent Delayed Postpolypectomy Bleeding in Routine Clinical Practice: A Propensity Score–Matched Cohort Study. American Journal of Gastroenterology, 2020, 115, 774-782.	0.2	21

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73	Just relax: allowing the endoscopist and esophagus to "cool off―between radiofrequency ablation applications affects stricture formation. Gastrointestinal Endoscopy, 2020, 91, 455-457.	0.5	2
74	Risk factors for serious adverse events associated with multiband mucosectomy in Barrett's esophagus: an international multicenter analysis of 3827 endoscopic resectionÂprocedures. Gastrointestinal Endoscopy, 2020, 92, 259-268.e2.	0.5	8
75	Pathological assessment of endoscopic resections of the gastrointestinal tract: a comprehensive clinicopathologic review. Modern Pathology, 2020, 33, 986-1006.	2.9	31
76	A Pragmatic Approach to Complex Colon Polyps. , 2020, , 45-66.		0
77	Endoscopic Resection Techniques. , 2020, , 182-195.		Ο
78	Endoscopic Mucosal Resection of Colorectal Lesions. , 2020, , 1-26.		0
79	Duodenal and Papillary Adenomas. , 2019, , 374-381.e3.		Ο
80	Wide-field endoscopic mucosal resection versus endoscopic submucosal dissection for laterally spreading colorectal lesions: a cost-effectiveness analysis. Gut, 2019, 68, 1130-1130.	6.1	8
81	Endoscopic submucosal dissection for suspected early gastric cancer: absolute versus expanded criteria in a large Western cohort (with video). Gastrointestinal Endoscopy, 2019, 90, 467-479.e4.	0.5	28
82	Prevention is better than cure: the challenges of prophylactic therapy for post-EMR bleeding. Gastrointestinal Endoscopy, 2019, 90, 823-825.	0.5	2
83	How I remove polyps larger than 20Âmm. Gastrointestinal Endoscopy, 2019, 90, 877-880.	0.5	12
84	How I remove polyps larger than 20 mm. Endoscopy, 2019, 51, 1151-1154.	1.0	3
85	Mind the gap: submucosal diffusion of tattoo into the resectionÂdefect. Gastrointestinal Endoscopy, 2019, 90, 856-858.	0.5	Ο
86	Management of colorectal laterally spreading tumors: a systematic review and meta-analysis. Endoscopy International Open, 2019, 07, E239-E259.	0.9	40
87	Endoscopic full-thickness resection for invasive colorectal neoplasia: Hype or here to stay?. Gastrointestinal Endoscopy, 2019, 89, 1190-1192.	0.5	4
88	One-Time Fecal Immunochemical Screening for Advanced Colorectal Neoplasia in Patients with CKD (DETECT Study). Journal of the American Society of Nephrology: JASN, 2019, 30, 1061-1072.	3.0	19
89	Endoscopic Mucosal Resection and Endoscopic Submucosal Dissection Are Complementary in the Treatment of Colorectal Neoplasia. Clinical Gastroenterology and Hepatology, 2019, 17, 2625-2626.	2.4	4
90	Authors' Reply. Journal of the American Society of Nephrology: JASN, 2019, 30, 2276-2277.	3.0	2

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91	How to Perform Wide-Field Endoscopic Mucosal Resection and Follow-up Examinations. Gastrointestinal Endoscopy Clinics of North America, 2019, 29, 629-646.	0.6	25
92	Thermal Ablation of Mucosal Defect Margins Reduces Adenoma Recurrence After Colonic Endoscopic Mucosal Resection. Gastroenterology, 2019, 156, 604-613.e3.	0.6	188
93	Cannulation of the Major Papilla. , 2019, , 108-122.e1.		1
94	A systematic description of the post-EMR defect to identify risk factors for clinically significant post-EMR bleeding in the colon. Gastrointestinal Endoscopy, 2019, 89, 614-624.	0.5	13
95	Routine Prophylactic Endoscopic Clipping Is Not Efficacious in the Prevention of Delayed Post-Polypectomy Bleeding: A Systematic Review and Meta-Analysis of Randomized Controlled Trials. Journal of the Canadian Association of Gastroenterology, 2019, 2, 105-117.	0.1	15
96	Cold-forceps avulsion with adjuvant snare-tip soft coagulation (CAST) is an effective and safe strategy for the management of non-lifting large laterally spreading colonic lesions. Endoscopy, 2018, 50, 52-62.	1.0	32
97	EMR of large laterally spreading lesion of the duodenum involving the ampulla. VideoGIE, 2018, 3, 53-54.	0.3	Ο
98	The impact of wire caliber on ERCP outcomes: a multicenter randomized controlled trial of 0.025-inch and 0.035-inch guidewires. Gastrointestinal Endoscopy, 2018, 87, 1454-1460.	0.5	21
99	The size, morphology, site, and access score predicts critical outcomes of endoscopic mucosal resection in the colon. Endoscopy, 2018, 50, 684-692.	1.0	70
100	Symptomatic benign distal biliary stricture in the setting of anomalous pancreaticobiliary junction treated with metal biliary and temporary plastic pancreatic stents. Gastrointestinal Endoscopy, 2018, 87, 1586-1587.	0.5	2
101	EMR of laterally spreading lesions around or involving the appendiceal orifice: technique, risk factors for failure, and outcomes of a tertiary referral cohort (with video). Gastrointestinal Endoscopy, 2018, 87, 1279-1288.e2.	0.5	42
102	Endoscopic Submucosal Dissection: Indications and Application in Western Endoscopy Practice. Gastroenterology, 2018, 154, 1887-1900.e5.	0.6	83
103	Wide-field endoscopic mucosal resection versus endoscopic submucosal dissection for laterally spreading colorectal lesions: a cost-effectiveness analysis. Gut, 2018, 67, 1965-1973.	6.1	88
104	Endoscopic submucosal dissection in the West: Current status and future directions. Digestive Endoscopy, 2018, 30, 310-320.	1.3	57
105	Wide-field piecemeal cold snare polypectomy of large sessile serrated polyps without a submucosal injection is safe. Endoscopy, 2018, 50, 248-252.	1.0	73
106	A standardized imaging protocol for the endoscopic prediction of dysplasia within sessile serrated polyps (with video). Gastrointestinal Endoscopy, 2018, 87, 222-231.e2.	0.5	27
107	When Colonoscopy Fails… Refer, Repeat, and Succeed. GE Portuguese Journal of Gastroenterology, 2018, 25, 279-281.	0.3	1
108	Selection of EMR and ESD for Laterally Spreading Lesions of the Colon. Current Treatment Options in Gastroenterology, 2018, 16, 376-385.	0.3	7

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109	Advantages of CAST for non-lifting adenomas. Endoscopy, 2018, 50, 1037-1037.	1.0	0
110	Outcomes after endoscopic resection of large laterally spreading lesions of the papilla and conventional ampullary adenomas are equivalent. Endoscopy, 2018, 50, 972-983.	1.0	36
111	The clinical significance and synchronous polyp burden of large (≥ 20 mm) sessile serrated polyps in patients without serrated polyposis syndrome. Endoscopy, 2018, 50, 1080-1088.	1.0	1
112	Managing underperformance in endoscopy: a pragmatic approach. Gastrointestinal Endoscopy, 2018, 88, 737-744.e1.	0.5	18
113	Endoscopic mucosal resection for large serrated lesions in comparison with adenomas: a prospective multicentre study of 2000 lesions. Gut, 2017, 66, 644-653.	6.1	113
114	Changes in gene expression of neoâ€squamous mucosa after endoscopic treatment for dysplastic Barrett's esophagus and intramucosal adenocarcinoma. United European Gastroenterology Journal, 2017, 5, 13-20.	1.6	1
115	How to Perform High-Quality Endoscopic Mucosal Resection During Colonoscopy. Gastroenterology, 2017, 152, 466-471.	0.6	56
116	Colorectal polypectomy and endoscopic mucosal resection (EMR): European Society of Gastrointestinal Endoscopy (ESGE) Clinical Guideline. Endoscopy, 2017, 49, 270-297.	1.0	831
117	Optimizing Resection of Large Colorectal Polyps. Current Treatment Options in Gastroenterology, 2017, 15, 213-229.	0.3	16
118	Deep mural injury and perforation after colonic endoscopic mucosal resection: a new classification and analysis of risk factors. Gut, 2017, 66, 1779-1789.	6.1	145
119	Endoscopic management of large nonpedunculated colorectal polyps: selective treatment algorithms are needed. Endoscopy, 2017, 49, 214-216.	1.0	6
120	Management of colonic polyps: an advancing discipline. ANZ Journal of Surgery, 2017, 87, 327-330.	0.3	1
121	Adenoma recurrence after piecemeal colonic EMR is predictable: the Sydney EMR recurrence tool. Gastrointestinal Endoscopy, 2017, 85, 647-656.e6.	0.5	119
122	Management of duodenal polyps. Bailliere's Best Practice and Research in Clinical Gastroenterology, 2017, 31, 389-399.	1.0	26
123	Two-stage endoscopic mucosal resection is a safe and effective salvage therapy after a failed single-session approach. Endoscopy, 2017, 49, 888-898.	1.0	19
124	Endoscopic submucosal dissection and EMR for large colorectal polyps: "the perfect is the enemy of good― Gastrointestinal Endoscopy, 2017, 86, 87-89.	0.5	20
125	Endoscopic resection of large duodenal and papillary lateral spreading lesions is clinically and economically advantageous compared with surgery. Endoscopy, 2017, 49, 659-667.	1.0	25
126	The colonoscopist's guide to the vocabulary of colorectal neoplasia: histology, morphology, and management. Gastrointestinal Endoscopy, 2017, 86, 253-263.	0.5	29

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127	Endoscopic detection of large and advanced colonic lesions: Are we missing the forest for the trees?. Gastrointestinal Endoscopy, 2017, 85, 234-236.	0.5	2
128	Treatment of large duodenal duplication cyst using endoscopic submucosal dissection knife. VideoGIE, 2017, 2, 223-224.	0.3	4
129	Training and competency in endoscopic mucosal resection. Techniques in Gastrointestinal Endoscopy, 2017, 19, 125-136.	0.3	3
130	A standardized imaging protocol is accurate in detecting recurrence after EMR. Gastrointestinal Endoscopy, 2017, 85, 518-526.	0.5	75
131	Risk Stratification for Covert Invasive Cancer Among PatientsÂReferred for Colonic Endoscopic Mucosal Resection: AÂLarge Multicenter Cohort. Gastroenterology, 2017, 153, 732-742.e1.	0.6	169
132	Sessile Serrated Adenomas: How to Detect, Characterize and Resect. Gut and Liver, 2017, 11, 747-760.	1.4	19
133	Mucosal colonic defect post EMR or ESD: to close or not?. Endoscopy International Open, 2016, 04, E1073-E1074.	0.9	6
134	Expert opinions and scientific evidence for colonoscopy key performance indicators. Gut, 2016, 65, 2045-2060.	6.1	71
135	Endoscopic resection of subtotal or completely circumferential laterally spreading colonic adenomas: technique, caveats, and outcomes. Endoscopy, 2016, 48, 465-471.	1.0	25
136	394 Endoscopic Mucosal Resection of Laterally Spreading Lesions Around or Involving the Appendiceal Orifice (PA LSLs): Technique, Risk Factors for Failure and Outcomes of a Tertiary Referral Cohort. Gastrointestinal Endoscopy, 2016, 83, AB144.	0.5	4
137	Traditional Serrated Adenomas: Not All Serrations Are the Same. American Journal of Gastroenterology, 2016, 111, 745-746.	0.2	Ο
138	Extended endoscopic mucosal resection does not reduce recurrence compared with standard endoscopic mucosal resectionÂof large laterally spreadingÂcolorectal lesions. Gastrointestinal Endoscopy, 2016, 84, 997-1006.e1.	0.5	33
139	A new clinical sign or just fancy apparel? Determining the significance of a skirt. Endoscopy, 2016, 48, 419-420.	1.0	Ο
140	Prophylactic clipping for the prevention of bleeding following wide-field endoscopic mucosal resection of laterally spreading colorectal lesions: an economic modeling study. Endoscopy, 2016, 48, 754-761.	1.0	32
141	Integrated Genetic, Epigenetic, and Transcriptional Profiling Identifies Molecular Pathways in the Development of Laterally Spreading Tumors. Molecular Cancer Research, 2016, 14, 1217-1228.	1.5	20
142	Complications of endoscopic polypectomy, endoscopic mucosal resection and endoscopic submucosal dissection in the colon. Bailliere's Best Practice and Research in Clinical Gastroenterology, 2016, 30, 749-767.	1.0	63
143	EMR should be the first-line treatment for large laterally spreading colorectal lesions. Gastrointestinal Endoscopy, 2016, 84, 326-328.	0.5	27
144	Endoscopic resection of colorectal lesions: The narrowing divide between East and West. Digestive Endoscopy, 2016, 28, 296-305.	1.3	38

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145	Validated computed cleansing score for video capsule endoscopy. Digestive Endoscopy, 2016, 28, 564-569.	1.3	14
146	Prediction of Clinically Significant Bleeding Following Wide-Field Endoscopic Resection of Large Sessile and Laterally Spreading Colorectal Lesions: A Clinical Risk Score. American Journal of Gastroenterology, 2016, 111, 1115-1122.	0.2	78
147	Response:. Gastrointestinal Endoscopy, 2016, 83, 273.	0.5	0
148	812b A Multi-Center Randomized Control Trial of ThermalAablation of the Margin of the Post Endoscopic Mucosal Resection (EMR) Mucosal Defect in the Prevention of Adenoma Recurrence Following EMR: Preliminary Results from the "SCAR―Study. Gastroenterology, 2016, 150, S1266-S1267.	0.6	18
149	Endoscopic mucosal resection of large and giant lateral spreading lesions of the duodenum: success, adverse events, and long-term outcomes. Gastrointestinal Endoscopy, 2016, 84, 688-696.	0.5	71
150	Endoscopic resection of advanced and laterally spreading duodenal papillary tumors. Digestive Endoscopy, 2016, 28, 121-130.	1.3	34
151	Comparison of the histopathological effects of two electrosurgical currents in an in vivo porcine model of esophageal endoscopic mucosal resection. Endoscopy, 2016, 48, 117-122.	1.0	7
152	Expanding the Boundaries of Endoscopic Resection: Circumferential Laterally Spreading Lesions of the Duodenum. Gastroenterology, 2016, 150, 560-563.	0.6	8
153	Cost Analysis of Endoscopic Mucosal Resection vs Surgery forÂLarge Laterally Spreading Colorectal Lesions. Clinical Gastroenterology and Hepatology, 2016, 14, 271-278.e2.	2.4	171
154	The influence of clips on scars after EMR: clip artifact. Gastrointestinal Endoscopy, 2016, 83, 608-616.	0.5	34
155	Clinical and endoscopic predictors of cytological dysplasia or cancer in a prospective multicentre study of large sessile serrated adenomas/polyps. Gut, 2016, 65, 437-446.	6.1	74
156	Long-term outcomes of a primary complete endoscopic resection strategy for short-segment Barrett's esophagus with high-grade dysplasia and/or early esophageal adenocarcinoma. Gastrointestinal Endoscopy, 2016, 83, 68-77.	0.5	26
157	Expanding the field of cold snare polypectomy. Endoscopy International Open, 2015, 03, E514-E515.	0.9	0
158	Characterization and significance of protrusions in the mucosal defect after cold snare polypectomy. Gastrointestinal Endoscopy, 2015, 82, 523-528.	0.5	64
159	Efficacy of viscous budesonide slurry for prevention of esophageal stricture formation after complete endoscopic mucosal resection of short-segment Barrett's neoplasia. Endoscopy, 2015, 48, 71-74.	1.0	26
160	Advanced Polypectomy and Resection Techniques. Gastrointestinal Endoscopy Clinics of North America, 2015, 25, 303-333.	0.6	63
161	Early Precut Sphincterotomy Does Not Increase Risk During Endoscopic Retrograde Cholangiopancreatography in Patients With Difficult Biliary Access: A Meta-analysis of Randomized Controlled Trials. Clinical Gastroenterology and Hepatology, 2015, 13, 1722-1729.e2.	2.4	80
162	Prophylactic Endoscopic Coagulation to Prevent Bleeding After Wide-Field Endoscopic Mucosal Resection of Large Sessile Colon Polyps. Clinical Gastroenterology and Hepatology, 2015, 13, 724-730.e2.	2.4	74

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163	Colonic polypectomy (with videos). Gastrointestinal Endoscopy, 2015, 81, 813-835.	0.5	51
164	Early metal stent insertion fails to prevent stricturing after single-stage complete Barrett's excision for high-grade dysplasia and early cancer. Gastrointestinal Endoscopy, 2015, 81, 857-864.	0.5	24
165	Endoscopic mucosal resection of laterally spreading lesions involving the ileocecal valve: technique, risk factors for failure, and outcomes. Endoscopy, 2015, 47, 710-718.	1.0	55
166	Long-term adenoma recurrence following wide-field endoscopic mucosal resection (WF-EMR) for advanced colonic mucosal neoplasia is infrequent: results and risk factors in 1000 cases from the Australian Colonic EMR (ACE) study. Gut, 2015, 64, 57-65.	6.1	446
167	Colon Widefield Endoscopic Mucosal Resection. , 2015, , 191-220.		Ο
168	Advanced endoscopic resection in the colon: recent innovations, current limitations and future directions. Expert Review of Gastroenterology and Hepatology, 2014, 8, 161-177.	1.4	14
169	Epigenetic inactivation of the candidate tumor suppressor <i>USP44</i> is a frequent and early event in colorectal neoplasia. Epigenetics, 2014, 9, 1092-1100.	1.3	42
170	Extensive intramural hematoma of the esophagus following endoscopic mucosal resection. Endoscopy, 2014, 46, E9-E10.	1.0	0
171	Colorectal endoscopic submucosal dissection: when and by whom?. Endoscopy, 2014, 46, 677-679.	1.0	23
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