# Frederic Castinetti

## List of Publications by Citations



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|---|---|---|---|
| 167 papers | 4,523 citations | 38 h-index | 61 g-index |
| 200 ext. papers | 5,657 ext. citations | 4.6 avg, IF | 5.51 L-index |

| # | Paper | IF | Citations |
|---|---|---|---|
| 167 | Ketoconazole in Cushing's disease: is it worth a try?. *Journal of Clinical Endocrinology and Metabolism*, **2014**, 99, 1623-30 | 5.6 | 188 |
| 166 | Outcome of gamma knife radiosurgery in 82 patients with acromegaly: correlation with initial hypersecretion. *Journal of Clinical Endocrinology and Metabolism*, **2005**, 90, 4483-8 | 5.6 | 188 |
| 165 | Long-term follow-up of ipilimumab-induced hypophysitis, a common adverse event of the anti-CTLA-4 antibody in melanoma. *European Journal of Endocrinology*, **2015**, 172, 195-204 | 6.5 | 171 |
| 164 | Gamma knife radiosurgery is a successful adjunctive treatment in Cushing's disease. *European Journal of Endocrinology*, **2007**, 156, 91-8 | 6.5 | 145 |
| 163 | Long-term results of stereotactic radiosurgery in secretory pituitary adenomas. *Journal of Clinical Endocrinology and Metabolism*, **2009**, 94, 3400-7 | 5.6 | 137 |
| 162 | Ketoconazole revisited: a preoperative or postoperative treatment in Cushing's disease. *European Journal of Endocrinology*, **2008**, 158, 91-9 | 6.5 | 127 |
| 161 | Molecular mechanisms of pituitary organogenesis: In search of novel regulatory genes. *Molecular and Cellular Endocrinology*, **2010**, 323, 4-19 | 4.4 | 122 |
| 160 | Treatment of aggressive pituitary tumours and carcinomas: results of a European Society of Endocrinology (ESE) survey 2016. *European Journal of Endocrinology*, **2018**, 178, 265-276 | 6.5 | 118 |
| 159 | Merits and pitfalls of mifepristone in Cushing's syndrome. *European Journal of Endocrinology*, **2009**, 160, 1003-10 | 6.5 | 113 |
| 158 | Outcomes of adrenal-sparing surgery or total adrenalectomy in phaeochromocytoma associated with multiple endocrine neoplasia type 2: an international retrospective population-based study. *Lancet Oncology, The*, **2014**, 15, 648-55 | 21.7 | 110 |
| 157 | Pituitary carcinomas and aggressive pituitary tumours: merits and pitfalls of temozolomide treatment. *Clinical Endocrinology*, **2012**, 76, 769-75 | 3.4 | 109 |
| 156 | Long-term prognosis of patients with pediatric pheochromocytoma. *Endocrine-Related Cancer*, **2014** , 21, 17-25 | 5.7 | 95 |
| 155 | Management of clinically non-functioning pituitary adenoma. *Annales D'Endocrinologie*, **2015**, 76, 239-47 | 1.7 | 94 |
| 154 | Role of stereotactic radiosurgery in the management of pituitary adenomas. *Nature Reviews Endocrinology*, **2010**, 6, 214-23 | 15.2 | 82 |
| 153 | Prospective comparison of (68)Ga-DOTATATE and (18)F-FDOPA PET/CT in patients with various pheochromocytomas and paragangliomas with emphasis on sporadic cases. *European Journal of Nuclear Medicine and Molecular Imaging*, **2016**, 43, 1248-57 | 8.8 | 80 |
| 152 | Temozolomide treatment can improve overall survival in aggressive pituitary tumors and pituitary carcinomas. *European Journal of Endocrinology*, **2017**, 176, 769-777 | 6.5 | 79 |
| 151 | Complications Related to the Endoscopic Endonasal Transsphenoidal Approach for Nonfunctioning Pituitary Macroadenomas in 300 Consecutive Patients. *World Neurosurgery*, **2016**, 89, 442-53 | 2.1 | 79 |

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| 150 | Pituitary stem cell update and potential implications for treating hypopituitarism. *Endocrine Reviews*, **2011**, 32, 453-71 | 27.2 | 76 |
| 149 | 15 YEARS OF PARAGANGLIOMA: Imaging and imaging-based treatment of pheochromocytoma and paraganglioma. *Endocrine-Related Cancer*, **2015**, 22, T135-45 | 5.7 | 65 |
| 148 | A novel dysfunctional LHX4 mutation with high phenotypical variability in patients with hypopituitarism. *Journal of Clinical Endocrinology and Metabolism*, **2008**, 93, 2790-9 | 5.6 | 65 |
| 147 | Genetics, diagnosis, management and future directions of research of phaeochromocytoma and paraganglioma: a position statement and consensus of the Working Group on Endocrine Hypertension of the European Society of Hypertension. *Journal of Hypertension*, **2020**, 38, 1443-1456 | 1.9 | 62 |
| 146 | Pituitary stalk interruption syndrome in 83 patients: novel HESX1 mutation and severe hormonal prognosis in malformative forms. *European Journal of Endocrinology*, **2011**, 164, 457-65 | 6.5 | 62 |
| 145 | Desmopressin test during petrosal sinus sampling: a valuable tool to discriminate pituitary or ectopic ACTH-dependent Cushing's syndrome. *European Journal of Endocrinology*, **2007**, 157, 271-7 | 6.5 | 61 |
| 144 | French Endocrine Society Guidance on endocrine side effects of immunotherapy. *Endocrine-Related Cancer*, **2019**, 26, G1-G18 | 5.7 | 56 |
| 143 | Natural history, treatment, and long-term follow up of patients with multiple endocrine neoplasia type 2B: an international, multicentre, retrospective study. *Lancet Diabetes and Endocrinology,the*, **2019**, 7, 213-220 | 18.1 | 52 |
| 142 | Cabergoline for Cushing's disease: a large retrospective multicenter study. *European Journal of Endocrinology*, **2017**, 176, 305-314 | 6.5 | 51 |
| 141 | Updates on the role of adrenal steroidogenesis inhibitors in Cushing's syndrome: a focus on novel therapies. *Pituitary*, **2016**, 19, 643-653 | 4.3 | 50 |
| 140 | Consensus on diagnosis and management of Cushing's disease: a guideline update. *Lancet Diabetes and Endocrinology,the*, **2021**, 9, 847-875 | 18.1 | 48 |
| 139 | T2-weighted MRI signal predicts hormone and tumor responses to somatostatin analogs in acromegaly. *Endocrine-Related Cancer*, **2016**, 23, 871-881 | 5.7 | 47 |
| 138 | MANAGEMENT OF ENDOCRINE DISEASE: Management of Cushing's syndrome during pregnancy: solved and unsolved questions. *European Journal of Endocrinology*, **2018**, 178, R259-R266 | 6.5 | 46 |
| 137 | 18F-FDOPA PET/CT imaging of insulinoma revisited. *European Journal of Nuclear Medicine and Molecular Imaging*, **2015**, 42, 409-18 | 8.8 | 46 |
| 136 | Radiotherapy and radiosurgery in acromegaly. *Pituitary*, **2009**, 12, 3-10 | 4.3 | 45 |
| 135 | Medical treatment of Cushing's syndrome: glucocorticoid receptor antagonists and mifepristone. *Neuroendocrinology*, **2010**, 92 Suppl 1, 125-30 | 5.6 | 44 |
| 134 | MANAGEMENT OF ENDOCRINE DISEASE: Outcome of adrenal sparing surgery in heritable pheochromocytoma. *European Journal of Endocrinology*, **2016**, 174, R9-18 | 6.5 | 42 |
| 133 | MANAGEMENT OF ENDOCRINE DISEASE: Immune check point inhibitors-induced hypophysitis. *European Journal of Endocrinology*, **2019**, 181, R107-R118 | 6.5 | 42 |

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| 132 | Pharmacokinetic evidence for suboptimal treatment of adrenal insufficiency with currently available hydrocortisone tablets. *Clinical Pharmacokinetics*, **2010**, 49, 455-63 | 6.2 | 41 |
| 131 | MECHANISMS IN ENDOCRINOLOGY: An update in the genetic aetiologies of combined pituitary hormone deficiency. *European Journal of Endocrinology*, **2016**, 174, R239-47 | 6.5 | 41 |
| 130 | A comprehensive review on MEN2B. *Endocrine-Related Cancer*, **2018**, 25, T29-T39 | 5.7 | 40 |
| 129 | Cushing's disease. *Orphanet Journal of Rare Diseases*, **2012**, 7, 41 | 4.2 | 37 |
| 128 | Comparison of Pheochromocytoma-Specific Morbidity and Mortality Among Adults With Bilateral Pheochromocytomas Undergoing Total Adrenalectomy vs Cortical-Sparing Adrenalectomy. *JAMA Network Open*, **2019**, 2, e198898 | 10.4 | 36 |
| 127 | A combined dexamethasone desmopressin test as an early marker of postsurgical recurrence in Cushing's disease. *Journal of Clinical Endocrinology and Metabolism*, **2009**, 94, 1897-903 | 5.6 | 36 |
| 126 | 65 YEARS OF THE DOUBLE HELIX: Genetics informs precision practice in the diagnosis and management of pheochromocytoma. *Endocrine-Related Cancer*, **2018**, 25, T201-T219 | 5.7 | 36 |
| 125 | Persistent and recurrent hyperparathyroidism. *Updates in Surgery*, **2017**, 69, 161-169 | 2.9 | 35 |
| 124 | Preoperative imaging for focused parathyroidectomy: making a good strategy even better. *European Journal of Endocrinology*, **2015**, 172, 519-26 | 6.5 | 35 |
| 123 | Bilateral adrenalectomy in the 21st century: when to use it for hypercortisolism?. *Endocrine-Related Cancer*, **2016**, 23, R131-42 | 5.7 | 35 |
| 122 | The use of the glucocorticoid receptor antagonist mifepristone in Cushing's syndrome. *Current Opinion in Endocrinology, Diabetes and Obesity*, **2012**, 19, 295-9 | 4 | 34 |
| 121 | Outcome of multimodal therapy in operated acromegalic patients, a study in 115 patients. *Clinical Endocrinology*, **2013**, 78, 263-70 | 3.4 | 31 |
| 120 | Combined pituitary hormone deficiency: current and future status. *Journal of Endocrinological Investigation*, **2015**, 38, 1-12 | 5.2 | 30 |
| 119 | Hepatic safety of ketoconazole in Cushing's syndrome: results of a Compassionate Use Programme in France. *European Journal of Endocrinology*, **2018**, 178, 447-458 | 6.5 | 30 |
| 118 | The risks of overlooking the diagnosis of secreting pituitary adenomas. *Orphanet Journal of Rare Diseases*, **2016**, 11, 135 | 4.2 | 30 |
| 117 | Three Novel Heterozygous Point Mutations of NR3C1 Causing Glucocorticoid Resistance. *Human Mutation*, **2016**, 37, 794-803 | 4.7 | 28 |
| 116 | Risk Profile of the RET A883F Germline Mutation: An International Collaborative Study. *Journal of Clinical Endocrinology and Metabolism*, **2017**, 102, 2069-2074 | 5.6 | 27 |
| 115 | Delayed diagnosis of Sheehan's syndrome in a developed country: a retrospective cohort study. *European Journal of Endocrinology*, **2013**, 169, 431-8 | 6.5 | 26 |

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| 114 | Non-functioning pituitary adenoma: when and how to operate? What pathologic criteria for typing?. *Annales D'Endocrinologie*, **2015**, 76, 220-7 | 1.7 | 23 |
| 113 | Bilateral neck exploration in patients with primary hyperparathyroidism and discordant imaging results: a single-centre study. *European Journal of Endocrinology*, **2014**, 170, 719-25 | 6.5 | 23 |
| 112 | Significant prevalence of mutations in incidentally discovered bilateral adrenal hyperplasia: results of the French MUTA-GR Study. *European Journal of Endocrinology*, **2018**, 178, 411-423 | 6.5 | 22 |
| 111 | A registry-based study of thyroid paraganglioma: histological and genetic characteristics. *Endocrine-Related Cancer*, **2015**, 22, 191-204 | 5.7 | 21 |
| 110 | Diagnosis and preoperative imaging of multiple endocrine neoplasia type 2: current status and future directions. *Clinical Endocrinology*, **2014**, 81, 317-28 | 3.4 | 21 |
| 109 | Long-term control of a MEN1 prolactin secreting pituitary carcinoma after temozolomide treatment. *Annales D'Endocrinologie*, **2012**, 73, 225-9 | 1.7 | 21 |
| 108 | PITX2 AND PITX1 regulate thyrotroph function and response to hypothyroidism. *Molecular Endocrinology*, **2011**, 25, 1950-60 | | 21 |
| 107 | Corepressors TLE1 and TLE3 interact with HESX1 and PROP1. *Molecular Endocrinology*, **2010**, 24, 754-65 | | 21 |
| 106 | Quantitative F-DOPA PET/CT in pheochromocytoma: the relationship between tumor secretion and its biochemical phenotype. *European Journal of Nuclear Medicine and Molecular Imaging*, **2018**, 45, 278-282 | 8.8 | 20 |
| 105 | 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 | 6.5 | 19 |
| 104 | DIAGNOSIS OF ENDOCRINE DISEASE: Pituitary stalk interruption syndrome: etiology and clinical manifestations. *European Journal of Endocrinology*, **2019**, 181, R199-R209 | 6.5 | 19 |
| 103 | SFE/SFEDP adrenal insufficiency French consensus: Introduction and handbook. *Annales D'Endocrinologie*, **2018**, 79, 1-22 | 1.7 | 18 |
| 102 | 18F-FDOPA PET/CT Imaging of MAX-Related Pheochromocytoma. *Journal of Clinical Endocrinology and Metabolism*, **2018**, 103, 1574-1582 | 5.6 | 17 |
| 101 | GPR101 Mutations are not a Frequent Cause of Congenital Isolated Growth Hormone Deficiency. *Hormone and Metabolic Research*, **2016**, 48, 389-93 | 3.1 | 17 |
| 100 | Copy number variations alter methylation and parallel IGF2 overexpression in adrenal tumors. *Endocrine-Related Cancer*, **2015**, 22, 953-67 | 5.7 | 16 |
| 99 | Pathological and Genetic Characterization of Bilateral Adrenomedullary Hyperplasia in a Patient with Germline MAX Mutation. *Endocrine Pathology*, **2017**, 28, 302-307 | 4.2 | 16 |
| 98 | A conservative management is preferable in milder forms of pituitary tumor apoplexy. *Journal of Endocrinological Investigation*, **2011**, 34, 502-9 | 5.2 | 16 |
| 97 | Looking beyond the thyroid: advances in the understanding of pheochromocytoma and hyperparathyroidism phenotypes in MEN2 and of non-MEN2 familial forms. *Endocrine-Related Cancer*, **2018**, 25, T15-T28 | 5.7 | 15 |

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| 96 | The penetrance of MEN2 pheochromocytoma is not only determined by mutations. *Endocrine-Related Cancer*, **2017**, 24, L63-L67 | 5.7 | 15 |
| 95 | Genetic causes of combined pituitary hormone deficiencies in humans. *Annales D'Endocrinologie*, **2012**, 73, 53-5 | 1.7 | 15 |
| 94 | Aggressive pituitary tumours and pituitary carcinomas. *Nature Reviews Endocrinology*, **2021**, 17, 671-684 | 15.2 | 15 |
| 93 | Medical management of Cushing's disease: When and how?. *Journal of Neuroendocrinology*, **2022**, e13126 | 3.8 | 15 |
| 92 | Postoperative follow-up of Cushing's disease using cortisol, desmopressin and coupled dexamethasone-desmopressin tests: a head-to-head comparison. *Clinical Endocrinology*, **2015**, 83, 216-22 | 3.4 | 14 |
| 91 | Which patients with acromegaly are treated with pegvisomant? An overview of methodology and baseline data in ACROSTUDY. *European Journal of Endocrinology*, **2009**, 161 Suppl 1, S11-7 | 6.5 | 14 |
| 90 | Lanreotide for the treatment of acromegaly. *Advances in Therapy*, **2009**, 26, 600-12 | 4.1 | 14 |
| 89 | Identifying the Deleterious Effect of Rare LHX4 Allelic Variants, a Challenging Issue. *PLoS ONE*, **2015**, 10, e0126648 | 3.7 | 14 |
| 88 | Active cushing syndrome patients have increased ectopic fat deposition and bone marrow fat content compared to cured patients and healthy subjects: a pilot 1H-MRS study. *European Journal of Endocrinology*, **2018**, 179, 307-317 | 6.5 | 13 |
| 87 | ISL1 Is Necessary for Maximal Thyrotrope Response to Hypothyroidism. *Molecular Endocrinology*, **2015**, 29, 1510-21 | | 12 |
| 86 | Patients lost to follow-up in acromegaly: results of the ACROSPECT study. *European Journal of Endocrinology*, **2014**, 170, 791-7 | 6.5 | 12 |
| 85 | Adrenal myelolipoma: an unusual cause of bilateral highly 18F-FDG-avid adrenal masses. *Journal of Clinical Endocrinology and Metabolism*, **2012**, 97, 2577-8 | 5.6 | 12 |
| 84 | Does first-line surgery still have its place in the treatment of acromegaly?. *Annales D'Endocrinologie*, **2009**, 70, 107-12 | 1.7 | 12 |
| 83 | Early F-FDOPA PET/CT imaging after carbidopa premedication as a valuable diagnostic option in patients with insulinoma. *European Journal of Nuclear Medicine and Molecular Imaging*, **2019**, 46, 686-695 | 8.8 | 12 |
| 82 | Pre-surgical medical treatment, a major prognostic factor for long-term remission in acromegaly. *Pituitary*, **2018**, 21, 615-623 | 4.3 | 12 |
| 81 | Gamma Knife radiosurgery for hypothalamic hamartoma preserves endocrine functions. *Epilepsia*, **2017**, 58 Suppl 2, 72-76 | 6.4 | 11 |
| 80 | Radiotherapy as a tool for the treatment of Cushing's disease. *European Journal of Endocrinology*, **2019**, 180, D9-D18 | 6.5 | 11 |
| 79 | Approach to the Patient Treated with Steroidogenesis Inhibitors. *Journal of Clinical Endocrinology and Metabolism*, **2021**, 106, 2114-2123 | 5.6 | 11 |

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| 78 | Endocrine side-effects of new anticancer therapies: Overall monitoring and conclusions. *Annales D'Endocrinologie*, **2018**, 79, 591-595 | 1.7 | 10 |
| 77 | Acromegaly in Carney complex. *Pituitary*, **2019**, 22, 456-466 | 4.3 | 10 |
| 76 | Increased Risk of Persistent Glucose Disorders After Control of Acromegaly. *Journal of the Endocrine Society*, **2017**, 1, 1531-1539 | 0.4 | 10 |
| 75 | Heterozygous LHX3 mutations may lead to a mild phenotype of combined pituitary hormone deficiency. *European Journal of Human Genetics*, **2019**, 27, 216-225 | 5.3 | 10 |
| 74 | Positron Emission Tomography Imaging in Medullary Thyroid Carcinoma: Time for Reappraisal?. *Thyroid*, **2021**, 31, 151-155 | 6.2 | 10 |
| 73 | Contemporary review of large adrenal tumors in a tertiary referral center. *Anticancer Research*, **2014**, 34, 2581-8 | 2.3 | 10 |
| 72 | MEN2-related pheochromocytoma: current state of knowledge, specific characteristics in MEN2B, and perspectives. *Endocrine*, **2020**, 69, 496-503 | 4 | 9 |
| 71 | Value of I/Tc-sestamibi parathyroid scintigraphy with subtraction SPECT/CT in primary hyperparathyroidism for directing minimally invasive parathyroidectomy. *American Journal of Surgery*, **2019**, 217, 108-113 | 2.7 | 9 |
| 70 | Group 4: Replacement therapy for adrenal insufficiency. *Annales D'Endocrinologie*, **2017**, 78, 525-534 | 1.7 | 9 |
| 69 | Prospective evaluation of Ga-DOTATATE PET/CT in limited disease neuroendocrine tumours and/or elevated serum neuroendocrine biomarkers. *Clinical Endocrinology*, **2018**, 89, 155-163 | 3.4 | 9 |
| 68 | Functioning gonadotroph adenoma with severe ovarian hyperstimulation syndrome: A new emergency in pituitary adenoma surgery? Surgical considerations and literature review. *Annales D'Endocrinologie*, **2019**, 80, 122-127 | 1.7 | 8 |
| 67 | An observational study on adrenal insufficiency in a French tertiary centre: Real life versus theory. *Annales D'Endocrinologie*, **2015**, 76, 1-8 | 1.7 | 8 |
| 66 | Primary hyperparathyroidism as first manifestation in multiple endocrine neoplasia type 2A: an international multicenter study. *Endocrine Connections*, **2020**, 9, 489-497 | 3.5 | 8 |
| 65 | Pheochromocytoma surgery without systematic preoperative pharmacological preparation: insights from a referral tertiary center experience. *Surgical Endoscopy and Other Interventional Techniques*, **2021**, 35, 728-735 | 5.2 | 8 |
| 64 | Clinical lessons learned in constitutional hypopituitarism from two decades of experience in a large international cohort. *Clinical Endocrinology*, **2021**, 94, 277-289 | 3.4 | 8 |
| 63 | The risks of medical treatment of prolactinoma. *Annales D'Endocrinologie*, **2021**, 82, 15-19 | 1.7 | 8 |
| 62 | Cushing Syndrome Is Associated With Subclinical LV Dysfunction and Increased Epicardial Adipose Tissue. *Journal of the American College of Cardiology*, **2018**, 72, 2276-2277 | 15.1 | 8 |
| 61 | A monocentric experience of growth hormone replacement therapy in adult patients. *Annales D'Endocrinologie*, **2014**, 75, 176-83 | 1.7 | 7 |

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| 60 | Persistent cortisol response to desmopressin predicts recurrence of Cushing's disease in patients with post-operative corticotropic insufficiency. *European Journal of Endocrinology*, **2020**, 182, 489-498 | 6.5 | 7 |
| 59 | Lessons from monogenic causes of growth hormone deficiency. *Annales D'Endocrinologie*, **2017**, 78, 77-79 | 2.7 | 6 |
| 58 | IgG4 hypophysitis: Diagnosis and management. *Presse Medicale*, **2020**, 49, 104016 | 2.2 | 6 |
| 57 | Lack of functional remission in Cushing's syndrome. *Endocrine*, **2018**, 61, 518-525 | 4 | 6 |
| 56 | Surgical indications for pituitary tumors during pregnancy: a literature review. *Pituitary*, **2020**, 23, 189-199 | 4.3 | 6 |
| 55 | Gamma Knife radiosurgery in pituitary adenomas: Why, who, and how to treat?. *Discovery Medicine*, **2010**, 10, 107-11 | 2.5 | 6 |
| 54 | LARGE ADRENAL INCIDENTALOMAS REQUIRE A DEDICATED DIAGNOSTIC PROCEDURE. *Endocrine Practice*, **2019**, 25, 669-677 | 3.2 | 5 |
| 53 | Radiation techniques in aggressive pituitary tumours and carcinomas. *Reviews in Endocrine and Metabolic Disorders*, **2020**, 21, 287-292 | 10.5 | 5 |
| 52 | Pituitary apoplexy after somatostatin analogue administration: coincidental or causative?. *Clinical Endocrinology*, **2014**, 81, 471-3 | 3.4 | 5 |
| 51 | Transcranial approach in giant pituitary adenomas: results and outcome in a modern series. *Journal of Neurosurgical Sciences*, **2020**, 64, 25-36 | 1.3 | 5 |
| 50 | Auto-immune thyroid dysfunction induced by tyrosine kinase inhibitors in a patient with recurrent chordoma. *BMC Cancer*, **2016**, 16, 679 | 4.8 | 5 |
| 49 | High-throughput splicing assays identify missense and silent splice-disruptive POU1F1 variants underlying pituitary hormone deficiency. *American Journal of Human Genetics*, **2021**, 108, 1526-1539 | 11 | 5 |
| 48 | Clinical management of difficult to treat macroprolactinomas. *Expert Review of Endocrinology and Metabolism*, **2019**, 14, 179-192 | 4.1 | 4 |
| 47 | An Open-Label, Analgesic Efficacy and Safety of Pituitary Radiosurgery for Patients With Opioid-Refractory Pain: Study Protocol for a Randomized Controlled Trial. *Neurosurgery*, **2018**, 83, 146-153 | 3.2 | 4 |
| 46 | Germinal defects of SDHx genes in patients with isolated pituitary adenoma. *European Journal of Endocrinology*, **2020**, 183, 369-379 | 6.5 | 4 |
| 45 | Commentary: The Impact of Insulin-Like Growth Factor Index and Biologically Effective Dose on Outcomes After Stereotactic Radiosurgery for Acromegaly: Cohort Study. *Neurosurgery*, **2020**, 87, E301-E302 | 3.2 | 3 |
| 44 | Characterization of adrenocortical tumors by F-FDG PET/CT: Does steroid hormone hypersecretion status modify the uptake pattern?. *Surgical Oncology*, **2018**, 27, 231-235 | 2.5 | 3 |
| 43 | Long-term outcome of macroprolactinomas. *Annales D'Endocrinologie*, **2016**, 77, 641-648 | 1.7 | 3 |

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| 42 | Introduction to expert opinion on endocrine complications of new anticancer therapies. *Annales D'Endocrinologie*, **2018**, 79, 535-538 | 1.7 | 3 |
| 41 | Letter to the Editor: "Why We Should Still Treat by Neurosurgery Patients With Cushing Disease and a Normal or Inconclusive Pituitary MRI". *Journal of Clinical Endocrinology and Metabolism*, **2019**, 104, 5791-5792 | 5.6 | 3 |
| 40 | Risk stratification of adrenal masses by [ F]FDG PET/CT: Changing tactics. *Clinical Endocrinology*, **2021**, 94, 133-140 | 3.4 | 3 |
| 39 | Current and Emerging Medical Therapies in Pituitary Tumors.. *Journal of Clinical Medicine*, **2022**, 11, | 5.1 | 3 |
| 38 | Implications of SDHB genetic testing in patients with sporadic pheochromocytoma. *Langenbeck's Archives of Surgery*, **2017**, 402, 787-798 | 3.4 | 2 |
| 37 | Pituitary gland: Gamma Knife for Cushing disease - time for a reappraisal?. *Nature Reviews Endocrinology*, **2017**, 13, 628-629 | 15.2 | 2 |
| 36 | Exploring the link between tumour metabolism and succinate dehydrogenase deficiency: A F-FDOPA PET/CT study in head and neck paragangliomas. *Clinical Endocrinology*, **2019**, 91, 879-884 | 3.4 | 2 |
| 35 | Discordant biological parameters of remission in acromegaly do not increase the risk of hypertension or diabetes: a study with the Liege Acromegaly Survey database. *Endocrine*, **2020**, 70, 134-142 | 4 | 2 |
| 34 | Radiosurgery: a useful first-line treatment of prolactinomas?. *World Neurosurgery*, **2010**, 74, 103-4 | 2.1 | 2 |
| 33 | Evaluation of an individualized education program in pituitary diseases: a pilot study. *European Journal of Endocrinology*, **2020**, 183, 551-559 | 6.5 | 2 |
| 32 | Pituitary adenoma in patients with multiple endocrine neoplasia type 1: a cohort study. *European Journal of Endocrinology*, **2021**, 185, 863-873 | 6.5 | 2 |
| 31 | Pre-term birth in women exposed to Cushing's disease: the baby-cush study. *European Journal of Endocrinology*, **2021**, 184, 469-476 | 6.5 | 2 |
| 30 | Osilodrostat in Cushing's disease: The risk of delayed adrenal insufficiency should be carefully monitored. *Clinical Endocrinology*, **2021**, | 3.4 | 2 |
| 29 | Medical management of adrenocortical carcinoma: Current recommendations, new therapeutic options and future perspectives. *Annales D'Endocrinologie*, **2021**, 82, 52-58 | 1.7 | 2 |
| 28 | Tumor multifocality with vagus nerve involvement as a phenotypic marker of SDHD mutation in patients with head and neck paragangliomas: A F-FDOPA PET/CT study. *Head and Neck*, **2019**, 41, 1565-1571 | 4.2 | 1 |
| 27 | Letter to the Editor: "Medullary Thyroid Carcinoma in MEN2A: ATA Moderate- or High-Risk RET Mutations Do Not Predict Disease Aggressiveness". *Journal of Clinical Endocrinology and Metabolism*, **2017**, 102, 3557-3558 | 5.6 | 1 |
| 26 | Disease of adrenal glands. *International Journal of Endocrinology*, **2015**, 2015, 403521 | 2.7 | 1 |
| 25 | Congenital pituitary hormone deficiencies: role of LHX3/LHX4 genes. *Expert Review of Endocrinology and Metabolism*, **2008**, 3, 751-760 | 4.1 | 1 |

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| 24 | Adrenal Crisis May Occur Even In Patients With Asymptomatic Covid-19. *Endocrine Practice*, **2020**, 26, 929-930 | 3.2 | 1 |
| 23 | Lack of delayed neurocognitive side effects of Gamma Knife radiosurgery in acromegaly: the Later-Ac study. *European Journal of Endocrinology*, **2021**, 186, 37-44 | 6.5 | 1 |
| 22 | Comparison of 68Ga-Dotatate PET/CT and 18F-FDOPA PET/CT for the diagnosis of pancreatic neuroendocrine tumors in a MEN1 patient. *Annales D'Endocrinologie*, **2020**, 81, 39-43 | 1.7 | 1 |
| 21 | Recurrence-Free Survival Analysis in Locally Advanced Pheochromocytoma: First Appraisal. *Journal of Clinical Endocrinology and Metabolism*, **2021**, 106, 2726-2737 | 5.6 | 1 |
| 20 | Combined Pituitary Hormone Deficiency **2016**, 177-194 | | 1 |
| 19 | Psychological impact of von Hippel-Lindau genetic screening in patients with a previous history of hemangioblastoma of the central nervous system. *Journal of Psychosocial Oncology*, **2018**, 36, 624-634 | 2.8 | 1 |
| 18 | Genes important in the fetal development of the pituitary. *Current Opinion in Endocrine and Metabolic Research*, **2018**, 1, 9-12 | 1.7 | 1 |
| 17 | Physiopathology, Diagnosis, and Treatment of Nonfunctioning Pituitary Adenomas. *Endocrinology*, **2018**, 93-128 | 0.1 | 0 |
| 16 | Familial hypocalciuric hypercalcemia: the challenge of diagnosis. *Endocrine*, **2021**, 1 | 4 | 0 |
| 15 | Fluctuation analysis of postoperative secretory status in patients operated for acromegaly. *Annales D'Endocrinologie*, **2020**, 81, 11-17 | 1.7 | 0 |
| 14 | Meningiomas in patients with long-term exposition to progestins: Characteristics and outcome. *Neurochirurgie*, **2021**, 67, 556-563 | 1.4 | 0 |
| 13 | Women's perceptions of femininity after craniopharyngioma: a qualitative study. *Clinical Endocrinology*, **2021**, 94, 880-887 | 3.4 | 0 |
| 12 | Coexistence of Endocrine Side Effects of Immunotherapy in Clinical Practice. *Endocrinology*, **2021**, 405-411 | 6.1 | 0 |
| 11 | Osilodrostat for the treatment of Cushing's disease: efficacy, stability, and persistence □Authors' reply. *Lancet Diabetes and Endocrinology,the*, **2022**, 10, 385-387 | 18.1 | 0 |
| 10 | Radiation techniques **2013**, 118-128 | | |
| 9 | Adenomi ipofisari. *EMC - AKOS - Trattato Di Medicina*, **2010**, 12, 1-12 | 0 | |
| 8 | Adenomas hipofisarios. *EMC - Tratado De Medicina*, **2010**, 14, 1-12 | 0 | |
| 7 | La chirurgie de premi□e intention a-t-elle encore une place dans le traitement de l□acrom□galie ?. *Annales D'Endocrinologie*, **2009**, 70, e23-e28 | 1.7 | |

# List of Publications

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