Srinadh Komanduri

List of Publications by Year in descending order

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70 papers

2,424 citations

218592 26 h-index 206029 48 g-index

71 all docs

71 docs citations

times ranked

71

2720 citing authors

#	Article	IF	CITATIONS
1	AGA Clinical Practice Update on New Technology and Innovation for Surveillance and Screening in Barrett's Esophagus: Expert Review. Clinical Gastroenterology and Hepatology, 2022, 20, 2696-2706.e1.	2.4	37
2	Adoption of Multi-society Guidelines Facilitates Value-Based Reduction in Screening and Surveillance Colonoscopy Volume During COVID-19 Pandemic. Digestive Diseases and Sciences, 2021, 66, 2578-2584.	1.1	15
3	A Practical Approach to Refractory and Recurrent Barrett's Esophagus. Gastrointestinal Endoscopy Clinics of North America, 2021, 31, 183-203.	0.6	2
4	Racial Disparities in Adherence to Quality Indicators in Barrett's Esophagus: An Analysis Using the GIQuIC National Benchmarking Registry. American Journal of Gastroenterology, 2021, 116, 1201-1210.	0.2	7
5	A Practical Approach to Screening and Surveillance of Barrett's Esophagus. Foregut, 2021, 1, 25-31.	0.3	1
6	Simulation-based training improves polypectomy skills among practicing endoscopists. Endoscopy International Open, 2021, 09, E1633-E1639.	0.9	4
7	Report from the AGA Center for GI Innovation and Technology's Consensus Conference: Envisioning Next-Generation Paradigms in Colorectal Cancer Screening and Surveillance. Gastroenterology, 2020, 158, 455-460.	0.6	3
8	Time Trends in Adherence to Surveillance Intervals and Biopsy Protocol Among Patients With Barrett's Esophagus. Gastroenterology, 2020, 158, 770-772.e2.	0.6	15
9	Endoscopic retrograde cholangiopancreatography (ERCP) in critically ill patients is safe and effective when performed in the endoscopy suite. Endoscopy International Open, 2020, 08, E1165-E1172.	0.9	3
10	The abrupt pancreatic duct cutoff sign on MDCT and MRI. Abdominal Radiology, 2020, 45, 2476-2484.	1.0	8
11	AGA White Paper: Roadmap for the Future of Colorectal Cancer Screening in the United States. Clinical Gastroenterology and Hepatology, 2020, 18, 2667-2678.e2.	2.4	29
12	Recurrence Is Rare Following Complete Eradication of Intestinal Metaplasia in Patients With Barrett's Esophagus and Peaks at 18 Months. Clinical Gastroenterology and Hepatology, 2020, 18, 2609-2617.e2.	2.4	28
13	Reduced Esophageal Contractility Is Associated with Dysplasia Progression in Barrett's Esophagus: A Multicenter Cohort Study. Digestive Diseases and Sciences, 2020, 65, 3631-3638.	1.1	2
14	An Analysis of the GIQuIC Nationwide Quality Registry Reveals Unnecessary Surveillance Endoscopies in Patients With Normal and Irregular Z-Lines. American Journal of Gastroenterology, 2020, 115, 1869-1878.	0.2	18
15	Endoscopists systematically undersample patients with long-segment Barrett's esophagus: an analysis of biopsy sampling practices from a quality improvement registry. Gastrointestinal Endoscopy, 2019, 90, 732-741.e3.	0.5	56
16	Anatomic location of Barrett's esophagus recurrence after endoscopic eradication therapy: development of a simplified surveillance biopsy strategy. Gastrointestinal Endoscopy, 2019, 90, 395-403.	0.5	28
17	Over-Utilization of Repeat Upper Endoscopy in Patients with Non-dysplastic Barrett's Esophagus: A Quality Registry Study. American Journal of Gastroenterology, 2019, 114, 1256-1264.	0.2	31
18	Controversies in Endoscopic Eradication Therapy for Barrett's Esophagus. Gastroenterology, 2018, 154, 1861-1875.e1.	0.6	22

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19	Suboptimal Agreement Among Cytopathologists in Diagnosis of Malignancy Based on Endoscopic Ultrasound Needle Aspirates of Solid Pancreatic Lesions: A Validation Study. Clinical Gastroenterology and Hepatology, 2018, 16, 1114-1122.e2.	2.4	11
20	Competence in Endoscopic Ultrasound and Endoscopic Retrograde Cholangiopancreatography, From Training ThroughÂlndependent Practice. Gastroenterology, 2018, 155, 1483-1494.e7.	0.6	62
21	Indoleamine 2,3-dioxygenase 1 and overall survival of patients diagnosed with esophageal cancer. Oncotarget, 2018, 9, 23482-23493.	0.8	17
22	Increasing Number of Passes Beyond 4 Does Not Increase Sensitivity of Detection of Pancreatic Malignancy by Endoscopic Ultrasound–Guided Fine-Needle Aspiration. Clinical Gastroenterology and Hepatology, 2017, 15, 1071-1078.e2.	2.4	62
23	Recurrence of Barrett's Esophagus is Rare Following Endoscopic Eradication Therapy Coupled With Effective Reflux Control. American Journal of Gastroenterology, 2017, 112, 556-566.	0.2	69
24	Clinical outcomes of EUS-guided drainage of debris-containing pancreatic pseudocysts: a large multicenter study. Endoscopy International Open, 2017, 05, E130-E136.	0.9	3
25	A Prospective Multicenter Study Evaluating Learning Curves and Competence in Endoscopic Ultrasound and Endoscopic Retrograde Cholangiopancreatography Among Advanced Endoscopy Trainees: The Rapid Assessment of Trainee Endoscopy Skills Study. Clinical Gastroenterology and Hepatology. 2017, 15, 1758-1767.e11.	2.4	83
26	Development of Quality Indicators for Endoscopic Eradication Therapies in Barrett's Esophagus: The TREAT-BE (Treatment With Resection and Endoscopic Ablation Techniques for Barrett's Esophagus) Consortium. American Journal of Gastroenterology, 2017, 112, 1032-1048.	0.2	38
27	Development of quality indicators for endoscopic eradication therapies in Barrett's esophagus: the TREAT-BE (Treatment with Resection and Endoscopic Ablation Techniques for Barrett's Esophagus) Consortium. Gastrointestinal Endoscopy, 2017, 86, 1-17.e3.	0.5	50
28	Advances in the Diagnosis and Treatment of Barrett's Esophagus and Early Esophageal Cancer; Summary of the Kelly and Carlos Pellegrini SSAT/SAGES Luncheon Symposium. Journal of Gastrointestinal Surgery, 2017, 21, 1342-1349.	0.9	9
29	Care of the Postablation Patient. Gastrointestinal Endoscopy Clinics of North America, 2017, 27, 515-529.	0.6	4
30	Endoscopic resection is cost-effective compared with laparoscopicÂresection in the management of complex colonÂpolyps: an economic analysis. Gastrointestinal Endoscopy, 2016, 83, 1248-1257.	0.5	95
31	Endosonographers' approach to delivering a diagnosis of pancreatic cancer: obligated but undertrained. Endoscopy International Open, 2016, 04, E242-E248.	0.9	1
32	The efficacy of peroral cholangioscopy for difficult bile duct stones and indeterminate strictures: a systematic review and meta-analysis. Endoscopy International Open, 2016, 04, E263-E275.	0.9	92
33	Endoscopic resection is effective for the treatment of bleeding gastric hyperplastic polyps in patients with and without cirrhosis. Endoscopy International Open, 2016, 04, E874-E877.	0.9	4
34	A randomized controlled cross-over trial and cost analysis comparing endoscopic ultrasound fine needle aspiration and fine needle biopsy. Endoscopy International Open, 2016, 04, E497-E505.	0.9	88
35	ERCP in potentially resectable malignant biliary obstruction is frequently unsuccessful when performed outside of a comprehensive pancreaticobiliary center. Journal of Surgical Oncology, 2016, 113, 647-651.	0.8	6
36	Transpapillary drainage has no added benefit on treatment outcomes in patients undergoing EUS-guided transmural drainage of pancreatic pseudocysts: a large multicenter study. Gastrointestinal Endoscopy, 2016, 83, 720-729.	0.5	85

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37	Biliary Obstruction After Transjugular Intrahepatic Portosystemic Shunt Placement in a Patient With Budd-Chiari Syndrome. ACG Case Reports Journal, 2015, 2, 101-103.	0.2	7
38	Compliance with surveillance recommendations for foregut subepithelial tumors is poor: results of a prospective multicenter study. Gastrointestinal Endoscopy, 2015, 81, 1378-1384.	0.5	28
39	Control of immediate post-EMR bleeding by using monopolar hemostatic forceps. Gastrointestinal Endoscopy, 2015, 81, 466-467.	0.5	O
40	Effects of the Learning Curve on Efficacy of Radiofrequency Ablation for Barrett's Esophagus. Gastroenterology, 2015, 149, 890-896.e2.	0.6	37
41	Response:. Gastrointestinal Endoscopy, 2015, 81, 1301-1302.	0.5	0
42	A US Multicenter Study of Safety and Efficacy of Fully Covered Self-Expandable Metallic Stents in Benign Extrahepatic Biliary Strictures. Digestive Diseases and Sciences, 2015, 60, 3442-3448.	1.1	50
43	Incidence of Esophageal Adenocarcinoma and Causes of Mortality After Radiofrequency Ablation of Barrett's Esophagus. Gastroenterology, 2015, 149, 1752-1761.e1.	0.6	80
44	EUS-guided tissue acquisition: an evidence-based approach (with videos). Gastrointestinal Endoscopy, 2014, 80, 939-959.e7.	0.5	111
45	Durability and Predictors of Successful Radiofrequency Ablation forÂBarrett's Esophagus. Clinical Gastroenterology and Hepatology, 2014, 12, 1840-1847.e1.	2.4	109
46	Inpatient Weekend ERCP Is Associated With a Reduction in Patient Length of Stay. American Journal of Gastroenterology, 2014, 109, 465-470.	0.2	14
47	A tale of 2 capsules: retained capsule diagnosed by capsuleÂendoscopy. Gastrointestinal Endoscopy, 2014, 80, 732-733.	0.5	0
48	Response. Gastrointestinal Endoscopy, 2014, 79, 874.	0.5	0
49	Pancreatic Adenocarcinoma, Version 2.2014. Journal of the National Comprehensive Cancer Network: JNCCN, 2014, 12, 1083-1093.	2.3	307
50	Esophagus, Stomach, and Pancreas. Cancer Treatment and Research, 2014, 160, 111-148.	0.2	1
51	Addition of Endoscopic Ultrasound (EUS)-Guided Fine Needle Aspiration and On-Site Cytology to EUS-Guided Fine Needle Biopsy Increases Procedure Time but Not Diagnostic Accuracy. Clinical Endoscopy, 2014, 47, 242.	0.6	26
52	Rapid On-Site Evaluation of Endoscopic Ultrasound Core Biopsy Specimens Has Excellent Specificity and Positive Predictive Value for Gastrointestinal Lesions. Digestive Diseases and Sciences, 2013, 58, 2007-2012.	1.1	21
53	Radiofrequency ablation for refractory gastric antral vascular ectasia (with video). Gastrointestinal Endoscopy, 2013, 78, 584-588.	0.5	75
54	Prior Fundoplication Does not Improve Safety or Efficacy Outcomes of Radiofrequency Ablation: Results from the U.S. RFA Registry. Journal of Gastrointestinal Surgery, 2013, 17, 21-29.	0.9	31

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55	Learning curves for EUS by using cumulative sum analysis: implications for American Society for Gastrointestinal Endoscopy recommendations for training. Gastrointestinal Endoscopy, 2013, 77, 558-565.	0.5	142
56	Efficacy and safety of venting percutaneous endoscopic gastrostomy (VPEG) tube placement in patients with malignant obstruction Journal of Clinical Oncology, 2013, 31, 538-538.	0.8	0
57	Increased Risk for Persistent Intestinal Metaplasia in Patients With Barrett's Esophagus and Uncontrolled Reflux Exposure Before Radiofrequency Ablation. Gastroenterology, 2012, 143, 576-581.	0.6	102
58	Weck clip migration into the rectum. Gastrointestinal Endoscopy, 2012, 75, 426-427.	0.5	3
59	Touch preparation of jumbo forceps biopsies allows rapid adequacy assessment of subepithelial GI masses. Gastrointestinal Endoscopy, 2011, 74, 411-414.	0.5	9
60	Barrett's esophagus: endoscopic treatments II. Annals of the New York Academy of Sciences, 2011, 1232, 156-174.	1.8	7
61	Barrett's esophagus: treatments of adenocarcinomas I. Annals of the New York Academy of Sciences, 2011, 1232, 248-264.	1.8	4
62	An unusual case of malignant dysphagia after colonic interposition treated with endoscopic mucosal resection. Gastrointestinal Endoscopy, 2010, 72, 1320-1321.	0.5	2
63	314d: The Utility of a New Jumbo Biopsy Forceps for Tissue Acquisition of Gastric Subepithelial Masses. Gastrointestinal Endoscopy, 2010, 71, AB105.	0.5	1
64	Rare Natural Killer Cell Lymphoma Found During Surveillance Endoscopy. Journal of Gastrointestinal Cancer, 2009, 40, 15-18.	0.6	0
65	Nutrition Support in the Critically Ill: A Physician Survey. Journal of Parenteral and Enteral Nutrition, 2008, 32, 113-119.	1.3	41
66	Trichobezoar. New England Journal of Medicine, 2007, 357, e23.	13.9	8
67	Dysbiosis in Pouchitis: Evidence of Unique Microfloral Patterns in Pouch Inflammation. Clinical Gastroenterology and Hepatology, 2007, 5, 352-360.	2.4	113
68	Oxygen Desaturation With an Intrathoracic Stomach. Clinical Gastroenterology and Hepatology, 2007, 5, e12-e13.	2.4	1
69	Focal Rectal Capillaritis. Journal of Clinical Gastroenterology, 2002, 35, 157-159.	1.1	1
70	Fatal mycotic endocarditis from a primary esophageal aspergilloma. Gastrointestinal Endoscopy, 2002, 56, 577-579.	0.5	3