

# Ariel L Barkan

## List of Publications by Year in descending order

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109  
papers

7,901  
citations

66234

42  
h-index

48187

88  
g-index

112  
all docs

112  
docs citations

112  
times ranked

3731  
citing authors

#	ARTICLE	IF	CITATIONS
1	Treatment of Acromegaly with the Growth Hormone Receptor Antagonist Pegvisomant. <i>New England Journal of Medicine</i> , 2000, 342, 1171-1177.	13.9	782
2	Criteria for Cure of Acromegaly: A Consensus Statement. <i>Journal of Clinical Endocrinology and Metabolism</i> , 2000, 85, 526-529.	1.8	779
3	Long-term treatment of acromegaly with pegvisomant, a growth hormone receptor antagonist. <i>Lancet</i> , The, 2001, 358, 1754-1759.	6.3	585
4	Criteria for the definition of Pituitary Tumor Centers of Excellence (PTCOE): A Pituitary Society Statement. <i>Pituitary</i> , 2017, 20, 489-498.	1.6	233
5	Plasma Insulin-Like Growth Factor-I/Somatomedin-C in Acromegaly: Correlation With the Degree of Growth Hormone Hypersecretion*. <i>Journal of Clinical Endocrinology and Metabolism</i> , 1988, 67, 69-73.	1.8	231
6	Decreased Hypothalamic Gonadotropin-Releasing Hormone Secretion in Male Marathon Runners. <i>New England Journal of Medicine</i> , 1986, 315, 411-417.	13.9	227
7	A Consensus on the Diagnosis and Treatment of Acromegaly Comorbidities: An Update. <i>Journal of Clinical Endocrinology and Metabolism</i> , 2020, 105, e937-e946.	1.8	207
8	Acromegaly with Apparently Normal GH Secretion: Implications for Diagnosis and Follow-Up. <i>Journal of Clinical Endocrinology and Metabolism</i> , 2002, 87, 3537-3542.	1.8	200
9	Octreotide as Primary Therapy for Acromegaly. <i>Journal of Clinical Endocrinology and Metabolism</i> , 1998, 83, 3034-3040.	1.8	193
10	A Critical Analysis of Pituitary Tumor Shrinkage during Primary Medical Therapy in Acromegaly. <i>Journal of Clinical Endocrinology and Metabolism</i> , 2005, 90, 4405-4410.	1.8	193
11	Preoperative Treatment of Acromegaly with Long-Acting Somatostatin Analog SMS 201-995: Shrinkage of Invasive Pituitary Macroadenomas and Improved Surgical Remission Rate*. <i>Journal of Clinical Endocrinology and Metabolism</i> , 1988, 67, 1040-1048.	1.8	192
12	Treatment of Acromegaly with Dopamine Agonists. <i>Endocrinology and Metabolism Clinics of North America</i> , 1992, 21, 713-735.	1.2	189
13	Ghrelin Secretion in Humans Is Sexually Dimorphic, Suppressed by Somatostatin, and Not Affected by the Ambient Growth Hormone Levels. <i>Journal of Clinical Endocrinology and Metabolism</i> , 2003, 88, 2180-2184.	1.8	189
14	Pituitary Irradiation Is Ineffective in Normalizing Plasma Insulin-Like Growth Factor I in Patients with Acromegaly. <i>Journal of Clinical Endocrinology and Metabolism</i> , 1997, 82, 3187-3191.	1.8	180
15	Glucose Homeostasis and Safety in Patients with Acromegaly Converted from Long-Acting Octreotide to Pegvisomant. <i>Journal of Clinical Endocrinology and Metabolism</i> , 2005, 90, 5684-5691.	1.8	171
16	Evaluation of the Integrity of the Hypothalamic-Pituitary-Adrenal Axis by Insulin Hypoglycemia Test. <i>Journal of Clinical Endocrinology and Metabolism</i> , 1998, 83, 2350-2354.	1.8	166
17	The Role of Radiation Therapy after Surgical Resection of Nonfunctional Pituitary Macroadenomas. <i>Neurosurgery</i> , 2004, 55, 100-107.	0.6	140
18	Treatment of Acromegaly with the Long-Acting Somatostatin Analog SMS 201-995*. <i>Journal of Clinical Endocrinology and Metabolism</i> , 1988, 66, 16-23.	1.8	130

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19	Efficacy and safety of once-monthly pasireotide in Cushing's disease: a 12 month clinical trial. <i>Lancet Diabetes and Endocrinology</i> , 2018, 6, 17-26.	5.5	116
20	Increased Growth Hormone Pulse Frequency in Acromegaly*. <i>Journal of Clinical Endocrinology and Metabolism</i> , 1989, 69, 1225-1233.	1.8	100
21	The changing face of acromegaly—advances in diagnosis and treatment. <i>Nature Reviews Endocrinology</i> , 2012, 8, 605-611.	4.3	98
22	Giant Pituitary Prolactinoma with Falsely Low Serum Prolactin: The Pitfall of the "High-dose Hook Effect" Case Report. <i>Neurosurgery</i> , 1998, 42, 913-915.	0.6	92
23	Role of Growth Hormone in Regulating Lipolysis, Proteolysis, and Hepatic Glucose Production during Fasting. <i>Journal of Clinical Endocrinology and Metabolism</i> , 2008, 93, 2755-2759.	1.8	90
24	Acromegalic arthropathy. <i>Arthritis and Rheumatism</i> , 1988, 31, 1022-1027.	6.7	74
25	Factors Regulating Growth Hormone Secretion in Humans. <i>Endocrinology and Metabolism Clinics of North America</i> , 2007, 36, 37-55.	1.2	71
26	Rapid Suppression of Growth Hormone Concentration by Overeating: Potential Mediation by Hyperinsulinemia. <i>Journal of Clinical Endocrinology and Metabolism</i> , 2011, 96, 824-830.	1.8	69
27	Analysis of Mammototropin Cells in Normal and Neoplastic Human Pituitary Tissues by the Reverse Hemolytic Plaque Assay and Immunocytochemistry*. <i>Journal of Clinical Endocrinology and Metabolism</i> , 1988, 66, 1103-1110.	1.8	68
28	Correction of cortisol overreplacement ameliorates morbidities in patients with hypopituitarism: a pilot study. <i>Pituitary</i> , 2008, 11, 279-285.	1.6	66
29	Lipodystrophy in Patients with Acromegaly Receiving Pegvisomant. <i>Journal of Clinical Endocrinology and Metabolism</i> , 2008, 93, 3515-3518.	1.8	65
30	In Vivo Semiquantification of Hypothalamic Growth Hormone-Releasing Hormone (GHRH) Output in Humans: Evidence for Relative GHRH Deficiency in Aging*. <i>Journal of Clinical Endocrinology and Metabolism</i> , 1999, 84, 3490-3497.	1.8	61
31	Endogenous Circulating Ghrelin Does Not Mediate Growth Hormone Rhythmicity or Response to Fasting. <i>Journal of Clinical Endocrinology and Metabolism</i> , 2005, 90, 2982-2987.	1.8	60
32	A tale of pituitary adenomas: to NET or not to NET. <i>Pituitary</i> , 2019, 22, 569-573.	1.6	60
33	Acromegaly due to Ectopic Growth Hormone (GH) Releasing Hormone (GHRH) Production: Dynamic Studies of GH and Ectopic GHRH Secretion*. <i>Journal of Clinical Endocrinology and Metabolism</i> , 1986, 63, 1057-1064.	1.8	59
34	Idiopathic Hypogonadotropic Hypogonadism in Men: Dependence of the Hormone Responses to Gonadotropin-Releasing Hormone (GnRH) on the Magnitude of the Endogenous GnRH Secretory Defect*. <i>Journal of Clinical Endocrinology and Metabolism</i> , 1985, 61, 1118-1125.	1.8	57
35	Outcome of Transsphenoidal Surgery for Cushing Disease. <i>Neurosurgery</i> , 2016, 78, 216-223.	0.6	56
36	Long-term effects of pegvisomant in patients with acromegaly. <i>Nature Clinical Practice Endocrinology and Metabolism</i> , 2008, 4, 324-332.	2.9	53

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37	Clinically Silent Somatotropinomas May Be Biochemically Active. <i>Journal of Clinical Endocrinology and Metabolism</i> , 2005, 90, 2117-2121.	1.8	51
38	Basal, But Not Pulsatile, Growth Hormone Secretion Determines the Ambient Circulating Levels of Insulin-Like Growth Factor-I. <i>Journal of Clinical Endocrinology and Metabolism</i> , 2010, 95, 2486-2491.	1.8	50
39	Effects of Dietary Carbohydrate Restriction with High Protein Intake on Protein Metabolism and the Somatotrophic Axis. <i>Journal of Clinical Endocrinology and Metabolism</i> , 2005, 90, 5175-5181.	1.8	48
40	Sexual Dimorphism of Growth Hormone (GH) Regulation in Humans: Endogenous GH-Releasing Hormone Maintains Basal GH in Women But Not in Men. <i>Journal of Clinical Endocrinology and Metabolism</i> , 2003, 88, 4776-4780.	1.8	45
41	Raloxifene decreases serum IGF-I in male patients with active acromegaly. <i>European Journal of Endocrinology</i> , 2004, 150, 481-487.	1.9	45
42	Treatment of Pituitary Gigantism with the Growth Hormone Receptor Antagonist Pegvisomant. <i>Journal of Clinical Endocrinology and Metabolism</i> , 2008, 93, 2953-2956.	1.8	45
43	Acromegaly from ectopic growth hormone-releasing hormone secretion by a malignant carcinoid tumor. Successful treatment with long-acting somatostatin analogue SMS 201 <sup>®</sup> 995. <i>Cancer</i> , 1988, 61, 221-226.	2.0	44
44	Long-term efficacy and safety of subcutaneous pasireotide in acromegaly: results from an open-ended, multicenter, Phase II extension study. <i>Pituitary</i> , 2014, 17, 132-140.	1.6	43
45	Growth Hormone Is Secreted by Normal Breast Epithelium upon Progesterone Stimulation and Increases Proliferation of Stem/Progenitor Cells. <i>Stem Cell Reports</i> , 2014, 2, 780-793.	2.3	42
46	Limited utility of oral glucose tolerance test in biochemically active acromegaly. <i>European Journal of Endocrinology</i> , 2011, 164, 17-22.	1.9	41
47	Regulation of Pituitary Gonadotropin-Releasing Hormone (GnRH) Receptors by Pulsatile GnRH in Female Rats: Effects of Estradiol and Prolactin*. <i>Endocrinology</i> , 1986, 118, 320-327.	1.4	38
48	Pituitary Disorders. <i>Drugs</i> , 2000, 59, 93-106.	4.9	38
49	Acromegaly. <i>Drugs</i> , 1994, 47, 425-445.	4.9	37
50	Current diagnosis of acromegaly. <i>Reviews in Endocrine and Metabolic Disorders</i> , 2008, 9, 13-19.	2.6	37
51	The Pattern of Growth Hormone Delivery to Peripheral Tissues Determines Insulin-Like Growth Factor-1 and Lipolytic Responses in Obese Subjects. <i>Journal of Clinical Endocrinology and Metabolism</i> , 2009, 94, 2828-2834.	1.8	36
52	Current status and future opportunities for controlling acromegaly. <i>Pituitary</i> , 2002, 5, 185-196.	1.6	35
53	“Micromegaly” an update on the prevalence of acromegaly with apparently normal GH secretion in the modern era. <i>Pituitary</i> , 2016, 19, 547-551.	1.6	35
54	The “Quality of Life-Assessment of Growth Hormone Deficiency in Adults” Questionnaire: Can It Be Used to Assess Quality of Life in Hypopituitarism? <i>Journal of Clinical Endocrinology and Metabolism</i> , 2001, 86, 1905-1907.	1.8	34

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55	Repeat endoscopic transsphenoidal surgery for acromegaly: remission and complications. <i>Pituitary</i> , 2013, 16, 459-464.	1.6	34
56	Suppression of Growth Hormone (GH) Hypersecretion due to Ectopic GH-Releasing Hormone (GHRH) by a Selective GHRH Antagonist*. <i>Journal of Clinical Endocrinology and Metabolism</i> , 1997, 82, 634-637.	1.8	33
57	Rapid re-expansion of a macroprolactinoma after early discontinuation of bromocriptine. <i>Pituitary</i> , 2000, 3, 189-192.	1.6	33
58	Calcification of Auricular Cartilages in Patients with Hypopituitarism. <i>Journal of Clinical Endocrinology and Metabolism</i> , 1982, 55, 354-357.	1.8	32
59	Pergolide as primary therapy for macroprolactinomas. <i>Pituitary</i> , 2000, 3, 251-256.	1.6	32
60	Radiotherapy in acromegaly: the argument against. <i>Clinical Endocrinology</i> , 2003, 58, 132-135.	1.2	32
61	Management of acromegaly in Latin America: expert panel recommendations. <i>Pituitary</i> , 2010, 13, 168-175.	1.6	31
62	Interpretation of common endocrine laboratory tests: technical pitfalls, their mechanisms and practical considerations. <i>Clinical Diabetes and Endocrinology</i> , 2019, 5, 12.	1.3	31
63	Acromegalic arthropathy. <i>Pituitary</i> , 2001, 4, 263-264.	1.6	30
64	Pulsatile and nocturnal growth hormone secretions in men do not require periodic declines of somatostatin. <i>American Journal of Physiology - Endocrinology and Metabolism</i> , 2003, 285, E163-E170.	1.8	30
65	Treatment of Pituitary Tumors: a Surgical Perspective. <i>Endocrinology and Metabolism Clinics of North America</i> , 2008, 37, 51-66.	1.2	29
66	Estrogen treatment for acromegaly. <i>Pituitary</i> , 2012, 15, 601-607.	1.6	28
67	Complex Rhythmicity of Growth Hormone Secretion in Humans. <i>Pituitary</i> , 2006, 9, 121-125.	1.6	26
68	Pituitary Gonadotropin-Releasing Hormone Receptors during Gonadotropin Surges in Ovariectomized-Estradiol-Treated Rats*. <i>Endocrinology</i> , 1983, 112, 1042-1048.	1.4	25
69	Gene expression changes in subcutaneous adipose tissue due to Cushing's disease. <i>Journal of Molecular Endocrinology</i> , 2015, 55, 81-94.	1.1	25
70	Complex Rhythmicity and Age Dependence of Growth Hormone Secretion Are Preserved in Patients With Acromegaly: Further Evidence for a Present Hypothalamic Control of Pituitary Somatotropinomas. <i>Journal of Clinical Endocrinology and Metabolism</i> , 2013, 98, 2959-2966.	1.8	24
71	Generation of growth hormone pulsatility in women: evidence against somatostatin withdrawal as pulse initiator. <i>American Journal of Physiology - Endocrinology and Metabolism</i> , 2001, 280, E489-E495.	1.8	23
72	Surgical debulking of pituitary adenomas improves responsiveness to octreotide in the treatment of acromegaly. <i>Pituitary</i> , 2017, 20, 668-675.	1.6	23

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73	Case Report: Pituitary Atrophy in Patients with Sheehan's Syndrome. American Journal of the Medical Sciences, 1989, 298, 38-40.	0.4	21
74	Growth Hormone Therapy for Hypopituitary Adults: Time for Re-appraisal. Trends in Endocrinology and Metabolism, 2000, 11, 238-245.	3.1	20
75	Medical management of growth hormone-secreting pituitary adenomas. Pituitary, 2002, 5, 67-76.	1.6	20
76	Biochemical markers of acromegaly: GH vs. IGF-I. Growth Hormone and IGF Research, 2004, 14, 97-100.	0.5	19
77	Assessment of the Magnitude of Growth Hormone Hypersecretion in Active Acromegaly: Reliability of Different Sampling Models. Journal of Clinical Endocrinology and Metabolism, 2008, 93, 491-496.	1.8	19
78	Gene Expression Signature in Adipose Tissue of Acromegaly Patients. PLoS ONE, 2015, 10, e0129359.	1.1	19
79	Regulation of GH Secretion in Acromegaly: Reproducibility of Daily GH Profiles and Attenuated Negative Feedback by IGF-I. Journal of Clinical Endocrinology and Metabolism, 2001, 86, 4364-4370.	1.8	18
80	Tamoxifen as a therapeutic agent in acromegaly. Pituitary, 2014, 17, 500-504.	1.6	18
81	The tale in evolution: clarity, consistency and consultation, not contradiction and confusion. Pituitary, 2020, 23, 476-477.	1.6	18
82	Growth hormone (GH) secretion in primary adrenal insufficiency: effects of cortisol withdrawal and patterned replacement on GH pulsatility and circadian rhythmicity. Pituitary, 2000, 3, 175-179.	1.6	15
83	Semiquantification of Hypothalamic GH-Releasing Hormone Output in Women: Evidence for Sexual Dimorphism in the Mechanism of the Somatopause. Journal of Clinical Endocrinology and Metabolism, 2001, 86, 5485-5490.	1.8	15
84	Suppression in growth hormone during overeating ameliorates the increase in insulin resistance and cardiovascular disease risk. American Journal of Physiology - Endocrinology and Metabolism, 2012, 303, E1264-E1272.	1.8	14
85	Growth hormone therapy in adults with growth hormone deficiency: a critical assessment of the literature. Pituitary, 2020, 23, 294-306.	1.6	12
86	Pituitary carcinoma with endolymphatic sac metastasis. Pituitary, 2014, 17, 210-213.	1.6	11
87	The care continuum in acromegaly: how patients, nurses, and physicians can collaborate for successful treatment experiences. Patient Preference and Adherence, 2015, 9, 1093.	0.8	11
88	The Use of Recombinant Human Growth Hormone to Protect Against Muscle Weakness in Patients Undergoing Anterior Cruciate Ligament Reconstruction: A Pilot, Randomized Placebo-Controlled Trial. American Journal of Sports Medicine, 2020, 48, 1916-1928.	1.9	10
89	Pituitary Dysfunction after Radiation for Anterior Skull Base Malignancies: Incidence and Screening. Journal of Neurological Surgery, Part B: Skull Base, 2020, 81, 075-081.	0.4	9
90	Defining normalcy of the somatotrophic axis: an attainable goal?. Pituitary, 2007, 10, 135-139.	1.6	8

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91	Decreased quality of life (QoL) in hypopituitary patients: involvement of glucocorticoid replacement and radiation therapy. <i>Pituitary</i> , 2018, 21, 624-630.	1.6	7
92	Should patients with adult GH deficiency receive GH replacement?. <i>European Journal of Endocrinology</i> , 2022, 186, D1-D15.	1.9	7
93	Somatotropinoma infarction during octreotide therapy leading to bilateral cavernous sinus syndrome. <i>Pituitary</i> , 2000, 3, 185-188.	1.6	6
94	GH Receptor Antagonist: Mechanism of Action and Clinical Utility. <i>Reviews in Endocrine and Metabolic Disorders</i> , 2005, 6, 5-13.	2.6	6
95	Biochemical efficacy of long-acting lanreotide depot/Autogel in patients with acromegaly naïve to somatostatin-receptor ligands: analysis of three multicenter clinical trials. <i>Pituitary</i> , 2018, 21, 283-289.	1.6	5
96	Regulation of GH Secretion in Acromegaly: Reproducibility of Daily GH Profiles and Attenuated Negative Feedback by IGF-I. , 0, .		5
97	Pharmacological treatment of acromegaly: its place in the overall therapeutic approach. <i>Journal of Neuro-Oncology</i> , 2014, 117, 415-420.	1.4	3
98	Role of pulsatile growth hormone (GH) secretion in the regulation of lipolysis in fasting humans. <i>Clinical Diabetes and Endocrinology</i> , 2022, 8, 1.	1.3	3
99	Management options for persistent functional tumors. <i>Neurosurgery Clinics of North America</i> , 2003, 14, 139-145.	0.8	1
100	Growth hormone as an anti-aging therapy—do the benefits outweigh the risks?. <i>Nature Clinical Practice Endocrinology and Metabolism</i> , 2007, 3, 508-509.	2.9	1
101	Quantification of day-to-day variability in growth hormone levels in acromegaly. <i>Pituitary</i> , 2010, 13, 351-354.	1.6	1
102	Clinical case seminar: unraveling the mystery of abnormal thyroid function tests. <i>Clinical Diabetes and Endocrinology</i> , 2015, 1, 14.	1.3	1
103	Growth Hormone Pulsatility and its Impact on Growth and Metabolism in Humans. , 2011, , 33-56.		1
104	Preoperative treatment of growth hormone (GH) producing macroadenomas with somatostatin receptor ligands (SRLs) to improve surgical outcome: a critical analysis. <i>Endocrine Surgery</i> , 2018, 12, 7-18.	0.0	1
105	Letters to the Editors. <i>Clinical Endocrinology</i> , 1999, 51, 817-818.	1.2	0
106	Authors'™ Response: The QoL-AGHDA Questionnaire—Can it Be Used to Assess Quality of Life in Hypopituitarism?. <i>Journal of Clinical Endocrinology and Metabolism</i> , 2001, 86, 5997-5997.	1.8	0
107	The journey continues in <i>Clinical Diabetes and Endocrinology</i> . <i>Clinical Diabetes and Endocrinology</i> , 2018, 4, 17.	1.3	0
108	Biochemical diagnosis of acromegaly without a typical clinical phenotype: what are the concerns?. <i>Archives of Endocrinology and Metabolism</i> , 2017, 61, 414-415.	0.3	0

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109	Pituitary Surgery: Peri-operative Management. , 2008, , 303-320.		0