

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	Should patients with adult GH deficiency receive GH replacement?. <i>European Journal of Endocrinology</i> , 2022, 186, D1-D15.	1.9	7
2	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
3	Pituitary Dysfunction after Radiation for Anterior Skull Base Malignancies: Incidence and Screening. <i>Journal of Neurological Surgery, Part B: Skull Base</i> , 2020, 81, 075-081.	0.4	9
4	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
5	The tale in evolution: clarity, consistency and consultation, not contradiction and confusion. <i>Pituitary</i> , 2020, 23, 476-477.	1.6	18
6	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. <i>American Journal of Sports Medicine</i> , 2020, 48, 1916-1928.	1.9	10
7	Growth hormone therapy in adults with growth hormone deficiency: a critical assessment of the literature. <i>Pituitary</i> , 2020, 23, 294-306.	1.6	12
8	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
9	A tale of pituitary adenomas: to NET or not to NET. <i>Pituitary</i> , 2019, 22, 569-573.	1.6	60
10	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
11	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
12	The journey continues in <i>Clinical Diabetes and Endocrinology</i> . <i>Clinical Diabetes and Endocrinology</i> , 2018, 4, 17.	1.3	0
13	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
14	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
15	Surgical debulking of pituitary adenomas improves responsiveness to octreotide lar in the treatment of acromegaly. <i>Pituitary</i> , 2017, 20, 668-675.	1.6	23
16	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
17	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
18	Outcome of Transsphenoidal Surgery for Cushing Disease. <i>Neurosurgery</i> , 2016, 78, 216-223.	0.6	56

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19	“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
20	Clinical case seminar: unraveling the mystery of abnormal thyroid function tests. <i>Clinical Diabetes and Endocrinology</i> , 2015, 1, 14.	1.3	1
21	The care continuum in acromegaly: how patients, nurses, and physicians can collaborate for successful treatment experiences. <i>Patient Preference and Adherence</i> , 2015, 9, 1093.	0.8	11
22	Gene Expression Signature in Adipose Tissue of Acromegaly Patients. <i>PLoS ONE</i> , 2015, 10, e0129359.	1.1	19
23	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
24	Tamoxifen as a therapeutic agent in acromegaly. <i>Pituitary</i> , 2014, 17, 500-504.	1.6	18
25	Pituitary carcinoma with endolymphatic sac metastasis. <i>Pituitary</i> , 2014, 17, 210-213.	1.6	11
26	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
27	Pharmacological treatment of acromegaly: its place in the overall therapeutic approach. <i>Journal of Neuro-Oncology</i> , 2014, 117, 415-420.	1.4	3
28	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
29	Repeat endoscopic transsphenoidal surgery for acromegaly: remission and complications. <i>Pituitary</i> , 2013, 16, 459-464.	1.6	34
30	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
31	Suppression in growth hormone during overeating ameliorates the increase in insulin resistance and cardiovascular disease risk. <i>American Journal of Physiology - Endocrinology and Metabolism</i> , 2012, 303, E1264-E1272.	1.8	14
32	Estrogen treatment for acromegaly. <i>Pituitary</i> , 2012, 15, 601-607.	1.6	28
33	The changing face of acromegaly”advances in diagnosis and treatment. <i>Nature Reviews Endocrinology</i> , 2012, 8, 605-611.	4.3	98
34	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
35	Limited utility of oral glucose tolerance test in biochemically active acromegaly. <i>European Journal of Endocrinology</i> , 2011, 164, 17-22.	1.9	41
36	Growth Hormone Pulsatility and its Impact on Growth and Metabolism in Humans. , 2011, , 33-56.		1

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37	Management of acromegaly in Latin America: expert panel recommendations. <i>Pituitary</i> , 2010, 13, 168-175.	1.6	31
38	Quantification of day-to-day variability in growth hormone levels in acromegaly. <i>Pituitary</i> , 2010, 13, 351-354.	1.6	1
39	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
40	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
41	Correction of cortisol overreplacement ameliorates morbidities in patients with hypopituitarism: a pilot study. <i>Pituitary</i> , 2008, 11, 279-285.	1.6	66
42	Current diagnosis of acromegaly. <i>Reviews in Endocrine and Metabolic Disorders</i> , 2008, 9, 13-19.	2.6	37
43	Treatment of Pituitary Tumors: a Surgical Perspective. <i>Endocrinology and Metabolism Clinics of North America</i> , 2008, 37, 51-66.	1.2	29
44	Lipodystrophy in Patients with Acromegaly Receiving Pegvisomant. <i>Journal of Clinical Endocrinology and Metabolism</i> , 2008, 93, 3515-3518.	1.8	65
45	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
46	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
47	Long-term effects of pegvisomant in patients with acromegaly. <i>Nature Clinical Practice Endocrinology and Metabolism</i> , 2008, 4, 324-332.	2.9	53
48	Assessment of the Magnitude of Growth Hormone Hypersecretion in Active Acromegaly: Reliability of Different Sampling Models. <i>Journal of Clinical Endocrinology and Metabolism</i> , 2008, 93, 491-496.	1.8	19
49	Pituitary Surgery: Peri-operative Management. , 2008, , 303-320.		0
50	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
51	Factors Regulating Growth Hormone Secretion in Humans. <i>Endocrinology and Metabolism Clinics of North America</i> , 2007, 36, 37-55.	1.2	71
52	Defining normalcy of the somatotrophic axis: an attainable goal?. <i>Pituitary</i> , 2007, 10, 135-139.	1.6	8
53	Complex Rhythmicity of Growth Hormone Secretion in Humans. <i>Pituitary</i> , 2006, 9, 121-125.	1.6	26
54	GH Receptor Antagonist: Mechanism of Action and Clinical Utility. <i>Reviews in Endocrine and Metabolic Disorders</i> , 2005, 6, 5-13.	2.6	6

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55	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
56	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
57	Clinically Silent Somatotropinomas May Be Biochemically Active. <i>Journal of Clinical Endocrinology and Metabolism</i> , 2005, 90, 2117-2121.	1.8	51
58	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
59	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
60	Raloxifene decreases serum IGF-I in male patients with active acromegaly. <i>European Journal of Endocrinology</i> , 2004, 150, 481-487.	1.9	45
61	Biochemical markers of acromegaly: GH vs. IGF-I. <i>Growth Hormone and IGF Research</i> , 2004, 14, 97-100.	0.5	19
62	The Role of Radiation Therapy after Surgical Resection of Nonfunctional Pituitary Macroadenomas. <i>Neurosurgery</i> , 2004, 55, 100-107.	0.6	140
63	Radiotherapy in acromegaly: the argument against. <i>Clinical Endocrinology</i> , 2003, 58, 132-135.	1.2	32
64	Management options for persistent functional tumors. <i>Neurosurgery Clinics of North America</i> , 2003, 14, 139-145.	0.8	1
65	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
66	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
67	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
68	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
69	Medical management of growth hormone-secreting pituitary adenomas. <i>Pituitary</i> , 2002, 5, 67-76.	1.6	20
70	Current status and future opportunities for controlling acromegaly. <i>Pituitary</i> , 2002, 5, 185-196.	1.6	35
71	Long-term treatment of acromegaly with pegvisomant, a growth hormone receptor antagonist. <i>Lancet</i> , The, 2001, 358, 1754-1759.	6.3	585
72	Authors'™ Response: The QoL-AGHDA Questionnaireâ€”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

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73	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
74	Acromegalic arthropathy. <i>Pituitary</i> , 2001, 4, 263-264.	1.6	30
75	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
76	Regulation of GH Secretion in Acromegaly: Reproducibility of Daily GH Profiles and Attenuated Negative Feedback by IGF-I. <i>Journal of Clinical Endocrinology and Metabolism</i> , 2001, 86, 4364-4370.	1.8	18
77	Semiquantification of Hypothalamic GH-Releasing Hormone Output in Women: Evidence for Sexual Dimorphism in the Mechanism of the Somatopause. <i>Journal of Clinical Endocrinology and Metabolism</i> , 2001, 86, 5485-5490.	1.8	15
78	Rapid re-expansion of a macroprolactinoma after early discontinuation of bromocriptine. <i>Pituitary</i> , 2000, 3, 189-192.	1.6	33
79	Growth hormone (GH) secretion in primary adrenal insufficiency: effects of cortisol withdrawal and patterned replacement on GH pulsatility and circadian rhythmicity. <i>Pituitary</i> , 2000, 3, 175-179.	1.6	15
80	Somatotropinoma infarction during octreotide therapy leading to bilateral cavernous sinus syndrome. <i>Pituitary</i> , 2000, 3, 185-188.	1.6	6
81	Pergolide as primary therapy for macroprolactinomas. <i>Pituitary</i> , 2000, 3, 251-256.	1.6	32
82	Treatment of Acromegaly with the Growth Hormone Receptor Antagonist Pegvisomant. <i>New England Journal of Medicine</i> , 2000, 342, 1171-1177.	13.9	782
83	Criteria for Cure of Acromegaly: A Consensus Statement. <i>Journal of Clinical Endocrinology and Metabolism</i> , 2000, 85, 526-529.	1.8	779
84	Growth Hormone Therapy for Hypopituitary Adults: Time for Re-appraisal. <i>Trends in Endocrinology and Metabolism</i> , 2000, 11, 238-245.	3.1	20
85	Pituitary Disorders. <i>Drugs</i> , 2000, 59, 93-106.	4.9	38
86	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
87	Letters to the Editors. <i>Clinical Endocrinology</i> , 1999, 51, 817-818.	1.2	0
88	Octreotide as Primary Therapy for Acromegaly. <i>Journal of Clinical Endocrinology and Metabolism</i> , 1998, 83, 3034-3040.	1.8	193
89	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
90	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

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91	Pituitary Irradiation Is Ineffective in Normalizing Plasma Insulin-Like Growth Factor I in Patients with Acromegaly ¹ . <i>Journal of Clinical Endocrinology and Metabolism</i> , 1997, 82, 3187-3191.	1.8	180
92	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
93	Acromegaly. <i>Drugs</i> , 1994, 47, 425-445.	4.9	37
94	Treatment of Acromegaly with Dopamine Agonists. <i>Endocrinology and Metabolism Clinics of North America</i> , 1992, 21, 713-735.	1.2	189
95	Increased Growth Hormone Pulse Frequency in Acromegaly*. <i>Journal of Clinical Endocrinology and Metabolism</i> , 1989, 69, 1225-1233.	1.8	100
96	Case Report: Pituitary Atrophy in Patients with Sheehan's Syndrome. <i>American Journal of the Medical Sciences</i> , 1989, 298, 38-40.	0.4	21
97	Acromegaly from ectopic growth hormone-releasing hormone secretion by a malignant carcinoid tumor. Successful treatment with long-acting somatostatin analogue SMS 201-995. <i>Cancer</i> , 1988, 61, 221-226.	2.0	44
98	Acromegalic arthropathy. <i>Arthritis and Rheumatism</i> , 1988, 31, 1022-1027.	6.7	74
99	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
100	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
101	Analysis of Mammosomatotropic 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
102	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
103	Decreased Hypothalamic Gonadotropin-Releasing Hormone Secretion in Male Marathon Runners. <i>New England Journal of Medicine</i> , 1986, 315, 411-417.	13.9	227
104	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
105	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
106	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
107	Pituitary Gonadotropin-Releasing Hormone Receptors during Gonadotropin Surges in Ovariectomized-Estradiol-Treated Rats*. <i>Endocrinology</i> , 1983, 112, 1042-1048.	1.4	25
108	Calcification of Auricular Cartilages in Patients with Hypopituitarism. <i>Journal of Clinical Endocrinology and Metabolism</i> , 1982, 55, 354-357.	1.8	32

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109	Regulation of GH Secretion in Acromegaly: Reproducibility of Daily GH Profiles and Attenuated Negative Feedback by IGF-I. , 0, .		5