Brian P Vickery

List of Publications by Year
in descending order

87	8,777	76196 40	48187 88
papers	citations	h-index	g-index

89	89	89	3907
all docs	docs citations	times ranked	citing authors

#	Article	IF	Citations
1	Food allergy: AÂpractice parameter updateâ€”2014. Journal of Allergy and Clinical Immunology, 2014, 134, 1016-1025.e43.	1.5	660
2	Clinical efficacy and immune regulation with peanut oral immunotherapy. Journal of Allergy and Clinical Immunology, 2009, 124, 292-300.e97.	1.5	610
3	Oral Immunotherapy for Treatment of Egg Allergy in Children. New England Journal of Medicine, 2012, 367, 233-243.	13.9	606
4	AR101 Oral Immunotherapy for Peanut Allergy. New England Journal of Medicine, 2018, 379, 1991-2001.	13.9	518
5	A randomized controlled study of peanut oral immunotherapy: Clinical desensitization and modulation of the allergic response. Journal of Allergy and Clinical Immunology, 2011, 127, 654-660.	1.5	488
6	Sustained unresponsiveness to peanut in subjects who have completed peanut oral immunotherapy. Journal of Allergy and Clinical Immunology, 2014, 133, 468-475.e6.	1.5	375
7	The natural history of milk allergy in an observational cohort. Journal of Allergy and Clinical Immunology, 2013, 131, 805-812.e4.	1.5	329
8	Sublingual immunotherapy for peanut allergy: Clinical and immunologic evidence of desensitization. Journal of Allergy and Clinical Immunology, 2011, 127, 640-646.e1.	1.5	324
9	Early oral immunotherapy in peanut-allergic preschool children is safe and highly effective. Journal of Allergy and Clinical Immunology, 2017, 139, 173-181.e8.	1.5	299
10	A phenotypically and functionally distinct human T _H 2 cell subpopulation is associated with allergic disorders. Science Translational Medicine, 2017, 9, .	5.8	291
11	Sublingual immunotherapy for peanut allergy: AÂrandomized, double-blind, placebo-controlled multicenter trial. Journal of Allergy and Clinical Immunology, 2013, 131, 119-127.e7.	1.5	268
12	Epicutaneous immunotherapy for the treatment of peanut allergy in children and young adults. Journal of Allergy and Clinical Immunology, 2017, 139, 1242-1252.e9.	1.5	265
13	Genome-wide association analysis of eosinophilic esophagitis provides insight into the tissue specificity of this allergic disease. Nature Genetics, 2014, 46, 895-900.	9.4	243
14	The natural history of egg allergy in an observational cohort. Journal of Allergy and Clinical Immunology, 2014, 133, 492-499.e8.	1.5	229
15	Adverse reactions during peanut oral immunotherapy home dosing. Journal of Allergy and Clinical Immunology, 2009, 124, 1351-1352.	1.5	179
16	Peanut oral immunotherapy modifies IgE and IgG4 responses to major peanut allergens. Journal of Allergy and Clinical Immunology, 2013, 131, 128-134.e3.	1.5	171
17	Sublingual immunotherapy for peanut allergy: Long-term follow-up of a randomized multicenter trial. Journal of Allergy and Clinical Immunology, 2015, 135, 1240-1248.e3.	1.5	160
18	Efficacy and Safety of AR101 in Oral Immunotherapy for Peanut Allergy: Results of ARC001, a Randomized, Double-Blind, Placebo-Controlled Phase 2 Clinical Trial. Journal of Allergy and Clinical Immunology: in Practice, 2018, 6, 476-485.e3.	2.0	153

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19	Mechanisms of immune tolerance relevant to food allergy. Journal of Allergy and Clinical Immunology, 2011, 127, 576-584.	1.5	151
20	Long-term treatment with egg oral immunotherapy enhances sustained unresponsiveness that persists after cessation of therapy. Journal of Allergy and Clinical Immunology, 2016, 137, 1117-1127.e10.	1.5	149
21	Individualized IgE-based dosing of egg oral immunotherapy and the development of tolerance. Annals of Allergy, Asthma and Immunology, 2010, 105, 444-450.	0.5	137
22	Evidence of pathwayâ€specific basophil anergy induced by peanut oral immunotherapy in peanutâ€allergic children. Clinical and Experimental Allergy, 2012, 42, 1197-1205.	1.4	101
23	Peanut oral immunotherapy is not ready for clinical use. Journal of Allergy and Clinical Immunology, 2010, 126, 31-32.	1.5	100
24	Novel baseline predictors of adverse events during oral immunotherapy in children with peanut allergy. Journal of Allergy and Clinical Immunology, 2017, 139, 882-888.e5.	1.5	100
25	Food-specific IgG 4 is associated with eosinophilic esophagitis. Journal of Allergy and Clinical Immunology, 2016, 138, 1190-1192.e3.	1.5	95
26	Increased peanut-specific IgA levels in saliva correlate with food challenge outcomes after peanut sublingual immunotherapy. Journal of Allergy and Clinical Immunology, 2012, 129, 1159-1162.	1.5	89
27	Sublingual versus oral immunotherapy for peanut-allergic children: A retrospective comparison. Journal of Allergy and Clinical Immunology, 2013, 132, 476-478.e2.	1.5	86
28	Component-resolved analysis of IgA, IgE, and IgG4 during egg OIT identifies markers associated with sustained unresponsiveness. Allergy: European Journal of Allergy and Clinical Immunology, 2016, 71, 1552-1560.	2.7	84
29	Phenotypic Characterization of Eosinophilic Esophagitis in a Large Multicenter Patient Population from the Consortium for Food AllergyÂResearch. Journal of Allergy and Clinical Immunology: in Practice, 2018, 6, 1534-1544.e5.	2.0	79
30	Pathophysiology of Food Allergy. Pediatric Clinics of North America, 2011, 58, 363-376.	0.9	73
31	Immune mechanisms of oral immunotherapy. Journal of Allergy and Clinical Immunology, 2018, 141, 491-498.	1.5	58
32	Continuous and Daily Oral Immunotherapy for Peanut Allergy: Results from a 2-Year Open-Label Follow-On Study. Journal of Allergy and Clinical Immunology: in Practice, 2021, 9, 1879-1889.e13.	2.0	53
33	Pediatric food allergy and mucosal tolerance. Mucosal Immunology, 2010, 3, 345-354.	2.7	52
34	Conducting an Oral Food Challenge to Peanut in an Infant. Journal of Allergy and Clinical Immunology: in Practice, 2017, 5, 301-311.e1.	2.0	50
35	Targeting Toll-like receptors on dendritic cells modifies the TH2 response to peanut allergens in vitro. Journal of Allergy and Clinical Immunology, 2010, 126, 92-97.e5.	1.5	47
36	The use of biologics in food allergy. Clinical and Experimental Allergy, 2021, 51, 1006-1018.	1.4	46

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37	Exploiting CD22 on antigen-specific BÂcells to prevent allergy to the major peanut allergen Ara h 2. Journal of Allergy and Clinical Immunology, 2017, 139, 366-369.e2.	1.5	45
38	Highâ€•and lowâ€dose oral immunotherapy similarly suppress proâ€allergic cytokines and basophil activation in young children. Clinical and Experimental Allergy, 2019, 49, 180-189.	1.4	45
39	Consensus report from the Food Allergy Research & Education (FARE) 2019 Oral Immunotherapy for Food Allergy Summit. Journal of Allergy and Clinical Immunology, 2020, 146, 244-249.	1.5	45
40	Food allergies affect growth in children. Journal of Allergy and Clinical Immunology: in Practice, 2015, 3, 133-134.e1.	2.0	43
41	Skin barrier function in atopic dermatitis. Current Opinion in Pediatrics, 2007, 19, 89-93.	1.0	42
42	Allergist-Reported Trends in the Practice of Food Allergen Oral Immunotherapy. Journal of Allergy and Clinical Immunology: in Practice, 2015, 3, 33-38.	2.0	42
43	Specific allergen profiles of peanut foods and diagnostic or therapeutic allergenic products. Journal of Allergy and Clinical Immunology, 2018, 141, 626-631.e7.	1.5	42
44	Immunotherapy in the treatment of food allergy: focus on oral tolerance. Current Opinion in Allergy and Clinical Immunology, 2009, 9, 364-370.	1.1	41
45	Openâ€label followâ€on study evaluating the efficacy, safety, and quality of life with extended daily oral immunotherapy in children with peanut allergy. Allergy: European Journal of Allergy and Clinical Immunology, 2022, 77, 991-1003.	2.7	41
46	Eosinophilic esophagitis during peanut oral immunotherapy with omalizumab. Journal of Allergy and Clinical Immunology: in Practice, 2017, 5, 498-501.	2.0	40
47	Peanut Oral Immunotherapy: a Current Perspective. Current Allergy and Asthma Reports, 2020, 20, 14.	2.4	40
48	Current Options for the Treatment of Food Allergy. Pediatric Clinics of North America, 2015, 62, 1531-1549.	0.9	37
49	Oral Immunotherapy for Food Allergy. Immunology and Allergy Clinics of North America, 2016, 36, 55-69.	0.7	33
50	Consensus on DEfinition of Food Allergy SEverity (DEFASE) an integrated mixed methods systematic review. World Allergy Organization Journal, 2021, 14, 100503.	1.6	33
51	Genetic variants at the 16p13 locus confer risk for eosinophilic esophagitis. Genes and Immunity, 2019, 20, 281-292.	2.2	30
52	IgE binding to linear epitopes of Ara h 2 in peanut allergic preschool children undergoing oral Immunotherapy. Pediatric Allergy and Immunology, 2019, 30, 817-823.	1.1	28
53	Current and Future Treatment of Peanut Allergy. Journal of Allergy and Clinical Immunology: in Practice, 2019, 7, 357-365.	2.0	28
54	A Novel Allergen-Specific Immune Signature-Directed Approach to Dietary Elimination in Eosinophilic Esophagitis. Clinical and Translational Gastroenterology, 2019, 10, e00099.	1.3	27

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55	Oral and sublingual immunotherapy for food allergy: current progress and future directions. Current Opinion in Immunology, 2013, 25, 781-787.	2.4	25
56	Utility of component analyses in subjects undergoing sublingual immunotherapy for peanut allergy. Clinical and Experimental Allergy, 2016, 46, 347-353.	1.4	22
57	Evaluating primary end points in peanut immunotherapy clinical trials. Journal of Allergy and Clinical Immunology, 2019, 143, 494-506.	1.5	22
58	Oral immunotherapy for food allergy. Current Opinion in Pediatrics, 2010, 22, 765-770.	1.0	20
59	Pioneering immunotherapy for food allergy: clinical outcomes and modulation of the immune response. Immunologic Research, 2011, 49, 216-226.	1.3	20
60	Impact of Allergic Reactions on Food-Specific IgE Concentrations and Skin Test Results. Journal of Allergy and Clinical Immunology: in Practice, 2016, 4, 239-245.e4.	2.0	20
61	Oral desensitization therapy for peanut allergy induces dynamic changes in peanutâ€specific immune responses. Allergy: European Journal of Allergy and Clinical Immunology, 2022, 77, 2534-2548.	2.7	20
62	Five-year follow-up of early intervention peanut oral immunotherapy. Journal of Allergy and Clinical Immunology: in Practice, 2021, 9, 514-517.	2.0	17
63	Egg oral immunotherapy. Current Opinion in Allergy and Clinical Immunology, 2012, 12, 278-282.	1.1	16
64	Clinical Management of Food Allergy. Pediatric Clinics of North America, 2015, 62, 1409-1424.	0.9	16
65	Consensus on DEfinition of Food Allergy SEverity (DEFASE): Protocol for a systematic review. World Allergy Organization Journal, 2020, 13, 100493.	1.6	16
66	Safety of peanut (Arachis hypogaea) allergen powder-dnfp in children and teenagers with peanut allergy: Pooled summary of phase 3 and extension trials. Journal of Allergy and Clinical Immunology, 2022, 149, 2043-2052.e9.	1.5	16
67	Patientsâ€™ Perspectives and Needs on Novel Food Allergy Treatments in the United States. Current Treatment Options in Allergy, 2021, 8, 9-20.	0.9	15
68	Pathogenesis of Food Allergy in the Pediatric Patient. Current Allergy and Asthma Reports, 2012, 12, 621-629.	2.4	12
69	Avoidant-restrictive food intake disorder (ARFID): A treatable complication of foodÂallergy. Journal of Allergy and Clinical Immunology: in Practice, 2022, 10, 326-328.e2.	2.0	12
70	Management of Eosinophilic Esophagitis During Oral Immunotherapy. Journal of Allergy and Clinical Immunology: in Practice, 2021, 9, 3282-3287.	2.0	12
71	Prevention of food allergy: Beyond peanut. Journal of Allergy and Clinical Immunology, 2019, 143, 545-547.	1.5	10
72	Oral Immunotherapyâ€“Related Awareness, Attitudes, and Experiences Among a Nationally Representative Sample of Food Allergy Patients/Caregivers. Journal of Allergy and Clinical Immunology: in Practice, 2021, 9, 4087-4094.e3.	2.0	10

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73	Advances in immunotherapy for food allergy. Discovery Medicine, 2012, 14, 159-65.	0.5	10
74	Using Media Messaging to Promote Healthful Eating and Physical Activity among Urban Youth. Journal of Nutrition Education and Behavior, 2005, 37, 98-99.	0.3	9
75	Anaphylaxis from Peanuts Ingested by Blood Donors?. New England Journal of Medicine, 2011, 365, 867-868.	13.9	9
76	Tree nut- and sesame-specific IgE do not decrease from baseline with peanut oral immunotherapy (OIT). Annals of Allergy, Asthma and Immunology, 2012, 109, 470-471.	0.5	7
77	Can Omalizumab Monotherapy Benefit Real-World Food Allergy Patients? Lessons From an Observational Study. Journal of Allergy and Clinical Immunology: in Practice, 2019, 7, 1910-1911.	2.0	7
78	Performance of Eosinophil Cationic Protein as a Biomarker in Asthmatic Children. Journal of Allergy and Clinical Immunology: in Practice, 2021, 9, 2761-2769.e2.	2.0	6
79	Oral Immunotherapy for Peanut Allergy. New England Journal of Medicine, 2019, 380, 690-692.	13.9	5
80	Low dose immunotherapy in very young children to treat peanut allergy. Expert Review of Clinical Immunology, 2016, 12, 1251-1253.	1.3	3
81	Development of a patientâ€centric food allergy research program: A model for action. Allergy: European Journal of Allergy and Clinical Immunology, 2018, 73, 1551-1553.	2.7	3
82	Kinetics of basophil hyporesponsiveness during short-course peanut oral immunotherapy. Journal of Allergy and Clinical Immunology, 2022, 150, 1144-1153.	1.5	3
83	An Interferon-Inducible Neutrophil-Driven Blood Transcriptional Signature in Human Tuberculosis. Pediatrics, 2011, 128, S145-S146.	1.0	2
84	High Rate of Sustained Unresponsiveness with Early-Intervention Peanut Oral Immunotherapy. Journal of Allergy and Clinical Immunology, 2015, 135, AB155.	1.5	2
85	Exploring barriers to commercial peanut oral immunotherapy treatment during COVID-19. Journal of Allergy and Clinical Immunology: in Practice, 2022, 10, 309-311.e1.	2.0	2
86	Egg-Specific IgA and IgA2 Are Associated with Sustained Unresponsiveness to Egg Following Oral Immunotherapy. Journal of Allergy and Clinical Immunology, 2015, 135, AB38.	1.5	1
87	Does clinical protection persist after food allergen oral immunotherapy?. Immunotherapy, 2015, 7, 851-853.	1.0	1