

# Rafael E De La Hoz

## List of Publications by Year in descending order

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Version: 2024-02-01

63  
papers

1,430  
citations

394421

19  
h-index

361022

35  
g-index

65  
all docs

65  
docs citations

65  
times ranked

1360  
citing authors

#	ARTICLE	IF	CITATIONS
1	Violence-related distress and lung function in two longitudinal studies of youth. <i>European Respiratory Journal</i> , 2022, 59, 2102329.	6.7	9
2	Lung cancer incidence among world trade center rescue and recovery workers. <i>Cancer Medicine</i> , 2022, 11, 3136-3144.	2.8	3
3	Change in Asthma Is Associated with Change in PTSD in World Trade Center Health Registrants, 2011 to 2016. <i>International Journal of Environmental Research and Public Health</i> , 2022, 19, 7795.	2.6	1
4	Asthma-COPD overlap in World Trade Center Health Registry enrollees, 2015–2016. <i>Journal of Asthma</i> , 2021, 58, 1415-1423.	1.7	5
5	Association of quantitative CT lung density measurements and lung function decline in World Trade Center workers. <i>Clinical Respiratory Journal</i> , 2021, 15, 613-621.	1.6	5
6	PAP Adherence and Nasal Resistance. A Randomized Controlled Trial of CPAPflex versus CPAP in World Trade Center Responders. <i>Annals of the American Thoracic Society</i> , 2021, 18, 668-677.	3.2	5
7	Time to a Negative SARS-CoV-2 PCR Predicts Delayed Return to Work After Medical Leave in COVID-19 Infected Health Care Workers. <i>Journal of Occupational and Environmental Medicine</i> , 2021, Publish Ahead of Print, 970-974.	1.7	4
8	COVID-19 as an occupational disease. <i>American Journal of Industrial Medicine</i> , 2021, 64, 227-237.	2.1	91
9	Cluster analysis of World Trade Center (WTC) related lower airway diseases. , 2021, , .		0
10	Association of COPD and Asthma COPD Overlap (ACO) with World Trade Center (WTC) occupational exposure intensity. , 2021, , .		1
11	Quantitative CT adiposity metrics as predictors of reduced expiratory flow in WTC workers and volunteers. , 2021, , .		0
12	Prevalence of Pulmonary Nodules Detected by Computed Tomography in World Trade Center Rescue and Recovery Workers. <i>Annals of the American Thoracic Society</i> , 2020, 17, 125-128.	3.2	5
13	Mental health, long-term medication adherence, and the control of asthma symptoms among persons exposed to the WTC 9/11 disaster. <i>Journal of Asthma</i> , 2020, 57, 1253-1262.	1.7	10
14	Return to work guidelines for the COVID-19 pandemic. <i>Occupational Medicine</i> , 2020, 70, 300-305.	1.4	22
15	Association of low FVC spirometric pattern with WTC occupational exposures. <i>Respiratory Medicine</i> , 2020, 170, 106058.	2.9	9
16	Quantitative CT Evidence of Airway Inflammation in WTC Workers and Volunteers with Low FVC Spirometric Pattern. <i>Lung</i> , 2020, 198, 555-563.	3.3	13
17	Change in body mass index and expiratory flow in World Trade Center workers. , 2020, , .		0
18	Self-management behaviors in World Trade Center rescue and recovery workers with asthma. <i>Journal of Asthma</i> , 2019, 56, 411-421.	1.7	6

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19	Increased pulmonary artery diameter is associated with reduced FEV <sub>1</sub> in former World Trade Center workers. <i>Clinical Respiratory Journal</i> , 2019, 13, 614-623.	1.6	5
20	Association of Obesity with Quantitative Chest CT Measured Airway Wall Thickness in WTC Workers with Lower Airway Disease. <i>Lung</i> , 2019, 197, 517-522.	3.3	4
21	Thyroid Function in Health Care Workers Exposed to Ionizing Radiation. <i>Health Physics</i> , 2019, 117, 403-407.	0.5	8
22	Chronic Rhinosinusitis Is an Independent Risk Factor for OSA in World Trade Center Responders. <i>Chest</i> , 2019, 155, 375-383.	0.8	20
23	Chest CT scan findings in World Trade Center workers. <i>Archives of Environmental and Occupational Health</i> , 2019, 74, 263-270.	1.4	15
24	Consideration of Occupational and Environmental Lung Carcinogen Exposures for Lung Cancer Screening Using Low-Dose Chest CT. <i>Chest</i> , 2018, 154, 996-997.	0.8	0
25	Increased Airway Wall Thickness is Associated with Adverse Longitudinal First and Second Forced Expiratory Volume Trajectories of Former World Trade Center workers. <i>Lung</i> , 2018, 196, 481-489.	3.3	15
26	Anxiety and depression predict musculoskeletal disorders in health care workers. <i>Archives of Environmental and Occupational Health</i> , 2017, 72, 39-44.	1.4	28
27	Obesity and weight gain among former World Trade Center workers and volunteers. <i>Archives of Environmental and Occupational Health</i> , 2017, 72, 106-110.	1.4	6
28	Occupational lung diseases: from old and novel exposures to effective preventive strategies. <i>Lancet Respiratory Medicine</i> , 2017, 5, 445-455.	10.7	105
29	Post-traumatic Stress Disorder, Bronchodilator Response, and Incident Asthma in World Trade Center Rescue and Recovery Workers. <i>American Journal of Respiratory and Critical Care Medicine</i> , 2016, 194, 1383-1391.	5.6	35
30	Determinants of asthma morbidity in World Trade Center rescue and recovery workers. <i>Annals of Allergy, Asthma and Immunology</i> , 2016, 117, 568-570.	1.0	10
31	Polysomnographic Diagnoses Among Former World Trade Center Rescue Workers and Volunteers. <i>Archives of Environmental and Occupational Health</i> , 2012, 67, 239-242.	1.4	9
32	Persistence of multiple illnesses in World Trade Center rescue and recovery workers: a cohort study. <i>Lancet</i> , 2011, 378, 888-897.	13.7	255
33	Occupational lower airway disease in relation to World Trade Center inhalation exposure. <i>Current Opinion in Allergy and Clinical Immunology</i> , 2011, 11, 97-102.	2.3	25
34	Odor identification ability and self-reported upper respiratory symptoms in workers at the post-9/11 World Trade Center site. <i>International Archives of Occupational and Environmental Health</i> , 2011, 84, 131-137.	2.3	24
35	The evolving spectrum of pulmonary disease in responders to the World Trade Center tragedy. <i>American Journal of Industrial Medicine</i> , 2011, 54, 649-660.	2.1	38
36	World Trade Center disaster: assessment of responder occupations, work locations, and job tasks. <i>American Journal of Industrial Medicine</i> , 2011, 54, 681-695.	2.1	20

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37	Occupational Rhinosinusitis and Upper Airway Disease: The World Trade Center Experience. <i>Current Allergy and Asthma Reports</i> , 2010, 10, 77-83.	5.3	22
38	Occupational Asthma and Lower Airway Disease Among World Trade Center Workers and Volunteers. <i>Current Allergy and Asthma Reports</i> , 2010, 10, 287-294.	5.3	28
39	Snoring and Obstructive Sleep Apnea Among Former World Trade Center Rescue Workers and Volunteers. <i>Journal of Occupational and Environmental Medicine</i> , 2010, 52, 29-32.	1.7	28
40	Long-Term Outcomes of Acute Irritant-induced Asthma and World Trade Center-related Lower Airway Disease. <i>American Journal of Respiratory and Critical Care Medicine</i> , 2010, 181, 95-96.	5.6	3
41	Atopy and Upper and Lower Airway Disease Among Former World Trade Center Workers and Volunteers. <i>Journal of Occupational and Environmental Medicine</i> , 2009, 51, 992-995.	1.7	19
42	Occupational toxicant inhalation injury: the World Trade Center (WTC) experience. <i>International Archives of Occupational and Environmental Health</i> , 2008, 81, 479-485.	2.3	72
43	Vocal cord dysfunction in former World Trade Center (WTC) rescue and recovery workers and volunteers. <i>American Journal of Industrial Medicine</i> , 2008, 51, 161-165.	2.1	44
44	Potential for diffuse parenchymal lung disease after exposures at World Trade Center Disaster site. <i>Mount Sinai Journal of Medicine</i> , 2008, 75, 101-107.	1.9	13
45	Health Care and Social Issues of Immigrant Rescue and Recovery Workers at the World Trade Center Site. <i>Journal of Occupational and Environmental Medicine</i> , 2008, 50, 1329-1334.	1.7	21
46	Reflux Symptoms and Disorders and Pulmonary Disease in Former World Trade Center Rescue and Recovery Workers and Volunteers. <i>Journal of Occupational and Environmental Medicine</i> , 2008, 50, 1351-1354.	1.7	30
47	Air Trapping Detected on End-Expiratory High-Resolution Computed Tomography in Symptomatic World Trade Center Rescue and Recovery Workers. <i>Journal of Occupational and Environmental Medicine</i> , 2007, 49, 840-845.	1.7	46
48	Silicosis in dental supply factory workers. <i>Respiratory Medicine</i> , 2004, 98, 791-794.	2.9	13
49	Diagnosis and treatment approaches of CMV infections in adult patients. <i>Journal of Clinical Virology</i> , 2002, 25, 1-12.	3.1	121
50	Criteria for Bronchodilator Response. <i>Chest</i> , 2002, 122, 2263.	0.8	1
51	Occupational and environmental medicine in Colombia. <i>International Archives of Occupational and Environmental Health</i> , 2000, 73, 145-149.	2.3	0
52	ALTITUDE-RELATED PULMONARY DISORDERS. <i>Critical Care Clinics</i> , 1999, 15, 265-280.	2.6	11
53	Reactive airways dysfunction syndrome following exposure to a fluorocarbon. <i>European Respiratory Journal</i> , 1999, 13, 1192.	6.7	16
54	Occupational and environmental medicine in the United States. <i>International Archives of Occupational and Environmental Health</i> , 1998, 71, 155-161.	2.3	8

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55	Diagnosis of cytomegalovirus infection in HIV-infected patients with respiratory disease. Clinical and Diagnostic Virology, 1998, 10, 1-7.	1.7	5
56	EVALUATION OF WORK-RELATED ASTHMA. Clinical Pulmonary Medicine, 1998, 5, 221-227.	0.3	0
57	Dysbarism. Clinical Pulmonary Medicine, 1998, 5, 329-336.	0.3	0
58	Occupational and environmental medicine in New York State. International Archives of Occupational and Environmental Health, 1997, 70, 1-8.	2.3	3
59	Exposure to potential occupational asthmogens: Prevalence data from the National Occupational Exposure Survey. , 1997, 31, 195-201.		18
60	Initial Screening for Antituberculous Drug Resistance at an Inpatient Facility in Leon, Nicaragua. American Journal of Tropical Medicine and Hygiene, 1997, 56, 24-26.	1.4	2
61	Investigation of the Role of the Cytomegalovirus as a Respiratory Pathogen in HIV-Infected Patients. Canadian Respiratory Journal, 1996, 3, 235-240.	1.6	2
62	Chronic lung disease secondary to ammonia inhalation injury: A report on three cases. , 1996, 29, 209-214.		92
63	Chronic lung disease secondary to ammonia inhalation injury: A report on three cases. American Journal of Industrial Medicine, 1996, 29, 209-214.	2.1	1