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List of Publications by Year in descending order

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64
papers

4,472
citations

212478

28
h-index

129628

63
g-index

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all docs

64
docs citations

64
times ranked

5570
citing authors

#	ARTICLE	IF	CITATIONS
1	Parotid Gland Stem Cell Sparing Radiation Therapy for Patients With Head and Neck Cancer: A Double-Blind Randomized Controlled Trial. <i>International Journal of Radiation Oncology Biology Physics</i> , 2022, 112, 306-316.	0.4	22
2	Current practice in proton therapy delivery in adult cancer patients across Europe. <i>Radiotherapy and Oncology</i> , 2022, 167, 7-13.	0.3	23
3	Radiotherapy for patients with Ledderhose disease: Long-term effects, side effects and patient-rated outcome. <i>Radiotherapy and Oncology</i> , 2022, 168, 83-88.	0.3	6
4	A Decision Support Tool to Optimize Selection of Head and Neck Cancer Patients for Proton Therapy. <i>Cancers</i> , 2022, 14, 681.	1.7	5
5	Evaluation of robustly optimised intensity modulated proton therapy for nasopharyngeal carcinoma. <i>Radiotherapy and Oncology</i> , 2022, 168, 221-228.	0.3	9
6	Impact of sarcopenia on acute radiation-induced toxicity in head and neck cancer patients. <i>Radiotherapy and Oncology</i> , 2022, 170, 122-128.	0.3	19
7	In Reply to Sari and Yazici. <i>International Journal of Radiation Oncology Biology Physics</i> , 2022, 112, 1291-1293.	0.4	0
8	Predictors for distant metastasis in head and neck cancer, with emphasis on age. <i>European Archives of Oto-Rhino-Laryngology</i> , 2021, 278, 181-190.	0.8	25
9	Head and neck IMPT probabilistic dose accumulation: Feasibility of a 2Âmm setup uncertainty setting. <i>Radiotherapy and Oncology</i> , 2021, 154, 45-52.	0.3	18
10	The tubarial salivary glands: A potential new organ at risk for radiotherapy. <i>Radiotherapy and Oncology</i> , 2021, 154, 292-298.	0.3	77
11	External validation of nodal failure prediction models including radiomics in head and neck cancer. <i>Oral Oncology</i> , 2021, 112, 105083.	0.8	17
12	The tubarial glands paper: A starting point. A reply to comments. <i>Radiotherapy and Oncology</i> , 2021, 154, 308-311.	0.3	10
13	Postoperative Radiotherapy for Cutaneous Squamous Cell Carcinoma in Patients With Microscopic Residual Disease. <i>JAMA Dermatology</i> , 2021, 157, 349.	2.0	2
14	Comprehensive toxicity risk profiling in radiation therapy for head and neck cancer: A new concept for individually optimised treatment. <i>Radiotherapy and Oncology</i> , 2021, 157, 147-154.	0.3	54
15	Risk of ischaemic cerebrovascular events in head and neck cancer patients is associated with carotid artery radiation dose. <i>Radiotherapy and Oncology</i> , 2021, 157, 182-187.	0.3	20
16	National Protocol for Model-Based Selection for Proton Therapy in Head and Neck Cancer. <i>International Journal of Particle Therapy</i> , 2021, 8, 354-365.	0.9	32
17	Impact of radiation-induced toxicities on quality of life of patients treated for head and neck cancer. <i>Radiotherapy and Oncology</i> , 2021, 160, 47-53.	0.3	25
18	Frailty and restrictions in geriatric domains are associated with surgical complications but not with radiation-induced acute toxicity in head and neck cancer patients: A prospective study. <i>Oral Oncology</i> , 2021, 118, 105329.	0.8	21

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19	Development of advanced preselection tools to reduce redundant plan comparisons in model-based selection of head and neck cancer patients for proton therapy. <i>Radiotherapy and Oncology</i> , 2021, 160, 61-68.	0.3	4
20	Quality of life and toxicity guided treatment plan optimisation for head and neck cancer. <i>Radiotherapy and Oncology</i> , 2021, 162, 85-90.	0.3	3
21	Relationship between videofluoroscopic and subjective (physician- and patient- rated) assessment of late swallowing dysfunction after (chemo) radiation: Results of a prospective observational study. <i>Radiotherapy and Oncology</i> , 2021, 164, 253-260.	0.3	1
22	Patient-Reported Toxicity and Quality-of-Life Profiles in Patients With Head and Neck Cancer Treated With Definitive Radiation Therapy or Chemoradiation. <i>International Journal of Radiation Oncology Biology Physics</i> , 2021, 111, 456-467.	0.4	23
23	Association of Deficits Identified by Geriatric Assessment With Deterioration of Health-Related Quality of Life in Patients Treated for Head and Neck Cancer. <i>JAMA Otolaryngology - Head and Neck Surgery</i> , 2021, 147, 1089.	1.2	15
24	Improving automatic delineation for head and neck organs at risk by Deep Learning Contouring. <i>Radiotherapy and Oncology</i> , 2020, 142, 115-123.	0.3	141
25	Onset of hypothyroidism after total laryngectomy: Effects of thyroid gland surgery and preoperative and postoperative radiotherapy. <i>Head and Neck</i> , 2020, 42, 636-644.	0.9	9
26	Frailty is associated with decline in health-related quality of life of patients treated for head and neck cancer. <i>Oral Oncology</i> , 2020, 111, 105020.	0.8	36
27	First experience with model-based selection of head and neck cancer patients for proton therapy. <i>Radiotherapy and Oncology</i> , 2020, 151, 206-213.	0.3	63
28	Assessment of manual adjustment performed in clinical practice following deep learning contouring for head and neck organs at risk in radiotherapy. <i>Physics and Imaging in Radiation Oncology</i> , 2020, 16, 54-60.	1.2	25
29	¹⁸ F-FDG PET/CT for response evaluation of regional lymph nodes in 97 head and neck squamous cell carcinoma patients: Differences in the predictive value of residual disease after radiotherapy and chemoradiotherapy. <i>Clinical Otolaryngology</i> , 2020, 45, 805-810.	0.6	3
30	Randomized controlled trial to identify the optimal radiotherapy scheme for palliative treatment of incurable head and neck squamous cell carcinoma. <i>Radiotherapy and Oncology</i> , 2020, 149, 181-188.	0.3	9
31	The Image Biomarker Standardization Initiative: Standardized Quantitative Radiomics for High-Throughput Image-based Phenotyping. <i>Radiology</i> , 2020, 295, 328-338.	3.6	1,869
32	Pre-treatment radiomic features predict individual lymph node failure for head and neck cancer patients. <i>Radiotherapy and Oncology</i> , 2020, 146, 58-65.	0.3	23
33	Impact of sarcopenia on survival and late toxicity in head and neck cancer patients treated with radiotherapy. <i>Radiotherapy and Oncology</i> , 2020, 147, 103-110.	0.3	85
34	Key challenges in normal tissue complication probability model development and validation: towards a comprehensive strategy. <i>Radiotherapy and Oncology</i> , 2020, 148, 151-156.	0.3	24
35	Comparison of the suitability of CBCT- and MR-based synthetic CTs for daily adaptive proton therapy in head and neck patients. <i>Physics in Medicine and Biology</i> , 2020, 65, 235036.	1.6	24
36	The prognostic value of CT-based image-biomarkers for head and neck cancer patients treated with definitive (chemo-)radiation. <i>Oral Oncology</i> , 2019, 95, 178-186.	0.8	27

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37	Practical robustness evaluation in radiotherapy – A photon and proton-proof alternative to PTV-based plan evaluation. <i>Radiotherapy and Oncology</i> , 2019, 141, 267-274.	0.3	95
38	Delta-radiomics features during radiotherapy improve the prediction of late xerostomia. <i>Scientific Reports</i> , 2019, 9, 12483.	1.6	45
39	CT-measured skeletal muscle mass used to assess frailty in patients with head and neck cancer. <i>Journal of Cachexia, Sarcopenia and Muscle</i> , 2019, 10, 1060-1069.	2.9	67
40	Development of Normal Tissue Complication Probability Model for Trismus in Head and Neck Cancer Patients Treated With Radiotherapy: The Role of Dosimetric and Clinical Factors. <i>Anticancer Research</i> , 2019, 39, 6787-6798.	0.5	12
41	¹⁸ F-FDG PET image biomarkers improve prediction of late radiation-induced xerostomia. <i>Radiotherapy and Oncology</i> , 2018, 126, 89-95.	0.3	55
42	External validation of a multifactorial normal tissue complication probability model for tube feeding dependence at 6 months after definitive radiotherapy for head and neck cancer. <i>Radiotherapy and Oncology</i> , 2018, 129, 403-408.	0.3	14
43	Parotid gland fat related Magnetic Resonance image biomarkers improve prediction of late radiation-induced xerostomia. <i>Radiotherapy and Oncology</i> , 2018, 128, 459-466.	0.3	69
44	Reply letter to –Texture analysis of parotid gland as a predictive factor of radiation induced xerostomia: A subset analysis–. <i>Radiotherapy and Oncology</i> , 2017, 122, 322.	0.3	2
45	Survival Patterns in Elderly Head and Neck Squamous Cell Carcinoma Patients Treated With Definitive Radiation Therapy. <i>International Journal of Radiation Oncology Biology Physics</i> , 2017, 98, 793-801.	0.4	16
46	Improving the prediction of overall survival for head and neck cancer patients using image biomarkers in combination with clinical parameters. <i>Radiotherapy and Oncology</i> , 2017, 124, 256-262.	0.3	45
47	Geometric Image Biomarker Changes of the Parotid Gland Are Associated With Late Xerostomia. <i>International Journal of Radiation Oncology Biology Physics</i> , 2017, 99, 1101-1110.	0.4	29
48	CT image biomarkers to improve patient-specific prediction of radiation-induced xerostomia and sticky saliva. <i>Radiotherapy and Oncology</i> , 2017, 122, 185-191.	0.3	95
49	Robust Intensity Modulated Proton Therapy (IMPT) Increases Estimated Clinical Benefit in Head and Neck Cancer Patients. <i>PLoS ONE</i> , 2016, 11, e0152477.	1.1	43
50	Impact of coronal and sagittal views on lung gross tumor volume delineation. <i>Physica Medica</i> , 2016, 32, 1082-1087.	0.4	2
51	Selection of head and neck cancer patients for adaptive radiotherapy to decrease xerostomia. <i>Radiotherapy and Oncology</i> , 2016, 120, 36-40.	0.3	39
52	Swallowing sparing intensity modulated radiotherapy (SW-IMRT) in head and neck cancer: Clinical validation according to the model-based approach. <i>Radiotherapy and Oncology</i> , 2016, 118, 298-303.	0.3	55
53	Identifying patients who may benefit from adaptive radiotherapy: Does the literature on anatomic and dosimetric changes in head and neck organs at risk during radiotherapy provide information to help?. <i>Radiotherapy and Oncology</i> , 2015, 115, 285-294.	0.3	136
54	Multicriteria optimization enables less experienced planners to efficiently produce high quality treatment plans in head and neck cancer radiotherapy. <i>Radiation Oncology</i> , 2015, 10, 87.	1.2	47

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55	Acute symptoms during the course of head and neck radiotherapy or chemoradiation are strong predictors of late dysphagia. <i>Radiotherapy and Oncology</i> , 2015, 115, 56-62.	0.3	66
56	Patterns of long-term swallowing dysfunction after definitive radiotherapy or chemoradiation. <i>Radiotherapy and Oncology</i> , 2015, 117, 139-144.	0.3	72
57	CT-based delineation of organs at risk in the head and neck region: DAHANCA, EORTC, GORTEC, HKNPCSG, NCIC CTG, NCRI, NRG Oncology and TROG consensus guidelines. <i>Radiotherapy and Oncology</i> , 2015, 117, 83-90.	0.3	425
58	Assessment of hypoxic subvolumes in laryngeal cancer with 18F-fluoroazomycin-araboside (18F-FAZA)-PET/CT scanning and immunohistochemistry. <i>Radiotherapy and Oncology</i> , 2015, 117, 106-112.	0.3	10
59	Development and Validation of a Prediction Model for Tube Feeding Dependence after Curative (Chemo-) Radiation in Head and Neck Cancer. <i>PLoS ONE</i> , 2014, 9, e94879.	1.1	31
60	Development of a multivariable normal tissue complication probability (NTCP) model for tube feeding dependence after curative radiotherapy/chemo-radiotherapy in head and neck cancer. <i>Radiotherapy and Oncology</i> , 2014, 113, 95-101.	0.3	84
61	Dynamics of tumor hypoxia assessed by 18F-FAZA PET/CT in head and neck and lung cancer patients during chemoradiation: Possible implications for radiotherapy treatment planning strategies. <i>Radiotherapy and Oncology</i> , 2014, 113, 198-203.	0.3	66
62	Differences in delineation guidelines for head and neck cancer result in inconsistent reported dose and corresponding NTCP. <i>Radiotherapy and Oncology</i> , 2014, 111, 148-152.	0.3	25
63	Direct use of multivariable normal tissue complication probability models in treatment plan optimisation for individualised head and neck cancer radiotherapy produces clinically acceptable treatment plans. <i>Radiotherapy and Oncology</i> , 2014, 112, 430-436.	0.3	36
64	Evaluation of DVH-based treatment plan verification in addition to gamma passing rates for head and neck IMRT. <i>Radiotherapy and Oncology</i> , 2014, 112, 389-395.	0.3	22