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List of Publications by Year
in descending order

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140	6,290	76322	82542
papers	citations	40	72
		h-index	g-index

144	144	144	3646
all docs	docs citations	times ranked	citing authors

#	Article	IF	Citations
1	Consensus on diagnosis and management of Cushing's disease: a guideline update. Lancet Diabetes and Endocrinology,the, 2021, 9, 847-875.	11.4	315
2	Pasireotide versus continued treatment with octreotide or lanreotide in patients with inadequately controlled acromegaly (PAOLA): a randomised, phase 3 trial. Lancet Diabetes and Endocrinology,the, 2014, 2, 875-884.	11.4	309
3	The Role of the Aryl Hydrocarbon Receptor-Interacting Protein Gene in Familial and Sporadic Pituitary Adenomas. Journal of Clinical Endocrinology and Metabolism, 2008, 93, 2390-2401.	3.6	273
4	Systemic Complications of Acromegaly and the Impact of the Current Treatment Landscape: An Update. Endocrine Reviews, 2019, 40, 268-332.	20.1	226
5	A Consensus on the Diagnosis and Treatment of Acromegaly Comorbidities: An Update. Journal of Clinical Endocrinology and Metabolism, 2020, 105, e937-e946.	3.6	207
6	Quantitative analysis of somatostatin receptor subtype (SSTR1â€“5) gene expression levels in somatotropinomas and non-functioning pituitary adenomas. European Journal of Endocrinology, 2007, 156, 65-74.	3.7	196
7	Multidisciplinary management of acromegaly: A consensus. Reviews in Endocrine and Metabolic Disorders, 2020, 21, 667-678.	5.7	183
8	The Gene of the Ubiquitin-Specific Protease 8 Is Frequently Mutated in Adenomas Causing Cushing's Disease. Journal of Clinical Endocrinology and Metabolism, 2015, 100, E997-E1004.	3.6	163
9	Quantitative analysis of somatostatin receptor subtypes (1â€“5) gene expression levels in somatotropinomas and correlation to in vivo hormonal and tumor volume responses to treatment with octreotide LAR. European Journal of Endocrinology, 2008, 158, 295-303.	3.7	160
10	A Pituitary Society update to acromegaly management guidelines. Pituitary, 2021, 24, 1-13.	2.9	158
11	Landscape of Familial Isolated and Young-Onset Pituitary Adenomas: Prospective Diagnosis inAIPMutation Carriers. Journal of Clinical Endocrinology and Metabolism, 2015, 100, E1242-E1254.	3.6	144
12	BMI and Metabolic Profile in Patients With Prolactinoma Before and After Treatment With Dopamine Agonists. Obesity, 2011, 19, 800-805.	3.0	136
13	Novel pathway for somatostatin analogs in patients with acromegaly. Trends in Endocrinology and Metabolism, 2013, 24, 238-246.	7.1	126
14	Expression Analysis of Dopamine Receptor Subtypes in Normal Human Pituitaries, Nonfunctioning Pituitary Adenomas and Somatotropinomas, and the Association between Dopamine and Somatostatin Receptors with Clinical Response to Octreotide-LAR in Acromegaly. Journal of Clinical Endocrinology and Metabolism, 2009, 94, 1931-1937.	3.6	120
15	Octreotide LAR vs. surgery in newly diagnosed patients with acromegaly: a randomized, openâ€label, multicentre study. Clinical Endocrinology, 2009, 70, 757-768.	2.4	108
16	Challenges in the diagnosis and management of acromegaly: a focus on comorbidities. Pituitary, 2016, 19, 448-457.	2.9	108
17	AIP expression in sporadic somatotropinomas is a predictor of the response to octreotide LAR therapy independent of SSTR2 expression. Endocrine-Related Cancer, 2012, 19, L25-L29.	3.1	100
18	Interpreting biochemical control response rates with first-generation somatostatin analogues in acromegaly. Pituitary, 2016, 19, 235-247.	2.9	93

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19	Giant prolactinomas: the therapeutic approach. Clinical Endocrinology, 2013, 79, 447-456.	2.4	91
20	Somatostatin receptor ligands in the treatment of acromegaly. Pituitary, 2017, 20, 100-108.	2.9	91
21	Loss of Heterozygosity on Chromosome 11q13 in Two Families with Acromegaly/Gigantism Is Independent of Mutations of the Multiple Endocrine Neoplasia Type I Gene¹. Journal of Clinical Endocrinology and Metabolism, 1999, 84, 249-256.	3.6	80
22	Prevalence of sleep apnea and metabolic abnormalities in patients with acromegaly and analysis of cephalometric parameters by magnetic resonance imaging.. European Journal of Endocrinology, 2008, 158, 459-465.	3.7	77
23	Adverse effects of glucocorticoids: coagulopathy. European Journal of Endocrinology, 2015, 173, M11-M21.	3.7	72
24	Truncated somatostatin receptor variant sst5TMD4 confers aggressive features (proliferation,) Tj ETQq0 0 0 rgBT /Overlock 10 Tf 50 54	7.2	72
25	Low Aryl Hydrocarbon Receptor-Interacting Protein Expression Is a Better Marker of Invasiveness in Somatotropinomas than Ki-67 and p53. Neuroendocrinology, 2011, 94, 39-48.	2.5	69
26	Controversial issues in the management of hyperprolactinemia and prolactinomas â€“ An overview by the Neuroendocrinology Department of the Brazilian Society of Endocrinology and Metabolism. Archives of Endocrinology and Metabolism, 2018, 62, 236-263.	0.6	69
27	The genetic background of acromegaly. Pituitary, 2017, 20, 10-21.	2.9	65
28	Switching patients with acromegaly from octreotide to pasireotide improves biochemical control: crossover extension to a randomized, double-blind, Phase III study. BMC Endocrine Disorders, 2016, 16, 16.	2.2	63
29	Genetics of Pituitary Adenomas. Frontiers of Hormone Research, 2013, 41, 111-140.	1.0	61
30	Predictors of surgical outcome and early criteria of remission in acromegaly. Endocrine, 2018, 60, 415-422.	2.3	61
31	Efficacy of medical treatment in <scp>C</scp>ushing's disease: a systematic review. Clinical Endocrinology, 2014, 80, 1-12.	2.4	59
32	Regulation of Aryl Hydrocarbon Receptor Interacting Protein (AIP) Protein Expression by MiR-34a in Sporadic Somatotropinomas. PLoS ONE, 2015, 10, e0117107.	2.5	59
33	Effect of pasireotide on glucose- and growth hormone-related biomarkers in patients with inadequately controlled acromegaly. Endocrine, 2016, 53, 210-219.	2.3	59
34	Ipilimumab-induced hypophysitis: review of the literature. Journal of Endocrinological Investigation, 2015, 38, 1159-1166.	3.3	56
35	MANAGEMENT OF ENDOCRINE DISEASE: Personalized medicine in the treatment of acromegaly. European Journal of Endocrinology, 2018, 178, R89-R100.	3.7	56
36	Ki-67 is a predictor of acromegaly control with octreotide LAR independent of SSTR2 status and relates to cytokeratin pattern. European Journal of Endocrinology, 2013, 169, 217-223.	3.7	55

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37	Prevalence of discordant GH and IGF-I levels in acromegalics at diagnosis, after surgical treatment and during treatment with octreotide LARÂ®. Growth Hormone and IGF Research, 2008, 18, 389-393.	1.1	53
38	Low Frequency of Cardiomyopathy Using Cardiac Magnetic Resonance Imaging in an Acromegaly Contemporary Cohort. Journal of Clinical Endocrinology and Metabolism, 2015, 100, 4447-4455.	3.6	51
39	Dopamine receptor subtype 2 expression profile in nonfunctioning pituitary adenomas and in vivo response to cabergoline therapy. Clinical Endocrinology, 2015, 82, 739-746.	2.4	49
40	Apoplexy in nonfunctioning pituitary adenomas. Pituitary, 2018, 21, 138-144.	2.9	47
41	Pituitary apoplexy during treatment of cystic macroprolactinomas with cabergoline. Pituitary, 2008, 11, 287-292.	2.9	40
42	Acromegaly Secondary to Growth Hormone-releasing Hormone Secreted by an Incidentally Discovered Pheochromocytoma. Endocrine Pathology, 2007, 18, 46-52.	9.0	39
43	Acromegaly and pregnancy: a prospective study. European Journal of Endocrinology, 2014, 170, 301-310.	3.7	39
44	Determinants of morbidities and mortality in acromegaly. Archives of Endocrinology and Metabolism, 2020, 63, 630-637.	0.6	39
45	A meiotic recombination in a new isolated familial somatotropinoma kindred. European Journal of Endocrinology, 2004, 150, 643-648.	3.7	38
46	Lanreotide Autogel 120â€Šmg at extended dosing intervals in patients with acromegaly biochemically controlled with octreotide LAR: the LEAD study. European Journal of Endocrinology, 2015, 173, 313-323.	3.7	37
47	Somatic USP8 mutations are frequent events in corticotroph tumor progression causing Nelsonâ€™s tumor. European Journal of Endocrinology, 2018, 178, 57-63.	3.7	37
48	Bone density and microarchitecture in endogenous hypercortisolism. Clinical Endocrinology, 2015, 83, 468-474.	2.4	36
49	Low frequency of cardniac arrhythmias and lack of structural heart disease in medically-naÃ¯ve acromegaly patients: a prospective study at baseline and after 1Âyear of somatostatin analogs treatment. Pituitary, 2016, 19, 582-589.	2.9	36
50	Pasireotide for acromegaly: long-term outcomes from an extension to the Phase III PAOLA study. European Journal of Endocrinology, 2020, 182, 583.	3.7	36
51	Lycopene and Beta-Carotene Induce Growth Inhibition and Proapoptotic Effects on ACTH-Secreting Pituitary Adenoma Cells. PLoS ONE, 2013, 8, e62773.	2.5	35
52	The Future of Somatostatin Receptor Ligands in Acromegaly. Journal of Clinical Endocrinology and Metabolism, 2022, 107, 297-308.	3.6	35
53	Definition and diagnosis of aggressive pituitary tumors. Reviews in Endocrine and Metabolic Disorders, 2020, 21, 203-208.	5.7	33
54	Prevalence of gsp oncogene in somatotropinomas and clinically non-functioning pituitary adenomas: our experience. Pituitary, 2009, 12, 165-169.	2.9	32

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55	Management of acromegaly in Latin America: expert panel recommendations. Pituitary, 2010, 13, 168-175.	2.9	31
56	Cabergoline treatment in acromegaly: cons. Endocrine, 2014, 46, 220-225.	2.3	31
57	Pituitary Neoplasm Nomenclature Workshop: Does Adenoma Stand the Test of Time?. Journal of the Endocrine Society, 2021, 5, bvaa205.	0.2	31
58	Randomized Trial of Osilodrostat for the Treatment of Cushing Disease. Journal of Clinical Endocrinology and Metabolism, 2022, 107, e2882-e2895.	3.6	31
59	Splicing Machinery is Dysregulated in Pituitary Neuroendocrine Tumors and is Associated with Aggressiveness Features. Cancers, 2019, 11, 1439.	3.7	30
60	Use of late-night salivary cortisol to monitor response to medical treatment in Cushingâ€™s disease. European Journal of Endocrinology, 2020, 182, 207-217.	3.7	29
61	Machine Learning-based Prediction Model for Treatment of Acromegaly With First-generation Somatostatin Receptor Ligands. Journal of Clinical Endocrinology and Metabolism, 2021, 106, 2047-2056.	3.6	27
62	Risk factors and management of pasireotide-associated hyperglycemia in acromegaly. Endocrine Connections, 2020, 9, 1178-1190.	1.9	27
63	Treatment effectiveness of pasireotide on health-related quality of life in patients with Cushing's disease. European Journal of Endocrinology, 2014, 171, 89-98.	3.7	26
64	ZAC1 and SSTR2 Are Downregulated in Non-Functioning Pituitary Adenomas but Not in somatotropinomas. PLoS ONE, 2013, 8, e77406.	2.5	25
65	Prevalence of obstructive sleep apnea in patients with prolactinoma before and after treatment with dopamine agonists. Pituitary, 2014, 17, 441-449.	2.9	25
66	Pituitary Tumor Management in Pregnancy. Endocrinology and Metabolism Clinics of North America, 2015, 44, 181-197.	3.2	25
67	Pasireotide for the treatment of acromegaly. Expert Opinion on Pharmacotherapy, 2016, 17, 579-588.	1.8	24
68	Glucocorticoid use in patients with adrenal insufficiency following administration of the COVID-19 vaccine: a pituitary society statement. Pituitary, 2021, 24, 143-145.	2.9	24
69	Familial isolated pituitary adenomas experience at a single center: clinical importance of AIP mutation screening. Arquivos Brasileiros De Endocrinologia E Metabologia, 2010, 54, 698-704.	1.3	23
70	Growth of an aggressive tumor during pregnancy in an acromegalic patient. Endocrine Journal, 2012, 59, 313-319.	1.6	23
71	A paradigm shift in the medical treatment of acromegaly: from a â€˜trial and errorâ€™ to a personalized therapeutic decisionâ€making process. Clinical Endocrinology, 2015, 83, 1-2.	2.4	23
72	Cavernous carotid artery pseudo-aneurysm treated by stenting in acromegalic patient. Arquivos De Neuro-Psiquiatria, 2003, 61, 459-462.	0.8	21

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73	The Role of Temozolomide in the Treatment of a Patient With a Pure Silent Pituitary Somatotroph Carcinoma. Endocrine Practice, 2013, 19, e145-e149.	2.1	21
74	Treatment escape reduces the effectiveness of cabergoline during longâ€term treatment of acromegaly in monotherapy or in association with firstâ€generation somatostatin receptor ligands. Clinical Endocrinology, 2018, 88, 889-895.	2.4	21
75	Management of pituitary incidentaloma. Best Practice and Research in Clinical Endocrinology and Metabolism, 2019, 33, 101268.	4.7	21
76	Clinical significance of filamin A in patients with acromegaly and its association with somatostatin and dopamine receptor profiles. Scientific Reports, 2019, 9, 1122.	3.3	21
77	Evaluation of the Efficacy and Safety of Switching to Pasireotide in Patients With Acromegaly Inadequately Controlled With First-Generation Somatostatin Analogs. Frontiers in Endocrinology, 2019, 10, 931.	3.5	21
78	Acromegalic patients lost to follow-up: a pilot study. Pituitary, 2013, 16, 245-250.	2.9	20
79	A review on the diagnosis and treatment of patients with clinically nonfunctioning pituitary adenoma by the Neuroendocrinology Department of the Brazilian Society of Endocrinology and Metabolism. Archives of Endocrinology and Metabolism, 2016, 60, 374-390.	0.6	20
80	Balance Control and Peripheral Muscle Function in Aging: A Comparison Between Individuals with Acromegaly and Healthy Subjects. Journal of Aging and Physical Activity, 2017, 25, 218-227.	1.0	20
81	Utility of [18F] fluoro-2-deoxy-d-glucose positron emission tomography in the localization of ectopic ACTH-secreting tumors. Pituitary, 2009, 12, 380-383.	2.9	19
82	Experience with pegvisomant treatment in acromegaly in a single Brazilian tertiary reference center: efficacy, safety and predictors of response. Archives of Endocrinology and Metabolism, 2016, 60, 479-485.	0.6	19
83	On the Functional Capacity and Quality of Life of Patients with Acromegaly: Are They Candidates for Rehabilitation Programs?. Journal of Physical Therapy Science, 2013, 25, 1497-1501.	0.6	18
84	Posture and balance control in patients with acromegaly: Results of a cross-sectional study. Gait and Posture, 2014, 40, 154-159.	1.4	18
85	AIP mutations in Brazilian patients with sporadic pituitary adenomas: a single-center evaluation. Endocrine Connections, 2017, 6, 914-925.	1.9	18
86	Molecular evidence and clinical importance of Î²â€arrestins expression in patients with acromegaly. Journal of Cellular and Molecular Medicine, 2018, 22, 2110-2116.	3.6	18
87	Expression of Retinoblastoma Protein in Human Growth Hormoneâ€“Secreting Pituitary Adenomas. Endocrine Pathology, 2005, 16, 053-062.	9.0	17
88	Osteosarcoma and acromegaly: A case report and review of the litereture. Journal of Endocrinological Investigation, 2006, 29, 1006-1011.	3.3	17
89	Optic pathways tuberculoma mimicking glioma: case report. World Neurosurgery, 2003, 60, 349-353.	1.3	16
90	Sellar and suprasellar mixed germ cell tumor mimicking a pituitary adenoma. Pituitary, 2011, 14, 345-350.	2.9	16

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91	Rotation thromboelastometry and the hypercoagulable state in <scp>C</scp>ushing's syndrome. Clinical Endocrinology, 2014, 81, 657-664.	2.4	16
92	Brazilian multicenter study on pegvisomant treatment in acromegaly. Archives of Endocrinology and Metabolism, 2019, 63, 328-336.	0.6	16
93	Accuracy of microcystic aspect on T2â€weighted MRI for the diagnosis of silent corticotroph adenomas. Clinical Endocrinology, 2020, 92, 145-149.	2.4	16
94	Pulmonary function testing and chest tomography in patients with acromegaly. Multidisciplinary Respiratory Medicine, 2013, 8, 70.	1.5	14
95	Recommendations of the Neuroendocrinology Department of the Brazilian Society of Endocrinology and Metabolism for the diagnosis of Cushingâ€™s disease in Brazil. Archives of Endocrinology and Metabolism, 2016, 60, 267-286.	0.6	14
96	Long-Term Remission of Acromegaly after Octreotide Withdrawal Is an Uncommon and Frequently Unsustainable Event. Neuroendocrinology, 2017, 104, 273-279.	2.5	14
97	Acromegaly. Endocrinology and Metabolism Clinics of North America, 2020, 49, 475-486.	3.2	14
98	Resistance to octreotide LAR in acromegalic patients with high SSTR2 expression: analysis of AIP expression. Arquivos Brasileiros De Endocrinologia E Metabologia, 2012, 56, 501-506.	1.3	13
99	Etiologic aspects and management of acromegaly. Arquivos Brasileiros De Endocrinologia E Metabologia, 2005, 49, 626-640.	1.3	12
100	The NETting of pituitary adenoma: a gland illusion. Pituitary, 2022, 25, 349-351.	2.9	12
101	Growth hormone isoforms in acromegalic patients before and after treatment with octreotide LAR. Growth Hormone and IGF Research, 2010, 20, 87-92.	1.1	11
102	What is the effect of peripheral muscle fatigue, pulmonary function, and body composition on functional exercise capacity in acromegalic patients?. Journal of Physical Therapy Science, 2015, 27, 719-724.	0.6	11
103	Physical exercise improves functional capacity and quality of life in patients with acromegaly: a 12-week follow-up study. Endocrine, 2019, 66, 301-309.	2.3	11
104	Collision sellar lesions: coexistence of pituitary adenoma and Rathke cleft cystâ€”a single-center experience. Endocrine, 2020, 68, 174-181.	2.3	11
105	Approach to the Patient: Differential Diagnosis of Cystic Sellar Lesions. Journal of Clinical Endocrinology and Metabolism, 2022, 107, 1751-1758.	3.6	11
106	Insulin-like growth factor (IgF)-I, IgF binding protein-3, and prostate cancer: correlation with gleason score. International Braz J Urol: Official Journal of the Brazilian Society of Urology, 2015, 41, 110-115.	1.5	10
107	gsp Mutation Is Not a Molecular Biomarker of Long-Term Response to First-Generation Somatostatin Receptor Ligands in Acromegaly. Cancers, 2021, 13, 4857.	3.7	10
108	A Subcutaneous Octreotide Hydrogel Implant for the Treatment of Acromegaly. Endocrine Practice, 2012, 18, 870-881.	2.1	9

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109	Somatotropinomas inadequately controlled with octreotide may over-respond to pasireotide: the importance of dose adjustment to achieve long-term biochemical control. Hormones, 2017, 16, 84-91.	1.9	9
110	Cyclin A in nonfunctioning pituitary adenomas. Endocrine, 2020, 70, 380-387.	2.3	8
111	Novel therapies for acromegaly. Endocrine Connections, 2020, 9, R274-R285.	1.9	8
112	Prolactinomas. Presse Medicale, 2021, 50, 104080.	1.9	8
113	Acromegaly and Non-Hodgkinâ€™s Lymphoma. Endocrine Practice, 1998, 4, 279-281.	2.1	7
114	Tumor Deletion Mapping of Chromosomal Region 13q14 in 43 Growth Hormone Secreting Pituitary Adenomas. Endocrine, 2005, 28, 131-136.	2.2	7
115	Hematologic neoplasias and acromegaly. Pituitary, 2011, 14, 377-381.	2.9	7
116	Computed tomography airway lumen volumetry in patients with acromegaly: Association with growth hormone levels and lung function. Journal of Medical Imaging and Radiation Oncology, 2017, 61, 591-599.	1.8	7
117	Pituitary MRI Features in Acromegaly Resulting From Ectopic GHRH Secretion From a Neuroendocrine Tumor: Analysis of 30 Cases. Journal of Clinical Endocrinology and Metabolism, 2022, 107, e3313-e3320.	3.6	7
118	New and emerging pharmacological treatment options for acromegaly. Expert Opinion on Pharmacotherapy, 2021, 22, 1615-1623.	1.8	6
119	Identification of mutant K-RAS in pituitary macroadenoma. Pituitary, 2021, 24, 746-753.	2.9	6
120	Pituitary MRI Standard and Advanced Sequences: Role in the Diagnosis and Characterization of Pituitary Adenomas. Journal of Clinical Endocrinology and Metabolism, 2022, 107, 1431-1440.	3.6	6
121	Management of hypopituitarism: a perspective from the Brazilian Society of Endocrinology and Metabolism. Archives of Endocrinology and Metabolism, 2021, 65, 212-230.	0.6	5
122	Growth hormone receptor exon 3 isoforms may have no importance in the clinical setting of multiethnic Brazilian acromegaly patients. Pituitary, 2016, 19, 375-380.	2.9	4
123	The effectiveness of a therapist-oriented home rehabilitation program for a patient with acromegaly: A case study. Journal of Bodywork and Movement Therapies, 2019, 23, 634-642.	1.2	4
124	The Glittre Activities of Daily Living Test in patients with acromegaly: Associations with hand function and health-related quality of life. Journal of Back and Musculoskeletal Rehabilitation, 2021, 34, 441-451.	1.1	4
125	Osilodrostat for the treatment of Cushing's disease: efficacy, stability, and persistence â€“ Authors' reply. Lancet Diabetes and Endocrinology,the, 2022, 10, 385-387.	11.4	4
126	A review of Cushing's disease treatment by the Department of Neuroendocrinology of the Brazilian Society of Endocrinology and Metabolism. Archives of Endocrinology and Metabolism, 2018, 62, 87-105.	0.6	3

#	ARTICLE	IF	CITATIONS
127	Letter to the Editor: â€œOur Response to COVID-19 as Endocrinologists and Diabetologistsâ€• Journal of Clinical Endocrinology and Metabolism, 2020, 105, e2661-e2662.	3.6	3
128	GH and IGF-I levels and tumor shrinkage in response to first generation somatostatin receptor ligands in acromegaly: a comparative study between two reference centers for pituitary diseases in Brazil. Endocrine, 2021, 74, 146-154.	2.3	3
129	Safety and Efficacy of Switching Injected Peptide Long-Acting Somatostatin Receptor Ligands to Once Daily Oral Paltusotine: ACROBAT Edge Phase 2 Study. Journal of the Endocrine Society, 2021, 5, A526-A527.	0.2	3
130	Telomerase expression in clinically non-functioning pituitary adenomas. Endocrine, 2021, 72, 208-215.	2.3	2
131	Growth hormone-releasing hormone-secreting pulmonary neuroendocrine tumor associated with pituitary hyperplasia and somatotropinoma. Archives of Endocrinology and Metabolism, 2021, 65, 648-663.	0.6	2
132	Current opinion on the diagnosis and management of non-functioning pituitary adenomas. Expert Review of Endocrinology and Metabolism, 2021, 16, 309-320.	2.4	2
133	Germ cell tumor presenting as sellar mass with suprasellar extension and long history of hypopituitarism. Neuroendocrinology Letters, 2010, 31, 306-9.	0.2	2
134	Authorsâ€™ Response: Isolated Familial Somatotropinomas: Does the Disease Map to 11q13 or to 2p16?. Journal of Clinical Endocrinology and Metabolism, 2000, 85, 4921-4921.	3.6	1
135	Cyclic ACTH-secreting thymic carcinoid: a case report and review of the literature. Archives of Endocrinology and Metabolism, 2021, 65, 512-516.	0.6	1
136	Apoplexy in sporadic pituitary adenomas: a single referral center experience and AIP mutation analysis. Archives of Endocrinology and Metabolism, 2021, 65, 295-304.	0.6	1
137	Current reliability of the ImmuliteÂ® assay for measurement of serum IGF-1 in the Brazilian adult population. Archives of Endocrinology and Metabolism, 2015, 59, 195-196.	0.6	1
138	SAT-433 Long-Acting Pasireotide Provides Clinical Benefit to Patients with Uncontrolled Acromegaly over Continued Treatment with Firstâ€‘Generation Somatostatin Analogues (SSAs): Results from Phase 3b, Open-Label Study. Journal of the Endocrine Society, 2019, 3, .	0.2	1
139	Evidence-based guidelines in acromegaly: implications on the clinic. Expert Review of Endocrinology and Metabolism, 2016, 11, 171-175.	2.4	0
140	Clinical and functional variables can predict general fatigue in patients with acromegaly: an explanatory model approach. Archives of Endocrinology and Metabolism, 2019, 63, 235-240.	0.6	0