

Kirstine N Bojsen-Møller

List of Publications by Year in descending order

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51
papers

2,511
citations

279487

23
h-index

197535

49
g-index

52
all docs

52
docs citations

52
times ranked

3405
citing authors

#	ARTICLE	IF	CITATIONS
1	Exaggerated Glucagon-Like Peptide 1 Response Is Important for Improved Î²-Cell Function and Glucose Tolerance After Roux-en-Y Gastric Bypass in Patients With Type 2 Diabetes. <i>Diabetes</i> , 2013, 62, 3044-3052.	0.3	262
2	Roux-en-Y gastric bypass surgery of morbidly obese patients induces swift and persistent changes of the individual gut microbiota. <i>Genome Medicine</i> , 2016, 8, 67.	3.6	260
3	Early Enhancements of Hepatic and Later of Peripheral Insulin Sensitivity Combined With Increased Postprandial Insulin Secretion Contribute to Improved Glycemic Control After Roux-en-Y Gastric Bypass. <i>Diabetes</i> , 2014, 63, 1725-1737.	0.3	220
4	Healthy Weight Loss Maintenance with Exercise, Liraglutide, or Both Combined. <i>New England Journal of Medicine</i> , 2021, 384, 1719-1730.	13.9	171
5	Hyperglucagonaemia analysed by glucagon sandwich ELISA: nonspecific interference or truly elevated levels?. <i>Diabetologia</i> , 2014, 57, 1919-1926.	2.9	156
6	Mechanisms in bariatric surgery: Gut hormones, diabetes resolution, and weight loss. <i>Surgery for Obesity and Related Diseases</i> , 2018, 14, 708-714.	1.0	144
7	Effects of gastric bypass surgery on glucose absorption and metabolism during a mixed meal in glucose-tolerant individuals. <i>Diabetologia</i> , 2013, 56, 2250-2254.	2.9	100
8	Postprandial Nutrient Handling and Gastrointestinal Hormone Secretion After Roux-en-Y Gastric Bypass vs Sleeve Gastrectomy. <i>Gastroenterology</i> , 2019, 156, 1627-1641.e1.	0.6	99
9	Improvements in Glucose Metabolism Early After Gastric Bypass Surgery Are Not Explained by Increases in Total Bile Acids and Fibroblast Growth Factor 19 Concentrations. <i>Journal of Clinical Endocrinology and Metabolism</i> , 2015, 100, E396-E406.	1.8	89
10	Exaggerated release and preserved insulinotropic action of glucagon-like peptide-1 underlie insulin hypersecretion in glucose-tolerant individuals after Roux-en-Y gastric bypass. <i>Diabetologia</i> , 2013, 56, 2679-2687.	2.9	82
11	Plasma Proteome Profiling Reveals Dynamics of Inflammatory and Lipid Homeostasis Markers after Roux-En-Y Gastric Bypass Surgery. <i>Cell Systems</i> , 2018, 7, 601-612.e3.	2.9	80
12	Hepatic Insulin Clearance in Regulation of Systemic Insulin Concentrationsâ€”Role of Carbohydrate and Energy Availability. <i>Diabetes</i> , 2018, 67, 2129-2136.	0.3	74
13	Increased Hepatic Insulin Clearance After Roux-en-Y Gastric Bypass. <i>Journal of Clinical Endocrinology and Metabolism</i> , 2013, 98, E1066-E1071.	1.8	66
14	Immediate enhancement of first-phase insulin secretion and unchanged glucose effectiveness in patients with type 2 diabetes after Roux-en-Y gastric bypass. <i>American Journal of Physiology - Endocrinology and Metabolism</i> , 2015, 308, E535-E544.	1.8	62
15	Effects of endogenous GLP-1 and GIP on glucose tolerance after Roux-en-Y gastric bypass surgery. <i>American Journal of Physiology - Endocrinology and Metabolism</i> , 2016, 310, E505-E514.	1.8	56
16	Accelerated protein digestion and amino acid absorption after Roux-en-Y gastric bypass. <i>American Journal of Clinical Nutrition</i> , 2015, 102, 600-607.	2.2	50
17	Mechanisms involved in follistatinâ€”induced hypertrophy and increased insulin action in skeletal muscle. <i>Journal of Cachexia, Sarcopenia and Muscle</i> , 2019, 10, 1241-1257.	2.9	47
18	In vivo and in vitro degradation of peptide YY_{3ß36} to inactive peptide YY_{3ß34} in humans. <i>American Journal of Physiology - Regulatory Integrative and Comparative Physiology</i> , 2016, 310, R866-R874.	0.9	46

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19	Enhanced insulin signaling in human skeletal muscle and adipose tissue following gastric bypass surgery. <i>American Journal of Physiology - Regulatory Integrative and Comparative Physiology</i> , 2015, 309, R510-R524.	0.9	42
20	Chenodeoxycholic acid stimulates glucagon-like peptide-1 secretion in patients after Roux-en-Y gastric bypass. <i>Physiological Reports</i> , 2017, 5, e13140.	0.7	32
21	Circulating Glucagon 1-61 Regulates Blood Glucose by Increasing Insulin Secretion and Hepatic Glucose Production. <i>Cell Reports</i> , 2017, 21, 1452-1460.	2.9	28
22	Responses of gut and pancreatic hormones, bile acids, and fibroblast growth factor-21 differ to glucose, protein, and fat ingestion after gastric bypass surgery. <i>American Journal of Physiology - Renal Physiology</i> , 2020, 318, G661-G672.	1.6	27
23	Effect of bariatric surgery on plasma GDF15 in humans. <i>American Journal of Physiology - Endocrinology and Metabolism</i> , 2019, 316, E615-E621.	1.8	25
24	Secretin release after Roux-en-Y gastric bypass reveals a population of glucose-sensitive S cells in distal small intestine. <i>International Journal of Obesity</i> , 2020, 44, 1859-1871.	1.6	25
25	Updates in weight loss surgery and gastrointestinal peptides. <i>Current Opinion in Endocrinology, Diabetes and Obesity</i> , 2015, 22, 21-28.	1.2	24
26	Mechanisms of action of a carbohydrate-reduced, high-protein diet in reducing the risk of postprandial hypoglycemia after Roux-en-Y gastric bypass surgery. <i>American Journal of Clinical Nutrition</i> , 2019, 110, 296-304.	2.2	22
27	No Islet Cell Hyperfunction, but Altered Gut-Islet Regulation and Postprandial Hypoglycemia in Glucose-Tolerant Patients 3 Years After Gastric Bypass Surgery. <i>Obesity Surgery</i> , 2016, 26, 2263-2267.	1.1	20
28	The role of GLP-1 in postprandial glucose metabolism after bariatric surgery: a narrative review of human GLP-1 receptor antagonist studies. <i>Surgery for Obesity and Related Diseases</i> , 2021, 17, 1383-1391.	1.0	19
29	Reduction in cardiovascular risk factors and insulin dose, but no beta-cell regeneration 1 year after Roux-en-Y gastric bypass in an obese patient with type 1 diabetes: A case report. <i>Obesity Research and Clinical Practice</i> , 2013, 7, e269-e274.	0.8	18
30	Variable reliability of surrogate measures of insulin sensitivity after Roux-en-Y gastric bypass. <i>American Journal of Physiology - Regulatory Integrative and Comparative Physiology</i> , 2017, 312, R797-R805.	0.9	15
31	Mechanisms Underlying Absent Training-Induced Improvement in Insulin Action in Lean, Hyperandrogenic Women With Polycystic Ovary Syndrome. <i>Diabetes</i> , 2020, 69, 2267-2280.	0.3	13
32	Bilio-enteric flow and plasma concentrations of bile acids after gastric bypass and sleeve gastrectomy. <i>International Journal of Obesity</i> , 2020, 44, 1872-1883.	1.6	13
33	The effect of acute dual SGLT1/SGLT2 inhibition on incretin release and glucose metabolism after gastric bypass surgery. <i>American Journal of Physiology - Endocrinology and Metabolism</i> , 2020, 318, E956-E964.	1.8	13
34	GIP and GLP-2 together improve bone turnover in humans supporting GIPR-GLP-2R co-agonists as future osteoporosis treatment. <i>Pharmacological Research</i> , 2022, 176, 106058.	3.1	13
35	Mechanisms of improved glycaemic control after Roux-en-Y gastric bypass. <i>Danish Medical Journal</i> , 2015, 62, B5057.	0.5	12
36	The Role of Hepatic Fat Accumulation in Glucose and Insulin Homeostasis Dysregulation by the Liver. <i>Journal of Clinical Medicine</i> , 2021, 10, 390.	1.0	8

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37	Metabolic improvement after gastric bypass correlates with changes in IGF-regulatory proteins stanniocalcin-2 and IGFBP-4. <i>Metabolism: Clinical and Experimental</i> , 2021, 124, 154886.	1.5	8
38	Intestinal sensing and handling of dietary lipids in gastric bypass-operated patients and matched controls. <i>American Journal of Clinical Nutrition</i> , 2020, 111, 28-41.	2.2	7
39	Effects of Manipulating Circulating Bile Acid Concentrations on Postprandial GLP-1 Secretion and Glucose Metabolism After Roux-en-Y Gastric Bypass. <i>Frontiers in Endocrinology</i> , 2021, 12, 681116.	1.5	7
40	On measurements of glucagon secretion in healthy, obese, and Roux-en-Y gastric bypass operated individuals using sandwich ELISA. <i>Scandinavian Journal of Clinical and Laboratory Investigation</i> , 2022, 82, 75-83.	0.6	7
41	Sustained Improvements in Glucose Metabolism Late After Roux-En-Y Gastric Bypass Surgery in Patients with and Without Preoperative Diabetes. <i>Scientific Reports</i> , 2019, 9, 15154.	1.6	6
42	Systems Signatures Reveal Unique Remission-path of Type 2 Diabetes Following Roux-en-Y Gastric Bypass Surgery. <i>EBioMedicine</i> , 2018, 28, 234-240.	2.7	5
43	Pros and cons of Roux en-Y gastric bypass surgery in obese patients with type 2 diabetes. <i>Expert Review of Endocrinology and Metabolism</i> , 2019, 14, 243-257.	1.2	5
44	Plasma GDF15 levels are similar between subjects after bariatric surgery and matched controls and are unaffected by meals. <i>American Journal of Physiology - Endocrinology and Metabolism</i> , 2021, 321, E443-E452.	1.8	5
45	No effects of a 6-week intervention with a glucagon-like peptide-1 receptor agonist on pancreatic volume and oedema in obese men without diabetes. <i>Diabetes, Obesity and Metabolism</i> , 2020, 22, 1837-1846.	2.2	4
46	Effect of Meal Texture on Postprandial Glucose Excursions and Gut Hormones After Roux-en-Y Gastric Bypass and Sleeve Gastrectomy. <i>Frontiers in Nutrition</i> , 2022, 9, 889710.	1.6	4
47	Effects of Roux-en-Y gastric bypass on circulating follistatin, activin A, and peripheral ActRIIB signaling in humans with obesity and type 2 diabetes. <i>International Journal of Obesity</i> , 2021, 45, 316-325.	1.6	3
48	Macrophage activation marker sCD163 is associated with liver injury and hepatic insulin resistance in obese patients before and after Roux-en-Y gastric bypass. <i>Physiological Reports</i> , 2022, 10, e15157.	0.7	3
49	Neurotensin secretion after Roux-en-Y gastric bypass, sleeve gastrectomy, and truncal vagotomy with pyloroplasty. <i>Neurogastroenterology and Motility</i> , 2021, , e14210.	1.6	2
50	Follistatin secretion is enhanced by protein, but not glucose or fat ingestion, in obese persons independently of previous gastric bypass surgery. <i>American Journal of Physiology - Renal Physiology</i> , 2021, 320, G753-G758.	1.6	1
51	Early effects of Roux-en-Y gastric bypass on dietary fatty acid absorption and metabolism in people with obesity and normal glucose tolerance. <i>International Journal of Obesity</i> , 2022, 46, 1359-1365.	1.6	0