M Rita I Young

List of Publications by Year
in descending order

36	913	361045	454577
papers	citations	20 h-index	30 g-index

36	36	36	1484
all docs	docs citations	times ranked	citing authors

#	Article	IF	Citations
1	Neoadjuvant presurgical PD-1 inhibition in oral cavity squamous cell carcinoma. Cell Reports Medicine, 2021, 2, 100426.	3.3	28
2	Immunological effects of nivolumab immunotherapy in patients with oral cavity squamous cell carcinoma. BMC Cancer, 2020, 20, 229.	1.1	30
3	Reduced Expression of Immune Mediators by T-Cell Subpopulations of Combat-Exposed Veterans With Post-Traumatic Stress Disorder. Frontiers in Psychiatry, 2019, 10, 693.	1.3	2
4	Immune signatures associated with response to neoadjuvant PD-1 blockade in oral cavity cancer.. Journal of Clinical Oncology, 2019, 37, 6055-6055.	0.8	5
5	Role of IL-23 signaling in the progression of premalignant oral lesions to cancer. PLoS ONE, 2018, 13, e0196034.	1.1	16
6	Influence of vitamin D on cancer risk and treatment: Why the variability?. Trends in Cancer Research, 2018, 13, 43-53.	1.6	11
7	Redirecting the focus of cancer immunotherapy to premalignant conditions. Cancer Letters, 2017, 391, 83-88.	3.2	24
8	Transient immunological and clinical effectiveness of treating mice bearing premalignant oral lesions with PDâ€1 antibodies. International Journal of Cancer, 2017, 140, 1609-1619.	2.3	16
9	Posttraumatic Stress Disorder: An Immunological Disorder?. Frontiers in Psychiatry, 2017, 8, 222.	1.3	58
10	Local Immune Responsiveness of Mice Bearing Premalignant Oral Lesions to PD-1 Antibody Treatment. Cancers, 2017, 9, 62.	1.7	9
11	Th17 Cells in Protection from Tumor or Promotion of Tumor Progression. Journal of Clinical & Cellular Immunology, 2016, 7, 431.	1.5	25
12	PTSD, a Disorder with an Immunological Component. Frontiers in Immunology, 2016, 7, 219.	2.2	46
13	Indomethacin Treatment of Mice with Premalignant Oral Lesions Sustains Cytokine Production and Slows Progression to Cancer. Frontiers in Immunology, 2016, 7, 379.	2.2	10
14	An exploratory approach demonstrating immune skewing and a loss of coordination among cytokines in plasma and saliva of Veterans with combat-related PTSD. Human Immunology, 2016, 77, 652-657.	1.2	37
15	Treatment to sustain a Th17â€type phenotype to prevent skewing toward Treg and to limit premalignant lesion progression to cancer. International Journal of Cancer, 2016, 138, 2487-2498.	2.3	25
16	Premalignant Oral Lesion Cells Elicit Increased Cytokine Production and Activation of T-cells. Anticancer Research, 2016, 36, 3261-70.	0.5	12
17	Cytokine and Adipokine Levels in Patients with Premalignant Oral Lesions or in Patients with Oral Cancer Who Did or Did Not Receive 1Î±,25-Dihydroxyvitamin D3 Treatment upon Cancer Diagnosis. Cancers, 2015, 7, 1109-1124.	1.7	15
18	An Inflammatory Cytokine Milieu is Prominent in Premalignant Oral Lesions, but Subsides when Lesions Progress to Squamous Cell Carcinoma. Journal of Clinical & Cellular Immunology, 2014, 05, .	1.5	49

#	Article	IF	Citations
19	Skewing of immune cell cytokine production by mediators from adipocytes and endothelial cells. Adipocyte, 2014, 3, 126-131.	1.3	5
20	Effect of the Premalignant and Tumor Microenvironment on Immune Cell Cytokine Production in Head and Neck Cancer. Cancers, 2014, 6, 756-770.	1.7	48
21	Administration of a vaccine composed of dendritic cells pulsed with premalignant oral lesion lysate to mice bearing carcinogen-induced premalignant oral lesions stimulates a protective immune response. International Immunopharmacology, 2012, 13, 322-330.	1.7	19
22	Immunological modulation by 1Î±,25-dihydroxyvitamin D3 in patients with squamous cell carcinoma of the head and neck. Cytokine, 2012, 58, 448-454.	1.4	27
23	Characterization of the evolution of immune phenotype during the development and progression of squamous cell carcinoma of the head and neck. Cancer Immunology, Immunotherapy, 2012, 61, 927-939.	2.0	50
24	Tumor Secretion of VEGF Induces Endothelial Cells to Suppress T cell Functions Through the Production of PGE2. Journal of Immunotherapy, 2010, 33, 126-135.	1.2	56
25	Tumors induce the formation of suppressor endothelial cells in vivo. Cancer Immunology, Immunotherapy, 2010, 59, 267-277.	2.0	45
26	Use of Î±,25-Dihydroxyvitamin D3 treatment to stimulate immune infiltration into head and neck squamous cell carcinoma. Human Immunology, 2010, 71, 659-665.	1.2	72
27	Secretion of vascular endothelial growth factor by oral squamous cell carcinoma cells skews endothelial cells to suppress T-cell functions. Human Immunology, 2009, 70, 375-382.	1.2	51
28	Use of Carcinogen-induced Premalignant Oral Lesions in a Dendritic Cell-based Vaccine to Stimulate Immune Reactivity Against Both Premalignant Oral Lesions and Oral Cancer. Journal of Immunotherapy, 2008, 31, 148-156.	1.2	24
29	Lewis Lung Carcinoma (LLC) alters the phenotype of murine lung mast cells resulting in a phenotype consistent with myeloidâ€derived suppressor cells (MDSCs). FASEB Journal, 2008, 22, 1078.28.	0.2	0
30	Role of Endothelial Cells in a Novel Mechanism of Tumorâ€induced Immune Suppression. FASEB Journal, 2008, 22, 1078.7.	0.2	0
31	Phosphatase regulation of cellular motility in the tumor microenvironment. FASEB Journal, 2008, 22, 1029.9.	0.2	1
32	Myeloidâ€derived suppressor cells (MDSCs) and tumorâ€associated macrophages (TAMs) produce CCL22 which selectively recruits regulatory Tâ€cells (Tregs) to the tumor microenvironment. FASEB Journal, 2008, 22, 1078.9.	0.2	2
33	Oral premalignant lesions induce immune reactivity to both premalignant oral lesions and head and neck squamous cell carcinoma. Cancer Immunology, Immunotherapy, 2007, 56, 1077-1086.	2.0	37
34	Tumor skewing of CD34+ cell differentiation from a dendritic cell pathway into endothelial cells. Cancer Immunology, Immunotherapy, 2006, 55, 558-568.	2.0	21
35	Tumor-derived prostaglandin E2 and transforming growth factor-? stimulate endothelial cell motility through inhibition of protein phosphatase-2A and involvement of PTEN and phosphatidy linositide 3-kinase. Angiogenesis, 2004, 7, 123-131.	3.7	12
36	Increased Levels of Immune Inhibitory Cd34+Progenitor Cells in the Peripheral Blood of Patients with Node Positive Headc and Neck Squamous Cell Carcinomas and The Ability of These CD34+Cells to Differentiate Into Immune Stimulatory Dendritic Cells. Otolaryngology - Head and Neck Surgery, 2001, 125, 205-212.	1.1	25