

Nicholas R Latimer

List of Publications by Year in descending order

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54
papers

1,795
citations

331670

21
h-index

289244

40
g-index

54
all docs

54
docs citations

54
times ranked

2415
citing authors

#	ARTICLE	IF	CITATIONS
1	Extrapolation beyond the end of trials to estimate long term survival and cost effectiveness. , 2022, 1, e000094.		11
2	Prevalence of Immature Survival Data for Anti-Cancer Drugs Presented to the National Institute for Health and Care Excellence and Impact on Decision Making. Value in Health, 2021, 24, 505-512.	0.3	22
3	Self-managed, computerised word finding therapy as an add-on to usual care for chronic aphasia post-stroke: An economic evaluation. Clinical Rehabilitation, 2021, 35, 703-717.	2.2	9
4	Extrapolation of Survival Curves Using Standard Parametric Models and Flexible Parametric Spline Models: Comparisons in Large Registry Cohorts with Advanced Cancer. Medical Decision Making, 2021, 41, 179-193.	2.4	14
5	Not cost-effective at zero price: valuing and paying for combination therapies in cancer. Expert Review of Pharmacoeconomics and Outcomes Research, 2021, 21, 331-333.	1.4	7
6	Estimation of Transition Probabilities for State-Transition Models: A Review of NICE Appraisals. Pharmacoeconomics, 2021, 39, 869-878.	3.3	7
7	Challenges in valuing and paying for combination regimens in oncology: reporting the perspectives of a multi-stakeholder, international workshop. BMC Health Services Research, 2021, 21, 412.	2.2	11
8	Assessing the Long-Term Effectiveness of Cladribine vs. Placebo in the Relapsing-Remitting Multiple Sclerosis CLARITY Randomized Controlled Trial and CLARITY Extension Using Treatment Switching Adjustment Methods. Advances in Therapy, 2020, 37, 225-239.	2.9	1
9	Adjusting for Treatment Switching in Oncology Trials: A Systematic Review and Recommendations for Reporting. Value in Health, 2020, 23, 388-396.	0.3	14
10	Improved two-stage estimation to adjust for treatment switching in randomised trials: g-estimation to address time-dependent confounding. Statistical Methods in Medical Research, 2020, 29, 2900-2918.	1.5	14
11	Computerised speech and language therapy or attention control added to usual care for people with long-term post-stroke aphasia: the Big CACTUS three-arm RCT. Health Technology Assessment, 2020, 24, 1-176.	2.8	24
12	Causal inference for long-term survival in randomised trials with treatment switching: Should re-censoring be applied when estimating counterfactual survival times?. Statistical Methods in Medical Research, 2019, 28, 2475-2493.	1.5	23
13	Self-managed, computerised speech and language therapy for patients with chronic aphasia post-stroke compared with usual care or attention control (Big CACTUS): a multicentre, single-blinded, randomised controlled trial. Lancet Neurology, The, 2019, 18, 821-833.	10.2	116
14	Impact of Nonrandomized Dropout on Treatment Switching Adjustment in the Relapsing-Remitting Multiple Sclerosis CLARITY Trial and the CLARITY Extension Study. Value in Health, 2019, 22, 772-776.	0.3	4
15	A Review of Survival Analysis Methods Used in NICE Technology Appraisals of Cancer Treatments: Consistency, Limitations, and Areas for Improvement. Medical Decision Making, 2019, 39, 899-909.	2.4	28
16	Statistical Methods for Adjusting Estimates of Treatment Effectiveness for Patient Nonadherence in the Context of Time-to-Event Outcomes and Health Technology Assessment: A Systematic Review of Methodological Papers. Medical Decision Making, 2019, 39, 910-925.	2.4	5
17	Estimating Lifetime Benefits Associated with Immuno-Oncology Therapies: Challenges and Approaches for Overall Survival Extrapolations. Pharmacoeconomics, 2019, 37, 1129-1138.	3.3	58
18	Survival Extrapolation in Cancer Immunotherapy: A Validation-Based Case Study. Value in Health, 2019, 22, 276-283.	0.3	43

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19	Behavioural activation therapy for post-stroke depression: the BEADS feasibility RCT. <i>Health Technology Assessment</i> , 2019, 23, 1-176.	2.8	29
20	A New Approach for Sampling Ordered Parameters in Probabilistic Sensitivity Analysis. <i>Pharmacoeconomics</i> , 2018, 36, 341-347.	3.3	6
21	Assessing methods for dealing with treatment switching in clinical trials: A follow-up simulation study. <i>Statistical Methods in Medical Research</i> , 2018, 27, 765-784.	1.5	35
22	CHALLENGES AND METHODOLOGIES IN USING PROGRESSION FREE SURVIVAL AS A SURROGATE FOR OVERALL SURVIVAL IN ONCOLOGY. <i>International Journal of Technology Assessment in Health Care</i> , 2018, 34, 300-316.	0.5	11
23	Developing Accessible, Pictorial Versions of Health-Related Quality-of-Life Instruments Suitable for Economic Evaluation: A Report of Preliminary Studies Conducted in Canada and the United Kingdom. <i>Pharmacoeconomics - Open</i> , 2018, 2, 225-231.	1.8	13
24	Spirit 2: Final 5 Year Analysis of the UK National Cancer Research Institute Randomized Study Comparing Imatinib with Dasatinib in Patients with Newly Diagnosed Chronic Phase CML. <i>Blood</i> , 2018, 132, 457-457.	1.4	10
25	Adjusting for treatment switching in randomised controlled trials – A simulation study and a simplified two-stage method. <i>Statistical Methods in Medical Research</i> , 2017, 26, 724-751.	1.5	70
26	Adjusting Overall Survival Estimates after Treatment Switching: a Case Study in Metastatic Castration-Resistant Prostate Cancer. <i>Targeted Oncology</i> , 2017, 12, 111-121.	3.6	6
27	TREATMENT SWITCHING: STATISTICAL AND DECISION-MAKING CHALLENGES AND APPROACHES. <i>International Journal of Technology Assessment in Health Care</i> , 2016, 32, 160-166.	0.5	26
28	Behavioural Activation Therapy for Depression after Stroke (BEADS): a study protocol for a feasibility randomised controlled pilot trial of a psychological intervention for post-stroke depression. <i>Pilot and Feasibility Studies</i> , 2016, 2, 45.	1.2	13
29	TREATMENT SWITCHING IN CANCER TRIALS: ISSUES AND PROPOSALS. <i>International Journal of Technology Assessment in Health Care</i> , 2016, 32, 167-174.	0.5	18
30	Adjusting for treatment switching in the <sc>METRIC</sc> study shows further improved overall survival with trametinib compared with chemotherapy. <i>Cancer Medicine</i> , 2016, 5, 806-815.	2.8	38
31	Overall Survival Endpoint in Oncology Clinical Trials: Addressing the Effect of Crossover - The Case of Pazopanib in Advanced Renal Cell Carcinoma. <i>Oncology</i> , 2016, 90, 119-126.	1.9	8
32	Adjusting for confounding effects of treatment switching in a randomized phase II study of dabrafenib plus trametinib in BRAF V600+ metastatic melanoma. <i>Melanoma Research</i> , 2015, 25, 528-536.	1.2	8
33	Clinical and cost effectiveness of computer treatment for aphasia post stroke (Big CACTUS): study protocol for a randomised controlled trial. <i>Trials</i> , 2015, 16, 18.	1.6	37
34	Adjusting for the Confounding Effects of Treatment Switching – The BREAK-3 Trial: Dabrafenib Versus Dacarbazine. <i>Oncologist</i> , 2015, 20, 798-805.	3.7	28
35	Treatment switching in oncology trials and the acceptability of adjustment methods. <i>Expert Review of Pharmacoeconomics and Outcomes Research</i> , 2015, 15, 561-564.	1.4	22
36	Preference-based health-related quality of life in the context of aphasia: a research synthesis. <i>Aphasiology</i> , 2015, 29, 763-780.	2.2	10

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37	Rituximab in Combination with Corticosteroids for the Treatment of Anti-Neutrophil Cytoplasmic Antibody-Associated Vasculitis: A NICE Single Technology Appraisal. <i>Pharmacoeconomics</i> , 2014, 32, 1171-1183.	3.3	12
38	What are the Implications for Policy Makers? A Systematic Review of the Cost-Effectiveness of Screening and Brief Interventions for Alcohol Misuse in Primary Care. <i>Frontiers in Psychiatry</i> , 2014, 5, 114.	2.6	67
39	Response to "Survival Analysis and Extrapolation Modeling of Time-to-Event Clinical Trial Data for Economic Evaluation: An Alternative Approach" by Bagust and Beale. <i>Medical Decision Making</i> , 2014, 34, 279-282.	2.4	8
40	Adjusting Survival Time Estimates to Account for Treatment Switching in Randomized Controlled Trials: an Economic Evaluation Context. <i>Medical Decision Making</i> , 2014, 34, 387-402.	2.4	72
41	Randomised controlled trial and health economic evaluation of the impact of diagnostic testing for influenza, respiratory syncytial virus and Streptococcus pneumoniae infection on the management of acute admissions in the elderly and high-risk 18- to 64-year-olds. <i>Health Technology Assessment</i> , 2014, 18, 1-274, vii-viii.	2.8	39
42	Adjusting overall survival for treatment switches: commonly used methods and practical application. <i>Pharmaceutical Statistics</i> , 2013, 12, 348-357.	1.3	57
43	Cost-utility analysis of a shock-absorbing floor intervention to prevent injuries from falls in hospital wards for older people. <i>Age and Ageing</i> , 2013, 42, 641-645.	1.6	23
44	Survival Analysis for Economic Evaluations Alongside Clinical Trials: Extrapolation with Patient-Level Data. <i>Medical Decision Making</i> , 2013, 33, 743-754.	2.4	353
45	Modelling the Cost-Effectiveness of Alcohol Screening and Brief Interventions in Primary Care in England. <i>Alcohol and Alcoholism</i> , 2013, 48, 180-188.	1.6	58
46	COST-UTILITY OF SELF-MANAGED COMPUTER THERAPY FOR PEOPLE WITH APHASIA. <i>International Journal of Technology Assessment in Health Care</i> , 2013, 29, 402-409.	0.5	29
47	Clinical Evaluation, Economic Evaluation, and the Role of the Control Group. <i>Medical Acupuncture</i> , 2013, 25, 2-4.	0.6	1
48	NICE's end of life decision making scheme: impact on population health. <i>BMJ, The</i> , 2013, 346, f1363-f1363.	6.0	57
49	Adjusting for treatment crossover in the BREAK-3 metastatic melanoma trial for dabrafenib: Preliminary analysis.. <i>Journal of Clinical Oncology</i> , 2013, 31, 9044-9044.	1.6	3
50	Inconsistencies in Nice Guidance for Acupuncture: Reanalysis and Discussion. <i>Acupuncture in Medicine</i> , 2012, 30, 182-186.	1.0	16
51	Value of Information in the Osteoarthritis Setting. <i>Pharmacoeconomics</i> , 2011, 29, 225-237.	3.3	13
52	Assessing methods for dealing with treatment switching in randomised controlled trials: a simulation study. <i>BMC Medical Research Methodology</i> , 2011, 11, 4.	3.1	82
53	Nice Guideline on Osteoarthritis: Is it Fair to Acupuncture? Yes. <i>Acupuncture in Medicine</i> , 2009, 27, 72-75.	1.0	12
54	Cost effectiveness of COX 2 selective inhibitors and traditional NSAIDs alone or in combination with a proton pump inhibitor for people with osteoarthritis. <i>BMJ: British Medical Journal</i> , 2009, 339, b2538-b2538.	2.3	94