Martin P Than

List of Publications by Year in descending order

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74163 76326 6,299 154 40 75 citations h-index g-index papers 156 156 156 4481 docs citations times ranked citing authors all docs

#	Article	IF	CITATIONS
1	Machine learning with D-dimer in the risk stratification for pulmonary embolism: a derivation and internal validation study. European Heart Journal: Acute Cardiovascular Care, 2022, 11, 13-19.	1.0	4
2	Presentation, Treatment and Long-Term Outcomes of a Multidisciplinary Acute Atrial Fibrillation Pathway: A 12-Month Follow-Up Study. Heart Lung and Circulation, 2022, 31, 216-223.	0.4	7
3	Performance of the European Society of Cardiology 0/1-Hour, 0/2-Hour, and 0/3-Hour Algorithms for Rapid Triage of Acute Myocardial Infarction. Annals of Internal Medicine, 2022, 175, 101-113.	3.9	37
4	Sensitivity of modern multislice CT for subarachnoid haemorrhage at incremental timepoints after headache onset: a 10-year analysis. Emergency Medicine Journal, 2022, 39, 810-817.	1.0	0
5	Thunderclap headache syndrome presenting to the emergency department: an international multicentre observational cohort study. Emergency Medicine Journal, 2022, 39, 803-809.	1.0	1
6	A prospective multi-centre study assessing the safety and effectiveness following the implementation of an accelerated chest pain pathway using point-of-care troponin for use in New Zealand rural hospital and primary care settings. European Heart Journal: Acute Cardiovascular Care, 2022, 11, 418-427.	1.0	4
7	Implementation and evaluation of a rural general practice assessment pathway for possible cardiac chest pain using point-of-care troponin testing: a pilot study. BMJ Open, 2022, 12, e044801.	1.9	3
8	Validation of the myocardial-ischaemic-injury-index machine learning algorithm to guide the diagnosis of myocardial infarction in a heterogenous population: a prespecified exploratory analysis. The Lancet Digital Health, 2022, 4, e300-e308.	12.3	18
9	International Validation of the Canadian Syncope Risk Score. Annals of Internal Medicine, 2022, 175, 783-794.	3.9	8
10	745â€Thunderclap headache syndrome presenting to the emergency department: an international multicentre observational cohort study. Emergency Medicine Journal, 2022, 39, 243.3-244.	1.0	0
11	Paediatric fever management practices and antipyretic use among doctors and nurses in New Zealand emergency departments. EMA - Emergency Medicine Australasia, 2022, 34, 943-953.	1.1	4
12	A reality check for emergency department crowding interventions. Canadian Journal of Emergency Medicine, 2022, 24, 353-354.	1.1	0
13	Finding acute coronary syndrome with serial troponin testing for rapid assessment of cardiac ischemic symptoms (FAST-TRAC): a study protocol. Clinical and Experimental Emergency Medicine, 2022, 9, 140-145.	1.6	4
14	Longâ€term outcomes in patients with pulmonary embolism: results from a longitudinal cohort study. Internal Medicine Journal, 2021, 51, 699-704.	0.8	1
15	Using Sexâ€specific Cutoffs for Highâ€sensitivity Cardiac Troponin T to Diagnose Acute Myocardial Infarction. Academic Emergency Medicine, 2021, 28, 463-466.	1.8	10
16	Sex-Specific Kinetics of High-Sensitivity Cardiac Troponin I and T following Symptom Onset and Early Presentation in Non-ST-Segment Elevation Myocardial Infarction. Clinical Chemistry, 2021, 67, 321-324.	3.2	11
17	Next-Day Troponin Tests in Real-World Implementation of Baseline Troponin Rule-Out of Myocardial Infarction Demonstrates Minimal Delayed Troponin Rises. Circulation, 2021, 143, 202-204.	1.6	4
18	Where are children seen in Australian emergency departments? Implications for research efforts. EMA - Emergency Medicine Australasia, 2021, 33, 631-639.	1.1	5

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19	High flow oxygen and risk of mortality in patients with a suspected acute coronary syndrome: pragmatic, cluster randomised, crossover trial. BMJ, The, 2021, 372, n355.	6.0	11
20	Troponin elevation pattern and subsequent cardiac and non-cardiac outcomes: Implementing the Fourth Universal Definition of Myocardial Infarction and high-sensitivity troponin at a population level. PLoS ONE, 2021, 16, e0248289.	2.5	4
21	Emergency department frequent attenders: big data insights for a big and complex problem. Emergency Medicine Journal, 2021, , emermed-2021-211560.	1.0	2
22	Artificial intelligence MacHine learning for the detection and treatment of atrial fibrillation guidelines in the emergency department setting (AIM HIGHER): Assessing a machine learning clinical decision support tool to detect and treat nonâ€valvular atrial fibrillation in the emergency department. Journal of the American College of Emergency Physicians Open, 2021, 2, e12534.	0.7	7
23	Electrocardiographic Diagnosis of Acute Coronary Occlusion Myocardial Infarction in Ventricular Paced Rhythm Using the Modified Sgarbossa Criteria. Annals of Emergency Medicine, 2021, 78, 517-529.	0.6	24
24	Single troponin to rule-out MI in early presenters, perhaps, but not major adverse cardiac events. International Journal of Cardiology, 2021, 342, 29-30.	1.7	1
25	Reducing Patient Risk and Enhancing Care Through the Development and Implementation of a New Chest Pain Pathway, Expedited by and for the COVID-19 Era. Electronic Journal of the International Federation of Clinical Chemistry and Laboratory Medicine, 2021, 32, 27-40.	0.7	O
26	The Asia-Pacific Society of Cardiology (APSC) Expert Committee Consensus Recommendations for Assessment of Suspected Acute Coronary Syndrome Using High-Sensitivity Cardiac Troponin T in the Emergency Department. Circulation Journal, 2020, 84, 136-143.	1.6	13
27	Factors influencing physician risk estimates for acute cardiac events in emergency patients with suspected acute coronary syndrome. Emergency Medicine Journal, 2020, 37, 2-7.	1.0	3
28	Incidence, characteristics, determinants, and prognostic impact of recurrent syncope. Europace, 2020, 22, 1885-1895.	1.7	8
29	CSANZ Position Statement on the Evaluation of Patients Presenting With Suspected Acute Coronary Syndromes During the COVID-19 Pandemic. Heart Lung and Circulation, 2020, 29, e105-e110.	0.4	6
30	Concussive Symptoms Following Pediatric Mild Traumatic Brain Injury. Journal of Head Trauma Rehabilitation, 2020, 35, 279-287.	1.7	10
31	Widespread Introduction of a High-Sensitivity Troponin Assay: Assessing the Impact on Patients and Health Services. Journal of Clinical Medicine, 2020, 9, 1883.	2.4	9
32	Early kinetic profiles of troponin I and T measured by high-sensitivity assays in patients with myocardial infarction. Clinica Chimica Acta, 2020, 505, 15-25.	1.1	28
33	Study protocol for an observational study to evaluate an accelerated chest pain pathway using point-of-care troponin in New Zealand rural and primary care populations. Journal of Primary Health Care, 2020, 12, 129.	0.6	5
34	Development of a digital clinical pathway for emergency medicine: Lessons from usability testing and implementation failure. Health Informatics Journal, 2019, 25, 1563-1571.	2.1	8
35	Acute kidney injury in patients presenting with chest pain to the emergency department, a descriptive study of the most common discharge diagnoses and mortality. European Journal of Emergency Medicine, 2019, 26, 242-248.	1.1	4
36	Circadian, weekly, seasonal, and temperature-dependent patterns of syncope aetiology in patients at increased risk of cardiac syncope. Europace, 2019, 21, 511-521.	1.7	7

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37	Machine Learning to Predict the Likelihood of Acute Myocardial Infarction. Circulation, 2019, 140, 899-909.	1.6	128
38	Prevalence of Pulmonary Embolism in Patients With Syncope. Journal of the American College of Cardiology, 2019, 74, 744-754.	2.8	26
39	Application of High-Sensitivity Troponin in Suspected Myocardial Infarction. New England Journal of Medicine, 2019, 380, 2529-2540.	27.0	230
40	Troponin release after exertional vasovagal syncope. Internal Medicine Journal, 2019, 49, 1040-1043.	0.8	1
41	Two-Hour Algorithm for Rapid Triage of Suspected Acute Myocardial Infarction Using a High-Sensitivity Cardiac Troponin I Assay. Clinical Chemistry, 2019, 65, 1437-1447.	3.2	36
42	An RCT of brief cognitive therapy versus treatment as usual in patients with non-cardiac chest pain. International Journal of Cardiology, 2019, 289, 6-11.	1.7	13
43	Diagnosis of acute myocardial infarction in the presence of left bundle branch block. Heart, 2019, 105, 1559-1567.	2.9	24
44	Validity of a Novel Point-of-Care Troponin Assay for Single-Test Rule-Out of Acute Myocardial Infarctionâ€"Reply. JAMA Cardiology, 2019, 4, 298.	6.1	0
45	B-Type Natriuretic Peptides and Cardiac Troponins for Diagnosis and Risk-Stratification of Syncope. Circulation, 2019, 139, 2403-2418.	1.6	40
46	CT coronary angiography does not reduce mortality or myocardial infarction in low-risk patients with acute chest pain. BMJ Evidence-Based Medicine, 2019, 24, e5-e5.	3.5	1
47	Assessment of the 2016 National Institute for Health and Care Excellence high-sensitivity troponin rule-out strategy. Heart, 2018, 104, heartjnl-2017-311983.	2.9	15
48	Combining High-Sensitivity Cardiac Troponin I and Cardiac Troponin T in the Early Diagnosis of Acute Myocardial Infarction. Circulation, 2018, 138, 989-999.	1.6	56
49	Evaluating Rapid Rule-out of Acute Myocardial Infarction Using a High-Sensitivity Cardiac Troponin I Assay at Presentation. Clinical Chemistry, 2018, 64, 820-829.	3.2	42
50	Acute Kidney Injury and mortality prognosis in Acute Coronary Syndrome patients: A metaâ€analysis. Nephrology, 2018, 23, 237-246.	1.6	45
51	External validation of heart-type fatty acid binding protein, high-sensitivity cardiac troponin, and electrocardiography as rule-out for acute myocardial infarction. Clinical Biochemistry, 2018, 52, 161-163.	1.9	11
52	Modification of the Thrombolysis in Myocardial Infarction risk score for patients presenting with chest pain to the emergency department. EMA - Emergency Medicine Australasia, 2018, 30, 47-54.	1.1	5
53	Efficacy of High-Sensitivity Troponin T in Identifying Very-Low-Risk Patients With Possible Acute Coronary Syndrome. JAMA Cardiology, 2018, 3, 104.	6.1	89
54	A Risk Assessment Score and Initial Highâ€sensitivity Troponin Combine to Identify Low Risk of Acute Myocardial Infarction in the Emergency Department. Academic Emergency Medicine, 2018, 25, 434-443.	1.8	12

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55	ICare-ACS (Improving Care Processes for Patients With Suspected Acute Coronary Syndrome). Circulation, 2018, 137, 354-363.	1.6	32
56	Validity of a Novel Point-of-Care Troponin Assay for Single-Test Rule-Out of Acute Myocardial Infarction. JAMA Cardiology, 2018, 3, 1108.	6.1	60
57	A comparison of emergency department medical records to parental self-reporting of traumatic brain injury symptoms. Concussion, 2018, 3, CNC52.	1.0	4
58	Detectable High-Sensitivity Cardiac Troponin within the Population Reference Interval Conveys High 5-Year Cardiovascular Risk: An Observational Study. Clinical Chemistry, 2018, 64, 1044-1053.	3.2	33
59	Prospective validation of prognostic and diagnostic syncope scores in the emergency department. International Journal of Cardiology, 2018, 269, 114-121.	1.7	18
60	The small number problem in diagnostic algorithms and why we need to bootstrap. Clinical Biochemistry, 2017, 50, 540-541.	1.9	7
61	Renal Function and Scaled Troponin in Patients Presenting to the Emergency Department with Symptoms of Myocardial Infarction. American Journal of Nephrology, 2017, 45, 304-309.	3.1	13
62	Rapid Rule-out of Acute Myocardial Infarction With a Single High-Sensitivity Cardiac Troponin T Measurement Below the Limit of Detection. Annals of Internal Medicine, 2017, 166, 715.	3.9	231
63	Response by Than et al to Letter Regarding Article, "Assessment of the European Society of Cardiology O-Hour/1-Hour Algorithm to Rule-Out and Rule-In Acute Myocardial Infarction― Circulation, 2017, 135, e923-e924.	1.6	0
64	Direct Comparison of 2 Rule-Out Strategies for Acute Myocardial Infarction: 2-h Accelerated Diagnostic Protocol vs 2-h Algorithm. Clinical Chemistry, 2017, 63, 1227-1236.	3.2	35
65	Validating the Manchester Acute Coronary Syndromes (MACS) and Troponin-only Manchester Acute Coronary Syndromes (T-MACS) rules for the prediction of acute myocardial infarction in patients presenting to the emergency department with chest pain. Emergency Medicine Journal, 2017, 34, 517-523.	1.0	28
66	Immediate Rule-Out of Acute Myocardial Infarction Using Electrocardiogram and Baseline High-Sensitivity Troponin I. Clinical Chemistry, 2017, 63, 394-402.	3.2	57
67	Association of High-Sensitivity Cardiac Troponin I Concentration With Cardiac Outcomes in Patients With Suspected Acute Coronary Syndrome. JAMA - Journal of the American Medical Association, 2017, 318, 1913.	7.4	188
68	Improved Assessment of Chest pain Trial (IMPACT): assessing patients with possible acute coronary syndromes. Medical Journal of Australia, 2017, 207, 195-200.	1.7	26
69	Interpretation of Positive Troponin Results Among Patients with and Without Myocardial Infarction. Baylor University Medical Center Proceedings, 2017, 30, 11-15.	0.5	1
70	Outcome at 30 days for lowâ€risk chest pain patients assessed using an accelerated diagnostic pathway in the emergency department. EMA - Emergency Medicine Australasia, 2016, 28, 279-286.	1.1	5
71	Traditionally taught clinical variables and risk factors perform poorly in the prediction of acute coronary syndromes in the emergency department. Evidence-Based Medicine, 2016, 21, 236-236.	0.6	2
72	External validation of the emergency department assessment of chest pain score accelerated diagnostic pathway (EDACS-ADP). Emergency Medicine Journal, 2016, 33, 618-625.	1.0	39

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73	Does Uric Acid Level Provide Additional Risk Stratification Information in Emergency Patients With Symptoms of Possible Acute Coronary Syndrome?. Critical Pathways in Cardiology, 2016, 15, 169-173.	0.5	1
74	A Sex Disparity Among Earthquake Victims. Disaster Medicine and Public Health Preparedness, 2016, 10, 67-73.	1.3	2
75	Impact of High-Sensitivity Troponin I Testing with Sex-Specific Cutoffs on the Diagnosis of Acute Myocardial Infarction. Clinical Chemistry, 2016, 62, 831-838.	3.2	41
76	Effectiveness of EDACS Versus ADAPT Accelerated Diagnostic Pathways for Chest Pain: A Pragmatic Randomized Controlled Trial Embedded Within Practice. Annals of Emergency Medicine, 2016, 68, 93-102.e1.	0.6	107
77	The VHOT (Vindaloo Hastens Outpouring of Troponins) Study. EMA - Emergency Medicine Australasia, 2016, 28, 654-657.	1.1	O
78	Validation of presentation and 3â€h high-sensitivity troponin to rule-in and rule-out acute myocardial infarction. Heart, 2016, 102, 1270-1278.	2.9	82
79	State-of-the-Art Evaluation of Emergency Department Patients Presenting With Potential Acute Coronary Syndromes. Circulation, 2016, 134, 547-564.	1.6	81
80	Assessment of the European Society of Cardiology 0-Hour/1-Hour Algorithm to Rule-Out and Rule-In Acute Myocardial Infarction. Circulation, 2016, 134, 1532-1541.	1.6	111
81	Heart Fatty Acid Binding Protein and cardiac troponin: development of an optimal rule-out strategy for acute myocardial infarction. BMC Emergency Medicine, 2016, 16, 34.	1.9	20
82	Agreement Between Patient-reported and Cardiology-adjudicated Medical History in Patients With Possible Ischemic Chest Pain: An Observational Study. Critical Pathways in Cardiology, 2016, 15, 121-125.	0.5	3
83	Evaluation of High-Sensitivity Cardiac Troponin I Levels in Patients With Suspected Acute Coronary Syndrome. JAMA Cardiology, 2016, 1, 405.	6.1	75
84	Diagnosis of Myocardial Infarction Using a High-Sensitivity Troponin I 1-Hour Algorithm. JAMA Cardiology, 2016, 1, 397.	6.1	186
85	Two-Hour Algorithm for Triage toward Rule-Out and Rule-In of Acute Myocardial Infarction by Use of High-Sensitivity Cardiac Troponin I. Clinical Chemistry, 2016, 62, 494-504.	3.2	95
86	Target-specific Oral Anticoagulants in the Emergency Department. Journal of Emergency Medicine, 2016, 50, 246-257.	0.7	3
87	Relationship Between Physiological Parameters and Acute Coronary Syndrome in Patients Presenting to the Emergency Department With Undifferentiated Chest Pain. Journal of Cardiovascular Nursing, 2016, 31, 267-273.	1.1	1
88	Time to presentation and 12-month health outcomes in patients presenting to the emergency department with symptoms of possible acute coronary syndrome. Emergency Medicine Journal, 2016, 33, 390-395.	1.0	16
89	Sex-specific versus overall cut points for a high sensitivity troponin I assay in predicting 1-year outcomes in emergency patients presenting with chest pain. Heart, 2016, 102, 120-126.	2.9	61
90	B-type natriuretic peptide signal peptide (BNPsp) in patients presenting with chest pain. Clinical Biochemistry, 2016, 49, 645-650.	1.9	6

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91	The incremental value of stress testing in patients with acute chest pain beyond serial cardiac troponin testing. Emergency Medicine Journal, 2016, 33, 319-324.	1.0	15
92	A Clinical Decision Rule to Identify Emergency Department Patients at Low Risk for Acute Coronary Syndrome Who Do Not Need Objective Coronary Artery Disease Testing: The No Objective Testing Rule. Annals of Emergency Medicine, 2016, 67, 478-489.e2.	0.6	27
93	Simplification of a scoring system maintained overall accuracy but decreased the proportion classified as low risk. Journal of Clinical Epidemiology, 2016, 69, 32-39.	5.0	12
94	Cost and outcomes of assessing patients with chest pain in an Australian emergency department. Medical Journal of Australia, 2015, 202, 427-432.	1.7	84
95	CNP Signal Peptide in Patients with Cardiovascular Disease. Frontiers in Cardiovascular Medicine, 2015, 2, 28.	2.4	9
96	Accelerated diagnostic protocol using high-sensitivity cardiac troponin T in acute chest pain patients. International Journal of Cardiology, 2015, 184, 208-215.	1.7	46
97	â€~Chest Pain Typicality' in Suspected Acute Coronary Syndromes and the Impact of Clinical Experience. American Journal of Medicine, 2015, 128, 1109-1116.e2.	1.5	54
98	High-Sensitivity Cardiac Troponin T Concentrations below the Limit of Detection to Exclude Acute Myocardial Infarction: A Prospective Evaluation. Clinical Chemistry, 2015, 61, 983-989.	3.2	97
99	The utility of presentation and 4-hour high sensitivity troponin I to rule-out acute myocardial infarction in the emergency department. Clinical Biochemistry, 2015, 48, 1219-1224.	1.9	11
100	Two-hour diagnostic algorithms for early assessment of patients with acute chest pain $\hat{a} \in \mathbb{C}^n$ Implications of lowering the cardiac troponin I cut-off to the 97.5th percentile. Clinica Chimica Acta, 2015, 445, 19-24.	1.1	12
101	A novel diagnostic protocol to identify patients suitable for discharge after a single high-sensitivity troponin. Heart, 2015, 101, 1041-1046.	2.9	67
102	Myocardial infarction: rapid ruling out in the emergency room. Lancet, The, 2015, 386, 2449-2450.	13.7	8
103	Supraventricular tachycardia: back to basics. Lancet, The, 2015, 386, 1712.	13.7	0
104	IFCC educational materials on selected analytical and clinical applications of high sensitivity cardiac troponin assays. Clinical Biochemistry, 2015, 48, 201-203.	1.9	224
105	Admission glycaemia and its association with acute coronary syndrome in Emergency Department patients with chest pain. Emergency Medicine Journal, 2015, 32, 608-612.	1.0	13
106	Validation of an accelerated highâ€sensitivity troponin T assay protocol in an Australian cohort with chest pain. Medical Journal of Australia, 2014, 200, 161-165.	1.7	17
107	The clinical utility window for acute kidney injury biomarkers in the critically ill. Critical Care, 2014, 18, 601.	5.8	40
108	Development and validation of the <scp>E</scp> mergency <scp>D</scp> epartment <scp>A</scp> scessment of <scp>C</scp> hest pain <scp>S</scp> core and 2 h accelerated diagnostic protocol. EMA - Emergency Medicine Australasia, 2014, 26, 34-44.	1.1	172

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109	Comparison of new point-of-care troponin assay with high sensitivity troponin in diagnosing myocardial infarction. International Journal of Cardiology, 2014, 177, 182-186.	1.7	30
110	A Comparison of Concussive Symptoms Reported by Parents for Preschool Versus School-Aged Children. Journal of Head Trauma Rehabilitation, 2014, 29, 233-238.	1.7	26
111	Low-Risk Chest Pain in the Emergency Department—Reply. JAMA Internal Medicine, 2014, 174, 1010.	5.1	0
112	A MODIFIED GOLDMAN RISK SCORE IN COMBINATION WITH HIGH-SENSITIVITY TROPONIN PROVES SUPERIOR TO TIMI IN THE EVALUATION OF SUSPECTED ACUTE CARDIAC CHEST PAIN. Journal of the American College of Cardiology, 2014, 63, A80.	2.8	0
113	The new Vancouver Chest Pain Rule using troponin as the only biomarker: an external validation study. American Journal of Emergency Medicine, 2014, 32, 129-134.	1.6	44
114	Comparison of high sensitivity troponin T and I assays in the diagnosis of non-ST elevation acute myocardial infarction in emergency patients with chest pain. Clinical Biochemistry, 2014, 47, 321-326.	1.9	32
115	Performance of Risk Stratification for Acute Coronary Syndrome with Two-hour Sensitive Troponin Assay Results. Heart Lung and Circulation, 2014, 23, 428-434.	0.4	7
116	A 2-Hour Diagnostic Protocol for Possible Cardiac Chest Pain in the Emergency Department. JAMA Internal Medicine, 2014, 174, 51.	5.1	151
117	Undetectable hs-cTnT in the Emergency Department and Risk of Myocardial Infarction. Journal of the American College of Cardiology, 2014, 64, 632-633.	2.8	7
118	Systematic Review and Metaâ€analysis of Pregnant Patients Investigated for Suspected Pulmonary Embolism in the Emergency Department. Academic Emergency Medicine, 2014, 21, 949-959.	1.8	47
119	New Zealand Emergency Medicine Network (NZEMN): collaboration for acute care research in New Zealand. New Zealand Medical Journal, 2014, 127, 88-90.	0.5	4
120	Designing clinical trials to bring wound products to market. International Wound Journal, 2013, 10, 114-115.	2.9	6
121	Fluid-Volume Assessment in the Investigation of Acute Heart Failure. Current Emergency and Hospital Medicine Reports, 2013, 1, 126-132.	1.5	1
122	Troponin testing: End of an era?. Clinical Biochemistry, 2013, 46, 1627-1628.	1.9	3
123	What is an acceptable risk of major adverse cardiac event in chest pain patients soon after discharge from the Emergency Department?. International Journal of Cardiology, 2013, 166, 752-754.	1.7	324
124	Delta troponin for the early diagnosis of AMI in emergency patients with chest pain. International Journal of Cardiology, 2013, 168, 2602-2608.	1.7	42
125	Validation of High-Sensitivity Troponin I in a 2-Hour Diagnostic Strategy to Assess 30-Day Outcomes in Emergency Department Patients With Possible AcuteÂCoronary Syndrome. Journal of the American College of Cardiology, 2013, 62, 1242-1249.	2.8	277
126	Validation of the Vancouver Chest Pain Rule using troponin as the only biomarker: a prospective cohort study. American Journal of Emergency Medicine, 2013, 31, 1103-1107.	1.6	9

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127	Use of a keratin-based hydrogel in the management of recessive dystrophic epidermolysis bullosa. Journal of Dermatological Treatment, 2013, 24, 290-291.	2.2	16
128	The HEART Score for the Assessment of Patients With Chest Pain in the Emergency Department. Critical Pathways in Cardiology, 2013, 12, 121-126.	0.5	203
129	Validation of the pulse rate over pressure evaluation index as a detector of early occult hemorrhage. Journal of Trauma and Acute Care Surgery, 2012, 73, 286-288.	2.1	21
130	The initial health-system response to the earthquake in Christchurch, New Zealand, in February, 2011. Lancet, The, 2012, 379, 2109-2115.	13.7	126
131	High-sensitivity troponin T for early rule-out of myocardial infarction in recent onset chest pain. Emergency Medicine Journal, 2012, 29, 805-810.	1.0	47
132	Heart fatty acid binding protein and myoglobin do not improve early rule out of acute myocardial infarction when highly sensitive troponin assays are used. Resuscitation, 2012, 83, e27-e28.	3.0	11
133	Derivation and validation of a multivariate model to predict mortality from pulmonary embolism with cancer: The POMPE-C tool. Thrombosis Research, 2012, 129, e194-e199.	1.7	55
134	ST2 Has Diagnostic and Prognostic Utility for All-Cause Mortality and Heart Failure in Patients Presenting to the Emergency Department With Chest Pain. Journal of Cardiac Failure, 2012, 18, 304-310.	1.7	52
135	Comparison of early biomarker strategies with the Heart Foundation of Australia/Cardiac Society of Australia and New Zealand guidelines for risk stratification of emergency department patients with chest pain. EMA - Emergency Medicine Australasia, 2012, 24, 595-603.	1.1	12
136	<scp>L</scp> emierre's syndrome: Diagnosis in the emergency department. EMA - Emergency Medicine Australasia, 2012, 24, 673-676.	1.1	7
137	A 2-hour thrombolysis in myocardial infarction score outperforms other risk stratification tools in patients presenting with possible acute coronary syndromes. American Heart Journal, 2012, 164, 516-523.	2.7	24
138	2-Hour Accelerated Diagnostic Protocol to Assess Patients With Chest Pain Symptoms Using Contemporary Troponins as the Only Biomarker. Journal of the American College of Cardiology, 2012, 59, 2091-2098.	2.8	361
139	A New Improved Accelerated Diagnostic Protocol Safely Identifies Lowâ€risk Patients With Chest Pain in the Emergency Department. Academic Emergency Medicine, 2012, 19, 510-516.	1.8	36
140	Keratin-based Wound Care Products for Treatment of Resistant Vascular Wounds. Journal of Clinical and Aesthetic Dermatology, 2012, 5, 31-5.	0.1	23
141	High sensitivity troponin outperforms contemporary assays in predicting major adverse cardiac events up to two years in patients with chest pain. Annals of Clinical Biochemistry, 2011, 48, 249-255.	1.6	29
142	Comparison of high sensitivity and contemporary troponin assays for the early detection of acute myocardial infarction in the emergency department. Annals of Clinical Biochemistry, 2011, 48, 241-248.	1.6	60
143	A 2-h diagnostic protocol to assess patients with chest pain symptoms in the Asia-Pacific region (ASPECT): a prospective observational validation study. Lancet, The, 2011, 377, 1077-1084.	13.7	316
144	Rapid diagnostic protocol for patients with chest pain – Authors' reply. Lancet, The, 2011, 378, 398-399.	13.7	0

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145	Review article: How useful are laboratory investigations in the Emergency Department evaluation of possible osteomyelitis?. EMA - Emergency Medicine Australasia, 2011, 23, 317-330.	1.1	28
146	Early Dynamic Change in High-Sensitivity Cardiac Troponin T in the Investigation of Acute Myocardial Infarction. Clinical Chemistry, 2011, 57, 1154-1160.	3.2	63
147	Summary of NIH Medical-Surgical Emergency Research Roundtable Held on April 30 to May 1, 2009. Annals of Emergency Medicine, 2010, 56, 522-537.	0.6	36
148	Accuracy of Very Low Pretest Probability Estimates for Pulmonary Embolism Using the Method of Attribute Matching Compared with the Wells Score. Academic Emergency Medicine, 2010, 17, 133-141.	1.8	14
149	Comprehensive standardized data definitions for acute coronary syndrome research in emergency departments in Australasia. EMA - Emergency Medicine Australasia, 2010, 22, 35-55.	1.1	96
150	Troponin measurement and the new assays: how low can we go?. Medical Journal of Australia, 2010, 192, 245-246.	1.7	1
151	Communicating diagnostic uncertainties to patients: The problems of explaining unclear diagnosis and risk. Evidence-Based Medicine, 2009, 14, 66-67.	0.6	14
152	Comparison of high specificity with standard versions of a quantitative latex D-dimer test in the assessment of community pulmonary embolism. Thrombosis Research, 2009, 124, 230-235.	1.7	11
153	ACCEPTABILITY AND EFFICACY OF KERATIN-BASED DRESSINGS IN THE CHRONIC WOUND. Journal of Wound, Ostomy and Continence Nursing, 2007, 34, S65-S66.	1.0	0
154	Evidence-based emergency medicine at the 'coal face'. EMA - Emergency Medicine Australasia, 2005, 17, 330-340.	1.1	4