Ralf Bender

List of Publications by Year
in descending order

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40	5,059	394286	302012
papers	citations	19 h-index	39 g-index

43	43	43	9186
all docs	docs citations	times ranked	citing authors

#	Article	IF	Citations
1	Adjusting for multiple testingâ€”when and how?. Journal of Clinical Epidemiology, 2001, 54, 343-349.	2.4	2,133
2	Methods to estimate the betweenâ€study variance and its uncertainty in metaâ€analysis. Research Synthesis Methods, 2016, 7, 55-79.	4.2	891
3	Generating survival times to simulate Cox proportional hazards models. Statistics in Medicine, 2005, 24, 1713-1723.	0.8	573
4	Effect of Age on Excess Mortality in Obesity. JAMA - Journal of the American Medical Association, 1999, 281, 1498.	3.8	246
5	Calculating Confidence Intervals for the Number Needed to Treat. Contemporary Clinical Trials, 2001, 22, 102-110.	2.0	187
6	Methods for evidence synthesis in the case of very few studies. Research Synthesis Methods, 2018, 9, 382-392.	4.2	132
7	Methods to calculate uncertainty in the estimated overall effect size from a randomâ€effects metaâ€analysis. Research Synthesis Methods, 2019, 10, 23-43.	4.2	123
8	Attention should be given to multiplicity issues in systematic reviews. Journal of Clinical Epidemiology, 2008, 61, 857-865.	2.4	117
9	Calculating the â€œnumber needed to be exposedâ€•with adjustment for confounding variables in epidemiological studies. Journal of Clinical Epidemiology, 2002, 55, 525-530.	2.4	104
10	Common problems related to the use of number needed to treat. Journal of Clinical Epidemiology, 2010, 63, 820-825.	2.4	69
11	Estimating adjusted NNT measures in logistic regression analysis. Statistics in Medicine, 2007, 26, 5586-5595.	0.8	57
12	On weakly informative prior distributions for the heterogeneity parameter in Bayesian randomâ€effects metaâ€analysis. Research Synthesis Methods, 2021, 12, 448-474.	4.2	55
13	Causes of death in obesity: Relevant increase in cardiovascular but not in all-cancer mortality. Journal of Clinical Epidemiology, 2006, 59, 1064-1071.	2.4	41
14	The number needed to treat in pairwise and network meta-analysis and its graphical representation. Journal of Clinical Epidemiology, 2019, 111, 11-22.	2.4	32
15	Breastfeeding promotion in nonâ€UNICEFâ€certified hospitals and longâ€term breastfeeding success in Germany. Acta Paediatrica, International Journal of Paediatrics, 2003, 92, 653-658.	0.7	31
16	Unsolved issues of mixed treatment comparison metaâ€analysis: network size and inconsistency. Research Synthesis Methods, 2012, 3, 300-311.	4.2	31
17	Body Weight, Blood Pressure, and Mortality in a Cohort of Obese Patients. American Journal of Epidemiology, 2002, 156, 239-245.	1.6	29
18	Biometrical issues in the analysis of adverse events within the benefit assessment of drugs. Pharmaceutical Statistics, 2016, 15, 292-296.	0.7	22

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19	Effect of Berkson measurement error on parameter estimates in Cox regression models. Lifetime Data Analysis, 2007, 13, 261-272.	0.4	20
20	No inconsistent trial assessments by NICE and IQWiG: different assessment goals may lead to different assessment results regarding subgroup analyses. Journal of Clinical Epidemiology, 2010, 63, 1305-1307.	2.4	18
21	Tutorial: Using Confidence Curves in Medical Research. Biometrical Journal, 2005, 47, 237-247.	0.6	16
22	Generating survival times to simulate Cox proportional hazards models by Ralf Bender, Thomas Augustin and Maria Blettner,Statistics in Medicine 2005;24:1713â€“1723. Statistics in Medicine, 2006, 25, 1978-1979.	0.8	15
23	Logistic regression was preferred to estimate risk differences and numbers needed to be exposed adjusted for covariates. Journal of Clinical Epidemiology, 2010, 63, 1223-1231.	2.4	15
24	Methods to calculate relative risks, risk differences, and numbers needed to treat from logistic regression. Journal of Clinical Epidemiology, 2010, 63, 7-8.	2.4	14
25	Estimating adjusted NNTs in randomised controlled trials with binary outcomes: A simulation study. Contemporary Clinical Trials, 2010, 31, 498-505.	0.8	14
26	Absolute risks rather than incidence rates should be used to estimate the number needed to treat from time-to-event data. Journal of Clinical Epidemiology, 2013, 66, 1038-1044.	2.4	11
27	Limitations of the incidence density ratio as approximation of the hazard ratio. Trials, 2019, 20, 485.	0.7	9
28	Performing Meta-analyses with Very Few Studies. Methods in Molecular Biology, 2022, 2345, 91-102.	0.4	8
29	Confidence intervals for adjusted NNEs A simulation study. Journal of Clinical Epidemiology, 2003, 56, 205-206.	2.4	7
30	A note on calculating asymptotic confidence intervals for the adjusted risk difference and number needed to treat in the Cox regression model. Statistics in Medicine, 2014, 33, 798-810.	0.8	6
31	A simulation study to compare different estimation approaches for network meta-analysis and corresponding methods to evaluate the consistency assumption. BMC Medical Research Methodology, 2020, 20, 36.	1.4	6
32	GRADE Guidelines: 29. Rating the certainty in time-to-event outcomesâ€”Study limitations due to censoring of participants with missing data in intervention studies. Journal of Clinical Epidemiology, 2021, 129, 126-137.	2.4	4
33	Using and Interpreting Adjusted NNT Measures in Biomedical Research~!2009-09-25~!2009-10-14~!2010-07-16~!. Open Dentistry Journal, 2010, 4, 72-76.	0.2	4
34	Adverse event development in clinical oncology trials. Lancet Oncology, The, 2016, 17, e263-e264.	5.1	3
35	Estimation of numbers needed to treat should be based on absolute risks. Journal of Clinical Epidemiology, 2014, 67, 238-239.	2.4	2
36	The NNTnet metric is not new, not easy to use, and not routinely applied in medical research. Journal of Clinical Epidemiology, 2021, 129, 198.	2.4	2

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37	Using and Interpreting Adjusted NNT Measures in Biomedical Research. Open Dentistry Journal, 2010, 4, 72-76.	0.2	2
38	Multiplicity issues in clinical trials. Biometrical Journal, 2011, 53, 873-874.	0.6	1
39	The assessment of heterogeneity is mandatory in clinical trials and systematic reviews. Journal of Clinical Epidemiology, 2011, 64, 452-452.	2.4	0
40	Contribution to the discussion of â€œWhen should metaâ€analysis avoid making hidden normality assumptions?â€. Biometrical Journal, 2018, 60, 1077-1078.	0.6	0