Steven M Snapinn

List of Publications by Year in descending order

Source: https://exaly.com/author-pdf/3813832/publications.pdf

Version: 2024-02-01

858243 7,539 28 12 citations h-index papers

23 g-index 30 30 30 6856 docs citations times ranked citing authors all docs

721071

#	Article	IF	CITATIONS
1	Comment on "Robust Design and Analysis of Clinical Trials With Nonproportional Hazards: A Straw Man Guidance From a Cross-Pharma Working Group†The Test Statistic Should Estimate Some Reasonable Measure of Treatment Benefit. Statistics in Biopharmaceutical Research, 2023, 15, 297-299.	0.6	1
2	A shrinkage estimator for subgroup analysis without the exchangeability assumption. Journal of Biopharmaceutical Statistics, 2022, , 1-13.	0.4	0
3	Comment on "The Role of <i>p</i> -Values in Judging the Strength of Evidence and Realistic Replication Expectations― Statistics in Biopharmaceutical Research, 2021, 13, 40-42.	0.6	1
4	Some remaining challenges regarding multiple endpoints in clinical trials. Statistics in Medicine, 2017, 36, 4441-4445.	0.8	12
5	Remaining Challenges in Assessing Non-Inferiority. Therapeutic Innovation and Regulatory Science, 2014, 48, 62-67.	0.8	2
6	Incorporation of Clinical Meaningfulness Into the Analysis of a Continuous Variable: A More Powerful Alternative toÂthe Responder Analysis. Statistics in Biopharmaceutical Research, 2014, 6, 349-355.	0.6	0
7	The issue of multiplicity in noninferiority studies. Clinical Trials, 2012, 9, 730-735.	0.7	4
8	On the clinical meaningfulness of a treatment's effect on a timeâ€ŧoâ€event variable. Statistics in Medicine, 2011, 30, 2341-2348.	0.8	11
9	Analysis of multiple endpoints in clinical trials: it's time for the designations of primary, secondary and tertiary to go. Pharmaceutical Statistics, 2011, 10, 1-2.	0.7	8
10	Indirect comparisons in the comparative efficacy and nonâ€inferiority settings. Pharmaceutical Statistics, 2011, 10, 420-426.	0.7	9
11	PISC Expert Team White Paper: Toward a Consistent Standard of Evidence When Evaluating the Efficacy of an Experimental Treatment From a Randomized, Active-Controlled Trial. Statistics in Biopharmaceutical Research, 2010, 2, 522-531.	0.6	13
12	Independent Data Monitoring Committees. , 2010, , 21-1-21-9.		0
13	Controlling the type 1 error rate in nonâ€inferiority trials. Statistics in Medicine, 2008, 27, 371-381.	0.8	24
14	Preservation of effect and the regulatory approval of new treatments on the basis of nonâ€inferiority trials. Statistics in Medicine, 2008, 27, 382-391.	0.8	39
15	Responder analyses and the assessment of a clinically relevant treatment effect. Trials, 2007, 8, 31.	0.7	131
16	Assessment of futility in clinical trials. Pharmaceutical Statistics, 2006, 5, 273-281.	0.7	111
17	Stopping a Trial for Futility: The Cooperative New Scandinavian Enalapril Survival Study II., 2006,, 302-311.		O
18	Accounting for informative non-compliance with a bivariate exponential model in the design of endpoint trials. Pharmaceutical Statistics, 2005, 4, 173-186.	0.7	1

#	Article	IF	CITATIONS
19	Illustrating the Impact of a Time-Varying Covariate With an Extended Kaplan-Meier Estimator. American Statistician, 2005, 59, 301-307.	0.9	185
20	Calculation of Sample Size in Survival Trials: The Impact of Informative Noncompliance. Biometrics, 2004, 60, 800-806.	0.8	21
21	The role of the unblinded sponsor statistician. Statistics in Medicine, 2004, 23, 1531-1533.	0.8	16
22	Informative noncompliance in endpoint trials. Current Controlled Trials in Cardiovascular Medicine, 2004, 5, 5.	1.5	19
23	Alternatives for Discounting in the Analysis of Noninferiority Trials. Journal of Biopharmaceutical Statistics, 2004, 14, 263-273.	0.4	67
24	Sample Size Calculation for Survival Data., 2003,, 892-898.		3
25	Effects of Losartan on Renal and Cardiovascular Outcomes in Patients with Type 2 Diabetes and Nephropathy. New England Journal of Medicine, 2001, 345, 861-869.	13.9	6,609
26	Noninferiority trials., 2000, 1, 19.		215
27	Monitoring clinical trials with a conditional probability stopping rule. Statistics in Medicine, 1992, 11, 659-672.	0.8	35
28	Comparison of Sample Size Requirements of Randomized and Historically Controlled Trials Based on Calibrated Error Rates. Statistics in Biopharmaceutical Research, 0, , 1-5.	0.6	О