

Tim P Morris

List of Publications by Year in descending order

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Version: 2024-02-01

73
papers

3,879
citations

172457

29
h-index

133252

59
g-index

78
all docs

78
docs citations

78
times ranked

6936
citing authors

| # | ARTICLE | IF | CITATIONS |
|----|---|-----|-----------|
| 1 | Causal analyses of existing databases: the importance of understanding what can be achieved with your data before analysis (commentary on Hernan). Journal of Clinical Epidemiology, 2022, 142, 261-263. | 5.0 | 2 |
| 2 | Planning a method for covariate adjustment in individually randomised trials: a practical guide. Trials, 2022, 23, 328. | 1.6 | 21 |
| 3 | Sensitivity analysis in clinical trials: three criteria for a valid sensitivity analysis. Eye, 2022, 36, 2073-2074. | 2.1 | 6 |
| 4 | Visualising harms in publications of randomised controlled trials: consensus and recommendations. BMJ, The, 2022, 377, e068983. | 6.0 | 4 |
| 5 | Measuring the unknown: An estimator and simulation study for assessing case reporting during epidemics. PLoS Computational Biology, 2022, 18, e1008800. | 3.2 | 2 |
| 6 | A scoping methodological review of simulation studies comparing statistical and machine learning approaches to risk prediction for time-to-event data. Diagnostic and Prognostic Research, 2022, 6, . | 1.8 | 8 |
| 7 | Redressing the balance. BJOG: an International Journal of Obstetrics and Gynaecology, 2021, 128, 1573-1573. | 2.3 | 0 |
| 8 | Current Practices in Missing Data Handling for Interrupted Time Series Studies Performed on Individual-Level Data: A Scoping Review in Health Research. Clinical Epidemiology, 2021, Volume 13, 603-613. | 3.0 | 2 |
| 9 | Why restricted mean survival time methods are especially useful for non-inferiority trials. Clinical Trials, 2021, 18, 174077452110451. | 1.6 | 6 |
| 10 | A comparison of methods for analyzing a binary composite endpoint with partially observed components in randomized controlled trials. Statistics in Medicine, 2021, 40, 6634-6650. | 1.6 | 2 |
| 11 | Estimands in published protocols of randomised trials: urgent improvement needed. Trials, 2021, 22, 686. | 1.6 | 23 |
| 12 | INTEREST: Interactive Tool for Exploring REsults from Simulation sStudies. , 2021, 1, . | | 1 |
| 13 | Effects of long-term antipsychotics treatment on body weight: A population-based cohort study. Journal of Psychopharmacology, 2020, 34, 79-85. | 4.0 | 17 |
| 14 | Treatment estimands in clinical trials of patients hospitalised for COVID-19: ensuring trials ask the right questions. BMC Medicine, 2020, 18, 286. | 5.5 | 17 |
| 15 | Analysis of multicenter clinical trials with very low event rates. Trials, 2020, 21, 917. | 1.6 | 5 |
| 16 | A four-step strategy for handling missing outcome data in randomised trials affected by a pandemic. BMC Medical Research Methodology, 2020, 20, 208. | 3.1 | 29 |
| 17 | <p>Handling Missing Values in Interrupted Time Series Analysis of Longitudinal Individual-Level Data</p>. Clinical Epidemiology, 2020, Volume 12, 1045-1057. | 3.0 | 5 |
| 18 | Introduction to statistical simulations in health research. BMJ Open, 2020, 10, e039921. | 1.9 | 24 |

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|----|--|-----|-----------|
| 19 | Sensitivity analysis for clinical trials with missing continuous outcome data using controlled multiple imputation: A practical guide. <i>Statistics in Medicine</i> , 2020, 39, 2815-2842. | 1.6 | 93 |
| 20 | One-stage individual participant data meta-analysis models for continuous and binary outcomes: Comparison of treatment coding options and estimation methods. <i>Statistics in Medicine</i> , 2020, 39, 2536-2555. | 1.6 | 18 |
| 21 | How are missing data in covariates handled in observational time-to-event studies in oncology? A systematic review. <i>BMC Medical Research Methodology</i> , 2020, 20, 134. | 3.1 | 26 |
| 22 | The Hazards of Period Specific and Weighted Hazard Ratios. <i>Statistics in Biopharmaceutical Research</i> , 2020, 12, 518-519. | 0.8 | 19 |
| 23 | Prediction meets causal inference: the role of treatment in clinical prediction models. <i>European Journal of Epidemiology</i> , 2020, 35, 619-630. | 5.7 | 49 |
| 24 | Stata tip 131: Custom legends for graphs that use translucency. <i>The Stata Journal</i> , 2019, 19, 738-740. | 2.2 | 0 |
| 25 | <p>Health indicator recording in UK primary care electronic health records: key implications for handling missing data</p>. <i>Clinical Epidemiology</i> , 2019, Volume 11, 157-167. | 3.0 | 38 |
| 26 | Proposals on Kaplan-Meier plots in medical research and a survey of stakeholder views: KMunicate. <i>BMJ Open</i> , 2019, 9, e030215. | 1.9 | 33 |
| 27 | <p>Ethnic Differences in the Prevalence of Type 2 Diabetes Diagnoses in the UK: Cross-Sectional Analysis of the Health Improvement Network Primary Care Database</p>. <i>Clinical Epidemiology</i> , 2019, Volume 11, 1081-1088. | 3.0 | 71 |
| 28 | Using simulation studies to evaluate statistical methods. <i>Statistics in Medicine</i> , 2019, 38, 2074-2102. | 1.6 | 597 |
| 29 | Population-calibrated multiple imputation for a binary/categorical covariate in categorical regression models. <i>Statistics in Medicine</i> , 2019, 38, 792-808. | 1.6 | 21 |
| 30 | Re-randomization increased recruitment and provided similar treatment estimates as parallel designs in trials of febrile neutropenia. <i>Journal of Clinical Epidemiology</i> , 2018, 97, 14-19. | 5.0 | 4 |
| 31 | Meta-analysis of Gaussian individual patient data: Two-stage or not two-stage?. <i>Statistics in Medicine</i> , 2018, 37, 1419-1438. | 1.6 | 30 |
| 32 | Multiple imputation in Cox regression when there are time-varying effects of covariates. <i>Statistics in Medicine</i> , 2018, 37, 3661-3678. | 1.6 | 19 |
| 33 | Individual participant data meta-analysis of continuous outcomes: A comparison of approaches for specifying and estimating one-stage models. <i>Statistics in Medicine</i> , 2018, 37, 4404-4420. | 1.6 | 23 |
| 34 | Knowledge of pelvic floor problems: a study of third trimester, primiparous women. <i>International Urogynecology Journal</i> , 2017, 28, 125-129. | 1.4 | 28 |
| 35 | Meta-analytical methods to identify who benefits most from treatments: daft, deluded, or deft approach?. <i>BMJ: British Medical Journal</i> , 2017, 356, j573. | 2.3 | 143 |
| 36 | Internet-accessed sexually transmitted infection (e-STI) testing and results service: A randomised, single-blind, controlled trial. <i>PLoS Medicine</i> , 2017, 14, e1002479. | 8.4 | 88 |

| # | ARTICLE | IF | CITATIONS |
|----|---|-----|-----------|
| 37 | Reference-based Sensitivity Analysis via Multiple Imputation for Longitudinal Trials with Protocol Deviation. <i>The Stata Journal</i> , 2016, 16, 443-463. | 2.2 | 33 |
| 38 | Quantifying the Uptake of user-written Commands over Time. <i>The Stata Journal</i> , 2016, 16, 88-95. | 2.2 | 2 |
| 39 | Non-inferiority trials: are they inferior? A systematic review of reporting in major medical journals. <i>BMJ Open</i> , 2016, 6, e012594. | 1.9 | 105 |
| 40 | How do you design randomised trials for smaller populations? A framework. <i>BMC Medicine</i> , 2016, 14, 183. | 5.5 | 28 |
| 41 | Multiple imputation of multiple multi-item scales when a full imputation model is infeasible. <i>BMC Research Notes</i> , 2016, 9, 45. | 1.4 | 47 |
| 42 | A comparison of methods to adjust for continuous covariates in the analysis of randomised trials. <i>BMC Medical Research Methodology</i> , 2016, 16, 42. | 3.1 | 45 |
| 43 | Can Internet-Based Sexual Health Services Increase Diagnoses of Sexually Transmitted Infections (STI)? Protocol for a Randomized Evaluation of an Internet-Based STI Testing and Results Service. <i>JMIR Research Protocols</i> , 2016, 5, e9. | 1.0 | 11 |
| 44 | Reference-based sensitivity analysis via multiple imputation for longitudinal trials with protocol deviation. <i>The Stata Journal</i> , 2016, 16, 443-463. | 2.2 | 13 |
| 45 | Quantifying the uptake of user-written commands over time. <i>The Stata Journal</i> , 2016, 16, 88-95. | 2.2 | 2 |
| 46 | Combining fractional polynomial model building with multiple imputation. <i>Statistics in Medicine</i> , 2015, 34, 3298-3317. | 1.6 | 36 |
| 47 | A re-randomisation design for clinical trials. <i>BMC Medical Research Methodology</i> , 2015, 15, 96. | 3.1 | 21 |
| 48 | Multiple Imputation of Covariates by Substantive-model Compatible Fully Conditional Specification. <i>The Stata Journal</i> , 2015, 15, 437-456. | 2.2 | 39 |
| 49 | Multiple imputation for an incomplete covariate that is a ratio. <i>Statistics in Medicine</i> , 2014, 33, 88-104. | 1.6 | 25 |
| 50 | Prospective International Cohort Study Demonstrates Inability of Interim PET to Predict Treatment Failure in Diffuse Large B-Cell Lymphoma. <i>Journal of Nuclear Medicine</i> , 2014, 55, 1936-1944. | 5.0 | 63 |
| 51 | The Consequences of Randomizing Schools Rather Than Children. <i>Journal of School Health</i> , 2014, 84, 349-349. | 1.6 | 2 |
| 52 | A note regarding "random effects" - authors' response. <i>Statistics in Medicine</i> , 2014, 33, 2878-2879. | 1.6 | 2 |
| 53 | Choosing sensitivity analyses for randomised trials: principles. <i>BMC Medical Research Methodology</i> , 2014, 14, 11. | 3.1 | 47 |
| 54 | Combined PET and Biopsy Evidence of Marrow Involvement Improves Prognostic Prediction in Diffuse Large B-Cell Lymphoma. <i>Journal of Nuclear Medicine</i> , 2014, 55, 1591-1597. | 5.0 | 62 |

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|----|---|-----|-----------|
| 55 | Tuning multiple imputation by predictive mean matching and local residual draws. <i>BMC Medical Research Methodology</i> , 2014, 14, 75. | 3.1 | 328 |
| 56 | The risks and rewards of covariate adjustment in randomized trials: an assessment of 12 outcomes from 8 studies. <i>Trials</i> , 2014, 15, 139. | 1.6 | 291 |
| 57 | Is our healthcare system working for spinal surgery patients? Towards individualised care pathways and person-centered supports. <i>European Journal for Person Centered Healthcare</i> , 2014, 1, 411. | 0.3 | 2 |
| 58 | Assessing potential sources of clustering in individually randomised trials. <i>BMC Medical Research Methodology</i> , 2013, 13, 58. | 3.1 | 79 |
| 59 | Adjusting for multiple prognostic factors in the analysis of randomised trials. <i>BMC Medical Research Methodology</i> , 2013, 13, 99. | 3.1 | 26 |
| 60 | An exploration of patients'™ expectation of and satisfaction with surgical outcome. <i>European Spine Journal</i> , 2013, 22, 2836-2844. | 2.2 | 61 |
| 61 | Analysis of multicentre trials with continuous outcomes: when and how should we account for centre effects?. <i>Statistics in Medicine</i> , 2013, 32, 1136-1149. | 1.6 | 67 |
| 62 | Reporting and analysis of trials using stratified randomisation in leading medical journals: review and reanalysis. <i>BMJ</i> , The, 2012, 345, e5840-e5840. | 6.0 | 215 |
| 63 | An Evaluation of a Postoperative Rehabilitation Program After Spinal Surgery and Its Impact on Outcome. <i>Spine</i> , 2012, 37, E417-E422. | 2.0 | 10 |
| 64 | Growth charts of fetal biometry: a longitudinal study. <i>Journal of Maternal-Fetal and Neonatal Medicine</i> , 2012, 25, 692-698. | 1.5 | 8 |
| 65 | Rank minimization with a two-step analysis should not replace randomization in clinical trials. <i>Journal of Clinical Epidemiology</i> , 2012, 65, 810-811. | 5.0 | 3 |
| 66 | Improper analysis of trials randomised using stratified blocks or minimisation. <i>Statistics in Medicine</i> , 2012, 31, 328-340. | 1.6 | 235 |
| 67 | Long-term outcomes of augmentation ileocystoplasty in patients with spinal cord injury: a minimum of 10 years of follow-up. <i>BJU International</i> , 2012, 109, 1236-1242. | 2.5 | 58 |
| 68 | Skin-Derived Tenocyte-like Cells for the Treatment of Patellar Tendinopathy. <i>American Journal of Sports Medicine</i> , 2011, 39, 614-623. | 4.2 | 132 |
| 69 | ISSLS Prize Winner. <i>Spine</i> , 2011, 36, 1711-1720. | 2.0 | 55 |
| 70 | Function After Spinal Treatment, Exercise, and Rehabilitation. <i>Spine</i> , 2011, 36, 1807-1814. | 2.0 | 22 |
| 71 | Autologous Chondrocyte Implantation in the Adolescent Knee. <i>American Journal of Sports Medicine</i> , 2011, 39, 1723-1731. | 4.2 | 63 |
| 72 | Prospective, Observational Study of Outcomes in Neonates With Severe Thrombocytopenia. <i>Pediatrics</i> , 2009, 124, e826-e834. | 2.1 | 150 |

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|----|--|-----|-----------|
| 73 | Estimands for factorial trials. <i>Statistics in Medicine</i> , 0, , . | 1.6 | 3 |