

James M S Wason

List of Publications by Year in descending order

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Version: 2024-02-01

139
papers

6,589
citations

186265

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69250

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143
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docs citations

143
times ranked

13216
citing authors

| # | ARTICLE | IF | CITATIONS |
|----|---|-----|-----------|
| 1 | Developing a predictive signature for two trial endpoints using the cross-validated risk scores method. <i>Biostatistics</i> , 2023, 24, 327-344. | 1.5 | 2 |
| 2 | Discussion on “Adaptive enrichment designs with a continuous biomarker” by Nigel Stallard. <i>Biometrics</i> , 2023, 79, 23-25. | 1.4 | 0 |
| 3 | Bayesian Sample Size Determination Using Commensurate Priors to Leverage Preexperimental Data. <i>Biometrics</i> , 2023, 79, 669-683. | 1.4 | 3 |
| 4 | Borrowing of information across patient subgroups in a basket trial based on distributional discrepancy. <i>Biostatistics</i> , 2022, 23, 120-135. | 1.5 | 24 |
| 5 | Predictors of poor function in RA based on two prospective UK inception cohorts. Do comorbidities matter?. <i>Rheumatology</i> , 2022, 61, 1563-1569. | 1.9 | 11 |
| 6 | A two-stage drop-the-losers design for time-to-event outcome using a historical control arm. <i>Pharmaceutical Statistics</i> , 2022, 21, 268-288. | 1.3 | 0 |
| 7 | Prediction of dementia using diffusion tensor MRI measures: the OPTIMAL collaboration. <i>Journal of Neurology, Neurosurgery and Psychiatry</i> , 2022, 93, 14-23. | 1.9 | 15 |
| 8 | Two-stage penalized regression screening to detect biomarker-treatment interactions in randomized clinical trials. <i>Biometrics</i> , 2022, 78, 141-150. | 1.4 | 11 |
| 9 | Advantages of multi-arm non-randomised sequentially allocated cohort designs for Phase II oncology trials. <i>British Journal of Cancer</i> , 2022, 126, 204-210. | 6.4 | 1 |
| 10 | Sequential multiple assignment randomized trial studies should report all key components: a systematic review. <i>Journal of Clinical Epidemiology</i> , 2022, 142, 152-160. | 5.0 | 9 |
| 11 | Conditional power and friends: The why and how of (un)planned, unblinded sample size recalculations in confirmatory trials. <i>Statistics in Medicine</i> , 2022, , . | 1.6 | 5 |
| 12 | Response adaptive intervention allocation in stepped-wedge cluster randomized trials. <i>Statistics in Medicine</i> , 2022, 41, 1081-1099. | 1.6 | 2 |
| 13 | Improving power in PSA response analyses of metastatic castration-resistant prostate cancer trials. <i>BMC Cancer</i> , 2022, 22, 111. | 2.6 | 3 |
| 14 | Sample size estimation using a latent variable model for mixed outcome co-primary, multiple primary and composite endpoints. <i>Statistics in Medicine</i> , 2022, 41, 2303-2316. | 1.6 | 2 |
| 15 | The role of comorbidities alongside patient and disease characteristics in long-term disease activity in RA using UK inception cohort data. <i>Rheumatology</i> , 2022, 61, 4297-4304. | 1.9 | 9 |
| 16 | Designing Multi-arm Multistage Adaptive Trials for Neuroprotection in Progressive Multiple Sclerosis. <i>Neurology</i> , 2022, 98, 754-764. | 1.1 | 4 |
| 17 | Capturing the real-world benefit of residual β -cell function during clinically important time-periods in established Type 1 diabetes. <i>Diabetic Medicine</i> , 2022, 39, e14814. | 2.3 | 5 |
| 18 | When is a two-stage single-arm trial efficient? An evaluation of the impact of outcome delay. <i>European Journal of Cancer</i> , 2022, 166, 270-278. | 2.8 | 0 |

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|----|--|-----|-----------|
| 19 | Adaptive Designs: Benefits and Cautions for Neurosurgery Trials. <i>World Neurosurgery</i> , 2022, 161, 316-322. | 1.3 | 4 |
| 20 | P198â€fThe role of comorbidities alongside patient and disease characteristics on long-term disease activity in RA using UK inception cohort data. <i>Rheumatology</i> , 2022, 61, . | 1.9 | 1 |
| 21 | Components of smartphone cognitive-behavioural therapy for subthreshold depression among 1093 university students: a factorial trial. <i>Evidence-Based Mental Health</i> , 2022, 25, e18-e25. | 4.5 | 16 |
| 22 | Effects of Exercise and Sleep Deprivation on Reaction Severity During Oral Peanut Challenge: A Randomized Controlled Trial. <i>Journal of Allergy and Clinical Immunology: in Practice</i> , 2022, 10, 2404-2413.e1. | 3.8 | 8 |
| 23 | Subgroup analyses in randomised controlled trials frequently categorised continuous subgroup information. <i>Journal of Clinical Epidemiology</i> , 2022, , . | 5.0 | 1 |
| 24 | Imaging Glioblastoma Metabolism by Using Hyperpolarized [¹³ C]Pyruvate Demonstrates Heterogeneity in Lactate Labeling: A Proof of Principle Study. <i>Radiology Imaging Cancer</i> , 2022, 4, . | 1.6 | 17 |
| 25 | Determining the OPTIMAL DTI analysis method for application in cerebral small vessel disease. <i>NeuroImage: Clinical</i> , 2022, 35, 103114. | 2.7 | 6 |
| 26 | Exact group sequential designs for two-arm experiments with Poisson distributed outcome variables. <i>Communications in Statistics - Theory and Methods</i> , 2021, 50, 18-34. | 1.0 | 1 |
| 27 | Controlling type I error rates in multiâ€arm clinical trials: A case for the false discovery rate. <i>Pharmaceutical Statistics</i> , 2021, 20, 109-116. | 1.3 | 21 |
| 28 | Oxygen therapy and inpatient mortality in COPD exacerbation. <i>Emergency Medicine Journal</i> , 2021, 38, 170-177. | 1.0 | 29 |
| 29 | Employing a latent variable framework to improve efficiency in composite endpoint analysis. <i>Statistical Methods in Medical Research</i> , 2021, 30, 702-716. | 1.5 | 5 |
| 30 | Statistical consideration when adding new arms to ongoing clinical trials: the potentials and the caveats. <i>Trials</i> , 2021, 22, 203. | 1.6 | 15 |
| 31 | Treatment allocation strategies for umbrella trials in the presence of multiple biomarkers: A comparison of methods. <i>Pharmaceutical Statistics</i> , 2021, 20, 990-1001. | 1.3 | 2 |
| 32 | Bayesian design and analysis of external pilot trials for complex interventions. <i>Statistics in Medicine</i> , 2021, 40, 2877-2892. | 1.6 | 2 |
| 33 | A Review of Bayesian Perspectives on Sample Size Derivation for Confirmatory Trials. <i>American Statistician</i> , 2021, 75, 424-432. | 1.6 | 25 |
| 34 | Revisiting the JOQUER trial: stratification of primary SjÃ¶rgrenâ€™s syndrome and the clinical and interferon response to hydroxychloroquine. <i>Rheumatology International</i> , 2021, 41, 1593-1600. | 3.0 | 13 |
| 35 | Innovative trial approaches in immune-mediated inflammatory diseases: current use and future potential. <i>BMC Rheumatology</i> , 2021, 5, 21. | 1.6 | 8 |
| 36 | Hyperpolarized Carbon-13 MRI for Early Response Assessment of Neoadjuvant Chemotherapy in Breast Cancer Patients. <i>Cancer Research</i> , 2021, 81, 6004-6017. | 0.9 | 25 |

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|----|--|-----|-----------|
| 37 | Costs and staffing resource requirements for adaptive clinical trials: quantitative and qualitative results from the Costing Adaptive Trials project. BMC Medicine, 2021, 19, 251. | 5.5 | 4 |
| 38 | Increasing power in the analysis of responder endpoints in rheumatology: a software tutorial. BMC Rheumatology, 2021, 5, 54. | 1.6 | 0 |
| 39 | A latent variable model for improving inference in trials assessing the effect of dose on toxicity and composite efficacy endpoints. Statistical Methods in Medical Research, 2020, 29, 230-242. | 1.5 | 2 |
| 40 | Developing and testing high-efficacy patient subgroups within a clinical trial using risk scores. Statistics in Medicine, 2020, 39, 3285-3298. | 1.6 | 3 |
| 41 | Efficient Adaptive Designs for Clinical Trials of Interventions for COVID-19. Statistics in Biopharmaceutical Research, 2020, 12, 483-497. | 0.8 | 40 |
| 42 | Developing a roadmap to improve trial delivery for under-served groups: results from a UK multi-stakeholder process. Trials, 2020, 21, 694. | 1.6 | 99 |
| 43 | Mentalization for Offending Adult Males (MOAM): study protocol for a randomized controlled trial to evaluate mentalization-based treatment for antisocial personality disorder in male offenders on community probation. Trials, 2020, 21, 1001. | 1.6 | 10 |
| 44 | Analysis of responder-based endpoints: improving power through utilising continuous components. Trials, 2020, 21, 427. | 1.6 | 7 |
| 45 | The adaptive designs CONSORT extension (ACE) statement: a checklist with explanation and elaboration guideline for reporting randomised trials that use an adaptive design. Trials, 2020, 21, 528. | 1.6 | 10 |
| 46 | The Adaptive designs CONSORT Extension (ACE) statement: a checklist with explanation and elaboration guideline for reporting randomised trials that use an adaptive design. BMJ, The, 2020, 369, m115. | 6.0 | 57 |
| 47 | Simple MRI score aids prediction of dementia in cerebral small vessel disease. Neurology, 2020, 94, e1294-e1302. | 1.1 | 67 |
| 48 | Multisystemic therapy versus management as usual in the treatment of adolescent antisocial behaviour (START): 5-year follow-up of a pragmatic, randomised, controlled, superiority trial. Lancet Psychiatry, the, 2020, 7, 420-430. | 7.4 | 17 |
| 49 | Including non-concurrent control patients in the analysis of platform trials: is it worth it?. BMC Medical Research Methodology, 2020, 20, 165. | 3.1 | 26 |
| 50 | Graphical approaches for the control of generalized error rates. Statistics in Medicine, 2020, 39, 3135-3155. | 1.6 | 1 |
| 51 | Imaging breast cancer using hyperpolarized carbon-13 MRI. Proceedings of the National Academy of Sciences of the United States of America, 2020, 117, 2092-2098. | 7.1 | 138 |
| 52 | A web application for the design of multi-arm clinical trials. BMC Cancer, 2020, 20, 80. | 2.6 | 12 |
| 53 | Multiple Interventions for Diabetic Foot Ulcer Treatment Trial (MIDFUT): study protocol for a randomised controlled trial. BMJ Open, 2020, 10, e035947. | 1.9 | 9 |
| 54 | Efficient analysis of time-to-event endpoints when the event involves a continuous variable crossing a threshold. Journal of Statistical Planning and Inference, 2020, 208, 119-129. | 0.6 | 3 |

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|----|--|-----|-----------|
| 55 | Developing a composite outcome measure for frailty prevention trials – rationale, derivation and sample size comparison with other candidate measures. <i>BMC Geriatrics</i> , 2020, 20, 113. | 2.7 | 3 |
| 56 | Prevalence of Multiplicity and Appropriate Adjustments Among Cardiovascular Randomized Clinical Trials Published in Major Medical Journals. <i>JAMA Network Open</i> , 2020, 3, e203082. | 5.9 | 9 |
| 57 | Ensuring that COVID-19 research is inclusive: guidance from the NIHR INCLUDE project. <i>BMJ Open</i> , 2020, 10, e043634. | 1.9 | 24 |
| 58 | Multisystemic therapy compared with management as usual for adolescents at risk of offending: the START II RCT. <i>Health Services and Delivery Research</i> , 2020, 8, 1-114. | 1.4 | 3 |
| 59 | Design of experiments for a confirmatory trial of precision medicine. <i>Journal of Statistical Planning and Inference</i> , 2019, 199, 179-187. | 0.6 | 3 |
| 60 | When to keep it simple – adaptive designs are not always useful. <i>BMC Medicine</i> , 2019, 17, 152. | 5.5 | 44 |
| 61 | The impact of an epilepsy nurse competency framework on the costs of supporting adults with epilepsy and intellectual disability: findings from the EpAID study. <i>Journal of Intellectual Disability Research</i> , 2019, 63, 1391-1400. | 2.0 | 9 |
| 62 | Two-Stage Adaptive Designs for Three-Treatment Bioequivalence Studies. <i>Statistics in Biopharmaceutical Research</i> , 2019, 11, 360-374. | 0.8 | 2 |
| 63 | Effect of sleep deprivation and exercise on reaction threshold in adults with peanut allergy: A randomized controlled study. <i>Journal of Allergy and Clinical Immunology</i> , 2019, 144, 1584-1594.e2. | 2.9 | 84 |
| 64 | To add or not to add a new treatment arm to a multiarm study: A decision-theoretic framework. <i>Statistics in Medicine</i> , 2019, 38, 3305-3321. | 1.6 | 13 |
| 65 | Anti-VEGF intervention in neovascular AMD: benefits and risks restated as natural frequencies. <i>BMJ Open Ophthalmology</i> , 2019, 4, e000257. | 1.6 | 3 |
| 66 | Familywise Error Control in Multi-Armed Response-Adaptive Trials. <i>Biometrics</i> , 2019, 75, 885-894. | 1.4 | 7 |
| 67 | Biomarker-guided trials: Challenges in practice. <i>Contemporary Clinical Trials Communications</i> , 2019, 16, 100493. | 1.1 | 32 |
| 68 | Overestimated treatment effects in randomised phase II trials: What's up doctor?. <i>European Journal of Cancer</i> , 2019, 123, 116-117. | 2.8 | 2 |
| 69 | Evaluation of PR3-ANCA Status After Rituximab for ANCA-Associated Vasculitis. <i>Journal of Clinical Rheumatology</i> , 2019, 25, 217-223. | 0.9 | 33 |
| 70 | Admissible multiarm stepped-wedge cluster randomized trial designs. <i>Statistics in Medicine</i> , 2019, 38, 1103-1119. | 1.6 | 6 |
| 71 | Multisystemic therapy versus management as usual in the treatment of adolescent antisocial behaviour (START): a pragmatic, randomised controlled, superiority trial. <i>Lancet Psychiatry</i> , 2018, 5, 119-133. | 7.4 | 63 |
| 72 | Adaptive designs in clinical trials: why use them, and how to run and report them. <i>BMC Medicine</i> , 2018, 16, 29. | 5.5 | 398 |

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|----|---|-----|-----------|
| 73 | Response-adaptive designs for binary responses: How to offer patient benefit while being robust to time trends?. <i>Pharmaceutical Statistics</i> , 2018, 17, 182-197. | 1.3 | 39 |
| 74 | Multi-arm multi-stage trials can improve the efficiency of finding effective treatments for stroke: a case study. <i>BMC Cardiovascular Disorders</i> , 2018, 18, 215. | 1.7 | 9 |
| 75 | Group Sequential Clinical Trial Designs for Normally Distributed Outcome Variables. <i>The Stata Journal</i> , 2018, 18, 416-431. | 2.2 | 0 |
| 76 | Development process of a consensus-driven CONSORT extension for randomised trials using an adaptive design. <i>BMC Medicine</i> , 2018, 16, 210. | 5.5 | 28 |
| 77 | Group sequential crossover trial designs with strong control of the familywise error rate. <i>Sequential Analysis</i> , 2018, 37, 174-203. | 0.5 | 2 |
| 78 | Blinded and unblinded sample size reestimation procedures for stepped-wedge cluster randomized trials. <i>Biometrical Journal</i> , 2018, 60, 903-916. | 1.0 | 10 |
| 79 | An optimised multi-arm multi-stage clinical trial design for unknown variance. <i>Contemporary Clinical Trials</i> , 2018, 67, 116-120. | 1.8 | 6 |
| 80 | Healthy Campus Trial: a multiphase optimization strategy (MOST) fully factorial trial to optimize the smartphone cognitive behavioral therapy (CBT) app for mental health promotion among university students: study protocol for a randomized controlled trial. <i>Trials</i> , 2018, 19, 353. | 1.6 | 25 |
| 81 | Blinded and unblinded sample size reestimation in crossover trials balanced for period. <i>Biometrical Journal</i> , 2018, 60, 917-933. | 1.0 | 7 |
| 82 | Improving the analysis of composite endpoints in rare disease trials. <i>Orphanet Journal of Rare Diseases</i> , 2018, 13, 81. | 2.7 | 13 |
| 83 | A novel nano-iron supplement to safely combat iron deficiency and anaemia in young children: The IHAT-GUT double-blind, randomised, placebo-controlled trial protocol. <i>Gates Open Research</i> , 2018, 2, 48. | 1.1 | 24 |
| 84 | Training nurses in a competency framework to support adults with epilepsy and intellectual disability: the EpAID cluster RCT. <i>Health Technology Assessment</i> , 2018, 22, 1-104. | 2.8 | 18 |
| 85 | Two-stage phase II oncology designs using short-term endpoints for early stopping. <i>Statistical Methods in Medical Research</i> , 2017, 26, 1671-1683. | 1.5 | 15 |
| 86 | A multi-stage drop-the-losers design for multi-arm clinical trials. <i>Statistical Methods in Medical Research</i> , 2017, 26, 508-524. | 1.5 | 30 |
| 87 | Improving phase II oncology trials using best observed RECIST response as an endpoint by modelling continuous tumour measurements. <i>Statistics in Medicine</i> , 2017, 36, 4616-4626. | 1.6 | 13 |
| 88 | The longitudinal effect of ejaculation on seminal vesicle fluid volume and whole-prostate ADC as measured on prostate MRI. <i>European Radiology</i> , 2017, 27, 5236-5243. | 4.5 | 18 |
| 89 | Group sequential designs for stepped-wedge cluster randomised trials. <i>Clinical Trials</i> , 2017, 14, 507-517. | 1.6 | 10 |
| 90 | Stepped wedge cluster randomized controlled trial designs: a review of reporting quality and design features. <i>Trials</i> , 2017, 18, 33. | 1.6 | 51 |

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|-----|---|------|-----------|
| 91 | Imaging biomarker roadmap for cancer studies. <i>Nature Reviews Clinical Oncology</i> , 2017, 14, 169-186. | 27.6 | 792 |
| 92 | Improving the power of clinical trials of rheumatoid arthritis by using data on continuous scales when analysing response rates: an application of the augmented binary method. <i>Rheumatology</i> , 2016, 55, 1796-1802. | 1.9 | 14 |
| 93 | Improving outcomes in adults with epilepsy and intellectual disability (EpAID) using a nurse-led intervention: study protocol for a cluster randomised controlled trial. <i>Trials</i> , 2016, 17, 297. | 1.6 | 6 |
| 94 | Endoplasmic reticulum stress, unfolded protein response and development of colon adenocarcinoma. <i>Virchows Archiv Fur Pathologische Anatomie Und Physiologie Und Fur Klinische Medizin</i> , 2016, 469, 145-154. | 2.8 | 10 |
| 95 | An adaptive design for updating the threshold value of a continuous biomarker. <i>Statistics in Medicine</i> , 2016, 35, 4909-4923. | 1.6 | 16 |
| 96 | Use of an embedded, micro-randomised trial to investigate non-compliance in telehealth interventions. <i>Clinical Trials</i> , 2016, 13, 417-424. | 1.6 | 9 |
| 97 | Some recommendations for multi-arm multi-stage trials. <i>Statistical Methods in Medical Research</i> , 2016, 25, 716-727. | 1.5 | 67 |
| 98 | HLA associations in South Asian multiple sclerosis. <i>Multiple Sclerosis Journal</i> , 2016, 22, 19-24. | 3.0 | 17 |
| 99 | A review of statistical designs for improving the efficiency of phase II studies in oncology. <i>Statistical Methods in Medical Research</i> , 2016, 25, 1010-1021. | 1.5 | 8 |
| 100 | Multi-armed Bandit Models for the Optimal Design of Clinical Trials: Benefits and Challenges. <i>Statistical Science</i> , 2015, 30, 199-215. | 2.8 | 188 |
| 101 | The choice of test in phase II cancer trials assessing continuous tumour shrinkage when complete responses are expected. <i>Statistical Methods in Medical Research</i> , 2015, 24, 909-919. | 1.5 | 6 |
| 102 | Evaluation of multisystemic therapy pilot services in Services for Teens Engaging in Problem Sexual Behaviour (STEPS-B): study protocol for a randomized controlled trial. <i>Trials</i> , 2015, 16, 492. | 1.6 | 10 |
| 103 | Response-Adaptive Randomization for Multi-arm Clinical Trials Using the Forward Looking Gittins Index Rule. <i>Biometrics</i> , 2015, 71, 969-978. | 1.4 | 39 |
| 104 | Prospective study evaluating the relative sensitivity of 18F-NaF PET/CT for detecting skeletal metastases from renal cell carcinoma in comparison to multidetector CT and 99mTc-MDP bone scintigraphy, using an adaptive trial design. <i>Annals of Oncology</i> , 2015, 26, 2113-2118. | 1.2 | 59 |
| 105 | Noninterventional statistical comparison of BTS and CHEST guidelines for size and severity in primary pneumothorax. <i>European Respiratory Journal</i> , 2015, 45, 1731-1734. | 6.7 | 13 |
| 106 | A Bayesian adaptive design for biomarker trials with linked treatments. <i>British Journal of Cancer</i> , 2015, 113, 699-705. | 6.4 | 26 |
| 107 | The power of phase II end-points for different possible mechanisms of action of an experimental treatment. <i>European Journal of Cancer</i> , 2015, 51, 984-992. | 2.8 | 4 |
| 108 | OptGS: AnRPackage for Finding Near-Optimal Group-Sequential Designs. <i>Journal of Statistical Software</i> , 2015, 66, . | 3.7 | 5 |

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| 109 | Design of telehealth trials – Introducing adaptive approaches. International Journal of Medical Informatics, 2014, 83, 870-880. | 3.3 | 27 |
| 110 | Correcting for multiple-testing in multi-arm trials: is it necessary and is it done?. Trials, 2014, 15, 364. | 1.6 | 113 |
| 111 | Adaptive designs for clinical trials assessing biomarker-guided treatment strategies. British Journal of Cancer, 2014, 110, 1950-1957. | 6.4 | 15 |
| 112 | A comparison of Bayesian adaptive randomization and multi-stage designs for multi-arm clinical trials. Statistics in Medicine, 2014, 33, 2206-2221. | 1.6 | 98 |
| 113 | Comment on: Month of birth and risk of multiple sclerosis: confounding and adjustments. Annals of Clinical and Translational Neurology, 2014, 1, 375-375. | 3.7 | 3 |
| 114 | Confounding in association studies: month of birth and multiple sclerosis. Journal of Neurology, 2014, 261, 1851-1856. | 3.6 | 19 |
| 115 | Recent Developments in Group-Sequential Designs. , 2014, , 97-118. | | 0 |
| 116 | Evaluation of multisystemic therapy pilot services in the Systemic Therapy for At Risk Teens (START) trial: study protocol for a randomised controlled trial. Trials, 2013, 14, 265. | 1.6 | 14 |
| 117 | Planning multi-arm screening studies within the context of a drug development program. Statistics in Medicine, 2013, 32, 3424-3435. | 1.6 | 13 |
| 118 | Confounding underlies the apparent month of birth effect in multiple sclerosis. Annals of Neurology, 2013, 73, 714-720. | 5.3 | 55 |
| 119 | The endoplasmic reticulum stress marker CHOP predicts survival in malignant mesothelioma. British Journal of Cancer, 2013, 108, 1340-1347. | 6.4 | 53 |
| 120 | Using continuous data on tumour measurements to improve inference in phase II cancer studies. Trials, 2013, 14, . | 1.6 | 1 |
| 121 | A comparison of bayesian adaptive randomization and multi-stage designs for multi-arm clinical trials. Trials, 2013, 14, . | 1.6 | 2 |
| 122 | Using continuous data on tumour measurements to improve inference in phase II cancer studies. Statistics in Medicine, 2013, 32, 4639-4650. | 1.6 | 19 |
| 123 | Reducing the average number of patients needed in a phase II trial through novel design. Clinical Research and Regulatory Affairs, 2013, 30, 47-54. | 2.1 | 4 |
| 124 | Minimizing the Maximum Expected Sample Size in Two-Stage Phase II Clinical Trials with Continuous Outcomes. Journal of Biopharmaceutical Statistics, 2012, 22, 836-852. | 0.8 | 22 |
| 125 | Optimal multistage designs for randomised clinical trials with continuous outcomes. Statistics in Medicine, 2012, 31, 301-312. | 1.6 | 31 |
| 126 | Admissible two-stage designs for phase II cancer clinical trials that incorporate the expected sample size under the alternative hypothesis. Pharmaceutical Statistics, 2012, 11, 91-96. | 1.3 | 30 |

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|-----|---|------|-----------|
| 127 | Identifying combined design and analysis procedures in two-stage trials with a binary end point. <i>Statistics in Medicine</i> , 2012, 31, 3874-3884. | 1.6 | 11 |
| 128 | Optimal design of multi-arm multi-stage trials. <i>Statistics in Medicine</i> , 2012, 31, 4269-4279. | 1.6 | 85 |
| 129 | Risk in complex genetics: "All models are wrong but some are useful". <i>Annals of Neurology</i> , 2012, 72, 502-509. | 5.3 | 12 |
| 130 | A General Framework for Two-Stage Analysis of Genome-wide Association Studies and Its Application to Case-Control Studies. <i>American Journal of Human Genetics</i> , 2012, 90, 760-773. | 6.2 | 25 |
| 131 | Accelerated BEP for metastatic germ cell tumors: Combined analysis of Australian and U.K. phase I/II trials. <i>Journal of Clinical Oncology</i> , 2012, 30, 4531-4531. | 1.6 | 1 |
| 132 | Genetic risk and a primary role for cell-mediated immune mechanisms in multiple sclerosis. <i>Nature</i> , 2011, 476, 214-219. | 27.8 | 2,400 |
| 133 | Reducing sample sizes in two-stage phase II cancer trials by using continuous tumour shrinkage end-points. <i>European Journal of Cancer</i> , 2011, 47, 983-989. | 2.8 | 20 |
| 134 | Optimal design for multi-arm multi-stage clinical trials. <i>Trials</i> , 2011, 12, . | 1.6 | 1 |
| 135 | Accelerated BEP: a phase I trial of dose-dense BEP for intermediate and poor prognosis metastatic germ cell tumour. <i>British Journal of Cancer</i> , 2011, 105, 766-772. | 6.4 | 12 |
| 136 | What role for genetics in the prediction of multiple sclerosis?. <i>Annals of Neurology</i> , 2010, 67, 3-10. | 5.3 | 196 |
| 137 | Comparison of multimarker logistic regression models, with application to a genomewide scan of schizophrenia. <i>BMC Genetics</i> , 2010, 11, 80. | 2.7 | 7 |
| 138 | A non-synonymous SNP within membrane metalloendopeptidase-like 1 (MMEL1) is associated with multiple sclerosis. <i>Genes and Immunity</i> , 2010, 11, 660-664. | 4.1 | 25 |
| 139 | Replication analysis identifies TYK2 as a multiple sclerosis susceptibility factor. <i>European Journal of Human Genetics</i> , 2009, 17, 1309-1313. | 2.8 | 115 |