Jayne Digby

List of Publications by Year
in descending order

23 papers	717 citations	623734 14 h-index	642732 23 g-index
23 all docs	23 docs citations	23 times ranked	640 citing authors

#	Article	IF	Citations
1	Faecal haemoglobin and faecal calprotectin as indicators of bowel disease in patients presenting to primary care with bowel symptoms. Gut, 2016, 65, 1463-1469.	12.1	141
2	Faecal haemoglobin concentration is related to severity of colorectal neoplasia. Journal of Clinical Pathology, 2013, 66, 415-419.	2.0	77
3	Impact of introducing a faecal immunochemical test (FIT) for haemoglobin into primary care on the outcome of patients with new bowel symptoms: a prospective cohort study. BMJ Open Gastroenterology, 2019, 6, e000293.	2.7	68
4	Clinical outcomes using a faecal immunochemical test for haemoglobin as a firstâ€line test in a national programme constrained by colonoscopy capacity. United European Gastroenterology Journal, 2013, 1, 198-205.	3.8	66
5	The fecal hemoglobin concentration, age and sex test score: Development and external validation of a simple prediction tool for colorectal cancer detection in symptomatic patients. International Journal of Cancer, 2017, 140, 2201-2211.	5.1	61
6	Use of a faecal immunochemical test narrows current gaps in uptake for sex, age and deprivation in a bowel cancer screening programme. Journal of Medical Screening, 2013, 20, 80-85.	2.3	50
7	Interval cancers using a quantitative faecal immunochemical test (FIT) for haemoglobin when colonoscopy capacity is limited. Journal of Medical Screening, 2016, 23, 130-134.	2.3	38
8	Experience with a two-tier reflex gFOBT/FIT strategy in a national bowel screening programme. Journal of Medical Screening, 2012, 19, 8-13.	2.3	33
9	Application of NICE guideline NG12 to the initial assessment of patients with lower gastrointestinal symptoms: not FIT for purpose?. Annals of Clinical Biochemistry, 2018, 55, 69-76.	1.6	30
10	Yield of colorectal cancer at colonoscopy according to faecal haemoglobin concentration in symptomatic patients referred from primary care. Colorectal Disease, 2021, 23, 1615-1621.	1.4	24
11	Faecal haemoglobin distributions by sex, age, deprivation and geographical region: consequences for colorectal cancer screening strategies. Clinical Chemistry and Laboratory Medicine, 2020, 58, 2073-2080.	2.3	20
12	Appraisal of the faecal haemoglobin, age and sex test (FAST) score in assessment of patients with lower bowel symptoms: an observational study. BMC Gastroenterology, 2019, 19, 213.	2.0	18
13	Faecal haemoglobin concentration is related to detection of advanced colorectal neoplasia in the next screening round. Journal of Medical Screening, 2017, 24, 62-68.	2.3	17
14	Faecal haemoglobin can define risk of colorectal neoplasia at surveillance colonoscopy in patients at increased risk of colorectal cancer. United European Gastroenterology Journal, 2020, 8, 559-566.	3.8	15
15	Faecal haemoglobin concentration thresholds for reassurance and urgent investigation for colorectal cancer based on a faecal immunochemical test in symptomatic patients in primary care. Annals of Clinical Biochemistry, 2021, 58, 211-219.	1.6	15
16	Measurement of faecal haemoglobin with a faecal immunochemical test can assist in defining which patients attending primary care with rectal bleeding require urgent referral. Annals of Clinical Biochemistry, 2020, 57, 325-327.	1.6	13
17	Do other variables add value to assessment of the risk of colorectal disease using faecal immunochemical tests for haemoglobin?. Annals of Clinical Biochemistry, 2019, 56, 472-479.	1.6	12
18	Can the performance of a quantitative FIT-based colorectal cancer screening programme be enhanced by lowering the threshold and increasing the interval?. Gut, 2018, 67, 993-994.	12.1	5

#	Article	IF	Citations
19	Prevalence of repeat faecal immunochemical testing in symptomatic patients attending primary care. Colorectal Disease, 2022, 24, 1498-1504.	1.4	5
20	The impact of personalised risk information compared to a positive/negative result on informed choice and intention to undergo colonoscopy following colorectal Cancer screening in Scotland (PERICCS) - a randomised controlled trial: study protocol. BMC Public Health, 2019, 19, 411.	2.9	4
21	Low Sensitivity of Fecal Immunochemical Tests (FIT) for Detection of Sessile Serrated Adenomas/Polyps Confirmed Over Clinical Setting, Geography, and FIT System. Digestive Diseases and Sciences, 2019, 64, 3024-3026.	2.3	2
22	Faecal haemoglobin concentration in adenoma, before and after polypectomy, approaches the ideal tumour marker. Annals of Clinical Biochemistry, 2022, 59, 272-276.	1.6	2
23	The impact of hypothetical PErsonalised Risk Information on informed choice and intention to undergo Colorectal Cancer screening colonoscopy in Scotland (PERICCS)â€"a randomised controlled trial. BMC Medicine, 2020, 18, 285.	5.5	1