

Michael Rosenblum

List of Publications by Year in descending order

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Version: 2024-02-01

28
papers

2,145
citations

516561

16
h-index

580701

25
g-index

30
all docs

30
docs citations

30
times ranked

2365
citing authors

#	ARTICLE	IF	CITATIONS
1	Improving precision and power in randomized trials for COVID-19 treatments using covariate adjustment, for binary, ordinal, and time-to-event outcomes. <i>Biometrics</i> , 2021, 77, 1467-1481.	0.8	37
2	Rejoinder: Improving precision and power in randomized trials for COVID-19 treatments using covariate adjustment, for binary, ordinal, and time-to-event outcomes. <i>Biometrics</i> , 2021, 77, 1492-1494.	0.8	1
3	Rejoinder to "Robustness of ANCOVA in randomized trials with unequal randomization" by Jonathan W. Bartlett. <i>Biometrics</i> , 2020, 76, 1039-1039.	0.8	0
4	Optimal, Two-Stage, Adaptive Enrichment Designs for Randomized Trials, using Sparse Linear Programming. <i>Journal of the Royal Statistical Society Series B: Statistical Methodology</i> , 2020, 82, 749-772.	1.1	8
5	Constructing a Confidence Interval for the Fraction Who Benefit from Treatment, Using Randomized Trial Data. <i>Biometrics</i> , 2019, 75, 1228-1239.	0.8	4
6	Analysis of Covariance in Randomized Trials: More Precision and Valid Confidence Intervals, Without Model Assumptions. <i>Biometrics</i> , 2019, 75, 1391-1400.	0.8	41
7	Surgical Performance Determines Functional Outcome Benefit in the Minimally Invasive Surgery Plus Recombinant Tissue Plasminogen Activator for Intracerebral Hemorrhage Evacuation (MISTIE) Procedure. <i>Neurosurgery</i> , 2019, 84, 1157-1168.	0.6	93
8	Efficacy and safety of minimally invasive surgery with thrombolysis in intracerebral haemorrhage evacuation (MISTIE III): a randomised, controlled, open-label, blinded endpoint phase 3 trial. <i>Lancet</i> , The, 2019, 393, 1021-1032.	6.3	534
9	Improved precision in the analysis of randomized trials with survival outcomes, without assuming proportional hazards. <i>Lifetime Data Analysis</i> , 2019, 25, 439-468.	0.4	28
10	Unmet Needs and Challenges in Clinical Research of Intracerebral Hemorrhage. <i>Stroke</i> , 2018, 49, 1299-1307.	1.0	39
11	Thrombolytic removal of intraventricular haemorrhage in treatment of severe stroke: results of the randomised, multicentre, multiregion, placebo-controlled CLEAR III trial. <i>Lancet</i> , The, 2017, 389, 603-611.	6.3	364
12	Improving precision by adjusting for prognostic baseline variables in randomized trials with binary outcomes, without regression model assumptions. <i>Contemporary Clinical Trials</i> , 2017, 54, 18-24.	0.8	22
13	Adaptive Enrichment Designs for Stroke Clinical Trials. <i>Stroke</i> , 2017, 48, 2021-2025.	1.0	12
14	Sensitivity of adaptive enrichment trial designs to accrual rates, time to outcome measurement, and prognostic variables. <i>Contemporary Clinical Trials Communications</i> , 2017, 8, 39-48.	0.5	1
15	Inequality in treatment benefits: Can we determine if a new treatment benefits the many or the few?. <i>Biostatistics</i> , 2016, 18, kxw049.	0.9	8
16	Genomic and clinical predictors for improving estimator precision in randomized trials of breast cancer treatments. <i>Contemporary Clinical Trials Communications</i> , 2016, 3, 48-54.	0.5	1
17	Safety and efficacy of minimally invasive surgery plus alteplase in intracerebral haemorrhage evacuation (MISTIE): a randomised, controlled, open-label, phase 2 trial. <i>Lancet Neurology</i> , The, 2016, 15, 1228-1237.	4.9	292
18	Leveraging prognostic baseline variables to gain precision in randomized trials. <i>Statistics in Medicine</i> , 2015, 34, 2602-2617.	0.8	59

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19	Optimal Tests of Treatment Effects for the Overall Population and Two Subpopulations in Randomized Trials, Using Sparse Linear Programming. <i>Journal of the American Statistical Association</i> , 2014, 109, 1216-1228.	1.8	23
20	Uniformly most powerful tests for simultaneously detecting a treatment effect in the overall population and at least one subpopulation. <i>Journal of Statistical Planning and Inference</i> , 2014, 155, 107-116.	0.4	3
21	Rejoinder to "A Note on Using Regression Models to Analyze Randomized Trials: Asymptotically Valid Hypothesis Tests Despite Incorrectly Specified Models". <i>Biometrics</i> , 2013, 69, 290-290.	0.8	0
22	The Impact of Secondary Condom Interventions on the Interpretation of Results from HIV Prevention Trials. <i>Statistical Communications in Infectious Diseases</i> , 2010, 2, .	0.2	1
23	Targeted Maximum Likelihood Estimation of the Parameter of a Marginal Structural Model. <i>International Journal of Biostatistics</i> , 2010, 6, Article 19.	0.4	47
24	Simple, Efficient Estimators of Treatment Effects in Randomized Trials Using Generalized Linear Models to Leverage Baseline Variables. <i>International Journal of Biostatistics</i> , 2010, 6, Article 13.	0.4	43
25	The Risk of Virologic Failure Decreases with Duration of HIV Suppression, at Greater than 50% Adherence to Antiretroviral Therapy. <i>PLoS ONE</i> , 2009, 4, e7196.	1.1	104
26	Using Regression Models to Analyze Randomized Trials: Asymptotically Valid Hypothesis Tests Despite Incorrectly Specified Models. <i>Biometrics</i> , 2009, 65, 937-945.	0.8	50
27	Analysing direct effects in randomized trials with secondary interventions: an application to human immunodeficiency virus prevention trials. <i>Journal of the Royal Statistical Society Series A: Statistics in Society</i> , 2009, 172, 443-465.	0.6	24
28	Diaphragm and lubricant gel for prevention of HIV acquisition in southern African women: a randomised controlled trial. <i>Lancet, The</i> , 2007, 370, 251-261.	6.3	302