Daniel O Scharfstein

List of Publications by Citations

71 papers	5,693 citations	27 h-index	75 g-index
79 ext. papers	6,497 ext. citations	5.2 avg, IF	5.22 L-index

#	Paper	IF	Citations
71	A national evaluation of the effect of trauma-center care on mortality. *New England Journal of Medicine*, **2006**, 354, 366-78	59.2	1784
70	The prevention and treatment of missing data in clinical trials. *New England Journal of Medicine*, **2012**, 367, 1355-60	59.2	856
69	Adjusting for Nonignorable Drop-Out Using Semiparametric Nonresponse Models. *Journal of the American Statistical Association*, **1999**, 94, 1096-1120	2.8	570
68	Semiparametric Regression for Repeated Outcomes with Nonignorable Nonresponse. *Journal of the American Statistical Association*, **1998**, 93, 1321-1339	2.8	270
67	Utility of saturation biopsy to predict insignificant cancer at radical prostatectomy. *Urology*, **2005**, 66, 356-60	1.6	148
66	Psychometric properties of the patient activation measure among multimorbid older adults. *Health Services Research*, **2011**, 46, 457-78	3.4	133
65	A longitudinal study of vaginal douching and bacterial vaginosis--a marginal structural modeling analysis. *American Journal of Epidemiology*, **2008**, 168, 188-96	3.8	128
64	Adjusting for Nonignorable Drop-Out Using Semiparametric Nonresponse Models		126
63	The effects of guided care on the perceived quality of health care for multi-morbid older persons: 18-month outcomes from a cluster-randomized controlled trial. *Journal of General Internal Medicine*, **2010**, 25, 235-42	4	122
62	Semiparametric Efficiency and its Implication on the Design and Analysis of Group-Sequential Studies. *Journal of the American Statistical Association*, **1997**, 92, 1342-1350	2.8	120
61	The impact of trauma-center care on functional outcomes following major lower-limb trauma. *Journal of Bone and Joint Surgery - Series A*, **2008**, 90, 101-9	5.6	103
60	Healthy Steps for Young Children: sustained results at 5.5 years. *Pediatrics*, **2007**, 120, e658-68	7.4	94
59	Analysis of longitudinal data with irregular, outcome-dependent follow-up. *Journal of the Royal Statistical Society Series B: Statistical Methodology*, **2004**, 66, 791-813	3.9	92
58	Methods for conducting sensitivity analysis of trials with potentially nonignorable competing causes of censoring. *Biometrics*, **2001**, 57, 103-13	1.8	83
57	A matched-pair cluster-randomized trial of guided care for high-risk older patients. *Journal of General Internal Medicine*, **2013**, 28, 612-21	4	65
56	Guided care and the cost of complex healthcare: a preliminary report. *American Journal of Managed Care*, **2009**, 15, 555-9	2.1	63
55	Incorporating prior beliefs about selection bias into the analysis of randomized trials with missing outcomes. *Biostatistics*, **2003**, 4, 495-512	3.7	59

54	Semiparametric efficient estimation in the generalized odds-rate class of regression models for right-censored time-to-event data. *Lifetime Data Analysis*, **1998**, 4, 355-91	1.3	46
53	Effects of guided care on family caregivers. *Gerontologist, The*, **2010**, 50, 459-70	5	45
52	Causal inference for non-mortality outcomes in the presence of death. *Biostatistics*, **2007**, 8, 526-45	3.7	45
51	Hematocrit was not validated as a surrogate end point for survival among epoetin-treated hemodialysis patients. *Journal of Clinical Epidemiology*, **2004**, 57, 1086-95	5.7	45
50	Statistical model for fetal death, fetal weight, and malformation in developmental toxicity studies. *Teratology*, **1993**, 47, 281-90		43
49	Standards should be applied in the prevention and handling of missing data for patient-centered outcomes research: a systematic review and expert consensus. *Journal of Clinical Epidemiology*, **2014**, 67, 15-32	5.7	41
48	Inference in randomized studies with informative censoring and discrete time-to-event endpoints. *Biometrics*, **2001**, 57, 404-13	1.8	36
47	On estimation of the survivor average causal effect in observational studies when important confounders are missing due to death. *Biometrics*, **2009**, 65, 497-504	1.8	34
46	On estimation of vaccine efficacy using validation samples with selection bias. *Biostatistics*, **2006**, 7, 615-29	3.7	30
45	Variation in Treatment of Displaced Geriatric Acetabular Fractures Among 15 Level-I Trauma Centers. *Journal of Orthopaedic Trauma*, **2016**, 30, 457-62	3.1	23
44	Predictive model for surgical site infection risk after surgery for high-energy lower-extremity fractures: development of the risk of infection in orthopedic trauma surgery score. *Journal of Trauma and Acute Care Surgery*, **2013**, 74, 1521-7	3.3	23
43	The use of simulation and bootstrap in information-based group sequential studies. *Statistics in Medicine*, **1998**, 17, 75-87	2.3	22
42	Trauma Collaborative Care Intervention: Effect on Surgeon Confidence in Managing Psychosocial Complications After Orthopaedic Trauma. *Journal of Orthopaedic Trauma*, **2017**, 31, 427-433	3.1	21
41	Who participates in chronic disease self-management (CDSM) programs? Differences between participants and nonparticipants in a population of multimorbid older adults. *Medical Care*, **2012**, 50, 1071-5	3.1	20
40	Generalized additive selection models for the analysis of studies with potentially nonignorable missing outcome data. *Biometrics*, **2003**, 59, 601-13	1.8	20
39	Semiparametric Efficiency and its Implication on the Design and Analysis of Group-Sequential Studies		20
38	Global Sensitivity Analysis for Repeated Measures Studies With Informative Dropout: A Fully Parametric Approach. *Statistics in Biopharmaceutical Research*, **2014**, 6, 338-348	1.2	19
37	On the construction of bounds in prospective studies with missing ordinal outcomes: application to the good behavior game trial. *Biometrics*, **2004**, 60, 154-64	1.8	19

36	Evaluation of school-based smoking-cessation interventions for self-described adolescent smokers. *Pediatrics*, **2009**, 124, e187-94	7.4	18
35	Cautions as Regulators Move to End Exclusive Reliance on Intention to Treat. *Annals of Internal Medicine*, **2018**, 168, 515-516	8	16
34	On the prevention and analysis of missing data in randomized clinical trials: the state of the art. *Journal of Bone and Joint Surgery - Series A*, **2012**, 94 Suppl 1, 80-4	5.6	16
33	Outcomes After Severe Distal Tibia, Ankle, and/or Foot Trauma: Comparison of Limb Salvage Versus Transtibial Amputation (OUTLET). *Journal of Orthopaedic Trauma*, **2017**, 31 Suppl 1, S48-S55	3.1	15
32	Survival curve estimation for informatively coarsened discrete event-time data. *Statistics in Medicine*, **2007**, 26, 2184-202	2.3	15
31	Inference in randomized trials with death and missingness. *Biometrics*, **2017**, 73, 431-440	1.8	14
30	Modeling fetal death and malformation in developmental toxicity studies. *Risk Analysis*, **1994**, 14, 629-37	3.9	13
29	Improving precision and power in randomized trials for COVID-19 treatments using covariate adjustment, for binary, ordinal, and time-to-event outcomes. *Biometrics*, **2020**,	1.8	13
28	Multisite Evaluation of a Custom Energy-Storing Carbon Fiber Orthosis for Patients with Residual Disability After Lower-Limb Trauma. *Journal of Bone and Joint Surgery - Series A*, **2018**, 100, 1781-1789	5.6	13
27	Effects of Guided Care on providersTsatisfaction with care: a three-year matched-pair cluster-randomized trial. *Population Health Management*, **2013**, 16, 317-25	1.8	12
26	Bayesian inference for a principal stratum estimand to assess the treatment effect in a subgroup characterized by postrandomization event occurrence. *Statistics in Medicine*, **2019**, 38, 4761-4771	2.3	11
25	Causal inference in outcome-dependent two-phase sampling designs. *Journal of the Royal Statistical Society Series B: Statistical Methodology*, **2009**, 71, 947-969	3.9	11
24	Global sensitivity analysis for repeated measures studies with informative drop-out: A semi-parametric approach. *Biometrics*, **2018**, 74, 207-219	1.8	11
23	Transtibial Amputation Outcomes Study (TAOS): Comparing Transtibial Amputation With and Without a Tibiofibular Synostosis (Ertl) Procedure. *Journal of Orthopaedic Trauma*, **2017**, 31 Suppl 1, S63-S69	3.1	10
22	Association Between 6-Week Postdischarge Risk Classification and 12-Month Outcomes After Orthopedic Trauma. *JAMA Surgery*, **2019**, 154, e184824	5.4	10
21	Estimation of treatment effects in matched-pair cluster randomized trials by calibrating covariate imbalance between clusters. *Biometrics*, **2014**, 70, 1014-22	1.8	8
20	Design of developmental toxicity studies for assessing joint effects of dose and duration. *Risk Analysis*, **1994**, 14, 1057-71	3.9	8
19	Comment on Tsmall sample GEE estimation of regression parameters for longitudinal dataT *Statistics in Medicine*, **2017**, 36, 3596-3600	2.3	7

#	Citation		
18	Developmental specialists in pediatric practices: perspectives of clinicians and staff. *Academic Pediatrics*, **2003**, 3, 295-303		7
17	Perfusion Pressure Lacks Diagnostic Specificity for the Diagnosis of Acute Compartment Syndrome. *Journal of Orthopaedic Trauma*, **2020**, 34, 287-293	3.1	7
16	A constructive critique of the ICH E9 Addendum. *Clinical Trials*, **2019**, 16, 375-380	2.2	6
15	Military and Civilian Collaboration: The Power of Numbers. *Military Medicine*, **2017**, 182, 10-17	1.3	6
14	Sensitivity analysis using elicited expert information for inference with coarsened data: illustration of censored discrete event times in the AIDS Link to Intravenous Experience (ALIVE) Study. *American Journal of Epidemiology*, **2008**, 168, 1460-9	3.8	6
13	Effect of Intrawound Vancomycin Powder in Operatively Treated High-risk Tibia Fractures: A Randomized Clinical Trial. *JAMA Surgery*, **2021**, 156, e207259	5.4	5
12	Global sensitivity analysis of clinical trials with missing patient-reported outcomes. *Statistical Methods in Medical Research*, **2019**, 28, 1439-1456	2.3	5
11	Aggregating data from COVID-19 trials. *Science*, **2020**, 368, 1198-1199	33.3	4
10	Developmental services in primary care for low-income children: cliniciansTperceptions of the Healthy Steps for Young Children program. *Journal of Urban Health*, **2004**, 81, 206-21	5.8	4
9	Improving Precision and Power in Randomized Trials for COVID-19 Treatments Using Covariate Adjustment, for Binary, Ordinal, and Time-to-Event Outcomes **2020**,		3
8	A structured methodology review showed analyses of functional outcomes are frequently limited to "survivors only" in trials enrolling patients at high risk of death. *Journal of Clinical Epidemiology*, **2021**, 137, 126-132	5.7	3
7	Analysis of subgroup effects in randomized trials when subgroup membership is missing: application to the second Multicenter Automatic Defibrillator Intervention Trial. *Journal of the Royal Statistical Society Series C: Applied Statistics*, **2011**, 60, 607-617	1.5	2
6	Global Sensitivity Analysis for Randomized Trials with Informative Dropout: A Semiparametric Perspective. *Drug Information Journal*, **2009**, 43, 441-446		1
5	Accounting for within-patient correlation in assessing relative sensitivity of an adjunctive diagnostic test: application to lung cancer. *Statistics in Medicine*, **2008**, 27, 2110-26	2.3	1
4	Global identifiability of latent class models with applications to diagnostic test accuracy studies: A Gröbner basis approach. *Biometrics*, **2020**, 76, 98-108	1.8	1
3	Methods for Step Count Data: Determining "Valid" Days and Quantifying Fragmentation of Walking Bouts. *Gait and Posture*, **2020**, 81, 205-212	2.6	1
2	Rejoinder: Improving precision and power in randomized trials for COVID-19 treatments using covariate adjustment, for binary, ordinal, and time-to-event outcomes. *Biometrics*, **2021**,	1.8	1
1	Brand versus generic: addressing non-adherence, secular trends and non-overlap. *Journal of the Royal Statistical Society Series A: Statistics in Society*, **2020**, 183, 1461-1478	2.1	