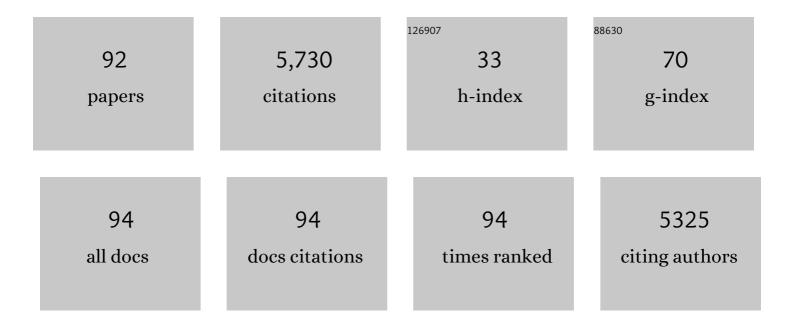
Esther W De Bekker-Grob

List of Publications by Year in descending order

Source: https://exaly.com/author-pdf/1266650/publications.pdf Version: 2024-02-01



#	Article	IF	CITATIONS
1	Discrete choice experiments in health economics: a review of the literature. Health Economics (United) Tj ETQq1	1 0.78431 1.7	4 rgBT /Ove
2	Discrete Choice Experiments in Health Economics: A Review of the Literature. Pharmacoeconomics, 2014, 32, 883-902.	3.3	560
3	Sample Size Requirements for Discrete-Choice Experiments in Healthcare: a Practical Guide. Patient, 2015, 8, 373-384.	2.7	497
4	Discrete Choice Experiments in Health Economics: Past, Present and Future. Pharmacoeconomics, 2019, 37, 201-226.	3.3	420
5	Consolidated Health Economic Evaluation Reporting Standards 2022 (CHEERS 2022) Statement: Updated Reporting Guidance for Health Economic Evaluations. Value in Health, 2022, 25, 3-9.	0.3	254
6	Consolidated Health Economic Evaluation Reporting Standards (CHEERS) 2022 Explanation and Elaboration: A Report of the ISPOR CHEERS II Good Practices Task Force. Value in Health, 2022, 25, 10-31.	0.3	251
7	Labeled versus Unlabeled Discrete Choice Experiments in Health Economics: An Application to Colorectal Cancer Screening. Value in Health, 2010, 13, 315-323.	0.3	156
8	Consolidated Health Economic Evaluation Reporting Standards 2022 (CHEERS 2022) statement: updated reporting guidance for health economic evaluations. BMJ, The, 2022, 376, e067975.	6.0	141
9	The Effect of Including an Opt-Out Option in Discrete Choice Experiments. PLoS ONE, 2014, 9, e111805.	2.5	126
10	COVID-19 Contact Tracing Apps: Predicted Uptake in the Netherlands Based on a Discrete Choice Experiment. JMIR MHealth and UHealth, 2020, 8, e20741.	3.7	99
11	Giving Patients' Preferences a Voice in Medical Treatment Life Cycle: The PREFER Public–Private Project. Patient, 2017, 10, 263-266.	2.7	96
12	Factors affecting food choices of older adults from high and low socioeconomic groups: a discrete choice experiment. American Journal of Clinical Nutrition, 2015, 101, 768-774.	4.7	92
13	Methods for exploring and eliciting patient preferences in the medical product lifecycle: a literature review. Drug Discovery Today, 2019, 24, 1324-1331.	6.4	90
14	Acceptance of Vaccinations in Pandemic Outbreaks: A Discrete Choice Experiment. PLoS ONE, 2014, 9, e102505.	2.5	88
15	Consolidated health economic evaluation reporting standards 2022 (CHEERS 2022) statement: updated reporting guidance for health economic evaluations. International Journal of Technology Assessment in Health Care, 2022, 38, e13.	0.5	78
16	The Added Value of Percentage of Free to Total Prostate-specific Antigen, PCA3, and a Kallikrein Panel to the ERSPC Risk Calculator for Prostate Cancer in Prescreened Men. European Urology, 2014, 66, 1109-1115.	1.9	74
17	Consolidated Health Economic Evaluation Reporting Standards 2022 (CHEERS 2022) statement: updated reporting guidance for health economic evaluations. BMC Medicine, 2022, 20, 23.	5.5	73
18	Are Healthcare Choices Predictable? The Impact of Discrete Choice Experiment Designs and Models. Value in Health, 2019, 22, 1050-1062.	0.3	69

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19	Factors and situations influencing the value of patient preference studies along the medical product lifecycle: a literature review. Drug Discovery Today, 2019, 24, 57-68.	6.4	69
20	What determines individuals' preferences for colorectal cancer screening programmes? A discrete choice experiment. European Journal of Cancer, 2010, 46, 150-159.	2.8	65
21	Discrete Choice Experiment Response Rates: A Metaâ€analysis. Health Economics (United Kingdom), 2017, 26, 810-817.	1.7	61
22	Can healthcare choice be predicted using stated preference data?. Social Science and Medicine, 2020, 246, 112736.	3.8	60
23	Impact of Survey Administration Mode on the Results of a Health-Related Discrete Choice Experiment: Online and Paper Comparison. Value in Health, 2017, 20, 953-960.	0.3	55
24	The impact of vaccination and patient characteristics on influenza vaccination uptake of elderly people: A discrete choice experiment. Vaccine, 2018, 36, 1467-1476.	3.8	53
25	Understanding Patients' Preferences: A Systematic Review of Psychological Instruments Used in Patients' Preference and Decision Studies. Value in Health, 2019, 22, 491-501.	0.3	51
26	Attribute level overlap (and color coding) can reduce task complexity, improve choice consistency, and decrease the dropout rate in discrete choice experiments. Health Economics (United Kingdom), 2019, 28, 350-363.	1.7	50
27	Effect of Level Overlap and Color Coding on Attribute Non-Attendance in Discrete Choice Experiments. Value in Health, 2018, 21, 767-771.	0.3	48
28	Design, Conduct, and Use of Patient Preference Studies in the Medical Product Life Cycle: A Multi-Method Study. Frontiers in Pharmacology, 2019, 10, 1395.	3.5	48
29	Risk Prediction Scores for Recurrence and Progression of Non-Muscle Invasive Bladder Cancer: An International Validation in Primary Tumours. PLoS ONE, 2014, 9, e96849.	2.5	46
30	Cost-effectiveness of routine screening for Lynch syndrome in endometrial cancer patients up to 70 years of age. Gynecologic Oncology, 2016, 143, 453-459.	1.4	43
31	Cost-effectiveness of routine screening for Lynch syndrome in colorectal cancer patients up to 70 years of age. Genetics in Medicine, 2016, 18, 966-973.	2.4	42
32	Nonâ€muscleâ€invasive bladder cancer surveillance for which cystoscopy is partly replaced by microsatellite analysis of urine: a costâ€effective alternative?. BJU International, 2009, 104, 41-47.	2.5	40
33	Public preferences for health care facilities in rural China: A discrete choice experiment. Social Science and Medicine, 2019, 237, 112396.	3.8	40
34	Consolidated Health Economic Evaluation Reporting Standards 2022 (CHEERS 2022) Statement: Updated Reporting Guidance for Health Economic Evaluations. Pharmacoeconomics, 2022, 40, 601-609.	3.3	39
35	Patients' Preferences for Treatment for Dupuytren's Disease. Plastic and Reconstructive Surgery, 2016, 137, 165-173.	1.4	36
36	Opportunities and challenges for the inclusion of patient preferences in the medical product life cycle: a systematic review. BMC Medical Informatics and Decision Making, 2019, 19, 189.	3.0	36

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37	Salpingotomy or salpingectomy in tubal ectopic pregnancy: What do women prefer?. Reproductive BioMedicine Online, 2010, 21, 687-693.	2.4	34
38	Preferences for Health Interventions: Improving Uptake, Adherence, and Efficiency. Patient, 2017, 10, 511-514.	2.7	34
39	Patients' Preferences for Scoliosis Brace Treatment. Spine, 2010, 35, 57-63.	2.0	33
40	Future pandemics and vaccination: Public opinion and attitudes across three European countries. Vaccine, 2016, 34, 803-808.	3.8	33
41	Random Regret-Based Discrete-Choice Modelling: An Application to Healthcare. Pharmacoeconomics, 2013, 31, 623-634.	3.3	32
42	Advocating a Paradigm Shift in Health-State Valuations: The Estimation of Time-Preference Corrected QALY Tariffs. Value in Health, 2018, 21, 993-1001.	0.3	31
43	An overview of critical decision-points in the medical product lifecycle: Where to include patient preference information in the decision-making process?. Health Policy, 2020, 124, 1325-1332.	3.0	28
44	Summarizing Patient Preferences for the Competitive Landscape of Multiple Sclerosis Treatment Options. Medical Decision Making, 2020, 40, 198-211.	2.4	27
45	What Is Next for Patient Preferences in Health Technology Assessment? A Systematic Review of the Challenges. Value in Health, 2019, 22, 1318-1328.	0.3	26
46	Appraising patient preference methods for decision-making in the medical product lifecycle: an empirical comparison. BMC Medical Informatics and Decision Making, 2020, 20, 114.	3.0	26
47	Patient Preferences in the Medical Product Life Cycle: What do Stakeholders Think? Semi-Structured Qualitative Interviews in Europe and the USA. Patient, 2019, 12, 513-526.	2.7	24
48	Exploring how individuals complete the choice tasks in a discrete choice experiment: an interview study. BMC Medical Research Methodology, 2016, 16, 45.	3.1	23
49	What health plans do people prefer? The trade-off between premium and provider choice. Social Science and Medicine, 2016, 165, 10-18.	3.8	22
50	Consolidated Health Economic Evaluation Reporting Standards 2022 (CHEERS 2022) Statement: Updated Reporting Guidance for Health Economic Evaluations. Clinical Therapeutics, 2022, 44, 158-168.	2.5	22
51	Liquid-based cervical cytology using ThinPrep technology: weighing the pros and cons in a cost-effectiveness analysis. Cancer Causes and Control, 2012, 23, 1323-1331.	1.8	21
52	Patients' Preferences for Surgical Management of Esophageal Cancer: A Discrete Choice Experiment. World Journal of Surgery, 2015, 39, 2492-2499.	1.6	20
53	Designing Unforced Choice Experiments to Inform Health Care Decision Making: Implications of Using Opt-Out, Neither, or Status Quo Alternatives in Discrete Choice Experiments. Medical Decision Making, 2019, 39, 681-692.	2.4	20
54	Preferences of patients and clinicians for treatment of Graves' disease: a discrete choice experiment. European Journal of Endocrinology, 2021, 184, 803-812.	3.7	20

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55	Have Preferences of Girls Changed Almost 3 Years after the Much Debated Start of the HPV Vaccination Program in the Netherlands? A Discrete Choice Experiment. PLoS ONE, 2014, 9, e104772.	2.5	19
56	Factors and Situations Affecting the Value of Patient Preference Studies: Semi-Structured Interviews in Europe and the US. Frontiers in Pharmacology, 2019, 10, 1009.	3.5	16
57	What Factors Influence Non-Participation Most in Colorectal Cancer Screening? A Discrete Choice Experiment. Patient, 2021, 14, 269-281.	2.7	16
58	A Closer Look at Decision and Analyst Error by Including Nonlinearities in Discrete Choice Models: Implications on Willingness-to-Pay Estimates Derived from Discrete Choice Data in Healthcare. Pharmacoeconomics, 2013, 31, 1169-1183.	3.3	14
59	Personal health records in the Netherlands: potential user preferences quantified by a discrete choice experiment. Journal of the American Medical Informatics Association: JAMIA, 2017, 24, 529-536.	4.4	14
60	Attributes influencing parental decision-making to receive the Tdap vaccine to reduce the risk of pertussis transmission to their newborn – outcome of a cross-sectional conjoint experiment in Spain and Italy. Human Vaccines and Immunotherapeutics, 2019, 15, 1080-1091.	3.3	14
61	Towards a comprehensive estimate of national spending on prevention. BMC Public Health, 2007, 7, 252.	2.9	12
62	Women's preferences for alternative financial incentive schemes for breastfeeding: A discrete choice experiment. PLoS ONE, 2018, 13, e0194231.	2.5	12
63	Consolidated Health Economic Evaluation Reporting Standards 2022 (CHEERS 2022) Statement: Updated Reporting Guidance for Health Economic Evaluations. Applied Health Economics and Health Policy, 2022, 20, 213.	2.1	12
64	Patients', healthcare providers', and insurance company employees' preferences for knee and hip osteoarthritis care: a discrete choice experiment. Osteoarthritis and Cartilage, 2020, 28, 1316-1324.	1.3	9
65	Consolidated Health Economic Evaluation Reporting Standards 2022 (CHEERS 2022) Statement: Updated Reporting Guidance for Health Economic Evaluations. Journal of Medical Economics, 2022, 25, 1-7.	2.1	9
66	Consolidated Health Economic Evaluation Reporting Standards 2022 (CHEERS 2022) statement: updated reporting guidance for health economic evaluations. European Journal of Health Economics, 2022, 23, 1309-1317.	2.8	9
67	Patient Preferences in the Medical Product Lifecycle. Patient, 2020, 13, 7-10.	2.7	8
68	Persons with dementia and informal caregivers prioritizing care: A mixedâ€methods study. Alzheimer's and Dementia: Translational Research and Clinical Interventions, 2021, 7, e12193.	3.7	8
69	Patient Preferences in Rare Diseases: A Qualitative Study in Neuromuscular Disorders to Inform a Quantitative Preference Study. Patient, 2021, 14, 601-612.	2.7	8
70	Methodological Priorities for Patient Preferences Research: Stakeholder Input to the PREFER Public–Private Project. Patient, 2021, 14, 449-453.	2.7	8
71	Mimicking Real-Life Decision Making in Health: Allowing Respondents Time to Think in a Discrete Choice Experiment. Value in Health, 2020, 23, 945-952.	0.3	7
72	How to integrate evidence from patient preference studies into health technology assessment: a critical review and recommendations. International Journal of Technology Assessment in Health Care, 2021, 37, .	0.5	7

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73	Consolidated Health Economic Evaluation Reporting Standards 2022 (CHEERS 2022) statement: updated reporting guidance for health economic evaluations. BMC Public Health, 2022, 22, 179.	2.9	7
74	Patient preferences for treatment of lumbar disc herniation: a discrete choice experiment. Journal of Neurosurgery: Spine, 2022, 36, 704-712.	1.7	7
75	The Relative Importance of the Domains of Work Functioning. Journal of Occupational and Environmental Medicine, 2015, 57, 361-366.	1.7	6
76	Calculating Preference Weights for the Labor and Delivery Index: A Discrete Choice Experiment on Women's Birth Experiences. Value in Health, 2015, 18, 856-864.	0.3	6
77	Case 2 best-worst scaling: For good or for bad but not for both. Journal of Choice Modelling, 2021, 41, 100325.	2.3	6
78	Protective Behaviour of Citizens to Transport Accidents Involving Hazardous Materials: A Discrete Choice Experiment Applied to Populated Areas nearby Waterways. PLoS ONE, 2015, 10, e0142507.	2.5	6
79	Important components for Dutch inâ€home care based on qualitative interviews with persons with dementia and informal caregivers. Health Expectations, 2020, 23, 1412-1419.	2.6	5
80	Consolidated Health Economic Evaluation Reporting Standards 2022 (CHEERS 2022) statement: updated reporting guidance for health economic evaluations. BMC Health Services Research, 2022, 22, 114.	2.2	5
81	An implantable device to treat multiple sclerosis: A discrete choice experiment on patient preferences in three European countries. Journal of the Neurological Sciences, 2021, 428, 117587.	0.6	4
82	A study protocol for quantifying patient preferences in neuromuscular disorders: a case study of the IMI PREFER Project. Wellcome Open Research, 2020, 5, 253.	1.8	4
83	Efficacy, cost-minimization, and budget impact of a personalized discharge letter for basal cell carcinoma patients to reduce low-value follow-up care. PLoS ONE, 2022, 17, e0260978.	2.5	4
84	Consolidated Health Economic Evaluation Reporting Standards 2022 (CHEERS 2022) statement: updated reporting guidance for health economic evaluations. Journal of Managed Care & Specialty Pharmacy, 2022, 28, 146-155.	0.9	3
85	Clinicians' overestimation of febrile child risk assessment. European Journal of Pediatrics, 2016, 175, 563-572.	2.7	2
86	Surgeons preference for lumbar disk surgery: a discrete choice experiment. European Spine Journal, 2022, 31, 380-388.	2.2	2
87	A Guide to Observable Differences in Stated Preference Evidence. Patient, 2021, , 1.	2.7	2
88	Preference Variation: Where Does Health Risk Attitude Come Into the Equation?. Value in Health, 2022, 25, 2044-2052.	0.3	2
89	What do patients and dermatologists prefer regarding low-risk basal cell carcinoma follow-up care? A discrete choice experiment. PLoS ONE, 2021, 16, e0249298.	2.5	1
90	Surveillance in a Prospectively Followed Cohort of Patients with Barrett Esophagus in the Netherlands: A Cost-Effectiveness Analysis. Gastrointestinal Endoscopy, 2009, 69, AB109-AB110.	1.0	0

#	Article	IF	CITATIONS
91	Towards Successful Implementation of Pharmacokinetic-Guided Prophylactic Dosing of Clotting Factor Concentrate in Hemophilia; The Do's and Don'ts after Discrete Choice Experiment Analysis. Blood, 2014, 124, 5038-5038.	1.4	0
92	Consolidated Health Economic Evaluation Reporting Standards 2022 (CHEERS 2022) statement: updated reporting guidance for health economic evaluations. Journal of Managed Care & Specialty Pharmacy, 2022, , 1-10.	0.9	0