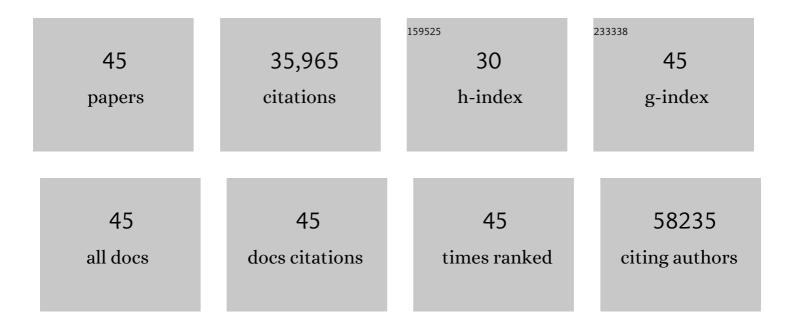
Subhojit Dey

List of Publications by Year in descending order

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SUBHOUT DEV

#	Article	IF	CITATIONS
1	Health and economic impact of air pollution in the states of India: the Global Burden of Disease Study 2019. Lancet Planetary Health, The, 2021, 5, e25-e38.	5.1	269
2	The burden of neurological disorders across the states of India: the Global Burden of Disease Study 1990–2019. The Lancet Global Health, 2021, 9, e1129-e1144.	2.9	54
3	The global, regional, and national burden of stomach cancer in 195 countries, 1990–2017: a systematic analysis for the Clobal Burden of Disease study 2017. The Lancet Gastroenterology and Hepatology, 2020, 5, 42-54.	3.7	390
4	The global, regional, and national burden of pancreatic cancer and its attributable risk factors in 195 countries and territories, 1990–2017: a systematic analysis for the Global Burden of Disease Study 2017. The Lancet Gastroenterology and Hepatology, 2019, 4, 934-947.	3.7	372
5	Global, regional, and national age-sex-specific mortality for 282 causes of death in 195 countries and territories, 1980–2017: a systematic analysis for the Global Burden of Disease Study 2017. Lancet, The, 2018, 392, 1736-1788.	6.3	4,989
6	Global, regional, and national comparative risk assessment of 84 behavioural, environmental and occupational, and metabolic risks or clusters of risks for 195 countries and territories, 1990–2017: a systematic analysis for the Global Burden of Disease Study 2017. Lancet, The, 2018, 392, 1923-1994.	6.3	3,269
7	Global, regional, and national incidence, prevalence, and years lived with disability for 354 diseases and injuries for 195 countries and territories, 1990–2017: a systematic analysis for the Global Burden of Disease Study 2017. Lancet, The, 2018, 392, 1789-1858.	6.3	8,569
8	Global, regional, and national disability-adjusted life-years (DALYs) for 359 diseases and injuries and healthy life expectancy (HALE) for 195 countries and territories, 1990–2017: a systematic analysis for the Global Burden of Disease Study 2017. Lancet, The, 2018, 392, 1859-1922.	6.3	2,123
9	Do migrants have a mortality advantage?. Lancet, The, 2018, 392, 2517-2518.	6.3	12
10	A meta-analysis of blood lead levels in India and the attributable burden of disease. Environment International, 2018, 121, 461-470.	4.8	23
11	The burden of cancers and their variations across the states of India: the Global Burden of Disease Study 1990–2016. Lancet Oncology, The, 2018, 19, 1289-1306.	5.1	265
12	Dietary Patterns and Breast Cancer Risk: A Multi-Centre Case Control Study among North Indian Women. International Journal of Environmental Research and Public Health, 2018, 15, 1946.	1.2	8
13	Measuring performance on the Healthcare Access and Quality Index for 195 countries and territories and selected subnational locations: a systematic analysis from the Global Burden of Disease Study 2016. Lancet, The, 2018, 391, 2236-2271.	6.3	638
14	Global, Regional, and National Cancer Incidence, Mortality, Years of Life Lost, Years Lived With Disability, and Disability-Adjusted Life-Years for 29 Cancer Groups, 1990 to 2016. JAMA Oncology, 2018, 4, 1553.	3.4	1,260
15	Alcohol use and burden for 195 countries and territories, 1990–2016: a systematic analysis for the Global Burden of Disease Study 2016. Lancet, The, 2018, 392, 1015-1035.	6.3	2,005
16	Healthcare Access and Quality Index based on mortality from causes amenable to personal health care in 195 countries and territories, 1990–2015: a novel analysis from the Global Burden of Disease Study 2015. Lancet, The, 2017, 390, 231-266.	6.3	480
17	The Burden of Primary Liver Cancer and Underlying Etiologies From 1990 to 2015 at the Global, Regional, and National Level. JAMA Oncology, 2017, 3, 1683.	3.4	1,448
18	Global, regional, and national under-5 mortality, adult mortality, age-specific mortality, and life expectancy, 1970–2016: a systematic analysis for the Global Burden of Disease Study 2016. Lancet, The, 2017, 390, 1084-1150.	6.3	573

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19	Global, regional, and national disability-adjusted life-years (DALYs) for 333 diseases and injuries and healthy life expectancy (HALE) for 195 countries and territories, 1990–2016: a systematic analysis for the Global Burden of Disease Study 2016. Lancet, The, 2017, 390, 1260-1344.	6.3	1,589
20	Global, regional, and national age-sex specific mortality for 264 causes of death, 1980–2016: a systematic analysis for the Global Burden of Disease Study 2016. Lancet, The, 2017, 390, 1151-1210.	6.3	3,565
21	Nations within a nation: variations in epidemiological transition across the states of India, 1990–2016 in the Global Burden of Disease Study. Lancet, The, 2017, 390, 2437-2460.	6.3	647
22	Cancer Prevention in Low- and Middle-Income Countries. Journal of Cancer Epidemiology, 2017, 2017, 1-2.	0.5	3
23	Measuring the health-related Sustainable Development Goals in 188 countries: a baseline analysis from the Global Burden of Disease Study 2015. Lancet, The, 2016, 388, 1813-1850.	6.3	413
24	Breast Cancer Awareness and Prevention Behavior among Women of Delhi, India: Identifying Barriers to Early Detection. Breast Cancer: Basic and Clinical Research, 2016, 10, BCBCR.S40358.	0.6	22
25	Reproductive Tract infections and Premalignant Lesions of Cervix: Evidence from Women Presenting at the Cancer Detection Centre of the Indian Cancer Society, Delhi, 2000–2012. Journal of Obstetrics and Gynecology of India, 2016, 66, 441-451.	0.3	8
26	Report from a symposium on catalyzing primary and secondary prevention of cancer in India. Cancer Causes and Control, 2015, 26, 1671-1684.	0.8	7
27	The Global Burden of Cancer 2013. JAMA Oncology, 2015, 1, 505.	3.4	2,269
28	Breast Cancer Awareness at the Community Level among Women in Delhi, India. Asian Pacific Journal of Cancer Prevention, 2015, 16, 5243-5251.	0.5	34
29	Multiple Stakeholder Perspectives on Cancer Stigma in North India. Asian Pacific Journal of Cancer Prevention, 2015, 16, 6141-6147.	0.5	32
30	Cancer Detection Rates in a Population-Based, Opportunistic Screening Model, New Delhi, India. Asian Pacific Journal of Cancer Prevention, 2015, 16, 1953-1958.	0.5	14
31	Preventing breast cancer in LMICs via screening and/or early detection: The real and the surreal. World Journal of Clinical Oncology, 2014, 5, 509.	0.9	90
32	Prakriti and its associations with metabolism, chronic diseases, and genotypes: Possibilities of new born screening and a lifetime of personalized prevention. Journal of Ayurveda and Integrative Medicine, 2014, 5, 15.	0.9	62
33	Clinical Profile, Quality of Care, and Recurrence in Arab-American and Caucasians Prostate Cancer Patients in Michigan. Journal of Immigrant and Minority Health, 2013, 15, 803-809.	0.8	9
34	Attitudes of Cairo University medical students toward smoking. Journal of the Egyptian Public Health Association, The, 2012, 87, 1-7.	1.0	17
35	Survival of Inflammatory Breast Cancer Patients Compared to Non-inflammatory Breast Cancer Patients in Egypt. Breast Journal, 2011, 17, 545-547.	0.4	5
36	Evaluating the Knowledge of Breast Cancer Screening and Prevention among Arab-American Women in Michigan. Journal of Cancer Education, 2011, 26, 135-138.	0.6	32

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#	Article	IF	CITATIONS
37	Patientâ€mediated factors predicting early†and lateâ€stage presentation of breast cancer in Egypt. Psycho-Oncology, 2011, 20, 532-537.	1.0	55
38	Geographic patterns of cancer in the population-based registry of Egypt: Possible links to environmental exposures. Cancer Epidemiology, 2011, 35, 254-264.	0.8	29
39	Clinical and Epidemiologic Profile of Breast Cancer in Tanzania. Breast Disease, 2010, 31, 33-41.	0.4	51
40	Epidemiologic profile of pediatric brain tumors in Morocco. Child's Nervous System, 2010, 26, 1021-1027.	0.6	44
41	Epidemiologic risk factors of hepatocellular carcinoma in a rural region of Egypt. Hepatology International, 2010, 4, 681-690.	1.9	34
42	Urban–rural differences in breast cancer incidence by hormone receptor status across 6Âyears in Egypt. Breast Cancer Research and Treatment, 2010, 120, 149-160.	1.1	55
43	Urban–rural differences in breast cancer incidence in Egypt (1999–2006). Breast, 2010, 19, 417-423.	0.9	64
44	Risk factors according to estrogen receptor status of breast cancer patients in Trivandrum, South India. International Journal of Cancer, 2009, 125, 1663-1670.	2.3	49
45	Xenoestrogens may be the cause of high and increasing rates of hormone receptor positive breast cancer in the world. Medical Hypotheses, 2009, 72, 652-656.	0.8	19