

# Nicole M Rankin

## List of Publications by Year in descending order

Source: <https://exaly.com/author-pdf/2737224/publications.pdf>

Version: 2024-02-01

61  
papers

1,604  
citations

361413

20  
h-index

330143

37  
g-index

62  
all docs

62  
docs citations

62  
times ranked

2483  
citing authors

#	ARTICLE	IF	CITATIONS
1	Lung cancer treatment patterns and factors relating to systemic therapy use in Australia. <i>Asia-Pacific Journal of Clinical Oncology</i> , 2022, 18, .	1.1	6
2	How can hospitals change practice to better implement smoking cessation interventions? A systematic review. <i>Ca-A Cancer Journal for Clinicians</i> , 2022, 72, 266-286.	329.8	21
3	Development, acceptability and uptake of an on-line communication skills education program targeting challenging conversations for oncology health professionals related to identifying and responding to anxiety and depression. <i>BMC Health Services Research</i> , 2022, 22, 132.	2.2	5
4	Staff perspectives on the feasibility of a clinical pathway for anxiety and depression in cancer care, and mid-implementation adaptations. <i>BMC Health Services Research</i> , 2022, 22, 192.	2.2	3
5	Implementation and evaluation of a smoking cessation checklist implemented within Australian cancer services. <i>Asia-Pacific Journal of Clinical Oncology</i> , 2022, 18, .	1.1	5
6	Assessing Information Available for Health Professionals and Potential Participants on Lung Cancer Screening Program Websites: Cross-sectional Study. <i>JMIR Cancer</i> , 2022, 8, e34264.	2.4	1
7	Stepping into the real world: a mixed-methods evaluation of the implementation of electronic patient reported outcomes in routine lung cancer care. <i>Journal of Patient-Reported Outcomes</i> , 2022, 6, .	1.9	10
8	What factors influence organisational readiness for change? Implementation of the Australian clinical pathway for the screening, assessment and management of anxiety and depression in adult cancer patients (ADAPT CP). <i>Supportive Care in Cancer</i> , 2021, 29, 3235-3244.	2.2	11
9	“There’s a lot of talent in the room but it’s only really the medical talent that gets heard”: a qualitative exploration of multidisciplinary clinicians’ perspectives of optimal nutrition care of patients with head and neck cancer. <i>Supportive Care in Cancer</i> , 2021, 29, 6399-6409.	2.2	5
10	Stakeholders’ views of integrating universal tumour screening and genetic testing for colorectal and endometrial cancer into routine oncology. <i>European Journal of Human Genetics</i> , 2021, 29, 1634-1644.	2.8	6
11	Exercise interventions for people diagnosed with cancer: a systematic review of implementation outcomes. <i>BMC Cancer</i> , 2021, 21, 643.	2.6	15
12	Acceptability of risk-stratified population screening across cancer types: Qualitative interviews with the Australian public. <i>Health Expectations</i> , 2021, 24, 1326-1336.	2.6	20
13	Health system interventions to integrate genetic testing in routine oncology services: A systematic review. <i>PLoS ONE</i> , 2021, 16, e0250379.	2.5	13
14	Care plus study: a multi-site implementation of early palliative care in routine practice to improve health outcomes and reduce hospital admissions for people with advanced cancer: a study protocol. <i>BMC Health Services Research</i> , 2021, 21, 513.	2.2	5
15	Commentary on “Exclusion rates in randomized trials of treatments for physical conditions: a systematic review”. <i>Trials</i> , 2021, 22, 76.	1.6	3
16	From ideal to actual practice: Tailoring a clinical pathway to address anxiety or depression in patients with cancer and planning its implementation across individual clinical services. <i>Journal of Psychosocial Oncology Research and Practice</i> , 2021, 3, e061.	0.5	7
17	Facilitating High Quality Cancer Care: A Qualitative Study of Australian Chairpersons’ Perspectives on Multidisciplinary Team Meetings. <i>Journal of Multidisciplinary Healthcare</i> , 2021, Volume 14, 3429-3439.	2.7	1
18	Implementation Science and Implementation Science Communications: a refreshed description of the journals’ scope and expectations. <i>Implementation Science</i> , 2021, 16, 103.	6.9	6

#	ARTICLE	IF	CITATIONS
19	A cross-sectional audit of current practices and areas for improvement of distress screening and management in Australian cancer services: is there a will and a way to improve?. Supportive Care in Cancer, 2020, 28, 249-259.	2.2	22
20	Implementing Exercise in Healthcare Settings: The Potential of Implementation Science. Sports Medicine, 2020, 50, 1-14.	6.5	35
21	Clinical impact of data feedback at lung cancer multidisciplinary team meetings: A mixed methods study. Asia-Pacific Journal of Clinical Oncology, 2020, 16, 45-55.	1.1	6
22	Disability, psychological distress and quality of life in relation to cancer diagnosis and cancer type: population-based Australian study of 22,505 cancer survivors and 244,000 people without cancer. BMC Medicine, 2020, 18, 372.	5.5	53
23	Lung cancer screening implementation: Complexities and priorities. Respirology, 2020, 25, 5-23.	2.3	28
24	Health services costs for lung cancer care in Australia: Estimates from the 45 and Up Study. PLoS ONE, 2020, 15, e0238018.	2.5	11
25	Optimizing lung cancer MDT data for maximum clinical impact—a scoping literature review. Translational Lung Cancer Research, 2020, 9, 1629-1638.	2.8	7
26	The value of real-world testing: a qualitative feasibility study to explore staff and organisational barriers and strategies to support implementation of a clinical pathway for the management of anxiety and depression in adult cancer patients. Pilot and Feasibility Studies, 2020, 6, 109.	1.2	10
27	Best Evidence to Best Practice: Implementing an Innovative Model of Nutrition Care for Patients with Head and Neck Cancer Improves Outcomes. Nutrients, 2020, 12, 1465.	4.1	23
28	How can Australia integrate routine genetic sequencing in oncology: a qualitative study through an implementation science lens. Genetics in Medicine, 2020, 22, 1507-1516.	2.4	9
29	“Completely and utterly flummoxed and out of my depth” patient and caregiver experiences during and after treatment for head and neck cancer—a qualitative evaluation of barriers and facilitators to best-practice nutrition care. Supportive Care in Cancer, 2020, 28, 5771-5780.	2.2	16
30	Protocol and Rationale for the International Lung Screening Trial. Annals of the American Thoracic Society, 2020, 17, 503-512.	3.2	56
31	Medicolegal Considerations in Multidisciplinary Cancer Care. JTO Clinical and Research Reports, 2020, 1, 100073.	1.1	10
32	Implementation of lung cancer multidisciplinary teams: a review of evidence-practice gaps. Translational Lung Cancer Research, 2020, 9, 1667-1679.	2.8	9
33	Health services costs for lung cancer care in Australia: Estimates from the 45 and Up Study. , 2020, 15, e0238018.		0
34	Health services costs for lung cancer care in Australia: Estimates from the 45 and Up Study. , 2020, 15, e0238018.		0
35	Health services costs for lung cancer care in Australia: Estimates from the 45 and Up Study. , 2020, 15, e0238018.		0
36	Health services costs for lung cancer care in Australia: Estimates from the 45 and Up Study. , 2020, 15, e0238018.		0

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37	Patients' experience of lung cancer care coordination: a quantitative exploration. <i>Supportive Care in Cancer</i> , 2019, 27, 485-493.	2.2	19
38	The Elusive Search for Success: Defining and Measuring Implementation Outcomes in a Real-World Hospital Trial. <i>Frontiers in Public Health</i> , 2019, 7, 293.	2.7	17
39	A systematic review of cancer caregiver interventions: Appraising the potential for implementation of evidence into practice. <i>Psycho-Oncology</i> , 2019, 28, 687-701.	2.3	79
40	A meta-review of qualitative research on adult cancer survivors: current strengths and evidence gaps. <i>Journal of Cancer Survivorship</i> , 2019, 13, 852-889.	2.9	35
41	An implementation science primer for psycho-oncology: translating robust evidence into practice. <i>Journal of Psychosocial Oncology Research and Practice</i> , 2019, 1, e14.	0.5	24
42	Cancer screening in Australia: future directions in melanoma, Lynch syndrome, and liver, lung and prostate cancers. <i>Public Health Research and Practice</i> , 2019, 29, .	1.5	5
43	Consensus minimum data set for lung cancer multidisciplinary teams: Results of a Delphi process. <i>Respirology</i> , 2018, 23, 927-934.	2.3	22
44	Evidence-practice gaps in lung cancer: A scoping review. <i>European Journal of Cancer Care</i> , 2018, 27, e12588.	1.5	33
45	Cancer multidisciplinary team meetings in practice: Results from a multi-institutional quantitative survey and implications for policy change. <i>Asia-Pacific Journal of Clinical Oncology</i> , 2018, 14, 74-83.	1.1	47
46	Comparison of implementation strategies to influence adherence to the clinical pathway for screening, assessment and management of anxiety and depression in adult cancer patients (ADAPT CP): study protocol of a cluster randomised controlled trial. <i>BMC Cancer</i> , 2018, 18, 1077.	2.6	32
47	Defining success factors to describe coordinated care in cancer. <i>Translational Behavioral Medicine</i> , 2018, 8, 357-365.	2.4	7
48	Patterns of care and emergency presentations for people with non-small cell lung cancer in New South Wales, Australia: A population-based study. <i>Lung Cancer</i> , 2018, 122, 171-179.	2.0	16
49	Hospital-based interventions: a systematic review of staff-reported barriers and facilitators to implementation processes. <i>Implementation Science</i> , 2018, 13, 36.	6.9	228
50	Does presentation at multidisciplinary team meetings improve lung cancer survival? Findings from a consecutive cohort study. <i>Lung Cancer</i> , 2018, 124, 199-204.	2.0	51
51	Closing evidence-practice gaps in lung cancer: Results from multi-methods priority setting in the clinical context. <i>Asia-Pacific Journal of Clinical Oncology</i> , 2017, 13, 28-36.	1.1	8
52	Pathways to Lung Cancer Diagnosis: A Qualitative Study of Patients and General Practitioners about Diagnostic and Pretreatment Intervals. <i>Annals of the American Thoracic Society</i> , 2017, 14, 742-753.	3.2	27
53	Implementation of a lung cancer multidisciplinary team standardised template for reporting to general practitioners: a mixed-method study. <i>BMJ Open</i> , 2017, 7, e018629.	1.9	10
54	Adapting the nominal group technique for priority setting of evidence-practice gaps in implementation science. <i>BMC Medical Research Methodology</i> , 2016, 16, 110.	3.1	75

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55	Developing a clinical pathway for the identification and management of anxiety and depression in adult cancer patients: an online Delphi consensus process. <i>Supportive Care in Cancer</i> , 2016, 24, 33-41.	2.2	30
56	Clinical pathway for the screening, assessment and management of anxiety and depression in adult cancer patients: Australian guidelines. <i>Psycho-Oncology</i> , 2015, 24, 987-1001.	2.3	148
57	Collaborative research networks in health: a pragmatic scoping study for the development of an imaging network. <i>Health Research Policy and Systems</i> , 2015, 13, 76.	2.8	16
58	Everybody wants it done but nobody wants to do it: an exploration of the barrier and enablers of critical components towards creating a clinical pathway for anxiety and depression in cancer. <i>BMC Health Services Research</i> , 2015, 15, 28.	2.2	58
59	Psychosocial oncology services in New South Wales. <i>Australian Health Review</i> , 2011, 35, 156.	1.1	10
60	Views of psycho-oncology health professionals on priority psycho-oncology research questions. <i>Supportive Care in Cancer</i> , 2011, 19, 1133-1141.	2.2	13
61	Clinical practice guidelines for the psychosocial care of adults with cancer. <i>Psycho-Oncology</i> , 2005, 14, 159-173.	2.3	156