

Callum G Fraser

List of Publications by Year in descending order

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156
papers

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citations

101535
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docs citations

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3371
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#	ARTICLE	IF	CITATIONS
1	Defining analytical performance specifications: Consensus Statement from the 1st Strategic Conference of the European Federation of Clinical Chemistry and Laboratory Medicine. <i>Clinical Chemistry and Laboratory Medicine</i> , 2015, 53, 833-5.	2.3	398
2	Proposals for Setting Generally Applicable Quality Goals Solely Based on Biology. <i>Annals of Clinical Biochemistry</i> , 1997, 34, 8-12.	1.6	326
3	Analytical Performance Characteristics Should Be Judged against Objective Quality Specifications. <i>Clinical Chemistry</i> , 1999, 45, 321-323.	3.2	177
4	Reference change values. <i>Clinical Chemistry and Laboratory Medicine</i> , 2012, 50, 807-12.	2.3	172
5	Inherent biological variation and reference values. <i>Clinical Chemistry and Laboratory Medicine</i> , 2004, 42, 758-64.	2.3	171
6	Advances in Fecal Occult Blood Tests: The FIT Revolution. <i>Digestive Diseases and Sciences</i> , 2015, 60, 609-622.	2.3	155
7	Population Screening for Colorectal Cancer Means Getting FIT: The Past, Present, and Future of Colorectal Cancer Screening Using the Fecal Immunochemical Test for Hemoglobin (FIT). <i>Gut and Liver</i> , 2014, 8, 117-130.	2.9	148
8	A Proposal to Standardize Reporting Units for Fecal Immunochemical Tests for Hemoglobin. <i>Journal of the National Cancer Institute</i> , 2012, 104, 810-814.	6.3	141
9	Faecal haemoglobin and faecal calprotectin as indicators of bowel disease in patients presenting to primary care with bowel symptoms. <i>Gut</i> , 2016, 65, 1463-1469.	12.1	141
10	Does Renal Dysfunction Predict Mortality After Acute Stroke?. <i>Stroke</i> , 2002, 33, 1630-1635.	2.0	122
11	Biological variation database: structure and criteria used for generation and update. <i>Clinical Chemistry and Laboratory Medicine</i> , 2015, 53, 299-305.	2.3	89
12	Faecal immunochemical tests (FIT) can help to rule out colorectal cancer in patients presenting in primary care with lower abdominal symptoms: a systematic review conducted to inform new NICE DG30 diagnostic guidance. <i>BMC Medicine</i> , 2017, 15, 189.	5.5	86
13	Use of faecal markers in screening for colorectal neoplasia: a European group on tumor markers position paper. <i>International Journal of Cancer</i> , 2011, 128, 3-11.	5.1	83
14	Faecal haemoglobin concentration is related to severity of colorectal neoplasia. <i>Journal of Clinical Pathology</i> , 2013, 66, 415-419.	2.0	77
15	Faecal haemoglobin concentrations by gender and age: implications for population-based screening for colorectal cancer. <i>Clinical Chemistry and Laboratory Medicine</i> , 2012, 50, 935-40.	2.3	74
16	Biologic Variation of Common Hematologic Laboratory Quantities in the Elderly. <i>American Journal of Clinical Pathology</i> , 1989, 92, 465-470.	0.7	72
17	Immunochemical testing of individuals positive for guaiac faecal occult blood test in a screening programme for colorectal cancer: an observational study. <i>Lancet Oncology</i> , The, 2006, 7, 127-131.	10.7	71
18	Low faecal haemoglobin concentration potentially rules out significant colorectal disease. <i>Colorectal Disease</i> , 2013, 15, e151-9.	1.4	69

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19	Impact of introducing a faecal immunochemical test (FIT) for haemoglobin into primary care on the outcome of patients with new bowel symptoms: a prospective cohort study. <i>BMJ Open Gastroenterology</i> , 2019, 6, e000293.	2.7	68
20	Clinical outcomes using a faecal immunochemical test for haemoglobin as a first-line test in a national programme constrained by colonoscopy capacity. <i>United European Gastroenterology Journal</i> , 2013, 1, 198-205.	3.8	66
21	Test result variation and the quality of evidence-based clinical guidelines. <i>Clinica Chimica Acta</i> , 2004, 346, 19-24.	1.1	63
22	Faecal haemoglobin concentrations vary with sex and age, but data are not transferable across geography for colorectal cancer screening. <i>Clinical Chemistry and Laboratory Medicine</i> , 2014, 52, 1211-6.	2.3	62
23	The fecal hemoglobin concentration, age and sex test score: Development and external validation of a simple prediction tool for colorectal cancer detection in symptomatic patients. <i>International Journal of Cancer</i> , 2017, 140, 2201-2211.	5.1	61
24	Pre-notification Increases Uptake of Colorectal Cancer Screening in All Demographic Groups: A Randomized Controlled Trial. <i>Journal of Medical Screening</i> , 2011, 18, 24-29.	2.3	60
25	Reference change values: the way forward in monitoring. <i>Annals of Clinical Biochemistry</i> , 2009, 46, 264-265.	1.6	55
26	Use of a faecal immunochemical test for haemoglobin can aid in the investigation of patients with lower abdominal symptoms. <i>Clinical Chemistry and Laboratory Medicine</i> , 2016, 54, 595-602.	2.3	53
27	Comparing Fecal Immunochemical Tests: Improved Standardization Is Needed. <i>Gastroenterology</i> , 2012, 142, 422-424.	1.3	52
28	Impact of the UK colorectal cancer screening pilot studies on incidence, stage distribution and mortality trends. <i>Cancer Epidemiology</i> , 2012, 36, e232-e242.	1.9	50
29	Use of a faecal immunochemical test narrows current gaps in uptake for sex, age and deprivation in a bowel cancer screening programme. <i>Journal of Medical Screening</i> , 2013, 20, 80-85.	2.3	50
30	Combination of Analytical Quality Specifications Based on Biological Within- and Between-Subject Variation. <i>Annals of Clinical Biochemistry</i> , 2002, 39, 543-550.	1.6	48
31	Reference change values for monitoring dehydration. <i>Clinical Chemistry and Laboratory Medicine</i> , 2011, 49, 1033-7.	2.3	42
32	Occult blood in faeces is associated with all-cause and non-colorectal cancer mortality. <i>Gut</i> , 2018, 67, 2116-2123.	12.1	40
33	Objective criteria for partitioning Gaussian-distributed reference values into subgroups. <i>Clinical Chemistry</i> , 2002, 48, 338-52.	3.2	40
34	Population-based colorectal cancer screening programmes using a faecal immunochemical test: should faecal haemoglobin cut-offs differ by age and sex?. <i>BMC Cancer</i> , 2017, 17, 577.	2.6	39
35	Biologic Variation of Urinary Albumin: Consequences for Analysis, Specimen Collection, Interpretation of Results, and Screening Programs. <i>American Journal of Kidney Diseases</i> , 1989, 13, 35-37.	1.9	38
36	Interval cancers using a quantitative faecal immunochemical test (FIT) for haemoglobin when colonoscopy capacity is limited. <i>Journal of Medical Screening</i> , 2016, 23, 130-134.	2.3	38

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37	Detection capability of quantitative faecal immunochemical tests for haemoglobin (FIT) and reporting of low faecal haemoglobin concentrations. <i>Clinical Chemistry and Laboratory Medicine</i> , 2019, 57, 611-616.	2.3	37
38	Terms and Symbols Used in Studies on Biological Variation: The Need for Harmonization. <i>Clinical Chemistry</i> , 2015, 61, 438-439.	3.2	36
39	The influence of analytical bias on diagnostic misclassifications. <i>Clinica Chimica Acta</i> , 1997, 260, 189-206.	1.1	35
40	Effect of delay in sampling on haemoglobin determined by faecal immunochemical tests. <i>Annals of Clinical Biochemistry</i> , 2008, 45, 604-605.	1.6	34
41	Impact of faecal haemoglobin concentration on colorectal cancer mortality and all-cause death. <i>BMJ Open</i> , 2013, 3, e003740.	1.9	34
42	Experience with a two-tier reflex gFOBT/FIT strategy in a national bowel screening programme. <i>Journal of Medical Screening</i> , 2012, 19, 8-13.	2.3	33
43	Acute effects of captopril on the renal actions of furosemide in patients with chronic heart failure. <i>American Heart Journal</i> , 1993, 126, 879-886.	2.7	32
44	Nonadherence with angiotensin-converting enzyme inhibitor therapy. <i>Journal of the American College of Cardiology</i> , 1999, 34, 2072-2077.	2.8	32
45	Improving the reporting of evaluations of faecal immunochemical tests for haemoglobin. <i>European Journal of Cancer Prevention</i> , 2015, 24, 24-26.	1.3	32
46	Transition to quantitative faecal immunochemical testing from guaiac faecal occult blood testing in a fully rolled-out population-based national bowel screening programme. <i>Gut</i> , 2021, 70, 106-113.	12.1	31
47	Evaluation of a card collection-based faecal immunochemical test in screening for colorectal cancer using a two-tier reflex approach. <i>Gut</i> , 2007, 56, 1415-1418.	12.1	30
48	Application of NICE guideline NG12 to the initial assessment of patients with lower gastrointestinal symptoms: not FIT for purpose?. <i>Annals of Clinical Biochemistry</i> , 2018, 55, 69-76.	1.6	30
49	Deprivation and faecal haemoglobin: implications for bowel cancer screening. <i>Journal of Medical Screening</i> , 2014, 21, 95-97.	2.3	29
50	Clinical utility of one versus two faecal immunochemical test samples in the detection of advanced colorectal neoplasia in symptomatic patients. <i>Clinical Chemistry and Laboratory Medicine</i> , 2016, 54, 125-32.	2.3	29
51	The 1999 Stockholm Consensus Conference on quality specifications in laboratory medicine. <i>Clinical Chemistry and Laboratory Medicine</i> , 2015, 53, 837-40.	2.3	28
52	Faecal occult blood tests “eliminate, enhance or update?. <i>Annals of Clinical Biochemistry</i> , 2008, 45, 117-121.	1.6	27
53	Strategies to set global analytical quality specifications in laboratory medicine: 10 years on from the Stockholm consensus conference. <i>Accreditation and Quality Assurance</i> , 2010, 15, 323-330.	0.8	27
54	A comparative effectiveness trial of two faecal immunochemical tests for haemoglobin (FIT). Assessment of test performance and adherence in a single round of a population-based screening programme for colorectal cancer. <i>Gut</i> , 2018, 67, 485-496.	12.1	27

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55	Making better use of differences in serial laboratory results. <i>Annals of Clinical Biochemistry</i> , 2012, 49, 1-3.	1.6	26
56	A standard for Faecal Immunochemical Tests for Haemoglobin Evaluation Reporting (FITTER). <i>Annals of Clinical Biochemistry</i> , 2014, 51, 301-302.	1.6	26
57	Faecal immunochemical tests (FIT) in the assessment of patients presenting with lower bowel symptoms: Concepts and challenges. <i>Journal of the Royal College of Surgeons of Edinburgh</i> , 2018, 16, 302-308.	1.8	26
58	Guaiaac based faecal occult blood testing for colorectal cancer screening: an obsolete strategy?. <i>Gut</i> , 2012, 61, 959-960.	12.1	25
59	Improved Monitoring of Differences in Serial Laboratory Results. <i>Clinical Chemistry</i> , 2011, 57, 1635-1637.	3.2	24
60	Calculation of limits for significant unidirectional changes in two or more serial results of a biomarker based on a computer simulation model. <i>Annals of Clinical Biochemistry</i> , 2015, 52, 237-244.	1.6	24
61	Setting up a service for a faecal immunochemical test for haemoglobin (FIT): a review of considerations, challenges and constraints. <i>Journal of Clinical Pathology</i> , 2018, 71, 1041-1045.	2.0	24
62	Yield of colorectal cancer at colonoscopy according to faecal haemoglobin concentration in symptomatic patients referred from primary care. <i>Colorectal Disease</i> , 2021, 23, 1615-1621.	1.4	24
63	Special Report: Desirable Standards for Hematology Tests: A Proposal. <i>American Journal of Clinical Pathology</i> , 1987, 88, 667-669.	0.7	23
64	Optimal analytical performance for point of care testing. <i>Clinica Chimica Acta</i> , 2001, 307, 37-43.	1.1	23
65	A future for faecal haemoglobin measurements in the medical laboratory. <i>Annals of Clinical Biochemistry</i> , 2012, 49, 518-526.	1.6	23
66	Calculation of limits for significant bidirectional changes in two or more serial results of a biomarker based on a computer simulation model. <i>Annals of Clinical Biochemistry</i> , 2015, 52, 434-440.	1.6	23
67	Uptake trends in the Scottish Bowel Screening Programme and the influences of age, sex, and deprivation. <i>Journal of Medical Screening</i> , 2018, 25, 24-31.	2.3	23
68	Faecal haemoglobin distributions by sex, age, deprivation and geographical region: consequences for colorectal cancer screening strategies. <i>Clinical Chemistry and Laboratory Medicine</i> , 2020, 58, 2073-2080.	2.3	20
69	Age-Related Changes in Laboratory Test Results. <i>Drugs and Aging</i> , 1993, 3, 246-257.	2.7	19
70	Automated immunochemical quantitation of haemoglobin in faeces collected on cards for screening for colorectal cancer. <i>Gut</i> , 2008, 57, 1256-1260.	12.1	19
71	Polymorphisms of the angiotensin converting enzyme gene in early-onset and late-onset pre-eclampsia. <i>Journal of Maternal-Fetal and Neonatal Medicine</i> , 2010, 23, 874-879.	1.5	19
72	Components of Variance of Some Plasma Constituents in Patients with Myocardial Infarction. <i>Annals of Clinical Biochemistry</i> , 1982, 19, 431-434.	1.6	18

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73	Faecal immunochemical tests for haemoglobin (FIT) in the assessment of patients with lower abdominal symptoms: current controversies. <i>Gastroenterology</i> , 2019, 42, 263-270.	0.5	18
74	Appraisal of the faecal haemoglobin, age and sex test (FAST) score in assessment of patients with lower bowel symptoms: an observational study. <i>BMC Gastroenterology</i> , 2019, 19, 213.	2.0	18
75	Faecal haemoglobin concentration is related to detection of advanced colorectal neoplasia in the next screening round. <i>Journal of Medical Screening</i> , 2017, 24, 62-68.	2.3	17
76	Nonadherence with ACE Inhibitors Is Common and Can Be Detected in Clinical Practice by Routine Serum ACE Activity. <i>Congestive Heart Failure</i> , 2001, 7, 43-50.	2.0	16
77	Quantitation of Hemoglobin Improves Fecal Immunochemical Tests for Noninvasive Screening. <i>Clinical Gastroenterology and Hepatology</i> , 2013, 11, 839-840.	4.4	16
78	Reference change values may need some improvement but are invaluable tools in laboratory medicine. <i>Clinical Chemistry and Laboratory Medicine</i> , 2012, 50, .	2.3	15
79	Interval cancers in a national colorectal cancer screening programme. <i>United European Gastroenterology Journal</i> , 2016, 4, 587-594.	3.8	15
80	Faecal haemoglobin can define risk of colorectal neoplasia at surveillance colonoscopy in patients at increased risk of colorectal cancer. <i>United European Gastroenterology Journal</i> , 2020, 8, 559-566.	3.8	15
81	Faecal haemoglobin concentration thresholds for reassurance and urgent investigation for colorectal cancer based on a faecal immunochemical test in symptomatic patients in primary care. <i>Annals of Clinical Biochemistry</i> , 2021, 58, 211-219.	1.6	15
82	Assay validation and biological variation of serum receptor for advanced glycation end-products. <i>Annals of Clinical Biochemistry</i> , 2008, 45, 518-519.	1.6	14
83	Making colorectal cancer screening FITTER for purpose with quantitative faecal immunochemical tests for haemoglobin (FIT). <i>Clinical Chemistry and Laboratory Medicine</i> , 2013, 51, 2065-7.	2.3	14
84	Measurement of faecal haemoglobin with a faecal immunochemical test can assist in defining which patients attending primary care with rectal bleeding require urgent referral. <i>Annals of Clinical Biochemistry</i> , 2020, 57, 325-327.	1.6	13
85	Analytical Performance Specifications for 25-Hydroxyvitamin D Examinations. <i>Nutrients</i> , 2021, 13, 431.	4.1	13
86	Faecal Haemoglobin Estimated by Faecal Immunochemical Testsâ€”An Indicator of Systemic Inflammation with Real Clinical Potential. <i>Diagnostics</i> , 2021, 11, 2093.	2.6	13
87	Do new concepts for deriving permissible limits for analytical imprecision and bias have any advantages over existing consensus?. <i>Clinical Chemistry and Laboratory Medicine</i> , 2011, 49, 637-640.	2.3	12
88	Newer Fecal Tests: Opportunities for Professionals in Laboratory Medicine. <i>Clinical Chemistry</i> , 2012, 58, 963-965.	3.2	12
89	Do other variables add value to assessment of the risk of colorectal disease using faecal immunochemical tests for haemoglobin?. <i>Annals of Clinical Biochemistry</i> , 2019, 56, 472-479.	1.6	12
90	How to improve the performances of Fecal Immunological Tests (FIT): Need for standardization of the sampling and pre-analytical phases and revision of the procedures for comparison of methods. <i>International Journal of Biological Markers</i> , 2015, 30, 127-131.	1.8	11

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91	Biological variation: a still evolving facet of laboratory medicine. Annals of Clinical Biochemistry, 2015, 52, 189-190.	1.6	11
92	The Author's Reply Analytic Goals Are Targets, Not Inflexible Criteria of Acceptability. American Journal of Clinical Pathology, 1988, 89, 703-705.	0.7	10
93	Impact of Preanalytical Factors on Fecal Immunochemical Tests: Need for New Strategies in Comparison of Methods. International Journal of Biological Markers, 2015, 30, 269-274.	1.8	10
94	Faecal haemoglobin concentrations do vary across geography as well as with age and sex: ramifications for colorectal cancer screening. Clinical Chemistry and Laboratory Medicine, 2015, 53, e235-7.	2.3	10
95	Biological variation: a rapidly evolving aspect of laboratory medicine. Journal of Laboratory and Precision Medicine, 0, 2, 35-35.	1.1	10
96	Quality Specifications for Imprecision of B-Type Natriuretic Peptide Assays. Clinical Chemistry, 2005, 51, 1307-1309.	3.2	9
97	Confirmation of analytical performance characteristics required for the reference change value applied in patient monitoring. Scandinavian Journal of Clinical and Laboratory Investigation, 2015, 75, 628-630.	1.2	9
98	A nicer approach to the use of "faecal occult blood tests" in assessment of the symptomatic. Annals of Clinical Biochemistry, 2016, 53, 5-6.	1.6	9
99	Faecal immunochemical tests in the COVID-19 pandemic; safety-netting of patients with symptoms and low faecal haemoglobin concentration " can a repeat test be used?. Annals of Clinical Biochemistry, 2021, 58, 163-165.	1.6	9
100	Screening for colorectal neoplasia with faecal tests. Lancet Oncology, The, 2011, 12, 516-517.	10.7	8
101	Different percentages of false-positive results obtained using five methods for the calculation of reference change values based on simulated normal and ln-normal distributions of data. Annals of Clinical Biochemistry, 2016, 53, 692-698.	1.6	8
102	Acceptance quality checks for qualitative fecal immunochemical tests ensure screening program consistency. International Journal of Cancer, 2011, 128, 247-248.	5.1	7
103	Diagnostic work-up of patients presenting in primary care with lower abdominal symptoms: which faecal test and triage strategy should be used?. BMC Medicine, 2016, 14, 139.	5.5	7
104	Faecal Immunochemical Tests (FIT) for Haemoglobin for Timely Assessment of Patients with Symptoms of Colorectal Disease. , 2018, , 39-66.		7
105	Comparison of quantitative faecal immunochemical tests for haemoglobin (FIT) for asymptomatic population screening. Translational Cancer Research, 2016, 5, S916-S919.	1.0	7
106	Strategies to minimise the current disadvantages experienced by women in faecal immunochemical test-based colorectal cancer screening. Clinical Chemistry and Laboratory Medicine, 2022, 60, 1496-1505.	2.3	7
107	Goals for clinical biochemistry analytical imprecision: A graphic approach. Pathology, 1980, 12, 209-218.	0.6	6
108	6.1.2.2 Quality Specifications for Haemoglobin A1c Assays in the Monitoring of Diabetes. Upsala Journal of Medical Sciences, 1993, 98, 335-338.	0.9	6

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109	Variation in changes in the incidence of colorectal cancer by age and association with screening uptake: an observational study. <i>BMJ Open</i> , 2020, 10, e037925.	1.9	6
110	Interpretation of faecal haemoglobin concentration data in colorectal cancer screening and in assessment of symptomatic patients. <i>Journal of Laboratory and Precision Medicine</i> , 0, 2, 96-96.	1.1	6
111	Faecal haemoglobin concentrations in women and men diagnosed with colorectal cancer in a national screening programme. <i>Journal of Medical Screening</i> , 2022, 29, 26-31.	2.3	6
112	A comparison of the faecal haemoglobin concentrations and diagnostic accuracy in patients suspected with colorectal cancer and serious bowel disease as reported on four different faecal immunochemical test systems. <i>Clinical Chemistry and Laboratory Medicine</i> , 2022, 60, 1278-1286.	2.3	6
113	Use of Appropriate Analytic Goals. <i>American Journal of Clinical Pathology</i> , 1983, 79, 759-760.	0.7	5
114	Assessment of faecal haemoglobin concentration distributions is vital for faecal immunochemical test (FIT)-based colorectal cancer screening programmes. <i>Journal of Medical Screening</i> , 2016, 23, 52-53.	2.3	5
115	Can the performance of a quantitative FIT-based colorectal cancer screening programme be enhanced by lowering the threshold and increasing the interval?. <i>Gut</i> , 2018, 67, 993-994.	12.1	5
116	A dynamic reference change value model applied to ongoing assessment of the steady state of a biomarker using more than two serial results. <i>Annals of Clinical Biochemistry</i> , 2019, 56, 283-294.	1.6	5
117	Randomized controlled trial: Flexible sigmoidoscopy as an adjunct to faecal occult blood testing in population screening. <i>Journal of Medical Screening</i> , 2020, 27, 59-67.	2.3	5
118	The Effect of the Variability in Fecal Immunochemical Test Sample Collection Technique on Clinical Performance. <i>Cancer Epidemiology Biomarkers and Prevention</i> , 2021, 30, 175-181.	2.5	5
119	The Clinical View of Turnaround Times for Stat Tests. <i>American Journal of Clinical Pathology</i> , 1979, 72, 885-885.	0.7	4
120	RE: A Proposal to Standardize Reporting Units for Fecal Immunochemical Tests for Hemoglobin. <i>Journal of the National Cancer Institute</i> , 2016, 108, djv312.	6.3	4
121	Calculation of reference change values using more than two results is a difficult task. <i>Annals of Clinical Biochemistry</i> , 2017, 54, 412-413.	1.6	4
122	Faecal haemoglobin concentration and personalised assessment of the risk of colorectal neoplasia. <i>Journal of Laboratory and Precision Medicine</i> , 0, 2, 71-71.	1.1	4
123	Urinalysis in an Australian teaching hospital. <i>Medical Journal of Australia</i> , 1982, 1, 300-301.	1.7	4
124	Association between faecal occult bleeding and medicines prescribed for chronic disease: a data linkage study. <i>Journal of Clinical Pathology</i> , 2021, 74, 664-667.	2.0	4
125	The Author Replies as Follow: Attainment of Pre-Analytical Goals is Vital. <i>Annals of Clinical Biochemistry</i> , 1987, 24, 116-116.	1.6	3
126	Quality specifications in laboratory medicine - current consensus views. <i>Accreditation and Quality Assurance</i> , 1999, 4, 410-413.	0.8	3

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127	Predicting mortality using two renal function estimation methods in hospitalised stroke patients. International Journal of Cardiology, 2010, 139, 307-309.	1.7	3
128	Valid analytical performance specifications for combined analytical bias and imprecision for the use of common reference intervals. Annals of Clinical Biochemistry, 2018, 55, 612-615.	1.6	3
129	The importance of comparing quantitative faecal immunochemical tests (FIT) before selecting one for a population-based colorectal cancer screening programme. Journal of Laboratory and Precision Medicine, 2018, 3, 7-7.	1.1	3
130	Biological variation: a still maturing aspect of laboratory medicine. Advances in Laboratory Medicine / Avances En Medicina De Laboratorio, 2020, 1, .	0.2	3
131	Replicate and repeat faecal immunochemical tests in symptomatic patients: A systematic review. Annals of Clinical Biochemistry, 2023, 60, 27-36.	1.6	3
132	Clinically Useful Limits (CUL) Criteria Best Based on Within-Subject Biologic Variation. American Journal of Clinical Pathology, 1989, 92, 256-256.	0.7	2
133	A Novel Approach to the Assessment of Drug Compliance in the Elderly. Gerontology, 1991, 37, 339-344.	2.8	2
134	Polymorphisms of the angiotensin converting enzyme gene in relation to intrauterine growth restriction. Acta Obstetrica Et Gynecologica Scandinavica, 2010, 89, 1197-1201.	2.8	2
135	Analytical performance specifications for changes in assay bias (I ² bias) for data with logarithmic distributions as assessed by effects on reference change values. Annals of Clinical Biochemistry, 2016, 53, 686-691.	1.6	2
136	Changes in prevalence of faecal occult blood positivity over time. Journal of Medical Screening, 2019, 26, 191-196.	2.3	2
137	Low Sensitivity of Fecal Immunochemical Tests (FIT) for Detection of Sessile Serrated Adenomas/Polyps Confirmed Over Clinical Setting, Geography, and FIT System. Digestive Diseases and Sciences, 2019, 64, 3024-3026.	2.3	2
138	Population effects associated with colorectal cancer screening in Europe. Digestive Medicine Research, 0, .	0.2	2
139	Faecal haemoglobin examinations have come of age, but further maturation seems desirable. Annals of Clinical Biochemistry, 2022, 59, 97-100.	1.6	2
140	Faecal haemoglobin concentration in adenoma, before and after polypectomy, approaches the ideal tumour marker. Annals of Clinical Biochemistry, 2022, 59, 272-276.	1.6	2
141	Problems with the investigation of a problem with faecal occult blood tests. Annals of Clinical Biochemistry, 2010, 47, 391-392.	1.6	1
142	Faecal immunochemical tests for haemoglobin (FIT) in the assessment of patients with lower abdominal symptoms: current controversies. Gastroenterology Y Hepatology (English Edition), 2019, 42, 263-270.	0.1	1
143	Quality Indicators and Benchmarks for Guideline-Recommended Fecal Occult Blood Tests. , 2015, , 65-79.		1
144	Assuring the quality of examinations using faecal immunochemical tests for haemoglobin (FIT). Clinical Chemistry and Laboratory Medicine, 2021, 59, 245-247.	2.3	1

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145	Comparison with first round findings of faecal haemoglobin concentrations and clinical outcomes in the second round of a biennial faecal immunochemical test based colorectal cancer screening programme. <i>Journal of Medical Screening</i> , 2022, 29, 249-254.	2.3	1
146	Serum Iron, Iron-binding Capacities, and Stress. <i>American Journal of Clinical Pathology</i> , 1981, 75, 442-442.	0.7	0
147	Grossly elevated serum angiotensin-converting enzyme activities are still suppressible with ACE inhibitor therapy. <i>JRAAS - Journal of the Renin-Angiotensin-Aldosterone System</i> , 2002, 3, 138-138.	1.7	0
148	Effect of Delay in Sampling on Fecal Immunochemical Tests. <i>Point of Care</i> , 2008, 7, 141.	0.4	0
149	Experience with a wipe guaiac-based faecal occult blood test as an alternative test in a bowel screening programme. <i>Journal of Medical Screening</i> , 2010, 17, 211-213.	2.3	0
150	Authors'™ reply to the letter to Editor (<i>Annals of Clinical Biochemistry</i>): "A simple approach to derive Z-score of reference change value involving more than two serial results"™. <i>Annals of Clinical Biochemistry</i> , 2015, 52, 718-719.	1.6	0
151	Variación biológica: un aspecto de la medicina de laboratorio aún en desarrollo. <i>Advances in Laboratory Medicine / Avances En Medicina De Laboratorio</i> , 2020, 1, .	0.2	0
152	Use of fecal immunochemical testing in patients presenting in primary care with lower GI symptoms. <i>Cmaj</i> , 2020, 192, E377-E377.	2.0	0
153	Optimal Analytical Performance for POCT. <i>Electronic Journal of the International Federation of Clinical Chemistry and Laboratory Medicine</i> , 2001, 13, 3-8.	0.7	0
154	Dr Per Hyltoft Petersen: an appreciation. <i>Clinical Chemistry and Laboratory Medicine</i> , 2022, 60, 299-300.	2.3	0
155	Serum angiotensin-converting enzyme assays should be ubiquitously available. <i>Annals of Clinical Biochemistry</i> , 2003, 40, 196-7.	1.6	0
156	One or two faecal immunochemical tests in an organised population-based colorectal cancer screening programme in Murcia (Spain). <i>Journal of Medical Screening</i> , 2022, , 096914132210949.	2.3	0