

H Marijke Van Den Berg

List of Publications by Year in descending order

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Version: 2024-02-01

50
papers

4,698
citations

279798

23
h-index

223800

46
g-index

50
all docs

50
docs citations

50
times ranked

2281
citing authors

#	ARTICLE	IF	CITATIONS
1	WFH Guidelines for the Management of Hemophilia, 3rd edition. Haemophilia, 2020, 26, 1-158.	2.1	915
2	ITI Treatment is not First-Choice Treatment in Children with Hemophilia A and Low-Responding Inhibitors: Evidence from a PedNet Study. Thrombosis and Haemostasis, 2020, 120, 1166-1172.	3.4	7
3	Inhibitor development in previously untreated patients with severe haemophilia: A comparison of included patients and outcomes between a clinical study and a registry-based study. Haemophilia, 2020, 26, 809-816.	2.1	2
4	Timing of inhibitor development in more than 1000 previously untreated patients with severe hemophilia A. Blood, 2019, 134, 317-320.	1.4	71
5	Clinical trials and registries in haemophilia: Opponents or collaborators? Comparison of PUP data derived from different data sources. Haemophilia, 2018, 24, 420-428.	2.1	6
6	World bleeding disorders registry: The pilot study. Haemophilia, 2018, 24, e113-e116.	2.1	13
7	Vaccinations are not associated with inhibitor development in boys with severe haemophilia A. Haemophilia, 2018, 24, 283-290.	2.1	24
8	International collaboration is needed to reduce the risk for inhibitors in <sc>PUP</sc>s with severe haemophilia A. Haemophilia, 2018, 24, e242-e243.	2.1	0
9	From treatment to prevention of bleeds: what more evidence do we need?. Haemophilia, 2017, 23, 494-496.	2.1	1
10	Plasma products do not solve the inhibitor problem. Haemophilia, 2017, 23, 346-347.	2.1	9
11	Establishing the appropriate primary endpoint in haemophilia gene therapy pivotal studies. Haemophilia, 2017, 23, 643-644.	2.1	18
12	Registries supporting new drug applications. Pharmacoepidemiology and Drug Safety, 2017, 26, 1451-1457.	1.9	23
13	Risk Factors for the Progression from Low to High Titres in 260 Children with Severe Haemophilia A and Newly Developed Inhibitors. Thrombosis and Haemostasis, 2017, 117, 2274-2282.	3.4	13
14	Increased inhibitor incidence in severe haemophilia A since 1990 attributable to more low titre inhibitors. Thrombosis and Haemostasis, 2016, 115, 729-737.	3.4	18
15	Reply to the letter of O'Mahoney et al.. Haemophilia, 2016, 22, e209-11.	2.1	0
16	Preventing bleeds by treatment: new era for haemophilia changing the paradigm. Haemophilia, 2016, 22, 9-13.	2.1	8
17	Haemophilia registries to complement clinical trial data: a pious hope or an urgent necessity?. Haemophilia, 2016, 22, 647-650.	2.1	4
18	Standardizing patient outcomes measurement to improve haemophilia care. Haemophilia, 2016, 22, 651-653.	2.1	7

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19	Different impact of factor VIII products on inhibitor development?. <i>Thrombosis Journal</i> , 2016, 14, 31.	2.1	10
20	Validation of the prediction model for inhibitor development in PUPs with severe haemophilia A. <i>Haemophilia</i> , 2016, 22, e116-e118.	2.1	1
21	Assessment of Clotting Factor Concentratesâ€™ Pivotal Studies and Long-Term Requirements. <i>Seminars in Thrombosis and Hemostasis</i> , 2015, 41, 855-859.	2.7	5
22	Assessments of outcome in haemophilia â€“ what is the added value of <sc>QoL</sc> tools?. <i>Haemophilia</i> , 2015, 21, 430-435.	2.1	25
23	The growing number of hemophilia registries: Quantity vs. quality. <i>Clinical Pharmacology and Therapeutics</i> , 2015, 97, 492-501.	4.7	16
24	Improved prediction of inhibitor development in previously untreated patients with severe haemophilia A. <i>Haemophilia</i> , 2015, 21, 227-233.	2.1	18
25	Epidemiological aspects of inhibitor development redefine the clinical importance of inhibitors. <i>Haemophilia</i> , 2014, 20, 76-79.	2.1	15
26	Definitions in hemophilia: communication from the SSC of the ISTH. <i>Journal of Thrombosis and Haemostasis</i> , 2014, 12, 1935-1939.	3.8	530
27	Prospective observational cohort studies for studying rare diseases: the European PedNet Haemophilia Registry. <i>Haemophilia</i> , 2014, 20, e280-6.	2.1	60
28	Factor VIII Products and Inhibitor Development in Severe Hemophilia A. <i>New England Journal of Medicine</i> , 2013, 368, 231-239.	27.0	383
29	Intermediate-dose versus high-dose prophylaxis for severe hemophilia: comparing outcome and costs since the 1970s. <i>Blood</i> , 2013, 122, 1129-1136.	1.4	200
30	Intensity of factor VIII treatment and inhibitor development in children with severe hemophilia A: the RODIN study. <i>Blood</i> , 2013, 121, 4046-4055.	1.4	287
31	F8 gene mutation type and inhibitor development in patients with severe hemophilia A: systematic review and meta-analysis. <i>Blood</i> , 2012, 119, 2922-2934.	1.4	305
32	Clinical prediction models for inhibitor development in severe hemophilia A. <i>Journal of Thrombosis and Haemostasis</i> , 2009, 7, 98-102.	3.8	18
33	Risk stratification for inhibitor development at first treatment for severe hemophilia A: a tool for clinical practice. <i>Journal of Thrombosis and Haemostasis</i> , 2008, 6, 2048-2054.	3.8	74
34	Treatment-related risk factors of inhibitor development in previously untreated patients with hemophilia A: the CANAL cohort study. <i>Blood</i> , 2007, 109, 4648-4654.	1.4	449
35	Recombinant versus plasma-derived factor VIII products and the development of inhibitors in previously untreated patients with severe hemophilia A: the CANAL cohort study. <i>Blood</i> , 2007, 109, 4693-4697.	1.4	220
36	Cyclosporin A can achieve immune tolerance in a patient with severe haemophilia B and refractory inhibitors. <i>Haemophilia</i> , 2007, 13, 111-114.	2.1	27

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37	Phenotypic heterogeneity in severe hemophilia. <i>Journal of Thrombosis and Haemostasis</i> , 2007, 5, 151-156.	3.8	106
38	Treatment characteristics and the risk of inhibitor development: a multicenter cohort study among previously untreated patients with severe hemophilia A. <i>Journal of Thrombosis and Haemostasis</i> , 2007, 5, 1383-1390.	3.8	134
39	Cysteine-mutations in von Willebrand factor associated with increased clearance. <i>Journal of Thrombosis and Haemostasis</i> , 2005, 3, 2228-2237.	3.8	80
40	Effects of haemophilic arthropathy on health-related quality of life and socio-economic parameters. <i>Haemophilia</i> , 2005, 11, 43-48.	2.1	91
41	Variability in clinical phenotype of severe haemophilia: the role of the first joint bleed. <i>Haemophilia</i> , 2005, 11, 438-443.	2.1	125
42	Functional consequences of haemophilia in adults: the development of the Haemophilia Activities List. <i>Haemophilia</i> , 2004, 10, 565-571.	2.1	105
43	Variability in Bleeding Pattern of Severe Hemophilia.. <i>Blood</i> , 2004, 104, 3094-3094.	1.4	4
44	Incidence and Outcome of Discontinuation of Prophylactic Treatment among Young Adults with Severe Hemophilia.. <i>Blood</i> , 2004, 104, 3086-3086.	1.4	5
45	Comparing outcomes of different treatment regimens for severe haemophilia. <i>Haemophilia</i> , 2003, 9, 27-31.	2.1	44
46	Prophylaxis for Severe Hemophilia: Experience from Europe and the United States. <i>Seminars in Thrombosis and Hemostasis</i> , 2003, 29, 049-054.	2.7	25
47	Association between joint bleeds and pettersson scores in severe haemophilia. <i>Acta Radiologica</i> , 2002, 43, 528-532.	1.1	31
48	Long-term outcome of individualized prophylactic treatment of children with severe haemophilia. <i>British Journal of Haematology</i> , 2001, 112, 561-565.	2.5	166
49	Product choice and haemophilia treatment in the Netherlands. <i>Haemophilia</i> , 2001, 7, 96-98.	2.1	0
50	Improvement of patient education and information: development of a patient's information dossier. <i>Haemophilia</i> , 2001, 7, 397-400.	2.1	0