## Angus G K Mcnair

List of Publications by Year in descending order

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#	Article	IF	CITATIONS
1	A Core Outcome Set for Seamless, Standardized Evaluation of Innovative Surgical Procedures and Devices (COHESIVE). Annals of Surgery, 2023, 277, 238-245.	4.2	16
2	Outcomes of Degenerative Cervical Myelopathy From The Perspective of Persons Living With the Condition: Findings of a Semistructured Interview Process With Partnered Internet Survey. Global Spine Journal, 2022, 12, 432-440.	2.3	33
3	Clinical outcome measures and their evidence base in degenerative cervical myelopathy: a systematic review to inform a core measurement set (AO Spine RECODE-DCM). BMJ Open, 2022, 12, e057650.	1.9	22
4	Gathering Global Perspectives to Establish the Research Priorities and Minimum Data Sets for Degenerative Cervical Myelopathy: Sampling Strategy of the First Round Consensus Surveys of AO Spine RECODE-DCM. Global Spine Journal, 2022, 12, 8S-18S.	2.3	13
5	Identification of outcomes to inform the development of a core outcome set for surgical innovation: a targeted review of case studies of novel surgical devices. BMJ Open, 2022, 12, e056003.	1.9	1
6	A scoping review of information provided within degenerative cervical myelopathy education resources: Towards enhancing shared decision making. PLoS ONE, 2022, 17, e0268220.	2.5	8
7	Development of a core measurement set for research in degenerative cervical myelopathy: a study protocol (AO Spine RECODE-DCM CMS). BMJ Open, 2022, 12, e060436.	1.9	8
8	The community burden of surgical site infection following elective colorectal resection. Colorectal Disease, 2021, 23, 724-731.	1.4	1
9	Prevailing Outcome Themes Reported by People With Degenerative Cervical Myelopathy: Focus Group Study. JMIR Formative Research, 2021, 5, e18732.	1.4	18
10	Patient-Reported Outcome Measures in Colorectal Surgery: Construction of Core Measures Using Open-Source Research Method. Surgical Innovation, 2021, 28, 560-566.	0.9	9
11	Protocol for the UK cohort study to investigate the prevention of parastomal hernia (the CIPHER) Tj ETQq1 1 0.78	34314 rgB 1.4	T /Qverlock
12	The development of lived experience-centered word clouds to support research uncertainty gathering in degenerative cervical myelopathy: results from an engagement process and protocol for their evaluation, via a nested randomized controlled trial. Trials, 2021, 22, 415.	1.6	9
13	A semiâ€Markov model comparing the lifetime costâ€effectiveness of mesh prophylaxis to prevent parastomal hernia in patients undergoing end colostomy creation for rectal cancer. Colorectal Disease, 2021, 23, 2967-2979.	1.4	4
14	Increasing awareness of degenerative cervical myelopathy: a preventative cause of non-traumatic spinal cord injury. Spinal Cord, 2021, 59, 1216-1218.	1.9	12
15	Reporting Modifications in Surgical Innovation: A Systematic Scoping Review Protocol. International Journal of Surgery Protocols, 2021, 25, 250-256.	1.1	4
16	Using qualitative research methods to understand how surgical procedures and devices are introduced into NHS hospitals: the Lotus study protocol. BMJ Open, 2021, 11, e049234.	1.9	2
17	Outcome selection, measurement and reporting for new surgical procedures and devices: a systematic review of IDEAL/IDEAL-D studies to inform development of a core outcome set. BJS Open, 2020, 4, 1072-1083.	1.7	12
18	A systematic review and inâ€depth analysis of outcome reporting in early phase studies of colorectal cancer surgical innovation. Colorectal Disease, 2020, 22, 1862-1873.	1.4	6

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19	Discussing surgical innovation with patients: a qualitative study of surgeons' and governance representatives' views. BMJ Open, 2020, 10, e035251.	1.9	10
20	Outcomes following small bowel obstruction due to malignancy in the national audit of small bowel obstruction. European Journal of Surgical Oncology, 2019, 45, 2319-2324.	1.0	8
21	Ethical Issues Across the IDEAL Stages of Surgical Innovation. Annals of Surgery, 2019, 269, 229-233.	4.2	19
22	RE-CODE DCM ( <i>RE</i> search Objectives and <i>C</i> ommon <i>D</i> ata <i>E</i> lements for) Tj ETQq0 0 Efficiency in DCM, Through Establishment of a Standardized Dataset for Clinical Research and the Definition of the Research Priorities. Global Spine Journal, 2019, 9, 65S-76S.	0 rgBT /Ove 2.3	erlock 10 Tf 50 83
23	Development of a core information set for colorectal cancer surgery: a consensus study. BMJ Open, 2019, 9, e028623.	1.9	16
24	Comment on: Bioethical approach to robot-assisted surgery. British Journal of Surgery, 2019, 107, 150-150.	0.3	1
25	Response to Comment on "Ethical Issues Across the IDEAL Stages of Surgical Innovationâ€: Annals of Surgery, 2019, 270, e132-e133.	4.2	Ο
26	Developing a core outcome set for fistulising perianal Crohn's disease. Gut, 2019, 68, 226-238.	12.1	64
27	Critical research gaps and recommendations to inform research prioritisation for more effective prevention and improved outcomes in colorectal cancer. Gut, 2018, 67, 179-193.	12.1	73
28	Core information set for informed consent to surgery for oral or oropharyngeal cancer: A mixedâ€methods study. Clinical Otolaryngology, 2018, 43, 624-631.	1.2	11
29	OWE-009â€Developing a core outcome set for fistulising perianal crohn's disease. , 2018, , .		0
30	The colorectal surgeon's personality may influence the rectal anastomotic decision. Colorectal Disease, 2018, 20, 970-980.	1.4	17
31	Review article: pathogenesis of Crohn's perianal fistula—understanding factors impacting on success and failure of treatment strategies. Alimentary Pharmacology and Therapeutics, 2018, 48, 260-269.	3.7	39
32	Students' participation in collaborative research should be recognised. International Journal of Surgery, 2017, 39, 234-237.	2.7	20
33	Core information sets for informed consent to surgical interventions: baseline information of importance to patients and clinicians. BMC Medical Ethics, 2017, 18, 29.	2.4	29
34	The COMET Handbook: version 1.0. Trials, 2017, 18, 280.	1.6	1,128
35	A national patient and public colorectal research agenda: integration of consumer perspectives in bowel disease through early consultation. Colorectal Disease, 2017, 19, O75-O85.	1.4	29
36	Three nested randomized controlled trials of peer-only or multiple stakeholder group feedback within Delphi surveys during core outcome and information set development. Trials, 2016, 17, 409.	1.6	74

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37	Trial outcomes and information for clinical decision-making: a comparative study of opinions of health professionals. Trials, 2016, 17, 344.	1.6	2
38	Core Outcomes for Colorectal Cancer Surgery: A Consensus Study. PLoS Medicine, 2016, 13, e1002071.	8.4	82
39	The NCRI future of surgery initiative: Defining a research agenda for outcomes of surgical randomized controlled trials. European Journal of Surgical Oncology, 2016, 42, S229-S230.	1.0	1
40	Informed Consent and the Reasonable-Patient Standard. JAMA - Journal of the American Medical Association, 2016, 316, 992.	7.4	8
41	Preoperative risk factors for conversion from laparoscopic to open cholecystectomy: a validated risk score derived from a prospective U.K. database of 8820 patients. Hpb, 2016, 18, 922-928.	0.3	56
42	Population-based cohort study of outcomes following cholecystectomy for benign gallbladder diseases. British Journal of Surgery, 2016, 103, 1704-1715.	0.3	84
43	Population-based cohort study of variation in the use of emergency cholecystectomy for benign gallbladder diseases. British Journal of Surgery, 2016, 103, 1716-1726.	0.3	35
44	Cost-effectiveness of emergency <i>versus</i> delayed laparoscopic cholecystectomy for acute gallbladder pathology. British Journal of Surgery, 2016, 104, 98-107.	0.3	39
45	What surgeons tell patients and what patients want to know before major cancer surgery: a qualitative study. BMC Cancer, 2016, 16, 258.	2.6	73
46	The Prognostic Value of Patient-Reported Outcome Data in Patients With Colorectal Hepatic Metastases Who Underwent Surgery. Clinical Colorectal Cancer, 2016, 15, 74-81.e1.	2.3	15
47	†Trial Exegesis': Methods for Synthesizing Clinical and Patient Reported Outcome (PRO) Data in Trials to Inform Clinical Practice. A Systematic Review. PLoS ONE, 2016, 11, e0160998.	2.5	4
48	Synthesis and summary of patientâ€reported outcome measures to inform the development of a core outcome set in colorectal cancer surgery. Colorectal Disease, 2015, 17, O217-29.	1.4	42
49	The development of a colorectal cancer surgery core outcome set. Trials, 2015, 16, .	1.6	2
50	Reporting outcomes of definitive radiation-based treatment for esophageal cancer: a review of the literature. Ecological Management and Restoration, 2015, 28, 156-163.	0.4	4
51	Core information set for oesophageal cancer surgery. British Journal of Surgery, 2015, 102, 936-943.	0.3	70
52	Patient perceptions regarding the likelihood of cure after surgical resection of lung and colorectal cancer. Cancer, 2015, 121, 4443-4444.	4.1	1
53	Three nested RCTs of dual or single stakeholder feedback within Delphi surveys during core outcome and information set development. Trials, 2015, 16, .	1.6	1
54	Core outcomes for randomized trials and core information for clinical decision-making: implications for outcome selection. Trials, 2015, 16, .	1.6	0

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55	Assessing the quality of written information provision for surgical procedures: a case study in oesophagectomy. BMJ Open, 2015, 5, e008536.	1.9	9
56	A systematic review of outcome reporting in colorectal cancer surgery. Colorectal Disease, 2013, 15, e548-60.	1.4	53
57	What surgeons should tell patients with oesophago-gastric cancer: A cross sectional study of information needs. European Journal of Surgical Oncology, 2013, 39, 1278-1286.	1.0	23
58	Reporting of Short-Term Clinical Outcomes After Esophagectomy. Annals of Surgery, 2012, 255, 658-666.	4.2	243
59	Standards of Outcome Reporting in Surgical Oncology: A Case Study in Esophageal Cancer. Annals of Surgical Oncology, 2012, 19, 4012-4018.	1.5	21
60	Commentary: Talking to patients about surgical innovations. BMJ: British Medical Journal, 2011, 342, d2871-d2871.	2.3	1
61	Incorporating patient reported outcomes (PROs) in gastro-intestinal (GI) cancer randomised controlled trials (RCTs): the need for adequate rationale and integrated reporting. Trials, 2011, 12, .	1.6	1
62	Communicating the Results of Randomized Clinical Trials: Do Patients Understand Multidimensional Patient-Reported Outcomes?. Journal of Clinical Oncology, 2010, 28, 738-743.	1.6	46
63	Optimising methods for communicating survival data to patients undergoing cancer surgery. European Journal of Cancer, 2010, 46, 3192-3199.	2.8	14
64	Health-related quality of life and survival in the 2years after surgery for gastric cancer. European Journal of Surgical Oncology, 2010, 36, 148-154.	1.0	62
65	Health-related quality-of-life assessment in GI cancer randomized trials: improving the impact on clinical practice. Expert Review of Pharmacoeconomics and Outcomes Research, 2009, 9, 559-567.	1.4	11
66	The Role of Health-Related Quality of Life Outcomes in Clinical Decision Making in Surgery for Esophageal Cancer: A Systematic Review. Annals of Surgical Oncology, 2008, 15, 2372-2379.	1.5	78
67	Maximising recruitment into randomised controlled trials: The role of multidisciplinary cancer teams. European Journal of Cancer, 2008, 44, 2623-2626.	2.8	53