Simon G Thompson

List of Publications by Year
in descending order

62 papers	65,280 citations	76326 40 h-index	144013 57 g-index
63 all docs	63 docs citations	63 times ranked	67713 citing authors

#	Article	IF	Citations
1	Progression of conventional cardiovascular risk factors and vascular disease risk in individuals: insights from the PROG-IMT consortium. European Journal of Preventive Cardiology, 2020, 27, 234-243.	1.8	10
2	Carotid Intima-Media Thickness Progression as Surrogate Marker for Cardiovascular Risk. Circulation, 2020, 142, 621-642.	1.6	232
3	Longer-term efficiency and safety of increasing the frequency of whole blood donation (INTERVAL): extension study of a randomised trial of 20â€ˆ757 blood donors. Lancet Haematology,the, 2019, 6, e510-e520.	4.6	17
4	Equalization of four cardiovascular risk algorithms after systematic recalibration: individual-participant meta-analysis of 86 prospective studies. European Heart Journal, 2019, 40, 621-631.	2.2	97
5	Cardiovascular Risk Factors Associated With Venous Thromboembolism. JAMA Cardiology, 2019, 4, 163.	6.1	187
6	Discrete Event Simulation for Decision Modeling in Health Care: Lessons from Abdominal Aortic Aneurysm Screening. Medical Decision Making, 2018, 38, 439-451.	2.4	20
7	Lessons from the INTERVAL study â€“ Authors' reply. Lancet, The, 2018, 391, 2606.	13.7	0
8	Predictive value for cardiovascular events of common carotid intima media thickness and its rate of change in individuals at high cardiovascular risk â€“ Results from the PROG-IMT collaboration. PLoS ONE, 2018, 13, e0191172.	2.5	51
9	Analysis of clinical benefit, harms, and cost-effectiveness of screening women for abdominal aortic aneurysm. Lancet, The, 2018, 392, 487-495.	13.7	59
10	Strategy of endovascular versus open repair for patients with clinical diagnosis of ruptured abdominal aortic aneurysm: the IMPROVE RCT. Health Technology Assessment, 2018, 22, 1-122.	2.8	22
11	Screening women aged 65 years or over for abdominal aortic aneurysm: a modelling study and health economic evaluation. Health Technology Assessment, 2018, 22, 1-142.	2.8	20
12	A review of instrumental variable estimators for Mendelian randomization. Statistical Methods in Medical Research, 2017, 26, 2333-2355.	1.5	821
13	Genetic invalidation of Lp-PLA2 as a therapeutic target: Large-scale study of five functional Lp-PLA2-lowering alleles. European Journal of Preventive Cardiology, 2017, 24, 492-504.	1.8	22
14	Morphological suitability for endovascular repair, non-intervention rates, and operative mortality in women and men assessed for intact abdominal aortic aneurysm repair: systematic reviews with meta-analysis. Lancet, The, 2017, 389, 2482-2491.	13.7	129
15	Sensitivity Analyses for Robust Causal Inference from Mendelian Randomization Analyses with Multiple Genetic Variants. Epidemiology, 2017, 28, 30-42.	2.7	820
16	Interpreting findings from Mendelian randomization using the MR-Egger method. European Journal of Epidemiology, 2017, 32, 377-389.	5.7	1,696
17	Use of Repeated Blood Pressure and Cholesterol Measurements to Improve Cardiovascular Disease Risk Prediction: An Individual-Participant-Data Meta-Analysis. American Journal of Epidemiology, 2017, 186, 899-907.	3.4	42
18	Abdominal aortic aneurysms in women â€“ Authors' reply. Lancet, The, 2017, 390, 1643-1644.	13.7	0

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19	Efficiency and safety of varying the frequency of whole blood donation (INTERVAL): a randomised trial of 45â€˜000 donors. Lancet, The, 2017, 390, 2360-2371.	13.7	222
20	The use of repeated blood pressure measures for cardiovascular risk prediction: a comparison of statistical models in the ARIC study. Statistics in Medicine, 2017, 36, 4514-4528.	1.6	44
21	Parity, breastfeeding and risk of coronary heart disease: A pan-European caseâ€“cohort study. European Journal of Preventive Cardiology, 2016, 23, 1755-1765.	1.8	58
22	Bias due to participant overlap in twoâ€sample Mendelian randomization. Genetic Epidemiology, 2016, 40, 597-608.	1.3	961
23	Combining information on multiple instrumental variables in Mendelian randomization: comparison of allele score and summarized data methods. Statistics in Medicine, 2016, 35, 1880-1906.	1.6	593
24	Recruitment and representativeness of blood donors in the INTERVAL randomised trial assessing varying inter-donation intervals. Trials, 2016, 17, 458.	1.6	17
25	Modeling the costs and long-term health benefits of screening the general population for risks of cardiovascular disease: a review of methods used in the literature. European Journal of Health Economics, 2016, 17, 1041-1053.	2.8	8
26	Inflammatory markers and extent and progression of early atherosclerosis: Meta-analysis of individual-participant-data from 20 prospective studies of the PROG-IMT collaboration. European Journal of Preventive Cardiology, 2016, 23, 194-205.	1.8	74
27	Normative values for carotid intima media thickness and its progression: Are they transferrable outside of their cohort of origin?. European Journal of Preventive Cardiology, 2016, 23, 1165-1173.	1.8	33
28	Multilevel models for cost-effectiveness analyses that use cluster randomised trial data: An approach to model choice. Statistical Methods in Medical Research, 2016, 25, 2036-2052.	1.5	24
29	The effect of aortic morphology on peri-operative mortality of ruptured abdominal aortic aneurysm. European Heart Journal, 2015, 36, 1328-1334.	2.2	71
30	A method making fewer assumptions gave the most reliable estimates of exposureâ€“outcome associations in stratified caseâ€“cohort studies. Journal of Clinical Epidemiology, 2015, 68, 1397-1405.	5.0	10
31	Re: â€œMultivariable Mendelian Randomization: The Use of Pleiotropic Genetic Variants to Estimate Causal Effectsâ€. American Journal of Epidemiology, 2015, 181, 290-291.	3.4	377
32	Carotid Intima-Media Thickness Progression and Risk of Vascular Events in People With Diabetes: Results From the PROG-IMT Collaboration. Diabetes Care, 2015, 38, 1921-1929.	8.6	67
33	Using published data in Mendelian randomization: a blueprint for efficient identification of causal risk factors. European Journal of Epidemiology, 2015, 30, 543-552.	5.7	799
34	UK Biobank comes of age. Lancet, The, 2015, 386, 509-510.	13.7	22
35	Network Mendelian randomization: using genetic variants as instrumental variables to investigate mediation in causal pathways. International Journal of Epidemiology, 2015, 44, 484-495.	1.9	263
36	Endovascular or open repair strategy for ruptured abdominal aortic aneurysm: 30 day outcomes from IMPROVE randomised trial. BMJ, The, 2014, 348, f7661-f7661.	6.0	367

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37	Metabolic mediators of body-mass index and cardiovascular risk. Lancet, The, 2014, 383, 2042-2043.	13.7	3
38	Using Multivariable Mendelian Randomization to Disentangle the Causal Effects of Lipid Fractions. PLoS ONE, 2014, 9, e108891.	2.5	86
39	Mendelian Randomization Analysis With Multiple Genetic Variants Using Summarized Data. Genetic Epidemiology, 2013, 37, 658-665.	1.3	2,705
40	Issues relating to confounding and metaâ€analysis when including nonâ€randomized studies in systematic reviews on the effects of interventions. Research Synthesis Methods, 2013, 4, 26-35.	8.7	99
41	Use of allele scores as instrumental variables for Mendelian randomization. International Journal of Epidemiology, 2013, 42, 1134-1144.	1.9	351
42	Surveillance Intervals for Small Abdominal Aortic Aneurysms. JAMA - Journal of the American Medical Association, 2013, 309, 806.	7.4	178
43	C-Reactive Protein, Fibrinogen, and Cardiovascular Disease Prediction. New England Journal of Medicine, 2012, 367, 1310-1320.	27.0	909
44	Use of Mendelian randomisation to assess potential benefit of clinical intervention. BMJ, The, 2012, 345, e7325-e7325.	6.0	212
45	Improving bias and coverage in instrumental variable analysis with weak instruments for continuous and binary outcomes. Statistics in Medicine, 2012, 31, 1582-1600.	1.6	64
46	Joint modelling of longitudinal and timeâ€toâ€event data with application to predicting abdominal aortic aneurysm growth and rupture. Biometrical Journal, 2011, 53, 750-763.	1.0	106
47	Avoiding bias from weak instruments in Mendelian randomization studies. International Journal of Epidemiology, 2011, 40, 755-764.	1.9	1,416
48	Endovascular versus Open Repair of Abdominal Aortic Aneurysm. New England Journal of Medicine, 2010, 362, 1863-1871.	27.0	1,242
49	Can meta-analysis help target interventions at individuals most likely to benefit?. Lancet, The, 2005, 365, 341-346.	13.7	144
50	Measuring inconsistency in meta-analyses. BMJ: British Medical Journal, 2003, 327, 557-560.	2.3	47,117
51	Aortic Aneurysm Diameter and Risk of Cardiovascular Mortality. Arteriosclerosis, Thrombosis, and Vascular Biology, 2001, 21, 1203-1207.	2.4	89
52	A joint analysis of quality of life and survival using a random effect selection model. Statistics in Medicine, 2000, 19, 3237-3250.	1.6	34
53	Analysing the relationship between treatment effect and underlying risk in meta-analysis: comparison and development of approaches. Statistics in Medicine, 2000, 19, 3251-3274.	1.6	102
54	Correcting for regression dilution bias: comparison of methods for a single predictor variable. Journal of the Royal Statistical Society Series A: Statistics in Society, 2000, 163, 173-189.	1.1	242

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55	Metaâ€analysis using multilevel models with an application to the study of class size effects. Journal of the Royal Statistical Society Series C: Applied Statistics, 2000, 49, 399-412.	1.0	88
56	Analysing the relationship between treatment effect and underlying risk in meta-analysis: comparison and development of approaches. , 2000, 19, 3251.		1
57	Analysing repeated measurements data: a practical comparison of methods. , 1999, 18, 1587-1603.		75
58	Explaining heterogeneity in meta-analysis: a comparison of methods. Statistics in Medicine, 1999, 18, 2693-2708.	1.6	1,478
59	Randomised controlled trial of follow up care in general practice of patients with myocardial infarction and angina: final results of the Southampton heart integrated care project (SHIP). BMJ: British Medical Journal, 1999, 318, 706-711.	2.3	200
60	Explaining heterogeneity in meta-analysis: a comparison of methods. , 1999, 18, 2693.		7
61	Explaining heterogeneity in metaâ€analysis: a comparison of methods. Statistics in Medicine, 1999, 18, 2693-2708.	1.6	9
62	Letter to the Editor: The merits of matching in community intervention trials: a cautionary tale by N. Klar and A. Donner,Statistics in Medicine,16, 1753-1764 (1997). , 1998, 17, 2149-2151.		10