Nicolle M Gatto

List of Publications by Year in descending order

Source: https://exaly.com/author-pdf/7017737/publications.pdf

Version: 2024-02-01

22 papers 851 citations

686830 13 h-index 713013 21 g-index

25 all docs 25 docs citations

25 times ranked

1051 citing authors

#	Article	IF	CITATIONS
1	Risk of Perforation After Colonoscopy and Sigmoidoscopy: A Population-Based Study. Journal of the National Cancer Institute, 2003, 95, 230-236.	3.0	468
2	Is the "well-defined intervention assumption―politically conservative?. Social Science and Medicine, 2016, 166, 254-257.	1.8	42
3	A Structured Preapproval and Postapproval Comparative Study Design Framework to Generate Valid and Transparent Realâ€World Evidence for Regulatory Decisions. Clinical Pharmacology and Therapeutics, 2019, 106, 103-115.	2.3	36
4	Causal identification: a charge of epidemiology in danger of marginalization. Annals of Epidemiology, 2016, 26, 669-673.	0.9	35
5	Organized structure of real-world evidence best practices: moving from fragmented recommendations to comprehensive guidance. Journal of Comparative Effectiveness Research, 2021, 10, 711-731.	0.6	32
6	Association of Azithromycin Use With Cardiovascular Mortality. JAMA Network Open, 2020, 3, e208199.	2.8	30
7	Realâ€World Evidence for Assessing Pharmaceutical Treatments in the Context of COVIDâ€19. Clinical Pharmacology and Therapeutics, 2021, 109, 816-828.	2.3	29
8	Extending the sufficient component cause model to describe the Stable Unit Treatment Value Assumption (SUTVA). Epidemiologic Perspectives and Innovations, 2012, 9, 3.	7.0	27
9	The Structured Process to Identify Fitâ€Forâ€Purpose Data: A Data Feasibility Assessment Framework. Clinical Pharmacology and Therapeutics, 2022, 111, 122-134.	2.3	25
10	Methodological comparison of marginal structural model, timeâ€varying Cox regression, and propensity score methods: the example of antidepressant use and the risk of hip fracture. Pharmacoepidemiology and Drug Safety, 2016, 25, 114-121.	0.9	24
11	Redundant causation from a sufficient cause perspective. Epidemiologic Perspectives and Innovations, 2010, 7, 5.	7.0	22
12	Toward a Clarification of the Taxonomy of "Bias―in Epidemiology Textbooks. Epidemiology, 2015, 26, 216-222.	1.2	21
13	An Organizational Schema for Epidemiologic Causal Effects. Epidemiology, 2014, 25, 88-97.	1.2	13
14	Categorization of <scp>COVID</scp> â€19 severity to determine mortality risk. Pharmacoepidemiology and Drug Safety, 2022, 31, 721-728.	0.9	10
15	COVID-19 Evidence Accelerator: A parallel analysis to describe the use of Hydroxychloroquine with or without Azithromycin among hospitalized COVID-19 patients. PLoS ONE, 2021, 16, e0248128.	1.1	9
16	Heeding the call for less casual causal inferences: the utility of realized (quantitative) causal effects. Annals of Epidemiology, 2017, 27, 402-405.	0.9	6
17	Pulmonary and cardiovascular safety of inhaled insulin in routine practice: The Exubera Large Simple Trial (VOLUME). Contemporary Clinical Trials Communications, 2020, 18, 100427.	0.5	5
18	Lung Cancer–Related Mortality With Inhaled Insulin or a Comparator: Follow-Up Study of patients previously enrolled in Exubera Controlled Clinical Trials (FUSE) Final Results. Diabetes Care, 2019, 42, 1708-1715.	4.3	4

#	Article	IF	CITATIONS
19	Treatment effectiveness in a rare oncology indication: Lessons from an external control cohort study. Clinical and Translational Science, 2022, 15, 1990-1998.	1.5	4
20	Author's response to Poole, C. Commentary: How Many Are Affected? A Real Limit of Epidemiology. Epidemiologic Perspectives and Innovations, 2010, 7, 7.	7.0	1
21	Implications of product withdrawal on a post-approval pragmatic trial: The VOLUME study experience. Contemporary Clinical Trials Communications, 2019, 16, 100477.	0.5	1
22	The authors respond. Epidemiology, 2014, 25, 619-620.	1.2	0