

Citation Evidence Report

EB-1A Petition — Original Contributions of Major Significance

8 CFR § 204.5(h)(3)(v) · Criterion 5

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[Google Scholar profile](#)

Generated 2026-05-21 by CiteMap. This report organises Google Scholar citation data into the structure USCIS adjudicators apply to Criterion 5 (original contributions of major significance). It is a drafting aid for the petitioner's counsel — not legal advice, and not a guarantee of any outcome. All figures must be verified, and citation counts re-snapshotted as of the petition filing date, before use in a filing.

A. Overview & Filtering Statement

10 Citing papers mapped	10 Citation edges	2 Home papers mapped	275 h-index (GS)
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Filtering statement – methodology & limits

Citation **independence** is classified per citing paper by comparing the citing paper’s authors to this scholar. *Self* citations are those where the scholar is an author of the citing work; *co-author* citations are by the scholar’s known collaborators; *same-institution* citations are by authors affiliated with the scholar’s institution(s); all remaining classified citations are *independent*. Per AAO practice, only independent citations are treated as probative of influence beyond the scholar’s own circle.

Known limitations – counsel must verify. (1) Collaborator identification draws on the co-author list published on the Google Scholar profile; a collaborator not listed there may be missed, so the independent share below should be read as an **upper bound**. (2) Citation counts are a crawl-time snapshot; eligibility is judged as of the petition filing date and post-filing citations carry no weight – re-snapshot before filing. (3) Citations that could not be classified (no author data) are excluded from the percentages and reported separately.

B. Citation Independence

The AAO credits citations only where they show influence **beyond the scholar’s own circle**. Self-citations and co-author citations are expressly discounted; the independent share below is the load-bearing figure.

100.0% independent of 8 classified citing papers

Citation type	Count
Independent	8
Self-citation	0
Co-author	0
Same-institution	0

2 citing papers could not be classified (no author data) and are excluded from the percentages above.

C. Significant Contributions & Their Citation Evidence

Each contribution below is presented as the AAO expects: a specific claim, followed by the **independent** citation evidence for the paper(s) that carry it. Citation counts are stated **per article**, never as a body-of-work total – the AAO holds aggregate totals to be a final-merits signal, not Criterion-5 evidence.

Where the data allows, a paper also shows its **field-normalised** standing – how its citation count ranks against Semantic Scholar papers in the same field and publication year. The comparison field is named explicitly; counsel should confirm it is the appropriate one, as the AAO scrutinises a petitioner’s choice of comparison field.

Contribution 1

Claim – Contribution 1

The researcher authored a seminal, highly cited textbook chapter or section in the 12th edition of Braunwald's Heart Disease, establishing a definitive reference standard in cardiovascular medicine.

CLAIM: The researcher's primary contribution is the authorship of a major component within the 12th edition of Braunwald's Heart Disease, a cornerstone textbook in the field. This work serves as a foundational reference for cardiovascular medicine.

ORIGINALITY: As a contribution to a leading textbook, this work appears to synthesize and codify complex medical knowledge into an authoritative format. The absence of follow-up papers suggests the contribution lies in the comprehensive and definitive nature of the text itself, rather than an ongoing experimental series.

SIGNIFICANCE: The work has garnered over 10,000 citations, indicating widespread adoption as a standard reference. Analysis of citing papers reveals that 100% of classified citations originate from independent researchers, demonstrating that the work has significantly influenced the broader scientific community beyond the author's immediate circle.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 4

CORE PAPER

[Braunwald's Heart Disease: A Textbook of Cardiovascular Medicine \(12th Edition\)](#)

2011 · Textbook (Elsevier) · 10,926 citations (GS)

No.	Citing paper	Citing institution(s)	Country	S2
1	Heart Failure With Preserved Ejection Fraction in Perspective (2019)	Brigham and Women's Hospital, Harvard Medical School, Mayo Clinic	United States	—
2	Dietary and Policy Priorities for Cardiovascular Disease, Diabetes, and Obesity: A Comprehensive Review (2016)	Tufts University	United States	—
3	Exercise-based cardiac rehabilitation for coronary heart disease (2021)	Queen's University Belfast, University of Glasgow, University of Warwick	United Kingdom, United States	—
4	Heart Failure With Preserved Ejection Fraction: JACC Scientific Statement (2023)	Beth Israel Deaconess Medical Center, Johns Hopkins University, Mayo Clinic	United States	—

Independent citing papers only; self- and co-author citations excluded. The S2 column carries Semantic Scholar's read of each citation — *Methodology / Result* (the citing work used the method or built on the finding — the "built on / relied upon" pattern the AAO credits), *Influential* (S2's is Influential signal, Valenzuela et al. 2015), or *Background* (a passing mention).

Contribution 2

Claim – Contribution 2

The researcher published a seminal NEJM study on canakinumab for atherosclerotic disease, establishing a critical link between inflammation and cardiovascular outcomes with over 10,000 citations.

The researcher's primary contribution is a landmark study published in The New England Journal of Medicine in 2017, titled 'Antiinflammatory Therapy with Canakinumab for Atherosclerotic Disease.' This work stands as a core pillar of their research portfolio, addressing the therapeutic potential of targeting inflammation in cardiovascular health. The titles suggest a focus on

validating anti-inflammatory strategies as a viable treatment pathway for atherosclerotic conditions, a significant shift in clinical understanding.

This line of work appears to address a critical gap in cardiovascular medicine by testing whether reducing inflammation directly improves clinical outcomes in patients with atherosclerosis. By publishing in a top-tier general medical journal, the researcher positioned this inquiry at the forefront of clinical cardiology. The absence of follow-up papers by the same researcher in the provided data indicates that this single publication serves as the definitive statement of this specific contribution, rather than part of a prolonged series by the author.

The significance of this contribution is underscored by its extensive uptake in the scientific community, with over 10,500 citations. Analysis of citing literature reveals that 100% of the classified citations originate from independent researchers, indicating broad, field-wide adoption rather than self-citation or institutional clustering. This high level of independent engagement suggests the work has fundamentally influenced how the broader medical community approaches inflammatory mechanisms in atherosclerotic disease.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 4

CORE PAPER

[Antiinflammatory Therapy with Canakinumab for Atherosclerotic Disease](#)

2017 · The New England Journal of Medicine (NEJM) · 10,557 citations (GS)

Field-normalised: 7,508 Semantic Scholar citations place it in the top 1% of Medicine papers from 2017 indexed by Semantic Scholar, by citation count.

No.	Citing paper	Citing institution(s)	Country	S2
1	2024 ESC Guidelines for the management of chronic coronary syndromes: Developed by the task force for the management of chronic coronary syndromes of the European Society of Cardiology (ESC) Endorsed by the European Association for Cardio-Thoracic Surgery (EACTS) (2024)	Aarhus University Hospital, Amsterdam UMC, University of Amsterdam, Amsterdam University Medical Centers	Belgium, Denmark, France	—
2	2024 ESC Guidelines for the management of peripheral arterial and aortic diseases (2024)	A. Cardarelli Hospital, Antonio Cardarelli Hospital, AORN Antonio Cardarelli	Austria, Belgium, Finland	—
3	2023 AHA/ACC/ACCP/ASPC/NLA/PCNA Guideline for the Management of Patients With Chronic Coronary Disease: A Report of the American Heart Association/American College of Cardiology Joint Committee on Clinical Practice Guidelines (2023)	American College of Cardiology, American Heart Association/American College of Cardiology, Baptist Health South Florida	Canada, United States	—
4	Colchicine in Acute Myocardial Infarction (2025)	B.P. Koirala Institute of Health Sciences, Christ Hospital Health Network, Dutch Network for Cardiovascular Research	Canada, Czech Republic, France	—

Independent citing papers only; self- and co-author citations excluded. The S2 column carries Semantic Scholar's read of each citation — *Methodology / Result* (the citing work used the method or built on the finding — the "built on / relied upon" pattern the AAO credits), *Influential* (S2's is Influential signal, Valenzuela et al. 2015), or *Background* (a passing mention).

D. Citing-Institution Prestige & Geography

Top citing institutions

Institution	Country	World ranking	Citing papers
Patient Representative	United Kingdom	—	3
Mayo Clinic	United States	SCImago #88	3
CHU Lille	France	—	2
Johns Hopkins University	United States	SCImago #33 · THE 16 · QS 24	2
Oxford University Hospitals NHS Foundation Trust	United Kingdom	—	2
University of Cambridge	United Kingdom	SCImago #63 · THE =3 · QS 6	2
John Radcliffe Hospital	United Kingdom	—	2
Cliniques Universitaires Saint-Luc	Belgium	SCImago #2396	1
Hôpital Européen Georges-Pompidou	France	—	1
University of Campania "Luigi Vanvitelli"	Italy	SCImago #1680 · THE 1001–1200	1
University of North Carolina at Chapel Hill	United States	THE 78 · QS =140	1
West German Heart and Vascular Center Essen	Germany	—	1
Helsinki University Hospital	Finland	—	1
UT Southwestern Medical Center	United States	—	1
Association de Cardiologie d'Ile de France	France	—	1

Geographic distribution of citing authors

Country	Citing papers
United States	6
United Kingdom	4
Netherlands	3
France	3
Spain	3
Switzerland	3
Belgium	2
Germany	2
Italy	2
Norway	2
Poland	2
Serbia	2

Citing-institution prestige and the spread of citing countries speak to recognition **beyond the scholar's own institution and circle** – the dispersion the AAO looks for. World rankings (SCImago / THE / QS) are context, not a stand-alone criterion: the AAO does not treat a citing institution's rank as probative on its own.

E. Citation Growth Over Time

Distinct citing papers by publication year. Sustained or rising citation activity supports continuing relevance; note that only citations **as of the filing date** are weighed by USCIS.

2023  2

2024  2

F. AAO Precedent Considerations

Pre-filing self-check (AAO denial patterns)

The AAO non-precedent decisions reject citation evidence on a small set of recurring grounds. Confirm the petition addresses each before filing:

- Self-citations are disclosed and netted out – a Google Scholar total alone is faulted (§1.1).
- Evidence is per individual article, not a body-of-work aggregate total (§1.2).
- The petition articulates why the citations show major significance – numbers never stand alone (§1.5).
- For the strongest papers, citation content shows the work was built on / relied upon, not just listed (§1.6, §2.2).
- Co-author / collaborator citations are identified and not counted as independent (§1.7).
- Recognition is shown beyond the scholar's own institution and circle (§1.8).
- Every citation figure is snapshotted as of the filing date; post-filing citations are excluded (§1.9).
- Journal impact factor / downloads are not relied on as proxies for article significance (§1.10, §1.12).
- For large-collaboration papers, the scholar's specific role is documented (§1.13).
- Aggregate totals / h-index / field-relative rates are placed in a clearly-labelled final-merits section, per Kazarian (§3, §6.1.7).

Disclaimer

The AAO decisions referenced here are **non-precedent** – persuasive illustrations of how USCIS reasons, not binding law. This report is a drafting aid produced from public citation data; it is not legal advice and does not assess the petition's merits. All analysis must be reviewed by qualified immigration counsel.

G. Citation Evidence Index

Cross-reference of each contribution to the regulatory criterion it supports. Counsel should map these to the petition's exhibit numbers.

Contribution	Core paper	Indep. cites	Supports
Contribution 1	Braunwald's Heart Disease: A Textbook of Cardiovascular Medicine (12th Edition)	4	8 CFR 204.5(h)(3)(v) – Criterion 5
Contribution 2	Antiinflammatory Therapy with Canakinumab for Atherosclerotic Disease	4	8 CFR 204.5(h)(3)(v) – Criterion 5