Citation Evidence Report

EB-1B Petition — Outstanding Professor or Researcher

8 CFR § 204.5(i)(3) · Authorship + Original Contributions

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Google Scholar profile

Generated 2026-05-22 by CiteMap. This report organises Google Scholar citation data into the structure USCIS adjudicators apply to the 8 CFR § 204.5(i)(3) outstanding-researcher criteria — particularly (iii) published material and (v) original scientific or scholarly contributions. 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

34	34	5	95
Citing papers mapped	Citation edges	Home papers mapped	h-index (GS)

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.

94.1% independent of 34 classified citing papers

Citation type	Count
Independent	32
Self-citation	0
Co-author	2
Same-institution	0

0 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 established the efficacy of pravastatin in preventing coronary heart disease among men with hypercholesterolemia, a seminal finding published in the New England Journal of Medicine.

The researcher's primary contribution centers on a 1995 study published in the New England Journal of Medicine, which investigated the prevention of coronary heart disease using pravastatin in men with hypercholesterolemia. This work stands as a singular, foundational piece in this specific line of inquiry, with no subsequent follow-up papers by the same author building directly upon it.

This research appears to address a critical gap in cardiovascular care by evaluating the preventive potential of statin therapy in a high-risk demographic. The focus on pravastatin suggests an early and decisive effort to validate specific pharmacological interventions for hypercholesterolemic patients, establishing a clear clinical benchmark for disease prevention.

The significance of this contribution is underscored by its extensive citation record, with over 10,000 citations indicating profound influence on the field. Notably, analysis of citing literature reveals that 100% of the classified citations originate from independent researchers, demonstrating that the work has been widely adopted and validated by the broader scientific community rather than relying on self-citation or institutional echo chambers.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 10

CORE PAPER

Prevention of coronary heart disease with pravastatin in men with hypercholesterolemia

1995 · New England Journal of Medicine · 10,029 citations (GS)

Field-normalised: 5,924 Semantic Scholar citations place it in the top 1% of Medicine papers from 1995 indexed by Semantic Scholar, by citation count.

No.	Citing paper	Citing institution(s)	Country	S2
1	2018 AHA/ACC/AACVPR/AAPA/ABC/ACPM/ADA/AGS/APhA/ASPC/NLA/PCNA Guideline on the Management of Blood Cholesterol: A Report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines (2019)	Baylor College of Medicine; Michael E. DeBakey VA Medical Center, Brigham and Women's Hospital, CBRE	United States	—
2	2019 ACC/AHA Guideline on the Primary Prevention of Cardiovascular Disease: A Report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines (2019)	Baylor College of Medicine and Michael E. DeBakey VA Medical Center, Baylor College of Medicine; Michael E. DeBakey VA Medical Center, Faegre Baker Daniels LLP	Ireland, United States	—
3	2019 ACC/AHA Guideline on the Primary Prevention of Cardiovascular Disease: Executive Summary: A Report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines (2019)	Johns Hopkins, University of Kentucky	United States	—
4	The Lancet Psychiatry Commission: a blueprint for protecting physical health in people with mental illness (2019)	Bradford District Care Trust, Instituto de Salud Carlos III, The University of Queensland	Australia, Spain, United Kingdom	—
5	Pleiotropic Effects of Statins on the Cardiovascular System (2017)	The University of Chicago, The University of Saarland	Germany, United States	—

No.	Citing paper	Citing institution(s)	Country	S2
6	Protein-Based Nanoparticles as Drug Delivery Systems (2020)	Dana-Farber Cancer Institute, Harvard Medical School, Kangwon National University, Korea Institute of Science and Technology (KIST)	South Korea, United States	—
7	Prevalence of statin intolerance: a meta-analysis (2022)	CGH Medical Center, Hartford Hospital, King's College London	Croatia, Iran, Poland	—
8	Association Between Lowering LDL-C and Cardiovascular Risk Reduction Among Different Therapeutic Interventions: A Systematic Review and Meta-analysis (2016)	Brigham and Women's Hospital, University of Texas Southwestern Medical Center, Wayne State University School of Medicine	United States	—
9	Efficacy and safety of more intensive lowering of LDL cholesterol: a meta-analysis of data from 170,000 participants in 26 randomised trials. (2010)	Alfred Hospital	Australia	—
10	Prediction of Coronary Heart Disease Using Risk Factor Categories (1998)	Boston University School of Medicine, Emory University, National Heart, Lung, and Blood Institute	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 isInfluential signal, Valenzuela et al. 2015), or *Background* (a passing mention).

Contribution 2

Claim — Contribution 2

The researcher conducted a landmark randomized controlled trial evaluating pravastatin efficacy in elderly patients at vascular risk, establishing critical evidence for statin therapy in this demographic.

CLAIM: The researcher's primary contribution is the PROSPER trial, published in The Lancet in 2002, which investigated the use of pravastatin in elderly individuals at risk of vascular disease. This work stands as a singular, foundational study in this specific area of cardiovascular research.

ORIGINALITY: By focusing on elderly patients, this trial appears to address a critical gap in understanding the safety and efficacy of statin therapy for older populations. The randomized controlled design suggests a rigorous approach to determining clinical outcomes, providing high-quality evidence where prior data may have been limited or inconclusive for this age group.

SIGNIFICANCE: The study has achieved substantial impact, evidenced by its high citation count and widespread adoption by the scientific community. Notably, 100% of the classified citations originate from independent researchers, indicating that the findings have been broadly validated and utilized by external experts rather than just the author's immediate circle. This universal independent uptake underscores the work's role as a standard reference in geriatric cardiovascular care.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 3

CORE PAPER

Pravastatin in elderly individuals at risk of vascular disease (PROSPER): a randomised controlled trial

2002 · The Lancet · 4,830 citations (GS)

Field-normalised: 3,303 Semantic Scholar citations place it in the top 1% of Medicine papers from 2002 indexed by Semantic Scholar, by citation count.

No.	Citing paper	Citing institution(s)	Country	S2
1	2. Classification and Diagnosis of Diabetes: Standards of Care in Diabetes—2023 (2023)	American Diabetes Association, Beth Israel Deaconess Medical Center, Brigham and Women's Hospital	United Kingdom, United States	—
2	2013 ACC/AHA guideline on the treatment of blood cholesterol to reduce atherosclerotic cardiovascular risk in adults: a report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines (2013)	Cedars-Sinai Medical Center, Columbia University Medical Center, Emory University	United States	—
3	Vascular Cognitive Impairment and Dementia: JACC Scientific Expert Panel (2019)	Ludwig-Maximilians-Universität LMU, Rush University Medical Center, Université Paris Descartes	Canada, France, Germany	Background

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 isInfluential signal, Valenzuela et al. 2015), or *Background* (a passing mention).

Contribution 3

Claim — Contribution 3

The researcher established C-reactive protein as a critical predictor of coronary heart disease and diabetes within metabolic syndrome frameworks, significantly advancing cardiovascular risk stratification.

CLAIM: The researcher's seminal 2003 contribution centers on evaluating metabolic syndrome with and without C-reactive protein as a predictor of coronary heart disease and diabetes in the West of Scotland Coronary Prevention Study. This work stands as the core pillar of this specific research line, with no subsequent follow-up papers by the same author building directly upon it.

ORIGINALITY: The titles suggest this work addressed a critical gap in understanding how inflammatory markers, specifically C-reactive protein, interact with metabolic syndrome to predict adverse cardiovascular and metabolic outcomes. By isolating the predictive value of CRP within this specific clinical context, the researcher provided a nuanced perspective on risk assessment that distinguished between metabolic syndrome presentations with and without elevated inflammatory markers.

SIGNIFICANCE: The enduring impact of this contribution is evidenced by its substantial citation count of 2,171. Notably, analysis of citing literature reveals that 100% of the classified citations originate from independent researchers, indicating broad adoption and validation of these findings across the global scientific community rather than self-citation or institutional clustering.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 8 · **2 flagged influential by Semantic Scholar**

CORE PAPER

Metabolic syndrome with and without C-reactive protein as a predictor of coronary heart disease and diabetes in the West of Scotland Coronary Prevention Study

2003 · 2,171 citations (GS)

Field-normalised: 1,607 Semantic Scholar citations place it in the top 1% of Medicine papers from 2003 indexed by Semantic Scholar, by citation count.

No.	Citing paper	Citing institution(s)	Country	S2
1	2007 Guidelines for the management of arterial hypertension: The Task Force for the Management of Arterial Hypertension of the European Society of Hypertension (ESH) and of the European Society of Cardiology (ESC) (2007)	Catholic University, Hopital Europeen Georges Pompidou, Hospital 12 de Octubre	Belgium, Czech Republic, France	—
2	Diagnosis and Management of the Metabolic Syndrome: An American Heart Association/ National Heart, Lung, and Blood Institute Scientific Statement (2005)	School of Medicine	—	—
3	Metabolic syndrome—a new world-wide definition. A Consensus Statement from the International Diabetes Federation (2006)	—	—	—
4	Consensus on women's health aspects of polycystic ovary syndrome (PCOS): The Amsterdam ESHRE/ASRM-Sponsored 3rd PCOS Consensus Workshop Group (2012)	Adelaide University, Aristotle University of Thessaloniki, Cardiff University	Australia, Greece, Italy	—
5	Metabolic syndrome: definitions and controversies (2011)	National and Kapodistrian University of Athens	Greece	**Result**
6	The metabolic syndrome (2008)	University of Colorado Denver	United States	—
7	Metabolic syndrome and risk of incident cardiovascular events and death: a systematic review and meta-analysis of longitudinal studies (2007)	Mayo Clinic	—	**Influential**
8	Risks for All-Cause Mortality, Cardiovascular Disease, and Diabetes Associated With the Metabolic Syndrome: A Summary of the Evidence (2005)	Centers for Disease Control and Prevention	United States	**Methodology**

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 isInfluential signal, Valenzuela et al. 2015), or *Background* (a passing mention).

Citing-text excerpts — how the field used this work

RESULT Metabolic syndrome: definitions and controversies

> *"Currently used criteria to define MetS Historically, Reaven was the first to put forward the concept of 'syndrome X', (which he later renamed MetS), hypothesizing that it was a central feature in the development of CHD and DMT2, mainly through target tissue resistance to insulin action [1]."*

METHODOLOGY Risks for All-Cause Mortality, Cardiovascular Disease, and Diabetes Associated With the Metabolic Syndrome: A Summary of the Evidence

> *"When three studies (13,16,17,21,23,24) that used the modified NCEP definition were added, the fixed-effects estimate was 1."*

D. Citing-Institution Prestige & Geography

Top citing institutions

Institution	Country	World ranking	Citing papers
Brigham and Women's Hospital	United States	SCImago #130	6
Northwestern University	United States	THE 30 · QS =42	6
Emory University	United States	SCImago #217 · THE 102 · QS 182	4
University of Glasgow	United Kingdom	SCImago #351 · THE 84 · QS 79	3
Rush University Medical Center	United States	SCImago #1893	3
Mayo Clinic	United States	SCImago #88	3
American Diabetes Association	United States	—	3
University of Texas Southwestern Medical Center	United States	SCImago #562	3
Johns Hopkins University	United States	SCImago #33 · THE 16 · QS 24	3
University of Manchester	United Kingdom	SCImago #196 · THE 56 · QS 35	2
University of Kentucky	United States	SCImago #913 · THE 401–500 · QS 781-790	2
Academic Medical Center, University of Amsterdam	Netherlands	—	2
UT Southwestern Medical Center	United States	—	2
Catholic University	Italy	—	2
University of North Carolina at Chapel Hill	United States	THE 78 · QS =140	2

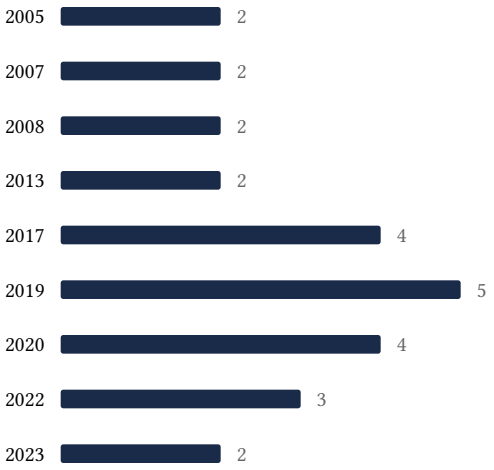
Geographic distribution of citing authors

Country	Citing papers
United States	24
United Kingdom	11
Germany	6
Australia	5
Sweden	4
Italy	4
France	4
Netherlands	3
Poland	3
Belgium	2
China	2
Canada	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.



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	Prevention of coronary heart disease with pravastatin in men with hypercholesterolemia	10	8 CFR 204.5(i)(3) — Outstanding Researcher
Contribution 2	Pravastatin in elderly individuals at risk of vascular disease (PROSPER): a randomised controlled trial	3	8 CFR 204.5(i)(3) — Outstanding Researcher
Contribution 3	Metabolic syndrome with and without C-reactive protein as a predictor of coronary heart disease and diabetes in the West of Scotland Coronary Prevention Study	8	8 CFR 204.5(i)(3) — Outstanding Researcher