

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

13 Citing papers mapped	13 Citation edges	2 Home papers mapped	168 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 13 classified citing papers

Citation type	Count
Independent	13
Self-citation	0
Co-author	0
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 contributed to the development of ESC clinical guidelines for managing acute coronary syndromes without persistent ST-segment elevation, establishing a widely adopted standard of care.

The researcher’s primary contribution is the authorship of the 2011 ESC Guidelines for the management of acute coronary syndromes in patients presenting without persistent ST-segment elevation. This seminal work serves as the foundational reference for this line of inquiry, with no subsequent follow-up papers by the researcher identified in the provided data.

This guideline appears to address the critical need for standardized clinical protocols in treating non-ST-segment elevation acute coronary syndromes. By synthesizing evidence into actionable recommendations, the work likely filled a gap in consistent clinical practice, offering a unified framework for healthcare providers managing these complex cardiac conditions.

The significance of this contribution is evidenced by its substantial citation count of 5,311, indicating widespread adoption and influence within the medical community. Furthermore, analysis of citing papers reveals that 100% of the classified citations originate from independent researchers, underscoring the work’s broad impact beyond the researcher’s immediate institutional or collaborative network.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 7

CORE PAPER

[ESC Guidelines for the management of acute coronary syndromes in patients presenting without persistent ST-segment elevation: The Task Force for the management of acute ...](#)

2011 · 5,311 citations (GS)

No.	Citing paper	Citing institution(s)	Country	S2
1	<u>2016 ACC/AHA Guideline Focused Update on Duration of Dual Antiplatelet Therapy in Patients With Coronary Artery Disease: A Report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines</u> (2016)	AdventHealth Ocala, Baylor College of Medicine, Brigham and Women’s Hospital	United States	—
2	<u>European Guidelines on cardiovascular disease prevention in clinical practice (version 2012): the Fifth Joint Task Force of the European Society of Cardiology and Other Societies on Cardiovascular Disease Prevention in Clinical Practice (constituted by representatives of nine societies and by invited experts)</u> (2012)	European Atherosclerosis Society, European Heart Network, European Society of Cardiology	—	—
3	<u>2014 AHA/ACC Guideline for the Management of Patients With Non-ST-Elevation Acute Coronary Syndromes: A Report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines</u> (2014)	American College of Cardiology/American Heart Association	—	—
4	<u>ESC Guidelines on diabetes, pre-diabetes, and cardiovascular diseases developed in collaboration with the EASD: the Task Force on diabetes, pre-diabetes, and cardiovascular diseases of the European Society of Cardiology (ESC) and devel-</u>	Poland, Serbia	Poland, Serbia	—

No.	Citing paper	Citing institution(s)	Country	S2
	oped in collaboration with the European Association for the Study of Diabetes (EASD) (2013)			
5	Spontaneous Coronary Artery Dissection: Current State of the Science: A Scientific Statement From the American Heart Association. (2018)	—	—	—
6	2013 ESC guidelines on the management of stable coronary artery disease: The Task Force on the management of stable coronary artery disease of the European Society of Cardiology (2013)	Rehabilitationskrankenhaus	Germany	—
7	Long-term use of ticagrelor in patients with prior myocardial infarction. (2015)	—	—	—

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 conducted a seminal prospective survey of valvular heart disease in Europe, establishing a foundational reference for clinical epidemiology with over 5,000 citations.

The researcher's primary contribution is the execution of a large-scale prospective survey regarding valvular heart disease across Europe, published in 2003. This work serves as the cornerstone of the provided evidence, representing a significant effort to characterize patient populations and clinical practices within this specific medical domain.

This line of work appears to address a critical need for comprehensive, real-world data on valvular heart disease in European settings. By conducting a prospective survey, the researcher likely provided a standardized framework for understanding disease prevalence and management, filling a gap in the literature that previously lacked such extensive, coordinated observational data.

The significance of this contribution is underscored by its substantial citation count of 5,215, indicating widespread adoption and reliance by the global medical community. Furthermore, analysis of citing papers reveals that 100% of the classified citations originate from independent researchers, demonstrating that the work has had a broad, unbiased impact beyond the researcher's immediate institutional or collaborative network.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 6 · 1 flagged influential by Semantic Scholar

CORE PAPER

[A prospective survey of patients with valvular heart disease in Europe: The Euro Heart Survey on Valvular Heart Disease](#)

2003 · 5,215 citations (GS)

Field-normalised: 3,435 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	European Society of Cardiology: the 2023 Atlas of Cardiovascular Disease Statistics (2024)	Biomedical Research Foundation Academy of Athens and Hygeia Hospitals Group,	Austria, Belgium, Finland	—

No.	Citing paper	Citing institution(s)	Country	S2
		HHG, Bocconi University, Erasmus MC University Medical Center Rotterdam		
2	European Society of Cardiology: cardiovascular disease statistics 2021 (2022)	ANMCO Research Center, Biomedical Research Foundation Academy of Athens and Hygeia Hospitals Group, Bocconi University	Australia, Austria, Belgium	—
3	Guidelines on the management of valvular heart disease (version 2012): The Joint Task Force on the Management of Valvular Heart Disease of the European Society of Cardiology (ESC) and the European Association for Cardio-Thoracic Surgery (EACTS) (2012)	—	—	Influential
4	Heart disease and stroke statistics--2012 update: a report from the American Heart Association. (2012)	—	—	—
5	Heart disease and stroke statistics--2011 update: a report from the American Heart Association. (2011)	—	—	—
6	Contemporary Presentation and Management of Valvular Heart Disease: The EURObservational Research Programme Valvular Heart Disease II Survey. (2019)	AP-HP, Bichat Hospital, Université de Paris, Bern University Hospital, European Society of Cardiology	France, Germany, Romania	—

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).

D. Citing-Institution Prestige & Geography

Top citing institutions

Institution	Country	World ranking	Citing papers
European Society of Cardiology	France	—	3
General Hospital 'Hippokratia', Aristotle University of Thessaloniki	Greece	—	2
Bocconi University	Italy	SCImago #4969	2
Queen Mary University London	United Kingdom	—	2
European Society of Cardiology, European Heart Agency, European Heart Health Institute	Belgium	—	2
Baylor College of Medicine	United States	SCImago #560	1
University of North Carolina	United States	—	1
Friedrich-Alexander-Universität Erlangen-Nürnberg	Germany	SCImago #579 · THE 201–250 · QS 232	1

Institution	Country	World ranking	Citing papers
University of Leeds	United Kingdom	SCImago #377 · THE 118 · QS 86	1
Leiden University Medical Center	Netherlands	SCImago #412	1
American College of Cardiology/American Heart Association	United States	—	1
University of Modena and Reggio Emilia	Italy	THE 501–600 · QS 801-850	1
Bern University Hospital	Switzerland	—	1
University of Bath	United Kingdom	SCImago #1061 · THE 251–300 · QS =132	1
University of Pennsylvania	United States	SCImago #52 · THE 14 · QS 15	1

Geographic distribution of citing authors

Country	Citing papers
United Kingdom	3
Germany	3
France	3
Poland	3
Belgium	2
Italy	2
Netherlands	2
Romania	2
Austria	2
Greece	2
United States	1
Finland	1

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.

2012  3

2013  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	ESC Guidelines for the management of acute coronary syndromes in patients presenting without persistent ST-segment elevation: The Task Force for the management of acute ...	7	8 CFR 204.5(h)(3)(v) – Criterion 5
Contribution 2	A prospective survey of patients with valvular heart disease in Europe: The Euro Heart Survey on Valvular Heart Disease	6	8 CFR 204.5(h)(3)(v) – Criterion 5