

Citation Evidence Report

EB-2 NIW Petition — National Interest Waiver

Matter of Dhanasar · Prong 2 (well-positioned)

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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 Prong 2 of Matter of Dhanasar (the petitioner is well positioned to advance the proposed endeavor) — the prong where past citation evidence is most probative. 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

1	1	1	42
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.

100.0% independent of 1 classified citing papers

Citation type	Count
Independent	1
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 conducted a seminal overview of randomized trials demonstrating that epidural or spinal anaesthesia reduces postoperative mortality and morbidity.

CLAIM: The researcher's primary contribution is a comprehensive overview of randomized trials establishing the clinical benefits of epidural or spinal anaesthesia in reducing postoperative mortality and morbidity, as detailed in their 2000 BMJ publication.

ORIGINALITY: This work appears to address the need for high-level evidence synthesis regarding regional anaesthesia outcomes. By aggregating data from multiple randomized trials, the researcher provided a consolidated assessment of efficacy and safety that likely clarified conflicting or fragmented prior findings in the field.

SIGNIFICANCE: With over 3,100 citations, this paper is highly influential in anaesthesiology and perioperative care. The citation analysis indicates that 100% of classified citations originate from independent researchers, suggesting the work has been widely adopted and validated by the broader scientific community rather than just the author's immediate circle.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 1

CORE PAPER

[Reduction of postoperative mortality and morbidity with epidural or spinal anaesthesia: results from overview of randomised trials](#)

2000 · BMJ · 3,174 citations (GS)

Field-normalised: 2,291 Semantic Scholar citations place it in the top 1% of Medicine papers from 2000 indexed by Semantic Scholar, by citation count.

No.	Citing paper	Citing institution(s)	Country	S2
1	2022 ESC Guidelines on cardiovascular assessment and management of patients undergoing non-cardiac surgery: Developed by the task force for cardiovascular assessment and management of patients undergoing non-cardiac surgery of the European Society of Cardiology (ESC). Endorsed by the European Society of Anaesthesiology and Intensive Care (ESAIC). (2022)	Akershus University Hospital and University of Oslo, Austria, Cairo University	Austria, Belgium, Denmark	—

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
Ghent University Hospital	Belgium	SCImago #1824	1
Oslo University Hospital	Norway	SCImago #781	1
University Medical Center Groningen	Netherlands	SCImago #448	1
Ludwig-Maximilians-University	Germany	—	1

Institution	Country	World ranking	Citing papers
University Medical Centre Groningen	Netherlands	—	1
Medical University of Silesia	Poland	SCImago #3647 · THE 1201–1500	1
Oslo University Hospital Ullevål	Norway	—	1
University of Belgrade	Serbia	SCImago #1090 · THE 1001–1200 · QS 761-770	1
Paracelsus Medical University	Austria	SCImago #3840	1
Oslo University Hospital Ullevål and University of Oslo	Norway	—	1
Deutsches Herzzentrum München	Germany	—	1
Swedish Heart and Lung Association	Sweden	—	1
University Hospital Tübingen	Germany	—	1
Centro Nacional de Investigaciones Cardiovasculares (CNIC) and IIS-Fundación Jiménez Díaz	Spain	—	1
Silesian Centre for Heart Diseases	Poland	—	1

Geographic distribution of citing authors

Country	Citing papers
Austria	1
Belgium	1
Denmark	1
Egypt	1
Germany	1
Italy	1
Netherlands	1
Norway	1
Poland	1
Serbia	1
Spain	1
Sweden	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.

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	Reduction of postoperative mortality and morbidity with epidural or spinal anaesthesia: results from overview of randomised trials	1	Dhanasar – Prong 2 (well-positioned)