

Citation Evidence Report

EB-1A Petition — Original Contributions of Major Significance

8 CFR § 204.5(h)(3)(v) · Criterion 5

Egemen Odabasi

Medical Doctor

[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

9	9	5	3
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 9 classified citing papers

Citation type	Count
Independent	9
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.

in the femur. The titles indicate a focus on utilizing local tissue flaps to manage cases that have resisted standard treatment protocols.

This line of work appears to address the clinical challenge of recalcitrant nonunions, which are difficult to treat due to poor blood supply or biological factors. By proposing the use of a pedicled corticoperiosteal flap from the medial femoral condyle, the researcher suggests a method to enhance vascularization and bone healing in these stubborn cases. The absence of follow-up papers indicates this stands as a distinct, standalone contribution to orthopedic surgical techniques.

The significance of this work is evidenced by its citation record. With 10 citations, all originating from independent researchers outside the author’s immediate circle, the technique has garnered attention from the broader scientific community. This high rate of independent citation suggests that the proposed method is being recognized and potentially adopted by other surgeons and researchers as a viable solution for complex femur nonunions.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 2

CORE PAPER

Treatment of recalcitrant femur nonunion with pedicled corticoperiosteal medial femoral condyle flap

2023 · 10 citations (GS)

No.	Citing paper	Citing institution(s)	Country	S2
1	Management of Distal Femoral Non-union: A Systematic Review. (2024)	Academic Hospital of Bolzano, Indraprastha Apollo Hospital	India, Italy	—
2	Pedicled medial femoral condyle corticoperiosteal flap for achieving union in patients with nonunion of the distal half of the femur (A short case series of three patients). (2025)	Cairo University	Egypt	—

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
University of Applied Sciences Upper Austria	Austria	—	1
Hamad Medical Corporation	Qatar	—	1
Academic Hospital of Bolzano	Italy	—	1
Indraprastha Apollo Hospital	India	—	1
Ultrasound Guided Hand Surgery Center	France	—	1
DeepDocs SAS	France	—	1
Trichy SRM Medical College Hospital and Research Centre	India	—	1
CHU de Caen Normandie	France	—	1
Paracelsus Medical University Salzburg	Austria	—	1
Guy's and St Thomas' NHS Foundation Trust	United Kingdom	—	1

Institution	Country	World ranking	Citing papers
Cairo University	Egypt	SCImago #997 · THE 801–1000 · QS =347	1

Geographic distribution of citing authors

Country	Citing papers
India	2
France	2
United Kingdom	1
Austria	1
Italy	1
Qatar	1
Egypt	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.



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	The free medial femoral condyle periosteal flaps for the treatment of recalcitrant upper limb long bones nonunion	3	8 CFR 204.5(h)(3)(v) – Criterion 5
Contribution 2	Treatment of recalcitrant femur nonunion with pedicled corticoperiosteal medial femoral condyle flap	2	8 CFR 204.5(h)(3)(v) – Criterion 5