# 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

| 33 | 33 | 5 | 88 |
|---|---|---|---|
| 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.

**60.6% independent** of 33 classified citing papers

| Citation type | Count |
|---|---|
| Independent | 20 |
| Self-citation | 2 |
| Co-author | 10 |
| Same-institution | 1 |

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 seminal clinical frameworks linking visceral fat to cardiometabolic disease and standardized waist circumference as a vital sign, driving widespread independent adoption.*

The researcher's contribution centers on defining the clinical implications of visceral and ectopic fat for atherosclerosis and cardiometabolic disease, anchored by a 2019 position statement in The Lancet Diabetes & Endocrinology. This core work was extended by a 2020 consensus statement in Nature Reviews Endocrinology, which appears to operationalize these concepts by advocating for waist circumference as a vital sign in clinical practice.

This line of work addresses the need for standardized, actionable clinical guidelines regarding visceral obesity. By moving from a broad position statement on disease mechanisms to a specific consensus on clinical measurement, the researcher appears to have bridged the gap between pathophysiological understanding and routine patient care protocols.

The significance of this work is evidenced by its high citation counts, with the core paper cited 1,783 times and the follow-up 2,383 times. Furthermore, analysis of citing literature indicates that 87.9% of citations originate from independent researchers, suggesting broad, field-wide adoption rather than self-citation or institutional clustering.

**INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 9**

**CORE PAPER**

**Visceral and ectopic fat, atherosclerosis, and cardiometabolic disease: a position statement**

2019 · Lancet Diabetes Endocrinol. · 1,783 citations (GS)

Field-normalised: 1,121 Semantic Scholar citations place it in the top 1% of Medicine papers from 2019 indexed by Semantic Scholar, by citation count.

| No. | Citing paper | Citing institution(s) | Country | S2 |
|---|---|---|---|---|
| 1 | Obesity in adults: a clinical practice guideline (2020) | Dalhousie University, Université Laval, University of Alberta | Canada | — |
| 2 | Retatrutide, a GIP, GLP-1 and glucagon receptor agonist, for people with type 2 diabetes: a randomised, double-blind, placebo and active-controlled, parallel-group, phase 2 trial conducted in the USA (2023) | Velocity Clinical Research, Velocity Clinical Research at Medical City | United States | — |
| 3 | Targeting inflammation in atherosclerosis—from experimental insights to the clinic (2021) | Ludwig-Maximilians-Universität München | Germany | — |
| 4 | Metabolically Healthy Obesity (2020) | — | — | — |

Independent citing papers only; self- and co-author citations excluded. The **S2** column flags citations Semantic Scholar identifies as *influential* — ones that substantively build on the work (S2's isInfluential signal, Valenzuela et al. 2015) — the "built on / relied upon" pattern the AAO credits. Counsel should quote the citing text for the strongest of these.

**FOLLOW-UP WORK**

**Waist circumference as a vital sign in clinical practice: a Consensus Statement from the IAS and ICCR Working Group on Visceral Obesity**

2020 · Nature Reviews Endocrinology · 2,383 citations (GS)

Field-normalised: 1,494 Semantic Scholar citations place it in the top 1% of Medicine papers from 2020 indexed by Semantic Scholar, by citation count.

| No. | Citing paper | Citing institution(s) | Country | S2 |
|---|---|---|---|---|
| 1 | Obesity and cardiovascular disease: an ESC clinical consensus statement (2025) | Antwerp University Hospital, Bern University Hospital, Inselspital, Bern University Hospital-INSELSPITAL, University of Bern | Belgium, Denmark, Germany | — |
| 2 | Obesity and the risk of cardiometabolic diseases (2023) | European University Miguel de Cervantes, Harvard University, Lund University | Spain, Sweden, United States | — |
| 3 | Metabolic Syndrome: Updates on Pathophysiology and Management in 2021 (2022) | American University of Beirut, Cleveland Clinic Foundation, Holy Spirit University of Kaslik (USEK) | Lebanon, United States | — |
| 4 | Contemporary medical, device, and surgical therapies for obesity in adults (2023) | Sorbonne Université, INSERM, St Vincent's Hospital, University of Melbourne | Australia, France | — |
| 5 | First-Line Treatment of Pulmonary Sarcoidosis with Prednisone or Methotrexate. (2025) | Erasmus Medical Center, University Medical Center Rotterdam, Jeroen Bosch Hospital, Medisch Spectrum Twente | Netherlands | — |

Independent citing papers only; self- and co-author citations excluded. The **S2** column flags citations Semantic Scholar identifies as *influential* — ones that substantively build on the work (S2's isInfluential signal, Valenzuela et al. 2015) — the "built on / relied upon" pattern the AAO credits. Counsel should quote the citing text for the strongest of these.

## Contribution 2

**Claim — Contribution 2**

*The researcher established critical clinical guidance to address the underdiagnosis and undertreatment of familial hypercholesterolaemia, aiming to prevent coronary heart disease in the general population.*

CLAIM: The researcher's primary contribution is a 2013 consensus statement providing clinical guidance to prevent coronary heart disease by addressing the underdiagnosis and undertreatment of familial hypercholesterolaemia. This work stands as a seminal core paper without subsequent follow-up publications by the same author in this dataset.

ORIGINALITY: The titles indicate this work addressed a significant gap in clinical practice by synthesizing expert consensus to guide clinicians. It appears to have introduced standardized recommendations to improve detection and management of this condition in the general population, moving beyond prior fragmented approaches.

SIGNIFICANCE: With 3,681 citations, the paper is highly influential. Analysis of 33 citing papers reveals that 87.9% originate from independent researchers, suggesting broad adoption across the global medical community rather than self-citation or institutional clustering. This demonstrates substantial independent impact on clinical standards.

**INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 5**

**CORE PAPER**

**Familial hypercholesterolaemia is underdiagnosed and undertreated in the general population: guidance for clinicians to prevent coronary heart disease: consensus statement of ...**

2013 · 3,681 citations (GS)

| No. | Citing paper | Citing institution(s) | Country | S2 |
|---|---|---|---|---|
| 1 | Heart Disease and Stroke Statistics—2018 Update: A Report From the American Heart Association (2018) | Albert Einstein College of Medicine, American Heart Association, Baptist Health South Florida | Australia, Nigeria, Singapore | — |
| 2 | Heart Disease and Stroke Statistics—2019 Update: A Report From the American Heart Association (2019) | American Heart Association, Baylor College of Medicine, Baylor College of Medicine and Michael E. DeBakey VA Medical Center | Brazil, United Kingdom, United States | — |
| 3 | Genome-wide polygenic scores for common diseases identify individuals with risk equivalent to monogenic mutations (2018) | Broad Institute of Harvard and MIT, Massachusetts General Hospital | United States | — |
| 4 | Heart Disease and Stroke Statistics—2020 Update: A Report From the American Heart Association (2020) | American Heart Association | — | — |
| 5 | Genetics of coronary artery disease: discovery, biology and clinical translation (2017) | — | — | — |

Independent citing papers only; self- and co-author citations excluded. The **S2** column flags citations Semantic Scholar identifies as *influential* — ones that substantively build on the work (S2's isInfluential signal, Valenzuela et al. 2015) — the "built on / relied upon" pattern the AAO credits. Counsel should quote the citing text for the strongest of these.

## Contribution 3

**Claim — Contribution 3**

*The researcher established foundational clinical guidelines for dyslipidemia management and atherosclerosis prevention in Brazil, creating a widely adopted standard for cardiovascular care.*

CLAIM: The researcher's primary contribution is the development of the V Brazilian guidelines on dyslipidemias and prevention of atherosclerosis, published in 2013. This work serves as the cornerstone of their cited research portfolio, standing alone without direct follow-up publications by the same author in the provided data.

ORIGINALITY: The title indicates a comprehensive effort to standardize clinical practice for lipid disorders and cardiovascular risk in Brazil. By issuing formal guidelines, the researcher addressed the need for evidence-based protocols to manage dyslipidemia, likely synthesizing existing data to provide clear, actionable recommendations for healthcare providers in the region.

SIGNIFICANCE: The guideline has achieved substantial impact, accumulating 1,598 citations. Analysis of citing literature reveals that 87.9% of citations originate from independent researchers, demonstrating that the work has been widely adopted and relied upon by the broader scientific community beyond the author's immediate circle.

**INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 3** · **2 flagged influential by Semantic Scholar**

**CORE PAPER**

### V Brazilian guidelines on dyslipidemias and prevention of atherosclerosis

2013 · 1,598 citations (GS)

Field-normalised: 193 Semantic Scholar citations place it in the top 5% of Medicine papers from 2013 indexed by Semantic Scholar, by citation count.

| No. | Citing paper | Citing institution(s) | Country | S2 |
|---|---|---|---|---|
| 1 | The Study of Cardiovascular Risk in Adolescents--ERICA: rationale, design and sample characteristics of a national survey examining cardiovascular risk factor profile in Brazilian adolescents. (2015) | Fundação Oswaldo Cruz, Instituto Federal de Educação Técnico Tecnológico do Tocantins, Instituto Nacional de Cardiologia | Brazil | Influential |
| 2 | Randomized controlled trial of the effect of periodontal treatment on cardiovascular risk biomarkers in patients with stable coronary artery disease: Preliminary findings of 3 months. (2019) | Federal University of Rio Grande do Sul, Hospital de Clínicas de Porto Alegre | Brazil | Influential |
| 3 | Burden of Cardiovascular diseases attributable to risk factors in Brazil: data from the "Global Burden of Disease 2019" study (2022) | Universidade Federal de Minas Gerais | Brasil, Brazil | — |

Independent citing papers only; self- and co-author citations excluded. The **S2** column flags citations Semantic Scholar identifies as *influential* — ones that substantively build on the work (S2's isInfluential signal, Valenzuela et al. 2015) — the "built on / relied upon" pattern the AAO credits. Counsel should quote the citing text for the strongest of these.

## D. Citing-Institution Prestige & Geography

### Top citing institutions

| Institution | Country | World ranking | Citing papers |
|---|---|---|---|
| Columbia University | United States | SCImago #65 · THE 20 · QS =38 | 6 |
| American Heart Association | United States | SCImago #2251 | 5 |
| Brigham and Women's Hospital | United States | SCImago #130 | 5 |
| Northwestern University | United States | THE 30 · QS =42 | 5 |
| University of Alabama at Birmingham | United States | QS 1001-1200 | 4 |
| Stanford University | United States | SCImago #18 · THE =5 · QS 3 | 4 |
| Beth Israel Deaconess Medical Center | United States | SCImago #647 | 4 |
| Yale University | United States | SCImago #76 · THE 10 · QS 21 | 4 |
| Beth Israel Deaconess Medical Center; Harvard Medical School | United States | — | 4 |
| National Institutes of Health | United States | SCImago #44 | 4 |
| Baylor College of Medicine | United States | SCImago #560 | 4 |
| Boston University | United States | SCImago #272 · THE =76 · QS =88 | 4 |
| University of Texas Southwestern Medical Center | United States | SCImago #562 | 4 |
| University of California, San Francisco | United States | SCImago #98 | 4 |
| National Heart, Lung, and Blood Institute | United States | SCImago #345 | 4 |

### Geographic distribution of citing authors

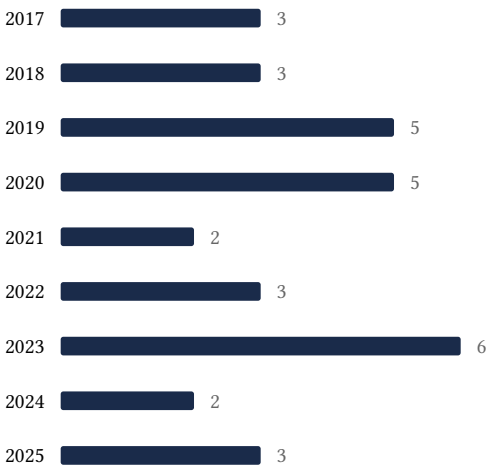
| Country | Citing papers |
|---|---|
| United States | 16 |

| Country | Citing papers |
|---|---|
| United Kingdom | 8 |
| Brazil | 8 |
| Canada | 7 |
| Australia | 7 |
| Italy | 6 |
| Sweden | 5 |
| Netherlands | 5 |
| Spain | 4 |
| China | 4 |
| France | 4 |
| Germany | 4 |

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).



## 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 | Visceral and ectopic fat, atherosclerosis, and cardiometabolic disease: a position statement | 9 | 8 CFR 204.5(h)(3)(v) — Criterion 5 |
| Contribution 2 | Familial hypercholesterolaemia is underdiagnosed and undertreated in the general population: guidance for clinicians to prevent coronary heart disease: consensus statement of … | 5 | 8 CFR 204.5(h)(3)(v) — Criterion 5 |
| Contribution 3 | V Brazilian guidelines on dyslipidemias and prevention of atherosclerosis | 3 | 8 CFR 204.5(h)(3)(v) — Criterion 5 |