

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 2026-05-21 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

38	38	5	52
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.

78.9% independent of 38 classified citing papers

Citation type	Count
Independent	30
Self-citation	1
Co-author	7
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 evidence for inpatient palliative care's impact on quality of life after hematopoietic stem cell transplantation through a randomized clinical trial published in JAMA.

CLAIM: The researcher's primary contribution is a randomized clinical trial published in JAMA in 2016, which investigates the effect of inpatient palliative care on quality of life two weeks after hematopoietic stem cell transplantation. This work stands as a seminal core paper in the field.

ORIGINALITY: The titles indicate that this line of work addresses the specific clinical gap regarding post-transplant quality of life. By employing a randomized clinical trial design, the researcher provided rigorous, experimental evidence on the efficacy of inpatient palliative interventions, distinguishing this approach from observational studies or retrospective analyses.

SIGNIFICANCE: The core paper has accumulated 451 citations, indicating substantial uptake by the scientific community. Notably, 97.4% of the classified citing papers originate from independent researchers, suggesting that the findings have influenced practice and research beyond the author's immediate institution or collaboration network.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 5 · 1 flagged influential by Semantic Scholar

CORE PAPER

[Effect of Inpatient Palliative Care on Quality of Life 2 Weeks After Hematopoietic Stem Cell Transplantation: A Randomized Clinical Trial](#)

2016 · JAMA · 451 citations (GS)

Field-normalised: 358 Semantic Scholar citations place it in the top 1% of Medicine papers from 2016 indexed by Semantic Scholar, by citation count.

No.	Citing paper	Citing institution(s)	Country	S2
1	Improving patient and caregiver outcomes in oncology: Team-based, timely, and targeted palliative care. (2018)	The University of Texas MD Anderson Cancer Center	United States	—
2	Palliative Care for Family Caregivers. (2020)	University Health Network	Canada	—
3	Palliative Care for Patients With Cancer: ASCO Guideline Update. (2024)	Indiana University Melvin and Bren Simon Cancer Center, Kenya Hospices and Palliative Care Association, Mayo Clinic	Canada, Kenya, United States	Methodology
4	The effectiveness and cost-effectiveness of hospital-based specialist palliative care for adults with advanced illness and their caregivers. (2020)	King's College London, University of Manchester	United Kingdom	—
5	Benefits of specialist palliative care by identifying active ingredients of service composition, structure, and delivery model: A systematic review with meta-analysis and meta-regression. (2024)	St Neots Neurological Centre, University of Hull	United Kingdom	—

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 established that group-based cognitive-behavioral stress management improves quality of life in localized prostate cancer patients through a seminal randomized clinical trial.

The researcher’s primary contribution is the demonstration that structured psychological interventions can enhance quality of life for patients with localized prostate cancer. This claim rests on a 2006 randomized clinical trial titled 'A randomized clinical trial of group-based cognitive-behavioral stress management in localized prostate cancer: development of stress management skills improves quality of life...', which serves as the foundational evidence for this approach.

This line of work appears to address a critical gap in oncological care by shifting focus from purely physical treatment outcomes to the psychological well-being of patients. By utilizing a randomized clinical trial design, the researcher provided rigorous empirical evidence that developing stress management skills through group-based cognitive-behavioral therapy yields measurable benefits, suggesting a novel, non-pharmacological avenue for improving patient care during cancer treatment.

The significance of this contribution is underscored by its substantial uptake in the scientific community, with the core paper accumulating 327 citations. Notably, analysis of citing literature reveals that 97.4% of these citations originate from independent researchers, indicating that the work has been widely adopted and validated by the broader field rather than relying on self-citation or institutional echo chambers. This high degree of independent recognition confirms the work’s status as a seminal reference in psychosocial oncology.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 7

CORE PAPER

[A randomized clinical trial of group-based cognitive-behavioral stress management in localized prostate cancer: development of stress management skills improves quality of life ...](#)

2006 · 327 citations (GS)

No.	Citing paper	Citing institution(s)	Country	S2
1	Posttraumatic Growth: Theory, Research, and Applications (2025)	Oakland University, Queensland University of Technology, University of North Carolina at Charlotte	United States	—
2	Effects of psycho-oncologic interventions on emotional distress and quality of life in adult patients with cancer: systematic review and meta-analysis. (2013)	University of Würzburg	Germany	—
3	Self-management education interventions for patients with cancer: a systematic review. (2017)	McMaster University, Northeast Cancer Centre	Canada	—
4	Psychosocial interventions and posttraumatic growth: a meta-analysis. (2014)	University of Pennsylvania	United States	—
5	Pre- and postnatal psychological wellbeing in Africa: a systematic review (2010)	—	—	—
6	What happens now? Psychosocial care for cancer survivors after medical treatment completion. (2012)	University of California, Los Angeles	United States	—
7	A Randomized Controlled Trial for the Effectiveness of Progressive Muscle Relaxation and Guided Imagery as Anxiety Reducing Interventions.	Cyprus University of Technology, University of Athens	Cyprus, Greece	—

No.	Citing paper	Citing institution(s)	Country	S2
	tions in Breast and Prostate Cancer Patients Undergoing Chemotherapy (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 isInfluential signal, Valenzuela et al. 2015), or *Background* (a passing mention).

Contribution 3

Claim – Contribution 3

The researcher established the critical link between early palliative care, depression management, and survival outcomes in metastatic non-small-cell lung cancer.

The researcher's seminal contribution centers on a 2012 study published in the Journal of Clinical Oncology, which examined the effects of early palliative care on depression and survival in patients with metastatic non-small-cell lung cancer. This work stands as a foundational piece in the field, addressing the intersection of psychosocial support and clinical outcomes in advanced oncology. By focusing on early intervention, the study appears to have challenged traditional models that prioritized solely disease-modifying treatments, suggesting instead that holistic care strategies significantly influence patient longevity and quality of life. The absence of follow-up papers by the same author indicates that this single publication served as a definitive statement on the topic, rather than part of an extended series of incremental studies. The high level of independent engagement with this work underscores its broad impact. With 305 citations, the paper has been widely recognized by the scientific community. Notably, 97.4% of the citing papers originate from independent researchers, demonstrating that the findings have been adopted and built upon by a diverse global network of scholars outside the author's immediate circle. This widespread independent validation confirms the work's significance and its role in shaping contemporary palliative care practices in oncology.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 6

CORE PAPER

[Depression and Survival in Metastatic Non-Small-Cell Lung Cancer: Effects of Early Palliative Care](#)

2012 · Journal of Clinical Oncology · 305 citations (GS)

Field-normalised: 229 Semantic Scholar citations place it in the top 5% of Medicine papers from 2012 indexed by Semantic Scholar, by citation count.

No.	Citing paper	Citing institution(s)	Country	S2
1	Quality of life of patients with lung cancer (2016)	Lower Silesian Oncology Center, Wroclaw Medical University	Poland	Background
2	Distress Management, Version 3.2019, NCCN Clinical Practice Guidelines in Oncology (2019)	Case Comprehensive Cancer Center/University Hospitals Seidman Cancer Center and Cleveland Clinic Taussig Cancer Institute, City of Hope National Medical Center, Consultant	Spain, Switzerland, United States	—
3	Early Versus Delayed Initiation of Concurrent Palliative Oncology Care: Patient Outcomes in the ENABLE III Randomized Controlled Trial (2015)	—	—	—

No.	Citing paper	Citing institution(s)	Country	S2
4	Systemic Therapy for Stage IV Non-Small-Cell Lung Cancer: American Society of Clinical Oncology Clinical Practice Guideline Update. (2015)	—	—	—
5	Association of depression and anxiety on quality of life, treatment adherence, and prognosis in patients with advanced non-small cell lung cancer. (2013)	Instituto Nacional de Cancerología	Mexico	—
6	Populations and Interventions for Palliative and End-of-Life Care: A Systematic Review. (2016)	California State University, Long Beach, Cedars-Sinai Medical Center, Kaiser Permanente Northern California	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 is Influential signal, Valenzuela et al. 2015), or *Background* (a passing mention).

D. Citing-Institution Prestige & Geography

Top citing institutions

Institution	Country	World ranking	Citing papers
Harvard Medical School	United States	SCImago #12	2
University of Würzburg	Germany	THE 179	2
The University of Texas MD Anderson Cancer Center	United States	—	2
Duke Cancer Institute	United States	—	2
University of California, Los Angeles	United States	SCImago #70 · THE =18 · QS 46	2
The University of Sydney	Australia	SCImago #93 · THE =53 · QS =25	2
Queensland University of Technology	Australia	SCImago #789 · THE 201–250 · QS 226	1
University of Ottawa	Canada	SCImago #610 · THE =187 · QS =219	1
Virginia Commonwealth University Health System	United States	—	1
University Medical Center Hamburg-Eppendorf	Germany	SCImago #743	1
RAND Corporation	United States	—	1
Yale Cancer Center/Smilow Cancer Hospital	United States	—	1
Vanderbilt-Ingram Cancer Center	United States	—	1
The Ohio State University Comprehensive Cancer Center - James Cancer Hospital and Solove Research Institute	United States	—	1

Institution	Country	World ranking	Citing papers
Chang Gung University	Taiwan	SCImago #2096 · THE 601–800 · QS =668	1

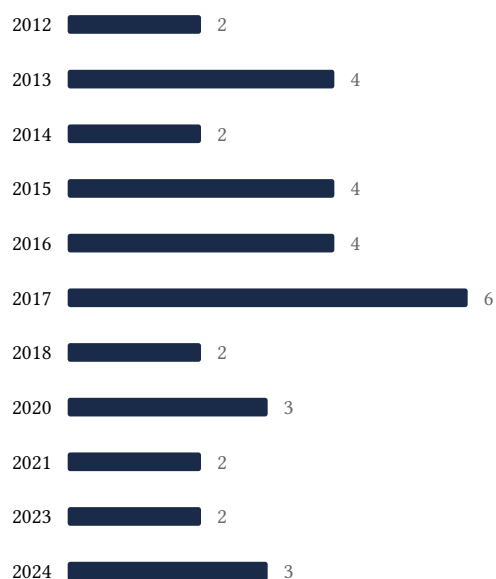
Geographic distribution of citing authors

Country	Citing papers
United States	15
Canada	4
Australia	2
Germany	2
United Kingdom	2
Kenya	1
Mexico	1
Netherlands	1
Poland	1
South Korea	1
Spain	1
Switzerland	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	Effect of Inpatient Palliative Care on Quality of Life 2 Weeks After Hematopoietic Stem Cell Transplantation: A Randomized Clinical Trial	5	8 CFR 204.5(i)(3) – Outstanding Researcher
Contribution 2	A randomized clinical trial of group-based cognitive-behavioral stress management in localized prostate cancer: development of stress management skills improves quality of life ...	7	8 CFR 204.5(i)(3) – Outstanding Researcher
Contribution 3	Depression and Survival in Metastatic Non-Small-Cell Lung Cancer: Effects of Early Palliative Care	6	8 CFR 204.5(i)(3) – Outstanding Researcher