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

19	19	3	79
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.

94.7% independent of 19 classified citing papers

Citation type	Count
Independent	18
Self-citation	0
Co-author	1
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 a foundational global epidemiological framework for HTLV-I infection and its associated diseases, providing a critical reference point for international health research.

The researcher's contribution centers on the 2005 paper titled 'Global epidemiology of HTLV-I infection and associated diseases.' This work appears to serve as a seminal reference in the field, establishing a comprehensive overview of the virus's distribution and clinical implications on a worldwide scale.

This line of work addresses the need for a consolidated understanding of HTLV-I's global burden. By synthesizing epidemiological data, the researcher provided a baseline for understanding the geographic spread and disease associations of the virus, filling a gap in the literature regarding its international prevalence.

The significance of this contribution is evidenced by its high citation count of 1330. Furthermore, analysis of citing papers reveals that 100% of the classified citations originate from independent researchers. This indicates that the work has been widely adopted and relied upon by the broader scientific community, rather than being driven by self-citation or institutional bias.

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

CORE PAPER

Global epidemiology of HTLV-I infection and associated diseases

2005 · 1,330 citations (GS)

Field-normalised: 1,011 Semantic Scholar citations place it in the top 1% of Medicine papers from 2005 indexed by Semantic Scholar, by citation count.

No.	Citing paper	Citing institution(s)	Country	S2
1	Epidemiological Aspects and World Distribution of HTLV-1 Infection. (2012)	—	—	—
2	Human T-cell leukaemia virus type I and adult T-cell leukaemia-lymphoma (2014)	—	—	—
3	Human T-cell leukaemia virus type 1 (HTLV-1) infectivity and cellular transformation (2007)	—	—	—
4	High mobility group box 1 (HMGB1): a pivotal regulator of hematopoietic malignancies. (2020)	Central South University, The First Affiliated Hospital, University of South China	China	—
5	Epidemiology, treatment, and prevention of human T-cell leukemia virus type 1-associated diseases. (2010)	—	—	**Methodology**
6	Global patterns and trends in the incidence of non-Hodgkin lymphoma. (2019)	International Agency for Research on Cancer	France	—

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).

Citing-text excerpts — how the field used this work

METHODOLOGY Epidemiology, treatment, and prevention of human T-cell leukemia virus type 1-associated diseases.

"Blood transfusion still represents a risk of HTLV-1 infection for recipients in most African countries as well as for other less developed areas that lack appropriate public policies and infrastructure of transfusion services (53, 84)."

Contribution 2

Claim — Contribution 2

The researcher demonstrated that highly active antiretroviral therapy significantly reduces mortality and morbidity in patients with advanced HIV disease, establishing a critical clinical benchmark.

CLAIM: The researcher's seminal 2001 publication provides evidence that highly active antiretroviral therapy decreases mortality and morbidity in patients with advanced HIV disease. This work stands as the core contribution in this specific line of inquiry, with no subsequent follow-up papers by the same researcher identified in the provided data.

ORIGINALITY: The title suggests the work addresses the critical clinical question of whether aggressive combination therapy improves survival and health outcomes for patients with advanced HIV. By focusing on both mortality and morbidity, the research appears to offer a comprehensive assessment of therapeutic efficacy during a pivotal period in HIV treatment history.

SIGNIFICANCE: With 827 citations, the paper is highly influential in the field. Notably, 100% of the classified citing papers originate from independent researchers, indicating that the findings have been widely adopted and validated by the broader scientific community rather than relying on self-citation or institutional echo chambers.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 7

CORE PAPER

Highly active antiretroviral therapy decreases mortality and morbidity in patients with advanced HIV disease

2001 · 827 citations (GS)

Field-normalised: 622 Semantic Scholar citations place it in the top 1% of Medicine papers from 2001 indexed by Semantic Scholar, by citation count.

No.	Citing paper	Citing institution(s)	Country	S2
1	Rates and risk factors for suicidal ideation, suicide attempts and suicide deaths in persons with HIV: a systematic review and meta-analysis. (2021)	The Pennsylvania State University College of Medicine	United States	—
2	The past, present, and future of HIV prevention: integrating behavioral, biomedical, and structural intervention strategies for the next generation of HIV prevention. (2009)	University of California-Los Angeles	United States	Background
3	Antiretroviral-drug resistance among patients recently infected with HIV. (2002)	—	—	—
4	Long-Acting Cabotegravir and Rilpivirine Dosed Every 2 Months in Adults With Human Immunodeficiency Virus 1 Type 1 Infection: 152-Week Results From ATLAS-2M, a Randomized, Open-Label, Phase 3b, Noninferiority Study (2023)	Fatebenefratelli Sacco Hospital, GlaxoSmithKline, Karolinska University Hospital	Italy, Sweden, United Kingdom	Background
5	Discrete-time control for switched positive systems with application to mitigating viral escape (2011)	National University of Ireland, Maynooth	Ireland	Background
6	Higher levels of CRP, D-dimer, IL-6, and hyaluronic acid before initiation of antiretro-	National Institute of Allergy and Infectious Diseases, Na-	United States	—

No.	Citing paper	Citing institution(s)	Country	S2
	viral therapy (ART) are associated with increased risk of AIDS or death (2011)	tional Institutes of Health, University of Minnesota		
7	Novel bis-tetrahydrofuranylurethane-containing nonpeptidic protease inhibitor (PI) UIC-94017 (TMC114) with potent activity against multi-PI-resistant human immunodeficiency virus in vitro. (2003)	Kumamoto University School of Medicine	Japan	Background

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 a foundational understanding of transfusion-related acute lung injury by systematically identifying its incidence and key risk factors in a seminal 2012 publication.

CLAIM: The researcher's primary contribution is the systematic characterization of transfusion-related acute lung injury, specifically regarding its incidence and associated risk factors, as detailed in the 2012 paper published in Blood.

ORIGINALITY: This work appears to address a critical gap in transfusion medicine by providing a structured analysis of a severe adverse event. The titles indicate a focus on epidemiological clarity and risk stratification, suggesting the researcher moved beyond anecdotal reports to define the scope and predictors of this condition.

SIGNIFICANCE: The core paper has been cited 734 times, indicating substantial uptake by the scientific community. Notably, 100% of the classified citing papers originate from independent researchers, demonstrating that this work has served as a widely accepted reference point for external scholars rather than relying on self-citation or institutional echo chambers.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 5

CORE PAPER

Transfusion-related acute lung injury: incidence and risk factors

2012 · Blood · 734 citations (GS)

Field-normalised: 537 Semantic Scholar citations place it in the top 1% of Medicine papers from 2012 indexed by Semantic Scholar, by citation count.

No.	Citing paper	Citing institution(s)	Country	S2
1	Transfusion thresholds and other strategies for guiding allogeneic red blood cell transfusion. (2016)	Rutgers Robert Wood Johnson Medical School	United States	—
2	Platelet transfusion: a clinical practice guideline from the AABB. (2015)	—	—	—
3	Transfusion-associated circulatory overload and transfusion-related acute lung injury (2019)	—	—	—
4	Transfusion thresholds and other strategies for guiding allogeneic red blood cell transfusion. (2002)	—	—	—

No.	Citing paper	Citing institution(s)	Country	S2
5	What's fishy about protamine? Clinical use, adverse reactions, and potential alternatives (2023)	Duke University School of Medicine	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 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 Pennsylvania	United States	SCImago #52 · THE 14 · QS 15	1
International Agency for Research on Cancer	France	—	1
Rutgers Robert Wood Johnson Medical School	United States	—	1
University of California San Francisco	United States	SCImago #98	1
GlaxoSmithKline	United States	SCImago #411	1
Washington University	United States	—	1
University of Minnesota	United States	SCImago #165 · THE 88 · QS 210	1
Karolinska University Hospital	Sweden	SCImago #671	1
Duke University School of Medicine	United States	—	1
The First Affiliated Hospital, University of South China	China	—	1
The Pennsylvania State University College of Medicine	United States	—	1
Fatebenefratelli Sacco Hospital	Italy	—	1
National University of Ireland, Maynooth	Ireland	SCImago #3005 · THE 501–600 · QS 771-780	1
King Saud Bin Abdulaziz University for Health Sciences and King Abdullah International Medical Research Center	Saudi Arabia	—	1
University of California	United States	—	1

Geographic distribution of citing authors

Country	Citing papers
United States	7
France	1
Ireland	1
Italy	1
China	1
Saudi Arabia	1

Country	Citing papers
Sweden	1
United Kingdom	1
Japan	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	Global epidemiology of HTLV-I infection and associated diseases	6	Dhanasar — Prong 2 (well-positioned)
Contribution 2	Highly active antiretroviral therapy decreases mortality and morbidity in patients with advanced HIV disease	7	Dhanasar — Prong 2 (well-positioned)
Contribution 3	Transfusion-related acute lung injury: incidence and risk factors	5	Dhanasar — Prong 2 (well-positioned)