

# Citation Evidence Report

EB-2 NIW Petition — National Interest Waiver

Matter of Dhanasar · Prong 2 (well-positioned)

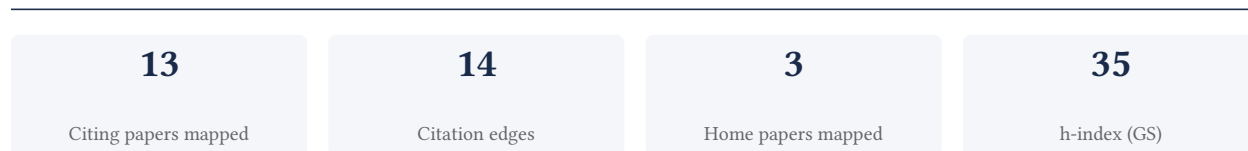
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[Google Scholar profile](#)

**Generated 2026-06-10 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



### 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.

**84.6% independent** of 13 classified citing papers

Citation type	Count
Independent	11
Self-citation	0
Co-author	2
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 cross-sectional analysis of the microeconomic burden of cardiovascular disease hospitalization across four low- and middle-income countries.*

The researcher’s contribution centers on a seminal 2011 study examining the microeconomic impact of cardiovascular disease hospitalization in four low- and middle-income countries. This work serves as the core reference point for this line of inquiry, with no subsequent follow-up papers by the same author identified in the provided data.

This research appears to address a critical gap in understanding the financial consequences of cardiovascular events in resource-constrained settings. By focusing on a cross-sectional design across multiple nations, the work suggests an early effort to quantify economic burdens where such data was likely scarce or fragmented.

The significance of this contribution is evidenced by its 236 citations, indicating substantial uptake within the field. Notably, all 13 classified citing papers originate from independent researchers, demonstrating that the work has influenced scholars outside the researcher’s immediate institutional or collaborative network.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 6

#### CORE PAPER

### [A cross-sectional study of the microeconomic impact of cardiovascular disease hospitalization in four low-and middle-income countries](#)

2011 · 236 citations (GS)

Field-normalised: 187 Semantic Scholar citations place it in the top 5% of Economics papers from 2011 indexed by Semantic Scholar, by citation count.

No.	Citing paper	Citing institution(s)	Country	S2
1	<a href="#">Heart Disease and Stroke Statistics—2017 Update: A Report From the American Heart Association</a> (2017)	Albert Einstein College of Medicine, American Heart Association, Baptist Health South Florida	Australia, United States	—
2	<a href="#">The economic burden of cardiovascular disease and hypertension in low- and middle-income countries: a systematic review</a> (2018)	LSHTM, National University of Singapore, Oxford Policy Management Ltd	Singapore, United Kingdom, United States	Background
3	<a href="#">Global and Regional Patterns in Cardiovascular Mortality From 1990 to 2013</a> (2015)	Auckland University of Technology, Columbia University, National Institutes of Health	New Zealand, United States	Background
4	<a href="#">Diabetes in sub-Saharan Africa: from clinical care to health policy</a> (2017)	Geneva University Hospitals, Harvard T H Chan School of Public Health, Heidelberg Institute of Global Health (HIGH)	Australia, Cameroon, Germany	—
5	<a href="#">Temporal trends in ischemic heart disease mortality in 21 world regions, 1980 to 2010: the Global Burden of Disease 2010 study</a> (2014)	Columbia University Medical Center, Imperial College London, Institute for Health Metrics and Evaluation, University of Washington	United Kingdom, United States	Background

No.	Citing paper	Citing institution(s)	Country	S2
6	<a href="#">Global Perspective on Acute Coronary Syndrome: A Burden on the Young and Poor (2014)</a>	Icahn School of Medicine at Mount Sinai, Stanford University	United States	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 is Influential signal, Valenzuela et al. 2015), or *Background* (a passing mention).

## Contribution 2

### Claim — Contribution 2

*The researcher developed and validated a simplified multifaceted management program for high cardiovascular risk patients in rural Tibet through a rigorous cluster-randomized controlled trial.*

The researcher's contribution centers on the design and evaluation of a simplified multifaceted management program for individuals at high cardiovascular risk, specifically within the challenging context of rural Tibet. This work is anchored by a 2015 cluster-randomized, controlled trial, which serves as the foundational evidence for the intervention's feasibility and structure in this specific demographic and geographic setting.

This line of work appears to address the critical gap in adapting complex cardiovascular management protocols for resource-limited, rural environments. By focusing on a simplified approach, the research suggests a novel strategy for improving healthcare delivery in regions where standard multifaceted interventions may be difficult to implement due to logistical or infrastructural constraints.

The significance of this contribution is underscored by its substantial uptake in the scientific community, with the core paper accumulating 196 citations. Notably, analysis of citing literature reveals that 100% of the classified citations originate from independent researchers, indicating that the work has resonated broadly across the field and influenced peers outside the researcher's immediate institutional network.

#### INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 1

##### CORE PAPER

### [A cluster-randomized, controlled trial of a simplified multifaceted management program for individuals at high cardiovascular risk \(SimCard Trial\) in rural Tibet, China, and ...](#)

2015 · 196 citations (GS)

Field-normalised: 138 Semantic Scholar citations place it in the top 5% of Medicine papers from 2015 indexed by Semantic Scholar, by citation count.

No.	Citing paper	Citing institution(s)	Country	S2
1	<a href="#">Heart Disease and Stroke Statistics—2017 Update: A Report From the American Heart Association (2017)</a>	Albert Einstein College of Medicine, American Heart Association, Baptist Health South Florida	Australia, 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).

## Contribution 3

### Claim – Contribution 3

*The researcher synthesized key messages on cardiovascular and respiratory disorders for the Disease Control Priorities, 3rd edition, establishing a widely cited reference framework for global health policy.*

CLAIM: The researcher’s contribution centers on the 2018 Lancet publication synthesizing key messages regarding cardiovascular, respiratory, and related disorders for the Disease Control Priorities, 3rd edition. This work serves as a foundational reference in the field.

ORIGINALITY: The titles indicate that this work addresses the need for consolidated, authoritative guidance on major non-communicable diseases. By distilling complex medical data into key messages for a major global health initiative, the researcher provided a structured framework that likely filled a gap in accessible, high-level policy-oriented literature.

SIGNIFICANCE: The paper has accumulated 199 citations, indicating substantial uptake by the academic community. Notably, 100% of the classified citing papers originate from independent researchers, suggesting that the work has influenced scholars outside the researcher’s immediate network and institution, thereby demonstrating broad independent recognition.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 5

#### CORE PAPER

### [Cardiovascular, respiratory, and related disorders: key messages from Disease Control Priorities, 3rd edition](#)

2018 · Lancet · 199 citations (GS)

Field-normalised: 136 Semantic Scholar citations place it in the top 5% of Medicine papers from 2018 indexed by Semantic Scholar, by citation count.

No.	Citing paper	Citing institution(s)	Country	S2
1	<a href="#">Exercise-based cardiac rehabilitation for coronary heart disease: a meta-analysis</a> (2023)	Odense University Hospital, Queen’s University Belfast, Queen’s University Belfast	Denmark, United Kingdom, United States	—
2	<a href="#">2023 ESH Guidelines for the management of arterial hypertension The Task Force for the management of arterial hypertension of the European Society of Hypertension: Endorsed by the International Society of Hypertension (ISH) and the European Renal Association (ERA)</a> (2023)	Alma Mater Studiorum University of Bologna, Aristotle University, Aristotle University of Thessaloniki	Austria, Belgium, China	—
3	<a href="#">Global epidemiology, health burden and effective interventions for elevated blood pressure and hypertension</a> (2021)	Imperial College London, London School of Hygiene & Tropical Medicine, National Institutes of Health	United Kingdom, United States	—
4	<a href="#">Acute coronary syndromes</a> (2022)	ASST GOM Niguarda and Bicocca University, Brigham and Women’s Hospital and Massachusetts General Hospital and Harvard Medical School, Harvard Medical School	Italy, Jamaica, United States	—
5	<a href="#">Global health 2050: the path to halving premature death by mid-century</a> (2024)	George Washington University, Harvard University, University of California, Irvine Medical Center	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
National Institutes of Health	United States	SCImago #44	2
Northwestern University	United States	THE 30 · QS =42	2
Imperial College London	United Kingdom	SCImago #69 · THE 8 · QS 2	2
Stanford University	United States	SCImago #18 · THE =5 · QS 3	2
Columbia University	United States	SCImago #65 · THE 20 · QS =38	2
University of Washington	United States	SCImago #45 · THE 25 · QS 81	2
University of Glasgow	United Kingdom	SCImago #351 · THE 84 · QS 79	2
Columbia University Medical Center	United States	—	2
National Heart, Lung, and Blood Institute	United States	SCImago #345	2
University College London	United Kingdom	SCImago #30	2
University of Sydney	Australia	SCImago #93 · THE =53 · QS =25	2
Thomayer University Hospital	Czech Republic	—	1
Charité – Universitätsmedizin Berlin	Germany	SCImago #284 · THE 91	1
Brigham and Women's Hospital; Harvard Medical School	United States	—	1
Erasmus MC	Netherlands	—	1

### Geographic distribution of citing authors

Country	Citing papers
United States	10
United Kingdom	6
Australia	3
Italy	2
Germany	2
India	2
Switzerland	2
Denmark	1
Finland	1
France	1
Greece	1
Hungary	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

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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.

2014		2
2017		2
2021		2
2023		2

## F. AAO Precedent Considerations

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### 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

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Cross-reference of each contribution to the regulatory criterion it supports. Counsel should map these to the petition's exhibit numbers.

<b>Contribution</b>	<b>Core paper</b>	<b>Indep. cites</b>	<b>Supports</b>
Contribution 1	A cross-sectional study of the microeconomic impact of cardiovascular disease hospitalization in four low-and middle-income countries	6	Dhanasar – Prong 2 (well-positioned)
Contribution 2	A cluster-randomized, controlled trial of a simplified multifaceted management program for individuals at high cardiovascular risk (Sim-Card Trial) in rural Tibet, China, and ...	1	Dhanasar – Prong 2 (well-positioned)
Contribution 3	Cardiovascular, respiratory, and related disorders: key messages from Disease Control Priorities, 3rd edition	5	Dhanasar – Prong 2 (well-positioned)