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

7	7	1	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.

100.0% independent of 7 classified citing papers

Citation type	Count
Independent	7
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.

Contribution 1

Claim — Contribution 1

The researcher established a foundational framework for assessing medication risks in Stevens-Johnson syndrome and toxic epidermal necrolysis, particularly regarding recently marketed drugs, through the seminal EuroSCAR-study.

The researcher's primary contribution rests on the 2008 publication in the Journal of Investigative Dermatology, titled 'Stevens–Johnson syndrome and toxic epidermal necrolysis: assessment of medication risks with emphasis on recently marketed drugs. The EuroSCAR-study.' This work appears to define a critical methodological approach for evaluating drug-induced severe cutaneous adverse reactions.

This line of work addresses the urgent need to identify and quantify risks associated with newly introduced pharmaceuticals. By focusing on recently marketed drugs, the research fills a significant gap in post-marketing surveillance, offering a structured way to assess causality and risk factors for these life-threatening conditions.

The significance of this contribution is evidenced by its substantial citation count of 1358, indicating widespread adoption and influence in the field. Furthermore, analysis of citing papers reveals that 100% of the classified citations originate from independent researchers, underscoring the work's broad impact beyond the researcher's immediate circle and its status as a standard reference in dermatological and pharmacological safety studies.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 7

CORE PAPER

Stevens–Johnson syndrome and toxic epidermal necrolysis: assessment of medication risks with emphasis on recently marketed drugs. The EuroSCAR-study

2008 · Journal of Investigative Dermatology · 1,358 citations (GS)

Field-normalised: 950 Semantic Scholar citations place it in the top 1% of Medicine papers from 2008 indexed by Semantic Scholar, by citation count.

No.	Citing paper	Citing institution(s)	Country	S2
1	Severe cutaneous adverse reactions (2024)	Chang Gung Memorial Hospital and Chang Gung University, Chang Gung Memorial Hospital, Linkou Branch, Dokumentationszentrum schwerer Hautreaktionen (dZh), University of Freiburg	France, Germany, Japan	—
2	Drug Allergy: A 2022 practice Parameter Update (2022)	Children's Hospital Colorado, University of Colorado School of Medicine, Dartmouth-Hitchcock Medical Center, Icahn School of Medicine at Mount Sinai	Australia, Canada, United States	—
3	Weedon's Skin Pathology E-Book: Expert Consult - Online and Print (2010)	—	—	—
4	Drug reaction with eosinophilia and systemic symptoms (DRESS): an original multisystem adverse drug reaction. Results from the prospective RegiSCAR study (2013)	Université Paris-Est Créteil, University Medical Center, University Medical Center Groningen	France, Germany, Netherlands	—
5	Perilla frutescens: A Rich Source of Pharmacological Active Compounds (2022)	North University of China	China	—

No.	Citing paper	Citing institution(s)	Country	S2
6	Severe cutaneous adverse reactions to drugs (2017)	Université Paris-Est Créteil Val-de-Marne	France	—
7	Toxic epidermal necrolysis and Stevens-Johnson syndrome (2010)	University Hospital Zurich	Switzerland	—

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 Medical Center Groningen	Netherlands	SCImago #448	1
Massachusetts General Hospital	United States	SCImago #100	1
Massachusetts General Hospital, Harvard Medical School	United States	—	1
Washington University School of Medicine	United States	—	1
Murdoch University	Australia	SCImago #2328 · THE 401–500 · QS =423	1
Nationwide Children's Hospital	United States	SCImago #1394	1
University of Texas Southwestern Medical Center	United States	SCImago #562	1
Vanderbilt University Medical Center	United States	SCImago #663	1
Rutgers New Jersey Medical School	United States	—	1
Johns Hopkins University School of Medicine	United States	—	1
Dartmouth-Hitchcock Medical Center	United States	—	1
Queen's University	Canada	SCImago #1160 · THE 301–350	1
The University of Tennessee Health Science Center	United States	SCImago #2551	1
University Medical Center	Germany	—	1
Kyoto Prefectural University of Medicine	Japan	SCImago #3343 · THE 1001–1200	1

Geographic distribution of citing authors

Country	Citing papers
France	3
Germany	2
United States	2
Australia	1
Netherlands	1

Country	Citing papers
Switzerland	1
Taiwan	1
Japan	1
Canada	1
China	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	Stevens–Johnson syndrome and toxic epidermal necrolysis: assessment of medication risks with emphasis on recently marketed drugs. The EuroSCAR-study	7	8 CFR 204.5(h)(3)(v) — Criterion 5