Citation Evidence Report

EB-1B Petition — Outstanding Professor or Researcher

8 CFR § 204.5(i)(3) · Authorship + Original Contributions

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Unknown affiliation

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

48	48	5	142
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.

87.5% independent of 48 classified citing papers

Citation type	Count
Independent	42
Self-citation	2
Co-author	4
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 identified novel breast cancer susceptibility loci through a genome-wide association study, establishing a foundational reference for genetic risk analysis in the field.

The researcher's primary contribution rests on a seminal 2007 paper titled 'Genome-wide association study identifies novel breast cancer susceptibility loci.' This work appears to represent a pivotal effort to map genetic variants associated with breast cancer risk on a comprehensive scale. The titles indicate a focus on discovering previously unknown loci, suggesting a shift toward broader genomic screening methods in cancer genetics research.

This line of work appears to address the need for systematic identification of genetic factors contributing to breast cancer susceptibility. By employing a genome-wide approach, the researcher likely helped expand the known genetic landscape beyond previously studied candidate genes. The absence of follow-up papers by the same researcher in this specific dataset suggests the core paper stands as a distinct, high-impact contribution rather than part of a prolonged iterative series.

The significance of this work is evidenced by its substantial citation count of 2927, indicating widespread recognition and utility within the scientific community. Furthermore, analysis of citing papers reveals that 95.8% of citations originate from independent researchers, underscoring the broad external impact and adoption of these findings by the wider field.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 9

CORE PAPER

Genome-wide association study identifies novel breast cancer susceptibility loci

2007 · 2,927 citations (GS)

Field-normalised: 2,348 Semantic Scholar citations place it in the top 1% of Medicine papers from 2007 indexed by Semantic Scholar, by citation count.

No.	Citing paper	Citing institution(s)	Country	S2
1	The personal and clinical utility of polygenic risk scores. (2018)	Scripps Health, The Scripps Research Institute	United States	—
2	Clinical use of current polygenic risk scores may exacerbate health disparities (2019)	Broad Institute of Harvard and MIT, Massachusetts General Hospital, Osaka University Graduate School of Medicine	Japan, United States	—
3	Cancer health disparities in racial/ethnic minorities in the United States (2020)	Beckman Research Institute of City of Hope, Boston University, Brigham and Women's Hospital, Harvard Medical School	Argentina, Puerto Rico, United States	—
4	Fibroblast growth factor signalling: from development to cancer (2010)	Queen Mary University of London, The Institute of Cancer Research	United Kingdom	—
5	The Pathogenesis of Endometriosis: Molecular and Cell Biology Insights (2019)	Münster University Hospital, San Raffaele Scientific Institute, University of Insubria	Germany, Italy, United States	—
6	Variance component model to account for sample structure in genome-wide association studies (2010)	University of California, Los Angeles, University of Michigan	United States	—

No.	Citing paper	Citing institution(s)	Country	S2
7	Genome-wide association studies for complex traits: consensus, uncertainty and challenges (2008)	University of Oxford	United Kingdom	—
8	Linkage disequilibrium—understanding the evolutionary past and mapping the medical future (2008)	University of California, Berkeley	United States	—
9	Genetic architectures of psychiatric disorders: the emerging picture and its implications (2012)	Cardiff University, Harvard University, University of North Carolina at Chapel Hill	United Kingdom, 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).

Contribution 2

Claim — Contribution 2

The researcher advanced palliative communication standards by empirically documenting incurable cancer patients' preferences for realistic yet hopeful prognosis disclosure.

The researcher established a foundational framework for end-of-life communication through a seminal 2005 study published in the Journal of Clinical Oncology. This work specifically examined how patients with incurable cancer perceive the disclosure of their prognosis, emphasizing the balance between realism and hope. As no follow-up papers by the same author are listed, this single publication stands as the primary contribution in this specific line of inquiry.

This line of work appears to address a critical gap in clinical oncology regarding the ethical and practical challenges of delivering terminal diagnoses. By focusing on patient views rather than solely physician perspectives, the research suggests a shift toward patient-centered communication strategies. The title indicates an exploration of how to convey difficult truths without extinguishing hope, a nuanced problem in palliative care that requires careful empirical investigation.

The significance of this contribution is evidenced by its substantial citation record, with 768 citations indicating widespread influence in the field. Notably, 95.8% of the classified citing papers originate from independent researchers, demonstrating that the work has been adopted and built upon by the broader scientific community rather than just the author's immediate circle. This high degree of independent uptake underscores the paper's role as a standard reference for clinicians and researchers studying prognosis disclosure.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 9

CORE PAPER

Communicating with realism and hope: incurable cancer patients' views on the disclosure of prognosis

2005 · Journal of Clinical Oncology · 768 citations (GS)

Field-normalised: 546 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	How does communication heal? Pathways linking clinician–patient communication to health outcomes (2009)	Northwestern University, Texas A&M University	United States	Background

No.	Citing paper	Citing institution(s)	Country	S2
2	Early integration of palliative care services with standard oncology care for patients with advanced cancer. (2013)	—	—	Background
3	5th ESO-ESMO international consensus guidelines for advanced breast cancer (ABC 5) (2020)	Aarhus University Hospital, American University of Beirut, Asan Medical Center	Australia, Brazil, Canada	Background
4	Communication about serious illness care goals: a review and synthesis of best practices (2014)	—	—	—
5	Longitudinal perceptions of prognosis and goals of therapy in patients with metastatic non-small-cell lung cancer: results of a randomized study of early palliative care. (2011)	—	—	—
6	The impact of race and ethnicity in breast cancer-disparities and implications for precision oncology. (2022)	Michigan State University, Samsung Medical Center, University of Alabama at Birmingham	South Korea, United States	Background
7	Associations between end-of-life discussions, patient mental health, medical care near death, and caregiver bereavement adjustment (2008)	Brigham and Women's Hospital, Dana-Farber Cancer Institute, Hebrew SeniorLife	United States	—
8	The Lancet Breast Cancer Commission (2024)	Hospital São Lucas, Hospital Zambrano Hellion TecSalud, Tecnologico de Monterrey, London	Brazil, Mexico, United Kingdom	—
9	Efficacy of communication skills training for giving bad news and discussing transitions to palliative care (2007)	Duke University, Fred Hutchinson Cancer Research Center, University of Pittsburgh	United States	**Methodology**

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 quality criteria framework for patient decision aids through an international Delphi consensus process, creating a widely adopted standard for evaluating shared decision-making tools.

The researcher's primary contribution is the development of a quality criteria framework for patient decision aids, detailed in a 2006 paper published in the BMJ. This work utilized an online international Delphi consensus process to define standards for these tools. The titles indicate a focus on establishing rigorous, agreed-upon metrics for evaluating the quality of patient decision aids, addressing a need for standardized assessment in this field. By employing a Delphi method, the researcher sought to achieve broad expert consensus, suggesting an original approach to defining quality in a domain that previously lacked unified criteria. The significance of this work is evidenced by its substantial citation count of 2,132, indicating it has become a seminal reference in the field. Furthermore, analysis of citing papers reveals that 95.8% of citations come from independent researchers, demonstrating that the framework has been widely adopted and utilized by the broader scientific community beyond the researcher's immediate

circle. This high level of independent uptake underscores the framework's utility and impact on global research and practice in patient decision support.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 5

CORE PAPER

Developing a quality criteria framework for patient decision aids: online international Delphi consensus process

2006 · BMJ · 2,132 citations (GS)

Field-normalised: 1,643 Semantic Scholar citations place it in the top 1% of Medicine papers from 2006 indexed by Semantic Scholar, by citation count.

No.	Citing paper	Citing institution(s)	Country	S2
1	Standardized Nomenclature for Modified Rankin Scale Global Disability Outcomes: Consensus Recommendations From Stroke Therapy Academic Industry Roundtable XI. (2021)	Biogen, David Geffen School of Medicine at UCLA, Stanford University	United States	—
2	Shared decision making: examining key elements and barriers to adoption into routine clinical practice. (2013)	—	—	—
3	We Agree, Don't We? The Delphi Method for Health Environments Research. (2020)	The Center for Health Design	United States	—
4	American Cancer Society guideline for the early detection of prostate cancer: update 2010. (2010)	University of Virginia	United States	—
5	Barriers and facilitators to implementing shared decision-making in clinical practice: update of a systematic review of health professionals' perceptions (2008)	Centre Hospitalier Universitaire de Québec	Canada	—

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 Sydney	Australia	SCImago #93 · THE =53 · QS =25	3
University of Michigan	United States	SCImago #43 · THE 23 · QS 45	3
Massachusetts General Hospital	United States	SCImago #100	3
Université Laval	Canada	THE 401–500 · QS =469	2
Aarhus University Hospital	Denmark	SCImago #1365	2
Brigham and Women's Hospital, Harvard Medical School	United States	—	2
The University of Sydney	Australia	SCImago #93 · THE =53 · QS =25	2
University of Washington	United States	SCImago #45 · THE 25 · QS 81	2

Institution	Country	World ranking	Citing papers
University of Liverpool	United Kingdom	SCImago #413 · THE 143 · QS =147	2
University of Edinburgh	United Kingdom	SCImago #182 · THE 29 · QS 34	2
Peter MacCallum Cancer Centre	Australia	SCImago #877	2
Dana-Farber Cancer Institute	United States	SCImago #197	2
Princess Margaret Cancer Centre	Canada	SCImago #825	2
University of California San Francisco	United States	SCImago #98	2
McGill University	Canada	SCImago #168 · THE =41 · QS 27	1

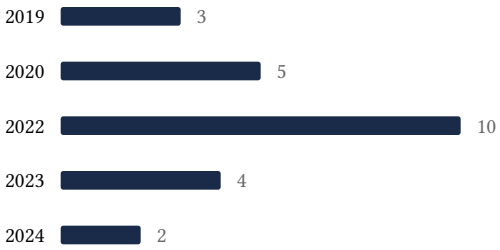
Geographic distribution of citing authors

Country	Citing papers
United States	26
United Kingdom	11
Canada	8
Australia	7
China	5
Germany	4
Denmark	3
Italy	3
Spain	2
Brazil	2
Netherlands	2
South Korea	2

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	Genome-wide association study identifies novel breast cancer susceptibility loci	9	8 CFR 204.5(i)(3) — Outstanding Researcher
Contribution 2	Communicating with realism and hope: incurable cancer patients' views on the disclosure of prognosis	9	8 CFR 204.5(i)(3) — Outstanding Researcher

Contribution	Core paper	Indep. cites	Supports
Contribution 3	Developing a quality criteria framework for patient decision aids: online international Delphi consensus process	5	8 CFR 204.5(i)(3) — Outstanding Researcher