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

4	4	1	47
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 4 classified citing papers

Citation type	Count
Independent	4
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 meta-analytic framework for understanding depression prevalence, intervention efficacy, and clinical outcomes in heart failure patients.

CLAIM: The researcher's primary contribution is a seminal 2006 meta-analytic review published in the Journal of the American College of Cardiology, which systematically synthesized evidence on depression in heart failure regarding prevalence, intervention effects, and associations with clinical outcomes.

ORIGINALITY: This work appears to address a critical gap by consolidating fragmented data into a comprehensive analysis. By focusing on both prevalence and intervention effects, the researcher provided a unified perspective on the intersection of psychiatric and cardiac care, establishing a baseline for understanding how depression impacts heart failure trajectories.

SIGNIFICANCE: The paper has been cited 2,196 times, indicating substantial influence within the medical community. Notably, 100% of the classified citing papers originate from independent researchers, suggesting that this work has served as a widely accepted reference point for external scholars rather than merely circulating within the researcher's immediate network.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 4

CORE PAPER

Depression in heart failure: a meta-analytic review of prevalence, intervention effects, and associations with clinical outcomes

2006 · Journal of the American College of Cardiology (J Am Coll Cardiol) · 2,196 citations (GS)

Field-normalised: 1,586 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	2022 AHA/ACC/HFSA Guideline for the Management of Heart Failure: A Report of the American College of Cardiology/American Heart Association Joint Committee on Clinical Practice Guidelines (2022)	American College of Cardiology, American College of Cardiology/American Heart Association, American Heart Association	United States	—
2	The Lancet women and cardiovascular disease Commission: reducing the global burden by 2030 (2021)	Amsterdam UMC, VU University Medical Center, Cedars-Sinai Medical Center, Clinica CardioVID; University of Antioquia	Australia, Canada, Chile	—
3	Comorbid depression in medical diseases (2020)	Aarhus University Hospital - Psychiatry, Charité - Universitätsmedizin Berlin, King's College London	Denmark, Germany, Peru	—
4	Social Determinants of Risk and Outcomes for Cardiovascular Disease: A Scientific Statement From the American Heart Association (2015)	Children's Hospital of Philadelphia, Johns Hopkins University, National Institutes of Health	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).

D. Citing-Institution Prestige & Geography

Top citing institutions

Institution	Country	World ranking	Citing papers
Northwestern University	United States	THE 30 · QS =42	2
Stanford University	United States	SCImago #18 · THE =5 · QS 3	2
Mayo Clinic	United States	SCImago #88	2
Cedars-Sinai Medical Center	United States	SCImago #705	2
University of Cape Town	South Africa	SCImago #1052 · THE =164 · QS 150	1
Baylor College of Medicine and Michael E. DeBakey VA Medical Center	United States	—	1
Baylor College of Medicine	United States	SCImago #560	1
UCLA Medical Center	United States	—	1
Tufts Medical Center	United States	SCImago #3782	1
Michael E. DeBakey VA Medical Center and Baylor College of Medicine	United States	—	1
Boston College	United States	SCImago #3099 · THE 251–300 · QS =526	1
University of Minnesota and Minneapolis VA Health Care System	United States	—	1
University of Antioquia	Colombia	THE 1201–1500	1
Universidad Peruana Cayetano Heredia	Peru	SCImago #5964 · THE 1001–1200 · QS 1001-1200	1
Pontificia Universidad Católica de Chile	Chile	SCImago #1171 · THE 401–500 · QS =116	1

Geographic distribution of citing authors

Country	Citing papers
United States	4
United Kingdom	3
Chile	1
Colombia	1
Denmark	1
Germany	1
Italy	1
Australia	1
Peru	1
Poland	1
Singapore	1
South Africa	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.

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	Depression in heart failure: a meta-analytic review of prevalence, intervention effects, and associations with clinical outcomes	4	Dhanasar — Prong 2 (well-positioned)