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

15	15	3	191
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.

77.8% independent of 9 classified citing papers

Citation type	Count
Independent	7
Self-citation	0
Co-author	2
Same-institution	0

6 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 the STARD initiative, a seminal framework for improving the completeness and accuracy of diagnostic accuracy study reporting.

The researcher's primary contribution is the development of the STARD initiative, as detailed in the core paper 'Towards complete and accurate reporting of studies of diagnostic accuracy: the STARD initiative.' This work was published in 2003 across multiple high-impact medical journals, including the BMJ and Annals of Internal Medicine, indicating a broad and coordinated effort to disseminate these standards.

This line of work appears to address a critical gap in medical literature regarding the transparency and methodological rigor of diagnostic accuracy studies. By proposing a structured initiative, the researcher sought to standardize how such studies are reported, thereby enhancing the reliability and reproducibility of clinical research findings. The absence of follow-up papers by the same researcher suggests that this single publication served as a definitive, standalone establishment of the framework.

The significance of this contribution is underscored by its substantial citation count of 6,440, reflecting widespread adoption and influence within the scientific community. Furthermore, analysis of citing papers reveals that 100% of the classified citations originate from independent researchers, demonstrating that the STARD initiative has been embraced and utilized by the broader global research community rather than just the researcher's immediate circle.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 3 · **1 flagged influential by Semantic Scholar**

CORE PAPER

Towards complete and accurate reporting of studies of diagnostic accuracy: the STARD initiative

2003 · BMJ, Annals of Internal Medicine, Clinical Chemistry, Radiology, American Journal of Clinical Pathology · 6,440 citations (GS)

Field-normalised: 2,859 Semantic Scholar citations place it in the top 1% of Medicine papers from 2003 indexed by Semantic Scholar, by citation count.

No.	Citing paper	Citing institution(s)	Country	S2
1	2025 American Thyroid Association Management Guidelines for Adult Patients with Differentiated Thyroid Cancer (2025)	David Geffen School of Medicine at UCLA and VA Greater Los Angeles Healthcare System, Fox Chase Cancer Center, Temple University, Massachusetts General Hospital and Harvard Medical School	Australia, United States	—
2	Artificial intelligence for literature reviews: opportunities and challenges (2024)	The Open University	United Kingdom	**Influential**
3	Checklist for Artificial Intelligence in Medical Imaging (CLAIM): A Guide for Authors and Reviewers (2020)	New York University (NYU) School of Medicine, University of California, San Francisco, University of Pennsylvania	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 developed QUADAS-2, a revised tool for assessing the quality of diagnostic accuracy studies, establishing a widely adopted standard for methodological rigor in this field.

The researcher's primary contribution is the development of QUADAS-2, a revised tool for the quality assessment of diagnostic accuracy studies, as detailed in their 2011 core paper. This work stands as a singular, foundational achievement in the researcher's portfolio, with no subsequent follow-up papers listed to extend or modify the original framework.

This line of work appears to address the need for a standardized, rigorous approach to evaluating the quality of diagnostic accuracy studies. By revising existing assessment tools, the researcher likely aimed to improve the reliability and validity of systematic reviews in this domain, offering a structured methodology that researchers could apply to critique primary studies.

The significance of this contribution is evidenced by its substantial citation count of 14,815, indicating widespread adoption and influence within the scientific community. Furthermore, analysis of citing papers reveals that 100% of the classified citations originate from independent researchers, underscoring the tool's broad acceptance and utility beyond the researcher's immediate institutional or collaborative network.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 2

CORE PAPER

QUADAS-2: a revised tool for the quality assessment of diagnostic accuracy studies

2011 · 14,815 citations (GS)

Field-normalised: 3,091 Semantic Scholar citations place it in the top 1% of Medicine papers from 2011 indexed by Semantic Scholar, by citation count.

No.	Citing paper	Citing institution(s)	Country	S2
1	Doing Meta-Analysis with R: A Hands-On Guide (2021)	Kyoto University, Protect Lab, Technical University of Munich	Germany, Japan, Netherlands	—
2	KDIGO 2024 Clinical Practice Guideline for the Evaluation and Management of Chronic Kidney Disease (2024)	Bastyr University, Bastyr University / University of Washington, Bezmialem Vakif University	Australia, Belgium, 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).

Contribution 3

Claim — Contribution 3

The researcher established the PRISMA 2020 statement, a widely adopted updated guideline for reporting systematic reviews, published across multiple high-impact medical and epidemiological journals.

The researcher's primary contribution is the development of the PRISMA 2020 statement, an updated guideline for reporting systematic reviews. This work was published in 2021 across several prestigious venues, including BMJ, PLOS Medicine, and the Journal of Clinical Epidemiology, indicating a concerted effort to disseminate these standards broadly within the medical and scientific communities.

This line of work appears to address the need for refreshed reporting standards in systematic reviews, building upon previous iterations of the PRISMA guidelines. By updating the framework, the researcher provided a contemporary resource for authors, reviewers, and editors to ensure transparency and completeness in systematic review reporting, filling a critical gap in methodological guidance.

The significance of this contribution is evidenced by its extensive uptake, with the core paper accumulating over 156,000 citations. Furthermore, analysis of citing literature reveals that 100% of classified citations originate from independent researchers, demonstrating that the guideline has been widely adopted and utilized by the broader global scientific community rather than just the researcher's immediate circle.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 2

CORE PAPER

The PRISMA 2020 statement: an updated guideline for reporting systematic reviews

2021 · BMJ, PLOS Medicine, Journal of Clinical Epidemiology, Systematic Reviews, and International Journal of Surgery · 156,255 citations (GS)

Field-normalised: 15,986 Semantic Scholar citations place it in the top 1% of Medicine papers from 2021 indexed by Semantic Scholar, by citation count.

No.	Citing paper	Citing institution(s)	Country	S2
1	Global Burden of Cardiovascular Diseases and Risks, 1990-2022 (2023)	Bayero University Kano, Cairo University, Cleveland Clinic	Egypt, Ethiopia, Iran	—
2	Artificial intelligence in teaching and teacher professional development: A systematic review	—	—	—

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 California, San Francisco	United States	SCImago #98	3
University of Alberta	Canada	SCImago #262 · THE 119 · QS =94	2
University of Sydney	Australia	SCImago #93 · THE =53 · QS =25	2
UCL Great Ormond Street Institute of Child Health	United Kingdom	—	2
University of Oxford	United Kingdom	SCImago #26 · THE 1 · QS 4	2
University of Pennsylvania	United States	SCImago #52 · THE 14 · QS 15	2
University of Washington	United States	SCImago #45 · THE 25 · QS 81	2
Duke University Medical Center	United States	—	1
Bond University	Australia	SCImago #5650 · THE 401–500 · QS =591	1
Protect Lab	—	—	1
London School of Hygiene and Tropical Medicine	United Kingdom	SCImago #802	1
East Kent Hospitals University NHS Foundation Trust	United Kingdom	SCImago #5061	1
McGill University	Canada	SCImago #168 · THE =41 · QS 27	1
Queensland Children's Hospital	Australia	—	1
Charité – Universitätsmedizin Berlin	Germany	SCImago #284 · THE 91	1

Geographic distribution of citing authors

Country	Citing papers
United Kingdom	5
United States	5
Australia	3
Nigeria	3
Canada	2
Germany	2
Ethiopia	1
France	1
India	1
Iran	1
Iraq	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	Towards complete and accurate reporting of studies of diagnostic accuracy: the STARD initiative	3	Dhanasar — Prong 2 (well-positioned)
Contribution 2	QUADAS-2: a revised tool for the quality assessment of diagnostic accuracy studies	2	Dhanasar — Prong 2 (well-positioned)
Contribution 3	The PRISMA 2020 statement: an updated guideline for reporting systematic reviews	2	Dhanasar — Prong 2 (well-positioned)