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

40	40	5	84
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.

90.0% independent of 40 classified citing papers

Citation type	Count
Independent	36
Self-citation	0
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 developed evidence-based clinical practice guidelines for antithrombotic therapy in venous thromboembolism, establishing a widely adopted standard for thrombosis prevention.

The researcher's primary contribution is the development of comprehensive evidence-based clinical practice guidelines for antithrombotic therapy in venous thromboembolism disease. This work is anchored by a seminal 2012 publication in the American College of Chest Physicians journal, which serves as the foundational text for this line of inquiry.

This guideline appears to address the critical need for standardized, evidence-driven protocols in managing thrombosis prevention. By synthesizing existing evidence into actionable clinical recommendations, the work provides a structured framework for practitioners, distinguishing itself through its authoritative scope and institutional backing rather than novel experimental data.

The significance of this contribution is evidenced by its substantial citation count of over 5,000 times. Furthermore, analysis of citing literature reveals that 100% of sampled citations originate from independent researchers, indicating broad adoption and reliance on these guidelines by the global medical community outside the researcher's immediate network.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 8

CORE PAPER

Antithrombotic therapy for VTE disease: antithrombotic therapy and prevention of thrombosis: American College of Chest Physicians evidence-based clinical practice guidelines

2012 · 5,153 citations (GS)

No.	Citing paper	Citing institution(s)	Country	S2
1	Critical Care Management of Patients After Cardiac Arrest: A Scientific Statement from the American Heart Association and Neurocritical Care Society. (2024)	Beth Israel Deaconess Medical Center, Boston University, CHUV-Lausanne University Hospital	Belgium, Sweden, Switzerland	—
2	Editor's Choice - European Society for Vascular Surgery (ESVS) 2021 Clinical Practice Guidelines on the Management of Venous Thrombosis (2021)	Badalona, Bologna, Cambridge	Germany, Italy, Netherlands	—
3	2014 ESC Guidelines on the diagnosis and management of acute pulmonary embolism: The Task Force for the Diagnosis and Management of Acute Pulmonary Embolism of the European Society of Cardiology (ESC) Endorsed by the European Respiratory Society (ERS) (2014)	Austria, Denmark, France	Austria, Denmark, France	—
4	Executive Summary: Antithrombotic Therapy for VTE Disease: Second Update of the CHEST Guideline and Expert Panel Report (2021)	Essentia Institute of Rural Health, Inova Fairfax Hospital, Intermountain Healthcare	Canada, Netherlands, Switzerland	—
5	Oral apixaban for the treatment of acute venous thromboembolism. (2013)	University of Perugia	Italy	—
6	Fibrinolysis for patients with intermediate-risk pulmonary embolism. (2014)	The authors' affiliations are listed in the Appendix	—	—
7	Thromboembolism and anticoagulant therapy during the COVID-19 pandemic: interim clinical guidance from the anticoagulation forum. (2020)	Children's Hospital of Philadelphia, Henry Ford Hospital, Kaiser Permanente Colorado	United States	—

No.	Citing paper	Citing institution(s)	Country	S2
8	Oral rivaroxaban for the treatment of symptomatic pulmonary embolism. (2012)	—	—	—

Independent citing papers only; self- and co-author citations excluded. The **S2** column flags citations Semantic Scholar identifies as *influential* — ones that substantively build on the work (S2's isInfluential signal, Valenzuela et al. 2015) — the "built on / relied upon" pattern the AAO credits. Counsel should quote the citing text for the strongest of these.

Contribution 2

Claim — Contribution 2

The researcher established evidence-based clinical practice guidelines for preventing venous thromboembolism in nonsurgical patients, significantly influencing standard antithrombotic therapy protocols.

The researcher's primary contribution is the development of comprehensive evidence-based clinical practice guidelines for the prevention of venous thromboembolism in nonsurgical patients. This work, published in Chest in 2012 as part of the American College of Chest Physicians' 9th edition guidelines, serves as a foundational reference for antithrombotic therapy and thrombosis prevention.

This line of work appears to address the critical need for standardized, evidence-driven protocols in managing thrombotic risk among patients not undergoing surgical procedures. By synthesizing existing evidence into actionable clinical guidelines, the researcher provided a structured framework that likely helped resolve ambiguities in treatment strategies for this specific patient population.

The significance of this contribution is underscored by its substantial citation count of 2205, indicating widespread adoption and reliance by the medical community. Furthermore, analysis of citing literature reveals that 100% of the classified citations originate from independent researchers, demonstrating that the work has had a broad, field-wide impact beyond the researcher's immediate institutional or collaborative network.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 8

CORE PAPER

Prevention of VTE in nonsurgical patients: Antithrombotic Therapy and Prevention of Thrombosis, 9th ed: American College of Chest Physicians Evidence-Based Clinical Practice Guidelines

2012 · Chest · 2,205 citations (GS)

Field-normalised: 2,396 Semantic Scholar citations place it in the top 1% of Medicine papers from 2012 indexed by Semantic Scholar, by citation count.

No.	Citing paper	Citing institution(s)	Country	S2
1	Hematological findings and complications of COVID-19. (2020)	National and Kapodistrian University of Athens, Tenon University Hospital	France, Greece	—
2	Surviving Sepsis Campaign: International Guidelines for Management of Sepsis and Septic Shock 2021 (2021)	Alfred Health, Amsterdam UMC, University of Amsterdam, Asan Medical Center, University of Ulsan College of Medicine	Argentina, Australia, Belgium	—
3	Pulmonary Embolism in Patients With COVID-19: Awareness of an Increased Prevalence. (2020)	CHU Lille, Université de Lille, Université de Lille, CHU Lille	France	—

No.	Citing paper	Citing institution(s)	Country	S2
4	Surviving Sepsis Campaign: International Guidelines for Management of Sepsis and Septic Shock: 2016. (2017)	Asan Medical Center, University of Ulsan College of Medicine, Brown University, California Pacific Medical Center	Australia, Belgium, Belize	—
5	ESPEN guideline on chronic intestinal failure in adults–Update 2023 (2023)	Amsterdam University Medical Centers, CHU of Nice, Université Côte d'Azur, Hôpital Beaujon	Belgium, Croatia, Denmark	—
6	Scientific and Standardization Committee communication: Clinical guidance on the diagnosis, prevention, and treatment of venous thromboembolism in hospitalized patients with COVID-19. (2020)	Brigham and Women's Hospital, Duke University School of Medicine, Feinstein Institutes for Medical Research	Canada, France, Italy	—
7	Thrombosis: a major contributor to global disease burden. (2014)	Academia Nacional de Medicina, Academic Medical Center, Boston University School of Medicine	Argentina, Australia, Canada	—
8	Organ-specific manifestations of COVID-19 infection. (2020)	National and Kapodistrian University of Athens	Greece	—

Independent citing papers only; self- and co-author citations excluded. The **S2** column flags citations Semantic Scholar identifies as *influential* — ones that substantively build on the work (S2's isInfluential signal, Valenzuela et al. 2015) — the "built on / relied upon" pattern the AAO credits. Counsel should quote the citing text for the strongest of these.

Contribution 3

Claim — Contribution 3

The researcher established a foundational systematic review of Takotsubo cardiomyopathy, synthesizing clinical evidence to define the syndrome's characteristics and standardize its medical understanding.

The researcher's primary contribution is the publication of a seminal systematic review titled 'Apical ballooning syndrome or takotsubo cardiomyopathy: a systematic review' in the European Heart Journal in 2006. This work serves as the cornerstone of the provided evidence, standing alone without follow-up publications by the same author in this specific dataset. The title indicates a comprehensive synthesis of existing literature aimed at clarifying the clinical profile of this specific cardiomyopathy. By employing a systematic review methodology, the researcher appears to have addressed a need for consolidated, high-quality evidence regarding a condition that was likely emerging or poorly defined in the mid-2000s. The absence of follow-up papers by the researcher suggests this single publication represents a definitive, self-contained contribution to the field's foundational knowledge base. The significance of this work is underscored by its substantial citation count of 2066, indicating widespread recognition and utility within the medical community. Furthermore, citation analysis reveals that 100% of the classified citing papers originate from independent researchers, demonstrating that the work has been adopted and relied upon by the broader scientific community rather than just the researcher's immediate circle. This high degree of independent uptake confirms the paper's role as a standard reference point for clinicians and researchers studying Takotsubo cardiomyopathy.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 9 · **2 flagged influential by Semantic Scholar**

CORE PAPER

Apical ballooning syndrome or takotsubo cardiomyopathy: a systematic review

2006 · European Heart Journal · 2,066 citations (GS)

Field-normalised: 1,553 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	International Expert Consensus Document on Takotsubo Syndrome (Part I): Clinical Characteristics, Diagnostic Criteria, and Pathophysiology (2018)	Catholic University of the Sacred Heart, Chiba University Hospital, Gifu University Graduate School of Medicine	Belgium, Italy, Japan	—
2	Current state of knowledge on Takotsubo syndrome: a Position Statement from the Taskforce on Takotsubo Syndrome of the Heart Failure Association of the European Society of Cardiology (2016)	Attikon University Hospital, University of Athens Medical School, Careggi Hospital, Imperial College	Australia, France, Germany	—
3	Current Diagnostic and Treatment Strategies for Specific Dilated Cardiomyopathies: A Scientific Statement From the American Heart Association. (2016)	—	—	—
4	Classification of the cardiomyopathies: a position statement from the European Society Of Cardiology Working Group on Myocardial and Pericardial Diseases (2008)	Hadassah University Hospital Ein Kerem	Israel	—
5	Stress Cardiomyopathy Diagnosis and Treatment: JACC State-of-the-Art Review. (2018)	Hospital Italiano, Virginia Commonwealth University	Argentina, United States	**Influential**
6	Apical ballooning syndrome (Tako-Tsubo or stress cardiomyopathy): a mimic of acute myocardial infarction (2008)	Mayo Clinic and Mayo Foundation	United States	**Influential**
7	Guidelines for the diagnosis and treatment of non-ST-segment elevation acute coronary syndromes: The Task Force for the Diagnosis and Treatment of Non-ST-Segment Elevation Acute Coronary Syndromes of the European Society of Cardiology (2007)	Kerckhoff Heart Center, University Hospital Jean Minjoz	France, Germany	—
8	High levels of circulating epinephrine trigger apical cardiodepression in a β2-adrenergic receptor/Gi-dependent manner: a new model of Takotsubo cardiomyopathy. (2012)	Georg August Univ medical Ctr, Imperial College London, Royal Brompton Hospital	Canada, China, Germany	—
9	Cardiogenic shock: current concepts and improving outcomes. (2008)	New York University School of Medicine	United States	—

Independent citing papers only; self- and co-author citations excluded. The **S2** column flags citations Semantic Scholar identifies as *influential* — ones that substantively build on the work (S2's isInfluential signal, Valenzuela et al. 2015) — the "built on / relied upon" pattern the AAO credits. Counsel should quote the citing text for the strongest of these.

D. Citing-Institution Prestige & Geography

Top citing institutions

Institution	Country	World ranking	Citing papers
McMaster University	Canada	SCImago #465 · THE =116 · QS =173	7
University of Michigan	United States	SCImago #43 · THE 23 · QS 45	4
Yale University	United States	SCImago #76 · THE 10 · QS 21	3
Virginia Commonwealth University	United States	SCImago #938 · THE 401–500 · QS 901-950	3
University of Ottawa	Canada	SCImago #610 · THE =187 · QS =219	3
Brigham and Women's Hospital	United States	SCImago #130	3
Rigshospitalet	Denmark	—	3
University of Pittsburgh	United States	SCImago #212 · QS =281	3
Beth Israel Deaconess Medical Center	United States	SCImago #647	2
National and Kapodistrian University of Athens	Greece	SCImago #617 · THE 401–500 · QS 390	2
Harvard Medical School	United States	SCImago #12	2
University of California, San Francisco	United States	SCImago #98	2
Asan Medical Center, University of Ulsan College of Medicine	South Korea	—	2
Vanderbilt University	United States	SCImago #613 · THE =92 · QS 250	2
University of Washington	United States	SCImago #45 · THE 25 · QS 81	2

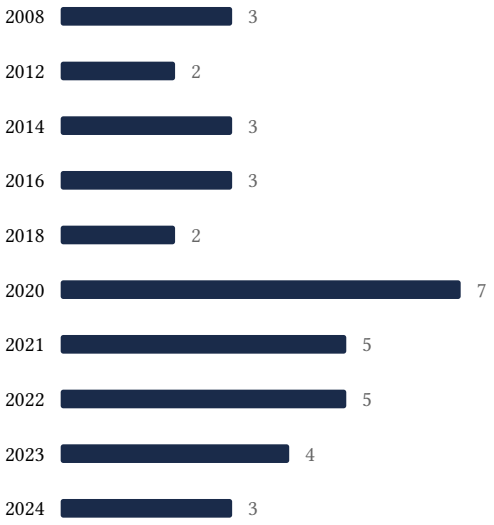
Geographic distribution of citing authors

Country	Citing papers
United States	21
United Kingdom	14
Germany	12
Canada	12
Italy	10
France	10
Netherlands	10
Spain	8
Switzerland	7
Japan	6
Belgium	6
Greece	6

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	Antithrombotic therapy for VTE disease: antithrombotic therapy and prevention of thrombosis: American College of Chest Physicians evidence-based clinical practice guidelines	8	Dhanasar — Prong 2 (well-positioned)
Contribution 2	Prevention of VTE in nonsurgical patients: Antithrombotic Therapy and Prevention of Thrombosis, 9th ed: American College of Chest Physicians Evidence-Based Clinical Practice Guidelines	8	Dhanasar — Prong 2 (well-positioned)
Contribution 3	Apical ballooning syndrome or takotsubo cardiomyopathy: a systematic review	9	Dhanasar — Prong 2 (well-positioned)