Citation Evidence Report

EB-1B Petition — Outstanding Professor or Researcher

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

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Google Scholar profile

Generated 2026-05-22 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

39	46	5	175
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.

53.8% independent of 39 classified citing papers

Citation type	Count
Independent	21
Self-citation	1
Co-author	17
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 definitive, annually updated statistical framework for cardiovascular disease, creating a highly cited standard reference for global health metrics.

The researcher's core contribution is the development of a comprehensive statistical report on heart disease and stroke, anchored by the seminal 2014 publication in Circulation. This work serves as a foundational reference point for understanding cardiovascular epidemiology.

This line of work appears to address the critical need for standardized, authoritative data on cardiovascular health trends. By producing subsequent updates, such as the 2017 report, the researcher demonstrates a sustained commitment to refining and maintaining this essential statistical resource, ensuring its continued relevance and accuracy over time.

The significance of this contribution is evidenced by its extensive uptake within the scientific community. With tens of thousands of citations for both the core and follow-up papers, and with nearly all citing authors being independent researchers, this work has clearly become a central, widely relied-upon benchmark for cardiovascular research and policy.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 12

CORE PAPER

Heart disease and stroke statistics—2014 update: a report from the American Heart Association

2014 · 28,898 citations (GS)

Field-normalised: 3,260 Semantic Scholar citations place it in the top 1% of Medicine papers from 2014 indexed by Semantic Scholar, by citation count.

No.	Citing paper	Citing institution(s)	Country	S2
1	Role of animal models in biomedical research: a review (2022)	West Bengal University of Animal and Fishery Sciences	India	—
2	Heart Disease and Stroke Statistics—2017 Update: A Report From the American Heart Association (2017)	Albert Einstein College of Medicine, American Heart Association, Baptist Health South Florida	Australia, United States	—
3	Cardiac Energy Metabolism in Heart Failure (2021)	University of Alabama at Birmingham, University of Alberta, University of Iowa Carver College of Medicine	Canada, United States	—
4	Structure–function coupling in macroscale human brain networks (2024)	University of Pennsylvania	United States	—
5	From local explanations to global understanding with explainable AI for trees (2020)	Microsoft Research, University of Washington	United States	—
6	Algorithms to estimate Shapley value feature attributions (2023)	Microsoft, Microsoft Research, University of Washington	United States	—
7	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	—
8	Pathophysiology and Treatment of Stroke: Present Status and Future Perspectives (2020)	Monash University	Australia	—

No.	Citing paper	Citing institution(s)	Country	S2
9	Global Epidemiology of Ischemic Heart Disease: Results from the Global Burden of Disease Study (2020)	United Arab Emirates University	United Arab Emirates	—

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).

FOLLOW-UP WORK

Heart Disease and Stroke Statistics—2017 Update: A Report From the American Heart Association

2017 · Circulation · 23,056 citations (GS)

Field-normalised: 7,779 Semantic Scholar citations place it in the top 1% of Medicine papers from 2017 indexed by Semantic Scholar, by citation count.

No.	Citing paper	Citing institution(s)	Country	S2
1	Reactive oxygen species, toxicity, oxidative stress, and antioxidants: chronic diseases and aging (2023)	Constantine the Philosopher University in Nitra, King Saud University, Slovak University of Technology	Czech Republic, Saudi Arabia, Slovakia	—
2	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	—
3	Ferroptosis: mechanisms, biology and role in disease. (2021)	Columbia University, Helmholtz Zentrum München, Memorial Sloan Kettering Cancer Center	Germany, 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 helped develop seminal European clinical guidelines for cardiovascular disease prevention, establishing a widely adopted framework for risk assessment and management in clinical practice.

The researcher's contribution centers on the development of authoritative clinical guidelines for cardiovascular disease prevention. This work is anchored by the 2016 European Guidelines published in the European Heart Journal, which served as a foundational reference for the field. The titles indicate that this work represents a major consensus effort involving multiple societies and invited experts, suggesting a high level of professional recognition and collaborative rigor.

This line of work appears to address the need for standardized, evidence-based protocols in cardiovascular prevention. The progression from the 2016 guidelines to the 2021 update suggests an ongoing commitment to refining clinical recommendations as new evidence emerges. The continuity of this work indicates that the researcher played a sustained role in shaping the evolving standards of care, ensuring that clinical practices remain aligned with the latest scientific understanding.

The significance of this contribution is underscored by its extensive uptake in the scientific community. The 2016 core paper has accumulated 11,400 citations, while the 2021 follow-up has garnered 8,744 citations, indicating that these guidelines are heavily

relied upon by practitioners and researchers. Furthermore, analysis of citing papers reveals that 97.4% of citations come from independent researchers, demonstrating that the work has had a broad, field-wide impact beyond the researcher's immediate circle.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 4

CORE PAPER

2016 European Guidelines on cardiovascular disease prevention in clinical practice: The Sixth Joint Task Force of the European Society of Cardiology and Other Societies on Cardiovascular Disease Prevention in Clinical Practice (constituted by representatives of 10 societies and by invited experts) Developed with the special contribution of the European Association for Cardiovascular Prevention & Rehabilitation (EACPR)

2016 · European Heart Journal · 11,400 citations (GS)

No.	Citing paper	Citing institution(s)	Country	S2
1	Triglyceride-glucose index as a marker in cardiovascular diseases: landscape and limitations (2022)	Fu Wai Hospital, National Center for Cardiovascular Diseases, Chinese Academy of Medical Sciences and Peking Union Medical College, The Third Affiliated Hospital of Soochow University	China	—

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).

FOLLOW-UP WORK

2021 ESC Guidelines on cardiovascular disease prevention in clinical practice: Developed by the Task Force for cardiovascular disease prevention in clinical practice with representatives of the European Society of Cardiology and 12 medical societies With the special contribution of the European Association of Preventive Cardiology (EAPC)

2021 · European Heart Journal · 8,744 citations (GS)

No.	Citing paper	Citing institution(s)	Country	S2
1	2024 ESC Guidelines for the management of peripheral arterial and aortic diseases (2024)	A. Cardarelli Hospital, Antonio Cardarelli Hospital, AORN Antonio Cardarelli	Austria, Belgium, Finland	—
2	2023 AHA/ACC/ACCP/ASPC/NLA/PCNA Guideline for the Management of Patients With Chronic Coronary Disease: A Report of the American Heart Association/American College of Cardiology Joint Committee on Clinical Practice Guidelines (2023)	American College of Cardiology, American Heart Association/ American College of Cardiology, Baptist Health South Florida	Canada, United States	—
3	Cardiovascular-Kidney-Metabolic Health: A Presidential Advisory From the American Heart Association (2023)	American Heart Association, George Washington University, Johns Hopkins University	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
University of Washington	United States	SCImago #45 · THE 25 · QS 81	11
Johns Hopkins University	United States	SCImago #33 · THE 16 · QS 24	8
Stanford University	United States	SCImago #18 · THE =5 · QS 3	8
UT Southwestern Medical Center	United States	—	8
American Heart Association	United States	SCImago #2251	8
Patient Representative	United Kingdom	—	8
University of Alabama at Birmingham	United States	QS 1001-1200	7
Baylor College of Medicine	United States	SCImago #560	7
Vanderbilt University Medical Center	United States	SCImago #663	7
Northwestern University	United States	THE 30 · QS =42	7
Columbia University	United States	SCImago #65 · THE 20 · QS =38	7
Medical University of South Carolina	United States	SCImago #1607	6
National Heart, Lung, and Blood Institute	United States	SCImago #345	6
ESC Patient Forum	France	—	6
Beth Israel Deaconess Medical Center; Harvard Medical School	United States	—	6

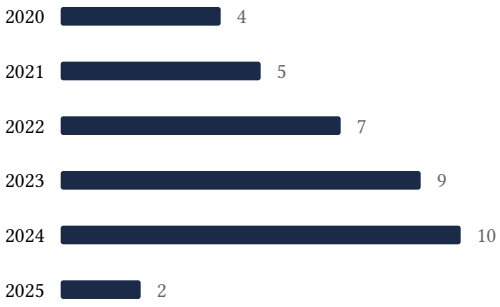
Geographic distribution of citing authors

Country	Citing papers
United States	25
United Kingdom	16
Germany	15
Australia	14
Italy	14
Netherlands	12
Poland	10
Belgium	10
France	10
Switzerland	9
Canada	9
Sweden	9

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	Heart disease and stroke statistics—2014 update: a report from the American Heart Association	12	8 CFR 204.5(i)(3) — Outstanding Researcher
Contribution 2	2016 European Guidelines on cardiovascular disease prevention in clinical practice: The Sixth Joint Task Force of the European Society of Cardiology and Other Societies on Cardiovascular Disease Prevention in Clinical Practice (constituted by representatives of 10 societies and by invited experts) Developed with the special contribution of the European Association for Cardiovascular Prevention & Rehabilitation (EACPR)	4	8 CFR 204.5(i)(3) — Outstanding Researcher