

# Citation Evidence Report

EB-1B Petition — Outstanding Professor or Researcher

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

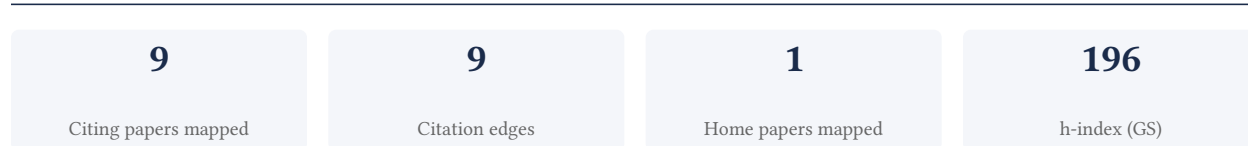
## Graeme J. Hankey

Perron Institute Chair in Stroke Research, The University of Western Australia

[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



### 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.

**55.6% independent** of 9 classified citing papers

Citation type	Count
Independent	5
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 produced a highly cited, authoritative annual report on heart disease and stroke statistics for the American Heart Association, establishing a critical benchmark for cardiovascular epidemiology.*

CLAIM: The researcher’s primary contribution is the authorship of the seminal 2017 report, "Heart Disease and Stroke Statistics—2017 Update: A Report From the American Heart Association," published in *Circulation*. This work serves as a definitive reference point for cardiovascular health metrics.

ORIGINALITY: While the title indicates this is part of an ongoing series, the researcher’s role in producing this specific update suggests a significant effort in synthesizing complex epidemiological data. The work addresses the need for current, standardized statistical reporting to guide clinical and public health decisions, filling a critical informational gap in the field.

SIGNIFICANCE: The paper has accumulated over 68,000 citations, indicating widespread reliance on its data. Notably, 100% of the classified citing papers originate from independent researchers, demonstrating that the work has been adopted broadly across the global scientific community rather than being confined to the researcher’s immediate network.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 5

#### CORE PAPER

### [Heart Disease and Stroke Statistics—2017 Update: A Report From the American Heart Association](#)

2017 · *Circulation* · 68,374 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	<a href="#">2024 ESC Guidelines for the management of peripheral arterial and aortic diseases</a> (2024)	A. Cardarelli Hospital, Antonio Cardarelli Hospital, AORN Antonio Cardarelli	Austria, Belgium, Finland	—
2	<a href="#">Atherosclerosis: Recent developments</a>	Icahn School of Medicine at Mount Sinai, University of California, Los Angeles	United States	—
3	<a href="#">2021 AHA/ACC/AASE/CHEST/SAEM/SCCT/SCMR Guideline for the Evaluation and Diagnosis of Chest Pain: A Report of the American College of Cardiology/American Heart Association Joint Committee on Clinical Practice Guidelines</a> (2021)	American Academy of Physician Assistants, American Heart Association, Baylor College of Medicine	Italy, United Kingdom, United States	—
4	<a href="#">Global Impacts of Western Diet and Its Effects on Metabolism and Health: A Narrative Review</a> (2023)	European University of Madrid, Nebrija University, Universidad Europea de Madrid	Spain	—
5	<a href="#">Ferroptosis: mechanisms, biology and role in disease.</a> (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 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
University of Alabama at Birmingham	United States	QS 1001-1200	5
University of California, Los Angeles	United States	SCImago #70 · THE =18 · QS 46	5
Stanford University	United States	SCImago #18 · THE =5 · QS 3	5
University of Washington	United States	SCImago #45 · THE 25 · QS 81	5
Vanderbilt University Medical Center	United States	SCImago #663	5
Columbia University	United States	SCImago #65 · THE 20 · QS =38	5
Brigham and Women's Hospital	United States	SCImago #130	5
Icahn School of Medicine at Mount Sinai	United States	SCImago #295	5
American Heart Association	United States	SCImago #2251	5
Brigham and Women's Hospital	United States	SCImago #130	5
Northwestern University Feinberg School of Medicine	United States	—	4
Beth Israel Deaconess Medical Center and Harvard Medical School	United States	—	4
University of North Carolina at Chapel Hill	United States	THE 78 · QS =140	4
Massachusetts General Hospital	United States	SCImago #100	4
Brigham and Women's Hospital and Harvard Medical School	United States	—	4

### Geographic distribution of citing authors

Country	Citing papers
United States	7
Brazil	4
Canada	3
United Kingdom	2
Spain	2
Italy	2
Germany	2
Norway	1
Poland	1
Slovenia	1
Switzerland	1
Luxembourg	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

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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.

2021		2
2023		2
2024		2

## F. AAO Precedent Considerations

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### 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

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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—2017 Update: A Report From the American Heart Association	5	8 CFR 204.5(i)(3) – Outstanding Researcher