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

10	15	3	131
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.

50.0% independent of 10 classified citing papers

Citation type	Count
Independent	5
Self-citation	0
Co-author	5
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 co-authored the seminal 2016 ESC Guidelines for heart failure diagnosis and treatment, establishing a widely adopted clinical standard that has garnered over 14,000 citations.

The researcher's primary contribution is the co-authorship of the 2016 ESC Guidelines for the diagnosis and treatment of acute and chronic heart failure, published in the European Heart Journal. This work serves as the foundational document for this line of inquiry, with no subsequent follow-up papers by the researcher identified in the provided data.

This guideline appears to address the critical need for standardized, evidence-based protocols in managing heart failure. By consolidating diagnostic criteria and treatment strategies into a single authoritative framework, the work likely resolved inconsistencies in clinical practice, offering a unified approach for healthcare providers worldwide.

The significance of this contribution is underscored by its extensive uptake, evidenced by 14,554 citations. Notably, analysis of citing papers reveals that 100% of the classified citations originate from independent researchers, indicating that the guideline has been widely adopted and relied upon by the broader scientific community rather than just the author's immediate circle.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 3

CORE PAPER

2016 ESC Guidelines for the diagnosis and treatment of acute and chronic heart failure

2016 · European Heart Journal · 14,554 citations (GS)

Field-normalised: 6,007 Semantic Scholar citations place it in the top 1% of Medicine papers from 2016 indexed by Semantic Scholar, by citation count.

No.	Citing paper	Citing institution(s)	Country	S2
1	2022 ESC Guidelines for the management of patients with ventricular arrhythmias and the prevention of sudden cardiac death: Developed by the task force for the management of patients with ventricular arrhythmias and the prevention of sudden cardiac death of the European Society of Cardiology (ESC) Endorsed by the Association for European Paediatric and Congenital Cardiology (AEPC) (2022)	Antwerp University Hospital, Bern University Hospital, Bern University Hospital, University of Bern	Belgium, Czech Republic, Denmark	—
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	American College of Cardiology, American College of Cardiology/American Heart Association, American Heart Association	United States	—
3	Global epidemiology of heart failure (2024)	ASST Spedali Civili di Brescia, ASST Spedali Civili di Brescia; University of Brescia, City Cardiology Center	Italy, Kazakhstan, Morocco	—

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 co-authored the seminal 2018 ESC/ESH hypertension guidelines, establishing a widely adopted clinical framework for arterial hypertension management that has garnered over 45,000 citations.

The researcher's primary contribution is the co-authorship of the 2018 ESC/ESH Guidelines for the management of arterial hypertension, published in the European Heart Journal and Journal of Hypertension. This work serves as the foundational document for this line of inquiry, with no subsequent follow-up papers by the researcher listed in the provided data.

This contribution appears to address the critical need for standardized, evidence-based clinical protocols in managing arterial hypertension. By synthesizing current evidence into comprehensive guidelines, the work likely provided a unified framework for healthcare providers, replacing fragmented or outdated practices with a cohesive, authoritative standard for patient care.

The significance of this work is evidenced by its extensive uptake, with over 45,000 citations indicating it has become a central reference in the field. Furthermore, analysis of citing papers reveals that 100% of the classified citations originate from independent researchers, demonstrating that the guidelines have been widely adopted and utilized by the broader scientific community beyond the researcher's immediate circle.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 2

CORE PAPER

2018 ESC/ESH Guidelines for the management of arterial hypertension: The Task Force for the management of arterial hypertension of the European Society of Cardiology (ESC) and the European Society of Hypertension (ESH)

2018 · European Heart Journal; Journal of Hypertension · 45,248 citations (GS)

Field-normalised: 2,242 Semantic Scholar citations place it in the top 1% of Medicine papers from 2018 indexed by Semantic Scholar, by citation count.

No.	Citing paper	Citing institution(s)	Country	S2
1	2024 ESC Guidelines for the management of chronic coronary syndromes: Developed by the task force for the management of chronic coronary syndromes of the European Society of Cardiology (ESC) Endorsed by the European Association for Cardio-Thoracic Surgery (EACTS) (2024)	Aarhus University Hospital, Amsterdam UMC, University of Amsterdam, Amsterdam University Medical Centers	Belgium, Denmark, France	—
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	—

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 co-authored the seminal 2017 ESC Guidelines for STEMI management, a highly cited framework that established standardized clinical protocols for acute myocardial infarction care across Europe.

The researcher's primary contribution is the co-authorship of the 2017 ESC Guidelines for the management of acute myocardial infarction in patients presenting with ST-segment elevation. Published in the European Heart Journal, this core paper serves as the foundational document for this line of work, with no subsequent follow-up papers by the researcher identified in the provided data.

This work appears to address the critical need for standardized, evidence-based clinical protocols in the emergency management of ST-segment elevation myocardial infarction. By consolidating expert consensus into a formal guideline, the research provides a unified framework for healthcare providers, aiming to reduce variability in treatment and improve patient outcomes in acute cardiac care settings.

The significance of this contribution is underscored by its extensive uptake in the scientific community, evidenced by over 23,000 citations. Notably, analysis of citing papers reveals that 100% of the classified citations originate from independent researchers, indicating that the guidelines have been widely adopted and relied upon by the broader global medical community rather than just the author's immediate circle.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 1

CORE PAPER

2017 ESC Guidelines for the management of acute myocardial infarction in patients presenting with ST-segment elevation: The Task Force for the management of acute myocardial infarction in patients presenting with ST-segment elevation of the European Society of Cardiology (ESC)

2018 · European Heart Journal · 23,589 citations (GS)

Field-normalised: 8,399 Semantic Scholar citations place it in the top 1% of Medicine papers from 2018 indexed by Semantic Scholar, by citation count.

No.	Citing paper	Citing institution(s)	Country	S2
1	2022 ESC Guidelines for the management of patients with ventricular arrhythmias and the prevention of sudden cardiac death: Developed by the task force for the management of patients with ventricular arrhythmias and the prevention of sudden cardiac death of the European Society of Cardiology (ESC) Endorsed by the Association for European Paediatric and Congenital Cardiology (AEPC) (2022)	Antwerp University Hospital, Bern University Hospital, Bern University Hospital, University of Bern	Belgium, Czech Republic, Denmark	—

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
Patient Representative	United Kingdom	—	6
ESC Patient Forum	France	—	4

Institution	Country	World ranking	Citing papers
University of Glasgow	United Kingdom	SCImago #351 · THE 84 · QS 79	4
United Kingdom	United Kingdom	—	4
Victor Babes University of Medicine and Pharmacy	Romania	—	3
Romania	Romania	—	3
University of Brescia	Italy	SCImago #1981 · THE 351–400 · QS =650	3
Victor Babeș University of Medicine and Pharmacy	Romania	—	3
Duke University	United States	SCImago #115 · THE 28 · QS 62	3
University Hospital of Nancy	France	—	3
Oslo University Hospital	Norway	SCImago #781	3
UT Southwestern Medical Center	United States	—	3
Saarland University Hospital	Germany	—	3
IRCCS San Raffaele Pisana	Italy	SCImago #2804	3
University of Cambridge	United Kingdom	SCImago #63 · THE =3 · QS 6	3

Geographic distribution of citing authors

Country	Citing papers
Italy	8
France	7
Germany	7
United Kingdom	7
Switzerland	6
Poland	6
Belgium	6
United States	6
Norway	5
Romania	5
Netherlands	5
Sweden	4

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	2016 ESC Guidelines for the diagnosis and treatment of acute and chronic heart failure	3	Dhanasar — Prong 2 (well-positioned)
Contribution 2	2018 ESC/ESH Guidelines for the management of arterial hypertension: The Task Force for the management of arterial hypertension of the European Society of Cardiology (ESC) and the European Society of Hypertension (ESH)	2	Dhanasar — Prong 2 (well-positioned)
Contribution 3	2017 ESC Guidelines for the management of acute myocardial infarction in patients presenting with ST-segment elevation: The Task Force for the management of acute myocardial infarc-	1	Dhanasar — Prong 2 (well-positioned)

Contribution	Core paper	Indep. cites	Supports
	tion in patients presenting with ST-segment elevation of the European Society of Cardiology (ESC)		