

Citation Evidence Report

EB-1B Petition — Outstanding Professor or Researcher

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

Dr. JoAnn E. Manson

Professor of Medicine, Harvard Medical School, Brigham and Womens Hosp, Harvard Sch of Public Health

[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

9	9	1	334
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.

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.

The researcher’s primary contribution is the publication of the 2017 American Heart Association report on heart disease and stroke statistics in *Circulation*. This work serves as a definitive reference point for current epidemiological data in the field.

This line of work addresses the need for standardized, comprehensive statistical updates on cardiovascular health. By consolidating complex data into a single, authoritative report, the researcher provided a clear resource for tracking disease burden and trends, filling a gap for reliable, centralized information.

The significance of this contribution is evidenced by its extensive citation record, with over 65,000 citations. Furthermore, the high proportion of independent citations suggests that the work has been widely adopted by the broader scientific community as a foundational reference, rather than being cited primarily by the researcher’s immediate circle.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 5

CORE PAPER

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

2017 · *Circulation* · 65,693 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	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	The global prevalence of myocardial infarction: a systematic review and meta-analysis . (2023)	Gerash University of Medical Sciences, Hamadan University of Medical Sciences, Kermanshah University of Medical Sciences	Iran, Malaysia	—
3	Atherosclerosis: Recent developments	Icahn School of Medicine at Mount Sinai, University of California, Los Angeles	United States	—
4	2021 AHA/ACC/ASE/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 (2021)	American Academy of Physician Assistants, American Heart Association, Baylor College of Medicine	Italy, United Kingdom, United States	—
5	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).

D. Citing-Institution Prestige & Geography

Top citing institutions

Institution	Country	World ranking	Citing papers
Brigham and Women's Hospital	United States	SCImago #130	5
Icahn School of Medicine at Mount Sinai	United States	SCImago #295	5
Columbia University	United States	SCImago #65 · THE 20 · QS =38	5
Brigham and Women's Hospital and Harvard Medical School	United States	—	5
Stanford University	United States	SCImago #18 · THE =5 · QS 3	5
American Heart Association	United States	SCImago #2251	5
University of California, Los Angeles	United States	SCImago #70 · THE =18 · QS 46	4
Beth Israel Deaconess Medical Center	United States	SCImago #647	4
Johns Hopkins University	United States	SCImago #33 · THE 16 · QS 24	4
Brigham and Women's Hospital and Harvard Medical School	United States	—	4
Beth Israel Deaconess Medical Center and Harvard Medical School	United States	—	4
University of California, San Francisco	United States	SCImago #98	4
Northwestern University	United States	THE 30 · QS =42	4
Massachusetts General Hospital	United States	SCImago #100	4
University of Washington	United States	SCImago #45 · THE 25 · QS 81	4

Geographic distribution of citing authors

Country	Citing papers
United States	7
Brazil	3
Canada	3
Germany	2
Italy	2
United Kingdom	2
Austria	1
Malaysia	1
Netherlands	1
Norway	1
Poland	1
Slovenia	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	Heart Disease and Stroke Statistics—2017 Update: A Report From the American Heart Association	5	8 CFR 204.5(i)(3) – Outstanding Researcher