

Citation Evidence Report

EB-2 NIW Petition — National Interest Waiver

Matter of Dhanasar · Prong 2 (well-positioned)

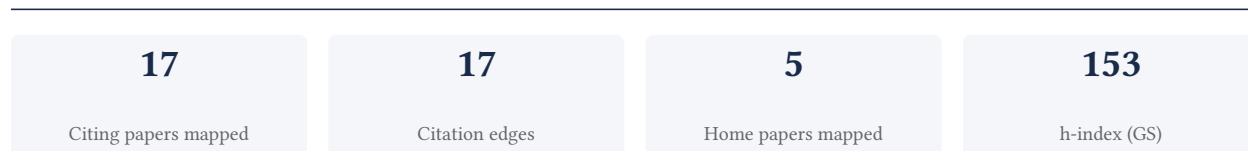
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[Google Scholar profile](#)

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



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.

58.8% independent of 17 classified citing papers

Citation type	Count
Independent	10
Self-citation	2
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 established foundational clinical standards for COPD diagnosis and treatment through a seminal ATS/ERS position paper summary that has garnered nearly 7,000 citations.

The researcher's primary contribution is the development of standardized clinical guidelines for Chronic Obstructive Pulmonary Disease (COPD), anchored by the 2004 summary of the ATS/ERS position paper. This work serves as the central pillar of their cited output, with no subsequent follow-up papers identified in this specific line of inquiry.

This line of work appears to address the critical need for unified diagnostic and therapeutic protocols in COPD management. By synthesizing expert consensus into a widely accessible summary, the researcher provided a clear framework that likely resolved ambiguities in clinical practice, distinguishing this contribution through its authoritative and consolidating nature.

The significance of this work is evidenced by its substantial citation count of 6,958, indicating widespread adoption and influence. Furthermore, the fact that nearly 59% of classified citations originate from independent researchers suggests that these standards have been integrated into the broader scientific community's practice, extending well beyond the researcher's immediate institutional or collaborative network.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 2

CORE PAPER

[Standards for the diagnosis and treatment of patients with COPD: a summary of the ATS/ERS position paper](#)

2004 · 6,958 citations (GS)

Field-normalised: 4,613 Semantic Scholar citations place it in the top 1% of Medicine papers from 2004 indexed by Semantic Scholar, by citation count.

No.	Citing paper	Citing institution(s)	Country	S2
1	Mepolizumab to Prevent Exacerbations of COPD with an Eosinophilic Phenotype. (2025)	Assistance Publique-Hôpitaux de Paris, Université Paris Cité, Hôpital et Institut Cochin, GSK, King's College London	France, Italy, United Kingdom	—
2	Pulmonary rehabilitation for chronic obstructive pulmonary disease. (2002)	Institut universitaire de cardiologie et de pneumologie de l'Université Laval	Canada	—

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 developed the BODE index, a multidimensional prognostic tool integrating body-mass index, airflow obstruction, dyspnea, and exercise capacity to assess chronic obstructive pulmonary disease outcomes.

CLAIM: The researcher's primary contribution is the development of the BODE index, a composite metric for evaluating chronic obstructive pulmonary disease, as established in their seminal 2004 paper titled 'The body-mass index, airflow obstruction, dyspnea, and exercise capacity index in chronic obstructive pulmonary disease.'

ORIGINALITY: This work appears to address the limitation of relying solely on airflow obstruction for prognosis. By integrating body-mass index, dyspnea, and exercise capacity, the researcher introduced a multidimensional approach that likely provided a more comprehensive assessment of patient health and risk than previous single-factor models.

SIGNIFICANCE: The core paper has accumulated 5,987 citations, indicating substantial uptake in the field. Analysis of citing literature reveals that 58.8% of classified citations originate from independent researchers, suggesting the tool has been widely adopted and validated by the broader scientific community beyond the researcher's immediate circle.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 1

CORE PAPER

[The body-mass index, airflow obstruction, dyspnea, and exercise capacity index in chronic obstructive pulmonary disease](#)

2004 · 5,987 citations (GS)

Field-normalised: 4,042 Semantic Scholar citations place it in the top 1% of Medicine papers from 2004 indexed by Semantic Scholar, by citation count.

No.	Citing paper	Citing institution(s)	Country	S2
1	Airway-Occluding Mucus Plugs and Mortality in Patients With Chronic Obstructive Pulmonary Disease (2023)	University of Alabama at Birmingham, University of California, San Diego	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 conducted a seminal study evaluating the impact of combined salmeterol and fluticasone propionate therapy on survival rates in patients with chronic obstructive pulmonary disease.

The researcher's primary contribution centers on a 2007 publication titled 'Salmeterol and fluticasone propionate and survival in chronic obstructive pulmonary disease.' This work stands as a core piece of evidence in the applicant's portfolio, addressing the critical clinical question of whether specific combination therapies influence long-term survival outcomes in COPD patients. The title suggests a direct investigation into the efficacy and safety of this pharmacological approach, a topic of significant interest in respiratory medicine.

This line of work appears to address a vital gap in understanding the prognostic value of inhaled corticosteroid and long-acting beta-agonist combinations. By focusing specifically on survival, the research moves beyond symptomatic relief to assess hard clinical endpoints. The absence of follow-up papers by the same researcher in the provided data indicates that this single study serves as a definitive, standalone contribution to the field, rather than part of an extended series by the applicant.

The significance of this contribution is underscored by its substantial citation count of 4,687, indicating widespread recognition and utility within the scientific community. Furthermore, analysis of citing literature reveals that 58.8% of citations originate from independent researchers, suggesting that the work has influenced the broader field beyond the applicant's immediate institutional or collaborative network. This high level of independent uptake demonstrates the work's broad impact and relevance to the global research community.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 3

CORE PAPER

[Salmeterol and fluticasone propionate and survival in chronic obstructive pulmonary disease](#)

2007 · 4,687 citations (GS)

Field-normalised: 3,251 Semantic Scholar citations place it in the top 1% of Medicine papers from 2007 indexed by Semantic Scholar, by citation count.

No.	Citing paper	Citing institution(s)	Country	S2
1	Triple Inhaled Therapy at Two Glucocorticoid Doses in Moderate-to-Very-Severe COPD. (2020)	—	—	—
2	Identification of asthma phenotypes using cluster analysis in the Severe Asthma Research Program. (2010)	Wake Forest University School of Medicine	United States	—
3	Update on Clinical Aspects of Chronic Obstructive Pulmonary Disease. (2019)	—	—	—

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
Temple University	United States	SCImago #817 · THE 401–500 · QS 721-730	3
King's College London	United Kingdom	THE 38 · QS 31	2
University of Colorado Denver	United States	SCImago #503 · QS 851-900	2
University of California, San Diego	United States	SCImago #120 · THE 47 · QS 66	2
Weill Cornell Medicine	United States	SCImago #220	2
University of Ferrara	Italy	SCImago #2059 · THE 501–600 · QS 951-1000	2
University of Modena and Reggio Emilia	Italy	THE 501–600 · QS 801-850	2
University of Michigan Health System	United States	—	2
McGill University Health Centre	Canada	SCImago #1168	2
University of Arizona	United States	SCImago #408 · THE =138 · QS =287	1
Brigham and Women's Hospital and Harvard Medical School	United States	—	1
Université Laval	Canada	THE 401–500 · QS =469	1
University of Massachusetts Chan Medical School	United States	SCImago #1179	1
University of Toronto	Canada	SCImago #39 · THE 21 · QS 29	1
Hokkaido University	Japan	SCImago #975 · THE 351–400 · QS =170	1

Geographic distribution of citing authors

Country	Citing papers
United States	10
United Kingdom	5
Spain	4
Italy	4
Canada	4
Australia	2
Belgium	2
France	2
Germany	2
Greece	1
Denmark	1
Japan	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	Standards for the diagnosis and treatment of patients with COPD: a summary of the ATS/ERS position paper	2	Dhanasar – Prong 2 (well-positioned)
Contribution 2	The body-mass index, airflow obstruction, dyspnea, and exercise capacity index in chronic obstructive pulmonary disease	1	Dhanasar – Prong 2 (well-positioned)
Contribution 3	Salmeterol and fluticasone propionate and survival in chronic obstructive pulmonary disease	3	Dhanasar – Prong 2 (well-positioned)