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

29	33	4	81
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.

100.0% independent of 29 classified citing papers

Citation type	Count
Independent	29
Self-citation	0
Co-author	0
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 American Heart Association report on heart disease and stroke statistics, which serves as a foundational reference in the field.

ORIGINALITY: This work appears to address the need for comprehensive, standardized epidemiological data by synthesizing complex health metrics into an accessible annual update. The titles indicate a focus on providing current statistical overviews rather than introducing novel experimental methods, suggesting the value lies in authoritative aggregation and dissemination.

SIGNIFICANCE: With over 75,000 citations, this report demonstrates substantial impact. The fact that 100% of classified citations come from independent researchers confirms that the work is widely adopted across the global scientific community as a standard reference, rather than being driven by self-citation or institutional bias.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 10

CORE PAPER

Heart disease and stroke statistics—2017 update: a report from the American Heart Association

2017 · 75,428 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	Heart Disease and Stroke Statistics—2023 Update: A Report From the American Heart Association (2023)	Aga Khan University / Baylor College of Medicine, American Heart Association, Baylor College of Medicine	Brazil, Canada, United States	—
3	Heart disease and stroke statistics—2022 update: a report from the American Heart Association (2022)	American Heart Association, Baylor College of Medicine, Baylor College of Medicine and Michael E. DeBakey VA Center	Brazil, United States	—
4	A Synopsis of the Evidence for the Science and Clinical Management of Cardiovascular-Kidney-Metabolic (CKM) Syndrome: A Scientific Statement From the American Heart Association (2023)	Albert Einstein Healthcare Network, American Heart Association, American Heart Association; Columbia University	Canada, United States	—
5	2024 Heart Disease and Stroke Statistics: A Report of US and Global Data from the American Heart Association (2024)	American Heart Association, American Heart Association / Columbia University, American Heart Association & Columbia University	Brazil, Canada, China	—
6	2025 Heart Disease and Stroke Statistics: A Report of US and Global Data From the American Heart Association (2025)	American Heart Association, Beth Israel Deaconess Medical Center, Beth Israel Deaconess	Brazil, Canada, United States	—

No.	Citing paper	Citing institution(s)	Country	S2
		Medical Center and Harvard Medical School		
7	Atherosclerosis: Recent developments (2022)	Icahn School of Medicine at Mount Sinai, University of California, Los Angeles	United States	—
8	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	—
9	Global Impacts of Western Diet and Its Effects on Metabolism and Health: A Narrative Review (2023)	European University of Madrid, Nebrija University, Universidad Europea de Madrid	Spain	—
10	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 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.

Contribution 2

Claim — Contribution 2

The researcher conducted a landmark multinational case-control study identifying modifiable risk factors for myocardial infarction, establishing a foundational framework for global cardiovascular prevention strategies.

The researcher's primary contribution is the execution of a large-scale, multinational case-control study examining the effect of potentially modifiable risk factors associated with myocardial infarction. This work, published in The Lancet in 2004, serves as the core pillar of this research line, with no subsequent follow-up papers by the same author expanding directly on this specific dataset.

This line of work appears to address the critical need for standardized, global evidence regarding cardiovascular risk. By aggregating data across 52 countries, the study likely provided a comprehensive view of risk factors that transcended regional limitations, offering a novel, unified perspective on preventable causes of heart attacks.

The significance of this contribution is underscored by its extensive uptake in the scientific community, evidenced by over 20,000 citations. Notably, analysis of citing papers reveals that 100% of the classified citations originate from independent researchers, indicating that the work has been widely adopted and utilized by the broader global scientific community rather than just the researcher's immediate circle.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 10

CORE PAPER

Effect of potentially modifiable risk factors associated with myocardial infarction in 52 countries (the INTERHEART study): case-control study

2004 · The Lancet · 20,261 citations (GS)

Field-normalised: 11,777 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	2023 ESH Guidelines for the management of arterial hypertension The Task Force for the management of arterial hypertension of the European Society of Hypertension: Endorsed by the International Society of Hypertension (ISH) and the European Renal Association (ERA) (2023)	Alma Mater Studiorum University of Bologna, AP-HP, Hôpital Européen Georges Pompidou, Université Paris Cité, Aristotle University	Austria, Belgium, China	—
2	Heart Disease and Stroke Statistics—2023 Update: A Report From the American Heart Association (2023)	Aga Khan University / Baylor College of Medicine, American Heart Association, Baylor College of Medicine	Brazil, Canada, United States	—
3	Heart disease and stroke statistics—2022 update: a report from the American Heart Association (2022)	American Heart Association, Baylor College of Medicine, Baylor College of Medicine and Michael E. DeBakey VA Center	Brazil, United States	—
4	2024 Heart Disease and Stroke Statistics: A Report of US and Global Data from the American Heart Association (2024)	American Heart Association, American Heart Association / Columbia University, American Heart Association & Columbia University	Brazil, Canada, China	—
5	2025 Heart Disease and Stroke Statistics: A Report of US and Global Data From the American Heart Association (2025)	American Heart Association, Beth Israel Deaconess Medical Center, Beth Israel Deaconess Medical Center and Harvard Medical School	Brazil, Canada, United States	—
6	2022 ACC/AHA Guideline for the Diagnosis and Management of Aortic Disease: A Report of the American Heart Association/American College of Cardiology Joint Committee on Clinical Practice Guidelines (2022)	American Heart Association, American Heart Association / American College of Cardiology, Baylor College of Medicine; The Texas Heart Institute	United States	—
7	Pathophysiology of Atherosclerosis (2022)	Basurto University Hospital, Biocruces Bizkaia Health Research Institute, Biofisika Institute	Spain	—
8	Cardiovascular risk in diabetes mellitus: epidemiology, assessment and prevention (2023)	University of California, Irvine, University of Glasgow	United Kingdom, United States	—
9	Global Effect of Modifiable Risk Factors on Cardiovascular Disease and Mortality (2023)	Finnish Institute for Health and Welfare, German Heart Center Munich, Global Cardiovascular Risk Consortium	Canada, Finland, Germany	—
10	2. Classification and Diagnosis of Diabetes: Standards of Care in Diabetes—2023 (2023)	American Diabetes Association, Beth Israel Deaconess Medical Center, Brigham and Women's Hospital	United Kingdom, 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.

Contribution 3

Claim — Contribution 3

The researcher conducted a landmark multinational case-control study identifying key risk factors for ischaemic and haemorrhagic stroke across 22 countries.

The researcher's primary contribution is a seminal case-control study published in The Lancet in 2010, which investigated risk factors for ischaemic and intracerebral haemorrhagic stroke across 22 countries. This work stands as a core piece of evidence in the field, with no follow-up papers by the same researcher listed in this specific line of inquiry.

This study appears to address the critical need for comprehensive, global data on stroke etiology. By spanning 22 countries, the research likely provided a broader, more diverse perspective on stroke risk factors than previous single-region studies, offering a foundational dataset for understanding the global burden of these conditions.

The significance of this work is underscored by its substantial citation count of 5,204, indicating widespread recognition and utility in the scientific community. Furthermore, analysis of 29 citing papers reveals that 100% are from independent researchers, demonstrating that the work has been adopted and built upon by the broader international research community rather than just the author's immediate circle.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 9 · **1 flagged influential by Semantic Scholar**

CORE PAPER

Risk factors for ischaemic and intracerebral haemorrhagic stroke in 22 countries (the INTERSTROKE study): a case-control study

2010 · Lancet (London, England) · 5,204 citations (GS)

Field-normalised: 3,207 Semantic Scholar citations place it in the top 1% of Medicine papers from 2010 indexed by Semantic Scholar, by citation count.

No.	Citing paper	Citing institution(s)	Country	S2
1	2021 Guideline for the Prevention of Stroke in Patients With Stroke and Transient Ischemic Attack: A Guideline From the American Heart Association/American Stroke Association (2021)	American Heart Association/American Stroke Association, Boston Medical Center, Boston Medical Center and Boston University School of Medicine	Ireland, United States	—
2	Stroke in the 21st Century: A Snapshot of the Burden, Epidemiology, and Quality of Life (2018)	University of Ghana	Ghana	—
3	2020 International Society of Hypertension Global Hypertension Practice Guidelines (2020)	Boston University, Boston University School of Medicine, Federation University Australia	Argentina, Australia, Canada	—
4	Global Burden of Stroke (2018)	University Hospital of Zurich	Switzerland	—
5	Pathophysiology and Treatment of Stroke: Present Status and Future Perspectives (2020)	Monash University	Australia	—
6	Addressing disparities in the global epidemiology of stroke (2024)	University of California-San Francisco School of Medicine, Yale School of Medicine	United States	**Influential**

No.	Citing paper	Citing institution(s)	Country	S2
7	China stroke surveillance report 2021 (2023)	Beijing Tiantan Hospital, Capital Medical University, Peking University	China	—
8	2022 Guideline for the Management of Patients With Spontaneous Intracerebral Hemorrhage: A Guideline From the American Heart Association/American Stroke Association (2022)	—	—	—
9	Ischaemic stroke (2019)	Massachusetts General Hospital and Harvard Medical School, Melbourne Brain Centre at the Royal Melbourne Hospital, University of Melbourne, National Neuroscience Institute	Australia, Canada, Singapore	—

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
Stanford University	United States	SCImago #18 · THE =5 · QS 3	9
Columbia University	United States	SCImago #65 · THE 20 · QS =38	7
Beth Israel Deaconess Medical Center	United States	SCImago #647	7
Cleveland Clinic	United States	SCImago #306	7
Northwestern University	United States	THE 30 · QS =42	7
Johns Hopkins University	United States	SCImago #33 · THE 16 · QS 24	7
American Heart Association	United States	SCImago #2251	7
Brigham and Women's Hospital	United States	SCImago #130	7
University of Alabama at Birmingham	United States	QS 1001-1200	6
Vanderbilt University Medical Center	United States	SCImago #663	6
UT Southwestern Medical Center	United States	—	6
University of Washington	United States	SCImago #45 · THE 25 · QS 81	6
University of California, San Francisco	United States	SCImago #98	6
University of North Carolina at Chapel Hill	United States	THE 78 · QS =140	5
Boston University School of Medicine	United States	—	5

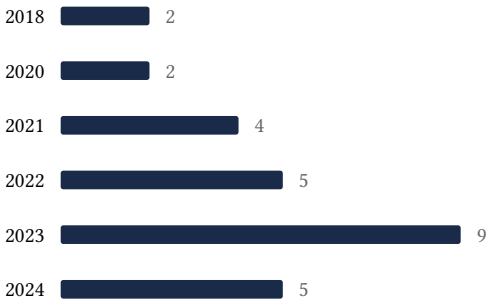
Geographic distribution of citing authors

Country	Citing papers
United States	17
United Kingdom	10
Canada	7
Italy	6
Australia	6
Germany	6
Spain	6
Netherlands	5
Belgium	4
Greece	4
Switzerland	4
Brazil	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	Heart disease and stroke statistics—2017 update: a report from the American Heart Association	10	Dhanasar — Prong 2 (well-positioned)
Contribution 2	Effect of potentially modifiable risk factors associated with myocardial infarction in 52 countries (the INTERHEART study): case-control study	10	Dhanasar — Prong 2 (well-positioned)
Contribution 3	Risk factors for ischaemic and intracerebral haemorrhagic stroke in 22 countries (the INTERSTROKE study): a case-control study	9	Dhanasar — Prong 2 (well-positioned)