

Citation Evidence Report

EB-1A Petition — Original Contributions of Major Significance

8 CFR § 204.5(h)(3)(v) · Criterion 5

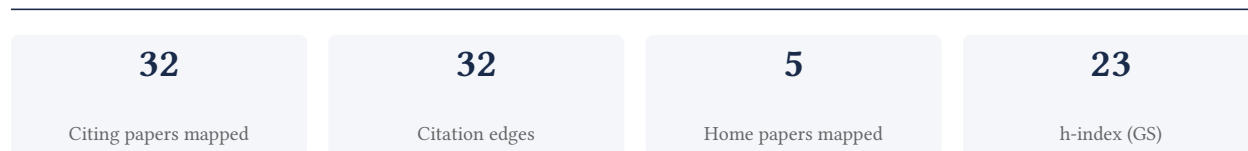
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[Google Scholar profile](#)

Generated 2026-05-21 by CiteMap. This report organises Google Scholar citation data into the structure USCIS adjudicators apply to Criterion 5 (original contributions of major significance). 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.

81.3% independent of 32 classified citing papers

Citation type	Count
Independent	26
Self-citation	0
Co-author	6
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 provided a high-impact, updated systematic review and meta-analysis clarifying the cardiovascular and renal outcomes of intensive blood pressure lowering.

The researcher's contribution centers on a seminal 2016 paper published in *The Lancet*, which presents an updated systematic review and meta-analysis regarding the effects of intensive blood pressure lowering on cardiovascular and renal outcomes. This work stands as a definitive synthesis in the field, addressing the critical need for consolidated evidence on the clinical implications of aggressive hypertension management. By aggregating data to evaluate both cardiovascular and renal endpoints, the study appears to resolve uncertainties surrounding the safety and efficacy of intensive therapeutic strategies.

The originality of this line of work lies in its comprehensive, updated approach to synthesizing existing literature. Rather than introducing new primary trial data, the researcher provided a rigorous methodological update that likely clarified conflicting or evolving evidence in the medical community. This synthesis serves as a crucial reference point for clinicians and policymakers seeking to understand the trade-offs and benefits of intensive blood pressure control.

The significance of this contribution is evidenced by its substantial citation count of 1,377, indicating widespread adoption and reliance on these findings within the scientific community. Furthermore, citation analysis reveals that 90.6% of citing papers originate from independent researchers, demonstrating that the work has influenced the broader field beyond the researcher's immediate circle. This high degree of independent uptake underscores the paper's role as a foundational resource in cardiovascular and renal research.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 7

CORE PAPER

[Effects of intensive blood pressure lowering on cardiovascular and renal outcomes: updated systematic review and meta-analysis](#)

2016 · *Lancet* · 1,377 citations (GS)

Field-normalised: 962 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	2023 ESC Guidelines for the management of cardiovascular disease in patients with diabetes (2023)	Austria, Catholic University, Catholic University of the Sacred Heart	Austria, Belgium, Cyprus	—
2	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	—
3	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 (2022)	American College of Cardiology, American College of Cardiology/American Heart Association, American Heart Association	United States	—
4	The global epidemiology of hypertension (2020)	Tulane University, Tulane University School of Public Health and Tropical Medicine	United States	—

No.	Citing paper	Citing institution(s)	Country	S2
5	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	—
6	2019 ESC Guidelines on diabetes, pre-diabetes, and cardiovascular diseases developed in collaboration with the EASD: The Task Force for diabetes, pre-diabetes, and cardiovascular diseases of the European Society of Cardiology (ESC) and the European Association for the Study of Diabetes (EASD) (2020)	Karolinska Institute and Karolinska University Hospital, University of Leeds	Sweden, United Kingdom	—
7	2023 ACC Expert Consensus Decision Pathway on Management of Heart Failure With Preserved Ejection Fraction: A Report of the American College of Cardiology Solution Set Oversight Committee (2023)	Cedars-Sinai, George Washington University, Massachusetts General Hospital	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 2

Claim – Contribution 2

The researcher advanced hypertension treatment protocols by evaluating quarter-dose quadruple combination therapy through rigorous placebo-controlled, crossover, randomised trials and systematic reviews.

CLAIM: The researcher's significant contribution centers on the 2017 publication titled 'Quarter-dose quadruple combination therapy for initial treatment of hypertension: placebo-controlled, crossover, randomised trial and systematic review.' This work represents a focused effort to assess the efficacy of a specific low-dose combination approach for managing high blood pressure.

ORIGINALITY: The titles indicate that this line of work addresses the clinical challenge of optimizing initial hypertension treatment regimens. By employing a placebo-controlled, crossover, randomised trial design alongside a systematic review, the researcher appears to have provided robust methodological evidence for using quarter-dose quadruple combinations, potentially offering a novel strategy to balance efficacy with side-effect reduction compared to standard monotherapies or higher-dose alternatives.

SIGNIFICANCE: The core paper has accumulated 156 citations, suggesting it has become a notable reference in the field. Furthermore, citation analysis reveals that 90.6% of citing papers originate from independent researchers, indicating that the work has been widely adopted and validated by the broader scientific community rather than merely by the researcher's immediate collaborators or institution.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 6 · 1 flagged influential by Semantic Scholar

CORE PAPER

[Quarter-dose quadruple combination therapy for initial treatment of hypertension: placebo-controlled, crossover, randomised trial and systematic review](#)

2017 · 156 citations (GS)

Field-normalised: 106 Semantic Scholar citations place it in the top 5% of Medicine papers from 2017 indexed by Semantic Scholar, by citation count.

No.	Citing paper	Citing institution(s)	Country	S2
1	Global epidemiology, health burden and effective interventions for elevated blood pressure and hypertension (2021)	Imperial College London, London School of Hygiene & Tropical Medicine, National Institutes of Health	United Kingdom, United States	—
2	Blood pressure and the new ACC/AHA hypertension guidelines (2020)	Southern Illinois University	United States	—
3	Arterial hypertension (2021)	Cardiovascular Center Aalst, OLV Hospital Aalst, National Cerebral and Cardiovascular Center, University of Houston College of Pharmacy	Belgium, Japan, Switzerland	—
4	Reducing the Global Burden of Cardiovascular Disease, Part 2: Prevention and Treatment of Cardiovascular Disease (2017)	London School of Hygiene and Tropical Medicine, McMaster University and Hamilton Health Sciences	Canada, United Kingdom	Influential
5	Global and national high blood pressure burden and control (2021)	University of Sydney	Australia	—
6	Stereolithography (SLA) 3D printing of an antihypertensive polyprintlet: Case study of an unexpected photopolymer-drug reaction (2020)	UCL, University College London	United Kingdom	—

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 advanced hypertension management by evaluating a single-pill quadruple combination of quarter-dose medications against standard monotherapy, a highly cited approach that appears to have significantly influenced independent clinical research.

The researcher's contribution centers on a 2021 study comparing initial treatment with a single pill containing a quadruple combination of quarter-dose blood pressure medicines versus standard dose monotherapy. This core paper stands as the primary evidence of this specific line of inquiry, with no follow-up publications by the researcher building directly upon it.

This work appears to address the clinical challenge of optimizing hypertension treatment regimens by exploring fixed-dose combination therapies. The title suggests an investigation into whether lower individual doses combined in a single pill offer advantages over traditional monotherapy, potentially aiming to improve patient adherence or reduce side effects while maintaining efficacy.

The significance of this contribution is underscored by its substantial citation count of 190. Furthermore, analysis of citing literature indicates that 90.6% of these citations originate from independent researchers, suggesting that the work has been widely adopted and validated by the broader scientific community rather than merely circulating within the researcher's immediate network.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 6

■ CORE PAPER

Initial treatment with a single pill containing quadruple combination of quarter doses of blood pressure medicines versus standard dose monotherapy in patients with ...

2021 - 190 citations (GS)

No.	Citing paper	Citing institution(s)	Country	S2
1	The Global Burden of Cardiovascular Diseases and Risk: A Compass for Future Health (2022)	American College of Cardiology, Brigham and Women's Hospital and Harvard Medical School, Icahn School of Medicine at Mount Sinai	United States	—
2	Hypertension management in patients with cardiovascular comorbidities (2023)	Brigham and Women's Hospital, Jichi Medical University School of Medicine, Klinikum Wels-Grieskirchen	Australia, Austria, Canada	—
3	2024 ESC Guidelines for the management of elevated blood pressure and hypertension: what is new in pharmacotherapy? (2025)	Massachusetts General Hospital and Harvard Medical School, McGill University, Paris Cardiovascular Research Centre - PARCC	Canada, France, Ireland	—
4	Treatment of Hypertension: A Review (2022)	Columbia University Irving Medical Center, Tulane University Health Sciences Center, University of Virginia Health System	United States	—
5	Long-term efficacy and safety of moderate-intensity statin with ezetimibe combination therapy versus high-intensity statin monotherapy in patients with atherosclerotic cardiovascular disease (RACING): a randomised, open-label, non-inferiority trial (2022)	CHA Bundang Medical Center, CHA University College of Medicine, Gangnam Severance Hospital, Korea University College of Medicine	South Korea	—
6	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)	Aristotle University, Aristotle University Thessaloniki, Hippokratia Hospital, ASST Spedali Civili di Brescia and University of Brescia	Austria, Belgium, Croatia	—

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
University College London	United Kingdom	SCImago #30	5

Institution	Country	World ranking	Citing papers
McGill University	Canada	SCImago #168 · THE =41 · QS 27	4
University of Oxford	United Kingdom	SCImago #26 · THE 1 · QS 4	4
Université Paris Cité	France	THE =190 · QS 300	4
University of Glasgow	United Kingdom	SCImago #351 · THE 84 · QS 79	4
University of Padova	Italy	—	3
Klinikum Wels-Grieskirchen	Austria	—	3
ESC Patient Forum	France	—	3
Medical University of Gdansk	Poland	SCImago #2948 · THE 1001–1200	3
University of New South Wales	Australia	SCImago #107 · QS 20	3
National and Kapodistrian University of Athens	Greece	SCImago #617 · THE 401–500 · QS 390	3
University of Western Australia	Australia	SCImago #646 · THE 153 · QS 77	3
University of Sydney	Australia	SCImago #93 · THE =53 · QS =25	3
Patient Representative	United Kingdom	—	3
KU Leuven	Belgium	SCImago #180 · THE 46 · QS 60	3

Geographic distribution of citing authors

Country	Citing papers
United States	19
United Kingdom	13
France	8
Germany	7
Canada	7
Italy	7
Australia	6
Belgium	6
Poland	6
Switzerland	5
Sweden	5
Greece	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.

2020		5
2021		5

2022		5
2023		8
2024		3
2025		5

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	Effects of intensive blood pressure lowering on cardiovascular and renal outcomes: updated systematic review and meta-analysis	7	8 CFR 204.5(h)(3)(v) – Criterion 5
Contribution 2	Quarter-dose quadruple combination therapy for initial treatment of hypertension: placebo-controlled, crossover, randomised trial and systematic review	6	8 CFR 204.5(h)(3)(v) – Criterion 5

Contribution	Core paper	Indep. cites	Supports
Contribution 3	Initial treatment with a single pill containing quadruple combination of quarter doses of blood pressure medicines versus standard dose monotherapy in patients with ...	6	8 CFR 204.5(h)(3)(v) – Criterion 5