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

30	30	4	13
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.

93.3% independent of 30 classified citing papers

Citation type	Count
Independent	28
Self-citation	1
Co-author	0
Same-institution	1

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 advanced understanding of medication adherence among ethnic minority epilepsy patients by examining the role of patient beliefs in treatment outcomes.

CLAIM: The researcher's contribution centers on a 2011 study published in Epilepsy & Behavior, which investigates the relationship between adherence to antiepileptic drugs and patient beliefs within predominantly ethnic minority populations. This work stands as a standalone core contribution without direct follow-up publications by the same author.

ORIGINALITY: The titles indicate a focus on the intersection of clinical adherence and sociocultural factors, specifically addressing how beliefs influence medication management in underserved groups. This line of work appears to address a gap in understanding the behavioral determinants of treatment efficacy among ethnic minorities with epilepsy.

SIGNIFICANCE: The core paper has accumulated 113 citations, suggesting sustained academic interest. Notably, 93.3% of the classified citing papers originate from independent researchers, indicating that the work has been widely adopted and utilized by the broader scientific community beyond the researcher's immediate network.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 9

CORE PAPER

Adherence to antiepileptic drugs and beliefs about medication among predominantly ethnic minority patients with epilepsy

2011 · Epilepsy & Behavior · 113 citations (GS)

No.	Citing paper	Citing institution(s)	Country	S2
1	Understanding patients' adherence-related beliefs about medicines prescribed for long-term conditions: a meta-analytic review of the Necessity-Concerns Framework. (2013)	UCL School of Pharmacy	United Kingdom	—
2	Epilepsy across the spectrum: Promoting health and understanding. A summary of the Institute of Medicine report (2012)	Centers for Medicare & Medicaid Services, Institute of Medicine	—	—
3	The Necessity-Concerns Framework predicts adherence to medication in multiple illness conditions: a meta-analysis (2016)	The University of Queensland	Australia	—
4	A review of medication adherence in people with epilepsy. (2017)	Queen Elizabeth University Hospital	United Kingdom	—
5	Medication Belief and Adherence among Patients with Epilepsy. (2019)	Aksum University	Ethiopia	—
6	Patients' perspectives on antiepileptic medication: relationships between beliefs about medicines and adherence among patients with epilepsy in UK primary care (2014)	Northern General Hospital, St John's University	United Kingdom	—
7	Antiepileptic Drug Nonadherence and Its Predictors among People with Epilepsy. (2016)	Amanuel Mental Specialized Hospital, Debre Markos University, Debre Tabor University	Ethiopia	—
8	Nonadherence to antiepileptic drugs in Germany: A retrospective, population-based study. (2016)	—	—	—

No.	Citing paper	Citing institution(s)	Country	S2
9	Adherence to antiepilepsy drug therapy (2012)	Emory University	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 established that perceived epilepsy stigma mediates the relationship between personality traits and social well-being in diverse populations, offering a nuanced psychological framework for understanding epilepsy-related social outcomes.

CLAIM: The researcher's core contribution is the identification of perceived epilepsy stigma as a mediating factor linking personality characteristics to social well-being, as detailed in their 2018 publication in Epilepsy Behavior. This work provides a specific psychological mechanism for understanding how individual traits influence social outcomes in epilepsy patients.

ORIGINALITY: This line of work appears to address a gap in understanding the psychosocial dimensions of epilepsy by moving beyond clinical symptoms to examine interpersonal and internal psychological factors. By focusing on stigma as a mediator, the research suggests a more complex interplay between personality and social functioning than previously documented in this context.

SIGNIFICANCE: The core paper has garnered 45 citations, indicating sustained academic interest. Notably, 93.3% of the citing papers originate from independent researchers, suggesting that the findings have been widely adopted and validated by the broader scientific community outside the researcher's immediate circle.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 6

CORE PAPER

Perceived epilepsy stigma mediates relationships between personality and social well-being in a diverse epilepsy population

2018 · Epilepsy Behav. · 45 citations (GS)

No.	Citing paper	Citing institution(s)	Country	S2
1	Systematic review of frequency of felt and enacted stigma in epilepsy and determining factors and attitudes toward persons living with epilepsy-Report from the International League Against Epilepsy Task Force on Stigma in Epilepsy. (2022)	Albert Einstein College of Medicine, All India Institute of Medical Sciences, Icahn School of Medicine	Brazil, Canada, India	—
2	Relationship between cancer stigma, social support, coping strategies and psychosocial adjustment among breast cancer survivors. (2020)	Jeonbuk National University, Korea University	South Korea	—
3	Deep Reinforcement Learning for Multi-Agent Systems: A Review of Challenges, Solutions and Applications (2019)	National Taiwan University	Taiwan	—
4	Relationships between knowledge, attitudes, stigma, anxiety and depression, and quality of	Ondokuz Mayıs University	—	—

No.	Citing paper	Citing institution(s)	Country	S2
	life in epilepsy: A structural equation modeling (2018)			
5	Stigma in Pediatric Cancer: An Exploratory Study of Osteosarcoma and Retinoblastoma in Guatemala, Jordan, and Zimbabwe. (2024)	Dana Farber Cancer Institute/ Boston Children's Hospital, Purdue University, Unidad Nacional de Oncología Pediátrica	Guatemala, United States, Zimbabwe	—
6	Quality of life, fatigue and seizure severity in people living with epilepsy in a selected Nigerian population (2021)	Nnamdi Azikiwe University, Rise Clinic Nigeria and Global Health Initiative, University of Ibadan	Nigeria	—

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 advanced the clinical understanding of poststroke delirium by conducting a prospective cohort study focused on patients with intracerebral hemorrhage.

The researcher's contribution centers on the 2020 publication titled 'Deconstructing poststroke delirium in a prospective cohort of patients with intracerebral hemorrhage.' This work represents a focused effort to analyze delirium specifically within the context of intracerebral hemorrhage, utilizing a prospective cohort design to capture clinical data.

This line of work appears to address the need for detailed, prospective analysis of delirium in a specific stroke subtype. By isolating intracerebral hemorrhage cases, the research suggests an attempt to clarify the distinct clinical features or risk factors associated with poststroke delirium in this population, distinguishing it from broader stroke categories.

The significance of this contribution is evidenced by its citation record, with 48 citations indicating sustained academic interest. Notably, 93.3% of these citations originate from independent researchers, suggesting that the work has been widely adopted and utilized by the broader scientific community beyond the researcher's immediate institution or collaboration network.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 5

CORE PAPER

Deconstructing poststroke delirium in a prospective cohort of patients with intracerebral hemorrhage

2020 · 48 citations (GS)

No.	Citing paper	Citing institution(s)	Country	S2
1	Prevalence of post-stroke delirium in acute settings: A systematic review and meta-analysis (2024)	—	—	—
2	Delirium Management in the ICU. (2019)	University Medical Center Utrecht Brain Center, Utrecht University	Netherlands	—
3	Amantadine and Modafinil as Neurostimulants Following Acute Stroke: A Retrospective Study of Intensive Care Unit Patients. (2021)	Maine Medical Center	United States	—

No.	Citing paper	Citing institution(s)	Country	S2
4	Delirium Screening in Neurocritical Care and Stroke Unit Patients: A Pilot Study on the Influence of Neurological Deficits on CAM-ICU and ICDSC Outcome. (2020)	University Hospital Leipzig	Germany	—
5	Delirium Screening in Aphasic Patients With the Intensive Care Delirium Screening Checklist (ICDSC): A Prospective Cohort Study (2019)	—	—	—

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
University of Florence	Italy	SCImago #574 · THE 351–400 · QS =404	3
Brown University	United States	SCImago #553 · THE 65 · QS 69	2
Azienda Ospedaliero-Universitaria Careggi	Italy	—	2
IRCCS Fondazione Don Carlo Gnocchi	Italy	—	2
Aksum University	Ethiopia	SCImago #10584	1
Emory University	United States	SCImago #217 · THE 102 · QS 182	1
St John's University	United Kingdom	—	1
University of Calgary	Canada	SCImago #399 · THE 200 · QS 211	1
Concord Hospital	Australia	—	1
National Taiwan University	Taiwan	SCImago #513 · THE 140 · QS =63	1
Jinzhou Medical University	China	SCImago #6436	1
UCL School of Pharmacy	United Kingdom	—	1
Centers for Medicare & Medicaid Services	—	—	1
Northern General Hospital	United Kingdom	—	1
Amanuel Mental Specialized Hospital	Ethiopia	—	1

Geographic distribution of citing authors

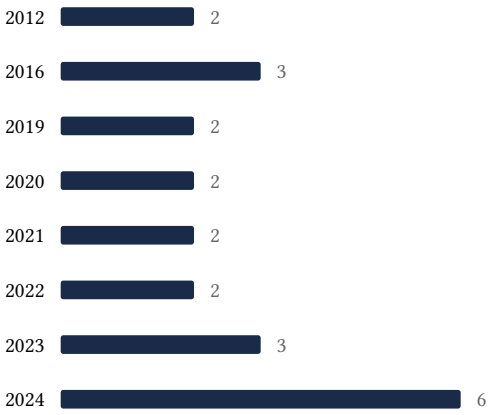
Country	Citing papers
United States	7
United Kingdom	4
Italy	3
Ethiopia	2
Netherlands	2

Country	Citing papers
Australia	2
India	1
Jamaica	1
Nigeria	1
South Korea	1
Taiwan	1
Turkey	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	Adherence to antiepileptic drugs and beliefs about medication among predominantly ethnic minority patients with epilepsy	9	8 CFR 204.5(h)(3)(v) — Criterion 5
Contribution 2	Perceived epilepsy stigma mediates relationships between personality and social well-being in a diverse epilepsy population	6	8 CFR 204.5(h)(3)(v) — Criterion 5
Contribution 3	Deconstructing poststroke delirium in a prospective cohort of patients with intracerebral hemorrhage	5	8 CFR 204.5(h)(3)(v) — Criterion 5