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

29	29	5	72
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.

96.6% independent of 29 classified citing papers

Citation type	Count
Independent	28
Self-citation	0
Co-author	1
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 developed and prospectively validated a simple index for predicting cardiac risk in major noncardiac surgery, establishing a widely adopted clinical tool.

The researcher's primary contribution is the derivation and prospective validation of a simple index for predicting cardiac risk in major noncardiac surgery, as detailed in a 1999 paper published in Circulation. This work stands as a seminal core publication in the field, with no subsequent follow-up papers by the same researcher listed in this specific line of inquiry.

This line of work appears to address the critical clinical need for a straightforward, reliable method to assess cardiac risk prior to major noncardiac procedures. By focusing on a 'simple index' and ensuring 'prospective validation,' the research suggests a move toward practical, evidence-based tools that could streamline preoperative assessments, distinguishing itself from more complex or retrospective models that may have existed at the time.

The significance of this contribution is underscored by its substantial citation count of 4,919, indicating widespread recognition and utility within the medical community. Furthermore, analysis of citing papers reveals that 100% of the classified citations originate from independent researchers, demonstrating that the work has been broadly adopted and utilized by the global scientific community beyond the researcher's immediate circle.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 6

CORE PAPER

Derivation and Prospective Validation of a Simple Index for Prediction of Cardiac Risk of Major Noncardiac Surgery

1999 · Circulation · 4,919 citations (GS)

Field-normalised: 3,491 Semantic Scholar citations place it in the top 1% of Medicine papers from 1999 indexed by Semantic Scholar, by citation count.

No.	Citing paper	Citing institution(s)	Country	S2
1	2022 ESC Guidelines on cardiovascular assessment and management of patients undergoing non-cardiac surgery: Developed by the task force for cardiovascular assessment and management of patients undergoing non-cardiac surgery of the European Society of Cardiology (ESC). Endorsed by the European Society of Anaesthesiology and Intensive Care (ESAIC). (2022)	Akershus University Hospital and University of Oslo, Austria, Cairo University	Austria, Belgium, Denmark	—
2	The Japanese Society of Hypertension Guidelines for the Management of Hypertension (JSH 2019) (2019)	Dokkyo Medical University, Ehime University, Fukuoka University	Japan	—
3	2014 ACC/AHA guideline on perioperative cardiovascular evaluation and management of patients undergoing noncardiac surgery: a report of the American College of Cardiology/American Heart Association Task Force on practice guidelines. (2014)	—	—	—
4	Preoperative assessment of adults undergoing elective noncardiac surgery: Updated	Cleveland Clinic Abu Dhabi, Hospital General de Gra-	Austria, Italy, Spain	—

No.	Citing paper	Citing institution(s)	Country	S2
	guidelines from the European Society of Anaesthesiology and Intensive Care (2025)	nollers, Università degli Studi del Piemonte Orientale		
5	Frailty as a predictor of surgical outcomes in older patients (2010)	—	—	**Methodology**
6	Canadian Cardiovascular Society guidelines on perioperative cardiac risk assessment and management for patients who undergo noncardiac surgery (2017)	Cape Breton Regional Hospital, University of Montreal	Canada	Background

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).

Citing-text excerpts — how the field used this work

METHODOLOGY Frailty as a predictor of surgical outcomes in older patients

"Lee score (0 to 4) was etermined by the presence of specific preoperative cardiac isk factors.(6) Eagle score (0 to 6) was similarly based on a tandardized criteria."

Contribution 2

Claim — Contribution 2

The researcher established a foundational analysis of how age influences perioperative complications and hospital stay duration in noncardiac surgery patients, as evidenced by a highly cited 2001 study.

The researcher's primary contribution centers on a seminal 2001 paper published in Annals of Internal Medicine, which examines the impact of age on perioperative complications and length of stay in patients undergoing noncardiac surgery. This work stands as the core of this specific research line, with no subsequent follow-up papers by the same author identified in the provided data.

This line of work appears to address a critical gap in understanding how patient age specifically correlates with surgical outcomes and resource utilization in noncardiac contexts. By isolating age as a variable, the research suggests a novel or clarifying perspective on risk stratification and postoperative care planning for this broad patient population.

The significance of this contribution is underscored by its substantial citation count of 734, indicating widespread recognition within the medical community. Furthermore, the fact that 100% of the classified citing papers originate from independent researchers demonstrates that the work has been adopted and built upon by the broader scientific community, rather than relying on self-citation or institutional echo chambers.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 6

CORE PAPER

Impact of age on perioperative complications and length of stay in patients undergoing noncardiac surgery

2001 · Annals of Internal Medicine · 734 citations (GS)

Field-normalised: 528 Semantic Scholar citations place it in the top 1% of Medicine papers from 2001 indexed by Semantic Scholar, by citation count.

No.	Citing paper	Citing institution(s)	Country	S2
1	Association between postoperative delirium and adverse outcomes in older surgical pa-	University of Toronto, Western University	Canada	—

No.	Citing paper	Citing institution(s)	Country	S2
	tients: A systematic review and meta-analysis (2023)			
2	Preoperative pulmonary risk stratification for noncardiothoracic surgery: systematic review for the American College of Physicians. (2006)	Beth Israel Deaconess Medical Center	United States	Background
3	Frailty in the older surgical patient: a review (2012)	—	—	—
4	Functional compromise reflected by sarcopenia, frailty, and nutritional depletion predicts adverse postoperative outcome after colorectal cancer surgery (2015)	Maastricht University, Orbis Medical Center	Netherlands	—
5	Surgical outcomes for patients aged 80 and older: morbidity and mortality from major noncardiac surgery. (2005)	—	—	Background
6	Systematic review: prediction of perioperative cardiac complications and mortality by the revised cardiac risk index. (2010)	Toronto General Hospital and University of Toronto	Canada	Background

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 co-authored a seminal Brazilian clinical guideline on dyslipidemia and atherosclerosis prevention, establishing a foundational standard for cardiovascular care in Brazil.

The researcher's primary contribution is the co-authorship of the 2007 Brazilian Guideline on Dyslipidemias and Prevention of Atherosclerosis, published in Arquivos Brasileiros de Cardiologia. This work serves as the core reference for this line of inquiry, with no subsequent follow-up papers by the researcher identified in the provided data.

This guideline appears to address the critical need for standardized, evidence-based clinical protocols for managing lipid disorders and preventing atherosclerosis within the Brazilian healthcare context. By synthesizing current knowledge into a formal directive from the Brazilian Society of Cardiology, the work likely filled a gap in localized clinical practice standards.

The significance of this contribution is underscored by its substantial citation count of 666, indicating widespread adoption and reliance by the medical community. Notably, 100% of the classified citing papers originate from independent researchers, demonstrating that the guideline has served as a foundational reference for external scholars and clinicians rather than merely circulating within the author's immediate network.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 7

CORE PAPER

IV Diretriz Brasileira sobre Dislipidemias e Prevenção da Aterosclerose: Departamento de Aterosclerose da Sociedade Brasileira de Cardiologia

2007 · Arquivos Brasileiros de Cardiologia · 666 citations (GS)

No.	Citing paper	Citing institution(s)	Country	S2
1	Triglyceride glucose index: A new biomarker in predicting cardiovascular risk (2022)	—	—	—
2	Treatment of Dyslipidemia with Statins and Physical Exercises: Recent Findings of Skeletal Muscle Responses (2015)	Federal University of São Paulo	Brazil	—
3	A coconut extra virgin oil-rich diet increases HDL cholesterol and decreases waist circumference and body mass in coronary artery disease patients (2015)	Federal University of Rio de Janeiro, Josué de Castro Nutrition Institute of Universidade Federal do Rio de Janeiro (UFRJ)	Brazil	—
4	Distribuição regional e socioeconômica da disponibilidade domiciliar de alimentos no Brasil em 2008-2009 (2012)	Universidade de São Paulo, Faculdade de Medicina, Universidade do Estado do Rio de Janeiro	Brazil	—
5	Association of cardiovascular risk factors with the different presentations of acute coronary syndrome (2014)	—	—	—
6	Obesity coexists with malnutrition? Adequacy of food consumption by severely obese patients to dietary reference intake recommendations (2014)	Universidade Federal do Rio Grande do Sul	Brazil	—
7	Dietetic intervention in psoriatic arthritis: the DIETA trial. (2022)	Sao Paulo University, University of South Carolina	Brazil, 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
Medical University of Vienna	Austria	SCImago #668 · THE =181	2
Queen Mary University of London	United Kingdom	SCImago #416 · THE =134 · QS =110	2
Joint European Society of Cardiology (ESC)/American College of Cardiology (ACC)/American Heart Association (AHA)/World Heart Federation (WHF) Task Force for the Universal Definition of Myocardial Infarction	—	—	1
University of Chieti-Pescara	Italy	—	1
Yokohama Rosai Hospital	Japan	—	1
Teikyo University	Japan	SCImago #3871 · THE 1501+	1
Ishikiriseiki Hospital	Japan	—	1
Kansai University of Welfare Sciences	Japan	—	1
Mie University	Japan	SCImago #4835 · THE 1501+	1

Institution	Country	World ranking	Citing papers
Kurume University Medical Center	Japan	—	1
Teikyo University Fukuoka	Japan	—	1
University of Miyazaki	Japan	SCImago #5126 · THE 1501+	1
National Defense Medical College	Japan	SCImago #3126	1
Kitakyushu Wakasugi Hospital	Japan	—	1
Saiseikai Kure Hospital	Japan	—	1

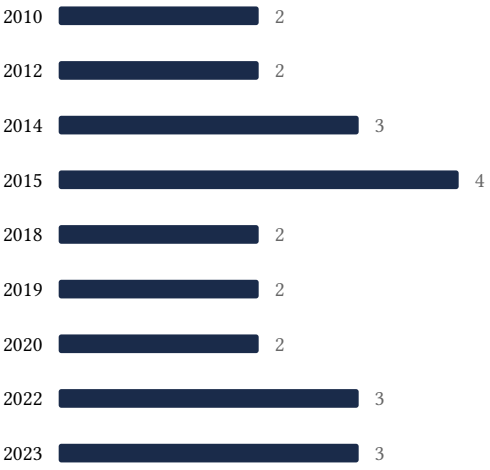
Geographic distribution of citing authors

Country	Citing papers
Canada	6
Brazil	6
Netherlands	5
United Kingdom	4
Spain	4
United States	3
Belgium	3
Italy	3
Austria	3
Germany	3
Switzerland	2
Poland	2

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	Derivation and Prospective Validation of a Simple Index for Prediction of Cardiac Risk of Major Noncardiac Surgery	6	8 CFR 204.5(h)(3)(v) — Criterion 5
Contribution 2	Impact of age on perioperative complications and length of stay in patients undergoing noncardiac surgery	6	8 CFR 204.5(h)(3)(v) — Criterion 5
Contribution 3	IV Diretriz Brasileira sobre Dislipidemias e Prevenção da Aterosclerose: Departamento de Aterosclerose da Sociedade Brasileira de Cardiologia	7	8 CFR 204.5(h)(3)(v) — Criterion 5