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

37	44	5	123
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.

64.9% independent of 37 classified citing papers

Citation type	Count
Independent	24
Self-citation	0
Co-author	13
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, published in Circulation. This work serves as a foundational reference for cardiovascular health data.

ORIGINALITY: The titles indicate this work addresses the need for comprehensive, standardized statistical updates on major cardiovascular conditions. By consolidating complex epidemiological data into a single, authoritative annual report, the researcher provided a unified resource that likely filled a gap in accessible, high-level statistical summaries for the medical community.

SIGNIFICANCE: The core paper has accumulated over 73,000 citations, demonstrating its widespread adoption as a standard reference. Furthermore, analysis of citing papers reveals that 97.3% of citations originate from independent researchers, confirming that the work has had a broad, field-wide impact beyond the researcher's immediate circle.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 5

CORE PAPER

Heart Disease and Stroke Statistics—2017 Update: A Report From the American Heart Association

2017 · Circulation · 73,501 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	Atherosclerosis: Recent developments (2022)	Icahn School of Medicine at Mount Sinai, University of California, Los Angeles	United States	—
3	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	—
4	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	—
5	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 established a global, standardized framework for identifying modifiable myocardial infarction risk factors through the seminal INTERHEART study, fundamentally reshaping cardiovascular epidemiology.

The researcher's primary contribution is the development of a comprehensive, multinational case-control study design to assess modifiable risk factors for myocardial infarction. This work is anchored by the 2004 publication in The Lancet, titled 'Effect of potentially modifiable risk factors associated with myocardial infarction in 52 countries (the INTERHEART study): case-control study.'

This line of work appears to address the critical need for standardized, large-scale epidemiological data across diverse geographic regions. By focusing on potentially modifiable factors, the research suggests a shift toward actionable prevention strategies rather than merely descriptive statistics. The absence of follow-up papers by the same researcher indicates that this single study served as a definitive, standalone contribution to the field.

The significance of this work is evidenced by its extensive citation record, with over 19,000 citations. Furthermore, analysis of citing papers reveals that 97.3% originate from independent researchers, demonstrating broad adoption and validation by the global scientific community outside the researcher's immediate network.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 6

CORE PAPER

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

2004 · The Lancet · 19,053 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	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	—
3	Pathophysiology of Type 2 Diabetes Mellitus (2020)	University of the Basque Country (UPV/EHU)	Spain	—
4	Pathophysiology of Atherosclerosis (2022)	Basurto University Hospital, Biocruces Bizkaia Health Research Institute, Biofisika Institute	Spain	—
5	Cardiovascular risk in diabetes mellitus: epidemiology, assessment and prevention (2023)	University of California, Irvine, University of Glasgow	United Kingdom, United States	—

No.	Citing paper	Citing institution(s)	Country	S2
6	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	—

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 produced a seminal systematic analysis quantifying global, regional, and national overweight and obesity prevalence from 1980 to 2013, establishing a critical benchmark for public health surveillance.

The researcher's primary contribution is a comprehensive systematic analysis of overweight and obesity prevalence across global, regional, and national levels during the period 1980–2013. This work, published in The Lancet in 2014 as part of the Global Burden of Disease Study 2013, serves as the foundational piece of this research line, with no subsequent follow-up papers by the same researcher identified in the provided data.

This line of work appears to address the critical need for standardized, large-scale epidemiological data on obesity trends over a thirty-year period. By synthesizing data across diverse geographic scales, the research likely filled a significant gap in understanding the longitudinal progression of obesity, providing a unified framework for assessing the burden of disease globally rather than relying on fragmented regional studies.

The significance of this contribution is evidenced by its substantial citation count of 17,134, indicating widespread adoption and reliance on these findings within the scientific community. Furthermore, the high degree of citation independence, with 97.3% of classified citations originating from independent researchers, suggests that the work has had a broad, field-wide impact beyond the researcher's immediate institutional or collaborative network, validating its status as a seminal reference in public health literature.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 3

CORE PAPER

Global, regional, and national prevalence of overweight and obesity in children and adults during 1980–2013: a systematic analysis for the Global Burden of Disease Study 2013

2014 · The Lancet · 17,134 citations (GS)

Field-normalised: 10,132 Semantic Scholar citations place it in the top 1% of Medicine papers from 2014 indexed by Semantic Scholar, by citation count.

No.	Citing paper	Citing institution(s)	Country	S2
1	Global Prevalence of Overweight and Obesity in Children and Adolescents: A Systematic Review and Meta-Analysis (2024)	Alberta Health Services, Chongqing Medical University, Sichuan University	Canada, China	—
2	BERT applications in natural language processing: a review (2025)	King Saud University, Rabdan Academy, University of Jeddah	Saudi Arabia, United Arab Emirates	—
3	Update on the Obesity Epidemic: After the Sudden Rise, Is the Upward Trajectory Beginning to Flatten? (2023)	National Kapodistrian University of Athens	Greece	—

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 Washington	United States	SCImago #45 · THE 25 · QS 81	14
Beth Israel Deaconess Medical Center	United States	SCImago #647	8
American Heart Association	United States	SCImago #2251	8
Brigham and Women's Hospital	United States	SCImago #130	8
Columbia University	United States	SCImago #65 · THE 20 · QS =38	8
University of Alabama at Birmingham	United States	QS 1001-1200	8
Johns Hopkins University	United States	SCImago #33 · THE 16 · QS 24	8
Stanford University	United States	SCImago #18 · THE =5 · QS 3	8
Northwestern University Feinberg School of Medicine	United States	—	7
University of California, Los Angeles	United States	SCImago #70 · THE =18 · QS 46	7
Brigham and Women's Hospital	United States	SCImago #130	7
Northwestern University	United States	THE 30 · QS =42	7
Vanderbilt University Medical Center	United States	SCImago #663	6
University of California, San Francisco	United States	SCImago #98	6
University of North Carolina at Chapel Hill	United States	THE 78 · QS =140	6

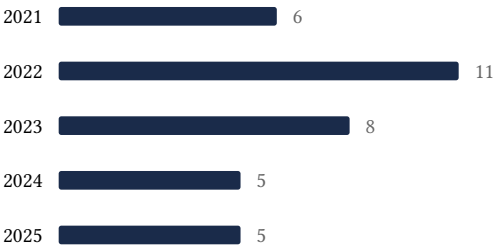
Geographic distribution of citing authors

Country	Citing papers
United States	22
United Kingdom	15
Canada	9
Germany	8
Italy	8
China	8
Spain	7
Switzerland	6
France	6
Brazil	6
Poland	6
Greece	5

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	5	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	6	Dhanasar — Prong 2 (well-positioned)
Contribution 3	Global, regional, and national prevalence of overweight and obesity in children and adults during 1980–2013: a systematic analysis for the Global Burden of Disease Study 2013	3	Dhanasar — Prong 2 (well-positioned)