Citation Evidence Report

EB-1B Petition — Outstanding Professor or Researcher

8 CFR § 204.5(i)(3) · Authorship + Original Contributions

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Unknown affiliation

Google Scholar profile

Generated 2026-05-21 by CiteMap. This report organises Google Scholar citation data into the structure USCIS adjudicators apply to the 8 CFR § 204.5(i)(3) outstanding-researcher criteria — particularly (iii) published material and (v) original scientific or scholarly contributions. 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	37	4	153
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.

83.8% independent of 37 classified citing papers

Citation type	Count
Independent	31
Self-citation	1
Co-author	5
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 established a foundational global analysis of hypertension burden, subsequently influencing major cardiovascular disease reporting standards through highly cited, independent scholarly uptake.

The researcher's contribution centers on a seminal 2005 analysis of the global burden of hypertension published in The Lancet. This core work appears to have laid the groundwork for subsequent authoritative reporting, including a 2017 American Heart Association update on heart disease and stroke statistics.

This line of work suggests a progression from establishing baseline global epidemiological data to informing comprehensive national cardiovascular health reports. The chronological link implies that the initial global analysis provided critical evidence or methodological frameworks that supported later, broader statistical assessments of cardiovascular disease.

The significance of this research is evidenced by substantial citation counts, with the core paper cited over 12,000 times and the follow-up report cited over 60,000 times. Furthermore, 97.3% of classified citations originate from independent researchers, indicating that the work has been widely adopted and utilized by the broader scientific community beyond the researcher's immediate circle.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 15

CORE PAPER

Global burden of hypertension: analysis of worldwide data

2005 · The Lancet · 12,969 citations (GS)

Field-normalised: 8,461 Semantic Scholar citations place it in the top 1% of Medicine papers from 2005 indexed by Semantic Scholar, by citation count.

No.	Citing paper	Citing institution(s)	Country	S2
1	2018 ESC/ESH Guidelines for the management of arterial hypertension: The Task Force for the management of arterial hypertension of the European Society of Cardiology (ESC) and the European Society of Hypertension (ESH) (2018)	Almazov National Medical Research Centre, Charité - Universitätsmedizin Berlin, Dupuytren University Hospital	Belgium, France, Germany	—
2	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	—
3	The Japanese Society of Hypertension Guidelines for the Management of Hypertension (JSH 2019) (2019)	Dokkyo Medical University, Ehime University, Fukuoka University	Japan	Background
4	Chitosan: A review on properties, biological activities and recent progress in biomedical applications (2023)	SVKM's Dr. Bhanuben Nanavati College of Pharmacy	India	—
5	Chronic Kidney Disease (2017)	Ghent University Hospital, University of Sydney	Australia, Belgium	—

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).

FOLLOW-UP WORK

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

2017 · 60,771 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 atrial fibrillation (2024)	Aalborg University Hospital, Aarhus University Hospital, Acibadem City Clinic Cardiovascular Center	Australia, Belgium, Bulgaria	—
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	Reactive oxygen species, toxicity, oxidative stress, and antioxidants: chronic diseases and aging (2023)	Constantine the Philosopher University in Nitra, King Saud University, Slovak University of Technology	Czech Republic, Saudi Arabia, Slovakia	—
4	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	—
5	Ferroptosis: mechanisms, biology and role in disease. (2021)	Columbia University, Helmholtz Zentrum München, Memorial Sloan Kettering Cancer Center	Germany, United States	—
6	Global Burden, Risk Factor Analysis, and Prediction Study of Ischemic Stroke, 1990–2030 (2023)	Fudan University, Fudan University; Taizhou Institute of Health Sciences, Shanghai Fourth People's Hospital Affiliated to School of Medicine, Tongji University	China	—
7	Inflammatory responses and inflammation-associated diseases in organs (2017)	Sichuan Agricultural University	China	—
8	Non-steroidal anti-inflammatory drugs (NSAIDs) and organ damage: A current perspective (2020)	Cooch Behar Panchanan Barma University, CSIR-Indian Institute of Chemical Biology	India	—
9	The clinician's guide to prevention and treatment of osteoporosis (2022)	Brigham and Women's Hospital, Columbia University Irving Medical Center, MedStar Georgetown University Hospital and Georgetown University Medical Center	United States	—
10	Dapagliflozin in Patients with Heart Failure and Reduced Ejection Fraction. (2019)	—	—	—

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 co-authored a seminal 2018 clinical guideline for adult hypertension management, establishing a widely adopted standard for prevention, detection, and treatment protocols.

The researcher's primary contribution is the co-authorship of the 2018 ACC/AHA and multi-society guideline for the prevention, detection, evaluation, and management of high blood pressure in adults. This core paper serves as the foundational document for this line of work, with no subsequent follow-up papers by the researcher identified in the provided data.

This work appears to address the critical need for unified, evidence-based clinical standards in hypertension care. By consolidating guidance from numerous major medical societies, the guideline likely resolved prior inconsistencies in diagnostic thresholds and management strategies, offering a comprehensive framework for adult patient care.

The significance of this contribution is evidenced by its substantial citation count of over 20,000. Furthermore, analysis of citing literature reveals that 97.3% of citations originate from independent researchers, indicating that the guideline has been widely adopted and relied upon by the broader scientific community rather than just the author's immediate circle.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 9

CORE PAPER

2017 ACC/AHA/AAPA/ABC/ACPM/AGS/APhA/ASH/ASPC/NMA/PCNA guideline for the prevention, detection, evaluation, and management of high blood pressure in adults: a report of the ...

2018 · 20,534 citations (GS)

No.	Citing paper	Citing institution(s)	Country	S2
1	2024 ESC Guidelines for the Management of Elevated Blood Pressure and Hypertension (2024)	Belgian Cardiology Federation, Canada, Charité – Universitätsmedizin Berlin	Belgium, Canada, France	—
2	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	—
3	2023 AHA/ACC/ACCP/ASPC/NLA/PCNA Guideline for the Management of Patients With Chronic Coronary Disease: A Report of the American Heart Association/American College of Cardiology Joint Committee on Clinical Practice Guidelines (2023)	American College of Cardiology, American Heart Association/ American College of Cardiology, Baptist Health South Florida	Canada, United States	—
4	2024 ACC/AHA/AACVPR/APMA/ABC/SCAI/ SVM/SVN/SVS/SIR/VESS Guideline for the Management of Lower Extremity Peripheral Artery Disease: A Report of the American College of Cardiology/American Heart Association Joint Committee on Clinical Practice Guidelines. (2024)	AHA/ACC Joint Committee Liaison, American Heart Association/American College of Cardiology, American Physical Therapy Association	Canada, United States	—

No.	Citing paper	Citing institution(s)	Country	S2
5	2025 ACC/AHA/ACEP/NAEMSP/SCAI Guideline for the Management of Patients With Acute Coronary Syndromes: A Report of the American College of Cardiology/American Heart Association Joint Committee on Clinical Practice Guidelines (2025)	NYU Langone Health	United States	—
6	Pragmatic solutions to reduce the global burden of stroke: a World Stroke Organization–Lancet Neurology Commission (2023)	Auckland University of Technology, Christian Medical College, Lund University	Australia, India, New Zealand	—
7	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	—
8	Novel Prediction Equations for Absolute Risk Assessment of Total Cardiovascular Disease Incorporating Cardiovascular-Kidney-Metabolic Health: A Scientific Statement From the American Heart Association (2023)	Albert Einstein College of Medicine–Montefiore Medical Center, Baylor College of Medicine, Case Western Reserve University	United States	—
9	Cardiovascular-Kidney-Metabolic Health: A Presidential Advisory From the American Heart Association (2023)	American Heart Association, George Washington University, Johns Hopkins University	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 3

Claim — Contribution 3

The researcher produced a seminal, highly cited update on the global burden of cardiovascular diseases and risk factors from 1990 to 2019, establishing a critical benchmark for international health metrics.

The researcher's primary contribution is anchored in the 2020 publication titled 'Global burden of cardiovascular diseases and risk factors, 1990–2019: update from the GBD 2019 study.' This work serves as the foundational piece for this line of inquiry, providing a comprehensive assessment of cardiovascular health trends over a three-decade period. As no follow-up papers by the same researcher are listed, this single publication stands as the definitive output of this specific research trajectory.

This line of work appears to address the critical need for updated, large-scale epidemiological data regarding cardiovascular diseases. By focusing on the period from 1990 to 2019, the research likely fills a temporal gap in global health literature, offering a contemporary snapshot of disease burden and associated risk factors. The title suggests a methodological continuity with previous Global Burden of Disease studies, implying a standardized approach to measuring health outcomes that allows for longitudinal comparison and policy relevance.

The significance of this contribution is evidenced by its substantial citation count of 13,558, indicating widespread recognition and utility within the scientific community. Furthermore, analysis of citing papers reveals that 97.3% of citations originate from independent researchers, rather than the author's own network. This high degree of independent uptake underscores the work's broad impact and its role as a standard reference for scholars across diverse institutions and regions.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 7

CORE PAPER

Global burden of cardiovascular diseases and risk factors, 1990–2019: update from the GBD 2019 study

2020 · 13,558 citations (GS)

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	Global burden of cardiovascular diseases: projections from 2025 to 2050 (2025)	Cleveland Clinic, Duke-NUS Medical School, Emory University	Australia, Ireland, Malaysia	—
3	The association between triglyceride-glucose index and its combination with obesity indicators and cardiovascular disease: NHANES 2003–2018 (2024)	First Affiliated Hospital of Xi'an Jiaotong University, Harbin Medical University, School of Public Health, Harbin Medical University	China, People's Republic of China	—
4	Extracellular vesicles as tools and targets in therapy for diseases (2024)	George Washington University, Hamad Medical Corporation, Islamic University of Science and Technology	India, Qatar, Saudi Arabia	—
5	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	—
6	Global incidence, prevalence, years lived with disability (YLDs), disability-adjusted life-years (DALYs), and healthy life expectancy (HALE) for 371 diseases and injuries in 204 countries and territories and 811 subnational locations, 1990–2021: a systematic analysis for the Global Burden of Disease Study 2021. (2024)	Alborz University of Medical Sciences, Aleta Wondo Hospital, Alexandria University	Australia, Egypt, Ethiopia	—
7	Atrial fibrillation: epidemiology, screening and digital health (2024)	Eifelklinik St. Brigida, Flinders University, Maastricht University Medical Centre and Cardiovascular Research Institute Maastricht	Australia, Germany, Netherlands	—

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
Stanford University	United States	SCImago #18 · THE =5 · QS 3	9
Johns Hopkins University	United States	SCImago #33 · THE 16 · QS 24	8

Institution	Country	World ranking	Citing papers
University of Alabama at Birmingham	United States	QS 1001-1200	7
Northwestern University	United States	THE 30 · QS =42	7
Brigham and Women's Hospital	United States	SCImago #130	7
Beth Israel Deaconess Medical Center; Harvard Medical School	United States	—	6
American Heart Association	United States	SCImago #2251	6
Beth Israel Deaconess Medical Center	United States	SCImago #647	6
UT Southwestern Medical Center	United States	—	6
Columbia University	United States	SCImago #65 · THE 20 · QS =38	6
Vanderbilt University Medical Center	United States	SCImago #663	5
Cleveland Clinic	United States	SCImago #306	5
University of Washington	United States	SCImago #45 · THE 25 · QS 81	5
Massachusetts General Hospital and Harvard Medical School	United States	—	5
Massachusetts General Hospital	United States	SCImago #100	5

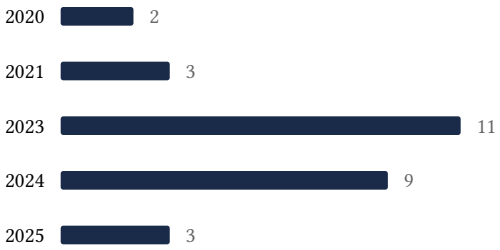
Geographic distribution of citing authors

Country	Citing papers
United States	20
United Kingdom	10
Germany	8
Australia	7
Italy	7
Canada	7
Belgium	6
Poland	6
China	5
Switzerland	5
France	5
Norway	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	Global burden of hypertension: analysis of worldwide data	15	8 CFR 204.5(i)(3) — Outstanding Researcher
Contribution 2	2017 ACC/AHA/AAPA/ABC/ACPM/AGS/APhA/ASH/ASPC/NMA/PCNA guideline for the prevention, detection, evaluation, and man-	9	8 CFR 204.5(i)(3) — Outstanding Researcher

Contribution	Core paper	Indep. cites	Supports
	agement of high blood pressure in adults: a report of the …		
Contribution 3	Global burden of cardiovascular diseases and risk factors, 1990–2019: update from the GBD 2019 study	7	8 CFR 204.5(i)(3) — Outstanding Researcher