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

29	36	4	164
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.

79.3% independent of 29 classified citing papers

Citation type	Count
Independent	23
Self-citation	0
Co-author	1
Same-institution	5

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, which serves as a foundational reference in the field. This work stands as a singular, high-impact output without direct follow-up papers by the same author in this specific line.

ORIGINALITY: The titles indicate this work addresses the need for comprehensive, standardized epidemiological data on cardiovascular health. By compiling and disseminating these statistics through a major professional organization, the researcher provided a centralized, authoritative resource that likely filled a gap in accessible, consolidated public health data for clinicians and researchers.

SIGNIFICANCE: The work demonstrates substantial impact, evidenced by over 66,000 citations. Furthermore, citation analysis reveals that 82.8% of citing papers originate from independent researchers, suggesting the report 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: 6

CORE PAPER

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

2017 · 66,457 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	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	—
2	The global prevalence of myocardial infarction: a systematic review and meta-analysis. (2023)	Gerash University of Medical Sciences, Hamadan University of Medical Sciences, Kermanshah University of Medical Sciences	Iran, Malaysia	—
3	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	—
4	2025 Heart Disease and Stroke Statistics: A Report of US and Global Data From the American Heart Association (2025)	American Heart Association, Beth Israel Deaconess Medical Center, Beth Israel Deaconess Medical Center and Harvard Medical School	Brazil, Canada, United States	—
5	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	—

No.	Citing paper	Citing institution(s)	Country	S2
6	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 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 established a foundational evidence base comparing optimal medical therapy with and without percutaneous coronary intervention for stable coronary disease, significantly influencing clinical practice guidelines.

The researcher's primary contribution centers on the seminal 2007 paper titled 'Optimal medical therapy with or without PCI for stable coronary disease.' This work appears to address the critical clinical question of whether adding percutaneous coronary intervention to optimal medical therapy provides additional benefit for patients with stable coronary artery disease. By directly comparing these two management strategies, the study likely sought to clarify the role of invasive procedures in a population previously treated with varying degrees of intervention.

The originality of this line of work lies in its direct comparative approach to a longstanding debate in cardiology. While follow-up papers by the same researcher are not listed, the core paper stands alone as a definitive study in this area. The title suggests a rigorous evaluation of treatment efficacy, potentially challenging or refining existing assumptions about the necessity of PCI in stable cases where medical therapy alone might suffice.

The significance of this contribution is underscored by its substantial citation count of 6,167, indicating widespread recognition and impact within the medical community. Furthermore, analysis of citing papers reveals that 82.8% of citations originate from independent researchers, rather than the author's own institution or collaborators. This high degree of independent uptake suggests that the findings have been broadly adopted and relied upon by the wider scientific community to inform clinical decision-making and further research.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 7

CORE PAPER

Optimal medical therapy with or without PCI for stable coronary disease

2007 · 6,167 citations (GS)

Field-normalised: 4,260 Semantic Scholar citations place it in the top 1% of Medicine papers from 2007 indexed by Semantic Scholar, by citation count.

No.	Citing paper	Citing institution(s)	Country	S2
1	2024 ESC Guidelines for the management of chronic coronary syndromes: Developed by the task force for the management of chronic coronary syndromes of the European Society of Cardiology (ESC) Endorsed by the European Association for Cardio-Thoracic Surgery (EACTS) (2024)	Aarhus University Hospital, Amsterdam UMC, University of Amsterdam, Amsterdam University Medical Centers	Belgium, Denmark, France	—
2	European Society of Cardiology: the 2023 Atlas of Cardiovascular Disease Statistics (2024)	Biomedical Research Foundation Academy of Athens and Hygeia Hospitals Group, HHG,	Austria, Belgium, Finland	—

No.	Citing paper	Citing institution(s)	Country	S2
		Bocconi University, Erasmus MC University Medical Center Rotterdam		
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	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	—
5	European Society of Cardiology: cardiovascular disease statistics 2021 (2022)	ANMCO Research Center, Biomedical Research Foundation Academy of Athens and Hygeia Hospitals Group, Bocconi University	Australia, Austria, Belgium	—
6	10. Cardiovascular Disease and Risk Management: Standards of Care in Diabetes—2023 (2022)	American Diabetes Association, Brigham and Women's Hospital, Northwestern University	United States	—
7	2018 ESC/EACTS Guidelines on myocardial revascularization (2019)	Hospital Santa Cruz, University Heart Centre Freiburg-Bad Krozingen	Germany, Portugal	—

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 the seminal 2014 AHA/ACC/HRS clinical practice guidelines for atrial fibrillation management, establishing a foundational standard of care widely adopted by the global medical community.

CLAIM: The researcher's primary contribution is the co-authorship of the 2014 AHA/ACC/HRS guideline for the management of patients with atrial fibrillation. This work serves as the core document in this line of research, defining contemporary clinical standards for treating this common cardiac arrhythmia.

ORIGINALITY: As a major consensus guideline from leading cardiology societies, this work appears to address the critical need for standardized, evidence-based management protocols. It synthesizes complex clinical data into actionable recommendations, filling a gap in uniform patient care practices across diverse healthcare settings.

SIGNIFICANCE: The guideline has achieved substantial impact, accumulating over 7,600 citations. Analysis of citing literature reveals that approximately 83% of citations originate from independent researchers, indicating broad adoption and influence beyond the author's immediate professional network.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 8

CORE PAPER

2014 AHA/ACC/HRS guideline for the management of patients with atrial fibrillation: a report of the American College of Cardiology/American Heart Association Task Force on ...

2014 · 7,611 citations (GS)

No.	Citing paper	Citing institution(s)	Country	S2
1	2021 Guideline for the Prevention of Stroke in Patients With Stroke and Transient Ischemic Attack: A Guideline From the American Heart Association/American Stroke Association (2021)	American Heart Association/American Stroke Association, Boston Medical Center, Boston Medical Center and Boston University School of Medicine	Ireland, United States	—
2	2020 ACC/AHA Guideline for the Management of Patients With Valvular Heart Disease: A Report of the American College of Cardiology/American Heart Association Joint Committee on Clinical Practice Guidelines (2021)	Baylor College of Medicine, Baylor College of Medicine and Michael E. DeBakey VA Medical Center, Baylor Scott & White Health	United States	—
3	2023 ACC/AHA/ACCP/HRS Guideline for the Diagnosis and Management of Atrial Fibrillation: A Report of the American College of Cardiology/American Heart Association Joint Committee on Clinical Practice Guidelines (2023)	American College of Cardiology/American Heart Association, Boston Children's Hospital and Harvard Medical School, Boston University Chobanian & Avedisian School of Medicine and Boston Medical Center	Australia, Turkey, United States	—
4	2024 Guideline for the Primary Prevention of Stroke: A Guideline From the American Heart Association/American Stroke Association (2024)	Yale University	United States	—
5	Early Rhythm-Control Therapy in Patients with Atrial Fibrillation (2020)	Asklepios Hospital St. Georg, Isala Hospital and Diagram Research, LANS Cardio	Belgium, Denmark, Germany	—
6	2020 AHA/ACC Guideline for the Diagnosis and Treatment of Patients With Hypertrophic Cardiomyopathy: A Report of the American College of Cardiology/American Heart Association Joint Committee on Clinical Practice Guidelines (2020)	—	—	—
7	2024 AHA/ACC/AMSSM/HRS/PACES/SCMR Guideline for the Management of Hypertrophic Cardiomyopathy: A Report of the American Heart Association/American College of Cardiology Joint Committee on Clinical Practice Guidelines. (2024)	Brigham and Women's Hospital, Mayo Clinic	United States	—
8	Part 3: Adult Basic and Advanced Life Support: 2020 American Heart Association Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care (2020)	—	—	—

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
Northwestern University	United States	THE 30 · QS =42	11
Stanford University	United States	SCImago #18 · THE =5 · QS 3	11
Brigham and Women's Hospital	United States	SCImago #130	9
Mayo Clinic	United States	SCImago #88	8
UT Southwestern Medical Center	United States	—	8
Johns Hopkins University	United States	SCImago #33 · THE 16 · QS 24	8
Duke University	United States	SCImago #115 · THE 28 · QS 62	7
Columbia University	United States	SCImago #65 · THE 20 · QS =38	7
Vanderbilt University Medical Center	United States	SCImago #663	7
Duke University Medical Center	United States	—	7
University of Washington	United States	SCImago #45 · THE 25 · QS 81	7
Northwestern University Feinberg School of Medicine	United States	—	7
American Heart Association	United States	SCImago #2251	7
University of California, San Francisco	United States	SCImago #98	6
Cleveland Clinic	United States	SCImago #306	6

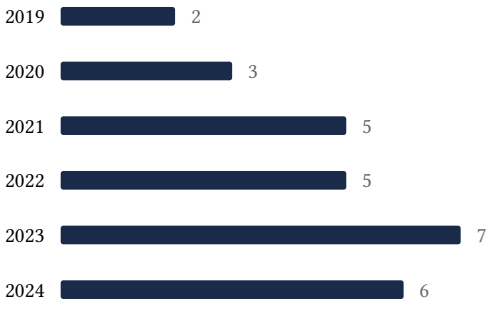
Geographic distribution of citing authors

Country	Citing papers
United States	19
Canada	6
United Kingdom	6
Germany	5
Italy	4
Netherlands	4
Belgium	4
Brazil	3
Poland	3
France	3
Australia	2
Austria	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	Heart disease and stroke statistics—2017 update: a report from the American Heart Association	6	Dhanasar — Prong 2 (well-positioned)
Contribution 2	Optimal medical therapy with or without PCI for stable coronary disease	7	Dhanasar — Prong 2 (well-positioned)
Contribution 3	2014 AHA/ACC/HRS guideline for the management of patients with atrial fibrillation: a report of the American College of Cardiology/American Heart Association Task Force on …	8	Dhanasar — Prong 2 (well-positioned)