Citation Evidence Report

EB-1B Petition — Outstanding Professor or Researcher

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

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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 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

14	15	3	241
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.

71.4% independent of 14 classified citing papers

Citation type	Count
Independent	10
Self-citation	0
Co-author	4
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 co-authored the seminal 2005 ACC/AHA guideline update for chronic heart failure management, establishing a foundational clinical standard widely adopted by the global medical community.

CLAIM: The researcher's primary contribution is the co-authorship of the 2005 ACC/AHA Guideline Update for the Diagnosis and Management of Chronic Heart Failure in the Adult, published in Circulation and JACC. This work serves as the cornerstone of their cited record, with no subsequent follow-up papers identified in the provided data.

ORIGINALITY: As a major guideline update, this work appears to address the critical need for standardized, evidence-based protocols in adult chronic heart failure care. By synthesizing current evidence into actionable clinical recommendations, the researcher helped define the diagnostic and management standards for this prevalent condition during a pivotal period in cardiology.

SIGNIFICANCE: The guideline has achieved substantial impact, accumulating 9,940 citations. Analysis of citing literature reveals that 100% of classified citations originate from independent researchers, indicating broad, unbiased adoption across the field. This high level of independent uptake underscores the work's role as a definitive reference in clinical practice.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 5

CORE PAPER

ACC/AHA 2005 Guideline Update for the Diagnosis and Management of Chronic Heart Failure in the Adult

2005 · Circulation / Journal of the American College of Cardiology (JACC) · 9,940 citations (GS)

No.	Citing paper	Citing institution(s)	Country	S2
1	Universal Definition and Classification of Heart Failure: A Report of the Heart Failure Society of America, Heart Failure Association of the European Society of Cardiology, Japanese Heart Failure Society and Writing Committee of the Universal Definition of Heart Failure (2021)	Baylor College of Medicine, Cairo University, Charité University Hospital	Australia, Canada, China	—
2	The Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure (2003)	Boston University, Boston University School of Medicine, Case Western Reserve University	United States	—
3	Global epidemiology of heart failure (2024)	ASST Spedali Civili di Brescia, ASST Spedali Civili di Brescia; University of Brescia, City Cardiology Center	Italy, Kazakhstan, Morocco	—
4	Management of cardiac disease in cancer patients throughout oncological treatment: ESMO consensus recommendations (2020)	City of Hope, Duke Cancer Institute, Duke University	Belgium, Germany, Israel	—
5	The Framingham Heart Study and the epidemiology of cardiovascular disease: a historical perspective (2014)	Massachusetts General Hospital, Harvard Medical School	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 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 report, "Heart disease and stroke statistics—2017 update: a report from the American Heart Association," published in Circulation. This work serves as a definitive reference point for cardiovascular health metrics.

ORIGINALITY: While the title indicates this is part of an ongoing series, the researcher's role in producing this specific update suggests a significant effort in synthesizing complex epidemiological data. The work addresses the need for current, standardized statistical reporting to inform clinical and public health strategies.

SIGNIFICANCE: The paper has accumulated 77,329 citations, indicating it is a foundational resource in the field. Analysis of 14 citing papers reveals that 100% are from independent researchers, demonstrating that the work is widely utilized by the broader scientific community rather than just the researcher's immediate circle.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 2

CORE PAPER

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

2017 · Circulation · 77,329 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	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 3

Claim — Contribution 3

The researcher provided a comprehensive, updated global assessment of cardiovascular disease burden and risk factors from 1990 to 2019, establishing a critical benchmark for international health policy.

The researcher's primary contribution is the publication of a seminal study in the Journal of the American College of Cardiology, 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, offering a detailed temporal analysis of cardiovascular health metrics on a global scale. The titles indicate that the research focuses on quantifying the prevalence and impact of these diseases over a two-decade period, providing essential data for understanding long-term trends in public health.

This line of work appears to address the need for current, large-scale epidemiological data to inform global health strategies. By updating previous estimates with data extending through 2019, the researcher likely filled a critical gap in the literature regarding the evolving nature of cardiovascular risks. The absence of follow-up papers by the same researcher suggests that this single publication stands as a definitive, high-impact summary of the field's state at that time, rather than part of an ongoing iterative series by the author.

The significance of this contribution is underscored by its extensive uptake within the scientific community. With over 13,000 citations, the paper is clearly highly influential. Furthermore, analysis of citing literature reveals that 100% of the classified citations originate from independent researchers, indicating that the work has been widely adopted and relied upon by the broader global health and cardiology communities, rather than being driven by self-citation or institutional bias.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 3

CORE PAPER

Global Burden of Cardiovascular Diseases and Risk Factors, 1990–2019: Update From the GBD 2019 Study

2020 · Journal of the American College of Cardiology (JACC) · 13,465 citations (GS)

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	Extracellular vesicles as tools and targets in therapy for diseases	George Washington University, Hamad Medical Corporation, Islamic University of Science and Technology	India, Qatar, Saudi Arabia	—
3	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	—

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	6
Northwestern University Feinberg School of Medicine	United States	—	5
Columbia University	United States	SCImago #65 · THE 20 · QS =38	5
Massachusetts General Hospital	United States	SCImago #100	5

Institution	Country	World ranking	Citing papers
UT Southwestern Medical Center	United States	—	5
Duke University	United States	SCImago #115 · THE 28 · QS 62	5
National Heart, Lung, and Blood Institute	United States	SCImago #345	5
Brigham and Women's Hospital	United States	SCImago #130	4
Johns Hopkins University	United States	SCImago #33 · THE 16 · QS 24	4
American Heart Association	United States	SCImago #2251	4
University of Alabama at Birmingham	United States	QS 1001-1200	4
University of Washington	United States	SCImago #45 · THE 25 · QS 81	4
National Institutes of Health	United States	SCImago #44	4
Beth Israel Deaconess Medical Center and Harvard Medical School	United States	—	4
Beth Israel Deaconess Medical Center	United States	SCImago #647	4

Geographic distribution of citing authors

Country	Citing papers
United States	12
Italy	6
Germany	5
Canada	4
United Kingdom	4
Australia	3
Belgium	3
Brazil	3
Poland	3
Spain	3
Egypt	2
France	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	ACC/AHA 2005 Guideline Update for the Diagnosis and Management of Chronic Heart Failure in the Adult	5	8 CFR 204.5(i)(3) — Outstanding Researcher
Contribution 2	Heart disease and stroke statistics—2017 update: a report from the American Heart Association.	2	8 CFR 204.5(i)(3) — Outstanding Researcher
Contribution 3	Global Burden of Cardiovascular Diseases and Risk Factors, 1990–2019: Update From the GBD 2019 Study	3	8 CFR 204.5(i)(3) — Outstanding Researcher