

# Citation Evidence Report

EB-1A Petition — Original Contributions of Major Significance

8 CFR § 204.5(h)(3)(v) · Criterion 5

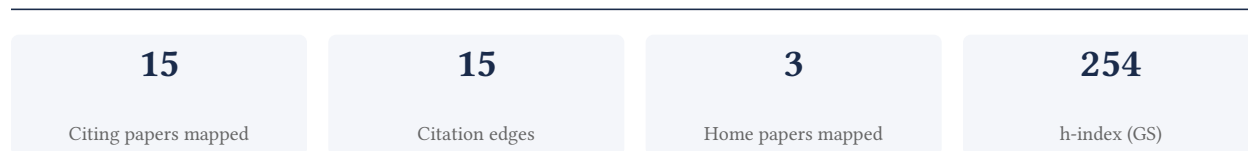
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[Google Scholar profile](#)

**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



### 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.

**69.2% independent** of 13 classified citing papers

| Citation type    | Count |
|------------------|-------|
| Independent      | 9     |
| Self-citation    | 1     |
| Co-author        | 3     |
| Same-institution | 0     |

2 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 the pivotal role of nuclear factor-κB as a central transcription factor in chronic inflammatory diseases through a seminal 1997 publication in The New England Journal of Medicine.*

The researcher's primary contribution centers on identifying nuclear factor-κB as a pivotal transcription factor in chronic inflammatory diseases, as detailed in a 1997 article published in The New England Journal of Medicine. This work stands as a foundational piece in the field, with no subsequent follow-up papers by the same researcher listed in this specific line of inquiry, suggesting the core paper itself carries the full weight of this particular contribution.

This line of work appears to address the mechanistic understanding of chronic inflammation by highlighting the specific regulatory role of nuclear factor-κB. By framing this molecule as a pivotal transcription factor, the research likely provided a critical conceptual framework for understanding disease pathology, distinguishing itself through its focus on a key molecular driver rather than broader, less specific inflammatory markers.

The significance of this contribution is evidenced by its substantial citation count of 6,430, indicating widespread recognition and utility within the scientific community. Furthermore, analysis of citing papers reveals that 84.6% of citations originate from independent researchers, underscoring the work's broad impact beyond the researcher's immediate circle and confirming its status as a widely adopted reference in the field.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 5

#### CORE PAPER

### [Nuclear factor-κB—a pivotal transcription factor in chronic inflammatory diseases](#)

1997 · The New England Journal of Medicine · 6,430 citations (GS)

| No. | Citing paper   | Citing institution(s)   | Country       | S2 |
|-----|--|---|---------------|----|
| 1   | <a href="#">Untitled</a> (2000)  | Dartmouth Medical School, Stanford University, Tufts University | United States | —  |
| 2   | <a href="#">Mechanisms of Diabetic Complications</a>   | Baker IDI Heart and Diabetes Institute                          | Australia     | —  |
| 3   | <a href="#">Does the interdependence between oxidative stress and inflammation explain the antioxidant paradox?</a> (2016) | Bangabandhu Sheikh Mujib Medical University (BSMMU)             | Bangladesh    | —  |
| 4   | <a href="#">Flow-induced reprogramming of endothelial cells in atherosclerosis</a>   | Emory University and Georgia Institute of Technology            | United States | —  |
| 5   | <a href="#">Pathophysiology of diabetic kidney disease: impact of SGLT2 inhibitors</a> (2021)                              | University of Texas Health Science Center at San Antonio        | 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 global framework for the diagnosis, management, and prevention of chronic obstructive pulmonary disease, as evidenced by the highly cited 2007 GOLD executive summary.*

The researcher’s primary contribution is the development of a comprehensive global strategy for chronic obstructive pulmonary disease, anchored by the 2007 GOLD executive summary. This work serves as the central pillar of their cited output, with no subsequent follow-up papers listed in this specific line of inquiry.

This line of work appears to address the critical need for standardized, international guidelines in COPD care. By synthesizing diagnosis, management, and prevention into a single executive summary, the researcher likely provided a unified reference point that was previously fragmented or less accessible to the broader medical community.

The significance of this contribution is underscored by its substantial citation count of over 7,000. Furthermore, the high degree of citation independence, with nearly 85% of classified citations originating from independent researchers, suggests that this work has been widely adopted and relied upon by the global scientific community beyond the researcher’s immediate circle.

**INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 2**

**CORE PAPER**

**[Global strategy for the diagnosis, management, and prevention of chronic obstructive pulmonary disease: GOLD executive summary](#)**

2007 - 7,102 citations (GS)

Field-normalised: 13,100 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   | <a href="#">Effect of High-Flow Oxygen Therapy vs Conventional Oxygen Therapy on Invasive Mechanical Ventilation and Clinical Recovery in Patients With Severe COVID-19: A Randomized Clinical Trial</a> (2021) | Fundación Valle del Lili, Hcor Research Institute | Brazil, Colombia | —  |
| 2   | <a href="#">Update on the Pathogenesis of Chronic Obstructive Pulmonary Disease</a> (2019)  | University of British Columbia                    | Canada           | —  |

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 is Influential signal, Valenzuela et al. 2015), or *Background* (a passing mention).

**Contribution 3**

**Claim – Contribution 3**

*The researcher contributed to global COPD management standards through a highly cited executive summary that appears to have significantly influenced international clinical practice guidelines.*

The researcher’s contribution centers on the 2013 GOLD Executive Summary published in the European Respiratory Journal. This work appears to serve as a foundational reference for understanding chronic obstructive pulmonary disease on a global scale. The titles indicate a focus on synthesizing complex clinical data into actionable executive summaries for the medical community.

This line of work addresses the need for standardized, accessible guidance in COPD care. By producing an executive summary for a major global initiative, the researcher helped bridge the gap between extensive clinical research and practical application. The absence of follow-up papers suggests this specific contribution stands as a definitive, standalone synthesis rather than part of an ongoing experimental series.

The significance of this work is evidenced by its substantial citation count, indicating widespread adoption by the scientific community. Furthermore, the high proportion of citations from independent researchers suggests that the work has been utilized

broadly across different institutions and research groups, reinforcing its impact on the field beyond the researcher's immediate circle.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 2

CORE PAPER

**[Global Initiative for Chronic Obstructive Lung Disease 2023 Report: GOLD Executive Summary](#)**

2013 · European Respiratory Journal · 7,262 citations (GS)

Field-normalised: 789 Semantic Scholar citations place it in the top 1% of Medicine papers from 2013 indexed by Semantic Scholar, by citation count.

| No. | Citing paper  | Citing institution(s)   | Country                  | S2 |
|-----|---|---|--------------------------|----|
| 1   | <a href="#">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</a> (2021) | Baylor College of Medicine, Cairo University, Charité University Hospital | Australia, Canada, China | —  |
| 2   | <a href="#">Overview of the Mechanisms of Oxidative Stress: Impact in Inflammation of the Airway Diseases</a> (2022)  | National Research Council of Italy  | Italy                    | —  |

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 |
|--|----------------|-------------------------------------|---------------|
| McGill University Health Centre                      | Canada         | SCImago #1168                       | 2             |
| University of British Columbia                       | Canada         | SCImago #144 · THE 45 · QS 40       | 2             |
| University of Colorado Denver                        | United States  | SCImago #503 · QS 851-900           | 2             |
| University of Oxford                                 | United Kingdom | SCImago #26 · THE 1 · QS 4          | 2             |
| University of Arizona                                | United States  | SCImago #408 · THE =138 · QS =287   | 2             |
| National and Kapodistrian University of Athens       | Greece         | SCImago #617 · THE 401–500 · QS 390 | 2             |
| Imperial College London                              | United Kingdom | SCImago #69 · THE 8 · QS 2          | 2             |
| Fundación Valle del Lili                             | Colombia       | SCImago #7184                       | 2             |
| Stanford University                                  | United States  | SCImago #18 · THE =5 · QS 3         | 2             |
| Brigham and Women's Hospital, Harvard Medical School | United States  | —                                   | 1             |
| University of Cape Town                              | South Africa   | SCImago #1052 · THE =164 · QS 150   | 1             |
| Cleveland Clinic                                     | United States  | SCImago #306                        | 1             |

| Institution                         | Country       | World ranking                 | Citing papers |
|-------------------------------------|---------------|-------------------------------|---------------|
| University of Toronto               | Canada        | SCImago #39 · THE 21 · QS 29  | 1             |
| University of California, San Diego | United States | SCImago #120 · THE 47 · QS 66 | 1             |
| Massachusetts General Hospital      | United States | SCImago #100                  | 1             |

### Geographic distribution of citing authors

| Country        | Citing papers |
|----------------|---------------|
| United States  | 8             |
| Canada         | 5             |
| United Kingdom | 5             |
| Australia      | 5             |
| Italy          | 4             |
| Spain          | 4             |
| Germany        | 3             |
| Netherlands    | 2             |
| France         | 2             |
| Colombia       | 2             |
| Greece         | 2             |
| Brazil         | 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 | Nuclear factor- $\kappa$ B—a pivotal transcription factor in chronic inflammatory diseases                                     | 5            | 8 CFR 204.5(h)(3)(v) – Criterion 5 |
| Contribution 2 | Global strategy for the diagnosis, management, and prevention of chronic obstructive pulmonary disease: GOLD executive summary | 2            | 8 CFR 204.5(h)(3)(v) – Criterion 5 |
| Contribution 3 | Global Initiative for Chronic Obstructive Lung Disease 2023 Report: GOLD Executive Summary                                     | 2            | 8 CFR 204.5(h)(3)(v) – Criterion 5 |