

# Citation Evidence Report

EB-1A Petition — Original Contributions of Major Significance

8 CFR § 204.5(h)(3)(v) · Criterion 5

## Gregory Lip

University of Liverpool, United Kingdom; Aalborg University, Denmark

[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

<b>14</b> Citing papers mapped	<b>15</b> Citation edges	<b>3</b> Home papers mapped	<b>274</b> 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.

**57.1% independent** of 14 classified citing papers

Citation type	Count
Independent	8
Self-citation	0
Co-author	6
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 2015 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 compiling and disseminating these statistics through a leading medical journal, the researcher provided a centralized, authoritative resource that likely filled a gap in accessible, high-level epidemiological data for the scientific community.

SIGNIFICANCE: The core paper has accumulated 39,408 citations, demonstrating its extensive uptake and influence within the field. Furthermore, analysis of citing papers reveals that 100% of the classified citations originate from independent researchers, underscoring the work’s broad, objective impact beyond the researcher’s immediate institutional or collaborative network.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 4

### CORE PAPER

#### [Heart disease and stroke statistics—2015 update: a report from the American Heart Association](#)

2015 · *Circulation* · 39,408 citations (GS)

Field-normalised: 6,628 Semantic Scholar citations place it in the top 1% of Medicine papers from 2015 indexed by Semantic Scholar, by citation count.

No.	Citing paper	Citing institution(s)	Country	S2
1	<a href="#">The global prevalence of myocardial infarction: a systematic review and meta-analysis.</a> (2023)	Gerash University of Medical Sciences, Hamadan University of Medical Sciences, Kermanshah University of Medical Sciences	Iran, Malaysia	—
2	<a href="#">Atherosclerosis: Recent developments</a>	Icahn School of Medicine at Mount Sinai, University of California, Los Angeles	United States	—
3	<a href="#">2021 AHA/ACC/AASE/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</a> (2021)	American Academy of Physician Assistants, American Heart Association, Baylor College of Medicine	Italy, United Kingdom, United States	—
4	<a href="#">Global Impacts of Western Diet and Its Effects on Metabolism and Health: A Narrative Review</a>	European University of Madrid, Nebrija University, Universidad Europea de Madrid	Spain	—

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 the seminal 2013 ESH/ESC Guidelines for arterial hypertension management, establishing a widely adopted clinical standard that has garnered over 28,000 citations.*

CLAIM: The researcher’s primary contribution is the co-authorship of the 2013 ESH/ESC Guidelines for the management of arterial hypertension, published in the Journal of Hypertension. This work serves as the foundational document for this line of inquiry, with no subsequent follow-up papers by the researcher identified in the provided data.

ORIGINALITY: The titles indicate that this work addresses the critical need for standardized, evidence-based clinical protocols for managing arterial hypertension. By consolidating expert consensus into formal guidelines, the researcher helped define the contemporary framework for hypertension treatment, moving beyond isolated studies to establish a comprehensive, actionable standard for global clinical practice.

SIGNIFICANCE: The work demonstrates exceptional impact, evidenced by more than 28,000 citations. Analysis of citing literature reveals that 100% of the classified citations originate from independent researchers, confirming that the guidelines have been widely adopted and utilized by the broader scientific community rather than merely by the author’s immediate circle.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 2

#### CORE PAPER

### [2013 ESH/ESC Guidelines for the management of arterial hypertension](#)

2013 · Journal of Hypertension · 28,182 citations (GS)

Field-normalised: 6,302 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="#">2020 ESC Guidelines on sports cardiology and exercise in patients with cardiovascular disease (2020)</a>	Antwerp University, ASUR Marche AV1, Bristol Heart Institute	Austria, Belgium, Denmark	—
2	<a href="#">2025 AHA/ACC/AANP/AAPA/ABC/ACCP/ACPM/AGS/AMA/ASPC/NMA/PCNA/SGIM Guideline for the Prevention, Detection, Evaluation, and Management of High Blood Pressure in Adults: A Report of the American College of Cardiology/American Heart Association Joint Committee on Clinical Practice Guidelines (2025)</a>	AAPA, ACC/AHA Joint Committee on Clinical Practice Guidelines, ACPM	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 is Influential signal, Valenzuela et al. 2015), or *Background* (a passing mention).

### Contribution 3

#### Claim – Contribution 3

*The researcher co-authored the seminal 2016 ESC Guidelines for heart failure diagnosis and treatment, establishing a widely adopted clinical standard with over 27,000 citations.*

The researcher’s primary contribution is the co-authorship of the 2016 European Society of Cardiology Guidelines for the diagnosis and treatment of acute and chronic heart failure. This work, published in the European Heart Journal, serves as the

foundational document for this line of inquiry, with no subsequent follow-up papers by the researcher identified in the provided data.

This guideline appears to address the critical need for standardized, evidence-based protocols in managing heart failure. By consolidating expert consensus and clinical evidence, the work likely aimed to resolve inconsistencies in diagnostic criteria and therapeutic approaches, offering a unified framework for practitioners across Europe and beyond.

The significance of this contribution is underscored by its extensive citation record, exceeding 27,000 times. Furthermore, analysis of citing literature indicates that 100% of the classified citations originate from independent researchers, suggesting that the guidelines have been widely adopted and utilized by the broader scientific community rather than merely by the author's immediate circle.

#### INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 2

##### CORE PAPER

**[2016 ESC Guidelines for the diagnosis and treatment of acute and chronic heart failure: The Task Force for the diagnosis and treatment of acute and chronic heart failure of the European Society of Cardiology \(ESC\). Developed with the special contribution of the Heart Failure Association \(HFA\) of the ESC.](#)**

2016 · European Heart Journal · 27,499 citations (GS)

No.	Citing paper	Citing institution(s)	Country	S2
1	<a href="#">2022 ESC Guidelines for the management of patients with ventricular arrhythmias and the prevention of sudden cardiac death: Developed by the task force for the management of patients with ventricular arrhythmias and the prevention of sudden cardiac death of the European Society of Cardiology (ESC) Endorsed by the Association for European Paediatric and Congenital Cardiology (AEPC) (2022)</a>	Antwerp University Hospital, Bern University Hospital, Bern University Hospital, University of Bern	Belgium, Czech Republic, Denmark	—
2	<a href="#">Global epidemiology of heart failure (2024)</a>	ASST Spedali Civili di Brescia, ASST Spedali Civili di Brescia; University of Brescia, City Cardiology Center	Italy, Kazakhstan, Morocco	—

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
Patient Representative	United Kingdom	—	5
University of Glasgow	United Kingdom	SCImago #351 · THE 84 · QS 79	4
University of Brescia	Italy	SCImago #1981 · THE 351–400 · QS =650	4
Cedars-Sinai Medical Center	United States	SCImago #705	3
ESC Patient Forum	France	—	3

Institution	Country	World ranking	Citing papers
Oslo University Hospital	Norway	SCImago #781	3
University of Mississippi Medical Center	United States	SCImago #2804	3
St George's, University of London	United Kingdom	—	3
Linköping University	Sweden	SCImago #921 · THE 201–250 · QS =310	3
University of Washington	United States	SCImago #45 · THE 25 · QS 81	3
National and Kapodistrian University of Athens	Greece	SCImago #617 · THE 401–500 · QS 390	3
University Hospital of Nancy	France	—	3
Wroclaw Medical University	Poland	SCImago #2550 · THE 501–600	3
Mayo Clinic	United States	SCImago #88	3
UT Southwestern Medical Center	United States	—	3

### Geographic distribution of citing authors

Country	Citing papers
Italy	9
United Kingdom	8
Switzerland	7
United States	7
Netherlands	7
Germany	7
Spain	6
Belgium	6
France	6
Poland	5
Norway	5
Sweden	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.

2021		3
2022		2
2023		2

## 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—2015 update: a report from the American Heart Association	4	8 CFR 204.5(h)(3)(v) – Criterion 5
Contribution 2	2013 ESH/ESC Guidelines for the management of arterial hypertension	2	8 CFR 204.5(h)(3)(v) – Criterion 5
Contribution 3	2016 ESC Guidelines for the diagnosis and treatment of acute and chronic heart failure: The Task Force for the diagnosis and treatment of acute and chronic heart failure of the European Society of Cardiology (ESC). Developed with the special contribution of the Heart Failure Association (HFA) of the ESC.	2	8 CFR 204.5(h)(3)(v) – Criterion 5