

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

4	4	1	43
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.

75.0% independent of 4 classified citing papers

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

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 national estimate of resistant hypertension prevalence in the United States, providing critical epidemiological data that has been widely cited by independent scholars.

CLAIM: The researcher’s primary contribution is the seminal 2011 study published in *Hypertension*, which quantified the prevalence of resistant hypertension in the United States during the 2003–2008 period. This work stands as a core reference point in the field, with no subsequent follow-up papers by the researcher listed in this specific line of inquiry.

ORIGINALITY: By focusing on a specific, clinically significant subset of hypertension, this work appears to address a gap in national epidemiological data. The title suggests a comprehensive assessment of a condition that is often underdiagnosed or poorly characterized in large-scale population studies, offering a baseline understanding of its scope within the U.S. healthcare context.

SIGNIFICANCE: The paper has accumulated 1,143 citations, indicating substantial uptake by the scientific community. Notably, 75% of the classified citing papers originate from independent researchers, suggesting that the findings have been validated and utilized by scholars outside the researcher’s immediate institution or collaboration network, thereby demonstrating broad independent impact.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 3

CORE PAPER

[Prevalence of Resistant Hypertension in the United States, 2003–2008](#)

2011 · Hypertension · 1,143 citations (GS)

Field-normalised: 728 Semantic Scholar citations place it in the top 1% of Medicine papers from 2011 indexed by Semantic Scholar, by citation count.

No.	Citing paper	Citing institution(s)	Country	S2
1	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 American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines (2017)	Alfred I. duPont Hospital for Children, Case Western Reserve University, Johns Hopkins University	United States	—
2	Heart disease and stroke statistics—2013 update: a report from the American Heart Association (2013)	American Heart Association	United States	—
3	Heart disease and stroke statistics—2016 update: a report from the American Heart Association (2016)	—	—	—

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).

D. Citing-Institution Prestige & Geography

Top citing institutions

Institution	Country	World ranking	Citing papers
University of Alabama at Birmingham	United States	QS 1001-1200	2
Wake Forest School of Medicine	United States	—	2
American Heart Association	United States	SCImago #2251	2
Case Western Reserve University	United States	SCImago #627 · THE =145 · QS =294	2
University of North Carolina at Chapel Hill	United States	THE 78 · QS =140	2
Johns Hopkins University	United States	SCImago #33 · THE 16 · QS 24	2
Medical University of South Carolina	United States	SCImago #1607	2
Stanford University	United States	SCImago #18 · THE =5 · QS 3	2
Michael E. DeBakey VA Medical Center and Baylor College of Medicine	United States	—	1
Hospital of the University of Pennsylvania	United States	—	1
Brigham and Women's Hospital and Harvard Medical School	United States	—	1
Baptist Health South Florida	United States	SCImago #4128	1
Johns Hopkins Medicine	United States	SCImago #123	1
University of Washington	United States	SCImago #45 · THE 25 · QS 81	1
University of Pennsylvania	United States	SCImago #52 · THE 14 · QS 15	1

Geographic distribution of citing authors

Country	Citing papers
United States	3
Australia	1

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.

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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	Prevalence of Resistant Hypertension in the United States, 2003–2008	3	8 CFR 204.5(h)(3)(v) – Criterion 5