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

56	56	4	4
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.

97.7% independent of 44 classified citing papers

Citation type	Count
Independent	43
Self-citation	1
Co-author	0
Same-institution	0

12 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 evidence for smartphone app-based postoperative home monitoring to improve quality of recovery after oncologic surgery through a randomized clinical trial.

The researcher's contribution centers on a 2023 randomized clinical trial published in JAMA Surgery, which investigated the effect of smartphone app postoperative home monitoring on quality of recovery after oncologic surgery. This work stands as a core publication in this specific line of inquiry, with no follow-up papers by the same researcher provided in the current dataset.

This line of work appears to address the need for validated digital health interventions in postoperative care. By employing a randomized clinical trial design, the researcher provided a rigorous methodological approach to evaluating whether mobile technology can effectively support patient recovery metrics, distinguishing this study from observational or pilot-scale efforts.

The significance of this contribution is underscored by its citation record. With 49 citations, the paper has attracted substantial attention. Notably, 97.7% of the citing papers originate from independent researchers, indicating that the work has been widely adopted and utilized by the broader scientific community beyond the researcher's immediate circle.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 41

CORE PAPER

Effect of Smartphone App Postoperative Home Monitoring After Oncologic Surgery on Quality of Recovery: A Randomized Clinical Trial

2023 · JAMA Surgery · 49 citations (GS)

Field-normalised: 42 Semantic Scholar citations place it in the top 5% of Medicine papers from 2023 indexed by Semantic Scholar, by citation count.

No.	Citing paper	Citing institution(s)	Country	S2
1	Enhanced Recovery after Surgery - Evidence and Practice.	Brigham and Women's Hospital, Cleveland Clinic Foundation	United States	—
2	Enhanced recovery in gynecologic oncology surgery—state of the science	University of Calgary	Canada	—
3	Patients' Experienced Usability and Satisfaction With Digital Health Solutions in a Home Setting: Instrument Validation Study	Amsterdam UMC, University of Amsterdam, Amsterdam UMC, Vrije Universiteit Amsterdam	Netherlands	—
4	Effects of remote patient monitoring on health care utilization in patients with noncommunicable diseases: Systematic review and meta-analysis (2025)	Diakonhjemmet Hospital, Norwegian Institute of Public Health	Norway	—
5	Safety and Reliability of a Robot-assisted Laparoscopic Telesurgery System: Expanding Indications in Urological Surgery (2024)	Hainan Hospital of the Chinese People's Liberation Army (PLA) General Hospital, Shenzhen Edge Medical Company, The Third Medical Center of the Chinese People's Liberation Army (PLA) General Hospital	China	—

No.	Citing paper	Citing institution(s)	Country	S2
6	Medico-Economic Evaluation of a Telehealth Platform for Elective Outpatient Surgeries: Randomized Controlled Trial	Centre Hospitalier de l'Université de Montréal (CRCHUM), HEC Montréal, Université de Montréal	Canada	—
7	Enhanced Recovery after Surgery (ERAS) for Minimally Invasive Gynecologic Oncology Surgery: A Review	University of Alberta, University of Calgary	Canada	Background
8	Artificial intelligence in surgery (2024)	University of Auckland	New Zealand	—
9	Artificial Intelligence in Breast Cancer Diagnosis and Surgical Decision-Making: An Updated and Comprehensive Overview of Precision and Personalization in Current Evidence.	Jouf University	Saudi Arabia	—
10	Effectiveness of smartphone app-based interventions after surgery on quality of recovery among cancer patients: a systematic review and meta-analysis	Huzhou Central Hospital, Huzhou University	China	—
11	Quality indicators and outcomes in ambulatory surgery	—	—	—
12	Developing and validation of a smartphone app for post-discharge early follow-up after colorectal cancer surgeries	AC Camargo Cancer Center, Johnson & Johnson MedTech	Brazil	—
13	Future directions in enhanced recovery after surgery (ERAS) for gynecologic surgery	—	—	—
14	The Evolution of Enhanced Recovery After Surgery (ERAS) in Gynecology: An Introduction	—	—	—
15	Post-discharge care and monitoring: what's new, what's controversial	Mayo Clinic	United States	—
16	Using a mobile app for postoperative wound care at home during the COVID-19 pandemic: A usability and acceptability study	I-Shou University, National Taiwan University, National Taiwan University Hospital and National Taiwan University College of Medicine	Taiwan	—
17	Enhanced recovery and same-day discharge hospital stay: speed versus safety?	—	—	—
18	Enhanced recovery after surgery updates in gynecologic oncology surgery	—	—	—
19	The effects of a nurse-led smartphone-based intervention after coronary artery bypass grafting: A randomised controlled trial	—	—	—
20	Emerging technological innovations in perioperative nursing	—	—	—
21	COmplications and REcurrence after Pelvic EXenteration for gynecologic malignancies: analysis of surgical complications from the COREPEX study.	—	—	—

No.	Citing paper	Citing institution(s)	Country	S2
22	Digital Health Literacy and Tool Adoption in Postoperative Care in a Safety-Net Hospital Population: Mixed Methods Study	—	—	—
23	Innovative approach to designing user-centred digital solutions for plastic surgery patients with non-melanoma skin cancer	Università degli Studi di Napoli Federico II	Italy	—
24	RECOVER: Designing a Large Language Model-based Remote Patient Monitoring System for Postoperative Gastrointestinal Cancer Care	—	—	—
25	Patient self-reported pain and nausea via smartphone following day care surgery, first year results: An observational cohort study	Maasstad Hospital, OLVG Hospital, University Medical Centre Utrecht	Netherlands	—
26	Reimagining Recovery: How Extended Ambulatory Models and Patient Hotels are Changing the Outpatient Surgical Paradigm	—	—	—
27	The Impact of e-Mobile Education Based on the Life Model on Anxiety and Daily Living Activities in Thyroidectomy Patients: A Randomized Controlled Trial	—	—	—
28	Structured proactive nutritional care delivered via a digital follow-up platform is associated with better postoperative outcomes in gastric cancer patients after radical gastrectomy	National Cancer Center Korea	South Korea	—
29	Telehealth Versus In-Office Follow-Up after Gynecological Surgery: A Systematic Review and Meta-Analysis. (2026)	Centro Municipal de Diagnóstico por Imagem, Centro Universitário Redentor, Escola Superior de Ciências da Saúde	Brazil	—
30	Toward a Modern Telehealth Follow-Up Routine for Radical Prostatectomy: Introducing a Novel E-Health Application for Outcome and Complication Assessment. (2026)	University of Lucerne, University Teaching and Research Hospital Lucerne	Switzerland	—

Showing the 30 most-cited of 41 independent citing papers.

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
University of Calgary	Canada	SCImago #399 · THE 200 · QS 211	3

Institution	Country	World ranking	Citing papers
Dalhousie University	Canada	SCImago #1299 · THE 351–400 · QS 283	2
Faculdade Santa Marcelina	Brazil	—	1
Universidade Federal do Paraná	Brazil	SCImago #2122 · THE 1201–1500	1
Sichuan University	China	SCImago #32 · THE 201–250 · QS =324	1
University of Auckland	New Zealand	SCImago #618 · THE =156 · QS 65	1
Johnson & Johnson MedTech	Brazil	—	1
University Teaching and Research Hospital Lucerne	Switzerland	—	1
National Taiwan University Hospital and National Taiwan University College of Medicine	Taiwan	—	1
OLVG Hospital	Netherlands	—	1
Maasstad Hospital	Netherlands	SCImago #4875	1
Centro Universitário Redentor	Brazil	—	1
Centro Municipal de Diagnóstico por Imagem	Brazil	—	1
Santa Casa Misericórdia de Belo Horizonte	Brazil	—	1
Escola Superior de Ciências da Saúde	Brazil	—	1

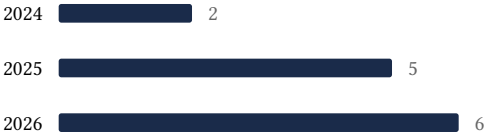
Geographic distribution of citing authors

Country	Citing papers
Canada	6
United States	5
Brazil	3
China	3
Netherlands	2
New Zealand	1
Norway	1
Saudi Arabia	1
South Korea	1
Switzerland	1
Taiwan	1
United Kingdom	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.



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	Effect of Smartphone App Postoperative Home Monitoring After Oncologic Surgery on Quality of Recovery: A Randomized Clinical Trial	41	8 CFR 204.5(h)(3)(v) — Criterion 5