

# Citation Evidence Report

EB-2 NIW Petition — National Interest Waiver

Matter of Dhanasar · Prong 2 (well-positioned)

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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 Prong 2 of Matter of Dhanasar (the petitioner is well positioned to advance the proposed endeavor) — the prong where past citation evidence is most probative. 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>18</b><br>Citing papers mapped | <b>18</b><br>Citation edges | <b>3</b><br>Home papers mapped | <b>154</b><br>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.

**100.0% independent** of 18 classified citing papers

| Citation type    | Count |
|------------------|-------|
| Independent      | 18    |
| Self-citation    | 0     |
| Co-author        | 0     |
| 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 established a seminal link between infant weight and ischaemic heart disease mortality, a foundational finding in developmental origins of health research.*

The researcher's primary contribution is the identification of a critical association between weight in infancy and subsequent death from ischaemic heart disease, as detailed in their 1989 Lancet publication. This work serves as the cornerstone of their cited scholarship, standing alone without follow-up papers in the provided dataset.

This line of work appears to address a significant gap in understanding the long-term determinants of cardiovascular health. By focusing on infancy, the research suggests a novel perspective on how early-life factors may influence adult disease outcomes, challenging or expanding contemporary views on the etiology of ischaemic heart disease.

The significance of this contribution is evidenced by its substantial citation count of 4916, indicating widespread recognition and utility within the scientific community. Furthermore, the fact that 100% of the classified citing papers originate from independent researchers underscores the broad, cross-institutional impact and acceptance of these findings beyond the researcher's immediate circle.

### INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 2

#### CORE PAPER

#### [Weight in infancy and death from ischaemic heart disease](#)

1989 · Lancet · 4,916 citations (GS)

Field-normalised: 3,234 Semantic Scholar citations place it in the top 1% of Environmental Science papers from 1989 indexed by Semantic Scholar, by citation count.

| No. | Citing paper   | Citing institution(s)   | Country       | S2 |
|-----|--|---|---------------|----|
| 1   | <a href="#">Measuring biological aging in humans: A quest (2020)</a>                 | National Institute on Aging, National Institutes of Health, National Institute on Aging, NIH, University of Maryland School of Medicine | United States | —  |
| 2   | <a href="#">Global Atlas on Cardiovascular Disease Prevention and Control (2011)</a> | World Health Organization, World Heart Federation, World Stroke Organization  | Switzerland   | —  |

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 seminal pooled analysis of global BMI trends from 1975 to 2016, synthesizing data from over 2,400 studies to establish a comprehensive baseline for worldwide obesity surveillance.*

CLAIM: The researcher's primary contribution is a landmark 2017 study that pooled data from 2,416 population-based measurement studies across 128.9 million individuals to analyze worldwide trends in body-mass index, underweight, overweight, and

obesity from 1975 to 2016. This work stands as a singular, foundational reference in the field, with no subsequent follow-up papers by the researcher listed in this specific line of inquiry.

**ORIGINALITY:** The titles indicate that this work addressed a critical need for large-scale, standardized global surveillance of anthropometric data. By aggregating nearly two decades of disparate population-based studies, the researcher appears to have created a unified, high-resolution dataset that overcame the fragmentation of prior regional or smaller-scale analyses, offering a comprehensive longitudinal view of global weight trends.

**SIGNIFICANCE:** The work has achieved substantial impact, evidenced by over 10,000 citations. Notably, analysis of citing literature reveals that 100% of classified citations originate from independent researchers, indicating that the findings have been widely adopted and utilized by the broader scientific community rather than being confined to the researcher’s immediate network. This high level of independent uptake underscores the study’s role as a standard reference for global health research.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 8

**CORE PAPER**

**[Worldwide trends in body-mass index, underweight, overweight, and obesity from 1975 to 2016: a pooled analysis of 2416 population-based measurement studies in 128· 9 million ...](#)**

2017 · 10,166 citations (GS)

| No. | Citing paper  | Citing institution(s)  | Country                         | S2 |
|-----|---|--|---------------------------------|----|
| 1   | <a href="#">2021 ESC Guidelines on cardiovascular disease prevention in clinical practice</a> (2021)  | Academy of Athens, Amsterdam UMC, Amsterdam UMC, Vrije Universiteit  | Belgium, France, Germany        | —  |
| 2   | <a href="#">2022 ESC Guidelines on cardiovascular assessment and management of patients undergoing non-cardiac surgery: Developed by the task force for cardiovascular assessment and management of patients undergoing non-cardiac surgery of the European Society of Cardiology (ESC). Endorsed by the European Society of Anaesthesiology and Intensive Care (ESAIC).</a> (2022) | Akershus University Hospital and University of Oslo, Austria, Cairo University   | Austria, Belgium, Denmark       | —  |
| 3   | <a href="#">Global Prevalence of Overweight and Obesity in Children and Adolescents: A Systematic Review and Meta-Analysis</a> (2024)   | Alberta Health Services, Chongqing Medical University, Sichuan University  | Canada, China                   | —  |
| 4   | <a href="#">Heart Disease and Stroke Statistics—2023 Update: A Report From the American Heart Association</a> (2023)  | Aga Khan University / Baylor College of Medicine, American Heart Association, Baylor College of Medicine                       | Brazil, Canada, United States   | —  |
| 5   | <a href="#">2024 Heart Disease and Stroke Statistics: A Report of US and Global Data from the American Heart Association</a> (2024)   | American Heart Association, American Heart Association / Columbia University, American Heart Association & Columbia University | Brazil, Canada, China           | —  |
| 6   | <a href="#">Child and adolescent obesity</a> (2023)   | Durham University, Erasmus MC, University Medical Center Rotterdam, Karolinska Institutet and Karolinska University Hospital   | Australia, Germany, Netherlands | —  |
| 7   | <a href="#">National-level and state-level prevalence of overweight and obesity among children, adoles-</a>   | Burnet Institute, GBD 2021 US Obesity Forecasting Collaborators, Harvard Medical School  | Australia, Ghana, India         | —  |

| No. | Citing paper  | Citing institution(s)   | Country                    | S2 |
|-----|---|---|----------------------------|----|
|     | <a href="#">cents, and adults in the USA, 1990–2021, and forecasts up to 2050</a> (2024)  |   |                            |    |
| 8   | <a href="#">Global, regional, and national prevalence of child and adolescent overweight and obesity, 1990–2021, with forecasts to 2050: a forecasting study for the Global Burden of Disease Study 2021</a> (2025) | Aleta Wondo General Hospital, Alexandria University, Cairo 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).

### Contribution 3

#### Claim – Contribution 3

*The researcher conducted a seminal pooled analysis of nearly 20 million participants across 200 countries to establish global trends in adult body-mass index from 1975 to 2014.*

The researcher’s primary contribution is a comprehensive pooled analysis of 1,698 population-based measurement studies, encompassing 19.2 million participants across 200 countries. This work, published in 2016, provides a definitive longitudinal assessment of adult body-mass index trends from 1975 to 2014. The titles indicate that this line of work addresses the critical need for large-scale, standardized global data to track obesity trends, filling a gap in comparative epidemiological research by aggregating disparate population-based studies into a single coherent analysis. The significance of this contribution is evidenced by its substantial citation count of 5,186, reflecting widespread recognition within the scientific community. Furthermore, the citation analysis reveals that 100% of the classified citing papers originate from independent researchers, underscoring the work’s broad impact and utility beyond the researcher’s immediate institutional or collaborative network.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 8

#### CORE PAPER

#### [Trends in adult body-mass index in 200 countries from 1975 to 2014: a pooled analysis of 1698 population-based measurement studies with 19.2 million participants](#)

2016 · 5,186 citations (GS)

Field-normalised: 4,515 Semantic Scholar citations place it in the top 1% of Medicine papers from 2016 indexed by Semantic Scholar, by citation count.

| No. | Citing paper   | Citing institution(s)   | Country                    | S2 |
|-----|--|---|----------------------------|----|
| 1   | <a href="#">Obesity and cardiovascular disease: an ESC clinical consensus statement</a> (2024)                       | Antwerp University Hospital, Bern University Hospital, Insel-spital, Bern University Hospital-INSELSPITAL, University of Bern | Belgium, Denmark, Germany  | –  |
| 2   | <a href="#">Heart disease and stroke statistics—2022 update: a report from the American Heart Association</a> (2022) | American Heart Association, Baylor College of Medicine, Baylor College of Medicine and Michael E. DeBakey VA Center           | Brazil, United States      | –  |
| 3   | <a href="#">Global epidemiology of heart failure</a> (2024)  | ASST Spedali Civili di Brescia, ASST Spedali Civili di Brescia;   | Italy, Kazakhstan, Morocco | –  |

| No. | Citing paper   | Citing institution(s)  | Country                               | S2 |
|-----|--|--|---------------------------------------|----|
|     |  | University of Brescia, City Cardiology Center  |                                       |    |
| 4   | <a href="#">Obesity Management in Adults: A Review</a> (2023)                                | Johns Hopkins School of Medicine, New York University Grossman School of Medicine, University of Colorado School of Medicine | United States                         | —  |
| 5   | <a href="#">Obesity in adults</a> (2024)   | Monash University, Oswaldo Cruz German Hospital, University College Dublin   | Australia, Brazil, Ireland            | —  |
| 6   | <a href="#">China stroke surveillance report 2021</a> (2023)                                 | Beijing Tiantan Hospital, Capital Medical University, Peking University  | China                                 | —  |
| 7   | <a href="#">Oral Nirmatrelvir for High-Risk, Nonhospitalized Adults with Covid-19</a> (2022) | Köhler and Milstein Research, Pfizer   | Mexico, United Kingdom, United States | —  |
| 8   | <a href="#">Obesity and the risk of cardiometabolic diseases</a> (2023)                      | European University Miguel de Cervantes, Harvard University, Lund University   | Spain, Sweden, 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).

## D. Citing-Institution Prestige & Geography

### Top citing institutions

| Institution   | Country       | World ranking                 | Citing papers |
|---|---------------|-------------------------------|---------------|
| University of Washington  | United States | SCImago #45 · THE 25 · QS 81  | 5             |
| Johns Hopkins University  | United States | SCImago #33 · THE 16 · QS 24  | 4             |
| Medical University of South Carolina                            | United States | SCImago #1607                 | 3             |
| University of São Paulo   | Brazil        | THE 201–250                   | 3             |
| Columbia University   | United States | SCImago #65 · THE 20 · QS =38 | 3             |
| Northwestern University Feinberg School of Medicine             | United States | —                             | 3             |
| Brigham and Women's Hospital and Harvard Medical School         | United States | —                             | 3             |
| Baylor College of Medicine                                      | United States | SCImago #560                  | 3             |
| University of Alabama at Birmingham                             | United States | QS 1001-1200                  | 3             |
| Massachusetts General Hospital                                  | United States | SCImago #100                  | 3             |
| Beth Israel Deaconess Medical Center and Harvard Medical School | United States | —                             | 3             |
| University of California, San Francisco                         | United States | SCImago #98                   | 3             |
| Vanderbilt University Medical Center                            | United States | SCImago #663                  | 3             |

| Institution                         | Country       | World ranking | Citing papers |
|-------------------------------------|---------------|---------------|---------------|
| Johns Hopkins School of Medicine    | United States | —             | 3             |
| University Medical Center Groningen | Netherlands   | SCImago #448  | 3             |

## Geographic distribution of citing authors

| Country        | Citing papers |
|----------------|---------------|
| United States  | 11            |
| Sweden         | 5             |
| United Kingdom | 5             |
| Australia      | 4             |
| Brazil         | 4             |
| Germany        | 4             |
| Italy          | 4             |
| Netherlands    | 4             |
| Switzerland    | 4             |
| Belgium        | 3             |
| Canada         | 3             |
| China          | 3             |

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 | Weight in infancy and death from ischaemic heart disease   | 2            | Dhanasar – Prong 2 (well-positioned) |
| Contribution 2 | Worldwide trends in body-mass index, underweight, overweight, and obesity from 1975 to 2016: a pooled analysis of 2416 population-based measurement studies in 128·9 million ... | 8            | Dhanasar – Prong 2 (well-positioned) |
| Contribution 3 | Trends in adult body-mass index in 200 countries from 1975 to 2014: a pooled analysis of 1698 population-based measurement studies with 19·2 million participants                | 8            | Dhanasar – Prong 2 (well-positioned) |