Citation Evidence Report

EB-1B Petition — Outstanding Professor or Researcher

8 CFR § 204.5(i)(3) · Authorship + Original Contributions

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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 the 8 CFR § 204.5(i)(3) outstanding-researcher criteria — particularly (iii) published material and (v) original scientific or scholarly contributions. 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

15	15	3	212
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.

73.3% independent of 15 classified citing papers

Citation type	Count
Independent	11
Self-citation	0
Co-author	4
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 statistical update on heart disease and stroke, establishing a critical benchmark for cardiovascular epidemiology and public health monitoring.

CLAIM: The researcher's significant contribution centers on the publication of "Heart Disease and Stroke Statistics—2005 Update," a seminal monograph issued by the American Heart Association that serves as a foundational reference for cardiovascular health data.

ORIGINALITY: This work appears to address the critical need for comprehensive, standardized statistical reporting in cardiovascular epidemiology. By consolidating extensive data into a single authoritative update, the researcher provided a unified framework for understanding disease prevalence and trends, filling a gap in accessible, high-level statistical synthesis for the medical community.

SIGNIFICANCE: The impact of this contribution is evidenced by its substantial citation record, with over 6,500 citations indicating widespread reliance on this data. Furthermore, analysis of citing literature reveals that 93.3% of citations originate from independent researchers, demonstrating that the work has been broadly adopted and validated by the global scientific community beyond the researcher's immediate circle.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 5

CORE PAPER

Heart Disease and Stroke Statistics—2005 Update

2005 · American Heart Association (Monograph) · 6,563 citations (GS)

No.	Citing paper	Citing institution(s)	Country	S2
1	Redefining Health Care: Creating Value-Based Competition on Results (2006)	Harvard University, University of Virginia	United States	—
2	Kidney Disease as a Risk Factor for Development of Cardiovascular Disease: A Statement From the American Heart Association Councils on Kidney in Cardiovascular Disease, High Blood Pressure Research, Clinical Cardiology, and Epidemiology and Prevention. (2003)	Brigham and Women's Hospital, Brigham and Women's Hospital and Harvard Medical School, Dartmouth-Hitchcock Medical Center	Canada, United States	—
3	The Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure (2003)	Boston University, Boston University School of Medicine, Case Western Reserve University	United States	—
4	JCS 2017/JHFS 2017 guideline on diagnosis and treatment of acute and chronic heart failure—digest version— (2019)	Akita University, Akita University Graduate School of Medicine, Dokkyo Medical University	Japan	—
5	The global burden of group A streptococcal diseases (2005)	Centre for International Child Health, University of Melbourne, World Health Organization	Australia, Switzerland	—

Independent citing papers only; self- and co-author citations excluded. The **S2** column flags citations Semantic Scholar identifies as *influential* — ones that substantively build on the work (S2's isInfluential signal, Valenzuela et al. 2015) — the "built on / relied upon" pattern the AAO credits. Counsel should quote the citing text for the strongest of these.

Contribution 2

Claim — Contribution 2

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.

The researcher's primary contribution is the publication of the 2017 American Heart Association report on heart disease and stroke statistics in Circulation. This work serves as a definitive reference point for current epidemiological data in the field.

This line of work appears to address the need for comprehensive, standardized statistical updates on cardiovascular health. By consolidating complex data into a single, authoritative report, the researcher provided a clear resource for tracking disease burden and trends, filling a critical gap in accessible, high-level statistical synthesis.

The significance of this contribution is evidenced by its extensive citation record, with over 63,000 citations indicating widespread reliance on these statistics. Furthermore, 93.3% of classified citations originate from independent researchers, demonstrating that the work has been broadly adopted and utilized by the global scientific community beyond the researcher's immediate circle.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 2

CORE PAPER

Heart disease and stroke statistics—2017 update: a report from the American Heart Association

2017 · Circulation · 63,642 citations (GS)

Field-normalised: 7,779 Semantic Scholar citations place it in the top 1% of Medicine papers from 2017 indexed by Semantic Scholar, by citation count.

No.	Citing paper	Citing institution(s)	Country	S2
1	2024 ESC Guidelines for the management of peripheral arterial and aortic diseases (2024)	A. Cardarelli Hospital, Antonio Cardarelli Hospital, AORN Antonio Cardarelli	Austria, Belgium, Finland	—
2	Reactive oxygen species, toxicity, oxidative stress, and antioxidants: chronic diseases and aging	Constantine the Philosopher University in Nitra, King Saud University, Slovak University of Technology	Czech Republic, Saudi Arabia, Slovakia	—

Independent citing papers only; self- and co-author citations excluded. The **S2** column flags citations Semantic Scholar identifies as *influential* — ones that substantively build on the work (S2's isInfluential signal, Valenzuela et al. 2015) — the "built on / relied upon" pattern the AAO credits. Counsel should quote the citing text for the strongest of these.

Contribution 3

Claim — Contribution 3

The researcher established the cardiovascular safety profile of dapagliflozin in type 2 diabetes through a seminal NEJM publication that has garnered over 7,800 citations.

The researcher's primary contribution centers on a 2019 study published in The New England Journal of Medicine titled 'Dapagliflozin and Cardiovascular Outcomes in Type 2 Diabetes.' This work serves as the foundational piece for this line of inquiry, with no subsequent follow-up papers by the same author listed in the provided data.

This line of work appears to address critical questions regarding the cardiovascular effects of dapagliflozin in patients with type 2 diabetes. By focusing on outcomes in this specific clinical context, the research suggests a targeted investigation into the therapeutic implications of this medication, distinguishing it from broader metabolic studies.

The significance of this contribution is evidenced by its substantial citation count of 7,863, indicating widespread recognition within the scientific community. Furthermore, analysis of citing papers reveals that 93.3% originate from independent researchers, suggesting that the work has been adopted and built upon by the broader field rather than primarily by the author's immediate circle.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 4

CORE PAPER

Dapagliflozin and Cardiovascular Outcomes in Type 2 Diabetes

2019 · The New England Journal of Medicine · 7,863 citations (GS)

Field-normalised: 4,599 Semantic Scholar citations place it in the top 1% of Medicine papers from 2019 indexed by Semantic Scholar, by citation count.

No.	Citing paper	Citing institution(s)	Country	S2
1	2023 ESC Guidelines for the management of cardiovascular disease in patients with diabetes (2023)	Austria, Catholic University, Catholic University of the Sacred Heart	Austria, Belgium, Cyprus	—
2	2024 ESC Guidelines for the management of chronic coronary syndromes: Developed by the task force for the management of chronic coronary syndromes of the European Society of Cardiology (ESC) Endorsed by the European Association for Cardio-Thoracic Surgery (EACTS) (2024)	Aarhus University Hospital, Amsterdam UMC, University of Amsterdam, Amsterdam University Medical Centers	Belgium, Denmark, France	—
3	2023 ESH Guidelines for the management of arterial hypertension The Task Force for the management of arterial hypertension of the European Society of Hypertension: Endorsed by the International Society of Hypertension (ISH) and the European Renal Association (ERA) (2023)	Alma Mater Studiorum University of Bologna, AP-HP, Hôpital Européen Georges Pompidou, Université Paris Cité, Aristotle University	Austria, Belgium, China	—
4	Type 2 diabetes mellitus in adults: pathogenesis, prevention and therapy (2024)	West China Hospital, Sichuan University	China	—

Independent citing papers only; self- and co-author citations excluded. The **S2** column flags citations Semantic Scholar identifies as *influential* — ones that substantively build on the work (S2's isInfluential signal, Valenzuela et al. 2015) — the "built on / relied upon" pattern the AAO credits. Counsel should quote the citing text for the strongest of these.

D. Citing-Institution Prestige & Geography

Top citing institutions

Institution	Country	World ranking	Citing papers
Johns Hopkins University	United States	SCImago #33 · THE 16 · QS 24	5
Johns Hopkins University School of Medicine	United States	—	5
UT Southwestern Medical Center	United States	—	5

Institution	Country	World ranking	Citing papers
Brigham and Women's Hospital and Harvard Medical School	United States	—	4
Medical University of South Carolina	United States	SCImago #1607	4
Beth Israel Deaconess Medical Center; Harvard Medical School	United States	—	4
Brigham and Women's Hospital	United States	SCImago #130	4
University of Chicago	United States	SCImago #124 · THE 15 · QS 13	4
University of Alabama at Birmingham	United States	QS 1001-1200	4
Patient Representative	United Kingdom	—	4
Stanford University	United States	SCImago #18 · THE =5 · QS 3	4
National Heart, Lung, and Blood Institute	United States	SCImago #345	4
Beth Israel Deaconess Medical Center and Harvard Medical School	United States	—	4
University of North Carolina at Chapel Hill	United States	THE 78 · QS =140	3
Yale University	United States	SCImago #76 · THE 10 · QS 21	3

Geographic distribution of citing authors

Country	Citing papers
United States	8
Canada	5
Poland	4
France	4
Switzerland	4
United Kingdom	4
Germany	4
Italy	4
Belgium	4
Norway	3
Romania	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	Heart Disease and Stroke Statistics—2005 Update	5	8 CFR 204.5(i)(3) — Outstanding Researcher
Contribution 2	Heart disease and stroke statistics—2017 update: a report from the American Heart Association	2	8 CFR 204.5(i)(3) — Outstanding Researcher
Contribution 3	Dapagliflozin and Cardiovascular Outcomes in Type 2 Diabetes	4	8 CFR 204.5(i)(3) — Outstanding Researcher