Citation Evidence Report

EB-2 NIW Petition — National Interest Waiver

Matter of Dhanasar · Prong 2 (well-positioned)

Kavita Singh

Public Health Foundation of India

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

11	11	2	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.

100.0% independent of 11 classified citing papers

Citation type	Count
Independent	11
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 conducted a pivotal randomized clinical trial evaluating how fixed-dose combination strategies influence medication adherence and cardiovascular risk factors in high-risk patient populations.

CLAIM: The researcher's significant contribution centers on the 2013 publication of the UMPIRE randomized clinical trial, which investigated the effects of fixed-dose combination strategies on adherence and risk factors in patients with or at high risk of cardiovascular disease.

ORIGINALITY: This work appears to address critical challenges in cardiovascular care by testing a specific pharmacological strategy designed to simplify treatment regimens. By employing a randomized clinical trial design, the researcher provided rigorous evidence regarding whether combining medications into a single dose improves patient adherence and subsequently impacts clinical risk factors, a methodological approach that offers clarity on complex treatment protocols.

SIGNIFICANCE: The core paper has accumulated 564 citations, indicating substantial uptake within the scientific community. Notably, analysis of citing literature reveals that 100% of the classified citations originate from independent researchers, suggesting that this work has influenced the broader field beyond the researcher's immediate institutional or collaborative network.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 5

CORE PAPER

Effects of a fixed-dose combination strategy on adherence and risk factors in patients with or at high risk of CVD: the UMPIRE randomized clinical trial

2013 · 564 citations (GS)

Field-normalised: 396 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	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	—
2	2017 ESC Guidelines for the management of acute myocardial infarction in patients presenting with ST-segment elevation: The Task Force for the management of acute myocardial infarction in patients presenting with ST-segment elevation of the European Society of Cardiology (ESC) (2017)	Bern University Hospital (Inselspital), Bern University Hospital (Inselspital), University of Bern, Bispebjerg University Hospital	Belgium, Czech Republic, Denmark	—
3	Cardiovascular Diseases in India: Current Epidemiology and Future Directions (2016)	All India Institute of Medical Sciences, Centre for Chronic Disease Control	India	—
4	Interventions to Improve Medication Adherence: A Review (2018)	University of Colorado Anschutz Medical Campus	United States	—

No.	Citing paper	Citing institution(s)	Country	S2
5	Medication Adherence and Blood Pressure Control: A Scientific Statement From the American Heart Association (2022)	American Medical Association, Baylor College of Medicine, Brigham and Women's Hospital	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).

Contribution 2

Claim — Contribution 2

The researcher provided pivotal long-term comparative evidence on off-pump versus on-pump coronary-artery bypass grafting outcomes, establishing a critical benchmark for surgical decision-making.

CLAIM: The researcher's seminal 2016 publication, "Five-year outcomes after off-pump or on-pump coronary-artery bypass grafting," serves as the foundational contribution of this line of work. This paper appears to offer a rigorous, long-term comparison of two major surgical techniques for coronary artery disease.

ORIGINALITY: By focusing on five-year outcomes, this work addresses a critical gap in understanding the durability and long-term efficacy of off-pump versus on-pump procedures. The title suggests a shift from short-term perioperative metrics to sustained patient health, providing essential data for evaluating the true clinical value of each surgical approach.

SIGNIFICANCE: With 559 citations, this paper is highly influential in the field. Notably, 100% of the classified citing papers originate from independent researchers, indicating that the work has been widely adopted and relied upon by the broader scientific community rather than just the researcher's immediate circle. This broad, independent uptake underscores the paper's role as a standard reference in cardiovascular surgery literature.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 6

CORE PAPER

Five-year outcomes after off-pump or on-pump coronary-artery bypass grafting

2016 · 559 citations (GS)

Field-normalised: 315 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	STS/SCA/AmSECT/SABM Update to the Clinical Practice Guidelines on Patient Blood Management (2021)	Flinders University and Flinders Medical Centre, Mayo Clinic, Medical University of South Carolina	Australia, Canada, United States	—
2	Mechanisms, Consequences, and Prevention of Coronary Graft Failure (2017)	University of Miami, University of Oxford, Weill Cornell Medicine	United Kingdom, United States	—
3	2019 EACTS/EACTA/EBCP guidelines on cardiopulmonary bypass in adult cardiac surgery (2019)	Academic Medical Centre of the University of Amsterdam, Academy for Perfusion, Deutsches Herzzentrum, Acibadem Sistina Hospital	Australia, Belgium, Germany	—

No.	Citing paper	Citing institution(s)	Country	S2
4	Five-Year Outcomes after On-Pump and Off-Pump Coronary-Artery Bypass (2017)	Cleveland Clinic, Cooperative Studies Program Coordinating Center, VA Medical Center, Eastern Colorado Health Care System	United States	—
5	Guidelines on enhanced recovery after cardiac surgery under cardiopulmonary bypass or off-pump (2022)	Amiens Picardy University Hospital, Assistance Publique des Hôpitaux de Paris, Pitié-Salpêtrière Hospital, CHU Bordeaux	France	—
6	Sex differences in outcomes after coronary artery bypass grafting: a pooled analysis of individual patient data (2021)	Cardiovascular Center Bad Neustadt/Saale, Cleveland Clinic, Columbia University Medical Center	Canada, Germany, Ireland	—

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 Oxford	United Kingdom	SCImago #26 · THE 1 · QS 4	2
Cleveland Clinic	United States	SCImago #306	2
Bern University Hospital (Inselspital)	Switzerland	—	2
University of Kentucky	United States	SCImago #913 · THE 401–500 · QS 781-790	2
Weill Cornell Medicine	United States	SCImago #220	2
Dedinje Cardiovascular Institute	Serbia	—	2
Bern University Hospital (Inselspital), University of Bern	Switzerland	—	2
University of Bristol	United Kingdom	SCImago #478 · THE =80 · QS 51	2
University of Ottawa	Canada	SCImago #610 · THE =187 · QS =219	1
University of Calgary	Canada	SCImago #399 · THE 200 · QS 211	1
Baylor College of Medicine	United States	SCImago #560	1
Charles University	Czech Republic	SCImago #797 · THE 401–500 · QS =265	1
University of Miami	United States	SCImago #545 · THE 201–250 · QS =314	1
Hôpitaux Universitaires de Strasbourg	France	SCImago #2958	1
Hôpital Européen Georges-Pompidou	France	—	1

Geographic distribution of citing authors

Country	Citing papers
United States	8
United Kingdom	5
Germany	4
Netherlands	3
Belgium	3
Italy	3
Norway	3
Australia	2
Canada	2
Serbia	2
Spain	2
Sweden	2

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	Effects of a fixed-dose combination strategy on adherence and risk factors in patients with or at high risk of CVD: the UMPIRE randomized clinical trial	5	Dhanasar — Prong 2 (well-positioned)
Contribution 2	Five-year outcomes after off-pump or on-pump coronary-artery bypass grafting	6	Dhanasar — Prong 2 (well-positioned)