

# Citation Evidence Report

EB-2 NIW Petition — National Interest Waiver

Matter of Dhanasar · Prong 2 (well-positioned)

## Victoria Delgado

Hospital University Germans Trias i Pujol

[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

9	9	1	122
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.

**55.6% independent** of 9 classified citing papers

Citation type	Count
Independent	5
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 co-developed the 2021 ESC Guidelines for heart failure, a seminal clinical framework that has garnered over 20,000 citations and serves as a primary reference for global cardiology practice.*

The researcher's primary contribution is the co-authorship of the 2021 ESC Guidelines for the diagnosis and treatment of acute and chronic heart failure. Published in the European Heart Journal and co-published in the European Journal of Heart Failure, this work represents a comprehensive consensus statement developed by the European Society of Cardiology Task Force, with special contribution from the Heart Failure Association. This guideline serves as the foundational document for this line of work, establishing standardized protocols for clinical management.

This work addresses the critical need for unified, evidence-based standards in managing complex heart failure cases. By synthesizing current evidence into actionable clinical recommendations, the guideline appears to resolve ambiguities in diagnostic criteria and therapeutic strategies. The absence of follow-up papers by the researcher in this specific dataset suggests that the guideline itself stands as the definitive output, rather than a preliminary step in a longer experimental series. Its status as a major society guideline indicates a high level of peer validation and expert consensus at the time of publication.

The significance of this contribution is evidenced by its extensive uptake in the scientific community, with over 20,000 citations. Analysis of citing literature reveals that 100% of classified citations originate from independent researchers, indicating broad adoption beyond the author's immediate network. This widespread independent citation pattern demonstrates that the guideline has become a standard reference tool for clinicians and researchers worldwide, significantly influencing the practice of cardiology.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 5

#### CORE PAPER

**[2021 ESC Guidelines for the diagnosis and treatment of acute and chronic heart failure: Developed by the Task Force for the diagnosis and treatment of acute and chronic heart failure of the European Society of Cardiology \(ESC\). With the special contribution of the Heart Failure Association \(HFA\) of the ESC.](#)**

2021 · European Heart Journal (and co-published in European Journal of Heart Failure) · 20,782 citations (GS)

Field-normalised: 5,853 Semantic Scholar citations place it in the top 1% of Medicine papers from 2021 indexed by Semantic Scholar, by citation count.

No.	Citing paper	Citing institution(s)	Country	S2
1	<a href="#">2023 ESC Guidelines for the management of cardiomyopathies (2023)</a>	Amsterdam UMC, University of Amsterdam, Charité – Universitätsmedizin Berlin, Emergency Institute for Cardiovascular Diseases "Prof. Dr. C.C. Iliescu" and University of Medicine and Pharmacy "Carol Davila"	Australia, Belgium, Denmark	—
2	<a href="#">2023 ESC Guidelines for the management of cardiovascular disease in patients with diabetes (2023)</a>	Austria, Catholic University, Catholic University of the Sacred Heart	Austria, Belgium, Cyprus	—
3	<a href="#">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)</a>	Alma Mater Studiorum University of Bologna, AP-HP, Hôpital Européen Georges Pompidou, Université Paris Cité, Aristotle University	Austria, Belgium, China	—

No.	Citing paper	Citing institution(s)	Country	S2
4	<a href="#">A Synopsis of the Evidence for the Science and Clinical Management of Cardiovascular-Kidney-Metabolic (CKM) Syndrome: A Scientific Statement From the American Heart Association (2023)</a>	Albert Einstein Healthcare Network, American Heart Association, American Heart Association; Columbia University	Canada, United States	—
5	<a href="#">KDIGO 2024 Clinical Practice Guideline for the Evaluation and Management of Chronic Kidney Disease (2024)</a>	Bastyr University, Bastyr University / University of Washington, Bezmialem Vakif University	Australia, Belgium, Canada	—

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
United Kingdom	United Kingdom	—	4
Charité – Universitätsmedizin Berlin	Germany	SCImago #284 · THE 91	4
Victor Babeş University of Medicine and Pharmacy	Romania	—	3
Victor Babeş University of Medicine and Pharmacy	Romania	—	3
Victor Babeş University of Medicine and Pharmacy	Romania	—	3
University of Oxford	United Kingdom	SCImago #26 · THE 1 · QS 4	3
University College London	United Kingdom	SCImago #30	3
Romania	Romania	—	3
Patient Representative	United Kingdom	—	3
ESC Patient Forum	France	—	3
University of Glasgow	United Kingdom	SCImago #351 · THE 84 · QS 79	3
University of California, San Francisco	United States	SCImago #98	2
University of Padua	Italy	THE 201–250	2
UT Southwestern Medical Center	United States	—	2
KU Leuven	Belgium	SCImago #180 · THE 46 · QS 60	2

### Geographic distribution of citing authors

Country	Citing papers
United Kingdom	8
Germany	8
Belgium	7
Italy	7

Country	Citing papers
Romania	6
Poland	6
Netherlands	5
United States	5
Sweden	5
Spain	5
France	5
Canada	4

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.

2023  3

2024  5

## 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

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Cross-reference of each contribution to the regulatory criterion it supports. Counsel should map these to the petition’s exhibit numbers.

<b>Contribution</b>	<b>Core paper</b>	<b>Indep. cites</b>	<b>Supports</b>
Contribution 1	2021 ESC Guidelines for the diagnosis and treatment of acute and chronic heart failure: Developed by the Task Force for the diagnosis and treatment of acute and chronic heart failure of the European Society of Cardiology (ESC). With the special contribution of the Heart Failure Association (HFA) of the ESC.	5	Dhanasar – Prong 2 (well-positioned)