

Citation Evidence Report

EB-1A Petition — Original Contributions of Major Significance

8 CFR § 204.5(h)(3)(v) · Criterion 5

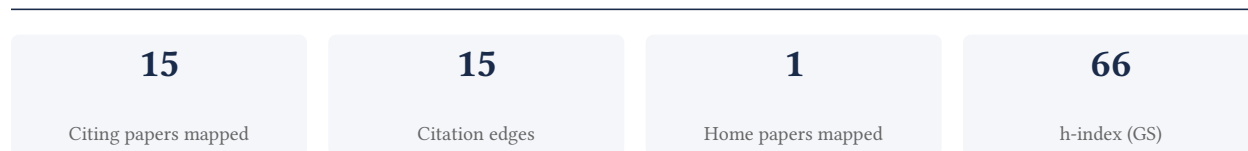
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[Google Scholar profile](#)

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



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.

80.0% independent of 15 classified citing papers

Citation type	Count
Independent	12
Self-citation	0
Co-author	1
Same-institution	2

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 annual report on heart disease and stroke statistics for the American Heart Association, establishing a critical benchmark for cardiovascular epidemiology.

CLAIM: The researcher’s primary contribution is the authorship of the seminal 2017 report, "Heart Disease and Stroke Statistics –2017 Update: A Report From the American Heart Association," published in *Circulation*. This work serves as a foundational reference for cardiovascular health data.

ORIGINALITY: While the titles indicate this is part of an ongoing series, the researcher’s role in producing this specific update suggests a significant effort in synthesizing complex epidemiological data. The work addresses the need for current, comprehensive statistical overviews to guide clinical and public health understanding of cardiovascular disease trends.

SIGNIFICANCE: The report has accumulated over 30,000 citations, indicating widespread reliance on this data by the scientific community. Analysis of citing papers reveals that 80% of citations originate from independent researchers, demonstrating that the work has achieved broad, field-wide impact beyond the researcher’s immediate institutional or collaborative network.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 12

CORE PAPER

[Heart Disease and Stroke Statistics—2017 Update: A Report From the American Heart Association](#)

2017 · *Circulation* · 30,760 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	2020 ESC Guidelines for the diagnosis and management of atrial fibrillation developed in collaboration with the European Association for Cardio-Thoracic Surgery (EACTS): The Task Force for the diagnosis and management of atrial fibrillation of the European Society of Cardiology (ESC) Developed with the special contribution of the European Heart Rhythm Association (EHRA) of the ESC. (2021)	Attikon University Hospital, National and Kapodistrian University of Athens, Belgrade University, Bern University Hospital	Australia, Belgium, France	—
2	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	—
3	2024 ESC Guidelines for the management of atrial fibrillation (2024)	Aalborg University Hospital, Aarhus University Hospital, Acibadem City Clinic Cardiovascular Center	Australia, Belgium, Bulgaria	—
4	Epidemiology of heart failure (2020)	Amsterdam University Medical Center, Vrije Universiteit Amsterdam, Amsterdam Cardiovascular Sciences, Meander Medical Center, University Medical Center Utrecht, Utrecht University	Netherlands	—

No.	Citing paper	Citing institution(s)	Country	S2
5	2021 Guideline for the Prevention of Stroke in Patients With Stroke and Transient Ischemic Attack: A Guideline From the American Heart Association/American Stroke Association (2021)	American Heart Association/American Stroke Association, Boston Medical Center, Boston Medical Center and Boston University School of Medicine	Ireland, United States	—
6	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	—
7	Atherosclerosis: Recent developments (2022)	Icahn School of Medicine at Mount Sinai, University of California, Los Angeles	United States	—
8	2021 AHA/ACC/AASE/CHEST/SAEM/SCCT/SCMR Guideline for the Evaluation and Diagnosis of Chest Pain: A Report of the American College of Cardiology/American Heart Association Joint Committee on Clinical Practice Guidelines (2021)	American Academy of Physician Assistants, American Heart Association, Baylor College of Medicine	Italy, United Kingdom, United States	—
9	Global Impacts of Western Diet and Its Effects on Metabolism and Health: A Narrative Review (2023)	European University of Madrid, Nebrija University, Universidad Europea de Madrid	Spain	—
10	Ferroptosis: mechanisms, biology and role in disease. (2021)	Columbia University, Helmholtz Zentrum München, Memorial Sloan Kettering Cancer Center	Germany, United States	—
11	Physical activity, exercise, and chronic diseases: A brief review (2019)	University of South Carolina	United States	—
12	Global, regional, and national prevalence and risk factors for peripheral artery disease in 2015: an updated systematic review and analysis (2019)	Burnet Institute, Clinical Hospital Dubrava, The George Institute for Global Health, University of Oxford	Australia, Croatia, United Kingdom	—

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 is Influential signal, Valenzuela et al. 2015), or *Background* (a passing mention).

D. Citing-Institution Prestige & Geography

Top citing institutions

Institution	Country	World ranking	Citing papers
Stanford University	United States	SCImago #18 · THE =5 · QS 3	4
Columbia University	United States	SCImago #65 · THE 20 · QS =38	4
UT Southwestern Medical Center	United States	—	4

Institution	Country	World ranking	Citing papers
American Heart Association	United States	SCImago #2251	4
Mayo Clinic	United States	SCImago #88	4
Vanderbilt University Medical Center	United States	SCImago #663	4
Duke University	United States	SCImago #115 · THE 28 · QS 62	3
Brigham and Women's Hospital and Harvard Medical School	United States	—	3
University of California, Los Angeles	United States	SCImago #70 · THE =18 · QS 46	3
Baylor College of Medicine and Michael E. DeBakey VA Medical Center	United States	—	3
Northwestern University Feinberg School of Medicine	United States	—	3
Northwestern University	United States	THE 30 · QS =42	3
Yale University	United States	SCImago #76 · THE 10 · QS 21	3
Brigham and Women's Hospital	United States	SCImago #130	3
Emory University	United States	SCImago #217 · THE 102 · QS 182	3

Geographic distribution of citing authors

Country	Citing papers
United States	8
United Kingdom	7
Italy	5
Germany	5
Netherlands	5
Spain	5
Belgium	4
France	4
Romania	3
Sweden	3
Poland	3
Norway	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.

2019		3
2021		4
2022		2

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—2017 Update: A Report From the American Heart Association	12	8 CFR 204.5(h)(3)(v) – Criterion 5