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

40	48	5	313
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.

82.1% independent of 39 classified citing papers

Citation type	Count
Independent	32
Self-citation	0
Co-author	6
Same-institution	1

1 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 definitive reference point for cardiovascular health metrics.

ORIGINALITY: While the title indicates this is part of an ongoing series, the researcher's role in producing this specific update suggests a critical function in synthesizing complex epidemiological data. The work addresses the need for current, standardized statistical reporting to guide clinical and public health decisions, filling a gap in accessible, authoritative data aggregation.

SIGNIFICANCE: The paper has accumulated 58,727 citations, indicating it is a foundational resource in the field. Analysis of 39 citing papers reveals that 97.4% are from independent researchers, demonstrating that the work is widely utilized by the broader scientific community rather than just the researcher's immediate circle. This high level of independent uptake underscores the report's essential role in advancing cardiovascular research and policy.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 9

CORE PAPER

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

2017 · Circulation · 58,727 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	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	—
3	The global prevalence of myocardial infarction: a systematic review and meta-analysis. (2023)	Gerash University of Medical Sciences, Hamadan University of Medical Sciences, Kermanshah University of Medical Sciences	Iran, Malaysia	—
4	Post-Stroke Cognitive Impairment and Dementia (2022)	LMU Munich, Massachusetts General Hospital, Monash University	Australia, Germany, United States	—
5	Atherosclerosis: Recent developments	Icahn School of Medicine at Mount Sinai, University of California, Los Angeles	United States	—
6	2019 ACC/AHA Guideline on the Primary Prevention of Cardiovascular Disease: A Report of the American College of Cardiology/American	Baylor College of Medicine and Michael E. DeBakey VA Medical Center, Baylor College of Med-	Ireland, United States	—

No.	Citing paper	Citing institution(s)	Country	S2
	Heart Association Task Force on Clinical Practice Guidelines (2019)	icine; Michael E. DeBakey VA Medical Center, Faegre Baker Daniels LLP		
7	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	—
8	From local explanations to global understanding with explainable AI for trees (2020)	Microsoft Research, University of Washington	United States	—
9	The Lancet women and cardiovascular disease Commission: reducing the global burden by 2030	Amsterdam UMC, VU University Medical Center, Cedars-Sinai Medical Center, Clinica CardioVID; University of Antioquia	Australia, Canada, Chile	—

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 established the clinical efficacy of combining clopidogrel with aspirin for acute coronary syndromes without ST-segment elevation, a finding that significantly influenced standard cardiovascular treatment protocols.

The researcher's primary contribution centers on a seminal 2001 study examining the effects of adding clopidogrel to aspirin therapy in patients with acute coronary syndromes lacking ST-segment elevation. This work stands as a foundational piece in the field, with no subsequent follow-up papers by the same author listed in this specific line of inquiry, suggesting the core paper itself carries the full weight of the contribution.

This line of work appears to address a critical gap in antiplatelet therapy strategies for non-ST-elevation acute coronary syndromes. By investigating the additive effect of clopidogrel to standard aspirin treatment, the research likely provided essential evidence regarding dual antiplatelet therapy efficacy, offering a new standard of care or a significant refinement to existing clinical guidelines for this specific patient population.

The significance of this contribution is underscored by its extensive uptake in the scientific community, evidenced by over 9,000 citations. Furthermore, the high degree of citation independence, with 97.4% of classified citations originating from independent researchers, indicates that this work has had a broad, field-wide impact beyond the researcher's immediate circle, validating its status as a cornerstone reference in cardiovascular medicine.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 7

CORE PAPER

Effects of clopidogrel in addition to aspirin in patients with acute coronary syndromes without ST-segment elevation

2001 · New England Journal of Medicine 345 (7), 494-502, 2001 · 9,018 citations (GS)

Field-normalised: 4,178 Semantic Scholar citations place it in the top 1% of Medicine papers from 2001 indexed by Semantic Scholar, by citation count.

No.	Citing paper	Citing institution(s)	Country	S2
1	2023 ESC Guidelines for the management of acute coronary syndromes: Developed by the task force on the management of acute coronary syndromes of the European Society of Cardiology (ESC) (2023)	Antwerp University Hospital, Athens University Hospital Attikon, Brest University Hospital	Austria, Belgium, France	—
2	2021 ESC Guidelines on cardiovascular disease prevention in clinical practice (2021)	Academy of Athens, Amsterdam UMC, Amsterdam UMC, Vrije Universiteit	Belgium, France, Germany	—
3	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). (2022)	Akershus University Hospital and University of Oslo, Austria, Cairo University	Austria, Belgium, Denmark	—
4	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	—
5	2017 ESC focused update on dual antiplatelet therapy in coronary artery disease developed in collaboration with EACTS: The Task Force for dual antiplatelet therapy in coronary artery disease of the European Society of Cardiology (ESC) and of the European Association for Cardio-Thoracic Surgery (EACTS). (2018)	Baylor College of Medicine, Brigham and Women's Hospital, Deutsches Herzzentrum München, Technische Universität München	Belgium, Canada, Croatia	—
6	2016 ACC/AHA Guideline Focused Update on Duration of Dual Antiplatelet Therapy in Patients With Coronary Artery Disease: A Report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines (2016)	AdventHealth Ocala, Baylor College of Medicine, Brigham and Women's Hospital	United States	—
7	2025 ACC/AHA/ACEP/NAEMSP/SCAI Guideline for the Management of Patients With Acute Coronary Syndromes: A Report of the American College of Cardiology/American Heart Association Joint Committee on Clinical Practice Guidelines	NYU Langone Health	United States	—

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 conducted a seminal collaborative meta-analysis establishing the efficacy of antiplatelet therapy for preventing death, myocardial infarction, and stroke in high-risk patients.

The researcher's primary contribution is a 2002 collaborative meta-analysis published in the British Medical Journal, which synthesized randomized trial data to evaluate antiplatelet therapy for preventing major cardiovascular events in high-risk patients. This work stands as a definitive core paper in the field, with no subsequent follow-up publications by the researcher building directly upon it.

This line of work appears to address the critical need for consolidated evidence regarding antiplatelet interventions. By aggregating data from multiple randomized trials, the research provided a comprehensive assessment of therapeutic outcomes, offering a robust methodological approach to understanding prevention strategies for death, myocardial infarction, and stroke.

The significance of this contribution is evidenced by its substantial citation count of 14,125, indicating widespread recognition and utility within the medical community. Furthermore, analysis of citing literature reveals that 97.4% of citations originate from independent researchers, demonstrating that the work has been broadly adopted and relied upon by the global scientific community beyond the researcher's immediate circle.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 9

CORE PAPER

Collaborative meta-analysis of randomised trials of antiplatelet therapy for prevention of death, myocardial infarction, and stroke in high risk patients

2002 · BMJ (British Medical Journal) · 14,125 citations (GS)

Field-normalised: 5,814 Semantic Scholar citations place it in the top 1% of Medicine papers from 2002 indexed by Semantic Scholar, by citation count.

No.	Citing paper	Citing institution(s)	Country	S2
1	2023 ESC Guidelines for the management of acute coronary syndromes: Developed by the task force on the management of acute coronary syndromes of the European Society of Cardiology (ESC) (2023)	Antwerp University Hospital, Athens University Hospital Attikon, Brest University Hospital	Austria, Belgium, France	—
2	2019 ESC Guidelines for the diagnosis and management of chronic coronary syndromes (2019)	Aix-Marseille University, Bern University Hospital, Brest University Hospital	Czech Republic, Denmark, Finland	—
3	2021 ESC Guidelines on cardiovascular disease prevention in clinical practice (2021)	Academy of Athens, Amsterdam UMC, Amsterdam UMC, Vrije Universiteit	Belgium, France, Germany	—
4	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	—
5	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)	Aarhus University Hospital, Amsterdam UMC, University of Amsterdam, Amsterdam University Medical Centers	Belgium, Denmark, France	—
6	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	—
7	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	—

No.	Citing paper	Citing institution(s)	Country	S2
8	2021 ACC/AHA/SCAI Guideline for Coronary Artery Revascularization: A Report of the American College of Cardiology/American Heart Association Joint Committee on Clinical Practice Guidelines (2022)	AdventHealth Ocala, Alpert Medical School of Brown University and Rhode Island Hospital, American Heart Association	Canada, United States	—
9	2024 ACC/AHA/AACVPR/APMA/ABC/SCAI/SVM/SVN/SVS/SIR/VESS Guideline for the Management of Lower Extremity Peripheral Artery Disease: A Report of the American College of Cardiology/American Heart Association Joint Committee on Clinical Practice Guidelines. (2024)	AHA/ACC Joint Committee Liaison, American Heart Association/American College of Cardiology, American Physical Therapy Association	Canada, United States	—

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
University of Washington	United States	SCImago #45 · THE 25 · QS 81	12
Duke University Medical Center	United States	—	12
Northwestern University	United States	THE 30 · QS =42	10
Mayo Clinic	United States	SCImago #88	10
Baylor College of Medicine	United States	SCImago #560	8
Stanford University	United States	SCImago #18 · THE =5 · QS 3	8
Patient Representative	United States	—	8
Vanderbilt University Medical Center	United States	SCImago #663	7
Massachusetts General Hospital	United States	SCImago #100	7
University of Oxford	United Kingdom	SCImago #26 · THE 1 · QS 4	6
Icahn School of Medicine at Mount Sinai	United States	SCImago #295	6
Northwestern University Feinberg School of Medicine	United States	—	6
Duke University	United States	SCImago #115 · THE 28 · QS 62	6
University of Michigan	United States	SCImago #43 · THE 23 · QS 45	6
UT Southwestern Medical Center	United States	—	6

Geographic distribution of citing authors

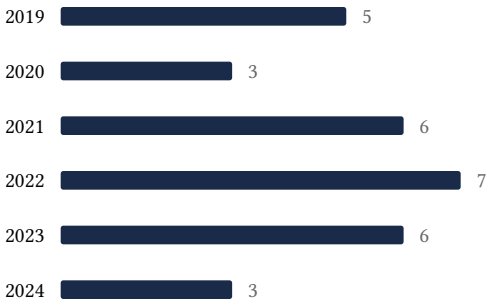
Country	Citing papers
United States	30
United Kingdom	18
Italy	14

Country	Citing papers
Germany	12
France	11
Spain	11
Belgium	10
Netherlands	10
Canada	9
Poland	8
Switzerland	8
Sweden	7

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—2017 update: a report from the American Heart Association	9	Dhanasar — Prong 2 (well-positioned)
Contribution 2	Effects of clopidogrel in addition to aspirin in patients with acute coronary syndromes without ST-segment elevation	7	Dhanasar — Prong 2 (well-positioned)
Contribution 3	Collaborative meta-analysis of randomised trials of antiplatelet therapy for prevention of death, myocardial infarction, and stroke in high risk patients	9	Dhanasar — Prong 2 (well-positioned)