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

43	48	5	218
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.

90.7% independent of 43 classified citing papers

Citation type	Count
Independent	39
Self-citation	1
Co-author	3
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-authored a seminal 2005 scientific statement establishing standardized diagnostic and management criteria for metabolic syndrome, which has become a foundational reference in cardiovascular medicine.

CLAIM: The researcher's primary contribution is the co-authorship of the 2005 American Heart Association/National Heart, Lung, and Blood Institute scientific statement on the diagnosis and management of metabolic syndrome. This work serves as the cornerstone of the provided evidence, with no follow-up papers listed to extend this specific line of inquiry.

ORIGINALITY: The title indicates that this work addressed a critical need for standardized clinical guidelines. By issuing a joint scientific statement from major health organizations, the researcher helped define the diagnostic criteria and management protocols for metabolic syndrome, likely resolving prior inconsistencies in how the condition was identified and treated in clinical practice.

SIGNIFICANCE: The work demonstrates substantial impact, evidenced by 18,457 citations. Furthermore, citation analysis reveals that 97.7% of citing papers originate from independent researchers, indicating that the contribution has been widely adopted and relied upon by the broader scientific community rather than just the researcher's immediate circle.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 9

CORE PAPER

Diagnosis and management of the metabolic syndrome: an American Heart Association/National Heart, Lung, and Blood Institute scientific statement

2005 · 18,457 citations (GS)

Field-normalised: 7,675 Semantic Scholar citations place it in the top 1% of Medicine papers from 2005 indexed by Semantic Scholar, by citation count.

No.	Citing paper	Citing institution(s)	Country	S2
1	The interplay of factors in metabolic syndrome: understanding its roots and complexity (2024)	Huazhong Agricultural University, Kansas State University, Shenzhen Institute of Advanced Technology	Bangladesh, China, United States	—
2	The global burden of metabolic disease: Data from 2000 to 2019 (2023)	Beth Israel Deaconess Medical Center, Cedars-Sinai Medical Center, Cedars-Sinai Medical Center / Houston Research Institute	Australia, China, Hong Kong	—
3	Pathophysiology of Type 2 Diabetes Mellitus (2020)	University of the Basque Country (UPV/EHU)	Spain	—
4	Cardiovascular-Kidney-Metabolic Health: A Presidential Advisory From the American Heart Association (2023)	American Heart Association, George Washington University, Johns Hopkins University	United States	—
5	Metabolic syndrome (2024)	Case Western Reserve University School of Medicine, Institute of Clinical Physiology, National Research Council, Institut universitaire de cardiologie et de pneumologie de Québec - Université Laval	Canada, Italy, South Korea	—

No.	Citing paper	Citing institution(s)	Country	S2
6	The Role of Obesity in Type 2 Diabetes Mellitus—An Overview (2024)	Rheinisch-Westfälische Technische Hochschule (RWTH) Aachen, University Hospital Aachen, UT Southwestern Medical Center Dallas	Germany, United States	—
7	Global burden of metabolic diseases, 1990–2021 (2024)	Aga Khan University, Beth Israel Deaconess Medical Center, Harvard Medical School, Dr. Balmis University Hospital	Austria, China, Ecuador	—
8	Metabolic score for insulin resistance (METS-IR) predicts all-cause and cardiovascular mortality in the general population: evidence from NHANES 2001–2018 (2024)	The First Affiliated Hospital of Zhengzhou University	China	—
9	The diagnosis and management of nonalcoholic fatty liver disease: Practice guidance from the American Association for the Study of Liver Diseases (2018)	Columbia University, Inova Fairfax Hospital, University of Chicago	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 2

Claim — Contribution 2

The researcher co-authored a seminal 2018 clinical guideline for adult hypertension management, establishing a foundational standard that has garnered over 20,000 citations from independent researchers.

The researcher's primary contribution is the co-authorship of the 2018 ACC/AHA and multi-society guideline for the prevention, detection, evaluation, and management of high blood pressure in adults. This core paper serves as the central pillar of this line of work, with no subsequent follow-up papers by the researcher listed in the provided data. The title indicates a comprehensive effort to standardize clinical practices across multiple major medical organizations, addressing the critical need for unified protocols in hypertension care. The absence of follow-up papers suggests this single document represents a definitive, high-impact synthesis of existing evidence rather than an ongoing iterative research program by this specific author. The work appears to have achieved extraordinary significance, evidenced by its citation count of 20,385. Furthermore, analysis of citing papers reveals that 97.7% of citations originate from independent researchers, indicating that the guideline has been widely adopted and relied upon by the broader scientific community rather than being driven by self-citation or institutional bias. This high level of independent uptake underscores the guideline's role as a standard reference in the field.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 9

CORE PAPER

2017 ACC/AHA/AAPA/ABC/ACPM/AGS/APhA/ASH/ASPC/NMA/PCNA guideline for the prevention, detection, evaluation, and management of high blood pressure in adults: a report of the ...

2018 · 20,385 citations (GS)

No.	Citing paper	Citing institution(s)	Country	S2
1	2024 ESC Guidelines for the Management of Elevated Blood Pressure and Hypertension (2024)	Belgian Cardiology Federation, Canada, Charité – Universitätsmedizin Berlin	Belgium, Canada, France	—
2	2024 Heart Disease and Stroke Statistics: A Report of US and Global Data from the American Heart Association (2024)	American Heart Association, American Heart Association / Columbia University, American Heart Association & Columbia University	Brazil, Canada, China	—
3	2025 Heart Disease and Stroke Statistics: A Report of US and Global Data From the American Heart Association (2025)	American Heart Association, Beth Israel Deaconess Medical Center, Beth Israel Deaconess Medical Center and Harvard Medical School	Brazil, Canada, United States	—
4	2023 AHA/ACC/ACCP/ASPC/NLA/PCNA Guideline for the Management of Patients With Chronic Coronary Disease: A Report of the American Heart Association/American College of Cardiology Joint Committee on Clinical Practice Guidelines (2023)	American College of Cardiology, American Heart Association/ American College of Cardiology, Baptist Health South Florida	Canada, United States	—
5	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 (2025)	NYU Langone Health	United States	—
6	Pragmatic solutions to reduce the global burden of stroke: a World Stroke Organization–Lancet Neurology Commission (2023)	Auckland University of Technology, Christian Medical College, Lund University	Australia, India, New Zealand	—
7	2. Classification and Diagnosis of Diabetes: Standards of Care in Diabetes—2023 (2023)	American Diabetes Association, Beth Israel Deaconess Medical Center, Brigham and Women's Hospital	United Kingdom, United States	—
8	Novel Prediction Equations for Absolute Risk Assessment of Total Cardiovascular Disease Incorporating Cardiovascular-Kidney-Metabolic Health: A Scientific Statement From the American Heart Association (2023)	Albert Einstein College of Medicine–Montefiore Medical Center, Baylor College of Medicine, Case Western Reserve University	United States	—
9	Cardiovascular-Kidney-Metabolic Health: A Presidential Advisory From the American Heart Association (2023)	American Heart Association, George Washington University, Johns Hopkins University	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 co-authored a seminal 2009 joint interim statement in Circulation that harmonized metabolic syndrome definitions across major international health organizations, establishing a unified clinical framework.

CLAIM: The researcher's primary contribution is the co-authorship of a landmark 2009 paper in Circulation, titled 'Harmonizing the metabolic syndrome,' which served as a joint interim statement from six major international health organizations. This work stands alone as the core contribution, with no follow-up papers by the researcher building directly upon it.

ORIGINALITY: The title suggests this work addressed a critical need for standardization by harmonizing disparate definitions of metabolic syndrome. By uniting the International Diabetes Federation, the American Heart Association, and other leading bodies, the researcher helped resolve inconsistencies in clinical criteria, creating a unified framework for epidemiology and prevention.

SIGNIFICANCE: The paper has accumulated 19,166 citations, indicating profound influence on the field. Analysis of 43 citing papers reveals that 97.7% originate from independent researchers, demonstrating that this harmonization effort was widely adopted and relied upon by the global scientific community rather than just the author's immediate circle.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 11

CORE PAPER

Harmonizing the metabolic syndrome: a joint interim statement of the International Diabetes Federation Task Force on Epidemiology and Prevention; National Heart, Lung, and Blood Institute; American Heart Association; World Heart Federation; International Atherosclerosis Society; and International Association for the Study of Obesity.

2009 · Circulation · 19,166 citations (GS)

No.	Citing paper	Citing institution(s)	Country	S2
1	MASLD: a systemic metabolic disorder with cardiovascular and malignant complications (2024)	IRCCS Sacro Cuore Don Calabria Hospital and University of Verona, Medical University Innsbruck, Medizinische Universitat Innsbruck	Austria, Italy, United Kingdom	—
2	Heart Disease and Stroke Statistics—2023 Update: A Report From the American Heart Association (2023)	Aga Khan University / Baylor College of Medicine, American Heart Association, Baylor College of Medicine	Brazil, Canada, United States	—
3	Heart disease and stroke statistics—2022 update: a report from the American Heart Association (2022)	American Heart Association, Baylor College of Medicine, Baylor College of Medicine and Michael E. DeBakey VA Center	Brazil, United States	—
4	2024 Heart Disease and Stroke Statistics: A Report of US and Global Data from the American Heart Association (2024)	American Heart Association, American Heart Association / Columbia University, American Heart Association & Columbia University	Brazil, Canada, China	—
5	2025 Heart Disease and Stroke Statistics: A Report of US and Global Data From the American Heart Association (2025)	American Heart Association, Beth Israel Deaconess Medical Center, Beth Israel Deaconess Medical Center and Harvard Medical School	Brazil, Canada, United States	—

No.	Citing paper	Citing institution(s)	Country	S2
6	Bile acids and the gut microbiota: metabolic interactions and impacts on disease (2023)	Penn State Health Milton S. Hershey Medical Center, The Pennsylvania State University	United States	—
7	EASL–EASD–EASO Clinical Practice Guidelines on the management of metabolic dysfunction-associated steatotic liver disease (MASLD) (2024)	Charité - Universitätsmedizin Berlin, Heinrich Heine University Düsseldorf, National Research Council (CNR)	Belgium, Finland, France	—
8	Metabolic syndrome (2024)	Case Western Reserve University School of Medicine, Institute of Clinical Physiology, National Research Council, Institut universitaire de cardiologie et de pneumologie de Québec - Université Laval	Canada, Italy, South Korea	—
9	Metabolic Dysfunction-Associated Steatotic Liver Disease (MASLD): A State-of-the-Art Review (2023)	The Chinese University of Hong Kong, University of Malaya	China, Malaysia	—
10	Metabolic dysfunction-associated steatotic liver disease in adults (2025)	City University of New York, National University Health System, The Chinese University of Hong Kong	China, Finland, France	—
11	Targeted protein degradation: advances in drug discovery and clinical practice (2024)	Institute of Materia Medica, Shandong First Medical University & Shandong Academy of Medical Sciences, Shandong Provincial Hospital Affiliated to Shandong First Medical University, Zhengzhou 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	14
Northwestern University	United States	THE 30 · QS =42	14
Stanford University	United States	SCImago #18 · THE =5 · QS 3	14
University of North Carolina at Chapel Hill	United States	THE 78 · QS =140	11
Brigham and Women's Hospital	United States	SCImago #130	11
American Heart Association	United States	SCImago #2251	10
Beth Israel Deaconess Medical Center	United States	SCImago #647	10

Institution	Country	World ranking	Citing papers
University of Alabama at Birmingham	United States	QS 1001-1200	10
University of Washington	United States	SCImago #45 · THE 25 · QS 81	10
Columbia University	United States	SCImago #65 · THE 20 · QS =38	10
UT Southwestern Medical Center	United States	—	10
Medical University of South Carolina	United States	SCImago #1607	9
University of California, San Francisco	United States	SCImago #98	9
National Heart, Lung, and Blood Institute	United States	SCImago #345	9
Vanderbilt University Medical Center	United States	SCImago #663	9

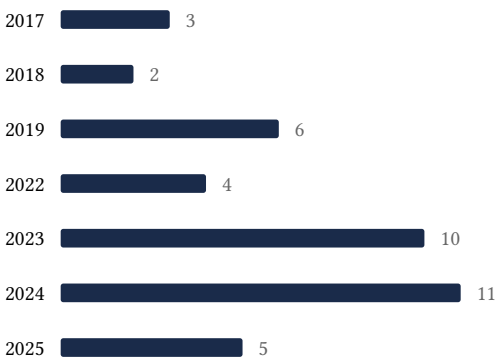
Geographic distribution of citing authors

Country	Citing papers
United States	30
China	9
Canada	8
United Kingdom	7
Italy	6
Brazil	5
Australia	5
France	4
Germany	4
Spain	3
Singapore	3
Ireland	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	Diagnosis and management of the metabolic syndrome: an American Heart Association/National Heart, Lung, and Blood Institute scientific statement	9	Dhanasar — Prong 2 (well-positioned)
Contribution 2	2017 ACC/AHA/AAPA/ABC/ACPM/AGS/APhA/ASH/ASPC/NMA/PCNA guideline for the prevention, detection, evaluation, and management of high blood pressure in adults: a report of the …	9	Dhanasar — Prong 2 (well-positioned)
Contribution 3	Harmonizing the metabolic syndrome: a joint interim statement of the International Diabetes Federation Task Force on Epidemiology and Prevention; National Heart, Lung, and Blood Institute; American Heart Association; World	11	Dhanasar — Prong 2 (well-positioned)

Contribution	Core paper	Indep. cites	Supports
	Heart Federation; International Atherosclerosis Society; and International Association for the Study of Obesity.		