Citation Evidence Report

EB-1B Petition — Outstanding Professor or Researcher

8 CFR § 204.5(i)(3) · Authorship + Original Contributions

Mark Nelson

University of Tasmania

Google Scholar profile

Generated 2026-05-21 by CiteMap. This report organises Google Scholar citation data into the structure USCIS adjudicators apply to the 8 CFR § 204.5(i)(3) outstanding-researcher criteria — particularly (iii) published material and (v) original scientific or scholarly contributions. 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

13	13	2	60
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 13 classified citing papers

Citation type	Count
Independent	13
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 clinical investigation assessing the cardiovascular benefits and bleeding risks of aspirin prophylaxis in healthy elderly populations.

CLAIM: The researcher's primary contribution is a seminal study published in the New England Journal of Medicine in 2018, titled 'Effect of Aspirin on Cardiovascular Events and Bleeding in the Healthy Elderly.' This work stands as the core piece of evidence for this line of inquiry, with no subsequent follow-up papers by the same author listed in the provided data.

ORIGINALITY: The title suggests the work addresses a critical gap in preventive cardiology by evaluating the risk-benefit ratio of aspirin use specifically within a healthy elderly demographic. By focusing on both cardiovascular events and bleeding complications, the study appears to challenge or refine existing guidelines regarding primary prevention strategies for this vulnerable population.

SIGNIFICANCE: The paper has garnered 1390 citations, indicating substantial impact within the medical community. Notably, 100% of the classified citing papers originate from independent researchers, demonstrating that the findings have been widely adopted and scrutinized by the broader scientific community rather than just the researcher's immediate circle.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 11

CORE PAPER

Effect of Aspirin on Cardiovascular Events and Bleeding in the Healthy Elderly

2018 · New England Journal of Medicine · 1,390 citations (GS)

Field-normalised: 920 Semantic Scholar citations place it in the top 1% of Medicine papers from 2018 indexed by Semantic Scholar, by citation count.

No.	Citing paper	Citing institution(s)	Country	S2
1	2021 ESC Guidelines on cardiovascular disease prevention in clinical practice (2021)	Academy of Athens, Amsterdam UMC, Amsterdam UMC, Vrije Universiteit	Belgium, France, Germany	—
2	2019 ACC/AHA Guideline on the Primary Prevention of Cardiovascular Disease: A Report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines (2019)	Baylor College of Medicine and Michael E. DeBakey VA Medical Center, Baylor College of Medicine; Michael E. DeBakey VA Medical Center, Faegre Baker Daniels LLP	Ireland, United States	—
3	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	—
4	Aging and aging-related diseases: from molecular mechanisms to interventions and treatments (2022)	Beijing Hospital, Chinese Academy of Medical Sciences	China	Background
5	KDIGO 2024 Clinical Practice Guideline for the Evaluation and Management of Chronic Kidney Disease (2024)	Bastyr University, Bastyr University / University of Washington, Bezmialem Vakif University	Australia, Belgium, Canada	—

No.	Citing paper	Citing institution(s)	Country	S2
6	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	—
7	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	—
8	10. Cardiovascular Disease and Risk Management: Standards of Care in Diabetes—2023 (2022)	American Diabetes Association, Brigham and Women's Hospital, Northwestern University	United States	—
9	Pre-metastatic niche: formation, characteristics and therapeutic implication (2024)	The First Affiliated Hospital of Zhengzhou University, Zhengzhou University	China	Background
10	10. Cardiovascular Disease and Risk Management: Standards of Care in Diabetes-2025 (2025)	American Diabetes Association	—	—
11	2024 Guideline for the Primary Prevention of Stroke: A Guideline From the American Heart Association/American Stroke Association (2024)	Yale University	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 published a seminal study in the New England Journal of Medicine assessing aspirin's effect on all-cause mortality in healthy elderly populations, establishing a critical evidence base for preventive cardiology.

CLAIM: The researcher's primary contribution is a high-impact investigation into the efficacy of aspirin for reducing all-cause mortality among healthy elderly individuals, published in the New England Journal of Medicine in 2018. This work stands as a definitive reference point in the field, with no subsequent follow-up papers by the researcher expanding on this specific line of inquiry.

ORIGINALITY: The study addresses a pivotal question in preventive medicine regarding the risk-benefit profile of aspirin in asymptomatic older adults. By targeting a healthy elderly cohort, the research appears to challenge or refine existing guidelines on primary prevention, offering new insights into whether routine aspirin use confers survival benefits in this demographic.

SIGNIFICANCE: The paper has garnered 1,014 citations, indicating substantial influence within the medical community. Notably, 100% of the classified citing papers originate from independent researchers, demonstrating that the work has been widely adopted and scrutinized by the broader scientific community rather than relying on self-citation or institutional bias.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 2

CORE PAPER

Effect of Aspirin on All-Cause Mortality in the Healthy Elderly

2018 · New England Journal of Medicine · 1,014 citations (GS)

Field-normalised: 681 Semantic Scholar citations place it in the top 1% of Medicine papers from 2018 indexed by Semantic Scholar, by citation count.

No.	Citing paper	Citing institution(s)	Country	S2
1	Bacteria in cancer initiation, promotion and progression (2023)	Harvard T. H. Chan School of Public Health, Harvard T.H. Chan School of Public Health	United States	—
2	The dynamic role of platelets in cancer progression and their therapeutic implications (2023)	Jilin University, National Center for Nanoscience and Technology, Tsinghua University	China	—

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
Johns Hopkins University	United States	SCImago #33 · THE 16 · QS 24	4
Northwestern University	United States	THE 30 · QS =42	3
American Diabetes Association	United States	—	3
University of Alberta	Canada	SCImago #262 · THE 119 · QS =94	2
Patient Representative	United Kingdom	—	2
University of Washington	United States	SCImago #45 · THE 25 · QS 81	2
Brigham and Women's Hospital	United States	SCImago #130	2
University of North Carolina at Chapel Hill	United States	THE 78 · QS =140	2
Duke University	United States	SCImago #115 · THE 28 · QS 62	2
Tufts Medical Center	United States	SCImago #3782	2
University of Oxford	United Kingdom	SCImago #26 · THE 1 · QS 4	2
UT Southwestern Medical Center	United States	—	2
Stanford University	United States	SCImago #18 · THE =5 · QS 3	2
University of Cambridge	United Kingdom	SCImago #63 · THE =3 · QS 6	1
Duke University Medical Center	United States	—	1

Geographic distribution of citing authors

Country	Citing papers
United States	8
China	4

Country	Citing papers
Canada	3
United Kingdom	3
Turkey	2
Italy	2
Sweden	2
Germany	2
Belgium	2
Portugal	1
Singapore	1
South Korea	1

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	Effect of Aspirin on Cardiovascular Events and Bleeding in the Healthy Elderly	11	8 CFR 204.5(i)(3) — Outstanding Researcher
Contribution 2	Effect of Aspirin on All-Cause Mortality in the Healthy Elderly	2	8 CFR 204.5(i)(3) — Outstanding Researcher