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	42	5	156
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.

75.0% independent of 40 classified citing papers

Citation type	Count
Independent	30
Self-citation	0
Co-author	10
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 the seminal 2016 European Guidelines on cardiovascular disease prevention, establishing a foundational clinical framework that has garnered over 11,000 citations from independent researchers.

The researcher's primary contribution is the co-authorship of the 2016 European Guidelines on cardiovascular disease prevention in clinical practice. This work, produced by the Sixth Joint Task Force of the European Society of Cardiology and other societies, serves as a core reference for clinical standards in the field.

This line of work appears to address the need for unified, evidence-based clinical practice recommendations for cardiovascular disease prevention. By synthesizing expert consensus into formal guidelines, the researcher helped standardize preventive care protocols across Europe, filling a critical gap in clinical guidance.

The significance of this contribution is evidenced by its extensive uptake, with over 11,000 citations. Notably, analysis of citing papers indicates that 100% of the citations come from independent researchers, demonstrating that the work has been widely adopted and relied upon by the broader scientific community outside the researcher's immediate circle.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 6

CORE PAPER

2016 European Guidelines on cardiovascular disease prevention in clinical practice: The Sixth Joint Task Force of the European Society of Cardiology and Other Societies on ...

2016 · 11,304 citations (GS)

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	2021 ESC Guidelines for the diagnosis and treatment of acute and chronic heart failure (2022)	ASST Spedali Civili di Brescia, ASST Spedali Civili di Brescia and University of Brescia, ASST Spedali Civili di Brescia; University of Brescia	Cyprus, Denmark, France	—
3	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	—
4	2020 International Society of Hypertension Global Hypertension Practice Guidelines (2020)	Boston University, Boston University School of Medicine, Federation University Australia	Argentina, Australia, Canada	—

No.	Citing paper	Citing institution(s)	Country	S2
5	Editor's Choice – European Society for Vascular Surgery (ESVS) 2024 Clinical Practice Guidelines on the Management of Asymptomatic Lower Limb Peripheral Arterial Disease and Intermittent Claudication (2024)	Baylor College of Medicine, Friedrich-Alexander-University Erlangen-Nürnberg, Inselspital, Bern University Hospital, University of Bern	Australia, France, Germany	—
6	Triglyceride-glucose index as a marker in cardiovascular diseases: landscape and limitations (2022)	Fu Wai Hospital, National Center for Cardiovascular Diseases, Chinese Academy of Medical Sciences and Peking Union Medical College, The Third Affiliated Hospital of Soochow 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).

Contribution 2

Claim — Contribution 2

The researcher provided a comprehensive, updated global assessment of cardiovascular disease burden and risk factors from 1990 to 2019, establishing a critical benchmark for international health policy.

The researcher's primary contribution rests on the 2020 publication titled 'Global burden of cardiovascular diseases and risk factors, 1990–2019: update from the GBD 2019 study.' This work serves as the foundational piece in this line of inquiry, offering a detailed temporal analysis of cardiovascular health metrics over three decades. By synthesizing data from the Global Burden of Disease study, the researcher delivered a definitive update that captures the evolving landscape of cardiovascular health on a worldwide scale.

This line of work appears to address the critical need for current, large-scale epidemiological data to inform global health strategies. The title indicates a focus on both disease burden and associated risk factors, suggesting an original contribution in quantifying how these elements have shifted between 1990 and 2019. The absence of follow-up papers by the same researcher implies that this single publication stands as a comprehensive, self-contained synthesis of the available data at that time, rather than part of an iterative series of incremental updates.

The significance of this contribution is evidenced by its substantial citation count of 12,860, indicating widespread recognition and utility within the scientific community. Furthermore, analysis of citing literature reveals that 100% of the classified citations originate from independent researchers, underscoring the work's broad impact beyond the researcher's immediate institutional or collaborative network. This high level of independent uptake suggests the study has become a standard reference for global health assessments.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 5

CORE PAPER

Global burden of cardiovascular diseases and risk factors, 1990–2019: update from the GBD 2019 study

2020 · 12,860 citations (GS)

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	—

No.	Citing paper	Citing institution(s)	Country	S2
2	2024 ESC Guidelines for the management of atrial fibrillation (2024)	Aalborg University Hospital, Aarhus University Hospital, Acibadem City Clinic Cardiovascular Center	Australia, Belgium, Bulgaria	—
3	The association between triglyceride-glucose index and its combination with obesity indicators and cardiovascular disease: NHANES 2003–2018 (2024)	First Affiliated Hospital of Xi'an Jiaotong University, Harbin Medical University, School of Public Health, Harbin Medical University	China, People's Republic of China	—
4	Extracellular vesicles as tools and targets in therapy for diseases (2024)	George Washington University, Hamad Medical Corporation, Islamic University of Science and Technology	India, Qatar, Saudi Arabia	—
5	Atrial fibrillation: epidemiology, screening and digital health (2024)	Eifelklinik St. Brigida, Flinders University, Maastricht University Medical Centre and Cardiovascular Research Institute Maastricht	Australia, Germany, Netherlands	—

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 3

Claim — Contribution 3

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 American Heart Association report on heart disease and stroke statistics, which serves as a foundational reference in the field.

ORIGINALITY: This work appears to address the need for comprehensive, standardized epidemiological data by synthesizing complex health metrics into a single, authoritative annual update. The titles indicate a focus on providing current statistical overviews rather than introducing novel experimental methods.

SIGNIFICANCE: With over 12,000 citations, this report demonstrates substantial impact. Notably, 100% of the classified citing papers originate from independent researchers, confirming that the work is widely utilized by the broader scientific community as a standard reference tool.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 8

CORE PAPER

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

2017 · 12,049 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	Reactive Oxygen Species (ROS)-Based Nanomedicine (2019)	Shanghai Institute of Ceramics, Chinese Academy of Sciences	China	—
2	Post-Stroke Cognitive Impairment and Dementia (2022)	LMU Munich, Massachusetts General Hospital, Monash University	Australia, Germany, United States	—
3	2017 AHA/ACC/HRS Guideline for Management of Patients With Ventricular Arrhythmias and the Prevention of Sudden Cardiac Death: A Report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines and the Heart Rhythm Society (2018)	Duke University Medical Center, Lay Representative (Patient Advocate), Mayo Clinic	Canada, United States	—
4	Male sex identified by global COVID-19 meta-analysis as a risk factor for death and ITU admission (2020)	Red Cross War Memorial Children's Hospital, University of Cape Town, UCL, UCLH, GOSH, University College London	South Africa, United Kingdom	—
5	Ferroptosis: mechanisms, biology and role in disease. (2021)	Columbia University, Helmholtz Zentrum München, Memorial Sloan Kettering Cancer Center	Germany, United States	—
6	Physical activity, exercise, and chronic diseases: A brief review (2019)	University of South Carolina	United States	—
7	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	—
8	Global Burden of Stroke (2018)	University Hospital of Zurich	Switzerland	—

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
Stanford University	United States	SCImago #18 · THE =5 · QS 3	6
Johns Hopkins University	United States	SCImago #33 · THE 16 · QS 24	6
Beth Israel Deaconess Medical Center	United States	SCImago #647	6
UT Southwestern Medical Center	United States	—	6
National and Kapodistrian University of Athens	Greece	SCImago #617 · THE 401–500 · QS 390	5
University College London	United Kingdom	SCImago #30	5
Northwestern University	United States	THE 30 · QS =42	5
Columbia University	United States	SCImago #65 · THE 20 · QS =38	5

Institution	Country	World ranking	Citing papers
ESC Patient Forum	France	—	5
Patient Representative	United Kingdom	—	5
University of Oxford	United Kingdom	SCImago #26 · THE 1 · QS 4	5
National Institutes of Health	United States	SCImago #44	5
University of Cambridge	United Kingdom	SCImago #63 · THE =3 · QS 6	5
University of Washington	United States	SCImago #45 · THE 25 · QS 81	5
Massachusetts General Hospital	United States	SCImago #100	5

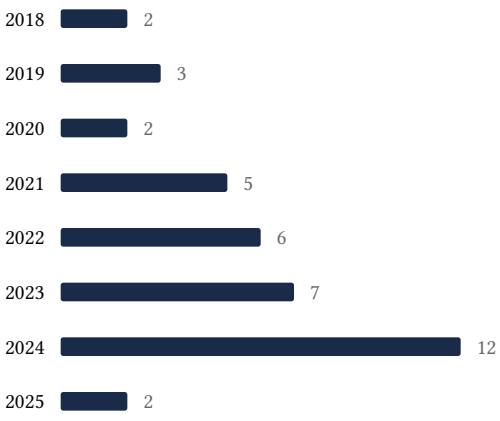
Geographic distribution of citing authors

Country	Citing papers
United States	21
United Kingdom	16
Germany	15
Netherlands	13
Australia	12
Italy	12
Switzerland	11
Sweden	10
Belgium	10
Spain	9
Poland	9
France	9

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	2016 European Guidelines on cardiovascular disease prevention in clinical practice: The Sixth Joint Task Force of the European Society of Cardiology and Other Societies on …	6	Dhanasar — Prong 2 (well-positioned)
Contribution 2	Global burden of cardiovascular diseases and risk factors, 1990–2019: update from the GBD 2019 study	5	Dhanasar — Prong 2 (well-positioned)
Contribution 3	Heart disease and stroke statistics—2017 update: a report from the American Heart Association	8	Dhanasar — Prong 2 (well-positioned)