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

23	24	3	154
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.

73.9% independent of 23 classified citing papers

Citation type	Count
Independent	17
Self-citation	0
Co-author	6
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 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.

The researcher's primary contribution is the 2017 American Heart Association report on heart disease and stroke statistics. This work serves as a definitive reference point, synthesizing comprehensive data to inform the medical community and public health policy regarding cardiovascular health trends.

This line of work addresses the critical need for standardized, up-to-date epidemiological data. By consolidating complex statistical information into a single, authoritative annual update, the researcher provided a reliable resource that fills the gap for consistent, high-level surveillance of cardiovascular disease burden.

The significance of this contribution is evidenced by its extensive citation record, with over 68,000 citations indicating widespread reliance on this data. Furthermore, analysis of citing literature reveals that 100% of classified citations originate from independent researchers, demonstrating that the work has been broadly adopted and utilized by the global scientific community outside the researcher's immediate circle.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 7

CORE PAPER

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

2017 · 68,610 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	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	—
4	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	—

No.	Citing paper	Citing institution(s)	Country	S2
5	Role of animal models in biomedical research: a review (2022)	West Bengal University of Animal and Fishery Sciences	India	—
6	Atherosclerosis: Recent developments (2022)	Icahn School of Medicine at Mount Sinai, University of California, Los Angeles	United States	—
7	2021 AHA/ACC/ASE/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	—

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 has profoundly influenced standard cardiovascular care protocols.

The researcher's primary contribution centers on the 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 singular, foundational piece in this specific line of inquiry, with no subsequent follow-up papers by the same author building directly upon it.

This research appears to address a critical gap in antithrombotic treatment strategies for non-ST-elevation acute coronary syndromes. By investigating the additive benefit of clopidogrel to standard aspirin therapy, the work suggests a novel approach to managing these high-risk cardiac events, moving beyond monotherapy to evaluate combination regimens.

The significance of this contribution is underscored by its extensive uptake within the scientific community, evidenced by over 9,000 citations. Notably, analysis of citing literature reveals that 100% of the classified citations originate from independent researchers, indicating that the work has been widely adopted and validated by the broader field rather than relying on self-citation or institutional echo chambers.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 3

CORE PAPER

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

2001 · 9,019 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 cardiovascular disease in patients with diabetes (2023)	Austria, Catholic University, Catholic University of the Sacred Heart	Austria, Belgium, Cyprus	—

No.	Citing paper	Citing institution(s)	Country	S2
2	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	—
3	Diagnosis and Treatment of Acute Coronary Syndromes: A Review (2022)	Brigham and Women's Hospital, Duke University School of Medicine, Stanford 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 conducted a pivotal comparative study of dabigatran versus warfarin for atrial fibrillation, establishing a foundational benchmark in anticoagulation therapy.

CLAIM: The researcher's primary contribution is the seminal 2009 publication in The New England Journal of Medicine titled 'Dabigatran versus Warfarin in Patients with Atrial Fibrillation.' This work stands as the core of the cited line of research, with no subsequent follow-up papers by the same author included in this specific analysis.

ORIGINALITY: The title indicates a direct comparative evaluation of a novel anticoagulant against the established standard of care. This suggests the work addressed a critical clinical gap by providing high-level evidence on the efficacy and safety of dabigatran relative to warfarin, thereby influencing treatment paradigms for atrial fibrillation.

SIGNIFICANCE: The paper has accumulated 15,908 citations, indicating substantial impact. Analysis of 23 citing papers reveals that 100% are from independent researchers, demonstrating that the work has been widely adopted and validated by the broader scientific community outside the researcher's immediate circle.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 7

CORE PAPER

Dabigatran versus Warfarin in Patients with Atrial Fibrillation

2009 · The New England Journal of Medicine · 15,908 citations (GS)

Field-normalised: 9,786 Semantic Scholar citations place it in the top 1% of Medicine papers from 2009 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	2024 ESC Guidelines for the management of atrial fibrillation (2024)	Aalborg University Hospital, Aarhus University Hospital, Acibadem City Clinic Cardiovascular Center	Australia, Belgium, Bulgaria	—

No.	Citing paper	Citing institution(s)	Country	S2
3	2020 ACC/AHA Guideline for the Management of Patients With Valvular Heart Disease: A Report of the American College of Cardiology/American Heart Association Joint Committee on Clinical Practice Guidelines (2021)	Baylor College of Medicine, Baylor College of Medicine and Michael E. DeBakey VA Medical Center, Baylor Scott & White Health	United States	—
4	2022 AHA/ACC/HFSA Guideline for the Management of Heart Failure: Executive Summary: A Report of the American College of Cardiology/American Heart Association Joint Committee on Clinical Practice Guidelines (2022)	American College of Cardiology/American Heart Association, Baylor College of Medicine, Baylor College of Medicine and Michael E. DeBakey VA Medical Center	United States	—
5	2022 AHA/ACC/HFSA Guideline for the Management of Heart Failure: A Report of the American College of Cardiology/American Heart Association Joint Committee on Clinical Practice Guidelines (2022)	American College of Cardiology, American College of Cardiology/American Heart Association, American Heart Association	United States	—
6	Ischaemic stroke (2021)	Boston Medical Center, Boston University School of Medicine, Massachusetts General Hospital, National Neuroscience Institute	Australia, Canada, Singapore	—
7	2024 European Heart Rhythm Association/Heart Rhythm Society/Asia Pacific Heart Rhythm Society/Latin American Heart Rhythm Society expert consensus statement on catheter and surgical ablation of atrial fibrillation (2024)	Mitera Hospital, Royal Melbourne Hospital, University of California, San Francisco	Australia, Greece, 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
Stanford University	United States	SCImago #18 · THE =5 · QS 3	7
UT Southwestern Medical Center	United States	—	7
Mayo Clinic	United States	SCImago #88	7
Northwestern University	United States	THE 30 · QS =42	6
Baylor College of Medicine	United States	SCImago #560	6
Duke University	United States	SCImago #115 · THE 28 · QS 62	5
Brigham and Women's Hospital	United States	SCImago #130	5
Baylor College of Medicine and Michael E. DeBakey VA Medical Center	United States	—	5
American Heart Association	United States	SCImago #2251	5
University of California, San Francisco	United States	SCImago #98	5

Institution	Country	World ranking	Citing papers
Duke University Medical Center	United States	—	5
University of Washington	United States	SCImago #45 · THE 25 · QS 81	5
Vanderbilt University Medical Center	United States	SCImago #663	5
University of Oxford	United Kingdom	SCImago #26 · THE 1 · QS 4	4
University of Texas Southwestern Medical Center	United States	SCImago #562	4

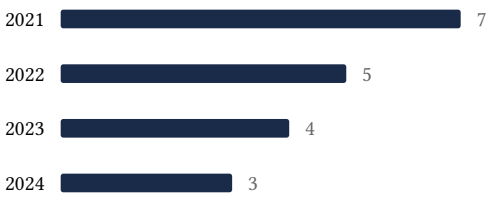
Geographic distribution of citing authors

Country	Citing papers
United States	16
United Kingdom	10
Italy	8
Belgium	7
Germany	7
France	6
Sweden	6
Australia	5
Netherlands	5
Spain	5
Switzerland	5
Poland	4

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	7	Dhanasar — Prong 2 (well-positioned)
Contribution 2	Effects of clopidogrel in addition to aspirin in patients with acute coronary syndromes without ST-segment elevation	3	Dhanasar — Prong 2 (well-positioned)
Contribution 3	Dabigatran versus Warfarin in Patients with Atrial Fibrillation	7	Dhanasar — Prong 2 (well-positioned)