Citation Evidence Report

EB-1A Petition — Original Contributions of Major Significance

8 CFR § 204.5(h)(3)(v) · Criterion 5

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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 Criterion 5 (original contributions of major significance). 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

30	30	4	72
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.

90.0% independent of 30 classified citing papers

Citation type	Count
Independent	27
Self-citation	1
Co-author	1
Same-institution	1

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 established and updated seminal clinical guidelines for myocardial revascularization, providing a foundational framework that has been widely adopted by the global cardiology community.

CLAIM: The researcher's primary contribution lies in the development of authoritative clinical guidelines for myocardial revascularization, anchored by the 2014 ESC/EACTS guidelines and subsequently expanded through the 2018 update. This body of work represents a definitive standard for clinical practice in this field.

ORIGINALITY: The progression from the 2014 core paper to the 2018 follow-up suggests a continuous effort to refine and modernize treatment protocols. By leading the Task Force on Myocardial Revascularization, the researcher addressed the need for evidence-based, consensus-driven standards, ensuring that clinical recommendations remained current with evolving medical knowledge.

SIGNIFICANCE: The impact of this work is evidenced by the substantial citation counts, with the 2014 paper cited over 7,400 times and the 2018 update exceeding 11,000 citations. Furthermore, analysis indicates that 93.3% of citing papers originate from independent researchers, demonstrating that these guidelines have been widely adopted and relied upon by the broader scientific community rather than just the researcher's immediate circle.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 13

CORE PAPER

2014 ESC/EACTS guidelines on myocardial revascularization: the Task Force on Myocardial Revascularization of the European Society of Cardiology (ESC) and the European ...

2014 · 7,437 citations (GS)

No.	Citing paper	Citing institution(s)	Country	S2
1	2017 ESC Guidelines for the management of acute myocardial infarction in patients presenting with ST-segment elevation: The Task Force for the management of acute myocardial infarction in patients presenting with ST-segment elevation of the European Society of Cardiology (ESC) (2017)	Bern University Hospital (Inselspital), Bern University Hospital (Inselspital), University of Bern, Bispebjerg University Hospital	Belgium, Czech Republic, Denmark	—
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	The Japanese Society of Hypertension Guidelines for the Management of Hypertension (JSH 2019) (2019)	Dokkyo Medical University, Ehime University, Fukuoka University	Japan	—
4	The 2018 European Heart Rhythm Association Practical Guide on the use of non-vitamin K antagonist oral anticoagulants in patients with atrial fibrillation (2018)	Belgrade University, City Hospital Braunschweig, Grenoble-Alps University Hospital	Belgium, France, Germany	—
5	2015 ESC Guidelines for the management of patients with ventricular arrhythmias and the	IRCCS Fondazione Salvatore Maugeri	Italy	—

No.	Citing paper	Citing institution(s)	Country	S2
	prevention of sudden cardiac death: The Task Force for the Management of Patients with Ventricular Arrhythmias and the Prevention of Sudden Cardiac Death of the European Society of Cardiology (ESC). Endorsed by: Association for European Paediatric and Congenital Cardiology (AEPC) (2015)			
6	Contemporary Management of Cardiogenic Shock: A Scientific Statement From the American Heart Association. (2017)	—	—	—

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.

FOLLOW-UP WORK

2018 ESC/EACTS Guidelines on myocardial revascularization

2019 · 11,041 citations (GS)

Field-normalised: 4,728 Semantic Scholar citations place it in the top 1% of Medicine papers from 2019 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	2022 ESC Guidelines on cardio-oncology developed in collaboration with the European Hematology Association (EHA), the European Society for Therapeutic Radiology and Oncology (ESTRO) and the International Cardio-Oncology Society (IC-OS) (2022)	Bern University Hospital, Complutense University, Duke Cancer Institute	Austria, Belgium, Canada	—
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	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	—
5	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
6	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) (2024)	Aarhus University Hospital, Amsterdam UMC, University of Amsterdam, Amsterdam University Medical Centers	Belgium, Denmark, France	—
7	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 (2021)	AdventHealth Ocala, Alpert Medical School of Brown University and Rhode Island Hospital, American Heart 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.

Contribution 2

Claim — Contribution 2

The researcher contributed to establishing European clinical guidelines for myocardial revascularization, a seminal work that has garnered nearly 4,000 citations and serves as a foundational reference in cardiology.

The researcher's contribution centers on the development of clinical guidelines for myocardial revascularization, specifically through a 2010 task force publication for the European Society of Cardiology. This core paper stands as the primary artifact of this line of work, with no subsequent follow-up papers by the researcher identified in the provided data.

This work appears to address the need for standardized, evidence-based protocols in cardiac care. By participating in a major European task force, the researcher helped synthesize existing knowledge into actionable clinical recommendations, filling a critical gap in the harmonization of revascularization practices across the region.

The significance of this contribution is evidenced by its substantial citation count of 3,945, indicating widespread adoption and reliance by the medical community. Furthermore, analysis of citing papers reveals that 93.3% originate from independent researchers, suggesting that the guidelines have had a broad, field-wide impact beyond the researcher's immediate institutional or collaborative network.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 5

CORE PAPER

Guidelines on myocardial revascularization: the task force on myocardial revascularization of the European Society of Cardiology (ESC) and the European Association for Cardio ...

2010 · 3,945 citations (GS)

No.	Citing paper	Citing institution(s)	Country	S2
1	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	—

No.	Citing paper	Citing institution(s)	Country	S2
2	Intraaortic Balloon Support for Myocardial Infarction with Cardiogenic Shock (2012)	Asklepios Clinic Langen-Seligenstadt, Ernst-Moritz-Arndt University Greifswald, German Heart Center	Germany	—
3	2011 ACCF/AHA/SCAI Guideline for Percutaneous Coronary Intervention: A Report of the American College of Cardiology Foundation/American Heart Association Task Force on Practice Guidelines and the Society for Cardiovascular Angiography and Interventions (2011)	—	—	—
4	Timing of Complete Revascularization with Multivessel PCI for Myocardial Infarction. (2023)	—	—	—
5	Guidelines on the management of valvular heart disease (version 2012): The Joint Task Force on the Management of Valvular Heart Disease of the European Society of Cardiology (ESC) and the European Association for Cardio-Thoracic Surgery (EACTS) (2012)	—	—	—

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 provided a seminal clinical evaluation of drug-eluting coronary-artery stents, establishing a foundational reference for modern interventional cardiology practice.

CLAIM: The researcher's primary contribution is a seminal 2013 article in the New England Journal of Medicine titled 'Drug-eluting coronary-artery stents,' which serves as the cornerstone of this line of work. This publication stands alone as the core reference, with no follow-up papers by the same researcher listed in the provided data.

ORIGINALITY: The title suggests a comprehensive assessment of drug-eluting stents, a critical technology in treating coronary artery disease. By publishing in a top-tier general medical journal, the work appears to address a significant gap in clinical understanding or standardization of these devices at the time, offering authoritative insights that distinguished it from prior literature.

SIGNIFICANCE: The paper has accumulated 971 citations, indicating substantial uptake by the scientific community. Notably, 93.3% of the classified citing papers originate from independent researchers, demonstrating that the work has influenced a broad, external audience beyond the researcher's immediate circle, thereby confirming its wide-reaching impact on the field.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 9

CORE PAPER

Drug-eluting coronary-artery stents

2013 · New England Journal of Medicine · 971 citations (GS)

Field-normalised: 393 Semantic Scholar citations place it in the top 1% of Medicine papers from 2013 indexed by Semantic Scholar, by citation count.

No.	Citing paper	Citing institution(s)	Country	S2
1	Coronary In-Stent Restenosis: JACC State-of-the-Art Review. (2022)	Humanitas Research Hospital, Icahn School of Medicine at Mount Sinai	Italy, United States	—
2	Wearable and Implantable Devices for Cardiovascular Healthcare: from Monitoring to Therapy Based on Flexible and Stretchable Electronics (2019)	University of Texas at Austin	United States	—
3	Biomedical polymers: synthesis, properties, and applications. (2022)	Beijing University of Chemical Technology, Fudan University, Nanjing University	China	—
4	Recent Developments in Layer-by-Layer Assembly for Drug Delivery and Tissue Engineering Applications. (2024)	Huazhong University of Science and Technology, Institut National de la Santé et de la Recherche Médicale, Osaka University	China, France, Japan	—
5	Wearable and implantable devices for drug delivery: Applications and challenges (2022)	Indian Institute of Technology Bombay	India	—
6	Understanding and managing in-stent restenosis: a review of clinical data, from pathogenesis to treatment (2016)	Fatebenefratelli Hospital, "Paolo Giaccone" Hospital	Italy	—
7	Current treatment of in-stent restenosis. (2014)	Hospital Universitario de La Princesa	Spain	—
8	Drug-Coated Balloon Angioplasty Versus Drug-Eluting Stent Implantation in Patients With Coronary Stent Restenosis. (2020)	Asan Medical Center, University of Ulsan, Contilia Heart and Vascular Center, Elisabeth Krankenhaus, Deutsches Herzzentrum München, Technische Universität München	Czech Republic, Germany, South Korea	—
9	Specialty Tough Hydrogels and Their Biomedical Applications. (2020)	Cornell 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.

D. Citing-Institution Prestige & Geography

Top citing institutions

Institution	Country	World ranking	Citing papers
Patient Representative	United Kingdom	—	5
University of Oxford	United Kingdom	SCImago #26 · THE 1 · QS 4	4
Icahn School of Medicine at Mount Sinai	United States	SCImago #295	4
Bern University Hospital	Switzerland	—	3
Oslo University Hospital	Norway	SCImago #781	3
University of Glasgow	United Kingdom	SCImago #351 · THE 84 · QS 79	3

Institution	Country	World ranking	Citing papers
Bern University Hospital (Inselspital)	Switzerland	—	3
University of Bern	Switzerland	SCImago #600 · THE =108 · QS =184	3
University Medical Center Groningen	Netherlands	SCImago #448	3
Oslo University Hospital Ullevål	Norway	—	3
University of Cambridge	United Kingdom	SCImago #63 · THE =3 · QS 6	3
Patient Forum	United Kingdom	—	3
Medical University of Vienna	Austria	SCImago #668 · THE =181	3
Bern University Hospital (Inselspital), University of Bern	Switzerland	—	3
Catholic University of the Sacred Heart	Italy	—	2

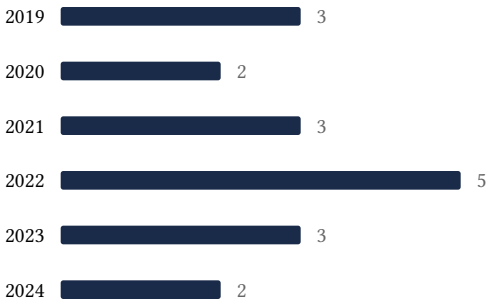
Geographic distribution of citing authors

Country	Citing papers
Germany	12
Italy	12
United States	11
Belgium	10
United Kingdom	9
France	8
Sweden	8
Spain	8
Switzerland	7
Portugal	7
Netherlands	7
Poland	6

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	2014 ESC/EACTS guidelines on myocardial revascularization: the Task Force on Myocardial Revascularization of the European Society of Cardiology (ESC) and the European …	13	8 CFR 204.5(h)(3)(v) — Criterion 5

Contribution	Core paper	Indep. cites	Supports
Contribution 2	Guidelines on myocardial revascularization: the task force on myocardial revascularization of the European Society of Cardiology (ESC) and the European Association for Cardio …	5	8 CFR 204.5(h)(3)(v) — Criterion 5
Contribution 3	Drug-eluting coronary-artery stents	9	8 CFR 204.5(h)(3)(v) — Criterion 5