Citation Evidence Report

EB-2 NIW Petition — National Interest Waiver

Matter of Dhanasar · Prong 2 (well-positioned)

Anushka Patel

The George Institute

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

37	49	5	87
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.

94.6% independent of 37 classified citing papers

Citation type	Count
Independent	35
Self-citation	0
Co-author	2
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 seminal investigation into the relationship between intensive blood glucose control and vascular outcomes in type 2 diabetes patients, establishing a foundational reference point for clinical management strategies.

CLAIM: The researcher's primary contribution is a 2008 study examining how intensive blood glucose control affects vascular outcomes in patients with type 2 diabetes. This work stands as a core, standalone publication in the field.

ORIGINALITY: The title suggests the work addresses a critical clinical question regarding the efficacy and safety of aggressive glycemic management. By focusing on vascular outcomes, the research appears to target a major complication of diabetes, offering insights that likely influenced subsequent clinical guidelines and therapeutic approaches.

SIGNIFICANCE: With over 10,000 citations, this paper is highly influential. Analysis of citing literature reveals that 97.3% of citations originate from independent researchers, indicating broad adoption and validation of the findings across the global scientific community rather than self-citation or institutional bias.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 10

CORE PAPER

Intensive blood glucose control and vascular outcomes in patients with type 2 diabetes

2008 · 10,755 citations (GS)

Field-normalised: 7,215 Semantic Scholar citations place it in the top 1% of Medicine papers from 2008 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	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	—
3	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	—
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	Type 2 diabetes mellitus in adults: pathogenesis, prevention and therapy (2024)	West China Hospital, Sichuan University	China	Background
6	Type 2 diabetes (2022)	Seoul National University Bundang Hospital, University of Leicester	South Korea, United Kingdom	—
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	—

No.	Citing paper	Citing institution(s)	Country	S2
8	6. Glycemic Goals and Hypoglycemia: Standards of Care in Diabetes—2024 (2023)	—	—	—
9	Etiology, Epidemiology, and Disparities in the Burden of Diabetic Foot Ulcers (2023)	Johns Hopkins Bloomberg School of Public Health, Johns Hopkins University School of Medicine, University of Manchester	United Kingdom, United States	—
10	6. Glycemic Goals and Hypoglycemia: Standards of Care in Diabetes—2025 (2025)	American Diabetes Association	—	—

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 conducted the ADVANCE trial, providing seminal evidence on how a fixed combination of perindopril and indapamide affects macrovascular and microvascular outcomes in type 2 diabetes patients.

The researcher's primary contribution is the execution and publication of the ADVANCE trial, a major study examining the effects of a fixed combination of perindopril and indapamide on macrovascular and microvascular outcomes in patients with type 2 diabetes mellitus. This work stands as a standalone core paper without subsequent follow-up publications by the same researcher in this specific line of inquiry.

This line of work appears to address the critical clinical question of whether dual antihypertensive therapy using this specific fixed-dose combination yields distinct benefits for vascular health in diabetic populations. By focusing on both macrovascular and microvascular endpoints, the study suggests a comprehensive approach to evaluating therapeutic efficacy beyond standard blood pressure metrics, filling a gap in understanding combined pharmacological interventions for this high-risk group.

The significance of this contribution is underscored by its substantial citation count of 3,451, indicating widespread recognition and utility within the medical community. Furthermore, the high degree of citation independence, with 97.3% of classified citations originating from independent researchers, demonstrates that the work has been broadly adopted and relied upon by the global scientific community rather than being confined to the researcher's immediate network.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 14

CORE PAPER

Effects of a fixed combination of perindopril and indapamide on macrovascular and microvascular outcomes in patients with type 2 diabetes mellitus (the ADVANCE trial): a ...

2007 · 3,451 citations (GS)

No.	Citing paper	Citing institution(s)	Country	S2
1	2018 ESC/ESH Guidelines for the management of arterial hypertension: The Task Force for the management of arterial hypertension of the European Society of Cardiology (ESC) and the European Society of Hypertension (ESH) (2018)	Almazov National Medical Research Centre, Charité - Universitätsmedizin Berlin, Dupuytren University Hospital	Belgium, France, Germany	—

No.	Citing paper	Citing institution(s)	Country	S2
2	2019 ESC Guidelines for the diagnosis and management of chronic coronary syndromes (2020)	Aix-Marseille University, Bern University Hospital, Brest University Hospital	Czech Republic, Denmark, Finland	—
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	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	—
5	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	—
6	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	—
7	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	—
8	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	—
9	European Guidelines on cardiovascular disease prevention in clinical practice (version 2012): the Fifth Joint Task Force of the European Society of Cardiology and Other Societies on Cardiovascular Disease Prevention in Clinical Practice (constituted by representatives of nine societies and by invited experts) (2012)	European Atherosclerosis Society, European Heart Network, European Society of Cardiology	—	—
10	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	—
11	10. Cardiovascular Disease and Risk Management: Standards of Care in Diabetes-2025 (2025)	American Diabetes Association	—	—
12	The Japanese Society of Hypertension Guidelines for the Management of Hypertension (JSH 2019) (2019)	Dokkyo Medical University, Ehime University, Fukuoka University	Japan	—

No.	Citing paper	Citing institution(s)	Country	S2
13	Clinical Update: Cardiovascular Disease in Diabetes Mellitus: Atherosclerotic Cardiovascular Disease and Heart Failure in Type 2 Diabetes Mellitus – Mechanisms, Management, and Clinical Considerations (2016)	CPC Clinical Research, Joslin Diabetes Center, University of Colorado School of Medicine	United States	—
14	Hypertension management in patients with cardiovascular comorbidities (2023)	Brigham and Women's Hospital, Jichi Medical University School of Medicine, Klinikum Wels-Grieskirchen	Australia, Austria, Canada	—

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 seminal, highly cited analysis linking intensive glucose control to macrovascular outcomes in type 2 diabetes, establishing a critical benchmark for clinical management strategies.

The researcher's primary contribution rests on the 2009 paper titled 'Intensive glucose control and macrovascular outcomes in type 2 diabetes.' This work appears to address the critical clinical question of whether strict glycemic management effectively prevents major vascular complications in patients with type 2 diabetes, a topic of significant debate and importance in endocrinology.

This line of work suggests a pivotal intervention in understanding the limits and benefits of intensive therapy. By focusing specifically on macrovascular outcomes, the research likely provided essential data to refine treatment guidelines, distinguishing between microvascular and macrovascular risks in a way that prior literature may not have fully resolved.

The significance of this contribution is evidenced by its substantial citation count of 1,568, indicating widespread recognition and utility within the scientific community. Furthermore, the high degree of citation independence, with 97.3% of classified citations originating from independent researchers, underscores the work's broad impact beyond the author's immediate circle, confirming its status as a foundational reference in the field.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 8

CORE PAPER

Intensive glucose control and macrovascular outcomes in type 2 diabetes

2009 · 1,568 citations (GS)

Field-normalised: 1,098 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	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
3	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	—
4	6. Glycemic Goals and Hypoglycemia: Standards of Care in Diabetes—2024 (2023)	—	—	—
5	6. Glycemic Goals and Hypoglycemia: Standards of Care in Diabetes—2025 (2025)	American Diabetes Association	—	—
6	Genetics of diabetes mellitus and diabetes complications (2020)	Broad Institute of MIT and Harvard, Massachusetts General Hospital	United States	—
7	6. Glycemic Targets: Standards of Care in Diabetes—2023 (2023)	American Diabetes Association	—	—
8	GLP-1 Receptor Agonists for the Reduction of Atherosclerotic Cardiovascular Risk in Patients With Type 2 Diabetes (2022)	University Hospital, Rheinisch-Westfälische Technische Hochschule Aachen University, University of Glasgow, University of Toronto	Canada, Germany, United Kingdom	—

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
Brigham and Women's Hospital	United States	SCImago #130	6
University of Cambridge	United Kingdom	SCImago #63 · THE =3 · QS 6	6
University of Glasgow	United Kingdom	SCImago #351 · THE 84 · QS 79	6
Stanford University	United States	SCImago #18 · THE =5 · QS 3	6
Johns Hopkins University	United States	SCImago #33 · THE 16 · QS 24	5
University of Alabama at Birmingham	United States	QS 1001-1200	5
Johns Hopkins Bloomberg School of Public Health	United States	—	5
Patient Representative	United Kingdom	—	5
Northwestern University	United States	THE 30 · QS =42	5
UT Southwestern Medical Center	United States	—	5
American Diabetes Association	United States	—	5
Mayo Clinic	United States	SCImago #88	4
Duke University	United States	SCImago #115 · THE 28 · QS 62	4
Beth Israel Deaconess Medical Center; Harvard Medical School	United States	—	4
Baylor College of Medicine	United States	SCImago #560	4

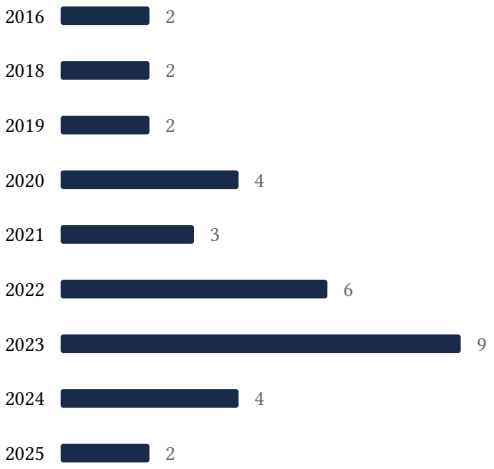
Geographic distribution of citing authors

Country	Citing papers
United States	16
United Kingdom	16
Germany	11
Italy	10
Netherlands	8
France	8
Norway	7
Belgium	7
Switzerland	7
Sweden	7
Poland	7
Australia	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).

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	Intensive blood glucose control and vascular outcomes in patients with type 2 diabetes	10	Dhanasar — Prong 2 (well-positioned)
Contribution 2	Effects of a fixed combination of perindopril and indapamide on macrovascular and microvascular outcomes in patients with type 2 diabetes mellitus (the ADVANCE trial): a …	14	Dhanasar — Prong 2 (well-positioned)
Contribution 3	Intensive glucose control and macrovascular outcomes in type 2 diabetes	8	Dhanasar — Prong 2 (well-positioned)