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

20	20	3	15
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 20 classified citing papers

Citation type	Count
Independent	20
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 established a foundational assessment of the frequency of chronic complications in type 2 diabetes, providing a critical baseline for understanding disease progression and clinical outcomes.

CLAIM: The researcher's primary contribution is the seminal 2004 paper titled 'Frequency of chronic complications of type 2 diabetes,' which serves as the core reference for this line of work. This publication stands alone as the definitive output in this specific cluster, with no subsequent follow-up papers by the same author building directly upon it.

ORIGINALITY: The title suggests the work addresses a fundamental need to quantify the prevalence of long-term health issues associated with type 2 diabetes. By focusing on frequency, the research likely provided essential epidemiological data that was previously fragmented or insufficiently characterized, offering a clear snapshot of the burden of chronic complications at the time of publication.

SIGNIFICANCE: The paper has accumulated 150 citations, indicating sustained relevance in the field. Notably, 100% of the classified citing papers originate from independent researchers, demonstrating that the work has been widely adopted and utilized by the broader scientific community outside the researcher's immediate circle, validating its broad impact and utility.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 6

CORE PAPER

Frequency of chronic complications of type 2 diabetes

2004 · 150 citations (GS)

No.	Citing paper	Citing institution(s)	Country	S2
1	A scoping review of type 2 diabetes mellitus in Pakistan investigating the status of glycemic control, awareness, treatment adherence, complications and cost (2024)	Juntendo University	Japan	—
2	Overall Clinical Features of Type 2 Diabetes Mellitus With Respect to Gender (2023)	Abbasi Shaheed Hospital, Hamdard College of Medicine and Dentistry, Liaquat National Hospital and Medical College	Pakistan	—
3	Levels and actions of progesterone and its metabolites in the nervous system during physiological and pathological conditions (2014)	Università degli Studi di Milano	Italy	—
4	Clinical management of type 2 diabetes in south Asia (2018)	All India Institute of Medical Sciences, Fortis C-DOC Centre of Excellence for Diabetes, Metabolic Diseases, and Endocrinology, University of Glasgow	Australia, India, United Kingdom	—
5	Long-term effect of intensive lifestyle intervention on cardiometabolic risk factors and microvascular complications in patients with diabetes in real-world clinical practice: a 10-year longitudinal study (2023)	Peking Union Medical College Hospital, Chinese Academy of Medical Sciences	China	—
6	Prevalence of metabolic syndrome in Pakistan. (2008)	—	—	—

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 developed and validated a multicomponent quality improvement strategy for diabetes care through a randomized controlled trial, establishing an evidence-based framework for achieving clinical goals.

The researcher's contribution centers on the 2016 publication titled 'Effectiveness of a multicomponent quality improvement strategy to improve achievement of diabetes care goals: a randomized, controlled trial.' This work represents a rigorous empirical investigation into structured interventions designed to enhance diabetes management outcomes.

This line of work appears to address the challenge of translating quality improvement principles into measurable clinical gains for diabetes patients. By employing a randomized controlled trial design, the researcher provided a high level of evidence regarding the efficacy of multicomponent strategies, distinguishing this approach from observational or single-intervention studies.

The significance of this contribution is underscored by its citation record, with 138 citations indicating substantial uptake in the field. Notably, analysis of citing papers reveals that 100% of the citations originate from independent researchers, demonstrating that the work has influenced the broader scientific community beyond the researcher's immediate institutional or collaborative network.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 8

CORE PAPER

Effectiveness of a multicomponent quality improvement strategy to improve achievement of diabetes care goals: a randomized, controlled trial

2016 · 138 citations (GS)

Field-normalised: 107 Semantic Scholar citations place it in the top 5% of Medicine papers from 2016 indexed by Semantic Scholar, by citation count.

No.	Citing paper	Citing institution(s)	Country	S2
1	Diabetes in developing countries (2019)	Curtin University, Instituto Nacional de Ciencias Médicas y Nutrición Salvador Zubirán, National-Diabetes, Obesity and Cholesterol Foundation	Australia, India, Mexico	—
2	Global Updates on Cardiovascular Disease Mortality Trends and Attribution of Traditional Risk Factors. (2019)	Emory University, Emory University School of Medicine	United States	—
3	Pragmatic Trial of Hospitalization Rate in Chronic Kidney Disease. (2024)	—	—	—
4	Diabetes self-management education reduces risk of all-cause mortality in type 2 diabetes patients: a systematic review and meta-analysis. (2017)	Jinshan Hospital of Fudan University, Xi'an Central Hospital	China	—
5	Task sharing with non-physician health-care workers for management of blood pressure in low-income and middle-income countries: a systematic review and meta-analysis (2019)	Centre for Chronic Disease Control	India	—

No.	Citing paper	Citing institution(s)	Country	S2
6	Effect of a Collaborative Care Model on Depressive Symptoms and Glycated Hemoglobin, Blood Pressure, and Serum Cholesterol Among Patients With Depression and Diabetes in India: The INDEPENDENT Randomized Clinical Trial (2020)	All India Institute of Medical Sciences, Diacon Hospital, Emory University	India, United States	—
7	Benefits of Clinical Decision Support Systems for the Management of Noncommunicable Chronic Diseases: Targeted Literature Review (2024)	Adivus Medical Consultancy, Boehringer Ingelheim International GmbH, Evidera	Australia, Denmark, Germany	—
8	Cardiovascular, respiratory, and related disorders: key messages from Disease Control Priorities, 3rd edition (2017)	Public Health Foundation of India, RTI International, Stanford University School of Medicine	China, India, 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 advanced clinical assessment of insulin resistance in PCOS by demonstrating that HOMA-IR serves as a superior diagnostic marker compared to fasting insulin levels.

The researcher's contribution centers on the 2017 publication in the Journal of the College of Physicians and Surgeons Pakistan, which argues for the Homeostatic Model Assessment for Insulin Resistance (HOMA-IR) as a more effective tool than fasting insulin for evaluating insulin resistance in women with Polycystic Ovarian Syndrome. This work stands alone without follow-up publications by the same author in the provided dataset.

This line of work appears to address a specific clinical gap regarding the optimal biomarkers for assessing insulin resistance in PCOS patients. By comparing HOMA-IR against fasting insulin, the research suggests a refinement in diagnostic methodology, potentially offering clinicians a more reliable metric for patient evaluation. The absence of follow-up papers indicates this contribution is a distinct, standalone advancement in the field.

The significance of this work is evidenced by its citation record, with 92 citations indicating substantial uptake by the scientific community. Notably, analysis of 20 citing papers reveals that 100% are from independent researchers, excluding the author, co-authors, or institutional colleagues. This high degree of independent citation suggests the findings have been widely recognized and utilized by external experts, reinforcing the work's impact and validity beyond the researcher's immediate circle.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 6 · **1 flagged influential by Semantic Scholar**

CORE PAPER

Homeostatic Model Assessment for Insulin Resistance (HOMA-IR): A Better Marker for Evaluating Insulin Resistance Than Fasting Insulin in Women with Polycystic Ovarian Syndrome

2017 · Journal of the College of Physicians and Surgeons Pakistan · 92 citations (GS)

Field-normalised: 56 Semantic Scholar citations place it in the top 10% of Medicine papers from 2017 indexed by Semantic Scholar, by citation count.

No.	Citing paper	Citing institution(s)	Country	S2
1	Association of insulin resistance with polycystic ovary syndrome phenotypes and patients' characteristics: a cross-sectional study in Iran. (2023)	Tarbiat Modares University, Urmia University of Medical Sciences	Iran	—
2	Regular Mindful Yoga Practice as a Method to Improve Androgen Levels in Women With Polycystic Ovary Syndrome: A Randomized, Controlled Trial (2020)	Lake Erie College of Osteopathic Medicine	—	—
3	Thymoquinone controlled obesity and invigorated cognitive and memory performance in rats consuming a high-fat diet via modulating oxidative stress, inflammation and apoptosis (2025)	Cairo University	Egypt	—
4	The Effects of TRX Suspension Training Combined with Taurine Supplementation on Body Composition, Glycemic and Lipid Markers in Women with Type 2 Diabetes (2021)	Ahvaz Jundishapur University of Medical Sciences, Marymount University, Tehran University of Medical Sciences	Iran, United States	—
5	High Salt Diet Impacts the Risk of Sarcopenia Associated with Reduction of Skeletal Muscle Performance in the Japanese Population (2020)	Tsukuba International University, Waseda University	Japan	—
6	Impact of Low Frequency Electro-acupuncture on Glucose and Lipid Metabolism in Unmarried PCOS Women: A Randomized Controlled Trial. (2021)	East Hospital, Tongji University, First Affiliated Hospital, Heilongjiang University of Chinese Medicine, Hubei University of Traditional Chinese Medicine	China	**Influential**

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
University of Washington	United States	SCImago #45 · THE 25 · QS 81	2
All India Institute of Medical Sciences	India	SCImago #1342	2
University of Tasmania	Australia	SCImago #1804 · THE 251–300 · QS =314	2
Emory University	United States	SCImago #217 · THE 102 · QS 182	2
Fortis C-DOC Centre of Excellence for Diabetes, Metabolic Diseases, and Endocrinology	India	—	1

Institution	Country	World ranking	Citing papers
Xi'an Central Hospital	China	—	1
Abbasi Shaheed Hospital	Pakistan	—	1
Diacon Hospital	India	—	1
Liaquat National Hospital and Medical College	Pakistan	—	1
Boehringer Ingelheim International GmbH	Germany	—	1
Adivus Medical Consultancy	Denmark	—	1
PPD Australia Pty Ltd	Australia	—	1
Lake Erie College of Osteopathic Medicine	United States	—	1
Marymount University	United States	SCImago #9095	1
First Affiliated Hospital, Heilongjiang University of Chinese Medicine	China	—	1

Geographic distribution of citing authors

Country	Citing papers
India	5
China	4
United States	4
Australia	3
Japan	2
United Kingdom	2
Iran	2
Mexico	1
Pakistan	1
Sri Lanka	1
Tanzania	1
Germany	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	Frequency of chronic complications of type 2 diabetes	6	Dhanasar — Prong 2 (well-positioned)
Contribution 2	Effectiveness of a multicomponent quality improvement strategy to improve achievement of diabetes care goals: a randomized, controlled trial	8	Dhanasar — Prong 2 (well-positioned)
Contribution 3	Homeostatic Model Assessment for Insulin Resistance (HOMA-IR): A Better Marker for Eval-	6	Dhanasar — Prong 2 (well-positioned)

Contribution	Core paper	Indep. cites	Supports
	uating Insulin Resistance Than Fasting Insulin in Women with Polycystic Ovarian Syndrome		