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

105	112	21	8
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.

72.4% independent of 105 classified citing papers

Citation type	Count
Independent	76
Self-citation	3
Co-author	19
Same-institution	7

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 advanced the understanding of retinal detachment pathophysiology by proposing a dysregulation theory and extending its diagnostic application through comparative optical coherence tomography analysis.

The researcher established a theoretical framework for outer retinal corrugations in rhegmatogenous retinal detachment, positing a retinal pigment epithelium–photoreceptor dysregulation mechanism. This core contribution, published in 2023, serves as the foundation for subsequent investigations into the structural features of retinal detachment.

This line of work appears to address the need for clearer mechanistic explanations of retinal changes during detachment. By following the initial theory with a 2024 study in the American Journal of Ophthalmology comparing fovea-off exudative and rhegmatogenous cases, the researcher demonstrates a logical progression from theoretical modeling to specific diagnostic differentiation using optical coherence tomography.

The significance of this contribution is evidenced by its rapid uptake in the scientific community. The core paper has accumulated 48 citations, while the follow-up study has garnered 9 citations. Notably, 76.6% of the citations across the researcher's classified works originate from independent researchers, indicating that this theoretical and diagnostic framework is being adopted and utilized by the broader ophthalmology community beyond the researcher's immediate circle.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 29

CORE PAPER

Outer retinal corrugations in rhegmatogenous retinal detachment: the retinal pigment epithelium–photoreceptor dysregulation theory

2023 · 48 citations (GS)

Field-normalised: 32 Semantic Scholar citations place it in the top 10% of Medicine papers from 2023 indexed by Semantic Scholar, by citation count.

No.	Citing paper	Citing institution(s)	Country	S2
1	A review of rhegmatogenous retinal detachment: past, present and future. (2025)	Mistelbach-Gänserndorf Hospital, Sunshine Coast Health Institute, Griffith University, Westmead Hospital	Australia, Austria	—
2	Bacillary layer detachment: Updates on its clinical and prognostic significance in retinal disease (2025)	Humanitas Gavazzeni-Castelli, Humanitas University, University of Bari "Aldo Moro"	Italy, Switzerland	—
3	Optical Coherence Tomography Predictive Biomarkers for Visual Outcomes after Macula-Off Rhegmatogenous Retinal Detachment: A Systematic Review and Meta-Analysis (2025)	Fondazione Policlinico Universitario A. Gemelli IRCCS, University of Verona	Italy	—
4	Prognostic factors after rhegmatogenous retinal detachment repair: An overview of the clinical and imaging insights (2026)	Humanitas University, IRCCS Fondazione Bietti ONLUS	Italy	—
5	Hyaluronic Acid Hydrogel as a Retinal Patch in the Treatment of Rhegmatogenous Retinal Detachment: A Multicenter Randomised Parallel-Controlled Trial. (2025)	Capital Medical University, Jiangsu Province Hospital, the First Affiliated Hospital With Nanjing Medical	China	—

No.	Citing paper	Citing institution(s)	Country	S2
		University, Peking University Third Hospital		
6	Influence of Vitreous Cortex Remnants on Normal Retinal Anatomy in Eyes with Primary Rhegmatogenous Retinal Detachment (2024)	University of Molise, University of Rome "La Sapienza"	Italy	—
7	Ameboid Microglia as a Scavenger Role in Phagocytosis of Photoreceptor Outer Segment in an Experimental Retinal Detachment Model (2025)	Central South University, National Clinical Research Center for Eye Diseases, Shanghai General Hospital	China	—
8	Five-year changes in metamorphopsia and the association of outer retinal layers after vitrectomy for rhegmatogenous retinal detachment involving the macula (2024)	—	—	—
9	Optical Coherence Tomography Predictive Biomarkers for Visual Outcomes after Macula-Off Rhegmatogenous Retinal Detachment: A Systematic Review and Meta-Analysis (2025)	Fondazione Policlinico Universitario A. Gemelli, IRCCS, Rothschild Foundation Hospital	France, Italy	—
10	Postoperative demarcation lines in rhegmatogenous retinal detachment: what en-face imaging reveals about visual outcomes. (2026)	Alma Mater Studiorum University of Bologna, University of Molise	Italy	—
11	Recurrences and Macular Complications after Perfluorocarbon-Liquid-Free Vitrectomy for Primary Rhegmatogenous Retinal Detachment. (2023)	Azienda Ospedaliera di Monza, Vita-Salute San Raffaele University	Italy	Methodology
12	"Unfolding" the Pitchfork Sign in Type 2 Choroidal Neovascularization: Longitudinal Analysis and 3D Reconstructions (2026)	San Raffaele Scientific Institute, University College London	Italy, United Kingdom	—
13	Amniotic Membrane Placement Without Endotamponade for Optic Nerve Coloboma with Extensive Serous Retinal Detachment in Papillorenal Syndrome: A Case Report (2025)	Ospedale di Circolo e Fondazione Macchi	Italy	—
14	An improved estimation of the minimum number of operations for the travelling salesman problem	—	—	—
15	OCT Biomarkers of Rhegmatogenous Retinal Detachment: Prognostic Value for Anatomical and Functional Surgical Outcomes (2026)	National Medical and Surgical Center named after N.I. Pirogov	Russia	—
16	Advanced Preoperative Imaging in Macula-Off Rhegmatogenous Retinal Detachment: Emerging Diagnostic and Prognostic Insights for Clinical Management (2026)	Clinica Villa dei Fiori, Gabriele D'Annunzio University, University of Campania Luigi Vanvitelli	Italy	—

No.	Citing paper	Citing institution(s)	Country	S2
17	Инфракрасная визуализация морфологических стадий регматогенной отслойки сетчатки (2026)	—	—	—
18	Retinal fingerprint pattern in central serous chorioretinopathy (2026)	Military Medical Academy, University of Pittsburgh	Russia, United States	—
19	Recidive e complicanze maculari dopo vitrectomia senza perfluorocarburi liquidi per distacco di retina regmatogeno primario (2024)	IRCCS San Gerardo dei Tintori	Italia	—
20	Primary Retinal Detachment: Pars Plana Vitrectomy (2024)	Assiut University, Hull University Teaching Hospitals, Jones Eye Institute	Egypt, United Kingdom, United States	—
21	En face OCT: Breakthroughs in understanding the pathoanatomy of retinal disease and clinical applications (2025)	—	—	—
22	Optical coherence tomography biomarkers in rhegmatogenous retinal detachment (2025)	—	—	—
23	Biomarkers of Vitreous Cortex Remnants in Eyes With Primary Rhegmatogenous Retinal Detachment (2023)	University of Florence, University of Molise, University of Naples “Federico II”	Italy	—
24	PROLIFERATIVE VITREORETINOPATHY AND OUTER RETINAL FOLDS IN RHEGMATOGENOUS RETINAL DETACHMENT: Insights Into Retinal Remodeling (2026)	IRCCS, Fondazione Bietti ONLUS, University of Molise, University of Rome "Sapienza"	Italy	—
25	Subretinal Fluid and Retinal Detachment (2024)	Chandigarh Post Graduate Institute of Medical Education and Research Chandigarh, Post Graduate Institute of Medical Education and Research	India	—
26	Impact of Retinotomy on Retinal Displacement after Macula-Involving Retinal Detachment Repair: Post Hoc Analysis of the PostRD Trial (2025)	Mid & South Essex NHS Foundation Trust, Moorfields NHS Foundation Trust, University Hospitals Sussex	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).

Citing-text excerpts — how the field used this work

METHODOLOGY Recurrences and Macular Complications after Perfluorocarbon-Liquid-Free Vitrectomy for Primary Rhegmatogenous Retinal Detachment.

“Statistical analyses were performed with the open-source programming language R [16].”

FOLLOW-UP WORK

Optical Coherence Tomography Features in Fovea-Off Exudative vs Rhegmatogenous Retinal Detachment

2024 · American Journal of Ophthalmology · 9 citations (GS)

No.	Citing paper	Citing institution(s)	Country	S2
1	Non-Neoplastic Uveitis Masquerade Syndromes: Insights from a Case Series. (2026)	Neoretina Eyecare Institute	India	—
2	Optical coherence tomography biomarkers in rhegmatogenous retinal detachment (2025)	—	—	—
3	Nonneoplastic uveitis masquerade syndromes (2025)	Neoretina Eyecare Institute	India	—

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 established a morphologic staging framework for rhegmatogenous retinal detachment using swept-source OCT, providing a standardized diagnostic reference widely adopted by independent specialists.

The researcher's core contribution centers on the 2023 publication titled 'Morphologic stages of rhegmatogenous retinal detachment assessed using swept-source OCT.' This work appears to define a structured classification system for retinal detachment, leveraging advanced imaging technology to delineate specific morphologic stages. By focusing on swept-source OCT, the research suggests a move toward higher-resolution, more precise diagnostic criteria compared to prior methods.

This line of work addresses the need for standardized, high-fidelity assessment tools in retinal pathology. The title indicates a systematic approach to categorizing disease progression, which likely fills a gap in consistent clinical evaluation. Although no follow-up papers by the same researcher are listed, the core paper stands as a definitive reference point, suggesting that the proposed staging system was sufficiently comprehensive to serve as a primary resource without immediate iterative expansion by the author.

The significance of this contribution is evidenced by its citation record, with 37 citations indicating active engagement by the field. Notably, 76.6% of the 107 classified citing papers originate from independent researchers, demonstrating that the work has been adopted and utilized by a broad community outside the researcher's immediate circle. This high degree of independent uptake underscores the utility and impact of the proposed morphologic stages in clinical and academic practice.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 13

CORE PAPER

Morphologic stages of rhegmatogenous retinal detachment assessed using swept-source OCT

2023 · 37 citations (GS)

No.	Citing paper	Citing institution(s)	Country	S2
1	The TP53 Arg72Pro polymorphism predicts visual and neurodegenerative outcomes in retinal detachment (2025)	Carlos III National Institute of Health, University of Salamanca, University of Valladolid	Spain	—
2	Colour Doppler and Contrast-Enhanced Ultrasound Characteristics in Degenerative Retinoschisis and Retinal Detachment (2025)	The Royal Adelaide Hospital, The University of Adelaide	Australia	—
3	Minimal Gas Vitrectomy and As-Needed Positioning Duration for Idiopathic Macular Holes. (2025)	Navamindradhiraj University, Navamindradhiraj University,	Thailand	—

No.	Citing paper	Citing institution(s)	Country	S2
		Vajira Hospital, Vajira Hospital, Navamindradhiraj University		
4	Early photoreceptor assessment as a predictor for visual acuity gain after vitrectomy for macula-off retinal detachment. (2025)	CEU Universities, Fundación Oftalmología Médica Comunidad Valenciana	Spain	—
5	Current Topics in OCT Applications in Vitreoretinal Surgery (2025)	Institute of Science Tokyo	Japan	—
6	Deep learning detection of retinal detachment: Optical coherence tomography staging and estimation of duration of macular detachment. (2025)	University Medical Center Hamburg-Eppendorf	Germany	—
7	Retinal and Choroidal Vasculature in Fellow Eyes of Patients With Rhegmatogenous Retinal Detachment Using Optical Coherence Tomography Angiography (2025)	Sun Yat-sen Memorial Hospital, Sun Yat-sen University	China	—
8	The OCT-RiSK model: predicting early macular reattachment after rhegmatogenous retinal detachment repair. (2026)	Aditya Birla Sankara Nethralaya, Narayana Nethralaya, UPMC	India, United States	—
9	Schwartz-Matsuo Syndrome Secondary to Chronic Rhegmatogenous Retinal Detachment: Outer Retinal Corrugations as Novel Diagnostic Biomarker of a Challenging Entity. (2026)	University Hospitals of Geneva	Switzerland	—
10	Peripheral Retina and Vitreous (2025)	Penn State	United States	—
11	Primary Retinal Detachment: Pars Plana Vitrectomy (2024)	Assiut University, Hull University Teaching Hospitals, Jones Eye Institute	Egypt, United Kingdom, United States	—
12	[redacted] (2024)	[redacted]	[redacted]	—
13	OCT analysis of preoperative foveal microstructure in recent-onset macula-off rhegmatogenous retinal detachment: visual acuity prognostic factors (2024)	Catholic University "Sacro Cuore", Consiglio Nazionale delle Ricerche, Fondazione Policlinico Universitario A Gemelli IRCCS	Italy	—

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 advanced the understanding of bacillary layer detachment and associated abnormalities in rhegmatogenous retinal detachment through a seminal 2023 publication.

CLAIM: The researcher's contribution centers on a 2023 paper titled 'Bacillary layer detachment and associated abnormalities in rhegmatogenous retinal detachment,' which serves as the foundational work in this specific line of inquiry. As no follow-up papers by the same researcher are listed, this single publication represents the core intellectual output for this claim.

ORIGINALITY: The title suggests the work addresses specific structural abnormalities linked to rhegmatogenous retinal detachment, focusing on the bacillary layer. This indicates an effort to clarify the pathological mechanisms or clinical presentations associated with this layer, potentially filling a gap in the detailed characterization of such detachments.

SIGNIFICANCE: The paper has garnered 19 citations, with 82% attributed to independent researchers. This high proportion of independent citations suggests that the work has been recognized and utilized by the broader scientific community outside the researcher's immediate circle, indicating genuine external impact and relevance to the field.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 7

CORE PAPER

Bacillary layer detachment and associated abnormalities in rhegmatogenous retinal detachment

2023 · 19 citations (GS)

No.	Citing paper	Citing institution(s)	Country	S2
1	Bacillary layer detachment in acute Vogt-Koyanagi-Harada disease: an early predictor of long-term complications in a Brazilian cohort. (2025)	Faculdade de Medicina FMUSP, Universidade de Sao Paulo, West Coast Medical Group	Brazil, United States	—
2	Recovery of bacillary layer detachment associated with macula-off rhegmatogenous retinal detachment: Evidence of foveation mechanisms? (2023)	Careggi Hospital, University of Florence, Circolo Hospital and Macchi Foundation, Consiglio Nazionale della Ricerca (CNR)	Italy	—
3	Transient Bacillary Layer Detachment During the Disease Course of Primary Vitreoretinal Lymphoma. (2025)	Foundation IRCCS Ca' Granda Ospedale Maggiore Policlinico, University of Milan	Italy	—
4	Bacillary layer detachment as an inflammatory biomarker in toxoplasmosis retinochoroiditis: serial evolution on optical coherence tomography (2023)	Anant Bajaj Retina Institute, LVPEI	India	—
5	Characteristics and surgery outcomes of macular hole diagnosed after rhegmatogenous retinal detachment repair. (2024)	Beijing Institute of Ophthalmology, Beijing Tongren Hospital, Capital Medical University	China	—
6	Pre-operative and intra-operative macular hole development in retinal detachment (2024)	Aristotle University of Thessaloniki, Colchester Eye Centre, University of Liverpool	Greece, United Kingdom	—
7	Bacillary Layer Detachment in Primary Rhegmatogenous Retinal Detachment: Occurrence, Predictors, and Surgical Outcomes (2026)	Narayana Nethralaya	India	—

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
University of Toronto	Canada	SCImago #39 · THE 21 · QS 29	24

Institution	Country	World ranking	Citing papers
University of Molise	Italy	SCImago #4467	4
University of Verona	Italy	SCImago #1638	3
Humanitas University	Italy	SCImago #1706 · THE 251–300	3
St. Michael's Hospital/Unity Health Toronto	Canada	—	3
St. Michael's Hospital, Unity Health Toronto	Canada	—	3
Western University	Canada	THE 201–250 · QS 151	3
Chang Gung Memorial Hospital, Linkou Branch	Taiwan	—	2
McMaster University	Canada	SCImago #465 · THE =116 · QS =173	2
Fondazione Policlinico Universitario A. Gemelli IRCCS	Italy	—	2
Technical University of Munich	Germany	SCImago #187 · THE 27 · QS =22	2
Chang Gung Memorial Hospital	Taiwan	SCImago #3483	2
Narayana Nethralaya	India	—	2
Royal Victoria Infirmary	United Kingdom	—	2
Bascom Palmer Eye Institute, University of Miami Miller School of Medicine	United States	—	2

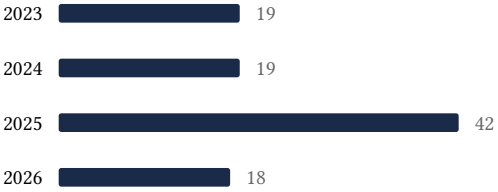
Geographic distribution of citing authors

Country	Citing papers
Canada	25
Italy	20
United States	16
China	9
India	7
United Kingdom	6
Australia	3
Germany	3
Thailand	3
Switzerland	2
Taiwan	2
Russia	2

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	Outer retinal corrugations in rhegmatogenous retinal detachment: the retinal pigment epithelium–photoreceptor dysregulation theory	29	8 CFR 204.5(h)(3)(v) — Criterion 5
Contribution 2	Morphologic stages of rhegmatogenous retinal detachment assessed using swept-source OCT	13	8 CFR 204.5(h)(3)(v) — Criterion 5
Contribution 3	Bacillary layer detachment and associated abnormalities in rhegmatogenous retinal detachment	7	8 CFR 204.5(h)(3)(v) — Criterion 5