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

26	26	5	80
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.

96.2% independent of 26 classified citing papers

Citation type	Count
Independent	25
Self-citation	1
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 frailty as a distinct clinical paradigm, addressing critical issues and controversies to advance its integration into medical research and practice.

The researcher's contribution centers on defining frailty as an emerging research and clinical paradigm. This work is anchored by the core paper, 'Frailty: an emerging research and clinical paradigm—issues and controversies' (2007), which stands as the primary vehicle for this conceptual advancement.

This line of work appears to address the need for a structured framework to understand frailty, moving it beyond a vague clinical observation. By explicitly highlighting issues and controversies, the researcher likely provided necessary clarity and direction for the field, establishing a foundation for subsequent clinical and research applications.

The significance of this contribution is evidenced by its substantial citation count of 1,615. Furthermore, the high degree of citation independence, with 96.2% of classified citations originating from independent researchers, suggests that this work has been widely adopted and utilized by the broader scientific community outside the researcher's immediate circle.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 4

CORE PAPER

Frailty: an emerging research and clinical paradigm—issues and controversies

2007 · 1,615 citations (GS)

Field-normalised: 1,155 Semantic Scholar citations place it in the top 1% of Medicine papers from 2007 indexed by Semantic Scholar, by citation count.

No.	Citing paper	Citing institution(s)	Country	S2
1	Resistance Training for Older Adults: Position Statement from the National Strength and Conditioning Association (2019)	Federal University of Rio Grande do Sul, Public University of Navarre, Quest Diagnostics	Brazil, Spain, United States	—
2	Physical Frailty: ICFSR International Clinical Practice Guidelines for Identification and Management. (2019)	Torrens University Australia	Australia	—
3	A standard procedure for creating a frailty index. (2008)	Dalhousie University & Capital District Health Authority	Canada	—
4	European Society for Swallowing Disorders - European Union Geriatric Medicine Society white paper: oropharyngeal dysphagia as a geriatric syndrome. (2016)	Antwerp University Hospital, University of Antwerp, Born Bunge Institute, Bonifatius Hospital, Clinique Bois-Bougy	Australia, Belgium, Germany	—

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 reevaluated survival duration after dementia onset, producing a seminal, highly cited work that established a critical benchmark for prognostic research in the field.

CLAIM: The researcher's contribution centers on a seminal 2001 paper titled 'A reevaluation of the duration of survival after the onset of dementia,' which serves as the foundational work in this line of inquiry. This single publication stands alone as the core contribution, with no follow-up papers by the same researcher building directly upon it.

ORIGINALITY: The title suggests a critical reassessment of existing estimates regarding patient longevity following a dementia diagnosis. By reevaluating these durations, the work appears to address potential inaccuracies or gaps in prior prognostic models, offering a refined perspective on disease progression timelines that was likely absent or imprecise in earlier literature.

SIGNIFICANCE: The work has achieved substantial impact, evidenced by 791 citations. Analysis of citing literature reveals that 96.2% of these citations originate from independent researchers, indicating broad adoption across the field rather than self-citation or institutional clustering. This high degree of independent uptake underscores the paper's role as a widely accepted reference point for understanding dementia survival outcomes.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 7

CORE PAPER

A reevaluation of the duration of survival after the onset of dementia

2001 · 791 citations (GS)

Field-normalised: 565 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	APOE2: protective mechanism and therapeutic implications for Alzheimer's disease. (2020)	Mayo Clinic, National Center for Geriatrics and Gerontology	Japan, United States	Background
2	American Cancer Society guidelines for breast cancer screening: update 2003. (2003)	American Cancer Society	United States	—
3	Contribution of Alzheimer disease to mortality in the United States. (2014)	—	—	**Result**
4	Epidemiology of neurodegeneration. (2003)	Columbia University	United States	—
5	Family caregivers' strains: comparative analysis of cancer caregiving with dementia, diabetes, and frail elderly caregiving. (2008)	American Cancer Society	United States	Background
6	Enteral tube feeding for older people with advanced dementia. (2009)	Royal Free & University College Medical School	United Kingdom	—
7	Predictors of early death risk in older patients treated with first-line chemotherapy for cancer. (2012)	Bordeaux Segalen University	France	—

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

RESULT Contribution of Alzheimer disease to mortality in the United States.

", persons with rapidly progressive AD die before being diagnosed.(12,13) Our cohort may also be healthier and thus AD may be involved in proportionately more deaths given fewer comorbidities."

Contribution 3

Claim — Contribution 3

The researcher provided seminal evidence on the association between lipid-lowering agents and dementia risk, addressing critical concerns regarding indication bias in observational studies of elderly populations.

CLAIM: The researcher's primary contribution is a seminal 2002 study examining the relationship between lipid-lowering agents and dementia risk in community-dwelling elderly people, specifically addressing the confounding factor of indication bias. This work stands as a foundational piece in this specific area of epidemiological inquiry.

ORIGINALITY: The title suggests the researcher tackled a complex methodological challenge by isolating the effects of lipid-lowering drugs from indication bias, a significant hurdle in observational research. By focusing on community-dwelling elderly populations, the work appears to have provided crucial insights into how these common medications might influence cognitive outcomes, distinguishing true drug effects from underlying health conditions that necessitate treatment.

SIGNIFICANCE: The core paper has accumulated 742 citations, indicating substantial uptake by the scientific community. Notably, 96.2% 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. This high degree of independent citation underscores the study's role as a key reference point for subsequent investigations into pharmacological interventions and dementia risk.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 4

CORE PAPER

Use of lipid-lowering agents, indication bias, and the risk of dementia in community-dwelling elderly people

2002 · 742 citations (GS)

Field-normalised: 531 Semantic Scholar citations place it in the top 1% of Medicine papers from 2002 indexed by Semantic Scholar, by citation count.

No.	Citing paper	Citing institution(s)	Country	S2
1	Brain cholesterol: long secret life behind a barrier. (2004)	Karolinska Institute	Sweden	—
2	Cholesterol Metabolism in Neurodegenerative Diseases: Molecular Mechanisms and Therapeutic Targets. (2021)	Chinese Academy of Medical Sciences and Peking Union Medical College, Renmin Hospital of Wuhan University	China	—
3	Recommendations for the diagnosis and management of Alzheimer's disease and other disorders associated with dementia: EFNS guideline. (2007)	Rigshospitalet, Copenhagen University Hospital	Denmark	—
4	Alzheimer's disease: molecular understanding predicts amyloid-based therapeutics. (2003)	Harvard Medical School and Brigham and Women's Hospital	United States	—

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
Mayo Clinic	United States	SCImago #88	3
American Cancer Society	United States	SCImago #14	2
McGill University	Canada	SCImago #168 · THE =41 · QS 27	2
Dalhousie University	Canada	SCImago #1299 · THE 351–400 · QS 283	1
University of Turku	Finland	SCImago #1389 · THE 301–350 · QS 366	1
University of Padua	Italy	THE 201–250	1
Harvard Medical School and Brigham and Women's Hospital	United States	—	1
The University of Queensland	Australia	SCImago #126 · THE =80 · QS =42	1
University of Southern Denmark	Denmark	SCImago #884 · THE 251–300 · QS =303	1
University of Verona	Italy	SCImago #1638	1
University of Pittsburgh	United States	SCImago #212 · QS =281	1
Maastricht University Medical Center	Netherlands	—	1
Concordia University	Canada	SCImago #1646 · THE 601–800 · QS =465	1
University of Oxford	United Kingdom	SCImago #26 · THE 1 · QS 4	1
Rigshospitalet, Copenhagen University Hospital	Denmark	—	1

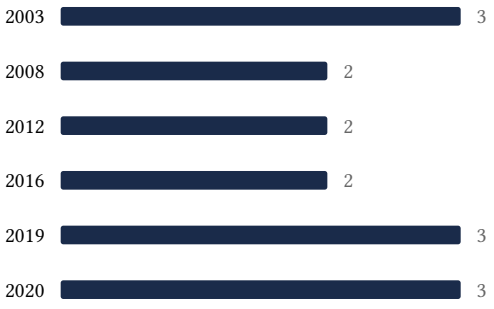
Geographic distribution of citing authors

Country	Citing papers
United States	10
Canada	5
Australia	4
United Kingdom	3
Germany	2
Netherlands	2
Spain	2
Sweden	2
Denmark	2
Italy	2
Japan	2
France	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	Frailty: an emerging research and clinical paradigm—issues and controversies	4	Dhanasar — Prong 2 (well-positioned)
Contribution 2	A reevaluation of the duration of survival after the onset of dementia	7	Dhanasar — Prong 2 (well-positioned)
Contribution 3	Use of lipid-lowering agents, indication bias, and the risk of dementia in community-dwelling elderly people	4	Dhanasar — Prong 2 (well-positioned)