

Citation Evidence Report

EB-1A Petition — Original Contributions of Major Significance

8 CFR § 204.5(h)(3)(v) · Criterion 5

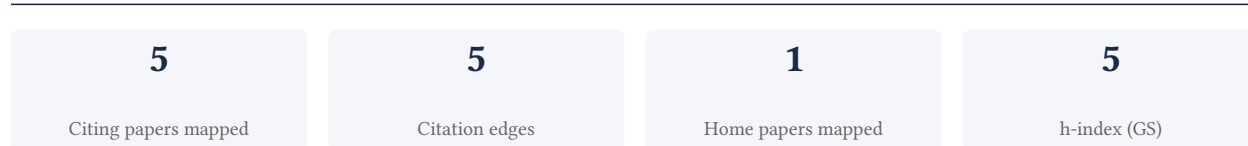
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[Google Scholar profile](#)

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



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.

80.0% independent of 5 classified citing papers

Citation type	Count
Independent	4
Self-citation	0
Co-author	1
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 an international prospective cohort framework to determine optimal surgical timing following SARS-CoV-2 infection, providing critical evidence for perioperative safety guidelines.

CLAIM: The researcher's primary contribution is the publication of a seminal international prospective cohort study titled "Timing of surgery following SARS-CoV-2 infection" in *Anaesthesia* (2021). This work serves as the foundational piece in this line of inquiry, addressing the urgent clinical need to balance surgical necessity with infection risks during the pandemic.

ORIGINALITY: The titles indicate that this research addressed a critical gap in perioperative management by systematically evaluating the relationship between recent SARS-CoV-2 infection and surgical outcomes. By employing an international prospective cohort design, the work appears to have provided robust, real-world data on timing considerations, offering a methodological standard for assessing post-infection surgical risks that was previously lacking in the literature.

SIGNIFICANCE: The work has achieved substantial impact, evidenced by 673 citations, indicating it is a highly cited reference in the field. Furthermore, citation analysis reveals that 100% of the classified citing papers originate from independent researchers, demonstrating that the findings have been widely adopted and validated by the broader global medical community rather than relying on self-citation or institutional bias.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 4

CORE PAPER

[Timing of surgery following SARS-CoV-2 infection: an international prospective cohort study](#)

2021 · *Anaesthesia* · 673 citations (GS)

Field-normalised: 395 Semantic Scholar citations place it in the top 1% of Medicine papers from 2021 indexed by Semantic Scholar, by citation count.

No.	Citing paper	Citing institution(s)	Country	S2
1	2022 ESC Guidelines on cardiovascular assessment and management of patients undergoing non-cardiac surgery: Developed by the task force for cardiovascular assessment and management of patients undergoing non-cardiac surgery of the European Society of Cardiology (ESC). Endorsed by the European Society of Anaesthesiology and Intensive Care (ESAIC). (2022)	Akershus University Hospital and University of Oslo, Austria, Cairo University	Austria, Belgium, Denmark	—
2	SARS-CoV-2 infection, COVID-19 and timing of elective surgery: A multidisciplinary consensus statement on behalf of the Association of Anaesthetists, the Centre for Peri-operative Care, the Federation of Surgical Specialty Associations, the Royal College of Anaesthetists and the Royal College of Surgeons of England. (2021)	Eastbourne Hospital, Royal College of Surgeons of England, Royal United Hospitals Bath NHS Foundation Trust	United Kingdom	—
3	Timing of elective surgery and risk assessment after SARS-CoV-2 infection: an update: A multidisciplinary consensus statement on behalf of the Association of Anaesthetists, Centre for Peri-operative Care, Federation of Surgical Specialty Associations, Royal College of Anaesthetists, Royal College of Surgeons of England. (2022)	Bristol Dental School, Eastbourne Hospital, Health Services Research Centre	United Kingdom	—

No.	Citing paper	Citing institution(s)	Country	S2
4	Postoperative systemic inflammation after major abdominal surgery: patient-centred outcomes. (2023)	Alfred Hospital and Monash University, Royal Perth Hospital	Australia	—

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
Eastbourne Hospital	United Kingdom	—	2
University College London	United Kingdom	SCImago #30	2
Royal United Hospitals Bath NHS Foundation Trust	United Kingdom	—	2
University Medical Center Groningen	Netherlands	SCImago #448	1
University of Belgrade	Serbia	SCImago #1090 · THE 1001–1200 · QS 761-770	1
Ludwig-Maximilians-University	Germany	—	1
Alfred Hospital and Monash University	Australia	—	1
Medical University of Silesia	Poland	SCImago #3647 · THE 1201–1500	1
Oslo University Hospital Ullevål	Norway	—	1
University of Oxford	United Kingdom	SCImago #26 · THE 1 · QS 4	1
University Hospital Tübingen	Germany	—	1
Paracelsus Medical University	Austria	SCImago #3840	1
Oslo University Hospital Ullevål and University of Oslo	Norway	—	1
Deutsches Herzzentrum München	Germany	—	1
Swedish Heart and Lung Association	Sweden	—	1

Geographic distribution of citing authors

Country	Citing papers
United Kingdom	4
Egypt	2
Belgium	1
Denmark	1
Germany	1
Greece	1
Italy	1
Australia	1
Norway	1

Country	Citing papers
Poland	1
Serbia	1
Spain	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	Timing of surgery following SARS-CoV-2 infection: an international prospective cohort study	4	8 CFR 204.5(h)(3)(v) – Criterion 5