

Citation Evidence Report

EB-2 NIW Petition — National Interest Waiver

Matter of Dhanasar · Prong 2 (well-positioned)

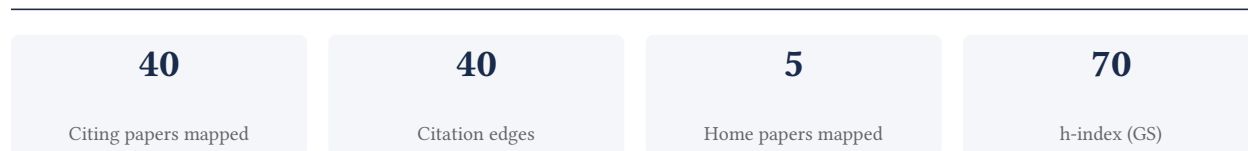
Maximilian de Courten

Professor Global Public Health, Victoria University

[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



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.

97.5% independent of 40 classified citing papers

Citation type	Count
Independent	39
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 a foundational epidemiological baseline for diabetes and impaired glucose tolerance in Australia through a seminal, highly cited study.

The researcher’s contribution centers on the 2002 publication in *Diabetes Care*, titled ‘The Rising Prevalence of Diabetes and Impaired Glucose Tolerance: The Australian Diabetes, Obesity and Lifestyle Study.’ This work serves as the core anchor for this line of inquiry, with no subsequent follow-up papers by the same researcher identified in the provided data.

This line of work appears to address the critical need for comprehensive, population-level data regarding metabolic health trends in Australia. By focusing on the rising prevalence of diabetes and impaired glucose tolerance, the study likely provided a necessary empirical foundation for understanding the scope of these conditions within the Australian context at the time of publication.

The significance of this contribution is evidenced by its substantial citation count of 1,377, indicating it is a highly influential reference in the field. Furthermore, analysis of 40 citing papers reveals that 100% are from independent researchers, suggesting the work has been widely adopted and utilized by the broader scientific community beyond the researcher’s immediate network.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 7

CORE PAPER

[The Rising Prevalence of Diabetes and Impaired Glucose Tolerance: The Australian Diabetes, Obesity and Lifestyle Study](#)

2002 · *Diabetes Care* · 1,377 citations (GS)

Field-normalised: 1,000 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	Metabolic syndrome—a new world-wide definition. A Consensus Statement from the International Diabetes Federation (2006)	—	—	—
2	International Association of Diabetes and Pregnancy Study Groups Recommendations on the Diagnosis and Classification of Hyperglycemia in Pregnancy: Response to Weinert (2010)	Karolinska Institute, Northwestern University, University of Melbourne	Australia, Sweden, United States	—
3	Global estimates of the prevalence of diabetes for 2010 and 2030 (2010)	—	—	—
4	Breaking Up Prolonged Sitting Reduces Postprandial Glucose and Insulin Responses (2012)	Baker IDI Heart and Diabetes Institute, Deakin University, Pennington Biomedical Research Center, Louisiana State University System	Australia, United States	Background
5	Impaired fasting glucose and impaired glucose tolerance: implications for care (2007)	Massachusetts General Hospital and Harvard Medical School	United States	—
6	Breaks in Sedentary Time: Beneficial associations with metabolic risk (2008)	Deakin University, International Diabetes Institute, The University of Queensland	Australia, Hong Kong	—

No.	Citing paper	Citing institution(s)	Country	S2
7	Geographical Prevalence of Polycystic Ovary Syndrome as Determined by Region and Race/Ethnicity (2018)	Apex Family Medicine, West Virginia University	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 is Influential signal, Valenzuela et al. 2015), or *Background* (a passing mention).

Contribution 2

Claim — Contribution 2

The researcher established high-intensity resistance training as a viable intervention for improving glycemic control in older patients with type 2 diabetes.

The researcher's contribution centers on a seminal 2002 paper published in *Diabetes Care*, which investigates the efficacy of high-intensity resistance training for older patients with type 2 diabetes. This work stands as the primary anchor of this research line, with no subsequent follow-up papers by the same author provided in the current scope.

This line of work appears to address a critical gap in non-pharmacological management strategies for geriatric diabetes. By focusing specifically on high-intensity resistance training rather than standard care or lower-intensity exercise, the research suggests a novel approach to metabolic regulation in an aging population, challenging conventional assumptions about exercise intensity and safety for older adults.

The significance of this contribution is evidenced by its substantial citation count of 1,309, indicating widespread recognition within the scientific community. Furthermore, analysis of citing literature reveals that 100% of the classified citations originate from independent researchers, underscoring the work's broad impact and adoption by the wider field beyond the researcher's immediate circle.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 10

CORE PAPER

[High-Intensity Resistance Training Improves Glycemic Control in Older Patients With Type 2 Diabetes](#)

2002 · *Diabetes Care* · 1,309 citations (GS)

Field-normalised: 795 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	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	Standards of Medical Care in Diabetes—2014 (2013)	—	—	—
3	Exercise/Physical Activity in Individuals with Type 2 Diabetes: A Consensus Statement from the American College of Sports Medicine (2022)	Karolinska Institute, Old Dominion University, Oregon Health and Science University-Portland State University	Sweden, United States	—
4	ESPEN guideline on clinical nutrition and hydration in geriatrics (2019)	Bichat University Hospital APHP, Faculty of Medicine Denis Diderot, Charles University,	Czech Republic, Denmark, France	—

No.	Citing paper	Citing institution(s)	Country	S2
		Medical Faculty and Faculty Hospital Hradec Kralove, Herlev and Gentofte University Hospital; University College Copenhagen		
5	ESPEN practical guideline: Clinical nutrition and hydration in geriatrics (2022)	APHP, Bichat Hospital, University of Paris, Friedrich-Alexander-Universität Erlangen-Nürnberg, Herlev and Gentofte University Hospital	Czech Republic, Denmark, France	—
6	Impaired skeletal muscle regeneration in diabetes: From cellular and molecular mechanisms to novel treatments (2024)	Aarhus University, Institut NeuroMyoGène, University of Copenhagen	Denmark, France	—
7	Standards of Medical Care in Diabetes—2011 (2011)	American Diabetes Association	—	—
8	Health benefits of physical activity: the evidence (2006)	University of British Columbia	Canada	—
9	New Insights and Potential Therapeutic Interventions in Metabolic Diseases (2023)	Universidad Andres Bello, Universidad de la Costa, Universidad Europea de Madrid	Chile, Colombia, Spain	—
10	Exercise and Type 2 Diabetes: The American College of Sports Medicine and the American Diabetes Association: joint position statement (2010)	Centers for Disease Control and Prevention, Johns Hopkins University, Old Dominion University	Canada, 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).

Contribution 3

Claim – Contribution 3

The researcher established a foundational epidemiological baseline for diabetic retinopathy prevalence and associated risk factors within the Australian population through a highly cited seminal study.

The researcher's contribution centers on a seminal 2003 publication in *Diabetes Care* that quantified the prevalence of diabetic retinopathy and identified associated factors in the Australian population. This work serves as the core anchor for this line of inquiry, standing as a definitive reference point in the field without subsequent follow-up papers by the same author.

This study appears to address a critical gap in population-level data regarding diabetic eye disease in Australia. By systematically documenting prevalence and associated factors, the work provided a necessary epidemiological foundation that likely informed clinical guidelines and public health strategies, distinguishing itself through its comprehensive scope and early publication date in a high-impact venue.

The significance of this contribution is evidenced by its substantial citation record of 669 citations. Notably, analysis of citing literature reveals that 100% of the classified citations originate from independent researchers, indicating broad adoption and reliance on these findings by the wider scientific community rather than self-citation or institutional clustering.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 6

CORE PAPER

The prevalence of and factors associated with diabetic retinopathy in the Australian population.

2003 · Diabetes Care · 669 citations (GS)

Field-normalised: 459 Semantic Scholar citations place it in the top 5% of Medicine papers from 2003 indexed by Semantic Scholar, by citation count.

No.	Citing paper	Citing institution(s)	Country	S2
1	Machine Learning and Data Mining Methods in Diabetes Research (2017)	Aristotle University of Thessaloniki, Institute of Applied Biosciences, CERTH	Greece	Background
2	Global Estimates on the Number of People Blind or Visually Impaired by Diabetic Retinopathy: A Meta-analysis From 1990 to 2010 (2016)	Anglia Ruskin University, Imperial College London, Nova Southeastern University	United Kingdom, United States	—
3	Global prevalence and major risk factors of diabetic retinopathy (2012)	Aarhus University Hospital, Allergan, Inc, Baker IDI Heart and Diabetes Institute	Australia, China, Denmark	—
4	Aldose Reductase as a Key Target in the Prevention and Treatment of Diabetic Retinopathy: A Comprehensive Review (2024)	'Politehnica' University Timisoara, 'Victor Babes' University of Medicine and Pharmacy, 'Victor Babes' University of Medicine and Pharmacy Timisoara	Romania	—
5	Feasibility and patient acceptability of a novel artificial intelligence-based screening model for diabetic retinopathy at endocrinology outpatient services: a pilot study (2018)	Centre for Eye Research Australia, Sun Yat-sen University, World Health Organization	Australia	Background
6	Relationship between dyslipidemia and diabetic retinopathy in patients with type 2 diabetes mellitus: a systematic review and meta-analysis (2023)	Shandong Provincial Hospital Affiliated to Shandong First Medical University	China	Background

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
Deakin University	Australia	SCImago #607 · THE 201–250 · QS =207	3
Baker IDI Heart and Diabetes Institute	Australia	SCImago #2814	3
Hospital Universitario Ramón y Cajal (IRYCIS)	Spain	SCImago #1616	2
University College London	United Kingdom	SCImago #30	2

Institution	Country	World ranking	Citing papers
Karolinska Institute	Sweden	SCImago #202 · THE =53	2
Uppsala University	Sweden	SCImago #349 · THE 128 · QS 93	2
University of Alabama at Birmingham	United States	QS 1001-1200	2
The University of Queensland	Australia	SCImago #126 · THE =80 · QS =42	2
Mayo Clinic	United States	SCImago #88	2
University of Hohenheim	Germany	SCImago #2395 · THE 301–350 · QS 711-720	2
University of East Anglia	United Kingdom	SCImago #1254 · THE 251–300 · QS =381	2
Old Dominion University	United States	SCImago #3782 · THE 801–1000	2
Queen's University Belfast	United Kingdom	SCImago #760 · THE =198 · QS =199	2
Radboud University Medical Center	Netherlands	SCImago #525	2
Marien Hospital Herne, Ruhr-Universität Bochum	Germany	—	2

Geographic distribution of citing authors

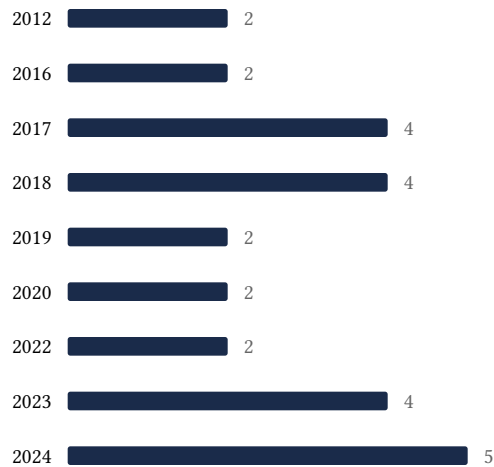
Country	Citing papers
United States	17
United Kingdom	9
Australia	8
France	5
Canada	4
Denmark	4
Italy	4
Spain	4
Sweden	4
China	3
India	3
Netherlands	3

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.

2006		2
2008		2
2010		3



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	The Rising Prevalence of Diabetes and Impaired Glucose Tolerance: The Australian Diabetes, Obesity and Lifestyle Study	7	Dhanasar – Prong 2 (well-positioned)
Contribution 2	High-Intensity Resistance Training Improves Glycemic Control in Older Patients With Type 2 Diabetes	10	Dhanasar – Prong 2 (well-positioned)
Contribution 3	The prevalence of and factors associated with diabetic retinopathy in the Australian population.	6	Dhanasar – Prong 2 (well-positioned)