

# 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

<b>8</b> Citing papers mapped	<b>8</b> Citation edges	<b>1</b> Home papers mapped	<b>131</b> h-index (GS)
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### 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.

**87.5% independent** of 8 classified citing papers

Citation type	Count
Independent	7
Self-citation	0
Co-author	0
Same-institution	1

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 developed effectiveness-based cardiovascular disease prevention guidelines for women, establishing a seminal standard in clinical practice.*

The researcher's primary contribution is the development of effectiveness-based guidelines for preventing cardiovascular disease in women, as detailed in the 2011 American Heart Association guideline published in *Circulation*. This work stands as a core reference in the field, with no subsequent follow-up papers by the researcher listed in this specific line of inquiry.

This line of work appears to address the need for standardized, evidence-based clinical recommendations tailored specifically to women's cardiovascular health. By focusing on effectiveness, the guideline likely aimed to bridge the gap between general cardiovascular research and specific, actionable clinical protocols for female patients, offering a structured approach to prevention that was distinct from prior general guidelines.

The significance of this contribution is underscored by its high citation count of 3,385, indicating widespread adoption and influence within the medical community. Furthermore, analysis of citing papers reveals that 87.5% of citations originate from independent researchers, suggesting that the guideline has served as a foundational reference for diverse, external scholarly work rather than merely circulating within the researcher's immediate network.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 7

#### CORE PAPER

### [Effectiveness-Based Guidelines for the Prevention of Cardiovascular Disease in Women—2011 Update: A Guideline From the American Heart Association](#)

2011 · *Circulation* · 3,385 citations (GS)

Field-normalised: 1,777 Semantic Scholar citations place it in the top 1% of Medicine papers from 2011 indexed by Semantic Scholar, by citation count.

No.	Citing paper	Citing institution(s)	Country	S2
1	<a href="#">2018 ESC/ESH Guidelines for the management of arterial hypertension: The Task Force for the management of arterial hypertension of the European Society of Cardiology (ESC) and the European Society of Hypertension (ESH) (2018)</a>	Almazov National Medical Research Centre, Charité - Universitätsmedizin Berlin, Dupuytren University Hospital	Belgium, France, Germany	—
2	<a href="#">2023 ESH Guidelines for the management of arterial hypertension The Task Force for the management of arterial hypertension of the European Society of Hypertension: Endorsed by the International Society of Hypertension (ISH) and the European Renal Association (ERA) (2023)</a>	Alma Mater Studiorum University of Bologna, AP-HP, Hôpital Européen Georges Pompidou, Université Paris Cité, Aristotle University	Austria, Belgium, China	—
3	<a href="#">2017 ACC/AHA/AAPA/ABC/ACPM/AGS/APhA/ASH/ASPC/NMA/PCNA Guideline for the Prevention, Detection, Evaluation, and Management of High Blood Pressure in Adults: A Report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines (2017)</a>	Alfred I. duPont Hospital for Children, Case Western Reserve University, Johns Hopkins University	United States	—
4	<a href="#">2022 AHA/ACC/HFSA Guideline for the Management of Heart Failure: A Report of the Amer-</a>	American College of Cardiology, American College of Car-	United States	—

No.	Citing paper	Citing institution(s)	Country	S2
	<a href="#">ican College of Cardiology/American Heart Association Joint Committee on Clinical Practice Guidelines (2022)</a>	diology/American Heart Association, American Heart Association		
5	<a href="#">Pre-eclampsia (2023)</a>	Fetal Medicine Foundation, Gold Coast University Hospital, Instituto Nacional de Perinatologia	Australia, Brazil, Japan	—
6	<a href="#">2020 AHA/ACC Guideline for the Diagnosis and Treatment of Patients With Hypertrophic Cardiomyopathy: A Report of the American College of Cardiology/American Heart Association Joint Committee on Clinical Practice Guidelines (2020)</a>	—	—	—
7	<a href="#">2024 AHA/ACC/AMSSM/HRS/PACES/SCMR Guideline for the Management of Hypertrophic Cardiomyopathy: A Report of the American Heart Association/American College of Cardiology Joint Committee on Clinical Practice Guidelines. (2024)</a>	Brigham and Women's Hospital, Mayo Clinic	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.

## D. Citing-Institution Prestige & Geography

### Top citing institutions

Institution	Country	World ranking	Citing papers
Mayo Clinic	United States	SCImago #88	3
Stanford University	United States	SCImago #18 · THE =5 · QS 3	3
Northwestern University	United States	THE 30 · QS =42	2
University of Michigan	United States	SCImago #43 · THE 23 · QS 45	2
University of North Carolina at Chapel Hill	United States	THE 78 · QS =140	2
University College London	United Kingdom	SCImago #30	2
Vanderbilt University Medical Center	United States	SCImago #663	2
Baylor College of Medicine and Michael E. DeBakey VA Medical Center	United States	—	2
Saarland University Hospital	Germany	—	2
Baylor College of Medicine; Michael E. DeBakey VA Medical Center	United States	—	2
Baylor College of Medicine	United States	SCImago #560	2
Duke University Medical Center	United States	—	2
Medical University of Gdansk	Poland	SCImago #2948 · THE 1001–1200	2
University Hospital Erlangen	Germany	SCImago #1557	2

Institution	Country	World ranking	Citing papers
UT Southwestern Medical Center	United States	—	2

### Geographic distribution of citing authors

Country	Citing papers
United States	4
Netherlands	2
Norway	2
Poland	2
Belgium	2
Brazil	2
Italy	2
Greece	2
Germany	2
Spain	2
Sweden	2
Switzerland	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

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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

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### 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	Effectiveness-Based Guidelines for the Prevention of Cardiovascular Disease in Women—2011 Update: A Guideline From the American Heart Association	7	Dhanasar — Prong 2 (well-positioned)