

Dr. Joana Jones

Doctor of Medicine and Researcher
474 4747 4747
joanajones@yahoo.com

EB-1A Professional Plan



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1 EB1A Visa Overview

The EB-1A Extraordinary Ability visa is one of the most prestigious employment-based immigration pathways available in the United States. It is designed to attract individuals who have achieved sustained national or international recognition in their field and whose continued work is expected to **advance American innovation, competitiveness, and economic growth**. By providing a direct pathway to permanent residence for leaders in science, education, business, the arts, and athletics, the EB-1A category supports the United States' longstanding objective of attracting exceptional talent capable of making meaningful contributions to the nation's economy, research enterprise, and global leadership. According to U.S. Citizenship and Immigration Services (USCIS), applicants must demonstrate extraordinary ability through sustained acclaim and establish that they will continue working in their area of expertise to benefit the United States.[1]

Unlike many other employment-based immigration categories, the EB-1A visa allows qualified individuals to self-petition without requiring employer sponsorship or labor certification, recognizing that highly accomplished professionals often pursue independent research, entrepreneurship, leadership positions, or collaborations across multiple institutions. As a result, the evaluation extends beyond past achievements to consider the individual's future contributions and the value their expertise is expected to bring to the United States. Accordingly, a well-defined proposed endeavor, supported by a demonstrated record of excellence and a clear plan for continued professional activity, forms an essential component of a successful EB-1A petition.

2 The Petitioner's Profile Vs Criteria for Demonstrating Extraordinary Ability

Dr. Joana Jones has attained a level of professional distinction consistent with individuals who have risen to the very top of the field of gynecologic oncology. Her career reflects sustained achievement across advanced clinical practice, academic medicine, cancer research, scholarly

authorship, and scientific leadership. As a gynecologic oncologist and physician-scientist, she has developed particular expertise in ovarian and uterine malignancies, with research addressing cancer progression, metastatic disease, and resistance to treatment.

Dr. Jones' professional trajectory has been shaped by extensive training in both medicine and cancer science. She initially pursued undergraduate studies in biological sciences and subsequently completed graduate education in a biomedical discipline before earning her Doctor of Medicine degree in Year XXXX, SAMPLE UNIVERSITY, SAMPLE COUNTRY. Following medical school, she completed residency training in obstetrics and gynecology. She additionally earned a PhD in Cancer Biology, through which she developed specialized expertise in the biological processes underlying tumor progression and metastatic disease.

This dual clinical and scientific training established the foundation for Dr. Jones' career as an academic physician-scientist. Following completion of her postgraduate training, she joined the faculty of a SAMPLE academic medical institution, where she combined the treatment of women with gynecologic malignancies with laboratory and translational cancer research. She subsequently assumed progressively greater academic and research responsibilities and developed an independently directed research program focused on ovarian and uterine cancers.

A central focus of Dr. Jones' research has been understanding why gynecologic cancers progress, spread, cure, or become resistant to treatment. Her investigations have examined biological characteristics associated with metastatic progression and therapeutic response, particularly in patients with advanced or recurrent diseases. Her research incorporates patient-derived tumor materials and experimental cancer models, enabling her to investigate clinically relevant questions using complementary laboratory and patient-based evidence.

As Principal Investigator, Dr. Jones has directed research projects examining these challenges and has obtained competitive funding to support her scientific work. Her responsibilities have included establishing research priorities, developing study methodologies, supervising research personnel, coordinating multidisciplinary collaborators, overseeing analysis, and directing the dissemination of findings. This independently led research has complemented her continuing clinical and academic responsibilities within gynecologic oncology.

Dr. Jones has remained actively involved in the clinical treatment of patients throughout her scientific career. Her experience managing ovarian, uterine, and other gynecologic cancers provides an important clinical foundation for her research, particularly her investigations into disease progression and treatment failure. This interaction between clinical practice and scientific investigation enables her to pursue research questions arising from problems encountered directly in the treatment of patients.

She continues to engage in scientific research, scholarly activity, and professional development while preparing to continue her clinical and academic work within the U.S. healthcare and research environment.

To establish extraordinary ability under the EB-1A classification, this petition relies on several regulatory criteria that collectively demonstrate Dr. Jones' **sustained recognition, scientific accomplishments, and standing within the field of gynecologic oncology. Her record reflects achievement not only in specialized medical practice but also in independently directed research, scholarly publication, scientific leadership, and contributions to the advancement of knowledge concerning gynecologic malignancies.**

One of the primary criteria supporting this petition is the **authorship of scholarly articles in professional publications**. Dr. Jones has developed an extensive publication record addressing important questions in gynecologic oncology and cancer biology. Her peer-reviewed work includes studies concerning ovarian and uterine cancers, metastatic progression, treatment resistance, disease recurrence, prognostic factors, and emerging therapeutic approaches. Her research has appeared in respected medical and scientific journals, including XXXXX, and has been disseminated to researchers and clinicians working across oncology and related disciplines.

Her publications reflect the progression of her scientific career from investigator to independently established physician-scientist. Through this body of research, Dr. Jones has contributed scientific findings relevant to understanding disease behavior and improving therapeutic strategies.

This petition also relies on Dr. Jones' **original scientific contributions of major significance**. Among her principal contributions is research advancing the understanding of biological mechanisms associated with metastatic progression and treatment resistance in gynecologic malignancies. Her work has investigated why certain ovarian and uterine tumors continue to progress despite treatment and has helped identify characteristics that may influence tumor behavior and therapeutic response.

Importantly, Dr. Jones has used patient-derived materials and experimental models to investigate these processes in ways that maintain a connection between laboratory findings and clinically observed disease. Her research has generated findings relevant to the development and evaluation of therapeutic strategies for advanced and recurrent gynecologic cancers. The significance of these contributions is further demonstrated through citations by other researchers, continued scholarly attention, and independent expert evaluations recognizing the scientific and clinical relevance of her work.

Dr. Jones satisfies the criterion relating to **the performance of a leading or critical role for distinguished organizations.** Dr. Jones has held significant academic, clinical, and research responsibilities within distinguished medical and research institutions. As a faculty physician and researcher, she has contributed to institutional programs dedicated to the treatment and scientific investigation of gynecologic cancers.

Her responsibilities have extended substantially beyond participation in established research projects. As Principal Investigator, Dr. Jones has led funded scientific investigations, supervised research personnel, coordinated multidisciplinary collaborations, and directed projects from their initial scientific design through publication of the resulting findings.

Another criterion supporting this petition is Dr. Jones' **membership in professional associations** requiring demonstrated professional distinction and achievement. Her professional record has resulted in admission to XXXXX and XXXXX, through which she participates in the broader scientific and clinical community devoted to gynecologic oncology and cancer research.

The petition also relies upon evidence **demonstrating recognition of Dr. Jones' achievements by distinguished experts in gynecologic oncology and cancer research**. Her scientific work has been

presented before professional audiences and evaluated by researchers and physicians with substantial expertise in oncology. Independent experts have recognized the importance of her research concerning metastatic progression, treatment resistance, and the treatment of ovarian and uterine cancers, as well as her broader contributions as a physician-scientist.

Dr. Jones' receipt of competitive research support provides additional context for her scientific standing. Funding awarded for research conducted under her direction has enabled her to establish and advance an independent program of investigation into important problems affecting gynecologic cancer treatment. Her position as Principal Investigator places responsibility for the scientific direction, execution, and outcomes of these projects under her leadership and reflects confidence in her ability to conduct significant cancer research.

Her academic and professional accomplishments are further reinforced by the breadth of her educational preparation. Dr. Jones' medical degree, residency training in obstetrics and gynecology, specialized fellowship training in gynecologic oncology, and PhD in Cancer Biology have provided complementary clinical and scientific expertise. This foundation has enabled her to develop a career encompassing patient care, cancer biology, translational investigation, research leadership, and academic medicine.



2.1 Educational and Professional Background

2.1.1 Academic Foundation and Specialized Training

Dr. Jones began her academic training with undergraduate studies in Biological Sciences at Sample University, where she developed a strong foundation in cellular biology, genetics, and human physiology. Seeking additional preparation for a career integrating medicine and biomedical research, she subsequently completed graduate-level studies in Biomedical Sciences at Sample University, with coursework emphasizing physiology, disease mechanisms, and experimental research.

In Year XXXX, Dr. Jones earned her Doctor of Medicine (M.D.) degree from Sample University School of Medicine. Her medical education provided comprehensive training across the major clinical disciplines and strengthened her interest in women's health, cancer medicine, and the biological processes underlying malignant disease.



Following medical school, Dr. Jones completed residency training in Obstetrics and Gynecology at Sample University Medical Center. During this period, she gained extensive experience in women's reproductive health, gynecologic surgery, and the diagnosis and management of complex gynecologic conditions. Her growing involvement with patients affected by reproductive cancers led her to pursue further specialization in gynecologic oncology.

Dr. Jones subsequently completed a fellowship in Gynecologic Oncology at Sample University Medical Center, where she received advanced training in the diagnosis, surgical and systemic treatment, and multidisciplinary management of ovarian, uterine, and other gynecologic malignancies. Her fellowship also provided significant exposure to clinical research and the investigation of challenging cases involving advanced, recurrent, and treatment-resistant disease.

To complement her clinical expertise with advanced scientific training, Dr. Jones earned a Ph.D. in Cancer Biology from Sample University. Her doctoral research focused on mechanisms involved in the progression and metastatic spread of gynecologic cancers, with particular attention to biological changes associated with aggressive disease. Through this work, she developed advanced expertise in experimental cancer research, tumor biology, and the use of laboratory models to investigate clinically relevant questions.

Her doctoral training became an important foundation for her subsequent research involving ovarian and uterine cancers. Dr. Jones expanded this work through the use of experimental systems and patient-derived materials to investigate tumor progression, metastatic behavior, recurrence, and resistance to treatment. This training enabled her to approach questions arising from clinical practice through rigorous scientific investigation while maintaining a clear connection between experimental findings and challenges encountered in patient care.

Following completion of her specialized clinical and scientific training, Dr. Jones pursued an academic career combining patient care, research, and medical education. She held faculty and research appointments at distinguished medical institutions, where she treated patients with gynecologic malignancies while developing an independent program of cancer research. Over time, she assumed increasing responsibility for the design and direction of scientific investigations and served as Principal Investigator on competitively funded research projects involving ovarian and uterine cancers.

Beyond her formal degrees, Dr. Jones has continued to expand her expertise through specialized training in clinical research methodology, Good Clinical Practice (GCP), cancer therapeutics, research ethics, patient safety, and the conduct of clinical studies. She has also participated in advanced scientific and professional programs related to gynecologic oncology and cancer research.

2.1.2 Professional Experience and Clinical Leadership

Throughout her career, Dr. Jones has combined specialized clinical practice in gynecologic oncology with academic research and scientific leadership, assuming progressively greater responsibilities in patient care and cancer research.

Following completion of her residency and fellowship training, Dr. Jones joined Sample University Medical Center as a Gynecologic Oncologist and faculty physician. She treated patients with ovarian, uterine, and other gynecologic malignancies, including advanced and recurrent disease, while participating in multidisciplinary treatment planning and academic research.

Building upon her PhD training in Cancer Biology in Year XXXX, Dr. Jones simultaneously developed research focused on tumor progression, metastatic disease, and factors influencing treatment response. Her early faculty work established the foundation for an independent research program addressing clinically significant challenges in gynecologic oncology.

Dr. Jones subsequently joined Sample Academic Cancer Center in Year XXXX, a distinguished institution dedicated to cancer treatment and research, where she assumed expanded responsibilities as a Gynecologic Oncologist and Principal Investigator. Her clinical work focused particularly on ovarian and uterine cancers, while her research investigated mechanisms associated with metastatic progression and treatment resistance.

As Principal Investigator, Dr. Jones has led competitively funded research using patient-derived tumor materials, experimental cancer models, and clinical data from Year XXXX to Year XXXX. She has defined research objectives, supervised research personnel, coordinated multidisciplinary collaborators, and directed projects from experimental design through analysis and publication.

Dr. Jones has also participated in clinical research evaluating treatments for ovarian and uterine cancers, including XXXX and XXXX. Her involvement has allowed clinical observations and patient-derived specimens to inform complementary laboratory investigations, further strengthening the connection between her scientific research and patient care.

As her career progressed, Dr. Jones assumed broader academic and research leadership responsibilities. In addition to directing her own research program, she has mentored physicians and researchers, contributed to institutional cancer research initiatives, and collaborated with specialists across oncology, pathology, and cancer biology. Her findings have been disseminated through peer-reviewed publications and presentations before professional audiences.

2.1.3 Scholarly Activity and International Engagement

An important component of Dr. Jones' professional profile is her extensive contribution to scientific literature. Throughout her academic career, she has authored and co-authored XX peer-reviewed publications addressing gynecologic oncology and cancer biology, with particular emphasis on ovarian and uterine cancers, metastatic progression, treatment resistance, and therapeutic approaches. Her research has appeared in Sample Medical Journals and has contributed to the broader scientific understanding of the biological processes that influence disease progression and treatment response.

Dr. Jones' research has been cited by independent investigators in the United States and internationally XXX times. Researchers have referenced her findings in studies examining metastatic mechanisms, recurrent disease, treatment resistance, tumor biology, and potential therapeutic strategies for gynecologic malignancies. This continued reliance on her work demonstrates that her research has contributed to scientific inquiry beyond the institutions and research teams with which she has been directly affiliated.

Her scholarly work is closely connected to her independently directed research program. As Principal Investigator on funded research projects, Dr. Jones has investigated clinically significant questions involving ovarian and uterine cancers using patient-derived materials, experimental cancer models, and complementary clinical data. Findings generated through these investigations have supported peer-reviewed publications and provided a scientific basis for continued research into the progression and treatment of difficult-to-treat gynecologic cancers.

Beyond publication, Dr. Jones has presented her research at national and international scientific meetings, where she has shared findings concerning gynecologic cancer progression, treatment response, and emerging therapeutic approaches with physicians and researchers. Her participation in these forums reflects her continued engagement in the exchange and advancement of scientific knowledge within gynecologic oncology.

Dr. Jones has further maintained active involvement in Sample Professional Organizations dedicated to gynecologic oncology, cancer research, and related disciplines, including SAMPLE, SAMPLE, SAMPLE. Through these organizations, scientific conferences, and specialized

professional programs, she has remained engaged with developments in cancer research and clinical practice while collaborating with professionals across oncology and biomedical research.

2.1.4 Certifications and Employment Letters

Between Year XXXX and Year XXXX, she completed additional training addressing investigator responsibilities, protocol compliance, patient safety, informed consent, research documentation, and the appropriate collection and use of clinical and biological materials. These qualifications have supported her subsequent responsibilities as a Principal Investigator and physician-scientist conducting research involving ovarian and uterine cancers, patient-derived materials, and clinical data.

Dr. Jones has continued to expand her expertise through specialized programs in gynecologic oncology, cancer biology, clinical research, and emerging therapeutic approaches. Most recently, in Year XXXX, she completed advanced professional training in XXXXX, further strengthening her knowledge of contemporary approaches to cancer research and treatment.

Dr. Jones' professional record is further substantiated by employment and appointment letters from Sample University Medical Center, Sample Academic Cancer Center, and other distinguished academic and research institutions. These records document her faculty and clinical appointment at Sample University Medical Center from Year XXXX to Year XXXX, followed by her appointment at Sample Academic Cancer Center beginning in Year XXXX.

The documents confirm her progression from specialized clinical and academic practice to increasingly significant responsibilities in cancer research. They document her work as a Gynecologic Oncologist, faculty physician, researcher, and Principal Investigator, including responsibilities for patient care, research design, supervision of research personnel, multidisciplinary collaboration, and leadership of funded scientific projects.

The employment and appointment records therefore provide objective evidence of Dr. Jones' sustained professional advancement and the significant responsibilities entrusted to her by distinguished institutions. Considered alongside her academic credentials, publications, funded

research, and scientific contributions, these records demonstrate the continued development of her career as an established physician-scientist in gynecologic oncology.

2.1.5 Independent Recognition by Experts

Dr. Joana Jones' professional accomplishments have been independently recognized by respected physicians, researchers, and healthcare professionals who have observed her work in clinical, academic, and research settings. Their recommendations consistently portray her as a physician whose expertise extends beyond routine medical practice, highlighting her scientific curiosity, clinical judgment, technical proficiency, and commitment to advancing patient care.

Xxxxx, Year XXXX

Having collaborated with Dr. Jones on oncology research, Dr. XXX emphasizes her ability to translate scientific findings into meaningful clinical applications. He describes Dr. Jones as an analytical researcher with a strong understanding of oncology whose work contributes to the advancement of personalized cancer treatment. The recommendation also highlights her collaborative approach, commitment to scientific inquiry, and potential to make lasting contributions within academic medicine.

Xxxxx, Year XXXX

This person focuses on Dr. Jones' combination of clinical excellence and research expertise. Drawing on years of professional interaction, he notes her ability to manage complex oncologic cases while actively contributing to scientific innovation. He considers her work in translational oncology to be particularly valuable, recognizing her as a physician capable of advancing both clinical practice and cancer research.

Xxxxx, Year XXXX

As a fellow specialist, Dr. XXXX highlights Dr. Jones' professionalism, surgical competence, and patient-centered approach to care. She notes that Dr. Jones consistently demonstrates sound clinical judgment, embraces modern treatment techniques, and works effectively within multidisciplinary oncology teams. Her recommendation reflects confidence in Dr. Jones' ability to deliver high-quality care while continuously seeking opportunities to improve treatment outcomes.

Xxxxx, Year XXXX

Dr. XXXX provides an independent perspective on Dr. Jones' transition into the U.S. healthcare system. She commends her professionalism, adaptability, and compassionate approach to patient care, noting that she quickly earned the confidence of both colleagues and patients. The recommendation underscores Dr. Jones' ability to apply her extensive medical background effectively within a new healthcare environment while maintaining exceptional standards of care.

Xxxxx, Year XXXX

As Dr. Jones' supervisor in the United States, Mr. XXXX describes her as a highly experienced medical professional whose knowledge and initiative consistently exceed the expectations of her current role. He notes that her prior physician experience allows her to contribute meaningfully to clinical operations, support colleagues, and improve workflow efficiency. His recommendation reflects confidence in her ability to successfully transition back into physician-level practice within the United States.

3 Endeavor

Upon obtaining authorization to continue her professional career in the United States, Dr. Joana Jones intends to advance the understanding and treatment of ovarian and uterine cancers through an integrated program of clinical practice and translational cancer research focused on disease progression, metastasis, and treatment resistance. Her endeavor will combine her expertise as a gynecologic oncologist with her scientific background in cancer biology to investigate clinically significant mechanisms of aggressive and treatment-resistant disease and support the development of more effective therapeutic approaches.

Dr. Jones' proposed work represents a direct continuation of the field in which she has established her career. Her medical training, PhD research, clinical practice, independently led research, and scholarly activities have centered on gynecologic malignancies and the biological processes affecting their progression and treatment. In the United States, she intends to expand

this work within academic and research environments that provide access to multidisciplinary expertise, patient populations, clinical studies, and advanced cancer research infrastructure.

Her long-term objective is to improve therapeutic approaches for women with advanced, recurrent, and treatment-resistant ovarian and uterine cancers. Her work will examine how tumors progress, spread, and adapt to treatment and how these findings can be used to identify and evaluate potential therapeutic strategies.

Planned Activities

Dr. Jones intends to continue practicing in gynecologic oncology, providing specialized care to women with ovarian, uterine, and other gynecologic malignancies. Her clinical activities will include the management of complex and recurrent cancers and participation in multidisciplinary treatment planning involving surgical, medical, pathological, and other oncology specialties.

In parallel, she intends to lead and collaborate on translational research investigating mechanisms associated with metastatic progression and treatment resistance. Building upon her prior work, Dr. Jones plans to use patient-derived tumor materials, experimental cancer models, and complementary clinical data to examine differences in tumor behavior and treatment response.

Dr. Jones also intends to pursue independently and collaboratively funded research addressing ovarian and uterine cancers. As a Principal Investigator, she plans to develop research questions, oversee experimental studies, coordinate multidisciplinary collaborators, mentor research personnel, and disseminate findings through peer-reviewed publications and scientific presentations.

Clinical research will represent another component of her endeavor. Dr. Jones intends to participate in studies evaluating therapeutic approaches for advanced and treatment-resistant gynecologic cancers and to use findings and biological materials generated through clinical research to support complementary laboratory investigation. This approach will allow observations from patient care to inform scientific research and relevant laboratory findings to guide subsequent therapeutic investigation.

She will additionally contribute to physician and researcher education through mentorship, academic collaboration, publications, conference presentations, and other professional activities related to gynecologic oncology and cancer research.

Progress Toward the Endeavor

Dr. Jones has already established the scientific and professional foundation necessary to pursue this endeavor. Her PhD training in Cancer Biology, specialized clinical training in gynecologic oncology, research involving cancer progression and metastasis, experience with patient-derived research materials, and subsequent development of independently directed research have prepared her to continue this work in the United States.

Her prior service as a Principal Investigator on funded research projects further demonstrates that the proposed endeavor is not a newly conceived professional direction. Rather, it represents the continuation and expansion of research and clinical activities she has already undertaken throughout her academic career.

Target Patients and Beneficiaries

The principal beneficiaries of Dr. Jones' endeavor will be women affected by ovarian and uterine cancers, particularly patients with advanced, recurrent, metastatic, or treatment-resistant disease. These patients continue to face significant therapeutic challenges when existing treatments fail to produce durable responses or cancers recur following initial treatment.

Her work will also benefit academic medical centers, cancer research institutions, physicians, researchers, and multidisciplinary oncology teams by generating scientific knowledge concerning disease progression and treatment resistance and supporting the investigation of potential therapeutic approaches.

Through the integration of clinical observation, patient-derived research, experimental cancer models, and collaborative clinical studies, Dr. Jones intends to contribute to a stronger understanding of difficult-to-treat gynecologic malignancies and to help translate that knowledge into research relevant to future cancer therapies.

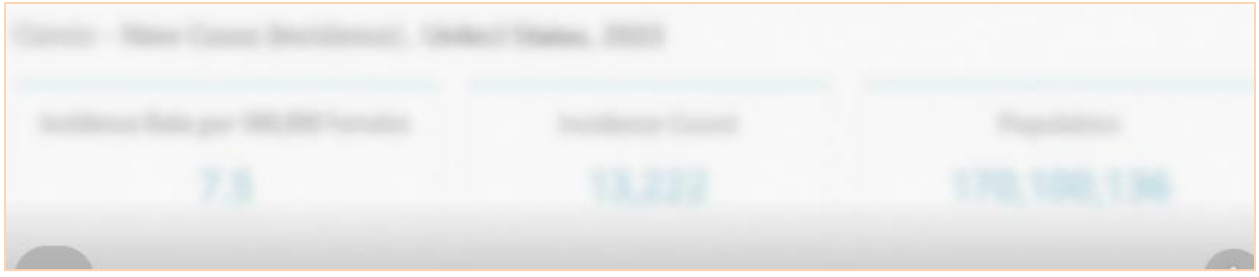
4 The Petitioner's Contributions to U.S National Interests

4.1 Addressing Critical Challenges in Gynecologic Oncology



Gynecologic cancers continue to present a significant public health challenge in the United States despite decades of progress in cancer prevention, diagnosis, and treatment. Collectively, cancers of the uterus, ovaries, cervix, vulva, and vagina account for well over XXX new diagnoses annually, while tens of thousands of women lose their lives to these diseases each year. Although advances in surgery, systemic therapies, and diagnostics have improved outcomes for many patients, gynecologic malignancies remain among the leading causes of cancer-related morbidity and mortality in women.

According to the Sample Source[1] approximately XXXX women are expected to be diagnosed with ovarian cancer in 2025, while XXXX are projected to die from the disease, making it the most common gynecologic malignancy in the United States. Even more concerning, incidence rates have continued to increase over the past decade, while mortality has risen by approximately XX% annually, making endometrial cancer one of the few major cancers for which death rates continue to climb.



[1] Source

Ovarian cancer, while less common, remains the deadliest gynecologic malignancy because it is frequently diagnosed at an advanced stage. The XXX[2] estimates XXX new ovarian cancer cases and approximately XXXX deaths in the United States during 2025, illustrating the disease's disproportionately high fatality rate. Similarly, the Sample Institute reports that approximately XXXXX women develop cervical cancer each year, with roughly XXXX deaths annually, despite the fact that many cervical cancers are preventable through screening and HPV vaccination.[3]

Beyond the overall disease burden, significant disparities persist across patient populations. Research demonstrates that Black women experience substantially poorer outcomes from endometrial cancer than other demographic groups, with higher mortality rates that cannot be explained solely by differences in access to care or socioeconomic factors.[4] These disparities reflect a complex interaction of tumor biology, delayed diagnosis, healthcare access, and treatment variability, further emphasizing the need for physicians capable of integrating advanced diagnostics with individualized treatment planning.

The economic impact of gynecologic cancers is equally substantial. Cancer remains one of the most expensive diseases treated within the U.S. healthcare system, with oncology expenditures reaching hundreds of billions of dollars annually through direct medical costs, hospitalizations, surgical procedures, systemic therapies, long-term surveillance, and productivity losses. As incidence continues to rise and survivors require increasingly complex long-term management, improving diagnostic accuracy and optimizing treatment selection have become important strategies for improving outcomes while reducing unnecessary healthcare utilization.

Despite remarkable scientific advances, gynecologic cancers remain clinically challenging because patients with seemingly similar diagnoses often experience markedly different disease progression, treatment responses, and long-term outcomes. Traditional clinicopathologic factors alone frequently cannot predict which patients will benefit from aggressive therapy, which may safely avoid overtreatment, or which are at greatest risk for recurrence. Consequently, modern gynecologic oncology increasingly depends on molecular characterization, biomarker-driven risk

[2] Source
[3] Source
[4] Source

assessment, and precision medicine approaches that allow treatment decisions to be tailored to the biological characteristics of each patient's disease rather than relying solely on conventional staging systems.

These evolving challenges require physicians who combine specialized clinical expertise with research capable of improving individualized cancer care—precisely the combination of experience that defines Dr. Joana Jones' professional career.

4.2 Advancing Treatment for Difficult-to-Treat Gynecologic Cancers

Ovarian and uterine cancers represent a substantial and continuing healthcare challenge in the United States, particularly when disease becomes advanced, recurrent, or resistant to treatment. In XXXX alone, approximately XXXXX women are expected to be diagnosed with uterine cancer and XXXXX to die from the disease, while ovarian cancer is expected to account for another XXXXX diagnoses and XXXXX deaths. Together, these malignancies are therefore projected to affect nearly XXXXX women and cause approximately XXXXX deaths in a single year.

The clinical challenge becomes particularly pronounced when cancer spreads beyond its original site. Although the five-year relative survival rate for localized cancer is approximately XX%, it falls to only 22% for distant-stage disease. This substantial difference demonstrates the continuing need for improved treatment options for women with aggressive and metastatic uterine cancers.

Ovarian cancer presents a similarly significant challenge. Despite advances in treatment, it remains one of the leading causes of cancer death among women. Approximately XXXXX new cases and XXXX deaths are expected in the United States in XXXX. These figures underscore the importance of continued investigation into advanced disease, recurrence, treatment resistance, and new therapeutic strategies.

Addressing these challenges requires research that extends from laboratory investigation to clinical application. Translational and preclinical research using patient-derived tumor materials, experimental cancer models, clinical information, and specimens obtained through clinical studies can help researchers investigate why tumors progress, spread, or stop responding to

treatment. These approaches can also support the identification and evaluation of potential therapeutic strategies before and alongside their investigation in patients.

Clinical trials represent another essential component of this process. They provide the framework through which emerging treatments, including targeted therapies, immunotherapies, and combination approaches, can be systematically evaluated. This research is particularly important for patients with recurrent and treatment-resistant cancers, for whom available therapeutic options may become progressively more limited.

Dr. Jones' professional background directly supports this area of need. As a gynecologic oncologist and physician-scientist with a PhD in Cancer Biology, she has combined patient care with translational and preclinical research involving ovarian and uterine cancers. Her experience includes research involving metastatic disease, treatment resistance, patient-derived materials and experimental models, participation in clinical research, and leadership of funded projects as a Principal Investigator.

4.3 Accelerating Clinical Research and Evidence-Based Cancer Care

The advancement of cancer care depends not only on scientific discovery, but also on the successful translation of research findings into clinical practice. While laboratory research provides critical insights into cancer biology, meaningful improvements in patient outcomes occur only when new knowledge is rigorously evaluated through clinical research and ultimately incorporated into evidence-based treatment protocols. Physician-scientists play a vital role in this process by bridging the gap between scientific innovation and patient care, ensuring that research findings are transformed into practical advances that improve diagnosis, treatment, and long-term outcomes.

Clinical trials represent the foundation of this translational pathway. According to the Sample Source[5], more than XXXXX cancer clinical trials are currently registered in the United States, investigating novel therapies, surgical techniques, diagnostic approaches, biomarkers, and supportive care interventions across virtually every cancer type. These studies are essential for

[5] Source

establishing the safety and effectiveness of new treatments and continuously refining standards of care. However, the successful execution of clinical research depends heavily on physicians who possess both specialized clinical expertise and the scientific background necessary to design studies, recruit appropriate patients, interpret complex findings, and apply new evidence responsibly in clinical practice.

The integration of genomic profiling, biomarker discovery, and targeted therapies has created new opportunities to personalize treatment, but also requires clinicians capable of evaluating emerging evidence and incorporating these innovations into routine patient care. As scientific knowledge expands rapidly, physician-scientists serve as a critical link between research laboratories, multidisciplinary cancer centers, and individual patients.[6]

As cancer treatment continues to evolve at an unprecedented pace, the need for physician-scientists capable of connecting research with patient care will continue to grow. Through her ongoing contributions to clinical research, scientific publication, multidisciplinary collaboration, and evidence-based practice, Dr. Jones is well positioned to support the continued advancement of gynecologic oncology while helping ensure that scientific innovation translates into measurable improvements in patient outcomes.

4.4 Improving Women's Health Outcomes

Improving women's health has become a major public health priority in the United States as the number of women living with and beyond cancer continues to increase. According to Sample Source[7], approximately XX.X million cancer survivors were living in the United States as of January 1, 2025, and this population is projected to exceed XX million by 2035. Among women, uterine cancer is now the second most prevalent cancer survivor population, with an estimated XXX XXXX women living with a previous diagnosis in 2025. This number is expected to approach X.X million women by 2035, highlighting the growing need for specialized survivorship care and long-term disease management.

[6] Source
[7] Source



While survival rates continue to improve, many women face complex health challenges that extend well beyond the completion of treatment. Survivors of gynecologic cancers often require long-term monitoring for disease recurrence, management of treatment-related complications, psychosocial support, and coordinated multidisciplinary follow-up. Consequently, national oncology organizations increasingly recognize survivorship care as an essential component of comprehensive cancer management rather than simply the conclusion of treatment. [8]

Early diagnosis remains one of the most important determinants of successful treatment outcomes. For example, women diagnosed with localized ovarian cancer have a substantially better prognosis than those diagnosed after the disease has spread, and it continues to have one of the highest mortality rates among malignancies because nearly XX% of patients are diagnosed at an advanced stage, when treatment options become more limited and survival rates decline significantly. [9] These clinical realities continue to drive research aimed at improving risk

[8] Source
[9] Source

assessment, earlier detection, and more accurate diagnostic approaches through biomarker development.

Modern gynecologic oncology has also shifted toward individualized management, recognizing that patients with similar tumor stage and histologic findings may have markedly different biological characteristics and clinical outcomes. Treatment decisions increasingly incorporate molecular classification, patient comorbidities, reproductive goals, and predicted treatment response in order to maximize therapeutic effectiveness while minimizing unnecessary toxicity. Personalized treatment strategies can reduce overtreatment, improve quality of life, and better allocate healthcare resources by matching the intensity of therapy to the individual patient's risk profile.

Preserving reproductive health has likewise become an increasingly important consideration for many women diagnosed during their reproductive years. Recognizing this need, Sample Source[10] updated its national clinical practice guidelines in 2025 to recommend that fertility preservation discussions occur not only at diagnosis, but also throughout survivorship care, reflecting the growing emphasis on maintaining long-term quality of life in addition to achieving cancer control. The updated guideline was based on a systematic review of XXX scientific studies, underscoring the expanding evidence supporting fertility preservation as an integral component of comprehensive oncology care. [11]

As the number of women living after gynecologic cancer continues to increase, improving survivorship has become just as important as improving survival itself. This includes reducing recurrence, minimizing treatment-related morbidity, preserving physical and reproductive health whenever clinically appropriate, and supporting patients through long-term surveillance and follow-up. Physicians with expertise in both gynecologic oncology and translational research are particularly well positioned to advance these objectives by integrating emerging scientific evidence into individualized patient management.

[10] Source
[11] Source

4.5 Supporting U.S. Healthcare Priorities

The proposed endeavor closely aligns with several long-standing national healthcare and research priorities established by the United States government. Federal agencies, including the XXXXX, continue to prioritize reducing the burden of cancer through earlier detection, precision medicine, expanded clinical research, and the development of more effective, individualized treatments. As cancer remains the second leading cause of death in the United States, improving prevention, diagnosis, treatment, and survivorship continues to represent a major national objective.[12]

One of the most significant federal initiatives is the Sample Initiative[13], relaunched in 2022 with the ambitious goal of reducing the cancer death rate by at least xx% over the next 25 years while improving the lives of individuals living with and surviving cancer. The initiative supports research that accelerates early detection, expands access to innovative therapies, enhances data sharing, increases participation in clinical trials, addresses disparities in cancer care, and improves survivorship outcomes. These priorities directly correspond with advances in precision oncology and translational research, where physician-scientists play an essential role in transforming scientific discoveries into improved patient care.

The Sample Institute similarly identifies precision oncology, biomarker development, characterization of tumors, immunotherapy, and translational science among its highest research priorities.[14] Through its extensive network of research institutions and Sample Centers, the Institute supports multidisciplinary research that seeks to understand the biological mechanisms underlying cancer and translate these discoveries into safer, more effective, and increasingly personalized treatment strategies. In 2025, Congress appropriated approximately $XXX billion to the Sample Institute, making it the world's largest public funder of cancer research and reflecting the continued national commitment to accelerating scientific progress against cancer.[15]

[12] Source
[13] Source
[14] Source
[15] Source

Precision medicine has likewise become a cornerstone of federal biomedical research. The Sample Program, one of the largest precision medicine initiatives in history, has enrolled more than one million participants across the United States to better understand how genetics, lifestyle, environmental exposures, and other biological factors influence disease risk and treatment response. The program seeks to generate scientific evidence that supports increasingly individualized healthcare, including more precise approaches to cancer prevention and treatment.[16]

Women's health has also emerged as an increasingly important national research priority. In 2023, the White House launched the Sample Initiate, followed by a $XXX million commitment from the SAMPLE Agency to accelerate innovation in women's health research. The initiative recognizes that conditions disproportionately affecting women have historically been underrepresented in biomedical research and seeks to improve prevention, diagnosis, treatment, and long-term health outcomes through expanded scientific investment. Gynecologic cancers represent a critical area within this broader effort, given their significant impact on morbidity, mortality, fertility, and quality of life for hundreds of thousands of women each year.[17]

Dr. Joana Jones' proposed endeavor directly supports these national priorities. Her work focuses on improving the understanding of gynecologic malignancies, advancing precision medicine, contributing to translational cancer research, and improving individualized treatment strategies for women with gynecologic cancers. Through continued clinical practice, scientific research, multidisciplinary collaboration, and publication, she will contribute to the broader national objective of accelerating the adoption of evidence-based, personalized oncology while supporting ongoing federal efforts to reduce the burden of cancer across the United States.

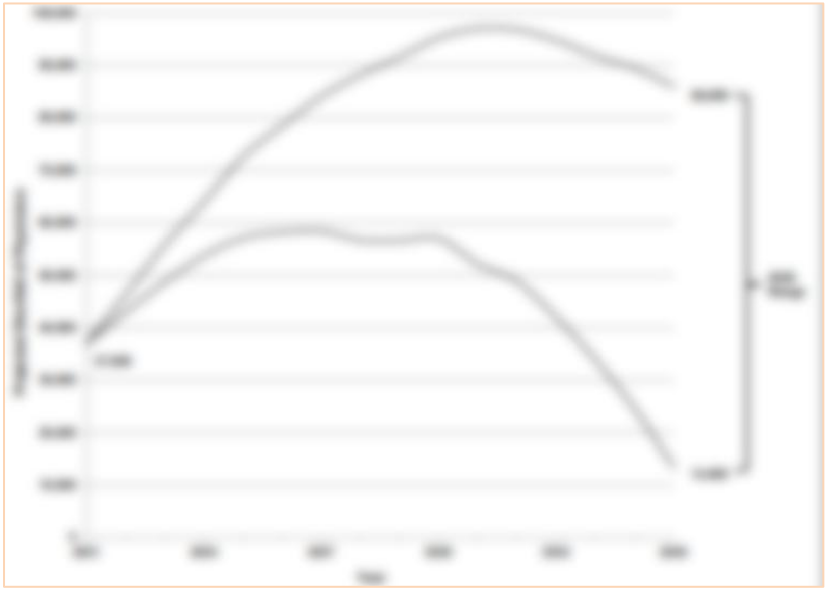
4.6 Strengthening the U.S. Oncology Workforce

The continued advancement of cancer care in the United States depends not only on scientific innovation but also on maintaining a highly specialized oncology workforce capable of translating emerging discoveries into clinical practice. As cancer incidence rises alongside an aging

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population, the demand for physicians with advanced subspecialty expertise continues to grow. At the same time, rapid progress in molecular diagnostics, genomics, precision medicine, and targeted therapies has significantly increased the complexity of oncology practice, requiring clinicians who possess both specialized clinical knowledge and a strong foundation in biomedical research.

The United States is projected to face substantial physician workforce challenges over the coming decade. According to the Sample Source[18], the nation could experience a shortage of up to XXXXX physicians by 2036, including shortages among medical specialists responsible for caring for patients with complex diseases such as cancer. Simultaneously, the number of newly diagnosed cancer cases is expected to increase as the U.S. population ages, placing additional pressure on oncology services and emphasizing the importance of maintaining a workforce equipped to deliver increasingly sophisticated, evidence-based care.



Beyond workforce capacity, the oncology profession is undergoing a fundamental transformation driven by advances in precision medicine. Physicians are now expected to interpret complex genomic testing, evaluate biomarkers, integrate rapidly evolving clinical evidence, and collaborate across multiple specialties to develop individualized treatment strategies. This expanding scope of practice has increased the value of physician-scientists who combine direct

[18] Source

patient care with active engagement in clinical and translational research, allowing scientific discoveries to be incorporated into routine clinical decision-making more efficiently.

Multidisciplinary collaboration has become the standard of care in modern oncology. Patients with gynecologic malignancies are routinely managed by teams consisting of gynecologic oncologists, medical oncologists, radiation oncologists, pathologists, molecular geneticists, radiologists, surgeons, reproductive specialists, and supportive care providers. Physician-scientists play a central role within these teams by interpreting emerging research, facilitating clinical trials, contributing to evidence generation, and helping translate scientific advances into practical treatment strategies that improve patient outcomes.[19]

In addition to providing specialized patient care, experienced physician-scientists contribute to the long-term strength of the oncology workforce through mentorship, education, and professional collaboration. By training residents, fellows, junior physicians, and research personnel, they help disseminate evolving clinical knowledge and promote the adoption of evidence-based practices across healthcare institutions. This transfer of expertise is particularly important in rapidly evolving fields such as gynecologic oncology, where advances in precision diagnostics and targeted therapies continue to reshape standards of care.

Ultimately, strengthening the nation's oncology workforce requires more than increasing the number of practicing physicians; it requires expanding the pool of clinicians capable of leading scientific innovation, participating in multidisciplinary research, and implementing increasingly sophisticated approaches to personalized cancer treatment. Dr. Jones' proposed endeavor directly supports these objectives by combining specialized clinical expertise with translational research focused on improving outcomes for women with gynecologic malignancies.

4.7 Broader Scientific and Economic Contributions

The proposed endeavor is expected to generate benefits that extend beyond individual patient care by strengthening the United States' biomedical research ecosystem, supporting continued innovation in precision oncology, and contributing to the long-term efficiency and sustainability

[19] Source

of cancer care. Scientific advancement in oncology relies on the continuous interaction between clinical practice and research, where physician-scientists not only deliver specialized treatment but also generate new knowledge, disseminate best practices, and facilitate the adoption of emerging medical innovations across healthcare institutions.

Research productivity represents one of the principal drivers of medical progress. Peer-reviewed publications, clinical investigations, and multidisciplinary collaborations enable physicians to share findings that influence future research, inform clinical guidelines, and improve standards of care both nationally and internationally. The Sample Survey[20] has consistently recognized scientific collaboration and the dissemination of research findings as essential mechanisms for accelerating biomedical innovation and improving public health outcomes. In oncology, where advances in molecular biology and precision medicine continue to evolve rapidly, the timely exchange of scientific evidence is particularly important for ensuring that new discoveries translate into improved patient care.

The proposed endeavor also contributes to the broader research enterprise through participation in multidisciplinary collaboration. Modern cancer research increasingly depends upon integrated teams composed of clinicians, molecular biologists, geneticists, pathologists, bioinformaticians, epidemiologists, and other specialists working together to address increasingly complex scientific questions. Physician-scientists serve as a critical bridge between laboratory discoveries and clinical implementation by identifying relevant research questions, interpreting findings within a clinical context, and facilitating the incorporation of scientific advances into routine oncology practice.

Beyond scientific advancement, improvements in personalized cancer treatment can generate meaningful economic benefits for the U.S. healthcare system. Precision medicine seeks to match patients with therapies that are most likely to be effective based on the biological characteristics of their disease, reducing ineffective treatments, minimizing avoidable adverse events, and supporting more efficient use of healthcare resources. Earlier and more accurate treatment selection may decrease unnecessary diagnostic procedures, reduce hospitalization associated

[20] Source

with treatment complications, and improve long-term disease management, thereby contributing to more efficient healthcare delivery while improving patient outcomes.

The proposed endeavor further supports the development of future scientific and clinical expertise through professional collaboration, education, and mentorship. Experienced physician-scientists play an important role in training residents, fellows, junior investigators, and multidisciplinary healthcare teams, helping disseminate emerging scientific knowledge and promoting the adoption of evidence-based practices across academic medical centers and healthcare institutions. These contributions create lasting institutional benefits by strengthening research capacity and supporting continued innovation beyond any single project or publication.

5 Concluding Statement on Extraordinary Ability and U.S. Benefit

Dr. Joana Jones intends to continue working in her established field of gynecologic oncology as a physician-scientist specializing in ovarian and uterine cancers, particularly advanced, recurrent, metastatic, and treatment-resistant diseases. Her work combines specialized patient care with translational and preclinical research, clinical investigation, and the evaluation of emerging therapeutic approaches. This represents a direct continuation of the career she has developed through advanced medical training, a PhD in Cancer Biology, academic clinical practice, and independently directed research.

As a gynecologic oncologist, she has treated patients with complex gynecologic malignancies. As a Principal Investigator, she has led research examining cancer progression, metastasis, treatment resistance, and potential therapeutic approaches using patient-derived tumor materials, experimental cancer models, clinical data, and multidisciplinary collaborations.

Her record further demonstrates accomplishments relevant to the EB-1A classification. Dr. Jones has authored numerous peer-reviewed publications that have been cited by independent investigators and presented her findings before professional audiences. She has also served as Principal Investigator on competitively funded research, directing projects from study design

through publication, supervising research personnel, and coordinating multidisciplinary collaborators. Her participation in clinical research evaluating treatments for ovarian and uterine cancers further demonstrates her ability to connect scientific investigation with patient care.

Her continued work in the United States will benefit both cancer research and clinical care. Approximately XXXXX new cases of uterine and ovarian cancer are expected in the United States in XXXX, with approximately XXXXX deaths projected from these diseases[21]. Dr. Jones' experience addressing cancer progression, metastatic disease, and treatment resistance is directly relevant to the continuing need for improved therapies, particularly for patients with advanced and recurrent cancers.

Beyond her individual research and clinical activities, Dr. Jones intends to contribute to clinical studies, multidisciplinary research programs, scientific publication, and the mentorship of physicians and researchers.

Taken as a whole, Dr. Jones' career reflects sustained achievement across clinical gynecologic oncology, cancer biology, translational research, funded scientific investigation, scholarly authorship, and research leadership. Her original contributions, publications and independent citations, leadership as a Principal Investigator, and significant responsibilities at distinguished institutions support her standing as an individual of extraordinary ability and demonstrate the value of her continued work in the United States.



[21] Source