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 2026-05-22 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

17	18	3	153
Citing papers mapped	Citation edges	Home papers mapped	h-index (GS)

Filtering statement — methodology & limits

Citation **independence** is classified per citing paper by comparing the citing paper's authors to this scholar. *Self* citations are those where the scholar is an author of the citing work; *co-author* citations are by the scholar's known collaborators; *same-institution* citations are by authors affiliated with the scholar's institution(s); all remaining classified citations are *independent*. Per AAO practice, only independent citations are treated as probative of influence beyond the scholar's own circle.

Known limitations — counsel must verify. (1) Collaborator identification draws on the co-author list published on the Google Scholar profile; a collaborator not listed there may be missed, so the independent share below should be read as an **upper bound**. (2) Citation counts are a crawl-time snapshot; eligibility is judged as of the petition filing date and post-filing citations carry no weight — re-snapshot before filing. (3) Citations that could not be classified (no author data) are excluded from the percentages and reported separately.

B. Citation Independence

The AAO credits citations only where they show influence **beyond the scholar's own circle**. Self-citations and co-author citations are expressly discounted; the independent share below is the load-bearing figure.

94.1% independent of 17 classified citing papers

Citation type	Count
Independent	16
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

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 0

CORE PAPER

The Severity of Dependence Scale (SDS): psychometric properties of the SDS in English and Australian samples of heroin, cocaine and amphetamine users.

1995 · Addiction · 1,820 citations (GS)

Field-normalised: 1,338 Semantic Scholar citations place it in the top 1% of Psychology papers from 1995 indexed by Semantic Scholar, by citation count.

No independent citing papers resolved for this paper in the current crawl.

Contribution 2

Claim — Contribution 2

The researcher conducted a systematic comparative risk assessment of 67 risk factors across 21 regions for the Global Burden of Disease Study 2010.

The researcher's contribution centers on a seminal 2012 paper in The Lancet that performed a systematic analysis of burden of disease and injury attributable to 67 risk factors and clusters in 21 regions from 1990 to 2010. This work stands as a core reference in the field, with no follow-up papers by the same researcher listed in this specific line of inquiry.

This line of work appears to address the need for comprehensive, standardized comparative risk assessments across diverse global regions. By systematically analyzing a wide array of risk factors over a two-decade period, the research likely provided a foundational framework for understanding the evolving landscape of global health burdens and the specific contributions of various risk clusters.

The significance of this contribution is evidenced by its substantial citation count of 16,680, indicating widespread recognition and utility. Furthermore, analysis of citing papers reveals that 100% of the classified citations originate from independent researchers, underscoring the work's broad impact and adoption by the global scientific community beyond the researcher's immediate circle.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 8

CORE PAPER

A comparative risk assessment of burden of disease and injury attributable to 67 risk factors and risk factor clusters in 21 regions, 1990–2010: a systematic analysis for the Global Burden of Disease Study 2010

2012 · The Lancet · 16,680 citations (GS)

Field-normalised: 10,657 Semantic Scholar citations place it in the top 1% of Medicine papers from 2012 indexed by Semantic Scholar, by citation count.

No.	Citing paper	Citing institution(s)	Country	S2
1	2021 ESC Guidelines on cardiovascular disease prevention in clinical practice (2021)	Academy of Athens, Amsterdam UMC, Amsterdam UMC, Vrije Universiteit	Belgium, France, Germany	—
2	Lifestyle management of hypertension: International Society of Hypertension position paper endorsed by the World Hypertension League and European Society of Hypertension (2024)	Almazov National Medical Research Centre, Amsterdam UMC, University of Amsterdam, Asha Kiran JHC Hospital	Argentina, Australia, Belgium	—

No.	Citing paper	Citing institution(s)	Country	S2
3	Heart Disease and Stroke Statistics—2019 Update: A Report From the American Heart Association (2019)	American Heart Association, Baylor College of Medicine, Baylor College of Medicine and Michael E. DeBakey VA Medical Center	Brazil, United Kingdom, United States	—
4	The global burden of pathogens and pests on major food crops (2019)	Cornell AgriTech at The New York State Agricultural Experiment Station, Cornell University, Cornell University, Cornell AgriTech at The New York State Agricultural Experiment Station	France, Netherlands, United States	—
5	Global epidemiology, health burden and effective interventions for elevated blood pressure and hypertension (2021)	Imperial College London, London School of Hygiene & Tropical Medicine, National Institutes of Health	United Kingdom, United States	—
6	The global burden of disease study at 30 years (2022)	Institute for Health Metrics and Evaluation, University of Washington, University of Washington	United States	—
7	Burden of disease scenarios for 204 countries and territories, 2022–2050: a forecasting analysis for the Global Burden of Disease Study 2021 (2024)	Addis Ababa University, Ain Shams University, Aleta Wondo Hospital	Australia, Egypt, Ethiopia	—
8	WHO global air quality guidelines: particulate matter (PM2.5 and PM10), ozone, nitrogen dioxide, sulfur dioxide and carbon monoxide (2021)	World Health Organization	Switzerland	—

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 conducted a systematic analysis of disability-adjusted life years for 291 diseases and injuries across 21 regions from 1990 to 2010 for the Global Burden of Disease Study 2010.

The researcher's contribution centers on a seminal 2012 paper that provides a systematic analysis of disability-adjusted life years for 291 diseases and injuries in 21 regions between 1990 and 2010. This work, part of the Global Burden of Disease Study 2010, stands as a core reference in the field without subsequent follow-up papers by the same author in this specific line of inquiry.

This line of work appears to address the need for comprehensive, standardized metrics to quantify the global health burden across diverse regions and time periods. By aggregating data for a wide range of diseases and injuries, the research likely established a foundational benchmark for understanding epidemiological trends and health disparities on a global scale.

The significance of this contribution is evidenced by its substantial citation count of over 12,000, indicating widespread adoption and reliance by the scientific community. Furthermore, analysis of citing papers reveals that 100% of the classified citations originate from independent researchers, underscoring the work's broad impact and acceptance beyond the researcher's immediate institutional or collaborative network.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 9

CORE PAPER

Disability-adjusted life years (DALYs) for 291 diseases and injuries in 21 regions, 1990–2010: a systematic analysis for the Global Burden of Disease Study 2010

2012 · 12,062 citations (GS)

Field-normalised: 7,969 Semantic Scholar citations place it in the top 1% of Medicine papers from 2012 indexed by Semantic Scholar, by citation count.

No.	Citing paper	Citing institution(s)	Country	S2
1	Heart Disease and Stroke Statistics—2018 Update: A Report From the American Heart Association (2018)	Albert Einstein College of Medicine, American Heart Association, Baptist Health South Florida	Australia, Nigeria, Singapore	—
2	Identification of common genetic risk variants for autism spectrum disorder (2019)	Broad Institute of MIT and Harvard, Cardiff University, deCODE Genetics	Denmark, Iceland, Norway	—
3	The global burden of disease study at 30 years (2022)	Institute for Health Metrics and Evaluation, University of Washington, University of Washington	United States	—
4	Global Burden, Risk Factor Analysis, and Prediction Study of Ischemic Stroke, 1990–2030 (2023)	Fudan University, Fudan University; Taizhou Institute of Health Sciences, Shanghai Fourth People's Hospital Affiliated to School of Medicine, Tongji University	China	—
5	Burden of liver diseases in the world (2019)	Baylor University Medical Center, Mayo Clinic College of Medicine, Mayo Clinic College of Medicine and Science	India, United States	—
6	Burden of 375 diseases and injuries, risk-attributable burden of 88 risk factors, and healthy life expectancy in 204 countries and territories, including 660 subnational locations, 1990–2023: a systematic analysis for the Global Burden of Disease Study 2023 (2025)	Institute for Health Metrics and Evaluation, University of Washington	United States	—
7	Frontostriatal salience network expansion in individuals in depression (2024)	Basque Center on Cognition, Brain and Language, École Polytechnique Fédérale de Lausanne, Icahn School of Medicine at Mount Sinai	Canada, Germany, Spain	—
8	Global, regional, and national burden of Alzheimer's disease and other dementias, 1990–2019 (2022)	Affiliated Hospital of Weifang Medical University	China	—
9	Targeting fibrosis: mechanisms and clinical trials (2022)	Sichuan University, Weill Cornell Medicine, West China Hospital, Sichuan University	China, United States	—

Independent citing papers only; self- and co-author citations excluded. The **S2** column carries Semantic Scholar's read of each citation — *Methodology / Result* (the citing work used the method or built on the finding — the "built on / relied upon" pattern the AAO credits), *Influential* (S2's isInfluential signal, Valenzuela et al. 2015), or *Background* (a passing mention).

D. Citing-Institution Prestige & Geography

Top citing institutions

Institution	Country	World ranking	Citing papers
University of Washington	United States	SCImago #45 · THE 25 · QS 81	6
Mayo Clinic	United States	SCImago #88	3
Institute for Health Metrics and Evaluation, University of Washington	United States	—	3
University of California, Los Angeles	United States	SCImago #70 · THE =18 · QS 46	3
University of Minnesota	United States	SCImago #165 · THE 88 · QS 210	3
National Institutes of Health	United States	SCImago #44	3
Duke University	United States	SCImago #115 · THE 28 · QS 62	3
Johns Hopkins University	United States	SCImago #33 · THE 16 · QS 24	3
Stanford University	United States	SCImago #18 · THE =5 · QS 3	3
University of North Carolina at Chapel Hill	United States	THE 78 · QS =140	3
University of Texas Southwestern Medical Center	United States	SCImago #562	2
University of Pittsburgh	United States	SCImago #212 · QS =281	2
UT Southwestern Medical Center	United States	—	2
Geisinger Health System	United States	SCImago #2939	2
University of Alabama at Birmingham	United States	QS 1001-1200	2

Geographic distribution of citing authors

Country	Citing papers
United States	13
United Kingdom	6
China	4
Italy	4
Australia	3
Netherlands	3
Sweden	3
Switzerland	3
India	2
Iran	2
Germany	2
France	2

Citing-institution prestige and the spread of citing countries speak to recognition **beyond the scholar's own institution and circle** — the dispersion the AAO looks for. World rankings (SCImago / THE / QS) are context, not a stand-alone criterion: the AAO does not treat a citing institution's rank as probative on its own.

E. Citation Growth Over Time

Distinct citing papers by publication year. Sustained or rising citation activity supports continuing relevance; note that only citations **as of the filing date** are weighed by USCIS.

F. AAO Precedent Considerations

Pre-filing self-check (AAO denial patterns)

The AAO non-precedent decisions reject citation evidence on a small set of recurring grounds. Confirm the petition addresses each before filing:

- ☐ Self-citations are disclosed and netted out — a Google Scholar total alone is faulted (§1.1).
- ☐ Evidence is per individual article, not a body-of-work aggregate total (§1.2).
- ☐ The petition articulates why the citations show major significance — numbers never stand alone (§1.5).
- ☐ For the strongest papers, citation content shows the work was built on / relied upon, not just listed (§1.6, §2.2).
- ☐ Co-author / collaborator citations are identified and not counted as independent (§1.7).
- ☐ Recognition is shown beyond the scholar's own institution and circle (§1.8).
- ☐ Every citation figure is snapshotted as of the filing date; post-filing citations are excluded (§1.9).
- ☐ Journal impact factor / downloads are not relied on as proxies for article significance (§1.10, §1.12).
- ☐ For large-collaboration papers, the scholar's specific role is documented (§1.13).
- ☐ Aggregate totals / h-index / field-relative rates are placed in a clearly-labelled final-merits section, per Kazarian (§3, §6.1.7).

Disclaimer

The AAO decisions referenced here are **non-precedent** — persuasive illustrations of how USCIS reasons, not binding law. This report is a drafting aid produced from public citation data; it is not legal advice and does not assess the petition's merits. All analysis must be reviewed by qualified immigration counsel.

G. Citation Evidence Index

Cross-reference of each contribution to the regulatory criterion it supports. Counsel should map these to the petition's exhibit numbers.

Contribution	Core paper	Indep. cites	Supports
Contribution 1	The Severity of Dependence Scale (SDS): psychometric properties of the SDS in English and Australian samples of heroin, cocaine and amphetamine users.	0	8 CFR 204.5(h)(3)(v) — Criterion 5
Contribution 2	A comparative risk assessment of burden of disease and injury attributable to 67 risk factors and risk factor clusters in 21 regions, 1990–2010: a systematic analysis for the Global Burden of Disease Study 2010	8	8 CFR 204.5(h)(3)(v) — Criterion 5
Contribution 3	Disability-adjusted life years (DALYs) for 291 diseases and injuries in 21 regions, 1990–2010: a systematic analysis for the Global Burden of Disease Study 2010	9	8 CFR 204.5(h)(3)(v) — Criterion 5