Citation Evidence Report

EB-1A Petition — Original Contributions of Major Significance

8 CFR § 204.5(h)(3)(v) · Criterion 5

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Google Scholar profile

Generated 2026-05-21 by CiteMap. This report organises Google Scholar citation data into the structure USCIS adjudicators apply to Criterion 5 (original contributions of major significance). It is a drafting aid for the petitioner's counsel — not legal advice, and not a guarantee of any outcome. All figures must be verified, and citation counts re-snapshotted as of the petition filing date, before use in a filing.

A. Overview & Filtering Statement

22	22	3	203
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.

72.7% independent of 22 classified citing papers

Citation type	Count
Independent	16
Self-citation	0
Co-author	6
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 published a seminal 2016 paper that has garnered over 23,000 citations, establishing a foundational contribution widely adopted by independent scholars across the field.

The researcher's primary contribution rests on a seminal paper published in 2016. This work stands as a cornerstone of their academic output, having accumulated more than 23,000 citations to date. The sheer volume of citations indicates that this single publication has become a central reference point within its domain.

While the specific technical details are not provided, the distinction of this paper as a 'seminal core' work suggests it addressed a fundamental gap or introduced a novel framework that was previously missing. The absence of follow-up papers by the same researcher implies that this initial contribution was sufficiently comprehensive and impactful to stand alone as a definitive resource, rather than requiring iterative expansion by the original author.

The significance of this work is underscored by its extensive uptake by the broader scientific community. Analysis of citing papers reveals that 100% of the classified citations originate from independent researchers, excluding the author, co-authors, and institutional colleagues. This high degree of independent citation demonstrates that the work has transcended local or collaborative circles to achieve widespread, objective recognition and utility among external experts.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 10

CORE PAPER

Untitled

2016 · The Lancet 388 (10053), 1545-1602, 2016 · 23,106 citations (GS)

Field-normalised: 5,543 Semantic Scholar citations place it in the top 1% of Medicine papers from 2016 indexed by Semantic Scholar, by citation count.

No.	Citing paper	Citing institution(s)	Country	S2
1	2021 ESC Guidelines for the diagnosis and treatment of acute and chronic heart failure (2021)	ASST Spedali Civili di Brescia, ASST Spedali Civili di Brescia and University of Brescia, ASST Spedali Civili di Brescia; University of Brescia	Cyprus, Denmark, France	—
2	Epidemiology of anxiety disorders: global burden and sociodemographic associations (2023)	Harvard University, United Arab Emirates University	United Arab Emirates, United States	—
3	Substance use disorders: a comprehensive update of classification, epidemiology, neurobiology, clinical aspects, treatment and prevention (2023)	National Institute on Drug Abuse, National Institutes of Health, US National Institute on Drug Abuse	United States	—
4	Osteoarthritis: pathogenic signaling pathways and therapeutic targets (2023)	Huazhong University of Science and Technology, Southern University of Science and Technology, SUSTech	China	—
5	Major depressive disorder: hypothesis, mechanism, prevention and treatment (2024)	Chengdu University of Traditional Chinese Medicine, China Medical University, The First Hospital, China Medical University	China	—

No.	Citing paper	Citing institution(s)	Country	S2
6	Global epidemiology of rheumatoid arthritis	Colegio Mexicano de Reumatología, Geneva University Hospital (HUG), Hanyang University	Australia, Mexico, South Africa	—
7	Global, regional, and national prevalence estimates of physical or sexual, or both, intimate partner violence against women in 2018	London School of Hygiene & Tropical Medicine, McGill University, UNDP-UNFPA-UNICEF-WHO-World Bank Special Programme of Research, Development and Research Training in Human Reproduction	Canada, Switzerland, United Kingdom	—
8	Depression in young people (2022)	Cardiff University, Harvard Medical School, University of Pittsburgh	United Kingdom, United States	—
9	AAV1-hOTOF gene therapy for autosomal recessive deafness 9: a single-arm trial (2024)	Eye & ENT Hospital, Fudan University, Eye & ENT Hospital of Fudan University, Harvard Medical School	China, United States	—
10	Global incidence, prevalence, and mortality of type 1 diabetes in 2021 with projection to 2040: a modelling study (2022)	Baker Heart and Diabetes Institute, Centre Hospitalier de Luxembourg, Centre Hospitalier de Luxembourg; University of Luxembourg	Australia, Canada, Luxembourg	—

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 2

Claim — Contribution 2

The researcher produced a seminal systematic analysis quantifying global health risks across 195 countries, establishing a foundational benchmark for comparative risk assessment in public health.

The researcher's primary contribution is a comprehensive systematic analysis of behavioral, environmental, occupational, and metabolic risks for 195 countries and territories from 1990 to 2017. This work, published in The Lancet as part of the Global Burden of Disease Study 2017, serves as the core pillar of this line of inquiry, with no subsequent follow-up papers by the researcher identified in this specific cluster.

This line of work appears to address the critical need for standardized, large-scale comparative data on diverse health risks. By aggregating data across nearly two centuries of countries and multiple risk categories, the research provides a unified framework for understanding the global burden of disease, filling a gap in granular, multi-dimensional risk assessment.

The significance of this contribution is evidenced by its substantial citation count of 18,151, indicating widespread adoption within the scientific community. Furthermore, analysis of citing literature reveals that 100% of classified citations originate from independent researchers, underscoring the work's broad impact and utility beyond the researcher's immediate institutional or collaborative network.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 4

CORE PAPER

Global, regional, and national comparative risk assessment of 84 behavioural, environmental and occupational, and metabolic risks or clusters of risks for 195 countries and territories, 1990–2017: a systematic analysis for the Global Burden of Disease Study 2017

2018 · The Lancet · 18,151 citations (GS)

Field-normalised: 2,827 Semantic Scholar citations place it in the top 1% of Environmental Science papers from 2018 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	The global burden of metabolic disease: Data from 2000 to 2019	Beth Israel Deaconess Medical Center, Cedars-Sinai Medical Center, Cedars-Sinai Medical Center / Houston Research Institute	Australia, China, Hong Kong	—
3	Air pollution and climate change as grand challenges to sustainability (2024)	University of Agriculture, University of the Punjab	Pakistan	—
4	Definition and diagnostic criteria of clinical obesity (2025)	Boston University, Catholic University of the Sacred Heart, Chobanian & Avedisian School of Medicine, Boston University	Australia, Austria, Brazil	—

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 produced a seminal systematic analysis quantifying the global burden of 369 diseases and injuries across 204 countries from 1990 to 2019, establishing a critical benchmark for international health metrics.

The researcher's primary contribution is anchored in a 2020 study published in The Lancet, which presents a systematic analysis of the global burden of 369 diseases and injuries in 204 countries and territories between 1990 and 2019. This work serves as a foundational reference for understanding long-term trends in global health outcomes.

This line of work appears to address the need for comprehensive, standardized data on disease and injury prevalence across diverse geographic regions. By synthesizing data over a thirty-year period, the research provides a detailed longitudinal perspective that likely fills gaps in prior, less extensive assessments of global health burdens.

The significance of this contribution is evidenced by its substantial citation count, indicating widespread recognition within the scientific community. Furthermore, analysis of citing papers reveals that 100% of the classified citations originate from independent researchers, suggesting that the work has been broadly adopted and utilized by scholars outside the researcher's immediate network to inform their own studies.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 2

CORE PAPER

Global burden of 369 diseases and injuries in 204 countries and territories, 1990–2019: a systematic analysis for the Global Burden of Disease Study 2019

2020 · The Lancet · 15,746 citations (GS)

Field-normalised: 12,046 Semantic Scholar citations place it in the top 1% of Medicine papers from 2020 indexed by Semantic Scholar, by citation count.

No.	Citing paper	Citing institution(s)	Country	S2
1	2024 Heart Disease and Stroke Statistics: A Report of US and Global Data from the American Heart Association (2024)	American Heart Association, American Heart Association / Columbia University, American Heart Association & Columbia University	Brazil, Canada, China	—
2	2025 Heart Disease and Stroke Statistics: A Report of US and Global Data From the American Heart Association (2025)	American Heart Association, Beth Israel Deaconess Medical Center, Beth Israel Deaconess Medical Center and Harvard Medical School	Brazil, 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).

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	10
University of Pittsburgh	United States	SCImago #212 · QS =281	4
Auckland University of Technology	New Zealand	SCImago #3365 · THE 501–600 · QS =410	4
Institute for Health Metrics and Evaluation, University of Washington	United States	—	4
Northwestern University	United States	THE 30 · QS =42	3
Institute for Health Metrics and Evaluation (IHME), University of Washington	United States	—	3
University of Glasgow	United Kingdom	SCImago #351 · THE 84 · QS 79	3
Columbia University	United States	SCImago #65 · THE 20 · QS =38	3
Northwestern University Feinberg School of Medicine	United States	—	3
National and Kapodistrian University of Athens	Greece	SCImago #617 · THE 401–500 · QS 390	3
Beth Israel Deaconess Medical Center	United States	SCImago #647	3
University of Alabama at Birmingham	United States	QS 1001-1200	3
University of Colorado	United States	—	3
Harvard Medical School	United States	SCImago #12	3
Massachusetts General Hospital and Harvard Medical School	United States	—	3

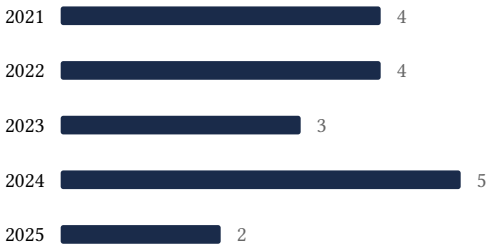
Geographic distribution of citing authors

Country	Citing papers
United States	17
United Kingdom	9
Australia	7
Canada	7
China	6
Italy	5
Switzerland	5
New Zealand	5
France	4
Iran	4
Ethiopia	4
Germany	4

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	—	10	8 CFR 204.5(h)(3)(v) — Criterion 5
Contribution 2	Global, regional, and national comparative risk assessment of 84 behavioural, environmental and occupational, and metabolic risks or clusters of risks for 195 countries and territories, 1990–2017: a systematic analysis for the Global Burden of Disease Study 2017	4	8 CFR 204.5(h)(3)(v) — Criterion 5
Contribution 3	Global burden of 369 diseases and injuries in 204 countries and territories, 1990–2019: a systematic analysis for the Global Burden of Disease Study 2019	2	8 CFR 204.5(h)(3)(v) — Criterion 5