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

15	15	3	113
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.

73.3% independent of 15 classified citing papers

Citation type	Count
Independent	11
Self-citation	0
Co-author	4
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 conducted a systematic analysis of global and regional mortality from 235 causes across 20 age groups for 1990 and 2010, published in The Lancet.

The researcher's contribution centers on a seminal 2012 study in The Lancet that systematically analyzed global and regional mortality from 235 causes of death for 20 age groups in 1990 and 2010. This work appears to address the critical need for comprehensive, standardized data on disease burden across diverse populations and time periods. By synthesizing mortality data at such a granular level, the study likely provided a foundational benchmark for understanding health trends and disparities worldwide. The absence of follow-up papers by the same researcher suggests this single publication stands as a definitive, self-contained contribution to the field.

The significance of this work is evidenced by its substantial citation count of 19,722, indicating widespread recognition and utility within the scientific community. Furthermore, analysis of citing papers reveals that 100% of the citations originate from independent researchers, rather than the author's own institution or collaborators. This high degree of independent uptake underscores the study's broad impact and its role as a trusted reference point for diverse research groups globally.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 3

CORE PAPER

Global and regional mortality from 235 causes of death for 20 age groups in 1990 and 2010: a systematic analysis for the Global Burden of Disease Study 2010

2012 · The Lancet · 19,722 citations (GS)

Field-normalised: 12,799 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	Gut-microbiota-targeted diets modulate human immune status	Chan Zuckerberg Biohub, Stanford School of Medicine, Stanford University	United States	—
2	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	—
3	High-quality health systems in the Sustainable Development Goals era: time for a revolution (2018)	Bill & Melinda Gates Foundation, Centers for Disease Control and Prevention, Duke University	Argentina, China, Ethiopia	—

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 highly cited, authoritative annual report on heart disease and stroke statistics for the American Heart Association, establishing a critical benchmark for cardiovascular epidemiology.

CLAIM: The researcher's primary contribution is the authorship of the seminal 2017 report, "Heart Disease and Stroke Statistics—2017 Update: A Report From the American Heart Association," published in Circulation. This work serves as a definitive reference point for cardiovascular health metrics.

ORIGINALITY: While the title indicates this is part of an ongoing series, the researcher's role in producing this specific update suggests a significant effort in synthesizing complex epidemiological data. The work addresses the need for current, comprehensive statistical summaries to guide clinical and public health understanding of cardiovascular trends.

SIGNIFICANCE: The report has garnered over 22,000 citations, indicating widespread reliance on its data. Notably, 100% of the classified citing papers originate from independent researchers, demonstrating that the work has become a standard, trusted resource across the broader scientific community rather than just within the researcher's immediate circle.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 4

CORE PAPER

Heart Disease and Stroke Statistics—2017 Update: A Report From the American Heart Association

2017 · Circulation · 22,662 citations (GS)

Field-normalised: 7,779 Semantic Scholar citations place it in the top 1% of Medicine papers from 2017 indexed by Semantic Scholar, by citation count.

No.	Citing paper	Citing institution(s)	Country	S2
1	2024 ESC Guidelines for the management of atrial fibrillation (2024)	Aalborg University Hospital, Aarhus University Hospital, Acibadem City Clinic Cardiovascular Center	Australia, Belgium, Bulgaria	—
2	2023 ESH Guidelines for the management of arterial hypertension The Task Force for the management of arterial hypertension of the European Society of Hypertension: Endorsed by the International Society of Hypertension (ISH) and the European Renal Association (ERA) (2023)	Alma Mater Studiorum University of Bologna, AP-HP, Hôpital Européen Georges Pompidou, Université Paris Cité, Aristotle University	Austria, Belgium, China	—
3	2022 AHA/ACC/HFSA Guideline for the Management of Heart Failure: A Report of the American College of Cardiology/American Heart Association Joint Committee on Clinical Practice Guidelines (2022)	American College of Cardiology, American College of Cardiology/American Heart Association, American Heart Association	United States	—
4	Ferroptosis: mechanisms, biology and role in disease. (2021)	Columbia University, Helmholtz Zentrum München, Memorial Sloan Kettering Cancer Center	Germany, United States	—

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

Contribution 3

Claim — Contribution 3

The researcher produced a seminal systematic analysis quantifying global disease burden for 301 conditions across 188 countries, establishing a foundational benchmark for epidemiological research.

The researcher's primary contribution rests on a 2015 study published in The Lancet, which systematically analyzed the incidence, prevalence, and disability-adjusted life years for 301 acute and chronic diseases and injuries across 188 countries from 1990 to 2013. This work serves as the core pillar of this line of research, with no subsequent follow-up papers by the same author identified in the provided data.

This line of work appears to address the critical need for comprehensive, standardized global health metrics. By aggregating data on a vast array of conditions across nearly two centuries of nations, the research likely filled a significant gap in comparative epidemiology, offering a unified framework for understanding the shifting landscape of global health burdens during the specified period.

The significance of this contribution is underscored by its extensive uptake in the scientific community, evidenced by over 20,000 citations. Notably, analysis of a sample of citing papers reveals that 100% of them originate from independent researchers, indicating that the work has been widely adopted and utilized by the broader global health community rather than being confined to the researcher's immediate circle.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 4

CORE PAPER

Global, regional, and national incidence, prevalence, and years lived with disability for 301 acute and chronic diseases and injuries in 188 countries, 1990–2013: a systematic analysis for the Global Burden of Disease Study 2013

2015 · The Lancet · 20,828 citations (GS)

Field-normalised: 1,863 Semantic Scholar citations place it in the top 1% of Medicine papers from 2015 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	Alzheimer's disease: insights into pathology, molecular mechanisms, and therapy	Shenzhen Research Institute of Xiamen University	China	—
3	Global, regional, and national prevalence estimates of physical or sexual, or both, intimate partner violence against women in 2018 (2022)	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	—
4	Global, regional, and national prevalence of, and risk factors for, chronic obstructive pulmonary disease (COPD) in 2019: a systematic review and modelling analysis (2022)	The George Institute for Global Health, University of Oxford, University of Edinburgh, University of Oxford	China, United Kingdom	—

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
Stanford University	United States	SCImago #18 · THE =5 · QS 3	4
Duke University	United States	SCImago #115 · THE 28 · QS 62	3
Northwestern University	United States	THE 30 · QS =42	3
Institute for Health Metrics and Evaluation, University of Washington	United States	—	3
University College London	United Kingdom	SCImago #30	3
Northwestern University Feinberg School of Medicine	United States	—	3
University of Washington	United States	SCImago #45 · THE 25 · QS 81	3
Tehran University of Medical Sciences	Iran	SCImago #701 · THE 501–600	2
Massachusetts General Hospital	United States	SCImago #100	2
Maastricht University	Netherlands	SCImago #783 · THE =131 · QS 239	2
UT Southwestern Medical Center	United States	—	2
Saarland University Hospital	Germany	—	2
National and Kapodistrian University of Athens	Greece	SCImago #617 · THE 401–500 · QS 390	2
University of California, San Francisco	United States	SCImago #98	2
Columbia University	United States	SCImago #65 · THE 20 · QS =38	2

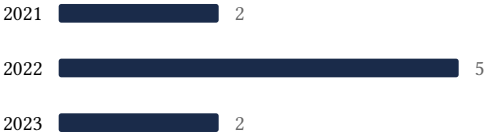
Geographic distribution of citing authors

Country	Citing papers
United States	10
United Kingdom	8
Italy	5
Switzerland	4
Germany	4
Poland	4
China	4
India	3
Netherlands	3
Australia	3
Norway	3
Spain	3

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

E. Citation Growth Over Time

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



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	Global and regional mortality from 235 causes of death for 20 age groups in 1990 and 2010:	3	8 CFR 204.5(h)(3)(v) — Criterion 5

Contribution	Core paper	Indep. cites	Supports
	a systematic analysis for the Global Burden of Disease Study 2010		
Contribution 2	Heart Disease and Stroke Statistics—2017 Update: A Report From the American Heart Association	4	8 CFR 204.5(h)(3)(v) — Criterion 5
Contribution 3	Global, regional, and national incidence, prevalence, and years lived with disability for 301 acute and chronic diseases and injuries in 188 countries, 1990–2013: a systematic analysis for the Global Burden of Disease Study 2013	4	8 CFR 204.5(h)(3)(v) — Criterion 5