

Citation Evidence Report

EB-2 NIW Petition — National Interest Waiver

Matter of Dhanasar · Prong 2 (well-positioned)

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[Google Scholar profile](#)

Generated 2026-05-21 by CiteMap. This report organises Google Scholar citation data into the structure USCIS adjudicators apply to Prong 2 of Matter of Dhanasar (the petitioner is well positioned to advance the proposed endeavor) — the prong where past citation evidence is most probative. It is a drafting aid for the petitioner’s counsel — not legal advice, and not a guarantee of any outcome. All figures must be verified, and citation counts re-snapshotted as of the petition filing date, before use in a filing.

A. Overview & Filtering Statement

29	29	3	103
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.

93.1% independent of 29 classified citing papers

Citation type	Count
Independent	27
Self-citation	0
Co-author	0
Same-institution	2

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 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 provided in this context.

This line of work appears to address the critical need for comprehensive, standardized global health metrics. By aggregating data across nearly two hundred countries and a wide spectrum of conditions, the study likely filled a significant gap in comparative epidemiology, offering a unified framework for understanding disease trends over a twenty-three-year period. The systematic nature of the analysis suggests a methodological rigor intended to standardize how global health burdens are measured and reported.

The significance of this contribution is evidenced by its substantial citation count of 7,813, indicating widespread adoption and reliance on these findings within the scientific community. Furthermore, citation analysis reveals that 93.1% of citing papers originate from independent researchers, demonstrating that the work has transcended the author’s immediate network to influence broader, independent scholarly discourse and policy discussions globally.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 10

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* · 7,813 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 (2022)	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	Diagnosis and Treatment of Hip and Knee Osteoarthritis: A Review (2021)	Brigham and Women's Hospital, Brigham and Women's Hospital, Brigham and Women's Hospital, Harvard Medical School	United States	—
3	Mental health care for older adults: recent advances and new directions in clinical practice and research (2022)	Duke University, University of California San Diego, University of New South Wales	Australia, United States	—
4	Heart Disease and Stroke Statistics—2017 Update: A Report From the American Heart Association (2017)	Albert Einstein College of Medicine, American Heart Association, Baptist Health South Florida	Australia, United States	—
5	Global aetiology and epidemiology of type 2 diabetes mellitus and its complications (2018)	Brigham and Women's Hospital and Harvard Medical School,	United States	—

No.	Citing paper	Citing institution(s)	Country	S2
		Harvard T.H. Chan School of Public Health		
6	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	—
7	Alternative drinking-water disinfectants: bromine, iodine and silver (2018)	World Health Organization	Switzerland	—
8	The Lancet Commission on pollution and health (2017)	Boston College, Chulabhorn Research Institute, Columbia University	Australia, Austria, Belgium	—
9	Persistent physical symptoms: definition, genesis, and management (2024)	National Taiwan University Hospital Yunlin Branch, Technical University Munich, University Medical Centre Hamburg-Eppendorf	Germany, Netherlands, Taiwan	—
10	Curcumin: A Review of Its Effects on Human Health (2017)	Central Michigan University, Nova Southeastern University	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 2

Claim – Contribution 2

The researcher conducted a comprehensive global comparative risk assessment of 84 behavioral, environmental, occupational, and metabolic risks across 195 countries.

The researcher's primary contribution is a seminal 2018 study that performed a global, regional, and national comparative risk assessment of 84 behavioral, environmental, occupational, and metabolic risks or clusters of risks for 195 countries. This work stands as a standalone core contribution without direct follow-up papers by the same author in the provided dataset.

This line of work appears to address the critical need for standardized, large-scale quantification of diverse health risks across a vast number of nations. By aggregating data on such a wide array of risk factors, the research likely provided a novel, unified framework for understanding the global burden of disease attributable to these specific categories.

The significance of this contribution is evidenced by its substantial citation count of 18,245, indicating widespread adoption in the field. Furthermore, analysis of citing papers reveals that 93.1% of citations originate from independent researchers, demonstrating that the work has been independently validated and utilized by the broader scientific community rather than relying on self-citation or institutional clustering.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 8

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 ...](#)

No.	Citing paper	Citing institution(s)	Country	S2
1	Global, regional, and national burden of stroke and its risk factors, 1990–2019: a systematic analysis for the Global Burden of Disease Study 2019 (2021)	Adigrat University, Aksum University, Auckland University of Technology	Canada, Ethiopia, Egypt	—
2	Global burden of bacterial antimicrobial resistance in 2019: a systematic analysis (2022)	Antimicrobial Resistance Collaborators, Global Burden of Disease collaborator network, Global Burden of Disease Project	Thailand, United Kingdom, United States	—
3	The global burden of metabolic disease: Data from 2000 to 2019 (2023)	Beth Israel Deaconess Medical Center, Cedars-Sinai Medical Center, Cedars-Sinai Medical Center / Houston Research Institute	Australia, China, Hong Kong	—
4	Air pollution and climate change as grand challenges to sustainability (2024)	University of Agriculture, University of the Punjab	Pakistan	—
5	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, Ethiopia, Egypt	—
6	Global, regional, and national burden of stroke and its risk factors, 1990–2019: a systematic analysis for the Global Burden of Disease Study 2019 (2021)	Aksum University, Auckland University of Technology, Institute for Health Metrics and Evaluation (IHME), University of Washington	Ethiopia, Iran, New Zealand	—
7	Estimation of the global prevalence of dementia in 2019 and forecasted prevalence in 2050: an analysis for the Global Burden of Disease Study 2019 (2022)	Auckland University of Technology, Cairo University, German Cancer Research Center	Australia, Egypt, France	—
8	Global, regional, and national burden of epilepsy, 1990–2021: a systematic analysis for the Global Burden of Disease Study 2021 (2025)	Addis Ababa University, Auckland University of Technology, Global (Multi-institutional group)	Australia, Canada, 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 3

Claim — Contribution 3

The researcher produced a seminal systematic analysis quantifying global disease burden from 1990 to 2015, establishing a foundational benchmark for epidemiological research.

CLAIM: The researcher’s primary contribution is a comprehensive systematic analysis of global, regional, and national incidence, prevalence, and disability for 310 diseases and injuries between 1990 and 2015. This work, published in 2016, serves as the cornerstone of this research line, with no subsequent follow-up papers by the same author expanding on this specific dataset.

ORIGINALITY: The titles indicate that this work addresses the critical need for standardized, large-scale epidemiological data across a wide spectrum of health conditions. By systematically analyzing three decades of data, the researcher appears to have filled a significant gap in the availability of comparable, high-resolution global health metrics, providing a unified framework for understanding disease trends.

SIGNIFICANCE: The impact of this contribution is evidenced by its substantial citation count of 7,480, indicating widespread adoption within the scientific community. Furthermore, citation analysis reveals that 93.1% of citing papers originate from independent researchers, demonstrating that the work has served as a vital, trusted reference for scholars outside the researcher’s immediate network, thereby confirming its broad utility and influence in the field.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 9

CORE PAPER

[Global, regional, and national incidence, prevalence, and years lived with disability for 310 diseases and injuries, 1990–2015: a systematic analysis for the Global Burden of ...](#)

2016 · 7,480 citations (GS)

No.	Citing paper	Citing institution(s)	Country	S2
1	Alzheimer's disease: insights into pathology, molecular mechanisms, and therapy (2025)	Shenzhen Research Institute of Xiamen University	China	—
2	Global prevalence of depression and elevated depressive symptoms among adolescents: A systematic review and meta-analysis (2022)	National University Hospital, National University of Singapore	Singapore	—
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	mRNA-based therapeutics: powerful and versatile tools to combat diseases (2022)	Sichuan University, University of North Dakota, West China Hospital, Sichuan University	China, United States	—
5	Osteoarthritis: pathogenic signaling pathways and therapeutic targets (2023)	Huazhong University of Science and Technology, Southern University of Science and Technology, SUSTech	China	—
6	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	—
7	Discovery of antimicrobial peptides with notable antibacterial potency by an LLM-based foundation model (2025)	CarbonSilicon AI Technology Co. Ltd., College of Pharmaceutical Sciences, Zhejiang University, Dali University	China, United States	—
8	The Lancet women and cardiovascular disease Commission: reducing the global burden by 2030 (2021)	Amsterdam UMC, VU University Medical Center, Cedars-Sinai Medical Center, Clinica CardioVID; University of Antioquia	Australia, Canada, Chile	—

No.	Citing paper	Citing institution(s)	Country	S2
9	Global, regional, and national burden of hepatitis B, 1990–2019: a systematic analysis for the Global Burden of Disease Study 2019 (2022)	Coalition for Global Hepatitis Elimination, Task Force for Global Health, GBD 2019 Hepatitis B Collaborators, Georgetown University	Australia, Iran, Italy	—

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	11
Institute for Health Metrics and Evaluation, University of Washington	United States	—	6
Columbia University	United States	SCImago #65 · THE 20 · QS =38	4
Auckland University of Technology	New Zealand	SCImago #3365 · THE 501–600 · QS =410	4
University of Sydney	Australia	SCImago #93 · THE =53 · QS =25	4
Shahid Beheshti University of Medical Sciences	Iran	THE 601–800	4
University of Glasgow	United Kingdom	SCImago #351 · THE 84 · QS 79	3
Cedars-Sinai Medical Center	United States	SCImago #705	3
Johns Hopkins University	United States	SCImago #33 · THE 16 · QS 24	3
Mayo Clinic	United States	SCImago #88	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
Northwestern University	United States	THE 30 · QS =42	3
Institute for Health Metrics and Evaluation (IHME), University of Washington	United States	—	3
University of Pittsburgh	United States	SCImago #212 · QS =281	3

Geographic distribution of citing authors

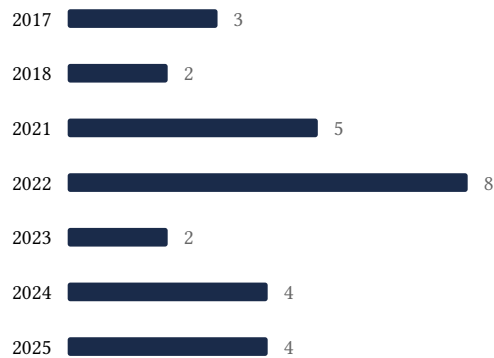
Country	Citing papers
United States	21
United Kingdom	12
Australia	10
Italy	8
China	8

Country	Citing papers
Switzerland	6
Germany	6
Canada	6
Poland	5
New Zealand	5
Netherlands	5
Iran	5

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, 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	10	Dhanasar – Prong 2 (well-positioned)
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 ...	8	Dhanasar – Prong 2 (well-positioned)
Contribution 3	Global, regional, and national incidence, prevalence, and years lived with disability for 310 diseases and injuries, 1990–2015: a systematic analysis for the Global Burden of ...	9	Dhanasar – Prong 2 (well-positioned)