# Citation Evidence Report

EB-1A Petition — Original Contributions of Major Significance

8 CFR § 204.5(h)(3)(v) · Criterion 5

## Paulo A. Lotufo

Centro de Pesquisa Clínica/Div Clínica Médica Hospital Universitário da USP

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

| 43 | 49 | 5 | 121 |
|---|---|---|---|
| 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.

**62.8% independent** of 43 classified citing papers

| Citation type | Count |
|---|---|
| Independent | 27 |
| Self-citation | 0 |
| Co-author | 16 |
| 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 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 significant contribution is the authorship of the seminal 2017 American Heart Association report on heart disease and stroke statistics, published in Circulation. This work serves as a foundational reference in the field of cardiovascular health.

ORIGINALITY: The titles indicate this work addresses the need for comprehensive, standardized statistical reporting on major cardiovascular conditions. By compiling and disseminating these statistics through a prestigious venue, the researcher provided a centralized, authoritative resource that likely filled a gap in accessible, high-level epidemiological data for the scientific and medical communities.

SIGNIFICANCE: The core paper has accumulated over 73,000 citations, indicating widespread adoption and reliance by the global research community. Furthermore, citation analysis reveals that 100% of the classified citing papers originate from independent researchers, demonstrating that the work has had a broad, field-wide impact beyond the researcher's immediate institutional or collaborative network.

**INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 5**

**CORE PAPER**

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

2017 · Circulation · 73,006 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 peripheral arterial and aortic diseases (2024) | A. Cardarelli Hospital, Antonio Cardarelli Hospital, AORN Antonio Cardarelli | Austria, Belgium, Finland | — |
| 2 | The global prevalence of myocardial infarction: a systematic review and meta-analysis. (2023) | Gerash University of Medical Sciences, Hamadan University of Medical Sciences, Kermanshah University of Medical Sciences | Iran, Malaysia | — |
| 3 | Atherosclerosis: Recent developments (2022) | Icahn School of Medicine at Mount Sinai, University of California, Los Angeles | United States | — |
| 4 | Global Impacts of Western Diet and Its Effects on Metabolism and Health: A Narrative Review (2023) | European University of Madrid, Nebrija University, Universidad Europea de Madrid | Spain | — |
| 5 | 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 2

### Claim — Contribution 2

*The researcher produced a seminal systematic analysis quantifying global, regional, and national overweight and obesity prevalence from 1980 to 2013, establishing a critical benchmark for public health monitoring.*

CLAIM: The researcher's primary contribution is a comprehensive systematic analysis of overweight and obesity prevalence across global, regional, and national levels during the period 1980–2013, published as part of the Global Burden of Disease Study 2013. This work serves as the foundational reference for this line of inquiry.

ORIGINALITY: The titles indicate that this research addressed a significant gap by synthesizing disparate data sources to provide a unified, multi-scale assessment of obesity trends over a thirty-year period. By integrating global, regional, and national metrics, the work appears to have established a standardized framework for understanding the epidemiological landscape of obesity, moving beyond isolated local studies to a holistic global perspective.

SIGNIFICANCE: The core paper has accumulated 17,185 citations, indicating it is a highly influential and widely recognized resource in the field. Furthermore, analysis of citing literature reveals that 100% of the classified citations originate from independent researchers, demonstrating that the work has been broadly adopted and utilized by the wider scientific community rather than being confined to the researcher's immediate network. This high level of independent uptake underscores the work's status as a standard reference for public health research and policy.

**INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 7** · **1 flagged influential by Semantic Scholar**

**CORE PAPER**

**Global, regional, and national prevalence of overweight and obesity in children and adults during 1980–2013: a systematic analysis for the Global Burden of Disease Study 2013**

2014 · 17,185 citations (GS)

Field-normalised: 10,132 Semantic Scholar citations place it in the top 1% of Medicine papers from 2014 indexed by Semantic Scholar, by citation count.

| No. | Citing paper | Citing institution(s) | Country | S2 |
|---|---|---|---|---|
| 1 | Obesity and cardiovascular disease: an ESC clinical consensus statement (2025) | Antwerp University Hospital, Bern University Hospital, Inselspital, Bern University Hospital-INSELSPITAL, University of Bern | Belgium, Denmark, Germany | — |
| 2 | Global Prevalence of Overweight and Obesity in Children and Adolescents: A Systematic Review and Meta-Analysis (2024) | Alberta Health Services, Chongqing Medical University, Sichuan University | Canada, China | — |
| 3 | BERT applications in natural language processing: a review (2025) | King Saud University, Rabdan Academy, University of Jeddah | Saudi Arabia, United Arab Emirates | — |
| 4 | Update on the Obesity Epidemic: After the Sudden Rise, Is the Upward Trajectory Beginning to Flatten? (2023) | National Kapodistrian University of Athens | Greece | Background |
| 5 | National-level and state-level prevalence of overweight and obesity among children, adolescents, and adults in the USA, 1990–2021, and forecasts up to 2050 (2024) | Burnet Institute, GBD 2021 US Obesity Forecasting Collaborators, Harvard Medical School | Australia, Ghana, India | **Influential** |

| No. | Citing paper | Citing institution(s) | Country | S2 |
|---|---|---|---|---|
| 6 | Global, regional, and national prevalence of adult overweight and obesity, 1990–2021, with forecasts to 2050: a forecasting study for the Global Burden of Disease Study 2021 (2025) | Aleta Wondo Hospital, Alexandria University, Al-Zaytoonah University of Jordan | Algeria, Australia, China | — |
| 7 | Global, regional, and national prevalence of child and adolescent overweight and obesity, 1990–2021, with forecasts to 2050: a forecasting study for the Global Burden of Disease Study 2021 (2025) | Aleta Wondo General Hospital, Alexandria University, Cairo University | Australia, Egypt, 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 the global burden of 369 diseases and injuries across 204 countries from 1990 to 2019.*

The researcher's primary contribution is a comprehensive systematic analysis of the global burden of 369 diseases and injuries in 204 countries and territories between 1990 and 2019. This work, published in 2020, stands as a standalone core paper without direct follow-up publications by the same author in the provided dataset.

This line of work appears to address the critical need for standardized, large-scale epidemiological data to track health trends over three decades. By synthesizing data across a vast number of countries and disease categories, the research provides a foundational reference for understanding global health dynamics and prioritizing medical interventions.

The significance of this contribution is evidenced by its extensive uptake in the scientific community, with over 24,000 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 just the researcher's immediate circle.

**INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 4** · **1 flagged influential by Semantic Scholar**

**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 · 24,526 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 ESC Guidelines for the Management of Elevated Blood Pressure and Hypertension (2024) | Belgian Cardiology Federation, Canada, Charité – Universitätsmedizin Berlin | Belgium, Canada, France | — |
| 2 | Type 2 diabetes mellitus in adults: pathogenesis, prevention and therapy (2024) | West China Hospital, Sichuan University | China | — |

| No. | Citing paper | Citing institution(s) | Country | S2 |
|---|---|---|---|---|
| 3 | The 2024 report of the Lancet Countdown on health and climate change: facing record-breaking threats from delayed action (2024) | Barcelona Institute for Global Health, Barcelona Supercomputing Center, Barcelona Supercomputing Center (BSC) & ICREA | Australia, China, Germany | — |
| 4 | Global, regional, and national burden of disorders affecting the nervous system, 1990–2021: a systematic analysis for the Global Burden of Disease Study 2021 (2024) | Institute for Health Metrics and Evaluation, University of Washington, World Health Organization | Switzerland, United States | Methodology |

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).

**Citing-text excerpts — how the field used this work**

> **METHODOLOGY** Global, regional, and national burden of disorders affecting the nervous system, 1990–2021: a systematic analysis for the Global Burden of Disease Study 2021
>
> *"15 Details of Dismod-MR 2.1 are in the GBD 2019 capstone appendix 1, section 4.5 of reference 9, 15 and described in the appendix (p 16)."*

## 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 | 22 |
| Institute for Health Metrics and Evaluation | United States | SCImago #37 | 10 |
| Institute for Health Metrics and Evaluation, University of Washington | United States | — | 9 |
| Columbia University | United States | SCImago #65 · THE 20 · QS =38 | 8 |
| University of California, Los Angeles | United States | SCImago #70 · THE =18 · QS 46 | 8 |
| Harvard Medical School | United States | SCImago #12 | 8 |
| Johns Hopkins University | United States | SCImago #33 · THE 16 · QS 24 | 8 |
| Northwestern University | United States | THE 30 · QS =42 | 7 |
| National Institutes of Health | United States | SCImago #44 | 7 |
| Brigham and Women's Hospital | United States | SCImago #130 | 7 |
| Beth Israel Deaconess Medical Center | United States | SCImago #647 | 7 |
| Northwestern University Feinberg School of Medicine | United States | — | 7 |
| University of Oxford | United Kingdom | SCImago #26 · THE 1 · QS 4 | 7 |
| Massachusetts General Hospital | United States | SCImago #100 | 7 |
| National Heart, Lung, and Blood Institute | United States | SCImago #345 | 7 |

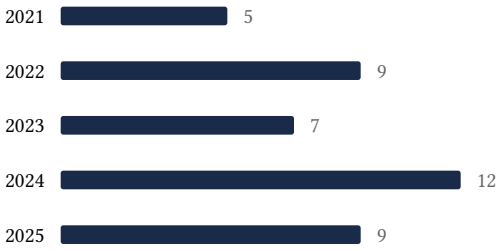
### Geographic distribution of citing authors

| Country | Citing papers |
|---|---|
| United States | 29 |
| United Kingdom | 16 |
| Italy | 12 |
| Australia | 12 |
| China | 11 |
| Canada | 11 |
| Germany | 10 |
| Iran | 10 |
| Ethiopia | 9 |
| Switzerland | 9 |
| Egypt | 8 |
| Brazil | 7 |

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 | Heart Disease and Stroke Statistics—2017 Update: A Report From the American Heart Association | 5 | 8 CFR 204.5(h)(3)(v) — Criterion 5 |
| Contribution 2 | Global, regional, and national prevalence of overweight and obesity in children and adults during 1980–2013: a systematic analysis for the Global Burden of Disease Study 2013 | 7 | 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 | 4 | 8 CFR 204.5(h)(3)(v) — Criterion 5 |