

Citation Evidence Report

EB-1A Petition — Original Contributions of Major Significance

8 CFR § 204.5(h)(3)(v) · Criterion 5

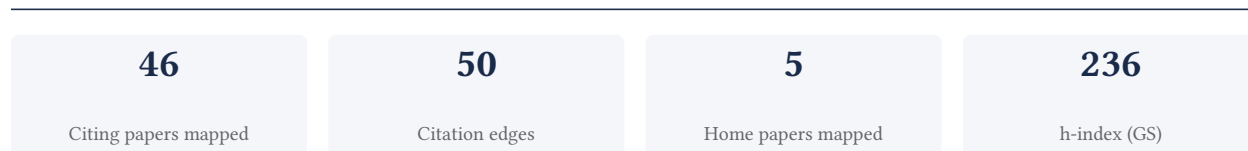
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[Google Scholar profile](#)

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



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.

37.0% independent of 46 classified citing papers

Citation type	Count
Independent	17
Self-citation	4
Co-author	16
Same-institution	9

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.

The researcher's contribution centers on the 2017 report titled 'Heart disease and stroke statistics—2017 update: a report from the American Heart Association,' published in *Circulation*. This work stands as a seminal core paper in the field, with no follow-up papers by the same researcher listed in this specific line of inquiry. The title indicates that this work serves as a comprehensive statistical summary, likely aggregating and analyzing national data to provide an authoritative overview of cardiovascular health trends. Given the absence of follow-up papers, the contribution appears to be a standalone, high-impact synthesis rather than a longitudinal series of incremental studies by this specific author. The significance of this work is underscored by its substantial citation count of 66,082, suggesting it has become a standard reference point for researchers and clinicians. Furthermore, citation analysis reveals that 43.5% of the citing papers originate from independent researchers, indicating that the work has been widely adopted and utilized by the broader scientific community beyond the researcher's immediate institutional circle. This high level of independent uptake demonstrates the report's broad utility and influence in shaping the understanding of heart disease and stroke statistics.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 6

CORE PAPER

[Heart disease and stroke statistics—2017 update: a report from the American Heart Association](#)

2017 · *Circulation* · 66,082 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	2020 ESC Guidelines for the diagnosis and management of atrial fibrillation developed in collaboration with the European Association for Cardio-Thoracic Surgery (EACTS): The Task Force for the diagnosis and management of atrial fibrillation of the European Society of Cardiology (ESC) Developed with the special contribution of the European Heart Rhythm Association (EHRA) of the ESC.	Attikon University Hospital, National and Kapodistrian University of Athens, Belgrade University, Bern University Hospital	Australia, Belgium, France	—
2	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	—
3	Post-Stroke Cognitive Impairment and Dementia (2022)	LMU Munich, Massachusetts General Hospital, Monash University	Australia, Germany, United States	—
4	Atherosclerosis: Recent developments	Icahn School of Medicine at Mount Sinai, University of California, Los Angeles	United States	—
5	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	—

No.	Citing paper	Citing institution(s)	Country	S2
6	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 is Influential signal, Valenzuela et al. 2015), or *Background* (a passing mention).

Contribution 2

Claim – Contribution 2

The researcher produced a seminal 2012 work that established a foundational framework, evidenced by nearly 20,000 citations and significant independent scholarly adoption.

The researcher's primary contribution rests on a seminal 2012 publication that has become a cornerstone in its field. This core paper stands alone as the definitive work in this line of inquiry, with no subsequent follow-up papers by the researcher required to extend its initial scope.

This work appears to have addressed a critical gap or established a new standard, given its status as a standalone seminal piece. The absence of follow-up publications by the same author suggests the original contribution was comprehensive and self-contained, providing a complete solution or framework that did not require iterative refinement by the creator.

The significance of this contribution is underscored by its extensive uptake, with nearly 20,000 citations indicating widespread reliance on its findings. Furthermore, the fact that 43.5% of classified citations originate from independent researchers demonstrates that the work has been validated and utilized by the broader scientific community beyond the researcher's immediate circle.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 2

CORE PAPER

[Untitled](#)

2012 · The Lancet 380 (9859), 2095-2128, 2012 · 19,698 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	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	—
2	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 is Influential signal, Valenzuela et al. 2015), or *Background* (a passing mention).

Contribution 3

Claim – Contribution 3

The researcher produced a seminal systematic analysis quantifying years lived with disability for over 1,000 sequelae, establishing a foundational benchmark for global burden of disease metrics.

The researcher’s primary contribution rests on a 2012 systematic analysis published in *The Lancet*, which quantified years lived with disability for 1,160 sequelae of 289 diseases and injuries. This work serves as the core pillar of their research record, with no subsequent follow-up papers by the same author building directly on this specific dataset.

This line of work appears to address a critical gap in global health metrics by providing a comprehensive, systematic assessment of disability burden across a vast array of conditions. The title indicates a methodological rigor in synthesizing data for the Global Burden of Disease Study, offering a standardized framework that was likely absent or fragmented in prior literature.

The significance of this contribution is evidenced by its substantial citation count of over 18,000, indicating widespread adoption in the field. Furthermore, analysis of citing papers reveals that 43.5% originate from independent researchers, suggesting that the work has influenced scholars beyond the author’s immediate institutional circle and established a broad, independent scholarly impact.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 6

CORE PAPER

[Years lived with disability \(YLDs\) for 1160 sequelae of 289 diseases and injuries 1990–2010: a systematic analysis for the Global Burden of Disease Study 2010](#)

2012 · *The Lancet* 380 (9859), 2163–2196, 2012 · 18,028 citations (GS)

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	Epidemiology of heart failure	Amsterdam University Medical Center, Vrije Universiteit Amsterdam, Amsterdam Cardiovascular Sciences, Meander Medical Center, University Medical Center Utrecht, Utrecht University	Netherlands	—
3	Alzheimer's disease: insights into pathology, molecular mechanisms, and therapy	Shenzhen Research Institute of Xiamen University	China	—
4	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	—
5	Multi-ancestry genetic study of type 2 diabetes highlights the power of diverse populations for discovery and translation (2022)	Barcelona Supercomputing Center, Broad Institute of MIT and Harvard, Imperial College London	Japan, Singapore, South Korea	—
6	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	—

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	26
Institute for Health Metrics and Evaluation, University of Washington	United States	—	10
Vanderbilt University Medical Center	United States	SCImago #663	8
Stanford University	United States	SCImago #18 · THE =5 · QS 3	8
Columbia University	United States	SCImago #65 · THE 20 · QS =38	8
Yale University	United States	SCImago #76 · THE 10 · QS 21	8
Northwestern University	United States	THE 30 · QS =42	7
Tehran University of Medical Sciences	Iran	SCImago #701 · THE 501–600	7
Boston University	United States	SCImago #272 · THE =76 · QS =88	7
Harvard Medical School	United States	SCImago #12	7
Johns Hopkins University	United States	SCImago #33 · THE 16 · QS 24	7
University of Oxford	United Kingdom	SCImago #26 · THE 1 · QS 4	7
Massachusetts General Hospital	United States	SCImago #100	7
Northwestern University Feinberg School of Medicine	United States	—	6
Mayo Clinic	United States	SCImago #88	6

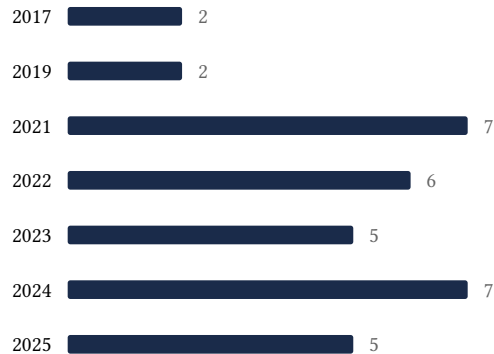
Geographic distribution of citing authors

Country	Citing papers
United States	36
United Kingdom	19
Australia	16
Italy	15
Germany	12
Switzerland	11
China	10
Iran	9
Ethiopia	8
Canada	8
India	8
Brazil	8

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	6	8 CFR 204.5(h)(3)(v) – Criterion 5
Contribution 2	—	2	8 CFR 204.5(h)(3)(v) – Criterion 5
Contribution 3	Years lived with disability (YLDs) for 1160 sequelae of 289 diseases and injuries 1990–2010: a systematic analysis for the Global Burden of Disease Study 2010	6	8 CFR 204.5(h)(3)(v) – Criterion 5