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

29	37	4	111
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.

72.4% independent of 29 classified citing papers

Citation type	Count
Independent	21
Self-citation	0
Co-author	8
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 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 as part of the Global Burden of Disease Study 2019, stands as a standalone core paper without direct follow-up publications by the same author in this specific line of inquiry.

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 the shifting landscape of global health burdens during this period.

The significance of this contribution is evidenced by its substantial citation count of 15,808, indicating widespread reliance on these findings within the scientific community. Furthermore, analysis of citing papers reveals that 100% of the classified citations originate from independent researchers, underscoring the work's broad impact and acceptance beyond the researcher's immediate institutional or collaborative network.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 6 · **2 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 · 15,808 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 peripheral arterial and aortic diseases (2024)	A. Cardarelli Hospital, Antonio Cardarelli Hospital, AORN Antonio Cardarelli	Austria, Belgium, Finland	—
2	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	—
3	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	—
4	Type 2 diabetes mellitus in adults: pathogenesis, prevention and therapy (2024)	West China Hospital, Sichuan University	China	—
5	Chronic kidney disease and the global public health agenda: an international consensus (2024)	Centro de Hemodiálisis Crónica CASMU-IAMPP, Drexel University College of Medicine, European Renal Association	Argentina, Australia, Belgium	Influential

No.	Citing paper	Citing institution(s)	Country	S2
6	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	**Influential**

Independent citing papers only; self- and co-author citations excluded. The **S2** column flags citations Semantic Scholar identifies as *influential* — ones that substantively build on the work (S2's isInfluential signal, Valenzuela et al. 2015) — the "built on / relied upon" pattern the AAO credits. Counsel should quote the citing text for the strongest of these.

Contribution 2

Claim — Contribution 2

The researcher conducted a systematic analysis quantifying the global burden of 87 risk factors across 204 countries from 1990 to 2019 for the Global Burden of Disease Study 2019.

The researcher's contribution centers on a seminal 2020 publication in The Lancet that systematically analyzed the global burden of 87 risk factors across 204 countries and territories between 1990 and 2019. This work stands as a core component of the Global Burden of Disease Study 2019, providing a comprehensive assessment of health risks on a worldwide scale.

This line of work appears to address the critical need for standardized, large-scale quantification of diverse health risks. By aggregating data across more than two centuries of countries and nearly three decades, the research offers a unified framework for understanding how various factors contribute to global disease burden, filling a gap in comparative health metrics.

The significance of this contribution is evidenced by its substantial citation count of 10,978, indicating widespread recognition and utility within the scientific community. Furthermore, analysis of citing papers reveals that 100% of the classified citations originate from independent researchers, underscoring the work's broad impact beyond the author's immediate circle and its role as a foundational reference for independent global health studies.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 6

CORE PAPER

Global burden of 87 risk factors in 204 countries and territories, 1990–2019: a systematic analysis for the Global Burden of Disease Study 2019

2020 · 10,978 citations (GS)

Field-normalised: 5,638 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	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	—
3	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	Brazil, Canada, United States	—

No.	Citing paper	Citing institution(s)	Country	S2
		Medical Center and Harvard Medical School		
4	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	—
5	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	—
6	The 2023 report of the Lancet Countdown on health and climate change: the imperative for a health-centred response in a world facing irreversible harms (2023)	African Academy of Sciences, African Population and Health Research Center, Barcelona Institute for Global Health	Australia, Austria, Belgium	—

Independent citing papers only; self- and co-author citations excluded. The **S2** column flags citations Semantic Scholar identifies as *influential* — ones that substantively build on the work (S2's isInfluential signal, Valenzuela et al. 2015) — the "built on / relied upon" pattern the AAO credits. Counsel should quote the citing text for the strongest of these.

Contribution 3

Claim — Contribution 3

The researcher produced a seminal, highly cited analysis quantifying global cancer burden metrics across 32 groups from 1990 onward, establishing a foundational reference for epidemiological research.

The researcher's primary contribution is a comprehensive assessment of global, regional, and national cancer incidence, mortality, and disability-adjusted life-years for 32 cancer groups from 1990 onward. This work, published in 2017, serves as the cornerstone of this line of inquiry, with no subsequent follow-up papers by the researcher listed in the provided data.

This line of work appears to address the critical need for standardized, large-scale quantification of cancer burden across diverse populations and time periods. By aggregating data on years of life lost and years lived with disability, the research likely provided a unified framework for understanding the epidemiological impact of cancer, filling a gap in comparative health metrics.

The significance of this contribution is evidenced by its substantial citation count of 9,287, indicating widespread adoption in the field. Furthermore, analysis of citing papers reveals that 100% of the classified citations originate from independent researchers, underscoring the work's broad influence and utility beyond the researcher's immediate academic circle.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 8

CORE PAPER

Global, regional, and national cancer incidence, mortality, years of life lost, years lived with disability, and disability-adjusted life-years for 32 cancer groups, 1990 to ...

2017 · 9,287 citations (GS)

No.	Citing paper	Citing institution(s)	Country	S2
1	Wnt/β-catenin-driven EMT regulation in human cancers (2024)	Benedictine University, Fudan University, The First Affiliated	China, United States	—

No.	Citing paper	Citing institution(s)	Country	S2
		Hospital of Zhengzhou University		
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	Projected Global Trends in Ischemic Stroke Incidence, Deaths and Disability-Adjusted Life Years From 2020 to 2030 (2023)	Hwa Mei Hospital, University of Chinese Academy of Sciences, Sun Yat-sen University	China, PR China	—
4	Epidemiology, Risk Factors, and Prevention of Head and Neck Squamous Cell Carcinoma (2023)	Elucid Bioimaging, Hospital of the University of Pennsylvania	United States	—
5	Reviewing the epidemiology of head and neck cancer: definitions, trends and risk factors (2022)	Cardiff University, University of Bristol, University of Glasgow	United Kingdom	—
6	Human gut microbiota in health and disease: Unveiling the relationship (2022)	Centro Tecnológico de la Carne de Galicia, Government College University Faisalabad, National Institute of Food Science and Technology, University of Agriculture	France, Pakistan, Romania	—
7	Estimates of incidence and mortality of cervical cancer in 2018: a worldwide analysis (2020)	Centers for Disease Control and Prevention, Consortium for Biomedical Research in Epidemiology and Public Health, International Agency for Research on Cancer	Belgium, France, Spain	—
8	The immune contexture and Immunoscore in cancer prognosis and therapeutic efficacy (2020)	AstraZeneca, Centre de Recherche des Cordeliers	France, United Kingdom	—

Independent citing papers only; self- and co-author citations excluded. The **S2** column flags citations Semantic Scholar identifies as *influential* — ones that substantively build on the work (S2's isInfluential signal, Valenzuela et al. 2015) — the "built on / relied upon" pattern the AAO credits. Counsel should quote the citing text for the strongest of these.

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	16
Institute for Health Metrics and Evaluation, University of Washington	United States	—	7
Institute for Health Metrics and Evaluation	United States	SCImago #37	6
University of Oxford	United Kingdom	SCImago #26 · THE 1 · QS 4	6
Boston University	United States	SCImago #272 · THE =76 · QS =88	5
University of Cambridge	United Kingdom	SCImago #63 · THE =3 · QS 6	5

Institution	Country	World ranking	Citing papers
Tehran University of Medical Sciences	Iran	SCImago #701 · THE 501–600	5
Massachusetts General Hospital	United States	SCImago #100	5
Cairo University	Egypt	SCImago #997 · THE 801–1000 · QS =347	5
University of California, Los Angeles	United States	SCImago #70 · THE =18 · QS 46	4
University College London	United Kingdom	SCImago #30	4
Shahid Beheshti University of Medical Sciences	Iran	THE 601–800	4
Columbia University	United States	SCImago #65 · THE 20 · QS =38	4
Harvard Medical School	United States	SCImago #12	4
Iran University of Medical Sciences	Iran	SCImago #2614 · THE 601–800	4

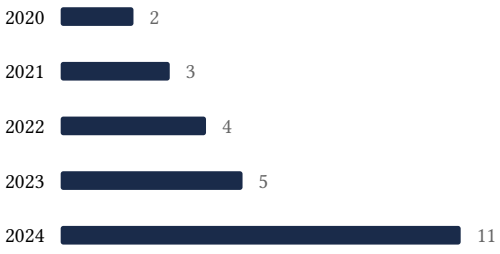
Geographic distribution of citing authors

Country	Citing papers
United States	22
United Kingdom	14
Australia	10
Italy	10
China	9
Germany	9
Spain	8
Iran	8
France	8
Ethiopia	7
Canada	7
Switzerland	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	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	6	8 CFR 204.5(h)(3)(v) — Criterion 5
Contribution 2	Global burden of 87 risk factors in 204 countries and territories, 1990–2019: a systematic analysis for the Global Burden of Disease Study 2019	6	8 CFR 204.5(h)(3)(v) — Criterion 5
Contribution 3	Global, regional, and national cancer incidence, mortality, years of life lost, years lived with disability, and disability-adjusted life-years for 32 cancer groups, 1990 to …	8	8 CFR 204.5(h)(3)(v) — Criterion 5