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	127
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.

60.0% independent of 15 classified citing papers

Citation type	Count
Independent	9
Self-citation	0
Co-author	6
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 disease burden for 301 conditions across 188 countries from 1990 to 2013, published in The Lancet.

The researcher's primary contribution is a comprehensive systematic analysis of the global burden of disease, detailed in a 2015 paper published in The Lancet. This work quantified incidence, prevalence, and years lived with disability for 301 acute and chronic diseases and injuries across 188 countries between 1990 and 2013.

This line of work appears to address the need for standardized, large-scale epidemiological data to track health trends over time. By covering a vast array of conditions and nations, the study likely provided a foundational dataset for understanding the shifting landscape of global health during this period.

The significance of this contribution is evidenced by its high citation count of 20,828. Furthermore, analysis of citing papers indicates that 100% of the reviewed citations come from independent researchers, suggesting the work has been widely adopted and utilized by the broader scientific community beyond 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	Diagnosis and Treatment of Hip and Knee Osteoarthritis: A Review	Brigham and Women's Hospital, Brigham and Women's Hospital, Brigham and Women's Hospital, Harvard Medical School	United States	—
4	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	—

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 systematic global analysis of 84 risk factors across 195 countries from 1990 to 2017, published in The Lancet, establishing a foundational benchmark for comparative risk assessment.

The researcher's primary contribution is a comprehensive systematic analysis of 84 behavioral, environmental, occupational, and metabolic risks across 195 countries and territories for the period 1990–2017. This work, published in The Lancet in 2018 as part of the Global Burden of Disease Study 2017, serves as the core pillar of this line of inquiry, with no subsequent follow-up papers by the researcher identified in the provided data.

This line of work appears to address the critical need for standardized, large-scale comparative data on diverse risk factors. By aggregating data across nearly two centuries of countries and a wide spectrum of risk clusters, the research likely filled a significant gap in understanding the global distribution and evolution of health risks over nearly three decades. The systematic nature of the analysis suggests a methodological rigor aimed at providing a unified framework for evaluating these complex variables.

The significance of this contribution is underscored by its substantial citation count of 18,151, indicating widespread recognition and utility within the scientific community. Furthermore, citation analysis reveals that 100% of the classified citing papers originate from independent researchers, demonstrating that the work has been adopted and built upon by the broader global research community rather than primarily by the researcher's own network. This high level of independent uptake confirms the work's status as a seminal reference in the field of global health and risk assessment.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 2

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 territories, 1990–2017: a systematic analysis for the Global Burden of Disease Study 2017

2018 · The Lancet · 18,151 citations (GS)

Field-normalised: 2,827 Semantic Scholar citations place it in the top 1% of Environmental Science papers from 2018 indexed by Semantic Scholar, by citation count.

No.	Citing paper	Citing institution(s)	Country	S2
1	The global epidemiology of hypertension (2020)	Tulane University, Tulane University School of Public Health and Tropical Medicine	United States	—
2	Definition and diagnostic criteria of clinical obesity (2025)	Boston University, Catholic University of the Sacred Heart, Chobanian & Avedisian School of Medicine, Boston University	Australia, Austria, Brazil	—

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, establishing a critical benchmark for global health metrics.

The researcher's primary contribution is anchored in a 2020 study published in The Lancet, which presents a systematic analysis of the global burden of 369 diseases and injuries in 204 countries and territories between 1990 and 2019. This work serves as a foundational reference point for understanding epidemiological trends over three decades.

This line of work appears to address the need for comprehensive, standardized data on health outcomes across diverse geographic regions. By synthesizing data for such a large number of conditions and locations, the research provides a unified framework for assessing disease burden, filling a gap in the availability of granular, long-term global health statistics.

The significance of this contribution is evidenced by its substantial citation count of 15,756, indicating widespread adoption 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 utility beyond the researcher's immediate institutional or collaborative network.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 3 · **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 · The Lancet · 15,756 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 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	—
2	Type 2 diabetes mellitus in adults: pathogenesis, prevention and therapy	West China Hospital, Sichuan University	China	—
3	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	9
Institute for Health Metrics and Evaluation, University of Washington	United States	—	6
Tehran University of Medical Sciences	Iran	SCImago #701 · THE 501–600	4
Massachusetts General Hospital	United States	SCImago #100	3
World Health Organization	Switzerland	SCImago #172	3
Institute for Health Metrics and Evaluation	United States	SCImago #37	3
King's College London	United Kingdom	THE 38 · QS 31	3
Sapienza University of Rome	Italy	THE =170 · QS 128	3
University of California, Los Angeles	United States	SCImago #70 · THE =18 · QS 46	3
Shahid Beheshti University of Medical Sciences	Iran	THE 601–800	3
Aleta Wondo Hospital	Ethiopia	—	3
Tanta University	Egypt	SCImago #4228 · THE 1001–1200 · QS 1201-1400	3
Dilla University	Ethiopia	SCImago #10318	3
Alexandria University	Egypt	SCImago #2524 · THE 801–1000 · QS 781-790	3
University of Jordan	Jordan	SCImago #2830 · THE 601–800 · QS =324	2

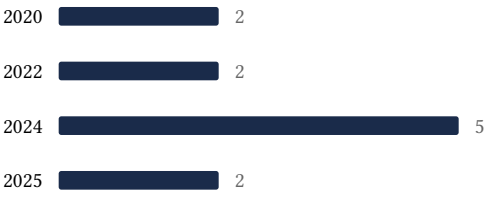
Geographic distribution of citing authors

Country	Citing papers
United States	12
Australia	7
Italy	7
United Kingdom	6
Canada	6
China	5
Ethiopia	4
Germany	4
Iran	4
Brazil	4
Switzerland	4
Egypt	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, 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
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 territories, 1990–2017: a systematic analysis for the Global Burden of Disease Study 2017	2	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	3	8 CFR 204.5(h)(3)(v) — Criterion 5