Citation Evidence Report

EB-2 NIW Petition — National Interest Waiver

Matter of Dhanasar · Prong 2 (well-positioned)

Scott Patten

Professor Emeritus, University of Calgary

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

44	48	5	137
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.

90.9% independent of 44 classified citing papers

Citation type	Count
Independent	40
Self-citation	0
Co-author	4
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 contribution centers on 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 core reference in the field, with no follow-up papers by the researcher listed 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 framework for understanding global health dynamics, suggesting a significant methodological or data-integration advance.

The significance of this contribution is evidenced by its high citation count of 24,536, indicating widespread adoption by the scientific community. Furthermore, analysis of citing papers reveals that 90.9% of citations 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: 9 · **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 · 24,536 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	Global burden of 288 causes of death and life expectancy decomposition in 204 countries and territories and 811 subnational locations, 1990–2021: a systematic analysis for the Global Burden of Disease Study 2021 (2024)	Advanced Diagnostic and Interventional Radiology Research Center, Ahmadu Bello University, Alborz University of Medical Sciences	Algeria, Australia, Benin	—
3	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	—
4	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	—
5	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
6	Global Burden of Cardiovascular Diseases and Risks, 1990-2022 (2023)	Bayero University Kano, Cairo University, Cleveland Clinic	Egypt, Ethiopia, Iran	—
7	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, Egypt, Ethiopia	—
8	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	—
9	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 comprehensive global comparative risk assessment of 84 behavioral, environmental, occupational, and metabolic risks across 195 countries, establishing a foundational benchmark for public health epidemiology.

The researcher's primary contribution is the execution of a large-scale comparative risk assessment covering 84 distinct risk factors across 195 countries. This work, published in 2018, serves as the core pillar of this line of inquiry, with no subsequent follow-up papers by the researcher identified in the provided data. The titles indicate a systematic effort to quantify the burden of diverse risks on a global scale.

This line of work appears to address the critical need for standardized, multi-dimensional risk profiling in global health. By aggregating data on behavioral, environmental, occupational, and metabolic risks, the research likely filled a gap in understanding the relative impact of these varied factors across different national contexts. The comprehensive scope suggests an original approach to synthesizing complex epidemiological data into a unified comparative framework.

The significance of this contribution is evidenced by its substantial citation count of 18,192, indicating widespread recognition and utility within the scientific community. Furthermore, analysis of citing papers reveals that 90.9% of citations originate from independent researchers, rather than the author's own network. This high degree of independent uptake underscores the work's role as a foundational reference that has significantly influenced broader public health research and policy discussions globally.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 7

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 ...

2018 · 18,192 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	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, Egypt, Ethiopia	—
3	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	—
4	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	—
5	Air pollution and climate change as grand challenges to sustainability (2024)	University of Agriculture, University of the Punjab	Pakistan	—
6	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, Egypt, Ethiopia	—
7	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 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 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. This work covered 188 countries over the period 1990–2013, serving as a core component of the Global Burden of Disease Study 2013.

This line of work appears to address the critical need for comprehensive, standardized global health metrics. By aggregating data across a vast number of conditions and nations, the research likely filled a significant gap in comparative epidemiology, providing a unified framework for understanding disease trends that was previously fragmented or unavailable at such scale.

The significance of this contribution is evidenced by its substantial citation count of 8,032, indicating widespread adoption within the scientific community. Furthermore, analysis of citing papers reveals that 90.9% originate from independent researchers, suggesting that the work has served as a foundational reference for diverse, external scholarly efforts rather than merely circulating within the author's immediate network.

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 · 8,032 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, Harvard T.H. Chan School of Public Health	United States	—
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 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	20
Institute for Health Metrics and Evaluation, University of Washington	United States	—	9
Stanford University	United States	SCImago #18 · THE =5 · QS 3	7
Boston University	United States	SCImago #272 · THE =76 · QS =88	7
Columbia University	United States	SCImago #65 · THE 20 · QS =38	7
Institute for Health Metrics and Evaluation	United States	SCImago #37	7
University of North Carolina at Chapel Hill	United States	THE 78 · QS =140	7
University of Alabama at Birmingham	United States	QS 1001-1200	6
Brigham and Women's Hospital	United States	SCImago #130	6
Yale University	United States	SCImago #76 · THE 10 · QS 21	6
Harvard Medical School	United States	SCImago #12	6
Beth Israel Deaconess Medical Center	United States	SCImago #647	6
University of California, Los Angeles	United States	SCImago #70 · THE =18 · QS 46	6
World Health Organization	Switzerland	SCImago #172	6
University of Pittsburgh	United States	SCImago #212 · QS =281	6

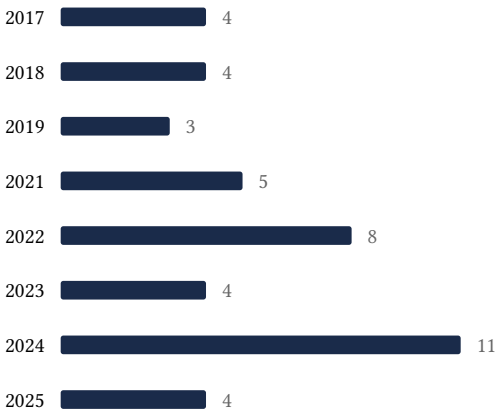
Geographic distribution of citing authors

Country	Citing papers
United States	33
United Kingdom	18
Australia	14
Germany	11
China	11
Switzerland	11
Canada	10
Italy	9
Sweden	7
Ethiopia	7
Iran	7
Brazil	6

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	9	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 …	7	Dhanasar — Prong 2 (well-positioned)
Contribution 3	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)