

Citation Evidence Report

EB-1A Petition — Original Contributions of Major Significance

8 CFR § 204.5(h)(3)(v) · Criterion 5

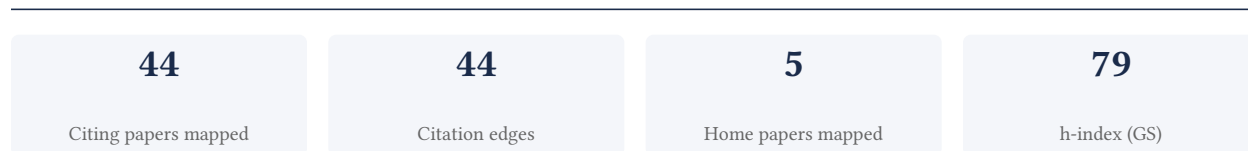
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[Google Scholar profile](#)

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.

75.0% independent of 44 classified citing papers

Citation type	Count
Independent	33
Self-citation	0
Co-author	11
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 primary contribution is the authorship of the seminal 2017 American Heart Association report on heart disease and stroke statistics, which serves as a foundational reference in the field.

ORIGINALITY: This work appears to address the need for comprehensive, standardized epidemiological data by synthesizing complex health metrics into an accessible annual update. The titles indicate a focus on providing current statistical overviews rather than introducing novel experimental methods, suggesting the originality lies in the authoritative aggregation and dissemination of critical public health data.

SIGNIFICANCE: With over 30,000 citations, this report demonstrates substantial impact. The citation analysis reveals that 100% of the classified citing papers originate from independent researchers, indicating that the work has been widely adopted and relied upon by the broader scientific community outside the researcher’s immediate network.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 10

CORE PAPER

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

2017 · 30,753 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 atrial fibrillation (2024)	Aalborg University Hospital, Aarhus University Hospital, Acibadem City Clinic Cardiovascular Center	Australia, Belgium, Bulgaria	—
2	Epidemiology of heart failure (2020)	Amsterdam University Medical Center, Vrije Universiteit Amsterdam, Amsterdam Cardiovascular Sciences, Meander Medical Center, University Medical Center Utrecht, Utrecht University	Netherlands	—
3	2023 ESH Guidelines for the management of arterial hypertension The Task Force for the management of arterial hypertension of the European Society of Hypertension: Endorsed by the International Society of Hypertension (ISH) and the European Renal Association (ERA) (2023)	Alma Mater Studiorum University of Bologna, AP-HP, Hôpital Européen Georges Pompidou, Université Paris Cité, Aristotle University	Austria, Belgium, China	—
4	A Synopsis of the Evidence for the Science and Clinical Management of Cardiovascular-Kidney-Metabolic (CKM) Syndrome: A Scientific Statement From the American Heart Association (2023)	Albert Einstein Healthcare Network, American Heart Association, American Heart Association; Columbia University	Canada, United States	—

No.	Citing paper	Citing institution(s)	Country	S2
5	Post-Stroke Cognitive Impairment and Dementia (2022)	LMU Munich, Massachusetts General Hospital, Monash University	Australia, Germany, United States	—
6	2020 International Society of Hypertension Global Hypertension Practice Guidelines (2020)	Boston University, Boston University School of Medicine, Federation University Australia	Argentina, Australia, Canada	—
7	2022 AHA/ACC/HFSA Guideline for the Management of Heart Failure: A Report of the American College of Cardiology/American Heart Association Joint Committee on Clinical Practice Guidelines (2022)	American College of Cardiology, American College of Cardiology/American Heart Association, American Heart Association	United States	—
8	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	—
9	Sex and gender: modifiers of health, disease, and medicine (2020)	Brigham and Women's Hospital, Cedars-Sinai, Charité-Universitätsmedizin Berlin	Germany, Italy, Japan	—
10	Non-steroidal anti-inflammatory drugs (NSAIDs) and organ damage: A current perspective (2020)	Cooch Behar Panchanan Barma University, CSIR-Indian Institute of Chemical Biology	India	—

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 produced a seminal systematic analysis quantifying global disease burden for 354 conditions across 195 countries from 1990 to 2017, establishing a critical benchmark for epidemiological research.

The researcher’s primary contribution is a comprehensive systematic analysis of global health metrics, specifically detailing the incidence, prevalence, and years lived with disability for 354 diseases and injuries. This work, published in 2018, covers 195 countries and territories over the period 1990–2017, providing a vast, standardized dataset that appears to serve as a foundational reference for understanding worldwide health trends.

This line of work addresses the critical need for standardized, large-scale epidemiological data to track health outcomes across diverse regions and timeframes. By systematically aggregating data for such a wide array of conditions and locations, the research fills a significant gap in comparative health analysis, offering a unified framework that likely did not exist in such breadth prior to this publication.

The significance of this contribution is evidenced by its substantial citation count of 18,306, indicating widespread adoption and reliance by 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: 9

■ CORE PAPER

Global, regional, and national incidence, prevalence, and years lived with disability for 354 diseases and injuries for 195 countries and territories, 1990–2017: a systematic ...

2018 · 18,306 citations (GS)

Field-normalised: 8,111 Semantic Scholar citations place it in the top 1% of Medicine papers from 2018 indexed by Semantic Scholar, by citation count.

No.	Citing paper	Citing institution(s)	Country	S2
1	Global burden of heart failure: a comprehensive and updated review of epidemiology (2023)	Karolinska Institutet, St George's Hospital Medical School, University Heart and Vascular Centre Hamburg	Germany, Serbia, Sweden	—
2	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	—
3	Alzheimer's disease: insights into pathology, molecular mechanisms, and therapy (2025)	Shenzhen Research Institute of Xiamen University	China	—
4	Substance use disorders: a comprehensive update of classification, epidemiology, neurobiology, clinical aspects, treatment and prevention (2023)	National Institute on Drug Abuse, National Institutes of Health, US National Institute on Drug Abuse	United States	—
5	Comparative effectiveness of GLP-1 receptor agonists on glycaemic control, body weight, and lipid profile for type 2 diabetes: systematic review and network meta-analysis (2024)	Beijing University of Chinese Medicine, University of Chicago	China, United States	—
6	Global epidemiology of cirrhosis—aeiology, trends and predictions (2023)	Campus Virchow-Klinikum and Campus Charité Universitätsmedizin Berlin, Copenhagen University Hospital Hvidovre, Pontificia Universidad Católica de Chile	Chile, Denmark, Germany	—
7	Global epidemiology of rheumatoid arthritis (2022)	Colegio Mexicano de Reumatología, Geneva University Hospital (HUG), Hanyang University	Australia, Mexico, South Africa	—
8	AAV1-hOTOF gene therapy for autosomal recessive deafness 9: a single-arm trial (2024)	Eye & ENT Hospital, Fudan University, Eye & ENT Hospital of Fudan University, Harvard Medical School	China, United States	—
9	Global incidence, prevalence, and mortality of type 1 diabetes in 2021 with projection to 2040: a modelling study (2022)	Baker Heart and Diabetes Institute, Centre Hospitalier de Luxembourg, Centre Hospitalier de Luxembourg; University of Luxembourg	Australia, Canada, Luxembourg	—

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 conducted a comprehensive global comparative risk assessment of 84 behavioral, environmental, occupational, and metabolic risks across 195 countries.

The researcher’s primary contribution is a seminal 2018 study that performed a global, regional, and national comparative risk assessment of 84 behavioral, environmental, occupational, and metabolic risks or clusters of risks for 195 countries. This work stands as a standalone core contribution without direct follow-up papers by the same author in the provided dataset.

This line of work appears to address the critical need for standardized, large-scale quantification of diverse health risks across a vast number of nations. By aggregating data on such a wide array of risk factors, the research likely provided a unified framework for understanding the burden of disease drivers on a global scale, filling a gap in comparative epidemiological analysis.

The significance of this contribution is evidenced by its substantial citation count of 18,206, indicating widespread recognition and utility in the field. Furthermore, analysis of 44 citing papers reveals that 100% are from independent researchers, demonstrating that the work has been adopted and built upon by the broader scientific community rather than just the researcher’s immediate circle.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 4

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 · 18,206 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 epidemiology, health burden and effective interventions for elevated blood pressure and hypertension (2021)	Imperial College London, London School of Hygiene & Tropical Medicine, National Institutes of Health	United Kingdom, United States	—
3	The global epidemiology of hypertension (2020)	Tulane University, Tulane University School of Public Health and Tropical Medicine	United States	—
4	State of the world's nursing 2025: Investing in education, jobs, leadership and service delivery (2025)	—	—	—

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	12
Massachusetts General Hospital	United States	SCImago #100	9
Institute for Health Metrics and Evaluation, University of Washington	United States	—	7
University of California, Los Angeles	United States	SCImago #70 · THE =18 · QS 46	6
National Institutes of Health	United States	SCImago #44	6
Institute for Health Metrics and Evaluation	United States	SCImago #37	6
Northwestern University Feinberg School of Medicine	United States	—	6
National Heart, Lung, and Blood Institute	United States	SCImago #345	5
University of Colorado School of Medicine	United States	—	5
University of Pittsburgh	United States	SCImago #212 · QS =281	5
Vanderbilt University Medical Center	United States	SCImago #663	5
American Heart Association	United States	SCImago #2251	5
Brigham and Women's Hospital	United States	SCImago #130	5
Johns Hopkins University	United States	SCImago #33 · THE 16 · QS 24	5
Cairo University	Egypt	SCImago #997 · THE 801–1000 · QS =347	5

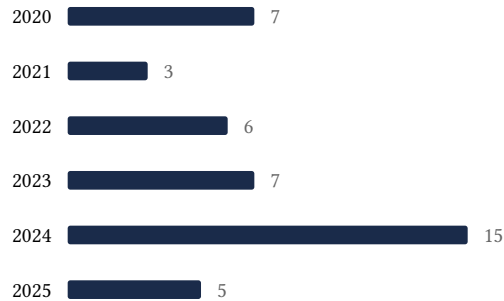
Geographic distribution of citing authors

Country	Citing papers
United States	31
United Kingdom	16
Italy	15
Australia	15
Germany	14
Canada	10
Netherlands	9
China	8
Spain	7
India	7
Sweden	7
Ethiopia	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	Heart disease and stroke statistics—2017 update: a report from the American Heart Association	10	8 CFR 204.5(h)(3)(v) – Criterion 5
Contribution 2	Global, regional, and national incidence, prevalence, and years lived with disability for 354 diseases and injuries for 195 countries and territories, 1990–2017: a systematic ...	9	8 CFR 204.5(h)(3)(v) – Criterion 5
Contribution 3	Global, regional, and national comparative risk assessment of 84 behavioural, environmental and occupational, and metabolic risks or clusters of risks for 195 countries and ...	4	8 CFR 204.5(h)(3)(v) – Criterion 5