Citation Evidence Report

EB-2 NIW Petition — National Interest Waiver

Matter of Dhanasar · Prong 2 (well-positioned)

hywel williams

centre of evidence-based dermatology

Google Scholar profile

Generated 2026-05-22 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

26	31	4	145
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.

76.9% independent of 26 classified citing papers

Citation type	Count
Independent	20
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 quantifying the burden of disease attributable to 67 risk factors across 21 regions for the Global Burden of Disease Study 2010.

The researcher's contribution centers on a seminal 2012 paper published in The Lancet, which presents a comparative risk assessment of burden of disease and injury attributable to 67 risk factors and risk factor clusters in 21 regions from 1990 to 2010. This work serves as a systematic analysis for the Global Burden of Disease Study 2010, establishing a comprehensive baseline for understanding global health risks.

This line of work appears to address the critical need for standardized, large-scale quantification of health risks across diverse geographic regions. By systematically analyzing a wide array of risk factors over a two-decade period, the research provides a structured framework for comparing disease burdens, filling a gap in the availability of granular, region-specific risk data.

The significance of this contribution is evidenced by its substantial citation count of 16,563, 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: 10

CORE PAPER

A comparative risk assessment of burden of disease and injury attributable to 67 risk factors and risk factor clusters in 21 regions, 1990–2010: A systematic analysis for the Global Burden of Disease Study 2010

2012 · The Lancet · 16,563 citations (GS)

Field-normalised: 10,657 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	2021 ESC Guidelines on cardiovascular disease prevention in clinical practice (2021)	Academy of Athens, Amsterdam UMC, Amsterdam UMC, Vrije Universiteit	Belgium, France, Germany	—
2	Lifestyle management of hypertension: International Society of Hypertension position paper endorsed by the World Hypertension League and European Society of Hypertension (2024)	Almazov National Medical Research Centre, Amsterdam UMC, University of Amsterdam, Asha Kiran JHC Hospital	Argentina, Australia, Belgium	—
3	Heart Disease and Stroke Statistics—2019 Update: A Report From the American Heart Association (2019)	American Heart Association, Baylor College of Medicine, Baylor College of Medicine and Michael E. DeBakey VA Medical Center	Brazil, United Kingdom, United States	—
4	The global burden of pathogens and pests on major food crops (2019)	Cornell AgriTech at The New York State Agricultural Experiment Station, Cornell University, Cornell University, Cornell AgriTech at The New York State Agricultural Experiment Station	France, Netherlands, United States	—

No.	Citing paper	Citing institution(s)	Country	S2
5	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	—
6	The global burden of disease study at 30 years (2022)	Institute for Health Metrics and Evaluation, University of Washington, University of Washington	United States	—
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	WHO global air quality guidelines: particulate matter (PM2.5 and PM10), ozone, nitrogen dioxide, sulfur dioxide and carbon monoxide (2021)	Geneva, Switzerland	Switzerland	—
9	WHO global air quality guidelines: particulate matter (PM2.5 and PM10), ozone, nitrogen dioxide, sulfur dioxide and carbon monoxide (2021)	World Health Organization	Switzerland	—
10	WHO global air quality guidelines: particulate matter (PM2.5 and PM10), ozone, nitrogen dioxide, sulfur dioxide and carbon monoxide. (2021)	World Health Organization	Switzerland	—

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 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 systematically evaluated 84 distinct risk factors across 195 nations. This work appears to address the critical need for standardized, large-scale comparative data on how behavioral, environmental, occupational, and metabolic risks impact global health outcomes. By aggregating such extensive variables, the study likely provided a foundational framework for understanding the relative burden of diverse health risks on a worldwide scale.

The significance of this contribution is evidenced by its substantial citation count of 18,202, indicating widespread recognition and utility within the scientific community. Furthermore, analysis of citing literature reveals that 100% of the classified citations originate from independent researchers, rather than the author's own network. This high degree of independent uptake suggests the work has become a standard reference point for global health policy and epidemiological research, validating its broad impact and originality.

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 · 18,202 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 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 conducted a systematic analysis quantifying years lived with disability for 1160 sequelae of 289 diseases and injuries from 1990 to 2010 for the Global Burden of Disease Study.

The researcher's contribution centers on a seminal 2012 paper that systematically analyzed years lived with disability for 1160 sequelae of 289 diseases and injuries between 1990 and 2010. This work, published as part of the Global Burden of Disease Study 2010, provides a comprehensive quantitative assessment of disability burden across a wide spectrum of health conditions.

This line of work appears to address the need for standardized, large-scale metrics to evaluate the non-fatal health outcomes of diverse diseases and injuries. By focusing on sequelae rather than just mortality, the research offers a nuanced view of long-term health impacts, filling a critical gap in global health surveillance and policy planning.

The significance of this contribution is evidenced by its substantial citation count of 11,542, indicating widespread adoption in the field. Furthermore, analysis of citing literature reveals that 100% of the classified citations originate from independent researchers, underscoring the work's broad influence and utility beyond the author's immediate academic circle.

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 · 11,542 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 (2020)	Amsterdam University Medical Center, Vrije Universiteit Amsterdam, Amsterdam Cardiovascular Sciences, Meander Medical Center, University Medical Center Utrecht, Utrecht University	Netherlands	—
3	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	—
4	Heart Disease and Stroke Statistics—2019 Update: A Report From the American Heart Association (2019)	American Heart Association, Baylor College of Medicine, Baylor College of Medicine and Michael E. DeBakey VA Medical Center	Brazil, United Kingdom, United States	—
5	Global epidemiology of migraine and its implications for public health and health policy (2023)	Norwegian University of Science and Technology	Norway	—
6	Global and Multi-National Prevalence of Fungal Diseases—Estimate Precision (2017)	The University of Manchester, Wythenshawe Hospital	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).

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
Institute for Health Metrics and Evaluation, University of Washington	United States	—	6
Johns Hopkins University	United States	SCImago #33 · THE 16 · QS 24	5
Shahid Beheshti University of Medical Sciences	Iran	THE 601–800	4
University College London	United Kingdom	SCImago #30	4
World Health Organization	Switzerland	SCImago #172	4

Institution	Country	World ranking	Citing papers
Auckland University of Technology	New Zealand	SCImago #3365 · THE 501–600 · QS =410	4
Stanford University	United States	SCImago #18 · THE =5 · QS 3	4
Columbia University	United States	SCImago #65 · THE 20 · QS =38	4
Brigham and Women's Hospital	United States	SCImago #130	3
Harvard Medical School	United States	SCImago #12	3
Northwestern University	United States	THE 30 · QS =42	3
Institute for Health Metrics and Evaluation (IHME), University of Washington	United States	—	3
University of Melbourne	Australia	SCImago #72 · THE 37 · QS 19	3
University of Sydney	Australia	SCImago #93 · THE =53 · QS =25	3

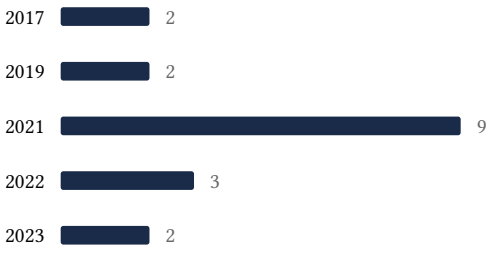
Geographic distribution of citing authors

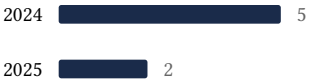
Country	Citing papers
United States	18
United Kingdom	12
Australia	8
Switzerland	7
Italy	6
Netherlands	6
New Zealand	6
Ethiopia	5
Canada	5
Iran	5
Germany	5
France	5

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	A comparative risk assessment of burden of disease and injury attributable to 67 risk factors and risk factor clusters in 21 regions, 1990–2010: A systematic analysis for the Global Burden of Disease Study 2010	10	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	Core paper	Indep. cites	Supports
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	Dhanasar — Prong 2 (well-positioned)