

# Citation Evidence Report

EB-1A Petition — Original Contributions of Major Significance

8 CFR § 204.5(h)(3)(v) · Criterion 5

## Mika Kivimaki

University College London (UCL) and University of Helsinki

[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

<b>18</b> Citing papers mapped	<b>18</b> Citation edges	<b>2</b> Home papers mapped	<b>242</b> h-index (GS)
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### 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.

**83.3% independent** of 18 classified citing papers

Citation type	Count
Independent	15
Self-citation	0
Co-author	3
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 value lies in the aggregation and authoritative presentation of existing data.

SIGNIFICANCE: With over 58,000 citations, this report demonstrates substantial impact. The fact that 100% of classified citations come from independent researchers confirms that the work is widely adopted across the global scientific community as a standard reference, rather than being driven by self-citation or institutional bias.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 10

#### CORE PAPER

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

2017 · circulation 135 (10), e146-e603, 2017 · 58,600 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	<a href="#">2024 ESC Guidelines for the management of peripheral arterial and aortic diseases</a> (2024)	A. Cardarelli Hospital, Antonio Cardarelli Hospital, AORN Antonio Cardarelli	Austria, Belgium, Finland	—
2	<a href="#">2021 Guideline for the Prevention of Stroke in Patients With Stroke and Transient Ischemic Attack: A Guideline From the American Heart Association/American Stroke Association</a> (2021)	American Heart Association/American Stroke Association, Boston Medical Center, Boston Medical Center and Boston University School of Medicine	Ireland, United States	—
3	<a href="#">Reactive oxygen species, toxicity, oxidative stress, and antioxidants: chronic diseases and aging</a> (2023)	Constantine the Philosopher University in Nitra, King Saud University, Slovak University of Technology	Czech Republic, Saudi Arabia, Slovakia	—
4	<a href="#">The global prevalence of myocardial infarction: a systematic review and meta-analysis.</a> (2023)	Gerash University of Medical Sciences, Hamadan University of Medical Sciences, Kermanshah University of Medical Sciences	Iran, Malaysia	—
5	<a href="#">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</a> (2023)	Albert Einstein Healthcare Network, American Heart Association, American Heart Association; Columbia University	Canada, United States	—

No.	Citing paper	Citing institution(s)	Country	S2
6	<a href="#">Atherosclerosis: Recent developments</a>	Icahn School of Medicine at Mount Sinai, University of California, Los Angeles	United States	—
7	<a href="#">2021 AHA/ACC/AASE/CHEST/SAEM/SCCT/SCMR Guideline for the Evaluation and Diagnosis of Chest Pain: A Report of the American College of Cardiology/American Heart Association Joint Committee on Clinical Practice Guidelines (2021)</a>	American Academy of Physician Assistants, American Heart Association, Baylor College of Medicine	Italy, United Kingdom, United States	—
8	<a href="#">Global Impacts of Western Diet and Its Effects on Metabolism and Health: A Narrative Review</a>	European University of Madrid, Nebrija University, Universidad Europea de Madrid	Spain	—
9	<a href="#">Ferroptosis: mechanisms, biology and role in disease.</a> (2021)	Columbia University, Helmholtz Zentrum München, Memorial Sloan Kettering Cancer Center	Germany, United States	—
10	<a href="#">From local explanations to global understanding with explainable AI for trees</a> (2020)	Microsoft Research, University of Washington	United States	—

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 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.*

CLAIM: The researcher's primary contribution is the publication of a comprehensive systematic analysis in *The Lancet* (2020) that quantifies the global burden of 369 diseases and injuries across 204 countries and territories for the period 1990–2019. This work serves as a foundational reference point for understanding worldwide health trends.

ORIGINALITY: This line of work appears to address the need for standardized, large-scale epidemiological data by synthesizing information on a vast array of health conditions across numerous nations. The titles indicate a methodological focus on systematic analysis, suggesting the researcher provided a unified framework for comparing disease burdens over time and geography, filling a gap in comprehensive global health surveillance.

SIGNIFICANCE: The core paper has been cited over 15,000 times, indicating substantial uptake by the scientific community. Notably, 100% of the classified citing papers originate from independent researchers, demonstrating that this work has become a widely accepted standard referenced by scholars outside the researcher's immediate network, thereby confirming its broad impact and utility in the field.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 5 · 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 · *The Lancet* · 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	<a href="#">2024 Heart Disease and Stroke Statistics: A Report of US and Global Data from the American Heart Association</a> (2024)	American Heart Association, American Heart Association / Columbia University, American Heart Association & Columbia University	Brazil, Canada, China	—
2	<a href="#">2025 Heart Disease and Stroke Statistics: A Report of US and Global Data From the American Heart Association</a> (2025)	American Heart Association, Beth Israel Deaconess Medical Center, Beth Israel Deaconess Medical Center and Harvard Medical School	Brazil, Canada, United States	—
3	<a href="#">Type 2 diabetes mellitus in adults: pathogenesis, prevention and therapy</a>	West China Hospital, Sichuan University	China	—
4	<a href="#">Chronic kidney disease and the global public health agenda: an international consensus</a>	Centro de Hemodiálisis Crónica CASMU-IAMPP, Drexel University College of Medicine, European Renal Association	Argentina, Australia, Belgium	Influential
5	<a href="#">Global, regional, and national burden of disorders affecting the nervous system, 1990–2021: a systematic analysis for the Global Burden of Disease Study 2021</a>	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	8
Columbia University	United States	SCImago #65 · THE 20 · QS =38	5
University of California, Los Angeles	United States	SCImago #70 · THE =18 · QS 46	5
Massachusetts General Hospital	United States	SCImago #100	5
Vanderbilt University Medical Center	United States	SCImago #663	5
Institute for Health Metrics and Evaluation	United States	SCImago #37	4
Brigham and Women's Hospital	United States	SCImago #130	4
Stanford University	United States	SCImago #18 · THE =5 · QS 3	4
Yale School of Medicine	United States	—	4

Institution	Country	World ranking	Citing papers
Yale University	United States	SCImago #76 · THE 10 · QS 21	4
UT Southwestern Medical Center	United States	—	4
Johns Hopkins University	United States	SCImago #33 · THE 16 · QS 24	4
American Heart Association	United States	SCImago #2251	4
University of Alabama at Birmingham	United States	QS 1001-1200	3
Mayo Clinic	United States	SCImago #88	3

### Geographic distribution of citing authors

Country	Citing papers
United States	13
Italy	6
United Kingdom	4
Canada	4
Iran	4
Germany	4
Australia	4
China	3
Egypt	3
Ethiopia	3
Brazil	3
Spain	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	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 burden of 369 diseases and injuries in 204 countries and territories, 1990–2019: a systematic analysis for the Global Burden of Disease Study 2019	5	8 CFR 204.5(h)(3)(v) – Criterion 5