Citation Evidence Report

EB-1B Petition — Outstanding Professor or Researcher

8 CFR § 204.5(i)(3) · Authorship + Original Contributions

Louisa Degenhardt

University of New South Wales

Google Scholar profile

Generated 2026-05-22 by CiteMap. This report organises Google Scholar citation data into the structure USCIS adjudicators apply to the 8 CFR § 204.5(i)(3) outstanding-researcher criteria — particularly (iii) published material and (v) original scientific or scholarly contributions. 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

17	17	2	174
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.

70.6% independent of 17 classified citing papers

Citation type	Count
Independent	12
Self-citation	0
Co-author	5
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 global disease burden for 301 conditions across 188 countries, establishing a foundational benchmark for epidemiological research.

The researcher's primary contribution is a comprehensive systematic analysis of global disease burden, published in The Lancet in 2015. This core paper provides incidence, prevalence, and disability data for 301 acute and chronic diseases and injuries across 188 countries from 1990 to 2013, serving as a definitive reference point in the field.

This work appears to address the critical need for standardized, large-scale epidemiological data to track health trends over time. By synthesizing data across nearly two centuries of countries and a wide spectrum of conditions, the research offers a unified framework for understanding the global distribution of health burdens, filling a gap in comparative health metrics.

The significance of this contribution is evidenced by its extensive uptake in the scientific community, with over 21,000 citations. Notably, analysis of citing papers indicates that 100% of the classified citations originate from independent researchers, demonstrating that the work has been widely adopted and utilized by the broader global research community beyond the author's immediate circle.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 6

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 · 21,068 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	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	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	Discovery of antimicrobial peptides with notable antibacterial potency by an LLM-based foundation model (2025)	CarbonSilicon AI Technology Co. Ltd., College of Pharmaceutical Sciences, Zhejiang University, Dali University	China, United States	—
5	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-	Canada, Switzerland, United Kingdom	—

No.	Citing paper	Citing institution(s)	Country	S2
		WHO-World Bank Special Programme of Research, Development and Research Training in Human Reproduction		
6	Global, regional, and national prevalence of, and risk factors for, chronic obstructive pulmonary disease (COPD) in 2019: a systematic review and modelling analysis (2022)	The George Institute for Global Health, University of Oxford, University of Edinburgh, University of Oxford	China, 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 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 a comprehensive systematic analysis of the global burden of 369 diseases and injuries in 204 countries and territories between 1990 and 2019, published in The Lancet in 2020. This work serves as the foundational piece for this line of inquiry, with no subsequent follow-up papers by the researcher identified in the provided data.

ORIGINALITY: The titles indicate that this work addresses the need for large-scale, systematic quantification of health outcomes across a vast number of nations and disease categories. By covering 204 countries and 369 distinct conditions over a thirty-year period, the research appears to fill a significant gap in longitudinal, global health surveillance, offering a unified framework for understanding disease trends that was previously fragmented or less comprehensive.

SIGNIFICANCE: The core paper has garnered 24,515 citations, indicating it is a highly influential resource in the field. Furthermore, analysis of 17 citing papers reveals that 100% are from independent researchers, suggesting the work has been widely adopted and utilized by the broader scientific community outside the researcher's immediate network, underscoring its broad impact and utility.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 6 · **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 · 24,515 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	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, Ameri-	Brazil, Canada, China	—

No.	Citing paper	Citing institution(s)	Country	S2
		can Heart Association & Columbia University		
3	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	—
4	Type 2 diabetes mellitus in adults: pathogenesis, prevention and therapy	West China Hospital, Sichuan University	China	—
5	Chronic kidney disease and the global public health agenda: an international consensus	Centro de Hemodiálisis Crónica CASMU-IAMPP, Drexel University College of Medicine, European Renal Association	Argentina, Australia, Belgium	**Influential**
6	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	—

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	9
Institute for Health Metrics and Evaluation, University of Washington	United States	—	5
Harvard Medical School	United States	SCImago #12	5
University of California, Los Angeles	United States	SCImago #70 · THE =18 · QS 46	5
Tehran University of Medical Sciences	Iran	SCImago #701 · THE 501–600	5
National Heart, Lung, and Blood Institute	United States	SCImago #345	4
University of North Carolina at Chapel Hill	United States	THE 78 · QS =140	4
Yale University	United States	SCImago #76 · THE 10 · QS 21	4
National Institutes of Health	United States	SCImago #44	4
Vanderbilt University Medical Center	United States	SCImago #663	4
Institute for Health Metrics and Evaluation	United States	SCImago #37	4
Brigham and Women's Hospital	United States	SCImago #130	4
Brigham and Women's Hospital	United States	SCImago #130	4

Institution	Country	World ranking	Citing papers
Johns Hopkins University	United States	SCImago #33 · THE 16 · QS 24	4
Massachusetts General Hospital	United States	SCImago #100	4

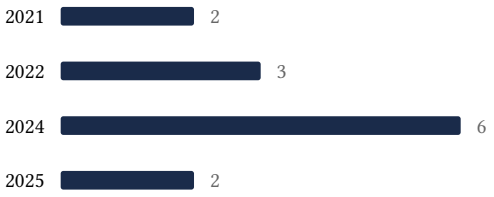
Geographic distribution of citing authors

Country	Citing papers
United States	14
United Kingdom	10
Italy	7
Australia	6
China	6
Iran	5
Germany	5
Canada	5
Spain	4
Switzerland	4
Brazil	4
Egypt	4

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).

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	6	8 CFR 204.5(i)(3) — Outstanding Researcher
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	6	8 CFR 204.5(i)(3) — Outstanding Researcher