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

15	15	3	146
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.

73.3% independent of 15 classified citing papers

Citation type	Count
Independent	11
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 global disease burden for 354 conditions across 195 countries from 1990 to 2017, establishing a critical benchmark for public health metrics.

The researcher's primary contribution is a comprehensive systematic analysis of global health metrics, published in The Lancet in 2018. This core work details the incidence, prevalence, and years lived with disability for 354 diseases and injuries across 195 countries and territories between 1990 and 2017. It stands as a singular, foundational piece in this specific line of inquiry.

This work appears to address the critical need for standardized, large-scale comparative data on health outcomes. By aggregating data across nearly two centuries of countries and a wide spectrum of conditions, the research provides a unified framework for understanding the global burden of disease. The absence of follow-up papers in this specific cluster suggests the core publication itself serves as the definitive reference point for this dataset and methodology.

The significance of this contribution is evidenced by its extensive uptake in the scientific community, with over 24,000 citations. Notably, analysis of citing literature indicates that 100% of the reviewed citations originate from independent researchers. This high degree of independent validation underscores the work's role as a widely accepted standard and essential resource for global health research beyond the researcher's immediate circle.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 5

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 analysis for the Global Burden of Disease Study 2017

2018 · The Lancet · 24,785 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	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	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	—
3	Osteoarthritis: pathogenic signaling pathways and therapeutic targets (2023)	Huazhong University of Science and Technology, Southern University of Science and Technology, SUSTech	China	—
4	Major depressive disorder: hypothesis, mechanism, prevention and treatment	Chengdu University of Traditional Chinese Medicine, China Medical University, The First Hospital, China Medical University	China	—
5	Global epidemiology of cirrhosis—aetiology, trends and predictions	Campus Virchow-Klinikum and Campus Charité Univer-	Chile, Denmark, Germany	—

No.	Citing paper	Citing institution(s)	Country	S2
		sitätsmedizin Berlin, Copenhagen University Hospital Hvidovre, Pontificia Universidad Católica de Chile		

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 systematic global analysis of 84 risk factors across 195 countries for the Global Burden of Disease Study 2017, published in The Lancet.

The researcher's primary contribution is a comprehensive systematic analysis of 84 behavioral, environmental, occupational, and metabolic risks for 195 countries and territories from 1990 to 2017. This work, published in The Lancet in 2018 as part of the Global Burden of Disease Study 2017, serves as the foundational core of this line of inquiry.

This line of work appears to address the critical need for standardized, large-scale comparative risk assessment across diverse global populations. By synthesizing data on a wide array of risk clusters, the research provides a unified framework for understanding the burden of disease attributable to specific modifiable factors, filling a gap in granular, multi-country risk quantification.

The significance of this contribution is evidenced by its substantial citation count of 17,571, indicating widespread adoption in the field. 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: 3

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 territories, 1990–2017: a systematic analysis for the Global Burden of Disease Study 2017

2018 · The Lancet · 17,571 citations (GS)

Field-normalised: 2,827 Semantic Scholar citations place it in the top 1% of Environmental Science papers from 2018 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	The global burden of metabolic disease: Data from 2000 to 2019	Beth Israel Deaconess Medical Center, Cedars-Sinai Medical Center, Cedars-Sinai Medical Center / Houston Research Institute	Australia, China, Hong Kong	—
3	Definition and diagnostic criteria of clinical obesity (2025)	Boston University, Catholic University of the Sacred Heart,	Australia, Austria, Brazil	—

No.	Citing paper	Citing institution(s)	Country	S2
		Chobanian & Avedisian School of Medicine, Boston University		

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 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.

The researcher's primary contribution rests on a 2020 study published in The Lancet, which presents a systematic analysis of the global burden of 369 diseases and injuries in 204 countries and territories between 1990 and 2019. 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.

This line of work appears to address the need for comprehensive, standardized longitudinal data on global health outcomes. By systematically analyzing a vast array of diseases and injuries across a wide geographic and temporal scope, the research likely fills a significant gap in the availability of comparable, high-resolution health metrics necessary for policy planning and resource allocation.

The significance of this contribution is underscored by its substantial citation count of 15,790, indicating widespread recognition and utility within the scientific community. Furthermore, analysis of citing papers reveals that 100% of the classified citations originate from independent researchers, suggesting that the work has been broadly adopted and relied upon by the global research community rather than being driven by self-citation or institutional bias.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 3 · **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 · 15,790 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	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	—
2	Type 2 diabetes mellitus in adults: pathogenesis, prevention and therapy (2024)	West China Hospital, Sichuan University	China	—
3	Global, regional, and national burden of disorders affecting the nervous system, 1990–2021: a systematic analysis for the Global Burden of Disease Study 2021	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
Institute for Health Metrics and Evaluation, University of Washington	United States	—	4
National and Kapodistrian University of Athens	Greece	SCImago #617 · THE 401–500 · QS 390	3
Institute for Health Metrics and Evaluation	United States	SCImago #37	3
University of Glasgow	United Kingdom	SCImago #351 · THE 84 · QS 79	3
University of Cambridge	United Kingdom	SCImago #63 · THE =3 · QS 6	3
Cairo University	Egypt	SCImago #997 · THE 801–1000 · QS =347	3
University of Oxford	United Kingdom	SCImago #26 · THE 1 · QS 4	2
Dilla University	Ethiopia	SCImago #10318	2
Duke-NUS Medical School	Singapore	SCImago #59 · THE 17 · QS 8	2
Massachusetts General Hospital and Harvard Medical School	United States	—	2
Aleta Wondo Hospital	Ethiopia	—	2
Imperial College London	United Kingdom	SCImago #69 · THE 8 · QS 2	2
European Society of Cardiology	France	—	2
Tanta University	Egypt	SCImago #4228 · THE 1001–1200 · QS 1201-1400	2

Geographic distribution of citing authors

Country	Citing papers
United States	11
Italy	6
United Kingdom	6
China	6
Germany	5
Australia	5
Switzerland	4

Country	Citing papers
France	4
Greece	3
Poland	3
Iran	3
Sweden	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	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 analysis for the Global Burden of Disease Study 2017	5	8 CFR 204.5(h)(3)(v) — Criterion 5
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 territories, 1990–2017: a systematic analysis for the Global Burden of Disease Study 2017	3	8 CFR 204.5(h)(3)(v) — Criterion 5
Contribution 3	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	3	8 CFR 204.5(h)(3)(v) — Criterion 5