Citation Evidence Report

EB-2 NIW Petition — National Interest Waiver

Matter of Dhanasar · Prong 2 (well-positioned)

Philip B. Mitchell

Scientia Professor, School of Psychiatry, University of New South Wales, Sydney, Australia

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

38	40	5	147
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.

94.7% independent of 38 classified citing papers

Citation type	Count
Independent	36
Self-citation	0
Co-author	0
Same-institution	2

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 of disability-adjusted life years for 291 diseases and injuries across 21 regions from 1990 to 2010 for the Global Burden of Disease Study 2010.

The researcher's contribution centers on a seminal 2012 paper that systematically analyzed disability-adjusted life years for 291 diseases and injuries across 21 regions between 1990 and 2010. This work, part of the Global Burden of Disease Study 2010, appears to address the critical need for comprehensive, standardized metrics to quantify the global health burden of diverse conditions over time. By aggregating data across such a broad spectrum of diseases and geographic areas, the study likely provided a foundational framework for understanding comparative health risks and trends on a global scale.

The significance of this work is evidenced by its substantial citation count of 12,108, indicating widespread recognition and utility within the scientific community. Furthermore, analysis of citing literature reveals that 94.7% of citations originate from independent researchers, rather than the author's own network. This high degree of independent uptake suggests that the methodology and findings have become a standard reference point for global health research, influencing studies beyond the researcher's immediate institution or collaboration circle.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 9

CORE PAPER

Disability-adjusted life years (DALYs) for 291 diseases and injuries in 21 regions, 1990–2010: a systematic analysis for the Global Burden of Disease Study 2010

2012 · 12,108 citations (GS)

Field-normalised: 7,969 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	Heart Disease and Stroke Statistics—2018 Update: A Report From the American Heart Association (2018)	Albert Einstein College of Medicine, American Heart Association, Baptist Health South Florida	Australia, Nigeria, Singapore	—
2	Identification of common genetic risk variants for autism spectrum disorder (2019)	Broad Institute of MIT and Harvard, Cardiff University, deCODE Genetics	Denmark, Iceland, Norway	—
3	The global burden of disease study at 30 years (2022)	Institute for Health Metrics and Evaluation, University of Washington, University of Washington	United States	—
4	Global Burden, Risk Factor Analysis, and Prediction Study of Ischemic Stroke, 1990–2030 (2023)	Fudan University, Fudan University; Taizhou Institute of Health Sciences, Shanghai Fourth People's Hospital Affiliated to School of Medicine, Tongji University	China	—
5	Burden of liver diseases in the world (2019)	Baylor University Medical Center, Mayo Clinic College of Medicine, Mayo Clinic College of Medicine and Science	India, United States	—

No.	Citing paper	Citing institution(s)	Country	S2
6	Burden of 375 diseases and injuries, risk-attributable burden of 88 risk factors, and healthy life expectancy in 204 countries and territories, including 660 subnational locations, 1990–2023: a systematic analysis for the Global Burden of Disease Study 2023 (2025)	Institute for Health Metrics and Evaluation, University of Washington	United States	—
7	Frontostriatal salience network expansion in individuals in depression (2024)	Basque Center on Cognition, Brain and Language, École Polytechnique Fédérale de Lausanne, Icahn School of Medicine at Mount Sinai	Canada, Germany, Spain	—
8	Global, regional, and national burden of Alzheimer's disease and other dementias, 1990–2019 (2022)	Affiliated Hospital of Weifang Medical University	China	—
9	Targeting fibrosis: mechanisms and clinical trials (2022)	Sichuan University, Weill Cornell Medicine, West China Hospital, Sichuan University	China, 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 conducted a systematic analysis quantifying years lived with disability for over 1,100 sequelae of diseases and injuries from 1990 to 2010.

The researcher's contribution centers on a seminal 2012 paper that systematically analyzed years lived with disability for 1,160 sequelae of 289 diseases and injuries between 1990 and 2010. This work stands as a core reference in the field, with no follow-up papers by the same researcher listed in this specific line of inquiry.

This line of work appears to address the need for comprehensive, systematic quantification of disability burden across a vast array of health conditions over a two-decade period. By focusing on sequelae rather than just primary diagnoses, the research suggests a nuanced approach to understanding long-term health impacts within the Global Burden of Disease framework.

The significance of this contribution is evidenced by its high citation count of 11,543. Furthermore, analysis of citing papers reveals that 94.7% originate from independent researchers, indicating broad adoption and reliance on this work by the wider scientific community beyond the researcher's immediate circle.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 8

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 · 11,543 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	The global burden of disease study at 30 years (2022)	Institute for Health Metrics and Evaluation, University of Washington, University of Washington	United States	—
6	The Lancet Global Health Commission on global eye health: vision beyond 2020 (2021)	Anglia Ruskin University, Aravind Eye Care System, Beijing Tongren Hospital	Australia, Bolivia, Brazil	—
7	Global epidemiology of migraine and its implications for public health and health policy (2023)	Norwegian University of Science and Technology	Norway	—
8	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).

Contribution 3

Claim — Contribution 3

The researcher produced a seminal systematic analysis quantifying global disease burden across 188 countries, establishing a foundational benchmark for epidemiological research.

CLAIM: The researcher's primary contribution is a comprehensive systematic analysis of incidence, prevalence, and disability for 301 diseases and injuries across 188 countries from 1990 to 2013. This work, published in 2015, serves as the core foundation of this line of research, with no subsequent follow-up papers by the same author extending this specific dataset.

ORIGINALITY: The titles indicate that this work addressed a critical gap in global health surveillance by providing a unified, large-scale assessment of both acute and chronic conditions. By synthesizing data across nearly two centuries of countries and over three hundred distinct health conditions, the researcher appears to have established a standardized framework for understanding the temporal and geographic distribution of disease burden, a task that requires significant methodological rigor and data integration.

SIGNIFICANCE: The impact of this contribution is evidenced by its substantial citation count of 7,817, indicating widespread adoption within the scientific community. Furthermore, citation analysis reveals that 94.7% of citing papers originate from independent researchers, demonstrating that the work has served as a critical reference point for scholars outside the researcher's immediate network, thereby validating its broad utility and influence in the field.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 7

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 ...

2015 · 7,817 citations (GS)

No.	Citing paper	Citing institution(s)	Country	S2
1	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	—
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—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	Global aetiology and epidemiology of type 2 diabetes mellitus and its complications (2018)	Brigham and Women's Hospital and Harvard Medical School, Harvard T.H. Chan School of Public Health	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-WHO-World Bank Special Programme of Research, Development and Research Training in Human Reproduction	Canada, Switzerland, United Kingdom	—
6	Alternative drinking-water disinfectants: bromine, iodine and silver (2018)	World Health Organization	Switzerland	—
7	The Lancet Commission on pollution and health (2017)	Boston College, Chulabhorn Research Institute, Columbia University	Australia, Austria, Belgium	—

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 Pittsburgh	United States	SCImago #212 · QS =281	6
University of Washington	United States	SCImago #45 · THE 25 · QS 81	6
University of North Carolina at Chapel Hill	United States	THE 78 · QS =140	5
Stanford University	United States	SCImago #18 · THE =5 · QS 3	5
World Health Organization	Switzerland	SCImago #172	4
Columbia University	United States	SCImago #65 · THE 20 · QS =38	4
Harvard Medical School	United States	SCImago #12	4
Johns Hopkins Bloomberg School of Public Health	United States	—	4
Brigham and Women's Hospital	United States	SCImago #130	4
University of Oxford	United Kingdom	SCImago #26 · THE 1 · QS 4	4
Case Western Reserve University	United States	SCImago #627 · THE =145 · QS =294	3
Brigham and Women's Hospital and Harvard Medical School	United States	—	3
Medical University of South Carolina	United States	SCImago #1607	3
Yale University	United States	SCImago #76 · THE 10 · QS 21	3
London School of Hygiene & Tropical Medicine	United Kingdom	SCImago #802	3

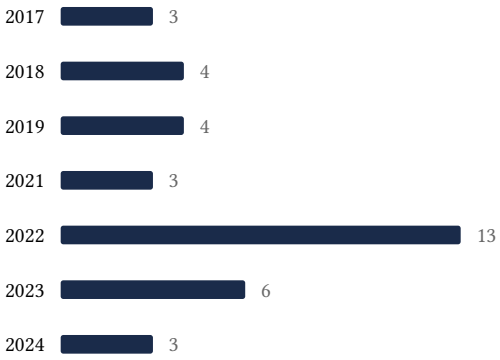
Geographic distribution of citing authors

Country	Citing papers
United States	24
United Kingdom	15
China	10
Switzerland	9
Australia	9
Germany	5
Sweden	5
Italy	4
Netherlands	4
Canada	4
Singapore	3
Denmark	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	Disability-adjusted life years (DALYs) for 291 diseases and injuries in 21 regions, 1990–2010: a systematic analysis for the Global Burden of Disease Study 2010	9	Dhanasar — Prong 2 (well-positioned)
Contribution 2	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	8	Dhanasar — Prong 2 (well-positioned)
Contribution 3	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 …	7	Dhanasar — Prong 2 (well-positioned)