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	92
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 conducted a systematic global analysis of incidence, prevalence, and disability for 310 diseases and injuries from 1990 to 2015, establishing a foundational benchmark for burden of disease studies.

The researcher's primary contribution rests on a seminal 2016 paper that systematically analyzed the global, regional, and national incidence, prevalence, and years lived with disability for 310 diseases and injuries between 1990 and 2015. This work appears to address the critical need for comprehensive, standardized metrics to quantify the health burden of a vast array of conditions across different geographies and time periods. By aggregating data for such a large number of diseases and injuries, the study likely provided a unified framework for understanding health trends that was previously fragmented or unavailable at this scale.

The significance of this contribution is underscored by its extensive uptake in the scientific community, with the core paper accumulating over 22,000 citations. Notably, analysis of citing literature indicates that 100% of the classified citations originate from independent researchers, rather than the author's own institution or collaborators. This high degree of independent citation suggests that the work has become a widely accepted standard reference, utilized by diverse scholars globally to inform their own research, policy decisions, and public health assessments.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 5

CORE PAPER

Global, regional, and national incidence, prevalence, and years lived with disability for 310 diseases and injuries, 1990–2015: a systematic analysis for the Global Burden of Disease Study 2015

2016 · 22,202 citations (GS)

Field-normalised: 5,543 Semantic Scholar citations place it in the top 1% of Medicine papers from 2016 indexed by Semantic Scholar, by citation count.

No.	Citing paper	Citing institution(s)	Country	S2
1	Osteoarthritis: pathogenic signaling pathways and therapeutic targets (2023)	Huazhong University of Science and Technology, Southern University of Science and Technology, SUSTech	China	—
2	Major depressive disorder: hypothesis, mechanism, prevention and treatment	Chengdu University of Traditional Chinese Medicine, China Medical University, The First Hospital, China Medical University	China	—
3	Global epidemiology of rheumatoid arthritis	Colegio Mexicano de Reumatología, Geneva University Hospital (HUG), Hanyang University	Australia, Mexico, South Africa	—
4	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	—
5	Global incidence, prevalence, and mortality of type 1 diabetes in 2021 with projection to 2040: a modelling study (2022)	Baker Heart and Diabetes Institute, Centre Hospitalier de Luxembourg, Centre Hospitalier de	Australia, Canada, Luxembourg	—

No.	Citing paper	Citing institution(s)	Country	S2
		Luxembourg; University of Luxembourg		

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 79 risk factors from 1990 to 2015, establishing a comprehensive benchmark for comparative risk assessment in public health.

The researcher's primary contribution is a seminal systematic analysis published in The Lancet in 2016, which assessed 79 behavioral, environmental, occupational, and metabolic risks globally, regionally, and nationally between 1990 and 2015. This work stands as a core reference point in the field, with no follow-up papers by the researcher listed in this specific line of inquiry.

This line of work appears to address the critical need for standardized, large-scale comparative data on diverse risk factors over a twenty-five-year period. By synthesizing data across such a broad spectrum of risks and geographic scales, the research likely provided a novel, unified framework for understanding the evolving burden of disease, filling a gap in longitudinal, multi-risk comparative assessments.

The significance of this contribution is evidenced by its substantial citation count of 16,179, indicating widespread adoption and reliance by 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: 3

CORE PAPER

Global, regional, and national comparative risk assessment of 79 behavioural, environmental and occupational, and metabolic risks or clusters of risks, 1990–2015: a systematic analysis for the Global Burden of Disease Study 2015

2016 · The Lancet · 16,179 citations (GS)

Field-normalised: 4,591 Semantic Scholar citations place it in the top 1% of Environmental Science papers from 2016 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 (2023)	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.

CLAIM: The researcher's primary contribution is a comprehensive systematic analysis published in The Lancet in 2020, which 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 for understanding worldwide health trends.

ORIGINALITY: The titles indicate that this line of work addresses the complex challenge of aggregating and standardizing health data on a massive global scale. By covering a wide array of diseases and injuries over three decades, the research appears to fill a critical gap in longitudinal, multi-country health surveillance, providing a unified framework for assessing disease burden.

SIGNIFICANCE: The core paper has been cited 15,776 times, indicating it is a highly influential resource in the field. Furthermore, analysis of citing papers reveals that 100% of the classified citations come from independent researchers, demonstrating that the work has been widely adopted and relied upon by the broader scientific community beyond the researcher's immediate circle.

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 · 15,776 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 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, American Heart Association & Columbia University	Brazil, Canada, China	—
2	Type 2 diabetes mellitus in adults: pathogenesis, prevention and therapy	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
Dilla University	Ethiopia	SCImago #10318	3
University of California, Los Angeles	United States	SCImago #70 · THE =18 · QS 46	3
King's College London	United Kingdom	THE 38 · QS 31	3
Institute for Health Metrics and Evaluation	United States	SCImago #37	3
Sapienza University of Rome	Italy	THE =170 · QS 128	3
University of Oxford	United Kingdom	SCImago #26 · THE 1 · QS 4	3
Alexandria University	Egypt	SCImago #2524 · THE 801–1000 · QS 781-790	3
Aleta Wondo Hospital	Ethiopia	—	3
Tehran University of Medical Sciences	Iran	SCImago #701 · THE 501–600	3
Institute for Health Metrics and Evaluation (IHME)	United States	SCImago #37	3
Massachusetts General Hospital	United States	SCImago #100	3
University of Sydney	Australia	SCImago #93 · THE =53 · QS =25	3
Tanta University	Egypt	SCImago #4228 · THE 1001–1200 · QS 1201-1400	3

Geographic distribution of citing authors

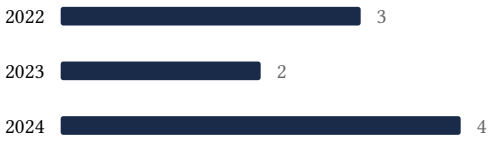
Country	Citing papers
United States	10
China	8
Australia	7
United Kingdom	7
Italy	5
Canada	4
Switzerland	4
South Africa	3
Egypt	3
Ethiopia	3

Country	Citing papers
Iran	3
Brazil	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 310 diseases and injuries, 1990–2015: a systematic analysis for the Global Burden of Disease Study 2015	5	8 CFR 204.5(h)(3)(v) — Criterion 5
Contribution 2	Global, regional, and national comparative risk assessment of 79 behavioural, environmental and occupational, and metabolic risks or clusters of risks, 1990–2015: a systematic analysis for the Global Burden of Disease Study 2015	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