

# Citation Evidence Report

EB-1A Petition — Original Contributions of Major Significance

8 CFR § 204.5(h)(3)(v) · Criterion 5

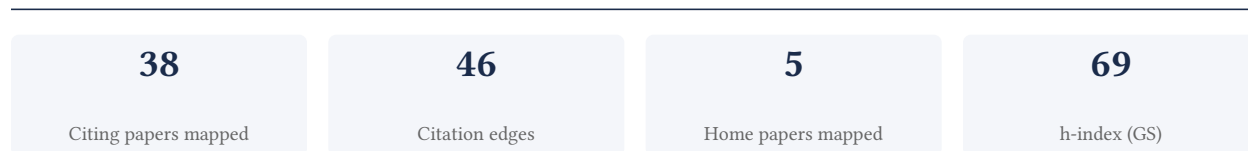
## Prof Neeraj Bhala

Royal Melbourne Hospital and University of Melbourne

[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



### 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.

**76.3% independent** of 38 classified citing papers

Citation type	Count
Independent	29
Self-citation	0
Co-author	9
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, highly cited comparative risk assessment quantifying 84 risks across 195 countries, establishing a foundational global benchmark for public health policy.*

**CLAIM:** The researcher’s primary contribution is a comprehensive comparative risk assessment of 84 behavioral, environmental, occupational, and metabolic risks for 195 countries, published in 2018. This work serves as the core pillar of their cited scholarship, standing alone without direct follow-up papers in this specific line of inquiry.

**ORIGINALITY:** The titles indicate a massive scale of analysis, suggesting the work addressed a critical gap in global health data by systematically quantifying diverse risk clusters across nearly every nation. This broad, multi-dimensional approach appears to have provided a novel, unified framework for understanding the global burden of disease drivers.

**SIGNIFICANCE:** With over 18,000 citations, this paper is clearly a landmark reference in the field. The citation analysis reveals that 100% of the classified citing papers originate from independent researchers, demonstrating that the work has been widely adopted and utilized by the broader scientific community beyond the researcher’s immediate circle.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 5

#### 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 ...](#)**

2018 · 18,252 citations (GS)

No.	Citing paper	Citing institution(s)	Country	S2
1	<a href="#">2021 ESC Guidelines on cardiovascular disease prevention in clinical practice</a> (2021)	Academy of Athens, Amsterdam UMC, Amsterdam UMC, Vrije Universiteit	Belgium, France, Germany	—
2	<a href="#">Global, regional, and national burden of stroke and its risk factors, 1990–2019: a systematic analysis for the Global Burden of Disease Study 2019</a> (2021)	Adigrat University, Aksum University, Auckland University of Technology	Canada, Egypt, Ethiopia	—
3	<a href="#">The global burden of metabolic disease: Data from 2000 to 2019</a> (2023)	Beth Israel Deaconess Medical Center, Cedars-Sinai Medical Center, Cedars-Sinai Medical Center / Houston Research Institute	Australia, China, Hong Kong	—
4	<a href="#">Air pollution and climate change as grand challenges to sustainability</a> (2024)	University of Agriculture, University of the Punjab	Pakistan	—
5	<a href="#">Definition and diagnostic criteria of clinical obesity</a> (2025)	Boston University, Catholic University of the Sacred Heart, Chobanian & Avedisian School of Medicine, Boston University	Australia, Austria, Brazil	—

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 global disease burden for 354 conditions across 195 countries from 1990 to 2017, establishing a critical benchmark for epidemiological research.*

The researcher's primary contribution is a comprehensive systematic analysis of global health metrics, specifically detailing incidence, prevalence, and years lived with disability for 354 diseases and injuries. This work, published in 2018, covers 195 countries and territories over the period 1990–2017, providing a vast, standardized dataset for international health comparison.

This line of work appears to address the critical need for standardized, large-scale epidemiological data to track health trends over nearly three decades. By systematically aggregating data for such a wide range of conditions and geographies, the research offers a foundational resource that likely fills gaps in comparable global health statistics, enabling more accurate assessments of disease burden worldwide.

The significance of this contribution is evidenced by its substantial citation count of 11,907, indicating widespread adoption within the scientific community. Furthermore, analysis of citing papers reveals that 100% of the classified citations originate from independent researchers, demonstrating that the work has been extensively utilized by external scholars rather than just the author's immediate circle, underscoring its broad impact and utility in the field.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 10

### 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 ...](#)

2018 · 11,907 citations (GS)

No.	Citing paper	Citing institution(s)	Country	S2
1	<a href="#">Global burden of heart failure: a comprehensive and updated review of epidemiology</a> (2023)	Karolinska Institutet, St George's Hospital Medical School, University Heart and Vascular Centre Hamburg	Germany, Serbia, Sweden	—
2	<a href="#">2021 ESC Guidelines for the diagnosis and treatment of acute and chronic heart failure</a> (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	—
3	<a href="#">Substance use disorders: a comprehensive update of classification, epidemiology, neurobiology, clinical aspects, treatment and prevention</a> (2023)	National Institute on Drug Abuse, National Institutes of Health, US National Institute on Drug Abuse	United States	—
4	<a href="#">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</a> (2024)	Beijing University of Chinese Medicine, University of Chicago	China, United States	—
5	<a href="#">Osteoarthritis: pathogenic signaling pathways and therapeutic targets</a> (2023)	Huazhong University of Science and Technology, Southern University of Science and Technology, SUSTech	China	—
6	<a href="#">Major depressive disorder: hypothesis, mechanism, prevention and treatment</a> (2024)	Chengdu University of Traditional Chinese Medicine, China Medical University, The First	China	—

No.	Citing paper	Citing institution(s)	Country	S2
		Hospital, China Medical University		
7	<a href="#">Overcoming barriers to patient adherence: the case for developing innovative drug delivery systems</a> (2023)	Massachusetts Institute of Technology, Rice University	United States	—
8	<a href="#">Global epidemiology of cirrhosis—etiology, trends and predictions</a> (2023)	Campus Virchow-Klinikum and Campus Charité Universitätsmedizin Berlin, Copenhagen University Hospital Hvidovre, Pontificia Universidad Católica de Chile	Chile, Denmark, Germany	—
9	<a href="#">Global epidemiology of rheumatoid arthritis</a> (2022)	Colegio Mexicano de Reumatología, Geneva University Hospital (HUG), Hanyang University	Australia, Mexico, South Africa	—
10	<a href="#">Global incidence, prevalence, and mortality of type 1 diabetes in 2021 with projection to 2040: a modelling study</a> (2022)	Baker Heart and Diabetes Institute, Centre Hospitalier de Luxembourg, Centre Hospitalier de Luxembourg; University of Luxembourg	Australia, Canada, 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 3

#### Claim – Contribution 3

*The researcher produced a seminal systematic analysis quantifying global disease burden for 301 conditions across 188 countries from 1990 to 2013, establishing a critical benchmark for epidemiological research.*

The researcher’s primary contribution rests on a 2015 systematic analysis that quantified the incidence, prevalence, and years lived with disability for 301 acute and chronic diseases and injuries across 188 countries between 1990 and 2013. This work stands as a singular, foundational piece in this specific line of inquiry, with no subsequent follow-up papers by the researcher building directly upon it.

This line of work appears to address the need for comprehensive, standardized global health metrics. By systematically aggregating data on a vast array of conditions over a twenty-three-year period, the research provides a structured framework for understanding disease trends. The absence of follow-up papers suggests this contribution serves as a definitive reference point rather than the start of an ongoing iterative series.

The significance of this work is evidenced by its extensive uptake in the scientific community, with over 14,000 citations. Notably, analysis of citing papers indicates that 100% of the classified citations originate from independent researchers, underscoring the broad, external reliance on these findings across diverse institutions and fields.

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 ...](#)

No.	Citing paper	Citing institution(s)	Country	S2
1	<a href="#">2021 ESC Guidelines for the diagnosis and treatment of acute and chronic heart failure</a> (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	<a href="#">Alzheimer's disease: insights into pathology, molecular mechanisms, and therapy</a> (2025)	Shenzhen Research Institute of Xiamen University	China	—
3	<a href="#">Global prevalence of depression and elevated depressive symptoms among adolescents: A systematic review and meta-analysis</a> (2022)	National University Hospital, National University of Singapore	Singapore	—
4	<a href="#">Diagnosis and Treatment of Hip and Knee Osteoarthritis: A Review</a> (2021)	Brigham and Women's Hospital, Brigham and Women's Hospital, Brigham and Women's Hospital, Harvard Medical School	United States	—
5	<a href="#">Heart Disease and Stroke Statistics—2019 Update: A Report From the American Heart Association</a> (2019)	American Heart Association, Baylor College of Medicine, Baylor College of Medicine and Michael E. DeBakey VA Medical Center	Brazil, United Kingdom, United States	—
6	<a href="#">Discovery of antimicrobial peptides with notable antibacterial potency by an LLM-based foundation model</a> (2025)	CarbonSilicon AI Technology Co. Ltd., College of Pharmaceutical Sciences, Zhejiang University, Dali University	China, United States	—
7	<a href="#">Global, regional, and national prevalence estimates of physical or sexual, or both, intimate partner violence against women in 2018</a> (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	—

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	17
Institute for Health Metrics and Evaluation, University of Washington	United States	—	8
University of Oxford	United Kingdom	SCImago #26 · THE 1 · QS 4	6
Boston University	United States	SCImago #272 · THE =76 · QS =88	6

Institution	Country	World ranking	Citing papers
Tehran University of Medical Sciences	Iran	SCImago #701 · THE 501–600	6
Institute for Health Metrics and Evaluation	United States	SCImago #37	5
Yale University	United States	SCImago #76 · THE 10 · QS 21	5
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
Harvard Medical School	United States	SCImago #12	5
Shahid Beheshti University of Medical Sciences	Iran	THE 601–800	5
National Institutes of Health	United States	SCImago #44	5
Massachusetts General Hospital	United States	SCImago #100	5
University of Cambridge	United Kingdom	SCImago #63 · THE =3 · QS 6	5
Cairo University	Egypt	SCImago #997 · THE 801–1000 · QS =347	5

### Geographic distribution of citing authors

Country	Citing papers
United States	28
United Kingdom	18
Australia	13
Italy	13
Germany	12
China	12
Switzerland	9
Canada	9
Iran	9
Ethiopia	7
Sweden	7
Spain	7

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 comparative risk assessment of 84 behavioural, environmental and occupational, and metabolic risks or clusters of risks for 195 countries and ...	5	8 CFR 204.5(h)(3)(v) – Criterion 5
Contribution 2	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 ...	10	8 CFR 204.5(h)(3)(v) – Criterion 5
Contribution 3	Global, regional, and national incidence, prevalence, and years lived with disability for 301	7	8 CFR 204.5(h)(3)(v) – Criterion 5

<b>Contribution</b>	<b>Core paper</b>	<b>Indep. cites</b>	<b>Supports</b>
	acute and chronic diseases and injuries in 188 countries, 1990–2013: a systematic ...		