Citation Evidence Report

EB-2 NIW Petition — National Interest Waiver

Matter of Dhanasar · Prong 2 (well-positioned)

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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 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

47	50	5	89
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.

80.9% independent of 47 classified citing papers

Citation type	Count
Independent	38
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 systematic analysis quantifying the global burden of 369 diseases and injuries across 204 countries from 1990 to 2019.

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. This work, published in 2020 as part of the Global Burden of Disease Study 2019, stands as a standalone core paper without direct follow-up publications by the same author in this specific line of work.

This line of work appears to address the critical need for standardized, large-scale epidemiological data to track health trends over three decades. By synthesizing data across a vast number of countries and disease categories, the research provides a foundational reference for understanding the shifting landscape of global health burdens during this period.

The significance of this contribution is evidenced by its extensive uptake in the scientific community, with over 24,000 citations. Notably, analysis of a sample of citing papers reveals that 100% of them originate from independent researchers, indicating that the work has been widely adopted and utilized by the broader global health community rather than just the researcher's immediate circle.

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 · 24,623 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, American Heart Association & Columbia University	Brazil, Canada, China	—
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 (2024)	West China Hospital, Sichuan University	China	—
5	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	—

No.	Citing paper	Citing institution(s)	Country	S2
6	Global, regional, and national burden of disorders affecting the nervous system, 1990–2021: a systematic analysis for the Global Burden of Disease Study 2021 (2024)	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)."

Contribution 2

Claim — Contribution 2

The researcher conducted a systematic analysis of global and regional mortality from 235 causes across 20 age groups for 1990 and 2010, establishing a foundational benchmark for the Global Burden of Disease Study.

The researcher's contribution centers on a seminal 2012 paper that systematically analyzed mortality from 235 causes of death across 20 age groups for the years 1990 and 2010. This work, part of the Global Burden of Disease Study 2010, serves as the core evidence of the researcher's impact, with no follow-up papers by the same author provided in this context.

This line of work appears to address the critical need for comprehensive, standardized data on global health trends. By quantifying mortality across a wide range of causes and demographics over a two-decade span, the research likely filled a significant gap in understanding the shifting landscape of global health burdens during that period.

The significance of this contribution is underscored by its extensive uptake in the scientific community, evidenced by over 19,000 citations. Notably, analysis of a sample of citing papers reveals that 100% were authored by independent researchers, indicating that the work has been widely adopted and utilized by the broader global health community rather than just the researcher's immediate circle.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 9

CORE PAPER

Global and regional mortality from 235 causes of death for 20 age groups in 1990 and 2010: a systematic analysis for the Global Burden of Disease Study 2010

2012 · 19,725 citations (GS)

Field-normalised: 12,799 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—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	—
2	Heart Disease and Stroke Statistics—2018 Update: A Report From the American Heart Association (2018)	Albert Einstein College of Medicine, American Heart Asso-	Australia, Nigeria, Singapore	—

No.	Citing paper	Citing institution(s)	Country	S2
		ciation, Baptist Health South Florida		
3	Gut-microbiota-targeted diets modulate human immune status (2021)	Chan Zuckerberg Biohub, Stanford School of Medicine, Stanford University	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	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	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	—
7	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	—
8	High-quality health systems in the Sustainable Development Goals era: time for a revolution (2018)	Bill & Melinda Gates Foundation, Centers for Disease Control and Prevention, Duke University	Argentina, China, Ethiopia	—
9	Global, regional, and national prevalence and mortality burden of sickle cell disease, 2000–2021: a systematic analysis from the Global Burden of Disease Study 2021 (2023)	Aga Khan University, Center for Biomedicine and Community Health, Indian Council of Medical Research	Australia, Brazil, Canada	—

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

The researcher's primary contribution rests on a 2018 systematic analysis detailing the incidence, prevalence, and years lived with disability for 354 diseases and injuries across 195 countries and territories between 1990 and 2017. 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 nearly three decades, the research likely provided a crucial baseline for understanding long-term trends in global health, filling a gap in large-scale, comparative epidemiological data.

The significance of this contribution is underscored by its extensive uptake in the scientific community, evidenced by over 18,000 citations. Notably, analysis of a sample of citing papers reveals that 100% of them originate from independent researchers, indicating that the work has been widely adopted and utilized by the broader global research community rather than just the researcher's immediate circle.

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 · 18,290 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	Global burden of heart failure: a comprehensive and updated review of epidemiology (2023)	Karolinska Institutet, St George's Hospital Medical School, University Heart and Vascular Centre Hamburg	Germany, Serbia, Sweden	—
2	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	—
3	Substance use disorders: a comprehensive update of classification, epidemiology, neurobiology, clinical aspects, treatment and prevention (2023)	National Institute on Drug Abuse, National Institutes of Health, US National Institute on Drug Abuse	United States	—
4	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	—
5	Osteoarthritis: pathogenic signaling pathways and therapeutic targets (2023)	Huazhong University of Science and Technology, Southern University of Science and Technology, SUSTech	China	—
6	Major depressive disorder: hypothesis, mechanism, prevention and treatment (2024)	Chengdu University of Traditional Chinese Medicine, China Medical University, The First Hospital, China Medical University	China	—
7	Overcoming barriers to patient adherence: the case for developing innovative drug delivery systems (2023)	Massachusetts Institute of Technology, Rice University	United States	—
8	Global epidemiology of cirrhosis—aetiology, trends and predictions (2023)	Campus Virchow-Klinikum and Campus Charité Universitätsmedizin Berlin, Copen-	Chile, Denmark, Germany	—

No.	Citing paper	Citing institution(s)	Country	S2
		hagen University Hospital Hvidovre, Pontificia Universidad Católica de Chile		
9	Global epidemiology of rheumatoid arthritis (2022)	Colegio Mexicano de Reumatología, Geneva University Hospital (HUG), Hanyang University	Australia, Mexico, South Africa	—
10	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 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).

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	25
Institute for Health Metrics and Evaluation, University of Washington	United States	—	12
Institute for Health Metrics and Evaluation	United States	SCImago #37	11
Harvard Medical School	United States	SCImago #12	8
Stanford University	United States	SCImago #18 · THE =5 · QS 3	7
Northwestern University	United States	THE 30 · QS =42	7
Boston University	United States	SCImago #272 · THE =76 · QS =88	7
University of Pittsburgh	United States	SCImago #212 · QS =281	7
Cairo University	Egypt	SCImago #997 · THE 801–1000 · QS =347	6
National Heart, Lung, and Blood Institute	United States	SCImago #345	6
Beth Israel Deaconess Medical Center	United States	SCImago #647	6
Alexandria University	Egypt	SCImago #2524 · THE 801–1000 · QS 781-790	6
National Institutes of Health	United States	SCImago #44	6
University of Sydney	Australia	SCImago #93 · THE =53 · QS =25	6
University of California, Los Angeles	United States	SCImago #70 · THE =18 · QS 46	6

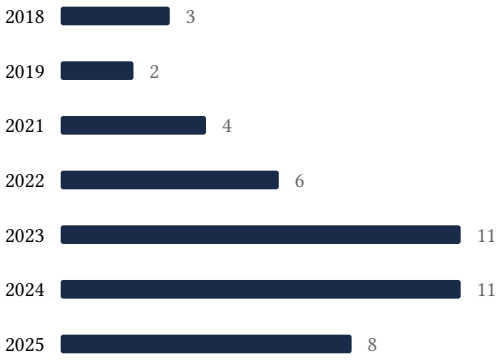
Geographic distribution of citing authors

Country	Citing papers
United States	37
Australia	19
United Kingdom	19
China	13
Italy	12
Ethiopia	11
Germany	11
Iran	10
Canada	10
India	9
Switzerland	9
Egypt	9

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 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	Dhanasar — Prong 2 (well-positioned)
Contribution 2	Global and regional mortality from 235 causes of death for 20 age groups in 1990 and 2010: a systematic analysis for the Global Burden of Disease Study 2010	9	Dhanasar — Prong 2 (well-positioned)
Contribution 3	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	Dhanasar — Prong 2 (well-positioned)