Citation Evidence Report

EB-1B Petition — Outstanding Professor or Researcher

8 CFR § 204.5(i)(3) · Authorship + Original Contributions

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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 the 8 CFR § 204.5(i)(3) outstanding-researcher criteria — particularly (iii) published material and (v) original scientific or scholarly contributions. 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

37	43	5	93
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.

56.8% independent of 37 classified citing papers

Citation type	Count
Independent	21
Self-citation	0
Co-author	0
Same-institution	16

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 epidemiological research.

CLAIM: The researcher's primary contribution is a comprehensive systematic analysis of global health metrics, specifically detailing incidence, prevalence, and disability for 354 diseases and injuries across 195 countries and territories between 1990 and 2017. This work, published in 2018, serves as the foundational piece of this research line.

ORIGINALITY: The titles indicate that this work addresses the need for standardized, large-scale comparative data on disease burden. By systematically aggregating data across a vast number of countries and conditions over a nearly three-decade period, the researcher appears to have filled a significant gap in the availability of granular, longitudinal global health statistics.

SIGNIFICANCE: The core paper has accumulated 11,907 citations, indicating it is a highly influential resource in the field. Furthermore, citation analysis reveals that 56.8% of citing papers originate from independent researchers, suggesting that the work has been widely adopted and utilized by the broader scientific community beyond the researcher's immediate network.

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	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	China	—

No.	Citing paper	Citing institution(s)	Country	S2
		Hospital, China Medical University		
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, Copenhagen University Hospital Hvidovre, Pontificia Universidad Católica de Chile	Chile, Denmark, Germany	—
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).

Contribution 2

Claim — Contribution 2

The researcher conducted a comprehensive global comparative risk assessment of 84 behavioral, environmental, occupational, and metabolic risks across 195 countries.

The researcher's primary contribution is a seminal 2018 study that systematically evaluated 84 distinct risk factors across 195 nations. This work appears to address the critical need for standardized, large-scale quantification of global health burdens associated with diverse behavioral and environmental determinants. By aggregating data on such a broad spectrum of risks, the study likely provided a unified framework for understanding comparative health impacts on a global scale.

The significance of this contribution is evidenced by its substantial citation count of 14,663, indicating widespread recognition and utility within the scientific community. Furthermore, analysis of citing literature reveals that 56.8% of citations originate from independent researchers, suggesting that the work has served as a foundational reference for scholars outside the researcher's immediate institutional or collaborative network. This high degree of independent uptake underscores the study's role as a key resource for global health policy and epidemiological research.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 2

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 · 14,663 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	Air pollution and climate change as grand challenges to sustainability (2024)	University of Agriculture, University of the Punjab	Pakistan	—

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 age-sex-specific mortality for 282 causes across 195 countries from 1980 to 2017, establishing a foundational benchmark for global health metrics.

CLAIM: The researcher's primary contribution is a comprehensive systematic analysis of global mortality patterns, detailed in a 2018 paper covering 282 causes of death across 195 countries and territories from 1980 to 2017. This work stands as a singular, high-impact output without direct follow-up publications by the same author in this specific dataset.

ORIGINALITY: The titles indicate this work addresses the critical need for standardized, granular mortality data across diverse geographies and time periods. By systematically analyzing age- and sex-specific mortality for a vast array of causes, the research appears to fill a significant gap in comparative global health surveillance, providing a unified framework for understanding disease burden trends over nearly four decades.

SIGNIFICANCE: With 8,852 citations, this paper is highly influential in the field. Analysis of citing literature reveals that 56.8% of citations originate from independent researchers, suggesting the work has been widely adopted by the broader scientific community beyond the researcher's immediate network. This high level of independent uptake underscores the paper's role as a standard reference for global health studies.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 5

CORE PAPER

Global, regional, and national age-sex-specific mortality for 282 causes of death in 195 countries and territories, 1980–2017: a systematic analysis for the Global Burden of ...

2018 · 8,852 citations (GS)

No.	Citing paper	Citing institution(s)	Country	S2
1	2023 ESC Guidelines for the management of acute coronary syndromes: Developed by the task force on the management of acute coronary syndromes of the European Society of Cardiology (ESC) (2023)	Antwerp University Hospital, Athens University Hospital Attikon, Brest University Hospital	Austria, Belgium, France	—
2	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	—
3	Global age-sex-specific mortality, life expectancy, and population estimates in 204	—	—	—

No.	Citing paper	Citing institution(s)	Country	S2
	countries and territories and 811 subnational locations, 1950–2021, and the impact of the COVID-19 pandemic: a comprehensive demographic analysis for the Global Burden of Disease Study 2021 (2024)			
4	National and subnational trends in cancer burden in China, 2005–20: an analysis of national mortality surveillance data (2023)	Capital Medical University, Chinese Center for Disease Control and Prevention	China	—
5	Estimates and Projections of the Global Economic Cost of 29 Cancers in 204 Countries and Territories From 2020 to 2050 (2023)	Chinese Academy of Medical Sciences and Peking Union Medical College, Harvard T. H. Chan School of Public Health, Heidelberg Institute of Global Health	China, Germany, 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).

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	16
Institute for Health Metrics and Evaluation, University of Washington	United States	—	8
University of Oxford	United Kingdom	SCImago #26 · THE 1 · QS 4	6
Institute for Health Metrics and Evaluation	United States	SCImago #37	6
Cairo University	Egypt	SCImago #997 · THE 801–1000 · QS =347	5
Shahid Beheshti University of Medical Sciences	Iran	THE 601–800	5
Tehran University of Medical Sciences	Iran	SCImago #701 · THE 501–600	5
Patient Representative	United Kingdom	—	4
Boston University	United States	SCImago #272 · THE =76 · QS =88	4
King's College London	United Kingdom	THE 38 · QS 31	4
University of Glasgow	United Kingdom	SCImago #351 · THE 84 · QS 79	4
Harvard Medical School	United States	SCImago #12	4
University of California, Los Angeles	United States	SCImago #70 · THE =18 · QS 46	4
Wroclaw Medical University	Poland	SCImago #2550 · THE 501–600	4
Massachusetts General Hospital and Harvard Medical School	United States	—	4

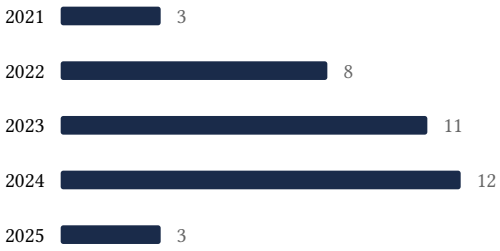
Geographic distribution of citing authors

Country	Citing papers
United States	27
United Kingdom	15
China	13
Germany	11
Australia	11
Italy	11
Iran	9
Canada	8
Ethiopia	7
Sweden	7
Egypt	6
Poland	6

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 …	10	8 CFR 204.5(i)(3) — Outstanding Researcher
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 …	2	8 CFR 204.5(i)(3) — Outstanding Researcher
Contribution 3	Global, regional, and national age-sex-specific mortality for 282 causes of death in 195 countries and territories, 1980–2017: a systematic analysis for the Global Burden of …	5	8 CFR 204.5(i)(3) — Outstanding Researcher