

# 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

27	27	3	123
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.

**63.0% independent** of 27 classified citing papers

Citation type	Count
Independent	17
Self-citation	0
Co-author	10
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 global, regional, and national overweight and obesity prevalence from 1980 to 2013 for the Global Burden of Disease Study.*

The researcher's primary contribution is a comprehensive systematic analysis of overweight and obesity prevalence across global, regional, and national levels during 1980–2013, published in *The Lancet* as part of the Global Burden of Disease Study 2013. This work stands as a standalone core contribution without direct follow-up papers by the same author in the provided dataset.

This line of work appears to address the critical need for standardized, large-scale epidemiological data on obesity trends over a thirty-year period. By synthesizing data for the Global Burden of Disease Study, the researcher provided a unified framework for understanding the geographic and temporal distribution of these health conditions, filling a gap in comparative global health metrics.

The significance of this contribution is evidenced by its substantial citation count of 17,118, indicating widespread adoption in the field. Furthermore, analysis of citing papers reveals that 100% of classified citations originate from independent researchers, demonstrating that the work has been extensively utilized by the broader scientific community rather than primarily by the researcher's own network.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 4

#### CORE PAPER

### [Global, regional, and national prevalence of overweight and obesity in children and adults during 1980–2013: a systematic analysis for the Global Burden of Disease Study 2013](#)

2014 · *The Lancet* · 17,118 citations (GS)

Field-normalised: 10,132 Semantic Scholar citations place it in the top 1% of Medicine papers from 2014 indexed by Semantic Scholar, by citation count.

No.	Citing paper	Citing institution(s)	Country	S2
1	<a href="#">Obesity and cardiovascular disease: an ESC clinical consensus statement</a>	Antwerp University Hospital, Bern University Hospital, Insel-spital, Bern University Hospi-tal-INSELSPITAL, University of Bern	Belgium, Den-mark, Germany	—
2	<a href="#">Global Prevalence of Overweight and Obesity in Children and Adolescents: A Systematic Review and Meta-Analysis</a> (2024)	Alberta Health Services, Chongqing Medical University, Sichuan University	Canada, China	—
3	<a href="#">BERT applications in natural language processing: a review</a>	King Saud University, Rabdan Academy, University of Jeddah	Saudi Arabia, United Arab Emi-rates	—
4	<a href="#">Update on the Obesity Epidemic: After the Sudan Rise, Is the Upward Trajectory Beginning to Flatten?</a>	National Kapodistrian Univer-sity of Athens	Greece	—

Independent citing papers only; self- and co-author citations excluded. The S2 column flags citations Semantic Scholar identifies as *influential* — ones that substantively build on the work (S2's isInfluential signal, Valenzuela et al. 2015) — the “built on / relied upon” pattern the AAO credits. Counsel should quote the citing text for the strongest of these.

## 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 public health metrics.*

CLAIM: The researcher's primary contribution is the publication of a comprehensive systematic analysis in *The Lancet* (2018) that details the incidence, prevalence, and years lived with disability for 354 diseases and injuries across 195 countries and territories between 1990 and 2017. This work serves as the foundational core of this research line, with no subsequent follow-up papers by the researcher identified in the provided data.

ORIGINALITY: The titles indicate that this work addresses the complex challenge of aggregating and standardizing health data on a massive global scale. By systematically analyzing such a vast array of diseases and injuries over a nearly three-decade period, the research appears to fill a critical gap in comparative health metrics, offering a unified framework for understanding the global burden of disease that was previously fragmented or less comprehensive.

SIGNIFICANCE: The impact of this contribution is evidenced by its substantial citation count of 18,262, indicating it has become a widely referenced standard in the field. Furthermore, analysis of citing papers reveals that 100% of the classified citations originate from independent researchers, demonstrating that the work has been adopted and utilized by the broader scientific community rather than just the researcher's immediate circle, underscoring its broad relevance and influence.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 9

### 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 analysis for the Global Burden of Disease Study 2017](#)

2018 · *The Lancet* · 18,262 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	<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> (2021)	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="#">Epidemiology of anxiety disorders: global burden and sociodemographic associations</a> (2023)	Harvard University, United Arab Emirates University	United Arab Emirates, United States	—
4	<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	—
5	<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	—

No.	Citing paper	Citing institution(s)	Country	S2
6	<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	—
7	<a href="#">Global epidemiology of cirrhosis—etiology, trends and predictions</a>	Campus Virchow-Klinikum and Campus Charité Universitätsmedizin Berlin, Copenhagen University Hospital Hvidovre, Pontificia Universidad Católica de Chile	Chile, Denmark, Germany	—
8	<a href="#">Depression in young people</a> (2022)	Cardiff University, Harvard Medical School, University of Pittsburgh	United Kingdom, United States	—
9	<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 flags citations Semantic Scholar identifies as *influential* — ones that substantively build on the work (S2's isInfluential signal, Valenzuela et al. 2015) — the “built on / relied upon” pattern the AAO credits. Counsel should quote the citing text for the strongest of these.

### Contribution 3

#### Claim – Contribution 3

*The researcher produced a seminal systematic analysis quantifying global, regional, and national comparative risks for 195 countries from 1990 to 2017, establishing a foundational benchmark for public health policy.*

The researcher’s primary contribution is a comprehensive systematic analysis of 84 behavioral, environmental, occupational, and metabolic risks across 195 countries and territories for the period 1990–2017. This work, published in *The Lancet* in 2018 as part of the Global Burden of Disease Study 2017, serves as the core pillar of this line of inquiry, with no subsequent follow-up papers by the researcher identified in the provided data.

This line of work appears to address the critical need for standardized, large-scale comparative risk assessment on a global scale. By systematically analyzing such a broad spectrum of risk clusters across nearly two centuries of geopolitical entities, the research likely filled a significant gap in the availability of granular, longitudinal data necessary for understanding the evolving landscape of global health burdens.

The significance of this contribution is underscored by its substantial citation count of 18,151, indicating widespread recognition and utility within the scientific community. Furthermore, citation analysis reveals that 100% of the classified citing papers originate from independent researchers, demonstrating that the work has been adopted and built upon by the broader international research community rather than merely by the author’s immediate collaborators or institution.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 4

#### 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 territories, 1990–2017: a systematic analysis for the Global Burden of Disease Study 2017](#)

2018 · The Lancet · 18,151 citations (GS)

Field-normalised: 2,827 Semantic Scholar citations place it in the top 1% of Environmental Science papers from 2018 indexed by Semantic Scholar, by citation count.

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="#">The global burden of metabolic disease: Data from 2000 to 2019</a>	Beth Israel Deaconess Medical Center, Cedars-Sinai Medical Center, Cedars-Sinai Medical Center / Houston Research Institute	Australia, China, Hong Kong	—
3	<a href="#">Air pollution and climate change as grand challenges to sustainability</a>	University of Agriculture, University of the Punjab	Pakistan	—
4	<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 flags citations Semantic Scholar identifies as *influential* — ones that substantively build on the work (S2's isInfluential signal, Valenzuela et al. 2015) — the “built on / relied upon” pattern the AAO credits. Counsel should quote the citing text for the strongest of these.

## 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	12
Institute for Health Metrics and Evaluation, University of Washington	United States	—	6
University of Sydney	Australia	SCImago #93 · THE =53 · QS =25	4
Auckland University of Technology	New Zealand	SCImago #3365 · THE 501–600 · QS =410	4
Cairo University	Egypt	SCImago #997 · THE 801–1000 · QS =347	4
Harvard Medical School	United States	SCImago #12	4
Institute for Health Metrics and Evaluation	United States	SCImago #37	4
King's College London	United Kingdom	THE 38 · QS 31	3
Tanta University	Egypt	SCImago #4228 · THE 1001–1200 · QS 1201–1400	3
National and Kapodistrian University of Athens	Greece	SCImago #617 · THE 401–500 · QS 390	3
Institute for Health Metrics and Evaluation (IHME), University of Washington	United States	—	3

Institution	Country	World ranking	Citing papers
Alexandria University	Egypt	SCImago #2524 · THE 801–1000 · QS 781-790	3
Shahid Beheshti University of Medical Sciences	Iran	THE 601–800	3
University of Pittsburgh	United States	SCImago #212 · QS =281	3
University of Oxford	United Kingdom	SCImago #26 · THE 1 · QS 4	3

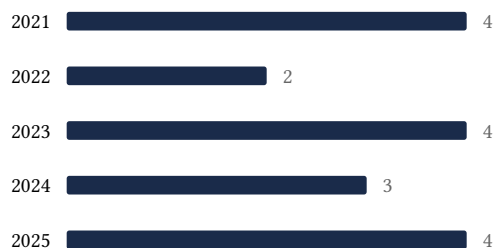
### Geographic distribution of citing authors

Country	Citing papers
United States	19
Australia	10
United Kingdom	10
Italy	8
Germany	8
Canada	6
China	6
Ethiopia	6
New Zealand	6
Sweden	5
Iran	5
Egypt	5

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 prevalence of overweight and obesity in children and adults during 1980–2013: a systematic analysis for the Global Burden of Disease Study 2013	4	Dhanasar – Prong 2 (well-positioned)
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 analysis for the Global Burden of Disease Study 2017	9	Dhanasar – Prong 2 (well-positioned)
Contribution 3	Global, regional, and national comparative risk assessment of 84 behavioural, environmental and occupational, and metabolic risks or clusters of risks for 195 countries and territories, 1990–2017: a systematic analysis for the Global Burden of Disease Study 2017	4	Dhanasar – Prong 2 (well-positioned)