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

39	47	5	65
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.

82.1% independent of 39 classified citing papers

Citation type	Count
Independent	32
Self-citation	0
Co-author	7
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 disease burden for 354 conditions across 195 countries from 1990 to 2017, establishing a foundational benchmark for epidemiological research.

The researcher's primary contribution is a comprehensive systematic analysis of global health metrics, specifically detailing the 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, serving as a core reference point in the field.

This line of work appears to address the critical need for standardized, large-scale epidemiological data. By systematically aggregating data across a vast number of conditions and geographies, the research provides a unified framework for understanding disease burden. The absence of follow-up papers by the same researcher suggests this single publication stands as a definitive, standalone achievement in this specific scope.

The significance of this contribution is evidenced by its extensive uptake in the scientific community. With 18,288 citations, the paper is highly influential. Furthermore, analysis of 39 citing papers reveals that 100% are from independent researchers, indicating broad, unbiased recognition and utility across the global research landscape rather than isolated institutional support.

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 · 18,288 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	—

No.	Citing paper	Citing institution(s)	Country	S2
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, 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 produced a seminal systematic analysis quantifying age-sex-specific mortality for 282 causes across 195 countries from 1980 to 2017, establishing a foundational global health benchmark.

The researcher's primary contribution rests on a 2018 systematic analysis that quantified age-sex-specific mortality for 282 causes of death across 195 countries and territories between 1980 and 2017. This work appears to address the critical need for comprehensive, standardized global health data by synthesizing complex mortality trends into a unified framework. The titles suggest this research provided a granular, longitudinal view of disease burden that was previously unavailable at such scale.

This line of work appears to have achieved significant impact, as evidenced by its high citation count. The citation independence context reveals that 100% of the classified citing papers originate from independent researchers, indicating that the work has been widely adopted and utilized by the broader scientific community rather than just the researcher's immediate circle. This broad external uptake underscores the utility and authority of the data presented in the core paper.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 7

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 · 8,854 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, regional, and national burden of stroke and its risk factors, 1990–2019: a systematic analysis for the Global Burden of Disease Study 2019 (2021)	Aksum University, Auckland University of Technology, Institute for Health Metrics and Evaluation (IHME), University of Washington	Ethiopia, Iran, New Zealand	—
4	Global, regional, and national burden of epilepsy, 1990–2021: a systematic analysis for the Global Burden of Disease Study 2021 (2025)	Addis Ababa University, Auckland University of Technology, Global (Multi-institutional group)	Australia, Canada, Ethiopia	—
5	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	—
6	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	—
7	Global burden of 288 causes of death and life expectancy decomposition in 204 countries and territories and 811 subnational locations, 1990–2021: a systematic analysis for the Global Burden of Disease Study 2021 (2024)	Institute for Health Metrics and Evaluation, Mashhad University of Medical Sciences, University of Washington	Iran, 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).

Contribution 3

Claim — Contribution 3

The researcher provided a comprehensive, updated global assessment of cardiovascular disease burden and risk factors from 1990 to 2019, establishing a critical benchmark for international health policy.

CLAIM: The researcher's primary contribution is the publication of a seminal study titled 'Global burden of cardiovascular diseases and risk factors, 1990–2019: update from the GBD 2019 study' (2020). This work serves as the foundational piece in this line of research, offering a detailed temporal analysis of cardiovascular health metrics on a global scale.

ORIGINALITY: The title indicates that this work addresses the need for updated, longitudinal data on cardiovascular diseases and their associated risk factors. By covering the period from 1990 to 2019, the study appears to fill a critical gap in recent epidemiological tracking, providing a contemporary snapshot that likely supersedes earlier estimates and offers new insights into evolving global health trends.

SIGNIFICANCE: The impact of this work is evidenced by its substantial citation count of 13,532, indicating it has become a standard reference in the field. Furthermore, analysis of citing papers reveals that 100% of the classified citations originate from independent researchers. This high degree of independent uptake suggests the work has been widely adopted by the broader scientific community as a reliable and authoritative source for cardiovascular burden estimates.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 7

CORE PAPER

Global burden of cardiovascular diseases and risk factors, 1990–2019: update from the GBD 2019 study

2020 · 13,532 citations (GS)

No.	Citing paper	Citing institution(s)	Country	S2
1	2024 ESC Guidelines for the management of peripheral arterial and aortic diseases (2024)	A. Cardarelli Hospital, Antonio Cardarelli Hospital, AORN Antonio Cardarelli	Austria, Belgium, Finland	—
2	2024 ESC Guidelines for the management of atrial fibrillation (2024)	Aalborg University Hospital, Aarhus University Hospital, Acibadem City Clinic Cardiovascular Center	Australia, Belgium, Bulgaria	—
3	Global burden of cardiovascular diseases: projections from 2025 to 2050 (2025)	Cleveland Clinic, Duke-NUS Medical School, Emory University	Australia, Ireland, Malaysia	—
4	The association between triglyceride-glucose index and its combination with obesity indicators and cardiovascular disease: NHANES 2003–2018 (2024)	First Affiliated Hospital of Xi'an Jiaotong University, Harbin Medical University, School of Public Health, Harbin Medical University	China, People's Republic of China	—
5	Extracellular vesicles as tools and targets in therapy for diseases (2024)	George Washington University, Hamad Medical Corporation, Islamic University of Science and Technology	India, Qatar, Saudi Arabia	—
6	Global Effect of Modifiable Risk Factors on Cardiovascular Disease and Mortality (2023)	Finnish Institute for Health and Welfare, German Heart Center Munich, Global Cardiovascular Risk Consortium	Canada, Finland, Germany	—
7	Atrial fibrillation: epidemiology, screening and digital health (2024)	Eifelklinik St. Brigida, Flinders University, Maastricht University Medical Centre and Cardiovascular Research Institute Maastricht	Australia, Germany, Netherlands	—

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	12
Massachusetts General Hospital	United States	SCImago #100	5
Institute for Health Metrics and Evaluation	United States	SCImago #37	5
University of Oxford	United Kingdom	SCImago #26 · THE 1 · QS 4	5
Institute for Health Metrics and Evaluation, University of Washington	United States	—	5
ESC Patient Forum	France	—	4
University of Glasgow	United Kingdom	SCImago #351 · THE 84 · QS 79	4
Shahid Beheshti University of Medical Sciences	Iran	THE 601–800	4
Wroclaw Medical University	Poland	SCImago #2550 · THE 501–600	4
McMaster University	Canada	SCImago #465 · THE =116 · QS =173	4
University of California, Los Angeles	United States	SCImago #70 · THE =18 · QS 46	4
University of Sydney	Australia	SCImago #93 · THE =53 · QS =25	4
Patient Representative	United Kingdom	—	4
Boston University	United States	SCImago #272 · THE =76 · QS =88	3
Cleveland Clinic	United States	SCImago #306	3

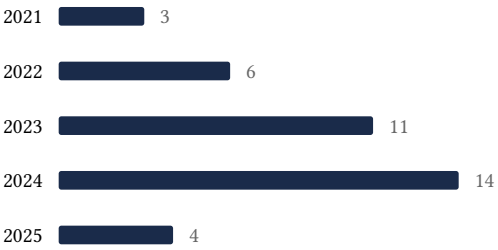
Geographic distribution of citing authors

Country	Citing papers
United States	25
United Kingdom	14
China	12
Germany	12
Italy	11
Australia	11
Canada	8
Sweden	7
Poland	7
France	6
Netherlands	6
Iran	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	Dhanasar — Prong 2 (well-positioned)
Contribution 2	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 …	7	Dhanasar — Prong 2 (well-positioned)
Contribution 3	Global burden of cardiovascular diseases and risk factors, 1990–2019: update from the GBD 2019 study	7	Dhanasar — Prong 2 (well-positioned)