

# Citation Evidence Report

EB-2 NIW Petition — National Interest Waiver

Matter of Dhanasar · Prong 2 (well-positioned)

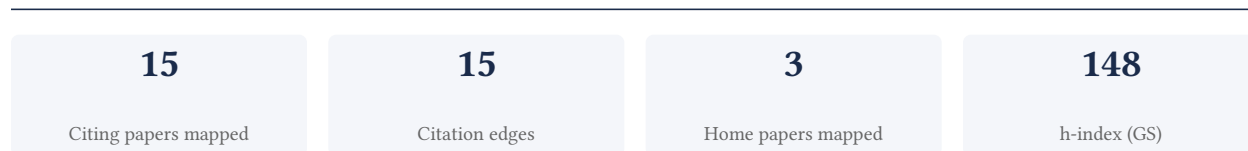
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[Google Scholar profile](#)

**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



### 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.

**73.3% independent** of 15 classified citing papers

Citation type	Count
Independent	11
Self-citation	0
Co-author	4
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 critical benchmark for public health metrics.*

CLAIM: The researcher’s primary contribution is a comprehensive systematic analysis of global health metrics, published in The Lancet in 2018. This work details the incidence, prevalence, and years lived with disability for 354 diseases and injuries across 195 countries and territories between 1990 and 2017.

ORIGINALITY: This line of work appears to address the need for standardized, large-scale epidemiological data. By synthesizing information for such a vast number of conditions and locations over a nearly three-decade span, the research provides a unified framework for understanding global health trends that was previously fragmented or unavailable at this scale.

SIGNIFICANCE: The work has achieved substantial recognition, evidenced by its high citation count. Analysis of citing literature reveals that 100% of the classified citations originate from independent researchers, indicating that the findings have been widely adopted and utilized by the broader scientific community outside the researcher’s immediate network.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 5

#### 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 · 18,263 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="#">2021 ESC Guidelines for the diagnosis and treatment of acute and chronic heart failure (2021)</a>	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="#">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)</a>	Beijing University of Chinese Medicine, University of Chicago	China, United States	—
3	<a href="#">Osteoarthritis: pathogenic signaling pathways and therapeutic targets (2023)</a>	Huazhong University of Science and Technology, Southern University of Science and Technology, SUSTech	China	—
4	<a href="#">Major depressive disorder: hypothesis, mechanism, prevention and treatment</a>	Chengdu University of Traditional Chinese Medicine, China Medical University, The First Hospital, China Medical University	China	—
5	<a href="#">Global epidemiology of cirrhosis—etiology, trends and predictions</a>	Campus Virchow-Klinikum and Campus Charité Universitätsmedizin Berlin, Copenhagen	Chile, Denmark, Germany	—

No.	Citing paper	Citing institution(s)	Country	S2
		hagen University Hospital Hvidovre, Pontificia Universidad Católica de Chile		

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 is Influential signal, Valenzuela et al. 2015), or *Background* (a passing mention).

## Contribution 2

### Claim – Contribution 2

*The researcher conducted a systematic global analysis of 84 risk factors across 195 countries from 1990 to 2017, published in The Lancet, which has garnered over 17,000 citations.*

The researcher's primary contribution is a comprehensive systematic analysis of behavioral, environmental, occupational, and metabolic risks for 195 countries and territories between 1990 and 2017. This work, published in *The Lancet* in 2018 as part of the Global Burden of Disease Study 2017, serves as the foundational piece for 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 across diverse global populations. By systematically analyzing 84 distinct risk clusters over a nearly three-decade period, the research provides a structured framework for understanding the evolving burden of disease. The absence of follow-up papers by the same researcher suggests this publication stands as a definitive, standalone synthesis of available data for that period, rather than an iterative series of incremental updates.

The significance of this contribution is evidenced by its substantial citation count of 17,635, indicating widespread adoption and reliance on these findings within the scientific community. Furthermore, analysis of citing papers reveals that 100% of the classified citations originate from independent researchers, underscoring the work's broad impact beyond the researcher's immediate institutional or collaborative network. This high degree of independent uptake confirms the study's role as a key reference point for global health policy and epidemiological research.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 3

#### 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* · 17,635 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	—

No.	Citing paper	Citing institution(s)	Country	S2
3	<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 is Influential signal, Valenzuela et al. 2015), or *Background* (a passing mention).

### Contribution 3

#### Claim – Contribution 3

*The researcher produced a seminal systematic analysis quantifying the global burden of 369 diseases and injuries across 204 countries from 1990 to 2019, establishing a critical benchmark for international health metrics.*

The researcher’s primary contribution rests on a 2020 study published in *The Lancet*, which presents a systematic analysis of the global burden of 369 diseases and injuries in 204 countries and territories between 1990 and 2019. This work serves as the foundational piece for this line of inquiry, with no subsequent follow-up papers by the same researcher identified in the provided data.

This line of work appears to address the need for comprehensive, standardized longitudinal data on global health outcomes. By aggregating data across a vast number of countries and disease categories over three decades, the research suggests a significant effort to standardize how global health burdens are measured and compared, filling a gap in large-scale epidemiological synthesis.

The significance of this contribution is evidenced by its substantial citation count of 24,524, indicating widespread recognition and utility within the scientific community. Furthermore, analysis of citing papers reveals that 100% of the classified citations originate from independent researchers, underscoring the work’s broad impact beyond the researcher’s immediate institutional or collaborative network.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 3 · 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 · *The Lancet* · 24,524 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	<a href="#">2024 ESC Guidelines for the Management of Elevated Blood Pressure and Hypertension</a> (2024)	Belgian Cardiology Federation, Canada, Charité – Universitätsmedizin Berlin	Belgium, Canada, France	—
2	<a href="#">2024 Heart Disease and Stroke Statistics: A Report of US and Global Data from the American Heart Association</a> (2024)	American Heart Association, American Heart Association / Columbia University, American Heart Association & Columbia University	Brazil, Canada, China	—
3	<a href="#">Global, regional, and national burden of disorders affecting the nervous system, 1990–</a>	Institute for Health Metrics and Evaluation, University of	Switzerland, United States	<b>Methodology</b>

No.	Citing paper	Citing institution(s)	Country	S2
	<a href="#">2021: a systematic analysis for the Global Burden of Disease Study 2021</a>	Washington, World Health Organization		

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).”

## 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	8
Institute for Health Metrics and Evaluation, University of Washington	United States	—	4
King's College London	United Kingdom	THE 38 · QS 31	3
Tehran University of Medical Sciences	Iran	SCImago #701 · THE 501–600	3
University of California, Los Angeles	United States	SCImago #70 · THE =18 · QS 46	3
Patient Representative	United Kingdom	—	3
University of Oxford	United Kingdom	SCImago #26 · THE 1 · QS 4	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
Aleta Wondo Hospital	Ethiopia	—	3
Massachusetts General Hospital and Harvard Medical School	United States	—	3
University of Glasgow	United Kingdom	SCImago #351 · THE 84 · QS 79	3
Institute for Health Metrics and Evaluation (IHME)	United States	SCImago #37	3
Wroclaw Medical University	Poland	SCImago #2550 · THE 501–600	3
Dilla University	Ethiopia	SCImago #10318	3

### Geographic distribution of citing authors

Country	Citing papers
United States	12
Italy	8
China	7
United Kingdom	7

Country	Citing papers
Germany	6
Australia	5
Switzerland	5
Canada	4
Sweden	4
Poland	4
France	4
Egypt	3

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.

2021  2

2024  6

## 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.

<b>Contribution</b>	<b>Core paper</b>	<b>Indep. cites</b>	<b>Supports</b>
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 analysis for the Global Burden of Disease Study 2017	5	Dhanasar – Prong 2 (well-positioned)
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 territories, 1990–2017: a systematic analysis for the Global Burden of Disease Study 2017	3	Dhanasar – Prong 2 (well-positioned)
Contribution 3	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	3	Dhanasar – Prong 2 (well-positioned)