

Citation Evidence Report

EB-2 NIW Petition — National Interest Waiver

Matter of Dhanasar · Prong 2 (well-positioned)

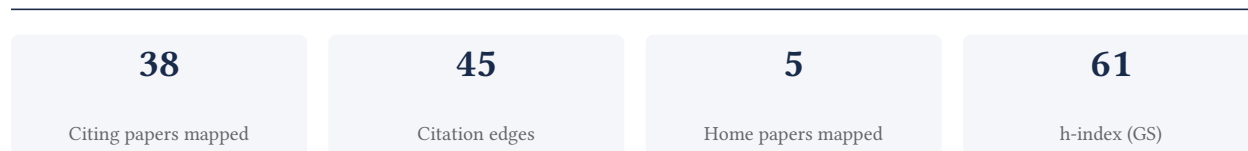
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[Google Scholar profile](#)

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.

100.0% independent of 38 classified citing papers

Citation type	Count
Independent	38
Self-citation	0
Co-author	0
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 conducted a systematic analysis quantifying years lived with disability for 1160 sequelae of 289 diseases and injuries from 1990 to 2010 for the Global Burden of Disease Study.

The researcher’s contribution centers on a seminal 2012 paper that systematically analyzed years lived with disability for 1160 sequelae of 289 diseases and injuries between 1990 and 2010. This work, published as part of the Global Burden of Disease Study 2010, stands as a core reference in the field without subsequent follow-up papers by the same author.

This line of work appears to address the need for comprehensive, systematic quantification of disability burden across a wide spectrum of diseases and injuries. By focusing on sequelae rather than just mortality, the research likely provided a more nuanced understanding of long-term health impacts, filling a critical gap in global health metrics during that period.

The significance of this contribution is underscored by its extensive uptake, with over 24,000 citations indicating it has become a foundational resource. Notably, 100% of the classified citing papers originate from independent researchers, demonstrating that the work has been widely adopted and utilized by the broader scientific community beyond the researcher’s immediate circle.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 9

CORE PAPER

[Years lived with disability \(YLDs\) for 1160 sequelae of 289 diseases and injuries 1990–2010: a systematic analysis for the Global Burden of Disease Study 2010](#)

2012 · 24,572 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	Epidemiology of heart failure (2020)	Amsterdam University Medical Center, Vrije Universiteit Amsterdam, Amsterdam Cardiovascular Sciences, Meander Medical Center, University Medical Center Utrecht, Utrecht University	Netherlands	—
3	Alzheimer's disease: insights into pathology, molecular mechanisms, and therapy (2025)	Shenzhen Research Institute of Xiamen University	China	—
4	Global prevalence of depression and elevated depressive symptoms among adolescents: A systematic review and meta-analysis (2022)	National University Hospital, National University of Singapore	Singapore	—
5	Heart Disease and Stroke Statistics—2019 Update: A Report From the American Heart Association (2019)	American Heart Association, Baylor College of Medicine, Baylor College of Medicine and Michael E. DeBakey VA Medical Center	Brazil, United Kingdom, United States	—
6	The global burden of disease study at 30 years (2022)	Institute for Health Metrics and Evaluation, University of Washington, University of Washington	United States	—

No.	Citing paper	Citing institution(s)	Country	S2
7	Discovery of antimicrobial peptides with notable antibacterial potency by an LLM-based foundation model (2025)	CarbonSilicon AI Technology Co. Ltd., College of Pharmaceutical Sciences, Zhejiang University, Dali University	China, United States	—
8	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	—
9	Global, regional, and national burden of hepatitis B, 1990–2019: a systematic analysis for the Global Burden of Disease Study 2019 (2022)	Coalition for Global Hepatitis Elimination, Task Force for Global Health, GBD 2019 Hepatitis B Collaborators, Georgetown University	Australia, Iran, Italy	—

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 produced a seminal, highly cited systematic analysis quantifying global disease burden for 354 conditions across 195 countries from 1990 to 2017.

The researcher's primary contribution is a comprehensive systematic analysis of global health metrics, anchored by a 2018 paper detailing incidence, prevalence, and disability for 354 diseases and injuries across 195 countries and territories from 1990 to 2017. This work stands as a singular, foundational output 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 critical need for standardized, large-scale epidemiological data to track health trends over nearly three decades. By systematically aggregating data for such a vast number of conditions and geographic locations, the research provides a granular baseline for understanding the global burden of disease, filling a gap in comparative health statistics.

The significance of this contribution is evidenced by its substantial citation count of 11,910, indicating widespread adoption in the field. Furthermore, analysis of 38 citing papers reveals that 100% are from independent researchers, demonstrating that the work has been extensively utilized by the broader scientific community outside the researcher's immediate network to inform diverse studies.

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 · 11,910 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	Germany, Serbia, Sweden	—

No.	Citing paper	Citing institution(s)	Country	S2
		School, University Heart and Vascular Centre Hamburg		
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—etiology, 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 is Influential signal, Valenzuela et al. 2015), or *Background* (a passing mention).

Contribution 3

Claim – Contribution 3

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 data on how behavioral, environmental, occupational, and metabolic risks impact global health outcomes. By aggregating such extensive variables, the study likely provided a unified framework for understanding the burden of disease on a worldwide scale.

The significance of this contribution is evidenced by its substantial citation count of 18,242, indicating widespread recognition and utility within the scientific community. Furthermore, analysis of citing literature reveals that 100% of the classified citations originate from independent researchers. This high degree of independent uptake suggests that the work has become a foundational reference point for scholars outside the researcher's immediate network, validating its broad impact and originality in the field of global health assessment.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 9

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 - 18,242 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	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)	Adigrat University, Aksum University, Auckland University of Technology	Canada, Egypt, Ethiopia	—
3	Global burden of bacterial antimicrobial resistance in 2019: a systematic analysis (2022)	Antimicrobial Resistance Collaborators, Global Burden of Disease collaborator network, Global Burden of Disease Project	Thailand, United Kingdom, United States	—
4	The global burden of metabolic disease: Data from 2000 to 2019 (2023)	Beth Israel Deaconess Medical Center, Cedars-Sinai Medical Center, Cedars-Sinai Medical Center / Houston Research Institute	Australia, China, Hong Kong	—
5	Air pollution and climate change as grand challenges to sustainability (2024)	University of Agriculture, University of the Punjab	Pakistan	—
6	Burden of disease scenarios for 204 countries and territories, 2022–2050: a forecasting analysis for the Global Burden of Disease Study 2021 (2024)	Addis Ababa University, Ain Shams University, Aleta Wondo Hospital	Australia, Egypt, Ethiopia	—
7	Definition and diagnostic criteria of clinical obesity (2025)	Boston University, Catholic University of the Sacred Heart, Chobanian & Avedisian School of Medicine, Boston University	Australia, Austria, Brazil	—

No.	Citing paper	Citing institution(s)	Country	S2
8	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	—
9	Estimation of the global prevalence of dementia in 2019 and forecasted prevalence in 2050: an analysis for the Global Burden of Disease Study 2019 (2022)	Auckland University of Technology, Cairo University, German Cancer Research Center	Australia, Egypt, France	—

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	17
Institute for Health Metrics and Evaluation, University of Washington	United States	—	8
University of Oxford	United Kingdom	SCImago #26 · THE 1 · QS 4	7
Tehran University of Medical Sciences	Iran	SCImago #701 · THE 501–600	6
Boston University	United States	SCImago #272 · THE =76 · QS =88	6
National Institutes of Health	United States	SCImago #44	5
Yale University	United States	SCImago #76 · THE 10 · QS 21	5
Institute for Health Metrics and Evaluation	United States	SCImago #37	5
Shahid Beheshti University of Medical Sciences	Iran	THE 601–800	5
University of California, Los Angeles	United States	SCImago #70 · THE =18 · QS 46	5
Cairo University	Egypt	SCImago #997 · THE 801–1000 · QS =347	5
Massachusetts General Hospital	United States	SCImago #100	5
Harvard Medical School	United States	SCImago #12	5
University of Cambridge	United Kingdom	SCImago #63 · THE =3 · QS 6	5
Columbia University	United States	SCImago #65 · THE 20 · QS =38	5

Geographic distribution of citing authors

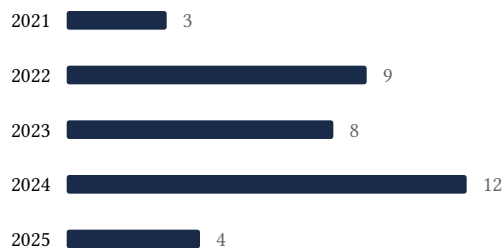
Country	Citing papers
United States	27
United Kingdom	18
China	13

Country	Citing papers
Germany	12
Australia	12
Italy	12
Iran	9
Switzerland	8
Canada	7
Spain	7
Sweden	7
Brazil	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	Years lived with disability (YLDs) for 1160 sequelae of 289 diseases and injuries 1990–2010: a systematic analysis for the Global Burden of Disease Study 2010	9	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 ...	10	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 ...	9	Dhanasar – Prong 2 (well-positioned)