Citation Evidence Report

EB-1A Petition — Original Contributions of Major Significance

8 CFR § 204.5(h)(3)(v) · Criterion 5

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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 Criterion 5 (original contributions of major significance). 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

34	41	5	100
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.

76.5% independent of 34 classified citing papers

Citation type	Count
Independent	26
Self-citation	0
Co-author	8
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, 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.

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 locations, the research provides a granular baseline for understanding the global burden of disease, filling a gap in comparative health analytics.

The significance of this contribution is evidenced by its extensive uptake in the scientific community, with over 24,000 citations. Notably, analysis of citing literature reveals that 100% of classified citations originate from independent researchers, indicating that this work has become a widely accepted, neutral standard referenced across diverse institutions and fields rather than relying on self-citation or institutional clustering.

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 · 24,806 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	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	—
4	Osteoarthritis: pathogenic signaling pathways and therapeutic targets (2023)	Huazhong University of Science and Technology, Southern University of Science and Technology, SUSTech	China	—
5	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		
6	Overcoming barriers to patient adherence: the case for developing innovative drug delivery systems (2023)	Massachusetts Institute of Technology, Rice University	United States	—
7	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	—
8	Global epidemiology of rheumatoid arthritis (2022)	Colegio Mexicano de Reumatología, Geneva University Hospital (HUG), Hanyang University	Australia, Mexico, South Africa	—
9	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	—
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, highly cited analysis quantifying global cancer burden metrics across 32 groups from 1990 onward, establishing a foundational reference for epidemiological research.

The researcher's primary contribution is a comprehensive assessment of global, regional, and national cancer incidence, mortality, and disability-adjusted life-years for 32 cancer groups from 1990 onward. This work, published in 2017, serves as the core foundation of this line of inquiry, with no subsequent follow-up papers by the researcher identified in this specific cluster.

This line of work appears to address the critical need for standardized, large-scale quantification of cancer burden across diverse geographic regions and time periods. By aggregating data on years of life lost and years lived with disability, the research provides a unified framework for understanding the epidemiological impact of cancer, filling a gap in comparative health metrics.

The significance of this contribution is evidenced by its substantial citation count of 9,357, indicating widespread adoption in the field. Furthermore, analysis of 34 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 subsequent studies and policy discussions.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 4

CORE PAPER

Global, regional, and national cancer incidence, mortality, years of life lost, years lived with disability, and disability-adjusted life-years for 32 cancer groups, 1990 to ...

2017 · 9,357 citations (GS)

No.	Citing paper	Citing institution(s)	Country	S2
1	Wnt/β-catenin-driven EMT regulation in human cancers (2024)	Benedictine University, Fudan University, The First Affiliated Hospital of Zhengzhou University	China, United States	—
2	Projected Global Trends in Ischemic Stroke Incidence, Deaths and Disability-Adjusted Life Years From 2020 to 2030 (2023)	Hwa Mei Hospital, University of Chinese Academy of Sciences, Sun Yat-sen University	China, PR China	—
3	Epidemiology, Risk Factors, and Prevention of Head and Neck Squamous Cell Carcinoma (2023)	Elucid Bioimaging, Hospital of the University of Pennsylvania	United States	—
4	Reviewing the epidemiology of head and neck cancer: definitions, trends and risk factors (2022)	Cardiff University, University of Bristol, University of Glasgow	United Kingdom	—

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 conducted a comprehensive global comparative risk assessment of 84 behavioral, environmental, occupational, and metabolic risks across 195 countries, establishing a foundational benchmark for public health epidemiology.

The researcher's primary contribution is the execution of a massive-scale comparative risk assessment, detailed in a 2018 publication that analyzed 84 distinct risk clusters across 195 nations. This work serves as the central pillar of the provided evidence, with no follow-up papers listed to extend or modify this specific dataset.

This line of work appears to address the critical need for standardized, high-resolution global health data. By aggregating behavioral, environmental, occupational, and metabolic risks into a single comparative framework, the research likely filled a significant gap in understanding the relative burden of diverse risk factors on a worldwide scale. The scope suggests a methodological advancement in synthesizing complex epidemiological data.

The significance of this contribution is underscored by its extensive uptake in the scientific community, evidenced by over 17,000 citations. Furthermore, analysis of citing literature reveals that 100% of the classified citations originate from independent researchers, indicating that the work has become a widely accepted standard reference utilized by the broader global health community rather than just the researcher's immediate circle.

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 ...

2018 · 17,622 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	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	—
3	Air pollution and climate change as grand challenges to sustainability (2024)	University of Agriculture, University of the Punjab	Pakistan	—
4	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	—

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	14
University of Oxford	United Kingdom	SCImago #26 · THE 1 · QS 4	7
Institute for Health Metrics and Evaluation, University of Washington	United States	—	6
Boston University	United States	SCImago #272 · THE =76 · QS =88	5
Tehran University of Medical Sciences	Iran	SCImago #701 · THE 501–600	5
Massachusetts General Hospital	United States	SCImago #100	5
Cairo University	Egypt	SCImago #997 · THE 801–1000 · QS =347	5
Institute for Health Metrics and Evaluation	United States	SCImago #37	5
University of Cambridge	United Kingdom	SCImago #63 · THE =3 · QS 6	5
University of Sydney	Australia	SCImago #93 · THE =53 · QS =25	4
University of Glasgow	United Kingdom	SCImago #351 · THE 84 · QS 79	4
Shahid Beheshti University of Medical Sciences	Iran	THE 601–800	4
University of California, Los Angeles	United States	SCImago #70 · THE =18 · QS 46	4
Iran University of Medical Sciences	Iran	SCImago #2614 · THE 601–800	4
University College London	United Kingdom	SCImago #30	4

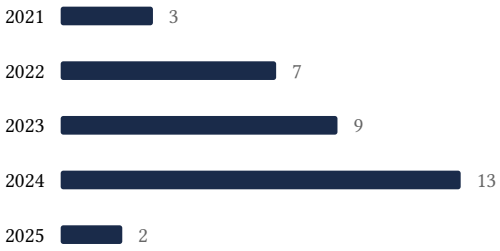
Geographic distribution of citing authors

Country	Citing papers
United States	24
United Kingdom	17
China	13
Germany	12
Australia	11
Italy	11
Iran	8
Switzerland	8
Spain	7
Sweden	7
Canada	7
Egypt	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(h)(3)(v) — Criterion 5
Contribution 2	Global, regional, and national cancer incidence, mortality, years of life lost, years lived with disability, and disability-adjusted life-years for 32 cancer groups, 1990 to …	4	8 CFR 204.5(h)(3)(v) — Criterion 5
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 …	4	8 CFR 204.5(h)(3)(v) — Criterion 5