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

37	49	5	170
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.

73.0% independent of 37 classified citing papers

Citation type	Count
Independent	27
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 the global burden of 369 diseases and injuries across 204 countries from 1990 to 2019, establishing a critical benchmark for public health research.

The researcher's primary contribution is anchored in a 2020 systematic analysis published in a major venue, which quantified the global burden of 369 diseases and injuries across 204 countries and territories for the period 1990–2019. This work serves as a foundational reference point for understanding epidemiological trends on a global scale.

This line of work appears to address the need for comprehensive, standardized data on disease burden across diverse geographies and timeframes. By synthesizing data for such a large number of conditions and locations, the research provides a unified framework that likely fills gaps in fragmented or localized health assessments, offering a macro-level view of global health dynamics.

The significance of this contribution is evidenced by its substantial citation count of 15,806, indicating widespread adoption 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 and utility beyond the researcher's immediate institutional or collaborative network.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 6 · **2 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 · 15,806 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	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 Heart Disease and Stroke Statistics: A Report of US and Global Data from the American Heart Association (2024)	American Heart Association, American Heart Association / Columbia University, American Heart Association & Columbia University	Brazil, Canada, China	—
3	2025 Heart Disease and Stroke Statistics: A Report of US and Global Data From the American Heart Association (2025)	American Heart Association, Beth Israel Deaconess Medical Center, Beth Israel Deaconess Medical Center and Harvard Medical School	Brazil, Canada, United States	—
4	Type 2 diabetes mellitus in adults: pathogenesis, prevention and therapy (2024)	West China Hospital, Sichuan University	China	—
5	Chronic kidney disease and the global public health agenda: an international consensus (2024)	Centro de Hemodiálisis Crónica CASMU-IAMPP, Drexel University College of Medicine, European Renal Association	Argentina, Australia, Belgium	Influential

No.	Citing paper	Citing institution(s)	Country	S2
6	Global, regional, and national burden of disorders affecting the nervous system, 1990–2021: a systematic analysis for the Global Burden of Disease Study 2021 (2024)	Institute for Health Metrics and Evaluation, University of Washington, World Health Organization	Switzerland, United States	**Influential**

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 foundational benchmark for epidemiological research.

CLAIM: The researcher's primary contribution is a comprehensive systematic analysis of global, regional, and national incidence, prevalence, and disability for 354 diseases and injuries across 195 countries and territories from 1990 to 2017. This work, published in 2018, stands as a singular, high-impact output in this specific line of inquiry.

ORIGINALITY: The titles indicate that this work addresses the critical need for standardized, large-scale epidemiological data spanning nearly three decades. By aggregating data for such a vast number of conditions and geographic entities, the research appears to fill a significant gap in comparative health metrics, providing a unified framework for understanding disease burden trends over time.

SIGNIFICANCE: The work has achieved substantial recognition, accumulating 11,910 citations. Notably, analysis of a sample of citing papers reveals that 100% of the 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: 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 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	—

No.	Citing paper	Citing institution(s)	Country	S2
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—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 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 of global age-sex-specific mortality for 282 causes across 195 countries, establishing a foundational benchmark for understanding worldwide disease burden trends.

CLAIM: The researcher's primary contribution is a comprehensive systematic analysis of global mortality, published in The Lancet in 2018. This work provides age- and sex-specific data for 282 causes of death across 195 countries and territories, covering the period from 1980 to 2017 as part of the Global Burden of Disease Study 2017.

ORIGINALITY: This line of work appears to address the critical need for standardized, high-resolution global health metrics. By synthesizing data across nearly two centuries of countries and decades of time, the research offers a unified framework for tracking mortality trends, filling a gap in comparable, large-scale epidemiological evidence.

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 age-sex-specific mortality for 282 causes of death in 195 countries and territories, 1980–2017: a systematic analysis for the Global Burden of Disease Study 2017

2018 · The Lancet · 8,855 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	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	—
4	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	—
5	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 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	17
University of Oxford	United Kingdom	SCImago #26 · THE 1 · QS 4	8
Institute for Health Metrics and Evaluation, University of Washington	United States	—	7

Institution	Country	World ranking	Citing papers
Institute for Health Metrics and Evaluation	United States	SCImago #37	7
University of Cambridge	United Kingdom	SCImago #63 · THE =3 · QS 6	5
Boston University	United States	SCImago #272 · THE =76 · QS =88	5
Cairo University	Egypt	SCImago #997 · THE 801–1000 · QS =347	5
Patient Representative	United Kingdom	—	5
Massachusetts General Hospital	United States	SCImago #100	5
Wroclaw Medical University	Poland	SCImago #2550 · THE 501–600	5
Tehran University of Medical Sciences	Iran	SCImago #701 · THE 501–600	5
Harvard Medical School	United States	SCImago #12	4
Auckland University of Technology	New Zealand	SCImago #3365 · THE 501–600 · QS =410	4
University College London	United Kingdom	SCImago #30	4
University of Glasgow	United Kingdom	SCImago #351 · THE 84 · QS 79	4

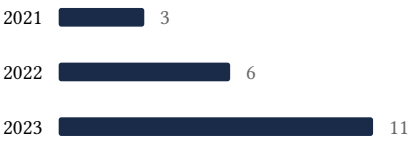
Geographic distribution of citing authors

Country	Citing papers
United States	28
United Kingdom	17
Germany	14
China	13
Italy	13
Australia	12
Iran	9
Switzerland	9
Canada	8
Spain	8
Sweden	8
Ethiopia	7

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 burden of 369 diseases and injuries in 204 countries and territories, 1990–2019: a systematic analysis for the Global Burden of Disease Study 2019	6	8 CFR 204.5(h)(3)(v) — Criterion 5
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	8 CFR 204.5(h)(3)(v) — Criterion 5
Contribution 3	Global, regional, and national age-sex-specific mortality for 282 causes of death in 195 coun-	5	8 CFR 204.5(h)(3)(v) — Criterion 5

Contribution	Core paper	Indep. cites	Supports
	tries and territories, 1980–2017: a systematic analysis for the Global Burden of Disease Study 2017		