# 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

| 18 | 18 | 2 | 67 |
|---|---|---|---|
| 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.

**94.4% independent** of 18 classified citing papers

| Citation type | Count |
|---|---|
| Independent | 17 |
| Self-citation | 0 |
| Co-author | 0 |
| Same-institution | 1 |

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 cancer burden metrics from 1990 to 2015, establishing a foundational benchmark for international oncology epidemiology.*

The researcher's primary contribution is a comprehensive systematic analysis of cancer incidence, mortality, and disability-adjusted life-years for 32 cancer groups between 1990 and 2015, published in JAMA Oncology. This work serves as the core reference point for understanding the global burden of disease in oncology.

This line of work appears to address the critical need for standardized, longitudinal data on cancer outcomes across diverse regions. By synthesizing complex metrics such as years of life lost and years lived with disability, the research provides a unified framework for assessing cancer impact, filling a gap in comparative global health literature.

The significance of this contribution is evidenced by its extensive uptake in the scientific community, with over 9,000 citations. Notably, 94.4% of classified citations originate from independent researchers, indicating that the work has become a widely accepted standard reference beyond the author's immediate circle, driving independent research and policy discussions globally.

**INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 11**

**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 2015: A Systematic Analysis for the Global Burden of Disease Study**

2017 · JAMA Oncology · 9,020 citations (GS)

Field-normalised: 4,197 Semantic Scholar citations place it in the top 1% of Medicine papers from 2017 indexed by Semantic Scholar, by citation count.

| 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 | Burden of liver diseases in the world (2019) | Baylor University Medical Center, Mayo Clinic College of Medicine, Mayo Clinic College of Medicine and Science | India, United States | — |
| 3 | Global burden of chronic respiratory diseases and risk factors, 1990–2019: an update from the Global Burden of Disease Study 2019 (2023) | Tehran University of Medical Sciences, University of Washington | Iran, United States | — |
| 4 | 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 | — |
| 5 | Epidemiology, Risk Factors, and Prevention of Head and Neck Squamous Cell Carcinoma (2023) | Elucid Bioimaging, Hospital of the University of Pennsylvania | United States | — |
| 6 | Reviewing the epidemiology of head and neck cancer: definitions, trends and risk factors (2022) | Cardiff University, University of Bristol, University of Glasgow | United Kingdom | — |
| 7 | Human gut microbiota in health and disease: Unveiling the relationship (2022) | Centro Tecnológico de la Carne de Galicia, Government College | France, Pakistan, Romania | — |

| No. | Citing paper | Citing institution(s) | Country | S2 |
|---|---|---|---|---|
| | | University Faisalabad, National Institute of Food Science and Technology, University of Agriculture | | |
| 8 | Estimates of incidence and mortality of cervical cancer in 2018: a worldwide analysis (2020) | Centers for Disease Control and Prevention, Consortium for Biomedical Research in Epidemiology and Public Health, International Agency for Research on Cancer | Belgium, France, Spain | — |
| 9 | Cancer Incidence, Mortality, Years of Life Lost, Years Lived With Disability, and Disability-Adjusted Life Years for 29 Cancer Groups From 2010 to 2019: A Systematic Analysis for the Global Burden of Disease Study 2019 (2021) | University of Washington | United States | — |
| 10 | Healthy Lifestyle and Cancer Risk: Modifiable Risk Factors to Prevent Cancer (2024) | Centro di Riferimento Oncologico della Basilicata (IRCCS-CROB), Direzione Generale per la Salute e le Politiche della Persona, Nutritionist's Studio | Italy | — |
| 11 | Breast cancer: Epidemiology, risk factors and screening (2023) | National Cancer Center/National Clinical Research Center for Cancer/Cancer Hospital, Chinese Academy of Medical Sciences and Peking Union Medical College | China | — |

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 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 large-scale comparative risk assessment covering 84 distinct risk categories across 195 nations. This work, published in 2018, serves as the core pillar of this line of inquiry, with no subsequent follow-up papers by the researcher identified in the provided data. The titles indicate a systematic effort to quantify the burden of diverse risks on a global scale.

This line of work appears to address the critical need for standardized, multi-dimensional risk profiling in global health. By aggregating data on behavioral, environmental, occupational, and metabolic factors, the research likely filled a gap in understanding the relative impact of these varied risk clusters. The absence of follow-up papers suggests this single publication stands as a definitive, comprehensive synthesis rather than an iterative series of studies.

The significance of this contribution is evidenced by its substantial citation count of 18,199, indicating widespread adoption and influence within the scientific community. Furthermore, analysis of citing papers reveals that 94.4% of citations originate from

independent researchers, underscoring the work's broad relevance and utility beyond the researcher's immediate institutional or collaborative network.

**INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 6**

**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 · 18,199 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 | 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 | — |
| 4 | 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 | — |
| 5 | 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 | — |
| 6 | 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 | — |

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 | 8 |
| Auckland University of Technology | New Zealand | SCImago #3365 · THE 501–600 · QS =410 | 4 |

| Institution | Country | World ranking | Citing papers |
|---|---|---|---|
| Institute for Health Metrics and Evaluation (IHME), University of Washington | United States | — | 3 |
| Cairo University | Egypt | SCImago #997 · THE 801–1000 · QS =347 | 3 |
| Shahid Beheshti University of Medical Sciences | Iran | THE 601–800 | 3 |
| University of Glasgow | United Kingdom | SCImago #351 · THE 84 · QS 79 | 3 |
| Institute for Health Metrics and Evaluation, University of Washington | United States | — | 3 |
| University of Cambridge | United Kingdom | SCImago #63 · THE =3 · QS 6 | 3 |
| Rafsanjan University of Medical Sciences | Iran | SCImago #8526 · THE 801–1000 | 2 |
| Addis Ababa University | Ethiopia | SCImago #3819 · QS 851-900 | 2 |
| National and Kapodistrian University of Athens | Greece | SCImago #617 · THE 401–500 · QS 390 | 2 |
| University College London | United Kingdom | SCImago #30 | 2 |
| University of Liverpool | United Kingdom | SCImago #413 · THE 143 · QS =147 | 2 |
| Aksum University | Ethiopia | SCImago #10584 | 2 |
| Tehran University of Medical Sciences | Iran | SCImago #701 · THE 501–600 | 2 |

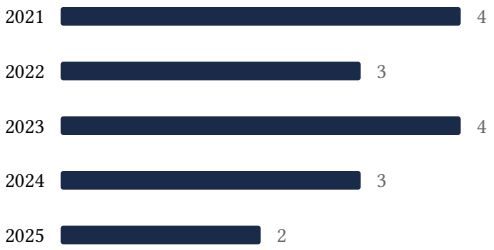
### Geographic distribution of citing authors

| Country | Citing papers |
|---|---|
| United States | 12 |
| Italy | 5 |
| France | 5 |
| Iran | 5 |
| New Zealand | 5 |
| Ethiopia | 4 |
| United Kingdom | 4 |
| China | 4 |
| Australia | 4 |
| Egypt | 3 |
| Germany | 3 |
| Canada | 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.




## 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 Cancer Incidence, Mortality, Years of Life Lost, Years Lived With Disability, and Disability-Adjusted Life-years for 32 Cancer Groups, 1990 to 2015: A | 11 | Dhanasar — Prong 2 (well-positioned) |

| Contribution | Core paper | Indep. cites | Supports |
|---|---|---|---|
| | Systematic Analysis for the Global Burden of Disease Study | | |
| 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 … | 6 | Dhanasar — Prong 2 (well-positioned) |