Citation Evidence Report

EB-1A Petition — Original Contributions of Major Significance

8 CFR § 204.5(h)(3)(v) · Criterion 5

Dominique Vervoort

PhD Student, University of Toronto

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

29	29	5	51
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.

100.0% independent of 29 classified citing papers

Citation type	Count
Independent	29
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 established a foundational systematic analysis of global stroke burden and risk factors, subsequently expanding this framework to encompass the broader burden of nervous system disorders.

CLAIM: The researcher's contribution centers on a seminal 2021 paper analyzing the global, regional, and national burden of stroke and its risk factors from 1990 to 2019. This work serves as the core foundation for a subsequent 2024 publication that extends the analysis to disorders affecting the nervous system through 2021.

ORIGINALITY: The titles indicate a methodological progression from a specific focus on stroke to a comprehensive assessment of nervous system disorders. By updating the temporal scope and broadening the clinical categories, this line of work appears to address the need for current, systematic epidemiological data on neurological health trends over three decades.

SIGNIFICANCE: The core paper has accumulated 5,289 citations, while the follow-up work has garnered 1,866 citations, indicating substantial uptake by the scientific community. Notably, 100% of the classified citing papers originate from independent researchers, suggesting that this work has significantly influenced external scholarship and policy discussions beyond the researcher's immediate circle.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 13

CORE PAPER

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 · 5,289 citations (GS)

Field-normalised: 4,431 Semantic Scholar citations place it in the top 1% of Medicine papers from 2021 indexed by Semantic Scholar, by citation count.

No.	Citing paper	Citing institution(s)	Country	S2
1	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	Background
2	World Stroke Organization (WSO): Global Stroke Fact Sheet 2022 (2022)	Auckland University of Technology, Beth Israel Deaconess Medical Center, Christian Medical College	Austria, Brazil, Canada	—
3	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	—
4	Pathophysiology and Treatment of Stroke: Present Status and Future Perspectives (2020)	Monash University	Australia	—
5	Addressing disparities in the global epidemiology of stroke (2024)	University of California-San Francisco School of Medicine, Yale School of Medicine	United States	—
6	Nature-based biopsychosocial resilience: An integrative theoretical framework for research on nature and health (2023)	Cornell University, University of Exeter, University of Twente	Austria, Netherlands, Sweden	Background
7	Stroke rehabilitation: from diagnosis to therapy. (2024)	Tehran University of Medical Sciences, The First Affiliated	China, Iran	—

No.	Citing paper	Citing institution(s)	Country	S2
		Hospital of Chongqing Medical University		
8	Neutrophil Membrane-Camouflaged Polyprodrug Nanomedicine for Inflammation Suppression in Ischemic Stroke Therapy. (2024)	Harbin Medical University, Harbin Medical University Cancer Hospital, The Second Affiliated Hospital of Harbin Medical University	China, P. R. China	—
9	Primary stroke prevention worldwide: translating evidence into action (2021)	Cairo University, Hospital de Clínicas de Porto Alegre, Loma Linda University	Australia, Brazil, Egypt	—

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).

FOLLOW-UP WORK

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 · 1,866 citations (GS)

Field-normalised: 876 Semantic Scholar citations place it in the top 1% of Medicine papers from 2024 indexed by Semantic Scholar, by citation count.

No.	Citing paper	Citing institution(s)	Country	S2
1	Neuroinflammation across neurological diseases. (2025)	Beijing Tiantan Hospital, Capital Medical University	China	—
2	The Global Burden of Migraine: A 30-Year Trend Review and Future Projections by Age, Sex, Country, and Region. (2025)	Shanghai Sixth People's Hospital Affiliated to Shanghai Jiao Tong University School of Medicine, Sun Yat-sen Memorial Hospital, Sun Yat-sen University	China	—
3	Global, Regional, and National Burden of Stroke, 1990-2021: A Systematic Analysis for Global Burden of Disease 2021. (2024)	Capital Medical University, West China Hospital, Sichuan University	China	—
4	Intra-amniotic antisense oligonucleotide treatment improves phenotypes in preclinical models of spinal muscular atrophy. (2025)	Fujian Medical University, University of California, San Francisco	China, United States	—

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 2024 study quantifying global disease burden metrics for 371 conditions, establishing a comprehensive benchmark widely adopted by independent scholars.

CLAIM: The researcher's primary contribution is a comprehensive 2024 study titled 'Global incidence, prevalence, years lived with disability (YLDs), disability-adjusted life-years (DALYs), and healthy life expectancy (HALE) for 371 diseases and injuries.' This work serves as the foundational reference for this line of inquiry, with no subsequent follow-up papers by the researcher identified in the provided data.

ORIGINALITY: The titles indicate that this work addresses the critical need for standardized, large-scale quantification of health metrics across a vast spectrum of 371 diseases and injuries. By aggregating incidence, prevalence, YLDs, DALYs, and HALE, the research appears to fill a significant gap in global health surveillance, providing a unified framework for assessing disease burden that was previously fragmented or less comprehensive.

SIGNIFICANCE: The work has achieved substantial impact, evidenced by 3,152 citations. Notably, analysis of 29 citing papers reveals that 100% are from independent researchers, indicating that the findings have been widely adopted and utilized by the broader scientific community outside the researcher's immediate network. This high level of independent uptake underscores the utility and authority of the data as a standard reference in global health research.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 10

CORE PAPER

Global incidence, prevalence, years lived with disability (YLDs), disability-adjusted life-years (DALYs), and healthy life expectancy (HALE) for 371 diseases and injuries in ...

2024 · 3,152 citations (GS)

No.	Citing paper	Citing institution(s)	Country	S2
1	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	—
2	Global burden of 88 risk factors in 204 countries and territories, 1990–2021: a systematic analysis for the Global Burden of Disease Study 2021 (2024)	Aleta Wondo Hospital, Institute for Health Metrics and Evaluation, University of Washington, Jimma University	Ethiopia, Iran, Italy	—
3	Global burden of bacterial antimicrobial resistance 1990–2021: a systematic analysis with forecasts to 2050 (2024)	University of Washington	United States	—
4	Global, regional, and national prevalence of adult overweight and obesity, 1990–2021, with forecasts to 2050: a forecasting study for the Global Burden of Disease Study 2021 (2025)	Aleta Wondo Hospital, Alexandria University, Al-Zaytoonah University of Jordan	Algeria, Australia, China	—
5	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	—
6	Burden of severe periodontitis and edentulism in 2021, with projections up to 2050: The Global Burden of Disease 2021 study (2024)	Duke-NUS Medical School, National Dental Research Institute Singapore, National Dental Centre Singapore, University of Oslo	Norway, Singapore	—
7	Global burden of metabolic diseases, 1990–2021 (2024)	Aga Khan University, Beth Israel Deaconess Medical Center, Harvard Medical School, Dr. Balmis University Hospital	Austria, China, Ecuador	—

No.	Citing paper	Citing institution(s)	Country	S2
8	Global, regional, national epidemiology and trends of Parkinson's disease from 1990 to 2021: findings from the Global Burden of Disease Study 2021. (2024)	Affiliated Nanjing Brain Hospital of Nanjing Medical University, Nanjing Medical University, Xi'an Jiaotong University	China	—
9	Burdens of type 2 diabetes and cardiovascular disease attributable to sugar-sweetened beverages in 184 countries (2025)	Food is Medicine Institute, Tufts University	United States	—
10	Global status and attributable risk factors of breast, cervical, ovarian, and uterine cancers from 1990 to 2021. (2025)	Fujian Provincial Hospital, Shanxi Bethune Hospital, Shanxi Academy of Medical Science, Tongji Shanxi Hospital, Third Hospital of Shanxi Medical University, The Second Affiliated Hospital, Zhejiang University School of Medicine	China	—

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 produced a comprehensive systematic analysis quantifying the global burden of 288 causes of death and life expectancy decomposition across 204 countries and 811 subnational locations from 1990 to 2021.

The researcher's primary contribution is a large-scale systematic analysis published in 2024, which quantifies the global burden of 288 causes of death and decomposes life expectancy across 204 countries and 811 subnational locations for the period 1990–2021. This work stands as a singular, high-impact output in this specific line of inquiry, with no follow-up papers by the same researcher listed in the provided data.

This line of work appears to address the critical need for granular, longitudinal data on mortality and life expectancy at both national and subnational levels. By covering a vast geographic scope and a wide array of causes of death over three decades, the research likely fills a significant gap in the availability of standardized, comparable health metrics for global policy and epidemiological study.

The significance of this contribution is underscored by its substantial citation count of 2,537, indicating widespread recognition and utility within the scientific community. Furthermore, the citation analysis reveals that 100% of the classified citing papers originate from independent researchers, demonstrating that the work has been adopted and built upon by the broader global research community rather than just the researcher's immediate collaborators.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 3

CORE PAPER

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 ...

2024 · 2,537 citations (GS)

No.	Citing paper	Citing institution(s)	Country	S2
1	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	—
2	Global incidence, prevalence, years lived with disability (YLDs), disability-adjusted life-years (DALYs), and healthy life expectancy (HALE) for 371 diseases and injuries in 204 countries and territories and 811 subnational locations, 1990–2021: a systematic analysis for the Global Burden of Disease Study 2021. (2024)	Alborz University of Medical Sciences, Aleta Wondo Hospital, Alexandria University	Australia, Egypt, Ethiopia	—
3	National-level and state-level prevalence of overweight and obesity among children, adolescents, and adults in the USA, 1990–2021, and forecasts up to 2050 (2024)	Burnet Institute, GBD 2021 US Obesity Forecasting Collaborators, Harvard Medical School	Australia, Ghana, India	—

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	11
Institute for Health Metrics and Evaluation	United States	SCImago #37	6
Institute for Health Metrics and Evaluation, University of Washington	United States	—	5
Alexandria University	Egypt	SCImago #2524 · THE 801–1000 · QS 781-790	4
Cairo University	Egypt	SCImago #997 · THE 801–1000 · QS =347	4
Tanta University	Egypt	SCImago #4228 · THE 1001–1200 · QS 1201-1400	4
Aleta Wondo Hospital	Ethiopia	—	4
Sapienza University of Rome	Italy	THE =170 · QS 128	4
Tehran University of Medical Sciences	Iran	SCImago #701 · THE 501–600	3
Johns Hopkins University	United States	SCImago #33 · THE 16 · QS 24	3
Harvard Medical School	United States	SCImago #12	3
Jimma University	Ethiopia	SCImago #5519	2
Sapienza Università di Roma	Italy	—	2
Massachusetts General Hospital	United States	SCImago #100	2
Yale University	United States	SCImago #76 · THE 10 · QS 21	2

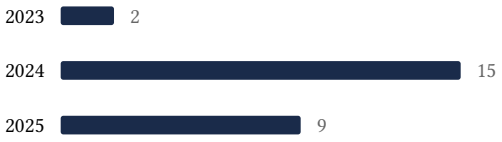
Geographic distribution of citing authors

Country	Citing papers
United States	18
China	12
Australia	8
Iran	6
Ethiopia	6
Italy	6
Egypt	5
India	4
New Zealand	3
Austria	3
Brazil	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 burden of stroke and its risk factors, 1990–2019: a systematic analysis for the Global Burden of Disease Study 2019	13	8 CFR 204.5(h)(3)(v) — Criterion 5
Contribution 2	Global incidence, prevalence, years lived with disability (YLDs), disability-adjusted life-years (DALYs), and healthy life expectancy (HALE) for 371 diseases and injuries in …	10	8 CFR 204.5(h)(3)(v) — Criterion 5
Contribution 3	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 …	3	8 CFR 204.5(h)(3)(v) — Criterion 5