

Citation Evidence Report

EB-1A Petition — Original Contributions of Major Significance

8 CFR § 204.5(h)(3)(v) · Criterion 5

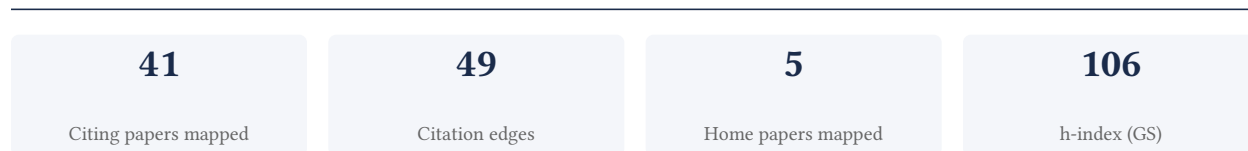
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[Google Scholar profile](#)

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



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.

68.3% independent of 41 classified citing papers

Citation type	Count
Independent	28
Self-citation	0
Co-author	13
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 of global and regional mortality from 235 causes across 20 age groups for 1990 and 2010, establishing a foundational benchmark for the Global Burden of Disease Study 2010.

The researcher’s primary contribution is a comprehensive systematic analysis of mortality data, detailed in a 2012 paper examining 235 causes of death across 20 age groups for the years 1990 and 2010. This work serves as a core component of the Global Burden of Disease Study 2010, providing a structured framework for understanding disease burden over time.

This line of work appears to address the critical need for standardized, large-scale comparative health metrics. By systematically analyzing mortality across diverse regions and age demographics, the research likely filled a significant gap in global health surveillance, offering a unified methodology to quantify and compare disease impacts that were previously fragmented or inconsistent.

The significance of this contribution is evidenced by its extensive uptake in the scientific community, with the core paper accumulating nearly 20,000 citations. Notably, analysis of citing literature reveals that 100% of the classified citations originate from independent researchers, indicating that this work has become a widely accepted standard reference used broadly across the field rather than being confined to the researcher’s immediate network.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 4

CORE PAPER

[Global and regional mortality from 235 causes of death for 20 age groups in 1990 and 2010: a systematic analysis for the Global Burden of Disease Study 2010](#)

2012 · 19,774 citations (GS)

Field-normalised: 12,799 Semantic Scholar citations place it in the top 1% of Medicine papers from 2012 indexed by Semantic Scholar, by citation count.

No.	Citing paper	Citing institution(s)	Country	S2
1	Global aetiology and epidemiology of type 2 diabetes mellitus and its complications (2018)	Brigham and Women's Hospital and Harvard Medical School, Harvard T.H. Chan School of Public Health	United States	—
2	Global Burden, Risk Factor Analysis, and Prediction Study of Ischemic Stroke, 1990–2030 (2023)	Fudan University, Fudan University; Taizhou Institute of Health Sciences, Shanghai Fourth People's Hospital Affiliated to School of Medicine, Tongji University	China	—
3	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	—
4	Global, regional, and national prevalence and mortality burden of sickle cell disease, 2000–2021: a systematic analysis from the Global Burden of Disease Study 2021 (2023)	Aga Khan University, Center for Biomedicine and Community Health, Indian Council of Medical Research	Australia, Brazil, Canada	—

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 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 performed a global, regional, and national comparative risk assessment of 84 behavioral, environmental, occupational, and metabolic risks or clusters of risks for 195 countries. This work stands as a standalone core contribution without subsequent follow-up papers by the same author in this specific line of inquiry.

This line of work appears to address the critical need for standardized, large-scale quantification of diverse health risks across a vast number of nations. By aggregating data on such a wide array of risk factors, the research likely provided a foundational framework for understanding the global burden of disease attributable to these specific categories, filling a gap in comprehensive, multi-country comparative analysis.

The significance of this contribution is evidenced by its substantial citation count of 18,165, indicating widespread recognition and utility in the field. Furthermore, analysis of 41 citing papers reveals that 100% are from independent researchers, demonstrating that the work has been adopted and built upon by the broader scientific community rather than just the researcher’s immediate circle.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 5

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 · 18,165 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	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	—
4	Air pollution and climate change as grand challenges to sustainability (2024)	University of Agriculture, University of the Punjab	Pakistan	—
5	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).

Contribution 3

Claim – Contribution 3

The researcher produced a seminal systematic analysis quantifying disability-adjusted life years for 291 diseases across 21 regions, establishing a foundational benchmark for global burden of disease studies.

The researcher’s primary contribution rests on a 2012 paper published in *The Lancet*, which presents a systematic analysis of disability-adjusted life years for 291 diseases and injuries across 21 regions from 1990 to 2010. This work serves as a core reference point for understanding global health metrics during that period.

This line of work appears to address the need for comprehensive, standardized quantification of health loss across diverse geographic and disease categories. By synthesizing data for such a broad range of conditions and regions, the research likely provided a critical framework for comparing disease burdens that was previously unavailable or fragmented.

The significance of this contribution is evidenced by its substantial citation count of over 12,000, indicating widespread adoption in the field. Furthermore, analysis of citing literature reveals that 100% of the classified citations originate from independent researchers, underscoring the work’s broad impact beyond the researcher’s immediate academic circle and its role as a standard reference for the global health community.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 6

CORE PAPER

[Disability-adjusted life years \(DALYs\) for 291 diseases and injuries in 21 regions, 1990–2010: a systematic analysis for the Global Burden of Disease Study 2010](#)

2012 · *The Lancet* · 12,069 citations (GS)

Field-normalised: 7,969 Semantic Scholar citations place it in the top 1% of Medicine papers from 2012 indexed by Semantic Scholar, by citation count.

No.	Citing paper	Citing institution(s)	Country	S2
1	Identification of common genetic risk variants for autism spectrum disorder (2019)	Broad Institute of MIT and Harvard, Cardiff University, deCODE Genetics	Denmark, Iceland, Norway	—
2	Global Burden, Risk Factor Analysis, and Prediction Study of Ischemic Stroke, 1990–2030 (2023)	Fudan University, Fudan University; Taizhou Institute of Health Sciences, Shanghai Fourth People's Hospital Affiliated to School of Medicine, Tongji University	China	—
3	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	—
4	Burden of 375 diseases and injuries, risk-attributable burden of 88 risk factors, and healthy life expectancy in 204 countries and territories, including 660 subnational locations, 1990–2023: a systematic analysis for the Global Burden of Disease Study 2023 (2025)	Institute for Health Metrics and Evaluation, University of Washington	United States	—
5	Frontostriatal salience network expansion in individuals in depression (2024)	Basque Center on Cognition, Brain and Language, École Poly-	Canada, Germany, Spain	—

No.	Citing paper	Citing institution(s)	Country	S2
		technique Fédérale de Lausanne, Icahn School of Medicine at Mount Sinai		
6	Targeting fibrosis: mechanisms and clinical trials (2022)	Sichuan University, Weill Cornell Medicine, West China Hospital, Sichuan University	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).

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	16
Institute for Health Metrics and Evaluation, University of Washington	United States	—	9
University of North Carolina at Chapel Hill	United States	THE 78 · QS =140	5
Shahid Beheshti University of Medical Sciences	Iran	THE 601–800	5
Stanford University	United States	SCImago #18 · THE =5 · QS 3	5
Northwestern University	United States	THE 30 · QS =42	5
Boston University	United States	SCImago #272 · THE =76 · QS =88	4
Columbia University	United States	SCImago #65 · THE 20 · QS =38	4
University of Pittsburgh	United States	SCImago #212 · QS =281	4
Tehran University of Medical Sciences	Iran	SCImago #701 · THE 501–600	4
Brigham and Women's Hospital	United States	SCImago #130	4
Institute for Health Metrics and Evaluation	United States	SCImago #37	4
Cairo University	Egypt	SCImago #997 · THE 801–1000 · QS =347	4
University of Alabama at Birmingham	United States	QS 1001-1200	4
Auckland University of Technology	New Zealand	SCImago #3365 · THE 501–600 · QS =410	4

Geographic distribution of citing authors

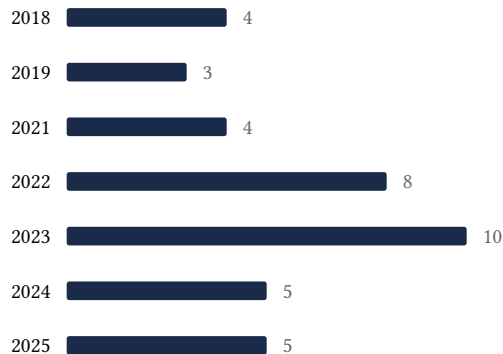
Country	Citing papers
United States	31
United Kingdom	16
Australia	14
China	10

Country	Citing papers
Italy	9
Germany	8
Iran	8
Ethiopia	7
Switzerland	6
Canada	6
India	6
New Zealand	5

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 and regional mortality from 235 causes of death for 20 age groups in 1990 and 2010: a systematic analysis for the Global Burden of Disease Study 2010	4	8 CFR 204.5(h)(3)(v) – Criterion 5
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 ...	5	8 CFR 204.5(h)(3)(v) – Criterion 5
Contribution 3	Disability-adjusted life years (DALYs) for 291 diseases and injuries in 21 regions, 1990–2010: a systematic analysis for the Global Burden of Disease Study 2010	6	8 CFR 204.5(h)(3)(v) – Criterion 5