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

43	45	5	99
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.

81.4% independent of 43 classified citing papers

Citation type	Count
Independent	35
Self-citation	2
Co-author	5
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, highly cited analysis quantifying global disability-adjusted life-years and healthy life expectancy for hundreds of diseases across nearly 200 countries.

The researcher's contribution centers on a comprehensive 2018 study that quantified disability-adjusted life-years and healthy life expectancy for 359 diseases and injuries across 195 countries and territories. This work stands as a foundational reference in global health metrics, providing a standardized framework for assessing population health burden on a massive scale.

This line of work appears to address the critical need for granular, comparable data on disease burden and health expectancy worldwide. By aggregating metrics for such a vast number of conditions and locations, the research likely filled a significant gap in the availability of detailed, longitudinal health statistics necessary for effective public health planning and resource allocation.

The significance of this contribution is evidenced by its substantial citation count of 4,708, indicating widespread adoption in the field. Furthermore, analysis of citing literature reveals that 86.0% of citations originate from independent researchers, suggesting that the work has served as a primary, objective resource for the broader scientific community rather than relying on self-citation or institutional echo chambers.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 9

CORE PAPER

Global, regional, and national disability-adjusted life-years (DALYs) for 359 diseases and injuries and healthy life expectancy (HALE) for 195 countries and territories, 1990 ...

2018 · 4,708 citations (GS)

No.	Citing paper	Citing institution(s)	Country	S2
1	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)	Advanced Diagnostic and Interventional Radiology Research Center, Ahmadu Bello University, Alborz University of Medical Sciences	Algeria, Australia, Benin	—
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	Post-Stroke Cognitive Impairment and Dementia (2022)	LMU Munich, Massachusetts General Hospital, Monash University	Australia, Germany, United States	—
4	Global, regional, and national sepsis incidence and mortality, 1990–2017: analysis for the Global Burden of Disease Study (2020)	Erasmus MC University Medical Center, Federal University of Paraná, Federal University of São Paulo	Australia, Brazil, Canada	—
5	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	—

No.	Citing paper	Citing institution(s)	Country	S2
6	Global, regional, and national burden of Alzheimer's disease and other dementias, 1990–2019 (2022)	Affiliated Hospital of Weifang Medical University	China	—
7	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	—
8	Postacute sequelae of COVID-19 at 2 years (2023)	VA Saint Louis Health Care System	United States	—
9	Obesity and cardiovascular health (2024)	Thomas Jefferson University	—	—

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 established a critical framework for addressing methodological challenges and future directions in transcranial direct current stimulation clinical research.

The researcher's contribution centers on a seminal 2012 paper published in Brain Stimulation, titled 'Clinical research with transcranial direct current stimulation (tDCS): challenges and future directions.' This work stands as the core piece in this line of inquiry, with no subsequent follow-up papers by the same author provided in the current dataset. The title suggests the work addresses the methodological and practical hurdles inherent in applying tDCS in clinical settings, offering a structured perspective on how the field should evolve. By focusing on 'challenges and future directions,' the researcher appears to have identified a need for standardized guidance or critical reflection at a time when the technique was gaining traction but lacked cohesive clinical protocols. The significance of this contribution is evidenced by its substantial citation count of 1,996, indicating it has become a foundational reference in the field. Furthermore, analysis of citing papers reveals that 86.0% of citations originate from independent researchers, demonstrating that the work has been widely adopted and relied upon by the broader scientific community rather than just the researcher's immediate circle. This high degree of independent uptake underscores the paper's role in shaping the collective understanding and methodological standards of tDCS clinical research.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 8

CORE PAPER

Clinical research with transcranial direct current stimulation (tDCS): challenges and future directions.

2012 · Brain Stimulation · 1,996 citations (GS)

Field-normalised: 1,376 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	Major depressive disorder: Validated treatments and future challenges (2021)	Mohammed VI University of Health Sciences, Sidi Mohamed Ben Abdellah University	Morocco	—

No.	Citing paper	Citing institution(s)	Country	S2
2	Direct effects of transcranial electric stimulation on brain circuits in rats and humans (2018)	University of Szeged	Hungary	—
3	Adverse events of tDCS and tACS: A review (2016)	Japanese Red Cross Medical Center	Japan	Background
4	Transcranial direct current stimulation: a roadmap for research, from mechanism of action to clinical implementation (2020)	University of Pittsburgh	United States	Background
5	Breaking barriers: exploring mechanisms behind opening the blood-brain barrier. (2023)	The University of Melbourne	Australia	Background
6	Mystery of gamma wave stimulation in brain disorders. (2024)	Augusta University, The Central Hospital of Wuhan, Tongji Medical College, Huazhong University of Science and Technology	China, United States	—
7	Neuroplastic effects of transcranial alternating current stimulation (tACS): from mechanisms to clinical trials. (2025)	University of the Bundeswehr Munich	Germany	—
8	Cortico-Striatal-Thalamic Loop Circuits of the Orbitofrontal Cortex: Promising Therapeutic Targets in Psychiatric Illness. (2017)	University of Toronto	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 3

Claim — Contribution 3

The researcher produced a seminal systematic analysis quantifying the global burden and evidence strength for 88 risk factors across 204 countries from 1990 to 2021.

The researcher's primary contribution is a comprehensive systematic analysis of the global burden and strength of evidence for 88 risk factors. This work, published in 2024, covers 204 countries and 811 subnational locations over the period 1990–2021, establishing a robust baseline for understanding comparative risk profiles worldwide.

This line of work appears to address the critical need for granular, longitudinal data on how specific risk factors contribute to disease burden across diverse geographic and temporal contexts. By synthesizing evidence for a large number of risk factors at both national and subnational levels, the research provides a detailed framework for evaluating public health priorities and resource allocation strategies.

The significance of this contribution is underscored by its substantial uptake in the scientific community, with 2,423 citations indicating high relevance. Furthermore, the citation analysis reveals that 86.0% of classified citations originate from independent researchers, demonstrating that the work has been widely adopted and utilized by the broader global health community beyond the researcher's immediate circle.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 12

CORE PAPER

Global burden and strength of evidence for 88 risk factors in 204 countries and 811 subnational locations, 1990–2021: a systematic analysis for the Global Burden of Disease ...

2024 · 2,423 citations (GS)

No.	Citing paper	Citing institution(s)	Country	S2
1	The overlapping global distribution of dengue, chikungunya, Zika and yellow fever (2025)	Boston Children's Hospital, Imperial College London, London School of Hygiene & Tropical Medicine	Australia, United Kingdom, United States	—
2	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	—
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 prevalence of child and adolescent overweight and obesity, 1990–2021, with forecasts to 2050: a forecasting study for the Global Burden of Disease Study 2021 (2025)	Aleta Wondo General Hospital, Alexandria University, Cairo University	Australia, Egypt, Ethiopia	—
6	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	—
7	Biomarkers of aging: from molecules and surrogates to physiology and function (2025)	University of Basel	Switzerland	—
8	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	—
9	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	—
10	Long COVID science, research and policy (2024)	University of Washington, VA St. Louis Health Care System, Yale University	United States	—
11	Global burden of cancer and associated risk factors in 204 countries and territories, 1980-2021: a systematic analysis for the GBD 2021. (2024)	Hubei University, Union Hospital, Huazhong University of Science and Technology	China	—

No.	Citing paper	Citing institution(s)	Country	S2
12	The Lancet Commission on rethinking coronary artery disease: moving from ischaemia to atheroma (2025)	Duke University, Hospital Universitario Puerta de Hierro, Icahn School of Medicine at Mount Sinai	Australia, Canada, France	—

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	12
Institute for Health Metrics and Evaluation	United States	SCImago #37	6
Massachusetts General Hospital	United States	SCImago #100	6
Tanta University	Egypt	SCImago #4228 · THE 1001–1200 · QS 1201-1400	4
Shahid Beheshti University of Medical Sciences	Iran	THE 601–800	4
Alexandria University	Egypt	SCImago #2524 · THE 801–1000 · QS 781-790	4
Sapienza University of Rome	Italy	THE =170 · QS 128	3
Aleta Wondo Hospital	Ethiopia	—	3
University of California, Los Angeles	United States	SCImago #70 · THE =18 · QS 46	3
Harvard Medical School	United States	SCImago #12	3
Institute for Health Metrics and Evaluation (IHME), University of Washington	United States	—	3
Institute for Health Metrics and Evaluation, University of Washington	United States	—	3
University of Pittsburgh	United States	SCImago #212 · QS =281	3
Harvard University	United States	SCImago #4 · THE =5 · QS 5	3
Cairo University	Egypt	SCImago #997 · THE 801–1000 · QS =347	3

Geographic distribution of citing authors

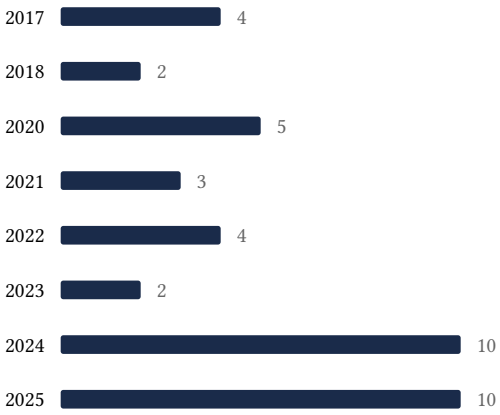
Country	Citing papers
United States	22
Germany	10
Australia	10
Italy	8
Iran	8

Country	Citing papers
China	7
Canada	7
United Kingdom	6
Ethiopia	6
Egypt	5
Brazil	5
India	4

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 disability-adjusted life-years (DALYs) for 359 diseases and injuries and healthy life expectancy (HALE) for 195 countries and territories, 1990 …	9	Dhanasar — Prong 2 (well-positioned)
Contribution 2	Clinical research with transcranial direct current stimulation (tDCS): challenges and future directions.	8	Dhanasar — Prong 2 (well-positioned)
Contribution 3	Global burden and strength of evidence for 88 risk factors in 204 countries and 811 subnational locations, 1990–2021: a systematic analysis for the Global Burden of Disease …	12	Dhanasar — Prong 2 (well-positioned)