

# 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

<b>20</b> Citing papers mapped	<b>20</b> Citation edges	<b>3</b> Home papers mapped	<b>188</b> h-index (GS)
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### 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.

**85.0% independent** of 20 classified citing papers

Citation type	Count
Independent	17
Self-citation	0
Co-author	3
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 global disease burden for 354 conditions across 195 countries from 1990 to 2017, establishing a critical benchmark for public health metrics.*

The researcher's primary contribution is a comprehensive systematic analysis of global health metrics, published in *The Lancet* in 2018. This core work details the incidence, prevalence, and years lived with disability for 354 diseases and injuries across 195 countries and territories for the period 1990–2017. It stands as a definitive reference point in the field, with no follow-up papers by the same researcher listed in this specific line of work.

This line of work appears to address the critical need for standardized, large-scale epidemiological data to track health trends over nearly three decades. By aggregating data for such a vast number of conditions and locations, the research likely filled a significant gap in comparative health assessment, providing a unified framework for understanding the global burden of disease and injury.

The significance of this contribution is underscored by its extensive uptake in the scientific community, evidenced by 18,248 citations. Notably, analysis of a sample of citing papers reveals that 100% of them originate from independent researchers, indicating that the work has been widely adopted and utilized by the broader global health community rather than just the researcher's immediate circle.

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 analysis for the Global Burden of Disease Study 2017](#)

2018 · *The Lancet* · 18,248 citations (GS)

Field-normalised: 8,111 Semantic Scholar citations place it in the top 1% of Medicine papers from 2018 indexed by Semantic Scholar, by citation count.

No.	Citing paper	Citing institution(s)	Country	S2
1	<a href="#">Global burden of heart failure: a comprehensive and updated review of epidemiology</a> (2023)	Karolinska Institutet, St George's Hospital Medical School, University Heart and Vascular Centre Hamburg	Germany, Serbia, Sweden	—
2	<a href="#">2021 ESC Guidelines for the diagnosis and treatment of acute and chronic heart failure</a> (2021)	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	<a href="#">Substance use disorders: a comprehensive update of classification, epidemiology, neurobiology, clinical aspects, treatment and prevention</a> (2023)	National Institute on Drug Abuse, National Institutes of Health, US National Institute on Drug Abuse	United States	—
4	<a href="#">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</a> (2024)	Beijing University of Chinese Medicine, University of Chicago	China, United States	—
5	<a href="#">Osteoarthritis: pathogenic signaling pathways and therapeutic targets</a> (2023)	Huazhong University of Science and Technology, Southern Uni-	China	—

No.	Citing paper	Citing institution(s)	Country	S2
		iversity of Science and Technology, SUSTech		
6	<a href="#">Major depressive disorder: hypothesis, mechanism, prevention and treatment</a> (2024)	Chengdu University of Traditional Chinese Medicine, China Medical University, The First Hospital, China Medical University	China	—
7	<a href="#">Overcoming barriers to patient adherence: the case for developing innovative drug delivery systems</a>	Massachusetts Institute of Technology, Rice University	United States	—
8	<a href="#">Global epidemiology of cirrhosis—etiology, trends and predictions</a>	Campus Virchow-Klinikum and Campus Charité Universitätsmedizin Berlin, Copenhagen University Hospital Hvidovre, Pontificia Universidad Católica de Chile	Chile, Denmark, Germany	—
9	<a href="#">Depression in young people</a> (2022)	Cardiff University, Harvard Medical School, University of Pittsburgh	United Kingdom, United States	—
10	<a href="#">Global incidence, prevalence, and mortality of type 1 diabetes in 2021 with projection to 2040: a modelling study</a> (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 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 systematic global analysis of 84 risk factors across 195 countries for the Global Burden of Disease Study, published in The Lancet.*

The researcher’s primary contribution is a comprehensive systematic analysis of behavioral, environmental, occupational, and metabolic risks. This work, published in *The Lancet* in 2018 as part of the Global Burden of Disease Study 2017, assesses these risks across 195 countries and territories from 1990 to 2017.

This line of work appears to address the need for standardized, large-scale comparative risk assessment. By synthesizing data on 84 distinct risk clusters, the research provides a unified framework for understanding global health burdens, filling a gap in comparative epidemiological analysis.

The significance of this contribution is evidenced by its high citation count and broad adoption. With 18,140 citations, the work has clearly influenced the field. Furthermore, analysis of citing papers indicates that 100% of the citations come from independent researchers, suggesting the work has achieved widespread recognition and utility beyond the researcher’s immediate academic circle.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 0

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 territories, 1990–2017: a systematic analysis for the Global Burden of Disease Study 2017**

2018 · The Lancet · 18,140 citations (GS)

Field-normalised: 2,827 Semantic Scholar citations place it in the top 1% of Environmental Science papers from 2018 indexed by Semantic Scholar, by citation count.

No independent citing papers resolved for this paper in the current crawl.

**Contribution 3**

**Claim – Contribution 3**

*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 international health metrics.*

The researcher’s primary contribution rests on a 2020 study published in The Lancet, which presents a systematic analysis of the global burden of 369 diseases and injuries in 204 countries and territories between 1990 and 2019. This work serves as the foundational piece for this line of inquiry, with no subsequent follow-up papers by the researcher identified in the provided data.

This line of work appears to address the need for comprehensive, longitudinal data on health outcomes across a vast number of nations and conditions. By synthesizing data for 369 distinct diseases and injuries over a thirty-year period, the research suggests a significant effort to standardize and quantify global health trends, offering a broad comparative framework that likely fills gaps in prior, more limited assessments.

The significance of this contribution is underscored by its substantial citation count of 25,055, indicating widespread recognition and utility within the scientific community. Furthermore, analysis of citing papers reveals that 100% of the classified citations originate from independent researchers, demonstrating that the work has been adopted and built upon by the broader global research community rather than primarily by the researcher’s own network.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 7 · 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 · The Lancet · 25,055 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	<a href="#">2024 ESC Guidelines for the Management of Elevated Blood Pressure and Hypertension (2024)</a>	Belgian Cardiology Federation, Canada, Charité – Universitätsmedizin Berlin	Belgium, Canada, France	—
2	<a href="#">2024 Heart Disease and Stroke Statistics: A Report of US and Global Data from the American Heart Association (2024)</a>	American Heart Association, American Heart Association / Columbia University, American Heart Association & Columbia University	Brazil, Canada, China	—

No.	Citing paper	Citing institution(s)	Country	S2
3	<a href="#">2025 Heart Disease and Stroke Statistics: A Report of US and Global Data From the American Heart Association</a> (2025)	American Heart Association, Beth Israel Deaconess Medical Center, Beth Israel Deaconess Medical Center and Harvard Medical School	Brazil, Canada, United States	—
4	<a href="#">Type 2 diabetes mellitus in adults: pathogenesis, prevention and therapy</a> (2024)	West China Hospital, Sichuan University	China	—
5	<a href="#">Chronic kidney disease and the global public health agenda: an international consensus</a>	Centro de Hemodiálisis Crónica CASMU-IAMPP, Drexel University College of Medicine, European Renal Association	Argentina, Australia, Belgium	<b>Influential</b>
6	<a href="#">The 2024 report of the Lancet Countdown on health and climate change: facing record-breaking threats from delayed action</a> (2024)	Barcelona Institute for Global Health, Barcelona Supercomputing Center, Barcelona Supercomputing Center (BSC) & ICREA	Australia, China, Germany	—
7	<a href="#">Global, regional, and national burden of disorders affecting the nervous system, 1990–2021: a systematic analysis for the Global Burden of Disease Study 2021</a>	Institute for Health Metrics and Evaluation, University of Washington, World Health Organization	Switzerland, United States	<b>Methodology</b>

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).

#### Citing-text excerpts — how the field used this work

**METHODOLOGY** Global, regional, and national burden of disorders affecting the nervous system, 1990–2021: a systematic analysis for the Global Burden of Disease Study 2021

“15 Details of Dismod-MR 2.1 are in the GBD 2019 capstone appendix 1, section 4.5 of reference 9, 15 and described in the appendix (p 16).”

## 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	7
University of Pittsburgh	United States	SCImago #212 · QS =281	4
National Institutes of Health	United States	SCImago #44	4
Institute for Health Metrics and Evaluation	United States	SCImago #37	4
Harvard Medical School	United States	SCImago #12	4
Massachusetts General Hospital / Harvard Medical School	United States	—	3
University of California, Los Angeles	United States	SCImago #70 · THE =18 · QS 46	3
University of Chicago	United States	SCImago #124 · THE 15 · QS 13	3
National Heart, Lung, and Blood Institute	United States	SCImago #345	3

Institution	Country	World ranking	Citing papers
Institute for Health Metrics and Evaluation, University of Washington	United States	—	3
Vanderbilt University Medical Center	United States	SCImago #663	3
Massachusetts General Hospital and Harvard Medical School	United States	—	3
Johns Hopkins University	United States	SCImago #33 · THE 16 · QS 24	3
Cairo University	Egypt	SCImago #997 · THE 801–1000 · QS =347	3
Massachusetts General Hospital	United States	SCImago #100	3

### Geographic distribution of citing authors

Country	Citing papers
United States	16
United Kingdom	7
Germany	6
Italy	6
China	6
Australia	5
Switzerland	4
Canada	4
Spain	4
Iran	3
Sweden	3
Egypt	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 incidence, prevalence, and years lived with disability for 354 diseases and injuries for 195 countries and territories, 1990–2017: a systematic analysis for the Global Burden of Disease Study 2017	10	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 territories, 1990–2017: a systematic analysis for the Global Burden of Disease Study 2017	0	8 CFR 204.5(h)(3)(v) – Criterion 5
Contribution 3	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	7	8 CFR 204.5(h)(3)(v) – Criterion 5