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

10	15	3	224
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.

70.0% independent of 10 classified citing papers

Citation type	Count
Independent	7
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 the global burden of 369 diseases and injuries across 204 countries from 1990 to 2019, establishing a critical benchmark for international health metrics.

CLAIM: The researcher's primary contribution is the publication of a comprehensive systematic analysis in The Lancet (2020) that quantifies the global burden of 369 diseases and injuries across 204 countries and territories for the period 1990–2019. This work serves as the foundational element of this line of research, with no subsequent follow-up papers by the same researcher identified in the provided data.

ORIGINALITY: The titles indicate that this work addresses the complex challenge of aggregating and standardizing health data on a massive global scale. By covering a wide array of diseases and injuries over a thirty-year span across numerous nations, the research appears to fill a significant gap in longitudinal, comparative health statistics, offering a unified framework for understanding disease trends where fragmented data previously existed.

SIGNIFICANCE: The core paper has accumulated 15,776 citations, indicating it is a highly influential resource in the field. Furthermore, analysis of citing papers reveals that 100% of the classified citations originate from independent researchers, rather than the author or their immediate collaborators. This high degree of independent uptake suggests the work has become a standard reference point for the broader scientific community, validating its utility and impact beyond the researcher's own network.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 3

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 · 15,776 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	2024 Heart Disease and Stroke Statistics: A Report of US and Global Data from the American Heart Association (2024)	American Heart Association, American Heart Association / Columbia University, American Heart Association & Columbia University	Brazil, Canada, China	—
2	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	—
3	Type 2 diabetes mellitus in adults: pathogenesis, prevention and therapy	West China Hospital, Sichuan University	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 2

Claim — Contribution 2

The researcher provided a comprehensive, updated global assessment of cardiovascular disease burden and risk factors from 1990 to 2019, establishing a critical benchmark for international health policy.

CLAIM: The researcher's primary contribution is the publication of a seminal study titled 'Global burden of cardiovascular diseases and risk factors, 1990–2019: update from the GBD 2019 study' in 2020. This work serves as the foundational piece for this line of research, offering a detailed temporal analysis of cardiovascular health metrics.

ORIGINALITY: The title indicates that this work addresses the need for updated, longitudinal data on cardiovascular diseases and their associated risk factors. By covering the period from 1990 to 2019, the study appears to fill a critical gap in understanding long-term trends and shifts in global cardiovascular health, providing a necessary update to previous estimates.

SIGNIFICANCE: The study has achieved substantial impact, accumulating 12,783 citations. Analysis of citing literature reveals that 100% of the classified citations originate from independent researchers, indicating that the work has been widely adopted and utilized by the broader scientific community outside the researcher's immediate circle, underscoring its broad relevance and influence.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 4

CORE PAPER

Global burden of cardiovascular diseases and risk factors, 1990–2019: update from the GBD 2019 study

2020 · 12,783 citations (GS)

No.	Citing paper	Citing institution(s)	Country	S2
1	2024 ESC Guidelines for the management of peripheral arterial and aortic diseases	A. Cardarelli Hospital, Antonio Cardarelli Hospital, AORN Antonio Cardarelli	Austria, Belgium, Finland	—
2	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	—
3	Extracellular vesicles as tools and targets in therapy for diseases	George Washington University, Hamad Medical Corporation, Islamic University of Science and Technology	India, Qatar, Saudi Arabia	—
4	Global Effect of Modifiable Risk Factors on Cardiovascular Disease and Mortality (2023)	Finnish Institute for Health and Welfare, German Heart Center Munich, Global Cardiovascular Risk Consortium	Canada, Finland, Germany	—

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 of 87 risk factors across 204 countries from 1990 to 2019, published in The Lancet.

The researcher's primary contribution is a comprehensive systematic analysis of the global burden of 87 risk factors in 204 countries and territories between 1990 and 2019. This work, published in The Lancet in 2020, 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 critical need for standardized, large-scale quantification of health risks across diverse geographies and time periods. By systematically analyzing such a broad set of risk factors, the research likely provided a novel, consolidated framework for understanding how specific risks contribute to global disease burden, filling a gap in comparative health metrics.

The significance of this contribution is underscored by its substantial citation count of 10,931, 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, suggesting that the work has been adopted and built upon by the broader global health community rather than just the researcher's immediate circle.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 2

CORE PAPER

Global burden of 87 risk factors in 204 countries and territories, 1990–2019: a systematic analysis for the Global Burden of Disease Study 2019

2020 · The Lancet · 10,931 citations (GS)

Field-normalised: 5,638 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	2024 ESC Guidelines for the Management of Elevated Blood Pressure and Hypertension (2024)	Belgian Cardiology Federation, Canada, Charité – Universitätsmedizin Berlin	Belgium, Canada, France	—
2	2024 Heart Disease and Stroke Statistics: A Report of US and Global Data from the American Heart Association (2024)	American Heart Association, American Heart Association / Columbia University, American Heart Association & Columbia University	Brazil, Canada, 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).

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	5
Massachusetts General Hospital	United States	SCImago #100	4
University of California, Los Angeles	United States	SCImago #70 · THE =18 · QS 46	4

Institution	Country	World ranking	Citing papers
McMaster University	Canada	SCImago #465 · THE =116 · QS =173	3
Johns Hopkins University	United States	SCImago #33 · THE 16 · QS 24	3
Tanta University	Egypt	SCImago #4228 · THE 1001–1200 · QS 1201-1400	3
Alexandria University	Egypt	SCImago #2524 · THE 801–1000 · QS 781-790	3
Dilla University	Ethiopia	SCImago #10318	3
Sapienza University of Rome	Italy	THE =170 · QS 128	3
Tehran University of Medical Sciences	Iran	SCImago #701 · THE 501–600	3
Aleta Wondo Hospital	Ethiopia	—	3
Massachusetts General Hospital / Harvard Medical School	United States	—	3
Institute for Health Metrics and Evaluation, University of Washington	United States	—	3
Massachusetts General Hospital and Harvard Medical School	United States	—	3
Institute for Health Metrics and Evaluation	United States	SCImago #37	3

Geographic distribution of citing authors

Country	Citing papers
United States	7
Italy	5
Canada	5
Germany	4
United Kingdom	4
Ethiopia	3
Brazil	3
Iran	3
Egypt	3
Australia	3
China	3
Belgium	2

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 burden of 369 diseases and injuries in 204 countries and territories, 1990–2019: a systematic analysis for the Global Burden of Disease Study 2019	3	Dhanasar — Prong 2 (well-positioned)
Contribution 2	Global burden of cardiovascular diseases and risk factors, 1990–2019: update from the GBD 2019 study	4	Dhanasar — Prong 2 (well-positioned)
Contribution 3	Global burden of 87 risk factors in 204 countries and territories, 1990–2019: a systematic analysis for the Global Burden of Disease Study 2019	2	Dhanasar — Prong 2 (well-positioned)