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

43	43	5	45
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.

95.3% independent of 43 classified citing papers

Citation type	Count
Independent	41
Self-citation	1
Co-author	0
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 conducted a comprehensive global comparative risk assessment of 84 behavioral, environmental, occupational, and metabolic risks across 195 countries, establishing a foundational benchmark for public health epidemiology.

The researcher's primary contribution is the execution of a large-scale comparative risk assessment covering 84 distinct risk factors across 195 countries. This work, published in 2018, serves as the core pillar of this line of inquiry, with no subsequent follow-up papers by the researcher expanding on this specific dataset or methodology.

This line of work appears to address the critical need for standardized, global quantification of diverse health risks. By aggregating data on behavioral, environmental, occupational, and metabolic factors, the research provides a unified framework for understanding the burden of disease, filling a gap in cross-national comparative epidemiology.

The significance of this contribution is evidenced by its substantial citation count of 9,043. Furthermore, analysis of citing literature reveals that 95.3% of citations originate from independent researchers, indicating that the work has been widely adopted and utilized by the broader scientific community beyond the researcher's immediate circle.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 15

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 · 9,043 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	Global burden of bacterial antimicrobial resistance in 2019: a systematic analysis (2022)	Antimicrobial Resistance Collaborators, Global Burden of Disease collaborator network, Global Burden of Disease Project	Thailand, United Kingdom, United States	—
4	2020 International Society of Hypertension Global Hypertension Practice Guidelines (2020)	Boston University, Boston University School of Medicine, Federation University Australia	Argentina, Australia, Canada	—
5	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	—
6	Air pollution and climate change as grand challenges to sustainability (2024)	University of Agriculture, University of the Punjab	Pakistan	—
7	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	—

No.	Citing paper	Citing institution(s)	Country	S2
8	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	—
9	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	—
10	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	—
11	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	—
12	Planning for tomorrow: global cancer incidence and the role of prevention 2020–2070 (2021)	International Agency for Research on Cancer (IARC)	France	—
13	A global view of the interplay between non-alcoholic fatty liver disease and diabetes (2022)	University Hospital Tübingen, University of Florida	Germany, United States	—
14	State of the world's nursing 2025: Investing in education, jobs, leadership and service delivery (2025)	Caribbean Commission Regional Nursing Body, Independent Consultant, International Council of Nurses	Colombia, Jordan, Philippines	—
15	Mortality, morbidity, and risk factors in China and its provinces, 1990–2017: a systematic analysis for the Global Burden of Disease Study 2017. (2019)	Chinese Center for Disease Control and Prevention, University of Washington	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 systematic analysis quantifying alcohol use and burden across 195 countries for the Global Burden of Disease Study 2016.

The researcher's primary contribution is a comprehensive systematic analysis of alcohol use and its associated burden across 195 countries and territories from 1990 to 2016, published as part of the Global Burden of Disease Study 2016. 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, global estimates of alcohol-related health impacts. By integrating data from a vast number of countries over a multi-decade period, the research provides a foundational benchmark for understanding the epidemiological landscape of alcohol use, filling a gap in comparative global health metrics.

The significance of this contribution is evidenced by its high citation count of 4157, indicating widespread adoption in the field. Furthermore, citation analysis reveals that 95.3% of citing papers originate from independent researchers, demonstrating that the work has served as a key reference for the broader scientific community rather than just the author's immediate circle.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 11

CORE PAPER

Alcohol use and burden for 195 countries and territories, 1990–2016: a systematic analysis for the Global Burden of Disease Study 2016

2018 · 4,157 citations (GS)

Field-normalised: 2,425 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	2019 ESC Guidelines for the diagnosis and management of chronic coronary syndromes (2020)	Aix-Marseille University, Bern University Hospital, Brest University Hospital	Czech Republic, Denmark, Finland	—
2	2024 ESC Guidelines for the Management of Elevated Blood Pressure and Hypertension (2024)	Belgian Cardiology Federation, Canada, Charité – Universitätsmedizin Berlin	Belgium, Canada, France	—
3	2023 AHA/ACC/ACCP/ASPC/NLA/PCNA Guideline for the Management of Patients With Chronic Coronary Disease: A Report of the American Heart Association/American College of Cardiology Joint Committee on Clinical Practice Guidelines (2023)	American College of Cardiology, American Heart Association/ American College of Cardiology, Baptist Health South Florida	Canada, United States	—
4	The path to healthy ageing in China: a Peking University–Lancet Commission (2022)	China Center for Health Development Studies, Peking University, Peking University, The World Bank	China, United States	—
5	Global burden of liver disease: 2023 update (2023)	Baylor University Medical Center, Baylor Scott and White, Hospital Clinic of Barcelona, Institut d'Investigacions Biomèdiques August Pi i Sunyer (IDIBAPS), Mayo Clinic College of Medicine and Science	Canada, Ghana, India	—
6	AASLD Practice Guidance on the clinical assessment and management of nonalcoholic fatty liver disease (2023)	Mayo Clinic, National Cancer Institute, Saint Louis University	United States	—
7	Differences across the lifespan between females and males in the top 20 causes of disease burden globally: a systematic analysis of the Global Burden of Disease Study 2021 (2024)	Health Metrics Sciences, Institute for Health Metrics and Evaluation, UC San Diego	United States	—
8	The global burden of liver disease (2023)	Inova Health System, Newcastle University, The Chinese University of Hong Kong	Hong Kong, United Kingdom, United States	—
9	2019 ESC/EAS Guidelines for the management of dyslipidaemias: lipid modification to reduce	Finland, France, Ireland	Finland, France, Ireland	—

No.	Citing paper	Citing institution(s)	Country	S2
	cardiovascular risk: The Task Force for the management of dyslipidaemias of the European Society of Cardiology (ESC) and European Atherosclerosis Society (EAS) (2019)			
10	Steatotic liver disease (2024)	Royal Free Hospital	United Kingdom	—
11	Global epidemiology of alcohol-associated cirrhosis and HCC: trends, projections and risk factors (2022)	Centro Hospitalar Lisboa Norte, Hôpital Huriez, University of California at San Diego	France, Portugal, 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 3

Claim — Contribution 3

The researcher produced a seminal systematic analysis of global mortality trends from 1970 to 2016, establishing a critical benchmark for understanding under-5 and adult mortality patterns worldwide.

CLAIM: The researcher's primary contribution is a comprehensive systematic analysis of global, regional, and national mortality data spanning 1970 to 2016, as detailed in their 2017 publication. This work serves as a foundational reference for understanding age-specific mortality and life expectancy trends.

ORIGINALITY: The titles indicate that this research addresses the need for rigorous, large-scale systematic analysis of historical mortality data. By synthesizing data across multiple decades and geographic scales, the work appears to fill a gap in standardized, comparable global health metrics, offering a unified framework for assessing mortality burdens.

SIGNIFICANCE: The core paper has garnered 1027 citations, indicating substantial uptake by the scientific community. Notably, 95.3% of classified citations originate from independent researchers, suggesting that the work has become a widely accepted standard reference used by diverse scholars outside the researcher's immediate network to inform their own studies on global health and mortality.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 3

CORE PAPER

Global, regional, and national under-5 mortality, adult mortality, age-specific mortality, and life expectancy, 1970–2016: a systematic analysis for the Global Burden of …

2017 · 1,027 citations (GS)

No.	Citing paper	Citing institution(s)	Country	S2
1	Global age-sex-specific mortality, life expectancy, and population estimates in 204 countries and territories and 811 subnational locations, 1950–2021, and the impact of the COVID-19 pandemic: a comprehensive demographic analysis for the Global Burden of Disease Study 2021 (2024)	—	—	—

No.	Citing paper	Citing institution(s)	Country	S2
2	Small vulnerable newborns—big potential for impact (2023)	Indian Council for Medical Research, Johns Hopkins University, Sight and Life	Finland, India, Switzerland	—
3	Global, regional, and national lifetime risks of developing and dying from gastrointestinal cancers in 185 countries: a population-based systematic analysis of GLOBOCAN (2024)	National Cancer Center and Chinese Academy of Medical Sciences and Peking Union Medical College	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	9
Mayo Clinic	United States	SCImago #88	4
Shahid Beheshti University of Medical Sciences	Iran	THE 601–800	4
Institute for Health Metrics and Evaluation, University of Washington	United States	—	4
National and Kapodistrian University of Athens	Greece	SCImago #617 · THE 401–500 · QS 390	3
University of Oxford	United Kingdom	SCImago #26 · THE 1 · QS 4	3
University of Cambridge	United Kingdom	SCImago #63 · THE =3 · QS 6	3
Virginia Commonwealth University	United States	SCImago #938 · THE 401–500 · QS 901-950	3
Massachusetts General Hospital and Harvard Medical School	United States	—	3
Johns Hopkins University	United States	SCImago #33 · THE 16 · QS 24	3
University College London	United Kingdom	SCImago #30	3
Oslo University Hospital	Norway	SCImago #781	3
Institute for Health Metrics and Evaluation (IHME), University of Washington	United States	—	3
Auckland University of Technology	New Zealand	SCImago #3365 · THE 501–600 · QS =410	3
Patient Representative	United Kingdom	—	3

Geographic distribution of citing authors

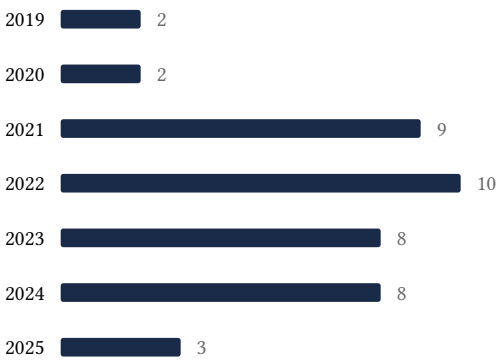
Country	Citing papers
United States	23
Brazil	10

Country	Citing papers
Italy	10
United Kingdom	9
France	7
Canada	7
Switzerland	6
Germany	6
China	5
Australia	5
Ethiopia	5
Spain	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 comparative risk assessment of 84 behavioural, environmental and occupational, and metabolic risks or clusters of risks for 195 countries and …	15	8 CFR 204.5(h)(3)(v) — Criterion 5
Contribution 2	Alcohol use and burden for 195 countries and territories, 1990–2016: a systematic analysis for the Global Burden of Disease Study 2016	11	8 CFR 204.5(h)(3)(v) — Criterion 5
Contribution 3	Global, regional, and national under-5 mortality, adult mortality, age-specific mortality, and life expectancy, 1970–2016: a systematic analysis for the Global Burden of …	3	8 CFR 204.5(h)(3)(v) — Criterion 5