Diabetes Care is the most widely read clinical diabetes journal. This is due, in large part, to the vision and strategies of the previous editors: Jay S. Skyler (1978–1982, the founding editor), F. John Service (1983–1987), David C. Robbins (1988–1991), Allen L. Drash (1992–1996), and Charles M. Clark, Jr. (1997–2001). A measure of its influence is the recent adoption of a Portuguese edition of Diabetes Care by the 3,000-member Brazilian Diabetes Society as their official publication. Editions of Diabetes Care are also being published in Europe, Asia, and Ibero-America. One of the first such editions was published in Spanish.

In addition to readership, another way to assess a journal’s effect is by its “impact factor.” The impact factor is a measure of the frequency with which the “average” article in a journal has been cited in a particular year. It is calculated as the number of current citations of articles published in the journal during the previous two years divided by the number of articles published in the journal during that period. The impact factor is used to judge a journal’s ranking within its category. Since 1993, Diabetes Care’s impact factor doubled from 2.5 to 5.0. The journal now ranks 12th among 89 endocrinology/metabolism journals.

Diabetes Care obviously needs no major redirection. The incoming team will endeavor to continue building upon the foundations established by Dr. Clark, his associate editors, and their predecessors. Our emphasis will remain on publishing papers of high scientific quality with immediate or near-term clinical relevance. As readers of this journal well know, there is a large gap between the potential for good diabetes care with the tools currently available and the actual diabetes care being delivered. Thus, improving diabetes care with its resultant beneficial effects on outcomes will be a central theme of the new editorial team.

Readers will notice a few minor changes in format. Some lead articles will soon be summarized in several sentences at the front of each issue. The editorials will now reside toward the end of each issue, thus following the articles that served as their springboard. The articles themselves may therefore receive more attention and scrutiny than if the reader had already had the article summarized and commented upon. Starting with the March issue, Diabetes Care will also publish in-depth summaries of key diabetes articles from other journals. The section will be entitled Key Global Literature and will be under the direction of Vivian Fonseca, MD. Advertisements from individuals seeking professional opportunities will now be accepted as well as those from institutions and groups seeking individuals.

Readers and potential authors may be interested in some of the following activity of the journal. Two-thirds of our submissions and nearly one-half of our published articles are from outside of the U.S. In the year 2000 (the last year of available statistics at the time this editorial was written), Diabetes Care received 1,167 submissions, 878 of which were original papers, 247 letters and commentaries, 23 editorials, and 19 reviews. The time to the initial editorial decision was 27.7 days overall, 31.2 days for the original papers, 8.6 days for the letters and commentaries, 50.5 days for the reviews, and, as might be expected, a much shorter time of 3.1 days for the editorials. Approximately 40% of the original papers and 55% of the letters and commentaries were accepted for publication in the calendar year 2000. If the current rate of submissions continues, there will be over 1,400 of them in the year 2002.

This remarkably short period of time from submission to the initial editorial decision (appreciated, I am sure, by readers who have submitted manuscripts to other journals) is due in large part to the organization and dedication of the editorial office manager, Lyn Reynolds. Even more remarkable is the fact that when the web-based system for handling submitted manuscripts started in July, Lyn had to manage two separate systems and editorial teams: the old system for the manuscripts submitted before that time and the new system. The latter required orienting the new editor and associate editors to the policies and procedures of Diabetes Care and not only learning the new web-based system herself, but teaching it to the incoming team. And during some of this time, she carried the load alone without any office help! Readers of Diabetes Care owe Lyn a deep debt of gratitude. Fortunately for all of us, she will continue to manage the editorial office.

Throughout my many years in academia at four institutions, I have always maintained an open-door policy. I will strive to do the same during my tenure as the editor-in-chief of Diabetes Care. Although you may not always agree with my responses, anyone with suggestions about enhancing the journal’s primary mission of publishing papers of high scientific quality that will have immediate or near-term clinical relevance in improving diabetes care may contact me. My e-mail address is madavids@cdrewu.edu.

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