Publication Policies and Procedures for *Diabetes Care*  
*Last updated 24 June 2014*

The American Diabetes Care Association (ADA) follows the recommendations of the International Committee of Medical Journal Editors (ICMJE), the World Association of Medical Editors (WAME), and the Committee on Publication Ethics (COPE) for guidance on policies and procedures related to publication ethics. The policies listed below have been adopted from those three advisory bodies and, where necessary, modified and tailored to meet the specific content, audiences, and aims of *Diabetes Care*. The Association or its Panel on Ethical Scientific Programs (ESP) will consider on a case-by-case basis policies that are not addressed below.

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Study Design

In accordance with the recommendations of WAME, research submitted to Diabetes Care should be well justified, well planned, and appropriately designed so that it can properly address the research objective of the study described in the manuscript. Statistical issues, including power calculations, should be described to avoid futile studies that produce subject risk without enrollment sufficient to address the research objective. Outcomes should be specified at the start of the study. Research should be conducted to high standards of quality control and data analysis. Data and records, including the original versions of manuscripts, figures, and other files and supporting materials, must be retained by authors for a period of 7 years and must be able to be produced for review, if requested by the editors. Fabrication, falsification, concealment, deceptive reporting, or misrepresentation of data constitutes scientific misconduct.

In addition, and in line with WAME’s recommendations, ADA requires documented review and approval from a formally constituted review board (institutional review board or ethics committee) for all studies involving people, medical records, and human tissues. For those investigators who do not have access to formal ethics review committees, the principles outlined in the World Medical Association’s Declaration of Helsinki should be followed. If the study is judged exempt from review, a statement from the committee is required; authors should provide this statement at the time of manuscript submission. Informed consent by participants must be attained. If not possible, an institutional review board must decide if this is ethically acceptable; review board approval must be attested to and described in the comments to the editor upon manuscript submission and in the RESEARCH DESIGN AND METHODS section of the manuscript itself.

Studies and experiments using animals require full compliance with local, national, ethical, and regulatory principles, and local licensing arrangements.

Originality and Prior Publication

ADA journals publish only original work that has not been previously published. All authors of manuscripts submitted to ADA journals must attest that neither the manuscript nor any part of it, regardless of the language in which it was originally written or published, has been published or is under consideration for publication elsewhere. Previous publication of an abstract during the proceedings of meetings (in print or electronically) is not considered prior publication and therefore does not preclude subsequent submission for publication. At the time of submission and in the ACKNOWLEDGMENTS section, authors should disclose whether the study described in the manuscript has been previously presented at a meeting or published in abstract form in the proceedings of a meeting.

Any reference to or use of previously published material protected by copyright must be explicitly acknowledged in the manuscript. Posting of submitted material on a website may be considered prior publication and should be noted in the comments to the editor upon submission. Redundant publication—when multiple papers, without full cross-reference in the text, share the same data or results—is not permissible. At the time of submission, authors should disclose details of related papers
they have authored, even if authored in a different language; similar papers in press; and any closely related papers previously published or currently under review at another journal.

**Authorship and Contributions**

ADA journals subscribe to the requirements stated in ICMJE’s Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals that authorship implies:

- Substantial contributions to conception and design of the work; or the acquisition, analysis, or interpretation of data for the work; and.
- Drafting the work or revising it critically for important intellectual content; and
- Final approval of the version to be published; and
- Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

All authors should meet these above conditions, and ADA requires for all listed authors to list their contributions to the study and/or manuscript in a section titled “Author Contributions” on the title page of the manuscript. If the article is accepted for publication, this information will be included after the main text in the published version of the manuscript.

In addition, ADA has adopted the following ICMJE recommendations related to authorship and contributions:

- When a large, multicenter group has conducted the work, the group should identify the individuals who accept direct responsibility for the manuscript. These individuals should fully meet the criteria for authorship defined above, and these individuals must complete the mandatory Manuscript Submission Form, which requires authors to outline contributions and relevant conflict-of-interest.

- When submitting a manuscript authored by a group, the corresponding author should clearly indicate the preferred citation and identify all individual authors as well as the group name; other collaborators should be listed in the ACKNOWLEDGMENTS. The National Library of Medicine (NLM) indexes the group name and the names of individuals the group has identified as being directly responsible for the manuscript; it also lists the names of collaborators if they are listed in ACKNOWLEDGMENTS.

- Acquisition of funding, collection of data, collection of patient and/or samples from other species, or general supervision of the research group alone does not constitute authorship.

- All persons designated as authors should qualify for authorship, and all those who qualify should be listed.

- Each author should have participated sufficiently in the work to take public responsibility for appropriate portions of the content.
• All authors must take responsibility in writing for the accuracy of the manuscript, and one or more authors, such as the corresponding or lead author, must be the guarantor and take responsibility for the work as a whole.

Acknowledgments

The role of or contribution by any individual or entity included in the ACKNOWLEDGMENTS section of the manuscript must be clearly defined. Editors or ADA staff may contact authors to clarify the roles or contributions of any person or entity acknowledged in the manuscript, particularly if that person or entity provided “editorial assistance” or help with “preparing” or “drafting” the manuscript. Authors should avoid vague or broad descriptions of contributions of acknowledged individuals or entities; descriptions of contributions should be clear, specific, and precise.

ADA requires that authors list the employer or institutional affiliation of any individual mentioned in the ACKNOWLEDGMENTS section. If this information is not included at the time of submission, editorial office staff will request the corresponding author to submit a new version of the manuscript that includes the required information.

Conflict of Interest

ADA journals require all participants in the peer-review and publication process to disclose all relationships that could be viewed as potential conflicts of interest. Editors may use information disclosed in conflict-of-interest and financial-interest statements as a basis for editorial decisions.

All authors should refer to the ADA Policy Statement on Duality of Interest and submit relevant conflict-of-interest statements with ADA’s mandatory Manuscript Submission Form. In lieu of completing the conflict-of-interest section on the Manuscript Submission Form, authors may submit ICMJE’s Uniform Disclosure Form for Potential Conflicts of Interest.

In addition, for all manuscript submissions, regardless of article type, all authors should include conflict-of-interest statements in both the comments to the editors at the time of submission and within the ACKNOWLEDGMENTS section of the manuscript itself. If authors have no relevant conflicts of interest to disclose, this should also be indicated in both sections.

Examples of potential conflict of interest include:

• Employment, membership on the board of directors, or any fiduciary relationship with a third-party entity engaged in the development, manufacture, or sale of pharmaceutical or medical devices, supplies, or information

• Ownership of stock or receipt of honoraria, travel or meeting expenses, or consulting or review fees from a third-party entity, as described above

• Receipt of financial support or grants for research from a third-party entity, as described above

• Holding patents or receiving royalties related to the development of pharmaceutical or medical devices, supplies, or information
Investigators must disclose potential conflicts-of-interest to study participants and should state in the manuscript whether they have done so.

If the study was sponsored by a third party, authors should describe the role of the study sponsor in study design; collection, analysis, and interpretation of data; writing the report; and the decision to submit the report for publication. If the supporting source had no such involvement, the authors should so state. At the time of submission, ADA requires that the submitting author of a study funded by an agency with a proprietary or financial interest in indicate that she/he had full access to all of the data in the study and takes complete responsibility for the integrity of the data and the accuracy of the data analysis. This author, unless otherwise specified, will be listed in the published version of the article as the “guarantor” of the study.

Please note that the editors may request a statistical analysis of all data by an independent biostatistician, and will decline to consider an article if a sponsor has asserted control over the authors’ right to publish.

Peer reviewers for ADA publications are required to disclose to editors any conflicts of interest that could bias their opinions of the manuscript. Likewise, the Editor and Associate Editors are required to recuse themselves of any final decision on manuscripts for which they may have personal or professional biases. In such cases, a different member of the Editorial Team, or an “Ad Hoc Editor” (e.g., a previous Editor-in-Chief of the journal), will be appointed to adjudicate the review of the manuscript and render a decision on the manuscript.

Authors are encouraged to provide editors with the names of persons they feel should not be asked to review a manuscript because of potential conflicts of interest. Authors should explain their concerns in their comments to the editor at the time of submission; the editors will take this information into account when determining who to invite to review the manuscript.

Effective January 2012, ADA will publish disclosure statements related to potential conflict of interest for the members of the journal’s Editor-in-Chief and Associate Editors. These statements will appear online on the journal’s “Editorial Board” page.

**Data Access and Responsibility**

The American Diabetes Care Association has adopted the data access and responsibility policies developed by the *Journal of the American Medical Association*:
For all reports (regardless of funding source) containing original data, at least one named author (e.g., the principal investigator) who is independent of any commercial funder or sponsor must indicate that he or she is the “guarantor” of the study (i.e., he or she had full access to all the data in the study and takes responsibility for the integrity of the data and the accuracy of the data analysis). A statement identifying the guarantor should be included in the Acknowledgments section at the end of the manuscript. Modified statements or generic statements indicating that all authors had such access are not acceptable.

The statement should appear as follows:

*C.K. is the guarantor of this work and, as such, had full access to all the data in the study and takes responsibility for the integrity of the data and the accuracy of the data analysis.*

Modified statements or generic statements indicating that all authors had such access are not acceptable.

For industry-sponsored studies, the editors reserve the right to request an analysis of the data (based on the entire raw dataset and evaluation of the study protocol, and prespecified plan for data analysis) by an independent statistician at an academic institution, rather than by statisticians employed by the sponsor or by a commercial contract research organization. In such cases, the independent biostatistician must be a faculty member at a medical school or academic medical center, or an employee of a government research institute, that has oversight over the person conducting the analysis and that is independent of the commercial sponsor. Details of this independent statistical analysis, the name and institutional affiliation of the independent statistician, and whether compensation or funding was received for conducting the analyses should be reported in the Acknowledgments section of the manuscript. The results of this independent statistical analysis should be the results reported in the manuscript.

**Clinical Trials, Systematic Reviews, and Meta-Analyses**

ADA journals adhere to ICMJE’s clinical trials registration policy, which is summarized in section III-K of ICMJE’s Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals. ICMJE defines a clinical trial as “any research study that prospectively assigns human participants or groups of humans to one or more health-related interventions to evaluate the effects on health outcomes.” All clinical trials submitted to ADA journals must be registered with an ICMJE-approved clinical trial registry (such as clinicaltrials.gov); ADA accepts registration of clinical trials in any of the primary registries that participate in the World Health Organization International Clinical Trial Registry Platform. Authors must include the unique clinical trial number and the name of the registry on the manuscript’s title page.

Authors of reports on randomized controlled trials (RCTs) are required to complete the checklist outlined in the Consolidated Standards of Reporting Trials (CONSORT) Statement. The instructions and checklist are designed to ensure that information pertinent to the trial is included in the study report. ADA requires that the CONSORT checklist is submitted with RCT manuscripts; CONSORT information
may be posted with accepted manuscripts as online-only supplementary materials at the request of the editors or the authors.

Authors of reports on systematic reviews and meta-analyses are required to complete the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA). The PRISMA Statement consists of a 27-item checklist and a four-phase flow diagram that have been developed to help authors improve the reporting of systematic reviews and meta-analyses. ADA requires that the completed checklist and diagram are submitted with systematic reviews and meta-analyses; PRISMA information may be posted with accepted manuscripts as online-only supplementary materials at the request of the editors or the authors.

**Common Forms of Scientific Misconduct**

The most common forms of scientific misconduct, with minor modification from Analysis of Institutional Policies for Responding to Allegations of Scientific Misconduct by the U.S. Department of Health and Human Services’ Office of Research Integrity, are listed below.

- **Falsification of data**: ranging from fabrication to deceptive selective reporting of findings and omission of conflicting data, willful suppression and/or distortion of data, and inappropriate or fraudulent digital image manipulation. *For more information about ADA’s image manipulation policies, please see the section below.*
- **Plagiarism**: The appropriation of the language, ideas, or thoughts of another and representation of them as one’s own original work, or the duplication or re-use of one’s previously published work without proper acknowledgment. *For more information about plagiarism and how ADA detects for plagiarism, see the section below.*
- **Improprieties of authorship**: Improper assignment of credit, such as excluding others, misrepresentation of the same material as original in more than one publication, inclusion of individuals as authors who have not made a definite contribution to the work published; or submission of multi-authored publications without the concurrence of all authors.
- **Violation of generally accepted research practices**: Serious deviation from accepted practices in proposing or carrying out research, improper manipulation of experiments to obtain biased results, deceptive statistical or analytical manipulations, or improper reporting of results.
- **Material failure to comply with federal requirements affecting research**: Including but not limited to serious or substantial, repeated, willful violations involving the use of funds, care of animals, human subjects, investigational drugs, recombinant products, new devices, or radioactive, biologic, or chemical materials.
- **Inappropriate behavior in relation to misconduct**: Including inappropriate accusation of misconduct; failure to report known or suspected misconduct; withholding or destruction of information relevant to a claim of misconduct and retaliation against person involved in the allegation or investigation.
- **Deliberate misrepresentation of qualifications, experience, or research accomplishments** to advance the research program, to obtain external funding, or for other professional advancement.
• **Misappropriation of funds or resources.** For example, misuse of funds for personal gain.

ADA’s plagiarism and image manipulation policies are further described below.

**Plagiarism.** Manuscripts submitted to *Diabetes Care* will be uploaded to [CrossCheck/iThenticate](https://www.crosscheck.com/), plagiarism detection software, to scan the document for plagiarized text. Plagiarism is scientific misconduct and will be addressed as such.

According to [WAME](https://www.wame.org/), “Plagiarism is the use of others' published and unpublished ideas or words (or other intellectual property) without attribution or permission, and presenting them as new and original rather than derived from an existing source. The intent and effect of plagiarism is to mislead the reader as to the contributions of the plagiarizer. This applies whether the ideas or words are taken from abstracts, research grant applications, Institutional Review Board applications, or unpublished or published manuscripts in any publication format (print or electronic).”

Self-plagiarism refers to the practice of an author using portions of their previous writings on the same topic in another of his/her publications, without specifically and formally citing the previously published work. ADA will allow authors to reuse only their own succinctly written literature reviews and brief descriptions of methodologies or patient characteristics from previously published work. Authors who do so should disclose this information in their comments to the editors at the time of submission, and any reused methodology descriptions from previously published work should be properly cited. As mentioned before, all manuscripts submitted to *Diabetes Care* are scanned for possible plagiarized and reused text using the CrossCheck/iThenticate software. To avoid possible concerns or peer-review delays, authors should make a concerted effort to reword or rewrite text borrowed from the methodology descriptions of their own work. “Avoiding plagiarism, self-plagiarism, and other questionable writing practices,” a resource developed by Miguel Roig, PhD, with funding from ORI, provides useful information on best practices related to ethical writing.

Cases of suspected plagiarism and inappropriate self-plagiarism will be referred to the Association’s Panel on Ethical Scientific Programs (ESP). Information on how such cases are addressed by the ESP can be found in the section below titled “Responses to Possible Scientific or Publishing Misconduct.”

**Digital Image Manipulation.** ADA has adopted the statement developed by the *Journal of Cell Biology* [*J Cell Biol 166:11-15 (2004)*] as its policy on the manipulation of digital images:

“No specific feature within an image may be enhanced, obscured, moved, removed, or introduced. The grouping of images from different parts of the same gel, or from different gels, fields, or exposures must be made explicit by the arrangement of the figure (i.e., using dividing lines) and in the text of the figure legend. Adjustments of brightness, contrast, or color balance are acceptable if they are applied to the whole image [that is, every pixel] and as long as they do not obscure, eliminate, or misrepresent any information present in the original, including backgrounds. Without any background information, it is not possible to see exactly how much of the original gel is actually shown. Non-linear adjustments (e.g., changes to gamma settings) must be disclosed in the figure legend.”
All digital images in manuscripts accepted for publication will be scanned using image forensics software for any indication of improper manipulation. Cases of questionable or inappropriate image alterations will be referred to the Association’s Panel on Ethical Scientific Programs (ESP). The ESP may request the original data from the authors for comparison to the prepared figures. If the original data cannot be produced, the acceptance of the manuscript will be revoked. Cases of deliberate misrepresentation of data will result in revocation of acceptance, and will be reported to the corresponding author’s home institution and/or funding agency as appropriate.

For examples of what constitutes improper digital manipulation (as well as other forms of scientific misconduct), ADA encourages authors to refer to the 2006 editorial by the *Journal of Clinical Investigation* titled “Stop Misbehaving!” [*J Clin Invest* 116:1740-1741 (2006)].

In addition, authors are encouraged to refer Adobe’s white paper on using Photoshop in biomedical imaging. The paper provides useful information on maintaining image integrity, editing nondestructively, and the medical and scientific image workflow.

**Responses to Possible Scientific or Publishing Misconduct**

*Diabetes Care* is a member journal of the Committee on Publication Ethics ([COPE](https://publicationethics.org)). COPE, established in 1997, is a charity registered in the U.K. The Committee is concerned with the integrity of peer-reviewed publications in science, particularly biomedicine.

In cases of possible scientific or publishing misconduct, ADA will consult COPE’s 17 flowcharts that provide algorithms for editors to follow when they suspect publication misconduct. Cases that cannot be properly addressed by use of COPE’s algorithms will be investigated and addressed by ADA’s Panel on Ethical Scientific Programs (ESP) on a case-by-case basis.

The ESP works on behalf of ADA scientific programs and publications to objectively and efficiently investigate cases of potential or perceived misconduct. The panel is comprised of expert independent investigators who share the Association’s vision for appropriateness in scientific procedures.

ADA and the ESP take seriously all reported concerns and allegations. When investigating and responding to cases of suspected misconduct, the panel operates with the utmost regard for the sensitivity, confidentiality, and impartiality required to fairly resolve each case.

The ESP strives to keep the number of inquiries and those involved to the minimum necessary to reach a recommendation for responding to the allegation.

In accordance with the recommendations of WAME, if the inquiry concludes there is a reasonable possibility of misconduct, responses will be contingent on the apparent magnitude of the misconduct. Responses will depend on the circumstances of the case as well as the responses of the participating parties and institutions. To respond to each case, ADA will refer to COPE’s algorithms and the following options outlined by WAME, which have been slightly modified and are listed in approximate order of severity:
• A letter of explanation (and education) sent only to the person against whom the complaint is made, where there appears to be a genuine and innocent misunderstanding of principles or procedure.

• A letter of reprimand to the same party, warning of the consequences of future such instances, where the misunderstanding appears to be not entirely innocent.

• A formal letter as above, including a written request to the supervising institution to carry out an investigation and report the findings of the investigation in writing to the journal. ADA will review and take into consideration the recommendations of investigating institutions when determining how to further respond to cases.

• Publication of a notice of scientific or academic misconduct, such as redundant or duplicate publication or plagiarism, if appropriate and unequivocally documented. Such publication will not require approval of authors, and will be reported to the author(s)’ institution and, if appropriate, funding agency.

• Formal withdrawal or retraction of the paper from the scientific literature, published in the journal, informing readers and the indexing authorities (National Library of Medicine, etc) if there is a formal finding of misconduct by ADA or the author(s)’ institution. Such publication will not require approval of authors; will be reported to, if appropriate, the author(s)’ institution and/or funding agency; and will be readily visible and identifiable in the journal.

• Any withdrawal or retraction published in the journal will meet the requirements established by ICMJE.

**Reporting Concerns Related to Scientific Misconduct**

Any individual may report concerns related to possible misconduct involving ADA scientific programs or publications by e-mail to esp@diabetes.org. Correspondents should provide as much information as possible to clearly describe the potential instances of misconduct, as well as the specific citation information or grant submission number, if available, for the work in question. These concerns will be reviewed by the Association’s Panel on Ethical Scientific Programs (ESP). The ESP will only review concerns related to possible research and scientific misconduct, and will not review challenges to any decision regarding a submitted manuscript, abstract, or grant application.

**Peer Review**

_Diabetes Care_ employs a single-blinded review process: authors are blinded to the identities of the editors and reviewers responsible for the independent peer review of their manuscripts, but not vice versa. Original Articles, Brief Reports, Perspectives and Review Articles, and Supplemental Articles are invited for peer review by the editors.

The Editor-in-Chief assesses each submission to the journal to determine whether the content and subject of the manuscript is appropriate for the journal. Due to an increasing number of submissions and limited editorial space, only those manuscripts that meet a priority score, as determined by the
Editor, above the 50th percentile will be reviewed. Each manuscript that meets the priority score above
the 50th percentile is assigned to an Associate Editor who is versed in the subject area of the
manuscript. The Associate Editor will invite expert researchers to peer review the manuscript. Based on
the reviews of three peer reviewers, the Associate Editor will recommend a decision to accept the
manuscript for publication, reject the manuscript, or suggest that the authors revise and resubmit the
manuscript. The Editor-in-Chief is responsible for determining and conveying the final decision on all
manuscripts. The Editor-in-Chief may consult with other Editorial Board members if there is significant
divergence of opinion among the Associate Editors and/or the peer reviewers on how a manuscript
should be decided. All correspondence related to the peer review of each manuscript is confidential.

The peer reviewers for Diabetes Care are experts chosen by the Associate Editors to provide written
objective assessments of the strengths and weaknesses of original research manuscripts, with the aim of
improving the reporting of research and identifying the most appropriate, timely, and highest-quality
research for the journal. Researchers are invited to review manuscripts submitted to the journals on the
bases of their objectivity, scientific knowledge, and level of expertise. Reviewers for ADA journals are
required to disclose whether they have any competing interest related to the subject of the article or
the authors (e.g., those working for a company whose product was tested, its competitors, or the same
institution as the authors, etc.).

ADA journals seek reviews that are professional, honest, courteous, prompt, and constructive. Editors
may edit reviews before sending them to authors, or simply not send them if they feel they are not
constructive or appropriate. The desired major elements of a high-quality review, as outlined by the
WAME, are as follows:

- The reviewer should have identified and commented on major strengths and weaknesses of
  study design and methodology, and should identify the major strengths and weaknesses of the
  manuscript as a written communication, independent of the design, methodology, results, and
  interpretation of the study.

- The reviewer should comment accurately and constructively upon the quality of, and the
  author’s interpretation of, the data, including acknowledgment of its limitations.

- The reviewer should comment on any ethical concerns raised by the study, or any evidence of
  potential scientific misconduct.

- The reviewer should provide the author with useful suggestions for improvement of the
  manuscript when appropriate.

- The reviewer’s comments to the author should be cordial and constructively critical.

- The review should provide the editor the proper context and perspective to make a decision on
  acceptance (and/or revision) of the manuscript.

Reviewers are provided with a one-page set of reviewer guidelines each time they accept an invitation
to review a manuscript. Reviewers are also encouraged to refer to “Enhancing Peer Review of Scientific

After each review is submitted, the Associate Editors rate the quality and the timeliness of the review, and this information is recorded in the peer-review database. Ratings of review quality and timeliness are periodically assessed to assure optimal journal performance and, as such, contribute to decisions regarding ongoing review requests. Individual performance data are kept confidential.

ADA recognizes that the submitted manuscript is a privileged communication, and reviewers are required to treat each manuscript as confidential. Reviewers are not allowed to retain, copy, or share manuscripts. Reviewers and editors are not permitted to make any personal or professional use of the data, arguments, or interpretations (other than those directly involved in its peer review) prior to publication unless they have the authors' specific permission or are writing an editorial or commentary to accompany the article.

If reviewers suspect misconduct, they are asked to notify the editor in confidence; reviewers should not share their concerns with other parties. In cases involving reviewer- or editor-identified suspected misconduct (e.g., possible duplicate submission, plagiarism, etc.) in a submitted manuscript to Diabetes Care and a submitted manuscript to another publication, Diabetes Care may provide a review copy of a submitted paper to an editor of another journal, with the understanding that the review paper could not be shared with any outside party, in order to efficiently and fairly appraise the validity and legitimacy of such suspicions. This step would only be taken if the author(s) did not satisfactorily respond to an initial letter of inquiry from the editors.

Information about each journal’s acceptance rates, publication intervals, and other performance data can be found in the “About the Journal” page of the online journal. Updated statistics are posted in July/August of each year.

**Editorial Decisions**

In accordance with the recommendations of WAME, decisions about manuscripts submitted to ADA journals are based on the manuscripts’ importance, originality, clarity, and relevance to the journal’s scope and content. Editors are asked to give equal consideration to studies with negative results despite adequate power, or those challenging previously published work.

If an author chooses to appeal a decision, the author should contact the Editorial Office at editorialoffice@diabetes.org. The corresponding author should clearly explain the reason for appealing the decision. Depending on the reason, the Editorial Office will forward the appeal to either the Editor-in-Chief (if, for instance, the author disagrees with the recommendations of the reviewer or Associate Editors) or ADA's Scientific & Medical Department (if, for example, the author alleges a form of editorial conflict-of-interest or misconduct).

Manuscripts authored or co-authored by a member of the current Editorial Team will be decided by an independent “Ad Hoc Editor” (e.g., a previous editor not affiliated with the author’s editorial team). An
Ad Hoc Editor will also be assigned manuscripts for which the Editor is required to recuse her/himself from the peer-review process because of a potential conflict of interest or personal or professional bias. ADA Editorial Office staff will assist the Ad Hoc Editor with inviting and selecting reviewers. Members of the current Editorial Team are blinded to the peer-review of manuscripts overseen by the Ad Hoc Editor.

Prepublication of Accepted Articles
To make research readily available to subscribers, Diabetes Care publishes accepted articles online ahead of print 5-6 weeks after acceptance, after articles have been copyedited, proofread, and typeset.

Online Ahead of Print articles are citable by their unique DOI (digital object identifier). DOIs for Diabetes Care articles begin with 10.2337, followed by the article number assigned when the manuscript was submitted online via the manuscript submission system (e.g., 10.2337/dc11-1234).

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Copyright. The American Diabetes Association holds copyright on all content published in Diabetes Care, unless otherwise noted. Readers may use the content as long as the work is properly cited and linked to the original source, the use is educational and not for profit, and the work is not altered. Diabetes articles may not be included without ADA permission in educational materials that are sold to students or used in courses for which tuition or other fees are charged.

Reuse. Authors are permitted to reuse portions of their ADA-copyrighted work, including tables and figures, in their own work, and to reuse portions or all of their ADA-copyrighted work for educational purposes, without submitting a request to ADA, provided that the proper citation and copyright information is given.

To submit a permission-to-reuse request to ADA, go to the online version of the article and click on “Get Permissions” to the right of the article.

Post-prints and public access. Authors are permitted to submit the final, accepted version of their manuscript to their funding body or institution for inclusion in their funding body or institution’s database, archive, or repository, or to post the final, accepted version on their personal website. These manuscripts may be made freely accessible to the public upon acceptance, provided that the following two conditions are observed:

First, post-prints must include the following statement of provenance and, once the final version has been published in the journal, a link to the final published version of the paper on the journal's website:

“This is an author-created, uncopied electronic version of an article accepted for publication in Diabetes Care. The American Diabetes Care Association (ADA), publisher of Diabetes Care, is not responsible for any errors or omissions in this version of the manuscript or any version derived from it by third parties. The definitive publisher-authenticated version will be available in a future issue of Diabetes Care in print and online at http://care.diabetesjournals.org.”

Second, the version of the manuscript deposited or posted must be identical to the final accepted version, with the exception of the addition of the above statement and any changes necessary to correct
errors. Authors may make changes to the posted version to correct mistakes or may issue an erratum at any time. However, the final published version of the manuscript may not be deposited, posted, or later substituted for the post-print.

As a courtesy to authors, the final print versions of articles funded by NIH will be deposited in PubMed Central (PMC) at no additional cost. In compliance with NIH’s policy, these articles will appear on PMC 12 months after print publication in Diabetes Care. All articles, regardless of funding body, are delivered to PubMed for inclusion in the PubMed index.

Full-text HTML versions of all articles are freely accessible on Diabetes Care Online (care.diabetesjournals.org) 6 months after the print publication date, and PDF content becomes freely accessible 12 months after the print publication date.

Errata, Retractions, and Addenda

Requests for submitting errata, retractions, or other updates should first be sent to the Association Editorial Office. Depending on the nature of the request, the Editorial Office will consult with the Editors or the Panel on Ethical Scientific Publications on how to proceed with the request.

Errata. Errata refer to errors introduced to the article by the author(s) or the publisher. Diabetes Care Care will publish errata notices to communicate necessary corrections to such errors.

Errata will be published in the print and online versions of the journal. Errata are listed in the table of contents, are linked online to the articles to which they pertain, and are indexed in public databases such as PubMed. Errata should clearly cite and describe the reported error(s), including at what stage the error(s) was introduced; should clearly communicate the necessary correction(s) to the error(s); and address whether the errors originated with ADA staff or with the author.

Author’s Notes. Articles are posted individually after proofs are returned from authors and before appearing in an issue. To preserve the integrity of electronically publishing articles, once an article is individually posted but not yet in an issue, changes cannot be made in place in the paper. However, an “Author’s Note” may be added to the paper immediately before the References section when there is a critical error in the content of the paper. The “Author’s Note” section gives the author an opportunity to correct this type of critical error before the article is put into an issue for printing and before it is reposted in an issue. The “Author’s Note” section remains a permanent part of the article.

Retractions. The primary purposes of a retraction are to correct the literature, ensure its integrity, and alert readers to publications that contain erroneous and unreliable data or conclusions. Diabetes Care will consider retracting a publication if there is clear evidence that the findings are unreliable, either as a result of misconduct (e.g., data fabrication) or honest error (e.g., miscalculation or experimental error); if the findings have previously been published elsewhere without proper cross-referencing, permission, or justification; if significant portions of the paper have been plagiarized; if the paper reports unethical research; or if the authors fails to disclose a major competing interest likely to influence interpretations or recommendations.
The editors of *Diabetes Care* will refer to the Retraction Guidelines of the Committee on Publication Ethics when considering whether to retract an article from publication. *Diabetes Care* may consult with the Association’s Panel on Ethical Scientific Publications (ESP) when reviewing retraction requests and recommendations.

*Diabetes Care* will make every effort to ensure that published retraction notices:

- link to all electronic versions of the retracted article wherever possible
- clearly identify the retracted article by including the title and authors in the retraction heading
- are clearly identified as a retraction to distinguish it from other types of corrections or comments
- are published promptly to minimize the harmful effects from misleading publications
- are freely available to all readers

Authors of submitted retraction notices should ensure that all coauthors listed on the original paper are aware of the problems with the paper and the pending retraction request. In cases where coauthors disagree, the editors will consult with the ESP to determine the most appropriate type of amendment; dissenting author(s) will be noted in the text of the published amendment.

Retraction requests to *Diabetes Care* should clearly state the following information:

- the specific reasons and basis for the retraction (in order to distinguish cases of misconduct from those of honest error)
- who is retracting the article (e.g., the author; the head of the department, dean, or director of the laboratory where the paper was produced; or the editorial team of the journal)
- whether any coauthors do not agree with or support the request
- whether the issue was reviewed by the author(s)’ institution or funding agency.

If a previously published retraction statement is itself misleading or does not properly or fully disclose issues of misconduct (e.g., plagiarism or the republication of data or figures from previously published articles), *Diabetes Care* will consider requests from authors or their affiliated institutions to publish an update to the retraction notice in order to better clarify or identify the problems with the retracted paper. Requests submitted by authors to update or emend retraction notices will be reviewed by the editorial team and the ESP. Updates to retraction notices should meet the guidelines and standards listed above.

**Addenda.** Addenda (or “updates”) communicate additional information to a paper, either by request of the author(s) or in response to readers’ request for clarification. Addenda are published only rarely. They will be reviewed by the editors to determine whether they are crucial to the reader’s understanding of the published paper.

Addenda should be signed by all authors. They will be published in the print and online versions of the journal. Addenda are listed in the table of contents, are linked online to the articles to which they pertain, and are indexed in public databases such as PubMed.
Media Embargos

Other than reporting on details provided in a meeting abstract or meeting presentation, media representatives should refrain from reporting on studies submitted to or scheduled for publication in ADA journals until that study has completely undergone the peer-review and editorial processes, and has been either posted on the journal website or published in the print version of the journal. Authors are discouraged from holding press conferences to publicize abstract results until their submitted manuscripts have completely undergone the peer-review and editorial processes.

Advertising

Both electronic and print advertising submitted to ADA publications is reviewed by the Association’s Scientific & Medical Department. The ADA has the right to reject any advertisement for any reason, which need not be disclosed to the party submitting the advertisement. Advertising submitted to ADA publications should clearly identify the advertiser and the product or service being offered. If the advertisement promotes a pharmaceutical product, the full generic name of each active ingredient in the drug product should be clearly listed. ADA journals will not deliberately place print or electronic advertising opposite or adjacent to editorial that discusses the product being advertised or that reports research on the advertised product, and ADA journals will not publish advertisements that refer to an article in the same issue of a publication. Advertising submitted to ADA publications should be distinct from editorial and should not appear to be editorial; advertising must not be deceptive or misleading or make false claims. Any advertisements that include indecent copy or contain negative content of a personal, racial, ethnic, medical, sexual orientation, or religious character will not be accepted.

Solicitation of advertising for ADA publications will be carried out to fulfill the objective of supporting awareness among health professionals and consumers of useful products and services and to contribute to the financial support of the publications. Acceptance of advertising in ADA publications shall not be construed, however, as an endorsement, approval, recommendation, warranty or certification of the products or services by ADA or any group affiliated with it. Acceptance also does not imply responsibility on the part of ADA to ensure that the advertiser has complied with laws and regulations applicable to the marketing of the products. Acceptance of advertising does not imply that ADA has conducted an independent scientific review to validate product safety and efficacy or advertising claims. A company involved in an investigation or enforcement proceeding by a government agency with respect to claims made in marketing of a product to be advertised in an ADA publication must inform ADA of such litigation.

Specific Provisions:

Products or services must be safe and effective in the practice of medicine or to individuals with diabetes and their families. A company whose product submitted for advertisement in an ADA journal is being evaluated for safety and effectiveness must so inform the ADA.

Companies submitting new products for advertisement may be required to provide information about product safety and effectiveness. If there is any question of safety or effectiveness, the appropriate
staff person in the Scientific & Medical Division should see a product sample before acceptance/rejection.

Advertisements for products that are subject to regulation by the Food & Drug Administration (FDA) will be accepted in ADA publications only if the products have met all FDA requirements to permit general marketing of the products.

Advertisements for products subject to FDA approval of both the product and the advertising may be accepted in ADA publications without further review.

Manufacturers whose products are subject to regulation by the FDA or Federal Trade Commission may be asked to submit a signed certification to ADA attesting that they have scientifically valid data on file to substantiate product claims or comparisons to other products.

Companies submitting advertisements for ADA publications are required to indemnify the Association against claims based on the advertisements.

Supplements

Editorial Supplements which are developed by non-profit groups, but sponsored by a pharmaceutical or other company, may be considered to be “under the cover of” one of ADA’s professional journals (either within an issue or bound separately) if approved in advance by the Association’s Scientific & Medical Department and the Editor-in-Chief of the journal. If approved, the journal Editor may appoint a special supplement editor to lead the journal’s peer-review process. The supplement editor should be affiliated with ADA and should be an expert on the supplement topic. Approved Editorial Supplements should be completed prior to transition of a new Editor and editorial team for the journal.

Supplements proposals for Diabetes Care should include a planned table of contents or, if based on a meeting or symposium, a planned agenda. The proposal should also address:

- The name of the organization(s) sponsoring and funding the supplement (not merely the name of the public relations agency handling its publication).
- If the supplement is based on a symposium, where and when the symposium was held and how the speakers and papers were selected.
- Whether authors were or will be paid and, if so, how much.

If the proposal is approved, it will be forwarded to the Editor of the journal. Initial approval by the ADA does not commit the Editor to accept a proposal in whole or part. All manuscripts are subject to the same peer review as other manuscripts in the journal. In addition, ADA has adopted the following principles from ICMJE, as outlined in section III-F of ICMJE’s Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals:

- The journal editor has complete control of the decision to publish all or any portions of the supplement. Editing by the funding organization is not permitted.
- The journal editor retains the authority to send supplement manuscripts for external peer review and to reject manuscripts submitted for the supplement.

- The journal editor must approve the appointment of any external editor of the supplement and take responsibility for the work of the external editor.

- The sources of funding for the research, publication, and the products the funding source make that are considered in the supplement must be clearly stated and prominently located in the supplement, preferably on each page.

- Advertising in supplements follow the same policies as those of the rest of the journal.

- Journal editors and supplement editors may not accept personal favors or personal remuneration from sponsors of supplements.

- Secondary publication in supplements (republication of papers previously published elsewhere) is not permitted.

- ADA’s principles of authorship, potential conflict-of-interest disclosure, and other publication policies also apply to supplements.

Advertising Supplements may be accepted if they meet the following criteria:

- They do not carry ADA’s name or logo.

- They are not formatted to suggest that they are part of one of ADA’s periodicals.

- They are clearly labeled as advertising.

- They are reviewed and approved by the Editor-in-Chief of the periodical in question, as well as the appropriate ADA staff member.

Questions

Questions about any of the policies mentioned above should be directed to ADA’s editorial office at editorialoffice@diabetes.org.