



Status of *Diabetes Care*: “It Just Doesn’t Get Any Better . . . or Does It?”

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The July 2014 issue marks the halfway point for our editorial team’s tenure in overseeing the scientific aspects of *Diabetes Care*. At this time in the process, we would have thought that things would have become very routine. Specifically, one might expect that changes made at the beginning of our term would now be complete and we would be at a stage (to borrow a term from the aviation industry) of “autopilot.” But, instead, we have realized that there is a new norm at the journal . . . one that dictates a consistent principle . . . that *Diabetes Care* and its editorial team continue to evolve!

For example, when we provided our update on the journal for July 2013, we titled it “The Hits Just Keep on Coming!” (1). It was stated at the time: “To be honest, I would be thrilled if, in January 2014, I can simply state we’ve had more of the same!” Honestly, this is far from the truth. It has not been more of the same . . . we have exceeded our own expectations! Over the last year, new initiatives have continued, the number of new submissions is at record level, the quality of published articles continues to increase, and our pleasure in seeing each and every journal issue is heightened each month. It is fitting at this halfway point to have our editorial team collectively report on our further progress to you, the readers we serve. From our perspective, this progress report is very appropriately titled as “It Just Doesn’t Get Any Better . . . or Does It?”

To be fair, some of the developments from our team have been noted in past editorials and are now considered as standard. For example, as you may well know by now, our editorial team has initiated and refined our *Diabetes Care* Symposium at the American Diabetes Association’s (ADA’s) Scientific Sessions and recently completed our third annual symposium. Those articles are featured in this issue (2–5). Additionally, new formats were added to highlight dissemination of information, e.g., Novel Communications in Diabetes reports (6). We continue to emphasize landmark studies sharing a specific focus in regular issues and continue to place a prominence on publishing state-of-the-art reviews and summary statements (7). We made a decision to require dual reporting of HbA_{1c} in both % and SI units that began 1 January 2013 (8). Finally, we continue to hold our *Diabetes Care* Editors’ Expert Forum, generally held at the ADA’s Scientific Sessions, but at other scientific meeting venues as well, and to publish the proceedings of the forums. A recent forum on opportunities and challenges of insulin therapy in type 2 diabetes, in addition to another forum on safety in general of all oral and injectable diabetes agents, will appear in the next few months. Just recently, we held an additional forum entitled “Hot Topics in Obesity” at the 74th Scientific Sessions in San Francisco.

As has now become a tradition, the July issue features articles from our annual *Diabetes Care* Symposium held each year at the Scientific Sessions; the most recent was on 14 June 2014 in San Francisco. Now that the Symposium is an established event, our goal is refinement. This year we experimented with revising the format by dividing it into two 1-h sessions and by selecting a predetermined umbrella topic. The first segment introduced a novel twist with a presentation entitled “Best of *Diabetes Care*.” Its purpose was to provide brief overviews of several articles felt by the Associate Editors to be some of the most noteworthy original research reports published in *Diabetes Care* during the past year.

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The second segment presented four outstanding symposium articles focusing on “New Drug Therapies, Innovative Management Strategies, and Novel Drug Targets.” These selected finalists included 1) a randomized control trial evaluating the effect of canola oil on glycemic control and cardiovascular risk factors (2), 2) a report on the first randomized crossover trial of a wearable artificial pancreas (3), 3) a report on the efficacy of GLP-1 receptor agonists in patients with maturity-onset diabetes of the young (4), and 4) a controlled trial of a new SGLT-2 inhibitor in combination with insulin in obese inadequately controlled type 2 diabetes (5). We look forward to continuing this new format and to the 4th Annual *Diabetes Care* Symposium at the 75th Scientific Sessions scheduled for June 2015 in Boston, MA.

Another new initiative was our decision to devote a portion of selected issues to a specific focus, either as multiple reports from landmark studies or to highlight a specific clinical and research focus. We featured the TODAY (Treatment Options for Type 2 Diabetes in Adolescents and Youth) study in the June 2013 issue of *Diabetes Care* (9). This year, it was our privilege and honor to celebrate the 30th anniversary of the Diabetes Control and Complications Trial (DCCT) and its follow-up study, Epidemiology of Diabetes Interventions and Complications (EDIC), by featuring the 30th anniversary summary findings in a special focus in the January 2014 issue (10). The articles from the special DCCT/EDIC section provided an excellent overview of the background and outcomes of the study and were based on presentations made at both the 2013 ADA Scientific Sessions and the 2013 European Association for the Study of Diabetes (EASD) Annual Meeting (10). The contributions summarized results to date from the DCCT/EDIC for the major complications of diabetes: neuropathy, nephropathy, retinopathy, and cardiovascular disease.

Given the importance of the prevention of diabetes, our editorial team assembled articles on diabetes prevention in the April 2014 issue of *Diabetes Care* (11). The editorial team felt it was our duty to keep the discussion on this important topic moving forward on this issue by featuring these contributions.

Selected articles ranged from discussion of genetic risk and progression to diabetes to policy development (12–16). Importantly, the information was disseminated with use of all of our formats, including Novel Communications in Diabetes, Original Articles, Perspectives, and Point-Counterpoint narratives.

Our most recent special focus section was in the May 2014 issue, in which we featured the most up-to-date collection of articles on the artificial pancreas (17). Specifically, we recognized the remarkable progress made to date in closed-loop technology with its safety and efficacy reported in both outpatient and inpatient clinical trials. Therefore, given the intense interest in this topic and its importance to clinical care, our editorial team decided to publish a comprehensive selection of articles devoted to the development of the artificial pancreas, including a two-part Bench to Clinic series, two randomized trials, and three additional studies that provided new information on the technology (18–24).

In 2013, we also were honored to publish important state-of-the-art Reviews. These articles have included excellent updates on pancreas transplants alone (25), inpatient management of diabetic foot disorders (26), and antidepressant medications as a risk factor for type 2 diabetes (27) and a review on barriers and potential solutions to providing optimal guideline-driven care from a diabetes working group reported by Vigersky et al. (28).

Over the last few months, we have had a review on targeting lipids in diabetic pregnancy (29), an outstanding evaluation of microalbuminuria as a risk predictor in diabetes (30), and a comprehensive and systematic review on pharmacogenetics of type 2 diabetes (31).

We continue to provide significant information on translational medicine in the form of Bench to Clinic narratives. In this regard, our special feature on closed-loop technology included a two-part series featuring both the physiology behind developing closed-loop systems (18) and the engineering of the algorithms (19). In addition, we featured a cutting-edge review that outlined mechanisms and management of painful diabetic distal symmetrical polyneuropathy by Tesfaye et al. (32). Finally, based on the crucial pathogenic role of vascular endothelial growth factor

(VEGF) in the development of diabetic macular edema, intravitreal anti-VEGF agents have emerged as new treatments. Therefore, we provided information on the rationale for use and clinical efficacy of anti-VEGF treatment in a two-part Bench to Clinic presentation with contributions from Simó et al. (33) and Cheung et al. (34).

One of our most popular formats continues to be the Point-Counterpoint approach. We published a well-received two-part Point-Counterpoint narrative on the validity of meta-analysis in diabetes. Dr. Home (35) provided his opinion, supported by a review of data, that we should carefully evaluate meta-analyses to assess the reliability of their conclusions. In response, Drs. Golden and Bass (36) emphasized that an effective system exists to guide meta-analysis and that rigorously conducted, high-quality systematic reviews and meta-analyses are an indispensable tool for synthesizing evidence despite their limitations. One of the more intriguing Point-Counterpoints our journal has ever published appeared in the April 2014 issue on diabetes prevention, focusing on dietary sugar and the epidemic of obesity and diabetes (37,38). The debate centered on the controversy as to whether sugar-sweetened drinks and an overall increase of dietary intake of glucose and high-fructose corn syrup may be a major contributor to obesity and the metabolic syndrome. Finally, last month, we revisited the benefit of using analog insulins in clinical care by providing a debate on “cost.” Dr. Davidson (39), in a Counterpoint argument, took the position that analog insulins provide no clinical benefit compared with human insulin, but cost much more. Dr. Grunberger (40) provided a Point argument in defense of analog insulins and their value in clinical management by suggesting that when one evaluates “cost” of therapy, a much more global assessment is needed.

Lastly, our Profiles in Progress category, a narrative that specifically recognizes a researcher or provider in the field of diabetes whose contributions and discoveries were noteworthy and remarkable, continues to move forward. In the May issue, we featured Dr. Gerald Reaven whose lifelong work revolved around the central role of insulin resistance in type 2 diabetes and cardiovascular

disease (41). We will continue to feature pioneers in the diabetes field.

In closing, our editorial team is honored to be serving its role in guiding *Diabetes Care* at this time. We take pride in every issue. We realize, and have stated, that the journal will be judged primarily on the quality of the articles published. As an editorial team, we take this charge seriously. As such, given the diversity of interests of the readers of *Diabetes Care*, it is a priority that we give full attention and consideration to each and every manuscript submitted. As such, expertise is required for many different topics, and this is achieved with comprehensive review from the editorial team and our outstanding reviewers. Clearly, the priorities for *Diabetes Care* have increased, and it is important that we keep the hurdle high for eventual submission. Given the remarkable quality of articles published to date, we feel we are achieving our goal. So, what can we expect as we move forward for the latter half of our term? One would expect continuation of the new norm. Simply put, we do not expect the day-to-day activities of the journal or the initiatives put in place by the editorial team ever to become routine. In this regard, beyond rejoicing that it just doesn't get any better, we are also hoping that, in another 12 months, we will still be asking, "Can it possibly get any better than this?"

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