

# Diabetes Care: Building on Strength

I am deeply honored to be taking on the role of editor-in-chief of *Diabetes Care*.

The journal has gone from strength to strength in the last few years, and retaining this momentum toward a higher level will, of course, be a challenge. First, we must acknowledge and thank outgoing editor-in-chief, Mayer B. Davidson, MD, and his team of associate editors and editorial board members for their leadership in making the journal such a tremendous success. In particular, Mayer has steadfastly kept the journal on the right track, leading to it becoming the premier clinical journal addressing the worldwide epidemic of diabetes and its complications. I am particularly grateful for Mayer's guidance during my previous term as an associate editor and for his outstanding mentorship that prompted me to step into his shoes.

*Diabetes Care* has grown consistently since its inception in 1978 and has undergone spectacular growth in the last 5 years. This statement is easily supported by statistics comparing the year 2001 with 2005, which were the last available statistics at the time of this writing. The impact factor (a reflection of how often an average article is cited in future publications) grew from 4.9 to 7.8; based on that, *Diabetes Care* could be ranked 4th out of 89 journals in the fields of endocrinology and metabolism and 10th out of 107 journals in general/internal medicine. Not surprisingly, such success has borne challenges. The number of new submissions grew from 1,157 in 2001 to 2,572 in 2005. To stay within the allocated "page budget," our acceptance rate has fallen from 40 to 23%.

Obtaining reviewers for the increasing number of submissions has also become a significant challenge. Because of this, a pre-evaluation and priority ranking is made by the editorial committee to determine if a manuscript should be sent for peer review. As a result, ~50% are rejected at this stage. Of course, this has led to many frustrated authors and frequent rebuttals, which has kept my e-mail and telephone line busy since July! While we will always review and accept any error on our part in the process, it is important for authors not to feel slighted by the increased competitive environment and the increased competition for publication space in *Diabetes Care*. Rejection may not

mean that the research is flawed; rather, it reflects our priorities and challenges at this point in time.

It is important to recognize the mission of *Diabetes Care*, which is a journal for the health care practitioner that is intended to increase knowledge, stimulate research, and promote better management of people with diabetes. I would like to reinforce the main criteria for consideration of a paper in this journal: 1) the information should be new, 2) it should relate to studies on human subjects, and 3) it should be relevant to clinical practice today, or in the foreseeable future, or have the potential to stimulate new clinical research. Even among those that meet these criteria, many well-conducted studies and well-written manuscripts will undoubtedly be rejected due to the constraints described above. We hope that the investigators will continue to submit high-quality clinical articles to us, despite these limitations.

Although the journal will remain clinical (complementing *Diabetes*, which has greater emphasis on basic research), we will occasionally publish review articles on the basic science relevant to advances in clinical medicine. There have been tremendous advances in science in the last few decades; however, not enough has been translated to the clinical arena to stem the diabetes/obesity epidemic. I propose to publish a series of "bench to clinic symposia" that will highlight such advances and give the clinician an understanding of novel concepts that are likely to change clinical practice in the not-too-distant future. Better understanding of such concepts will enhance translation of research into practice.

We continue to look for innovative ways to allow publication of more articles, an important consideration as we push our politicians to increase funding for diabetes research. To that end, we have had to make some changes in what we publish and print and rely more on the new technology of the Internet. Starting in 2007, all letters to the editor, comments on previously published articles, and the cited authors' response will be published only on the journal's Web site. However, these articles will be indexed and listed in the table of contents in the print edition of the journal. In general, we continue to welcome letters/comments that may impact

practice but are most receptive to those that stimulate debate on what has been recently published in *Diabetes Care*.

Technology has given us other means for progress. The turnaround time to decision continues to be short, with the mean time from submission to decision being 25 days. The mean acceptance for publication interval has dropped from 101 to 87 days. Beginning in 2007, *Diabetes Care* will adopt a "publish ahead of print" model for Original Articles and Brief Reports. Shortly after an article is accepted, a PDF of the author's accepted manuscript will be posted online, at <http://care.diabetesjournals.org>, and will remain online until it is replaced with a PDF of the version published in the print issue of the journal. This model will further lower the time from acceptance to publication to approximately 7–14 days.

Reviewers are a critical component of the editorial process for a journal. There are 1,322 active reviewers in our database, of which 379 have contributed three or more reviews during the last year. We continue to reward qualifying reviewers through our Star Reviewer Program, which was expanded in 2004. Nevertheless, finding reviewers in a timely fashion is a major challenge. On average, we e-mail 10 individuals to find 2–3 reviewers per article and sometimes wait several days to get a response.

I wish to appeal to the readers of this journal to consider peer review as a responsibility. This is your journal, and this is your chance to determine and shape the quality of articles published. Without you and your opinions, the journal would have to rely on autocratic selection by the editorial committee. We clearly would prefer to have some of the determination of what gets published in the hands of the readership and experts in the field guiding us in making our decisions. We are also grateful to the members of our editorial board who help tremendously with both reviews and advice. We welcome several new members of the board, including Merri Pendergrass, who now spearheads the *Diabetes Care* Key Global Literature section, citing and discussing some of the pertinent literature on clinical diabetes being published throughout the world.

More than 60% of our submissions come from outside the U.S., clearly mak-

ing *Diabetes Care* an international journal with a worldwide international subscription base. In recognition of this, we have gradually expanded the number of international experts on our editorial board and editorial committee. Several foreign editions and translations of the journal have been produced around the world, and, currently, the American Diabetes Association authorizes selected article editions of *Diabetes Care* in many countries and in eight languages.

The last year has seen much debate on the issue of conflict of interest and influence of third parties on the writing of papers. We have initiated active discussion with the American Diabetes Association in order to take steps to ensure transparency of any duality of interest at every level, including sponsors, authors, editorial board members, and editor-in-chief. Whenever a conflict is apparent, the manuscript is handled by an independent editor, and I would like to thank Dr. Charles Clark for continuing to volunteer his time and effort in this regard.

The success of the journal and the timeliness of the editorial process depend on our staff. I was therefore delighted that our office will remain in Indiana in the good hands of Lyn Reynolds and Shannon Potts (and recently joined by Jane Lucas), who have done so much for so long. The Indiana office will now work with its third editorial committee, highlighting how technology has changed the publication process, as well the importance of long-term commitment and dedication of the office staff.

Finally, I would like to thank the associate editors of the journal for their huge contribution in making this journal so successful. I am particularly honored that many of those from the previous team have decided to stay on as associate editors, so that we can gradually bring in new people rather than have a sudden and complete change, thus making the transition as seamless as possible. I am therefore grateful to those who have stayed: Andrew J.M. Boulton, MD; Antonio Ceriello, MD; Michael M. Engelgau, MD; Lawrence Fisher, PhD; Eli Ipp,

MD; Marian J. Rewers, MD, PhD; and Ruth S. Weinstock, MD, PhD. Lois Jovanovic, MD, has also agreed to stay on as an associate editor, specifically to deal with the important areas of diabetes and pregnancy. I would like to welcome the new members of our team: James Meigs, MD; Ann Nettles, RN; Judith Wilie-Rossett, RD, PhD; Arthur Vinik, MD; and Bernard Zinman, MD. I have no doubt that with such an outstanding team, *Diabetes Care* will continue to be the premier clinical and clinical research journal in the field of diabetes.

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