



Diabetes Care: Change Is Constant, Part 2

William T. Cefalu

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On 1 July 2011, I began my initial duties as Editor in Chief of *Diabetes Care*. In my initial Editor's Commentary titled "*Diabetes Care: Change Is Constant*" (1), I outlined the current status of the journal and what I had learned from the outstanding editors and associate editors who came before me. I described how, as an editorial team, we had prepared to take on the enormous duties that lay before us by studying the strategies that former editorial teams used to advance the journal. We evaluated what had worked, what didn't work, and provided a narrative on our anticipated challenges. We initiated actions to address and keep abreast of changing times, increased competition from other journals now focused on diabetes, and the issues related to alterations in research funding and health care delivery that would likely drive the content for the journal. During my tenure as Editor in Chief, our editorial team kept you, our readers, well informed with regular updates on our progress, format changes, and views on controversial topics. With dedication and vision, as well as the expertise from the editorial office, the editorial team, and the American Diabetes Association (ADA) Publishing office, we were successful in sustaining the upward trajectory of the journal. The journal's latest impact factor for 2016 is 11.857—its highest impact factor ever—which is an increase from 8.934 in 2015. *Diabetes Care*, without question, is at its highest level in relevance and remains the world's premier journal focused solely on diabetes care and clinical research.

Given the success of the journal as outlined above and the fact that our "team" (i.e., editorial committee, editorial office, and publications staff) felt we still had "creative ideas to make the journal better and considerable energy to bring these ideas to fruition," we were extremely honored to accept the ADA's invitation to continue to guide *Diabetes Care* for another 2-year period (2). As my first editorial in January 2012 stated, "change is constant"; that phrase remains relevant today. Thus, it is with very mixed emotions that I have relinquished my Editor in Chief duties to assume the role of Chief Scientific, Medical & Mission Officer for the ADA. It has been a privilege and an honor to have been given the opportunity to be Editor in Chief of *Diabetes Care*. However, I am very pleased to announce that the current editorial team will remain intact and will complete its tenure under the capable direction of the new Editor in Chief, Dr. Matthew C. Riddle.

With this transition in place, I now can reflect fondly on the past 6 years and on what we've achieved through varied efforts to continually refine *Diabetes Care*, which were described as they happened in our twice-yearly updates. We have stressed the value of up-to-date and current scientific reviews and have presented significant highlights on exciting research through invited Perspectives and Commentaries. In addition, the Point-Counterpoint debates have contributed important (and contrasting) opinions on specific controversies in the field. It is clearly outside the scope of this current commentary to provide the rationale behind, success of, and specifics for all the initiatives the editorial team has put in place, but some of the major areas of change are outlined in brief below.

- Thematic monthly issues. One of the most popular initiatives has been to devote monthly issues to specific clinical or research topics. These topics have ranged from comprehensive assessment of the artificial pancreas to cardiovascular diseases, gestational diabetes mellitus, and precision medicine, just to name a few. The specially focused issues have been well received and have distinguished

American Diabetes Association, Arlington, VA
Corresponding author: William T. Cefalu, wcefula@diabetes.org

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Diabetes Care from the other journals focusing on diabetes. A summary of special collections of articles published in thematic monthly issues can be found on our *Diabetes Care* Online Collections page (<http://care.diabetesjournals.org/content/diabetes-care-online-collections>). These collections are highlighted for our readers on user-friendly "landing pages" put in place by the publications staff.

- **Diabetes Care Symposium.** Held each year at the ADA's Scientific Sessions, this event may be considered the journal's most visible signature event. The symposium is featured prominently at the Scientific Sessions and has been incredibly well attended. Over the last few years, we have revised and reworked the format for even greater success. In prior years, presentations were based on articles published within the previous year and judged by the editorial committee as the "Best of *Diabetes Care*." The 6th annual symposium was held on 10 June 2017 in San Diego, California, during the 77th Annual Scientific Sessions and was titled "Diabetes Care and Research Through the Ages." The symposium opened with a thoughtful presentation by Dr. Jay Skyler titled "A Look Back as to How We Got Here." Dr. Bernard Zinman followed with his presentation on "Current Treatment Paradigms Today—How Well Are We Doing?" Dr. Matthew Riddle provided a look at "Evolving Concepts and Future Directions for Cardiovascular Outcomes Trials," and the final lecture of the symposium delivered by Dr. Ele Ferrannini asked "What Does the Future Hold?" As has become the norm for this signature event, it was well attended and well received!
- **Profiles in Progress.** The Profiles in Progress narratives acknowledge and celebrate the lives and careers of individuals who have devoted their lives to diabetes research and care. They are generally presented quarterly in the journal, and the award recipients are honored and recognized at the *Diabetes Care* Symposium. This year's recipients were George A. Bray, Harold E. Lebovitz, and Richard R. Rubin. Additionally, and for the first time ever, we recognized an individual from the lay

community, Mary Tyler Moore, who made heightening awareness of diabetes a lifelong mission. The June 2017 issue of *Diabetes Care* included a Profiles in Progress article honoring Ms. Moore's contributions.

- **Clinical Images in Diabetes.** Throughout the years, we have strived to innovate and provide updated educational messages for our readers. As such, we added a new category (and article format) to the journal called Clinical Images in Diabetes. A Clinical Images article provides visual images obtained with modern techniques to illustrate the pathogenesis of diabetes or its complications. This category serves as a valuable educational tool to illustrate the pathophysiology of diabetes, enhance disease diagnosis, and guide treatment.
- **Novel Communications in Diabetes.** Early in our tenure, we eliminated the Brief Report and replaced it with the category Novel Communications in Diabetes. Novel Communications in Diabetes articles are meant to provide new and exciting findings in clinical research or clinical care in a variety of areas. These areas include a "proof of concept" principle or idea; a novel or innovative finding considered as a pilot study for a larger trial; results from early-phase human investigation of a small number of subjects, including "first in human" studies; new technical advances such as closed-loop insulin delivery, glucose monitoring, or diagnostic testing; studies defining a novel molecular target; studies that challenge current thinking for pharmacological or behavioral management; or case report/case studies that represent a new or unique clinical presentation or treatment effect. Clearly, the central feature of a Novel Communication is its novelty.

As one may appreciate, our editorial team put their hearts and souls into making the format for *Diabetes Care* the most innovative and up-to-date way to disseminate the latest scientific information. This evolving format has allowed the journal to be selective when publishing the top studies in various disciplines, including well-designed clinical trials evaluating new pharmacological agents, in-depth studies of pathophysiology or psychosocial factors in

disease, and studies clarifying the mechanistic basis for a treatment effect or a clinical phenotype.

As for my next steps, I remain very excited about my new role with the Association as the new Chief Scientific, Medical & Mission Officer. Many may not realize that the Association has undergone several significant changes over the last 6 months in an effort to best align its resources toward the goal of achieving the primary mission of the ADA, which is "to prevent and cure diabetes and to improve the lives of all people affected by diabetes." There has been a strategic reorganization in almost every aspect of how the Association conducts its business, including a new strategic plan and a new operating model for moving forward patient, professional, and research programs and other new initiatives. Our realignment will incorporate all new developments in research, advocacy, professional services, consumer programs, and products under our "mission" focus at the ADA. In addition, the Association's strategic plan calls for the ADA to "drive discovery," "raise voice," and "support people." Thus, there have been many exciting developments at the ADA recently. I am pleased that this new role will allow me to remain involved in the Association's scholarly publications since publication falls within the "mission" area and this is part of my charge. In addition to *Diabetes Care*, I will be in a position to assist and support all the sister publications—*Diabetes*, *Clinical Diabetes*, *Diabetes Spectrum*, and *Diabetes Forecast*—which cover a range of topics from basic research to clinical care, self-management education, and consumer information. This will allow us to have better alignment of all the ADA publications to provide the latest information for our broad constituency.

In closing, I was honored to have been given the opportunity to guide the journal for the past 6 years and have truly enjoyed my tenure. Each day, I invested as much energy as I possibly could with the goal in mind to make *Diabetes Care* a better journal than it was the day before. I cannot thank enough the incredible team with whom I have had the privilege of working. I was incredibly lucky to have such an expert group of associate editors who were responsible for the high quality and novelty of the articles published. In addition, Lyn

Reynolds and her associates Shannon Potts, Jane Castner, and Joan Garrett in the editorial office in Indianapolis, Indiana, were incredibly responsive and efficient. Chris Kohler and his team at the ADA Publishing office are truly the “A-Team” given their incredible ideas on new formatting, support for our symposium and expert forums, and work on promoting the journal. Anne Gooch (Pennington Biomedical Research Center) and Debbie Kendall (Kendall Editorial) provided outstanding editorial support and assistance. I have the utmost confidence that with the current

team remaining in place and with the new ideas and guidance of Dr. Riddle, the upward trajectory for *Diabetes Care* will continue. In my new position at the ADA, this team will have my unwavering support.

Reflecting again on my thoughts in 2012, I felt then that the journal needed to be proactive on issues, focus on its goals, and “take advantage of the noted opportunities.” Looking back on those words and my tenure, we, as an editorial team, did just that! The journal remains on a positive course, selective of its articles, focused on its merit and im-

pact, and well poised for the next great run. We should all continue to welcome the prospects and challenges that lie ahead. So, yes, borrowing from my first editorial 6 years ago and still seeing the significance in those words, trust me when I say “the only constant is change.”

References

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2. Cefalu WT, Boulton AJM, Tamborlane WV, et al. *Diabetes Care*: “taking it to the limit one more time.” *Diabetes Care* 2017;40:3–6