



The Role of *Diabetes Care* and Its Contributions to the Field of Diabetes: A Profile in Progress

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Progress in the field of diabetes comes from many sources, including novel ideas, research breakthroughs, expanding therapeutic options, technological advances, charismatic personalities, and enhanced communication between the scientific and clinical communities. It is in the latter realm that the American Diabetes Association's (ADA's) journal *Diabetes Care* has played an increasingly important role since its founding in 1978. Through the years, the journal has grown to become both a locus for and stimulus of all the other sources of progress in diabetes clinical research and care. From its inaugural year, during which there were concerns about how to fill six issues and an acceptance rate just under 50% (1), to its present 41st volume year, with monthly issues ~3,000 submissions annually, and an acceptance rate for original articles of under 10%, *Diabetes Care* has emerged as the premier journal in its field.

The Start of Something Big

The 1970s were a busy time in diabetes research that ushered in numerous transformative advances, supported by a marked increase in research funding from the National Institutes of Health (NIH) (2). The role and influence of the ADA were also broadening to include a greater focus on patient care, nursing practice, health care delivery, and professional education (3). Against this backdrop, ADA professional members began

to wonder whether the association's journal *Diabetes* (established in 1952) adequately addressed the needs of clinical investigators and clinicians treating patients with the disease. A committee appointed to study the question commissioned a physician survey that confirmed strong interest in a clinically oriented diabetes journal. Soon thereafter, *Diabetes Care* was launched. The second word of its title was an acronym for its focus on **Clinical and Applied Research and Education** (2).

In the 40 years since, annual submissions have increased more than 17-fold, the number of published articles has grown by more than 9-fold, and total pages have expanded more than 10-fold (Fig. 1). This growth reflects not only the increase in diabetes prevalence to epidemic levels worldwide, but also the journal's well-deserved reputation as a prestigious venue for publishing in the field of diabetes clinical care.

More important than the quantitative evidence for *Diabetes Care*'s characterization as a "Profile in Progress," however, is the qualitative development of its contents and the ways in which it has influenced the course of diabetes clinical research and care. One way such influence is estimated is through a journal's impact factor. Impact factors are used to gauge the importance of a journal based on how frequently its articles are cited in the wider literature. Table 1 lists

the annual impact factors for *Diabetes Care*, starting with the earliest available impact factor of 3.148 in 1991. The most recent impact factor of 11.857 for 2016 is the highest ever achieved by an ADA journal, giving *Diabetes Care* the rank of fifth among 138 rated endocrinology and metabolism journals and making it the top-ranked and most-cited journal devoted exclusively to diabetes.

Much of this success can be attributed to the vision and dedication of the nine men who have served as the journal's editors in chief through the years (who are profiled in Fig. 2), as well as their teams of associate editors. Credit is also due to the many scientists and clinicians who have submitted their research and served as reviewers.

To better explain the steady rise in stature and influence of *Diabetes Care* over time, we provide below a discussion of some of the key articles published in each decade. These articles, though subjectively selected, illustrate the breadth, diversity, maturation, and increased scientific rigor with which *Diabetes Care* has contributed to the dialogue between researchers and diabetes care providers through the years.

1970s: Off and Running

The 1970s saw numerous advances in the field of diabetes, including the development of purified insulin and the first insulin pump, the advent of self-monitoring

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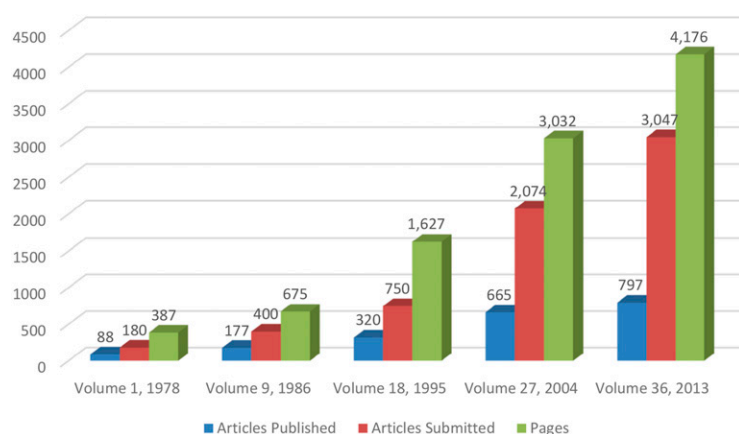


Figure 1—Number of articles published, articles submitted, and printed pages for selected years, 1978–2013.

of blood glucose (SMBG), the widespread use of A1C testing, the emergence of specialized diabetes educators, and the ascent of the multidisciplinary team approach to clinical care. From its inception in 1978, *Diabetes Care* focused on publishing peer-reviewed articles on such topics (2).

Among the articles in its first issue (Fig. 3) were a research report on the glycemic effects of jet-injected insulin (4), a review of glycemic management in pregnancy complicated by diabetes (5), and an early description of pancreas transplantation (6). Later that year, an article translated from French and reprinted in two parts from *Diabete et Metabolisme* (7,8) provided impressive albeit somewhat crude evidence suggesting that better glycemic control might reduce the long-term complications of diabetes. By the end of its first year, *Diabetes Care* had been selected for inclusion in *Index Medicus* and the MEDLARS online database (1).

In 1979, the journal published preliminary results of continuous pump-infused subcutaneous insulin for type 1 diabetes (9), an introduction to A1C testing to document chronic hyperglycemia in children (10), and an article written by an engineer with type 1 diabetes who had used an early glucose meter throughout the decade and developed several refinements in technique to improve the utility of SMBG (11).

Although such early reports often involved small numbers of individuals, they served to alert physicians, nurses, and other professionals on the frontlines about treatment innovations that would eventually benefit countless patients. The

contents of the first two volumes of *Diabetes Care* attest to its editorial team's intention to position the journal on the leading edge of progress.

1980s: Insulin Therapy and Diabetes Self-management

By the early 1980s, submissions were on the rise, and in 1988, the publication expanded to 10 issues per year. Its contents in this decade reflected growing interest in improving the efficacy and safety of insulin therapy, encouraging the proliferation of SMBG, and supporting patient self-management more broadly.

In 1980, the journal published the proceedings of the Kroc Foundation International Conference on Insulin Delivery Devices (12), an expert workshop exploring the potential for development of novel insulin delivery devices, including improved pumps, an artificial pancreas system, and a fully implantable delivery device. The conference chairman emphasized that progress in insulin administration must occur in tandem with progress in the monitoring of glycemic control. Toward that end, the journal that year also published an international symposium on home blood glucose monitoring that examined the accuracy and costs of various methods of SMBG and marked a new era in which tight glycemic control “will be both valid and achievable to a degree not before approximated except for the briefest time. . . in a laboratory setting” (13).

By mid-decade, five glucose meters were available for home use, and an article of great practical application compared the accuracy, ease of use, costs, and availability of supplies for each,

Table 1—*Diabetes Care* impact factors and citations per year, 1991–2016

	Impact factor*	Total citations
1991	3.148	NA
1992	4.026	NA
1993	3.164	NA
1994	2.755	NA
1995	2.526	NA
1996	3.457	NA
1997	3.321	9,186
1998	4.180	11,063
1999	5.076	12,409
2000	4.992	13,191
2001	5.404	15,394
2002	5.477	15,982
2003	7.501	21,164
2004	7.071	23,635
2005	7.844	27,563
2006	7.912	30,486
2007	7.851	35,824
2008	7.349	40,826
2009	6.718	43,007
2010	7.141	42,325
2011	8.087	44,452
2012	7.735	49,025
2013	8.570	52,771
2014	8.420	56,103
2015	8.934	60,339
2016	11.857	66,107

*Impact factors are based on the previous 2 years' citations and first became available for *Diabetes Care* in 1991. NA, not available.

summarizing the advantages and disadvantages clinicians should consider before making recommendations to their patients (14).

As intensive insulin therapy became more common, concerns about hypoglycemia increased. A 1983 review described sophisticated studies of hypoglycemia and its counterregulation (15), and a 1985 original report examined the frequency, causes, and prevention of hypoglycemia, drawing attention to the dangers of this acute complication and the need for better patient education about its treatment and prevention (16). The journal also published articles elucidating the benefits of insulin in type 2 diabetes, including an early report on the reversal of insulin resistance through insulin therapy (17).

Diabetes Care also encouraged greater scientific rigor in fields such as behavioral modification and education. A 1983 report of a randomized trial comparing group and individual nutritional counseling exemplified

Editors in Chief of *Diabetes Care*

Nine experts in diabetes clinical research, care, and education have served to date as editors in chief of *Diabetes Care*. Each has dedicated significant time and energy to guiding the evolution and ensuring the continued success of the journal, and the journal's content has, to some extent, reflected the personality and professional interests of each during his tenure.



Jay S. Skyler, MD, MACP
(Editor 1978–1982)

Founding editor Jay S. Skyler is a professor of medicine, pediatrics, and psychology in the Division of Endocrinology, Diabetes and Metabolism at the University of Miami's Leonard M. Miller School of Medicine in Miami, FL, and deputy director for clinical research and academic programs at the university's Diabetes Research Institute. He has served on the board of directors and numerous committees of ADA and was president of the ADA Florida Affiliate in 1981–1982 and ADA president in 1991–1992.

Dr. Skyler's research has involved the conduct of clinical trials and improvements in type 1 diabetes care, with a focus on modulating the disease process through immunoregulation, for which he received continuous NIH research support in 1979–2015. He was a pioneer in the use of SMBG and in developing the concept of intensive insulin therapy and algorithms for patients' self-adjustment of insulin doses. From 1993 until 2015 he was chairman of the NIH-sponsored Diabetes Prevention Trial–Type 1 and its successor, Type 1 Diabetes TrialNet.



F. John Service, MDCM, PhD
(Editor 1983–1987)

F. John Service was the first Earl and Annette R. McDonough Professor of Medicine in the Department of Endocrinology, Diabetes, Metabolism and Nutrition at the Mayo Clinic College of Medicine in Rochester, MN, where he has been a long-time faculty member. An active ADA member, he was president of the Minnesota Chapter (1993–1994) and chair of the Council on Clinical Endocrinology, Health Care Delivery, and Public Health. In addition to his 5 years as editor of *Diabetes Care*, he was editor of *Endocrine Practice*, a journal

of the American Association of Clinical Endocrinologists (AACE).

Dr. Service has made major contributions to the understanding of hypoglycemic disorders. His interests have also focused on the quantification of glucose control and variability. He was a principal investigator (PI) in the DCCT and its long-term follow-up. A member of the DCCT Steering Committee, he chaired its Standards and Methods Committee (1982–1986) and Glycemic Exposure Evaluation Committee (1990–1996). He was also involved in studies of the Biostat glucose-controlled insulin infusion system and in the Kroc Collaborative Study.



David C. Robbins, MD
(Editor 1988–1991)

David C. Robbins is an endocrinologist and professor of medicine at the University of Kansas Medical Center and director of the Kansas University Diabetes Institute in Kansas City. As a long-time ADA member, he has served on the boards of directors for the Washington, DC, and Kansas City Chapters, as president of the Vermont Affiliate (1984–1986), and on various national committees, including as chair of the Publications Policy Committee.

Through the years, Dr. Robbins has pursued a variety of diabetes and related research interests. His focus early in his career was on insulin/proinsulin mutations and later was on subcutaneous tissue. During a stint at Eli Lilly and Co. in the early 2000s, his work helped bring new diabetes and obesity drugs through the early phases of human testing. As an investigator in the Genetics of Coronary Artery Disease in Alaska Natives study, he spent 4 years commuting to Nome, AK, and became perhaps the only NIH grant recipient in history to use his award to buy a snowmobile and a –70°C laboratory freezer for a 12-bed hospital near the Arctic Circle.



Allan L. Drash, MD
(Editor 1992–1996)

Allan L. Drash was a professor of pediatrics and epidemiology at the University of Pittsburgh School of Medicine and director of the Division of Pediatric Endocrinology and Diabetes at the Children's Hospital of Pittsburgh, PA, in 1975–1990. He continued working as a clinician until his retirement from the hospital 3 years before his death in 2009. He served as ADA president in 1983–1984 and chaired the International Study Group on Diabetes in Children and Adolescents in 1981–1987.

Dr. Drash was a pioneer researcher on the care of children with type 1 diabetes and an early advocate for intensive glycemic control, the multidisciplinary diabetes care team concept, and the importance of studying the environmental and genetic factors behind the disease. His clinical and research interests also included groundbreaking work on the treatment of high cholesterol in children. He chaired the Review and Oversight Committee for ENDIT (the European Nicotinamide Diabetes Intervention Trial), served on the medical and scientific advisory board of JDRF, and participated in numerous NIH advisory councils and committees.



Charles M. Clark Jr., MD
(Editor 1997–2001)

Charles M. Clark Jr. is a professor emeritus of medicine at Indiana University Medical Center and a former codirector of the Regenstein Institute and the Indiana University Diabetes Research and Training Center in Indianapolis, IN. He served as ADA president in 1988–1989 and was a member of the Executive Committee of the Declaration of the Americas, a joint effort of the IDF and the Pan American Health Organization to improve diabetes care in the Americas.

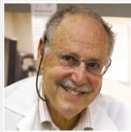
Figure 2—Editors in chief of *Diabetes Care*.

this, using objective measures of metabolic outcomes and changes in body weight to evaluate differences between the two approaches (18). As more emphasis was placed on patient

self-management, the journal also published criteria for validating tests of patients' knowledge (19) and an assessment of diabetes-related knowledge among the nurses charged with their care and

education (20). Meanwhile, readers were kept well informed on advances in basic science through reviews on topics such as C-peptide (21) and the pathophysiology of insulin secretion (22).

Dr. Clark's professional interests have focused on the process of translating clinical research into clinical care. Having served as chair of the DCCT Data Safety and Quality Committee, he was particularly interested in facilitating implementation of intensive diabetes management in clinical practice. Toward that end, he served in 1996–2002 as chair of the Steering Committee for the National Diabetes Education Program, a joint effort of NIH and the Centers for Disease Control and Prevention. He also worked with the Argentine Diabetes Society to develop nonphysician diabetes education teams—one of many diabetes projects he established in countries around the world.



Mayer B. Davidson, MD
(Editor 2002–2006)

Mayer B. Davidson is a professor of medicine in the Department of Internal Medicine and Division of Endocrinology at Charles R. Drew University of Medicine and Science and the David Geffen School of Medicine at the University of California, Los Angeles. He was the president of ADA from 1997–1998 and cofounded its Los Angeles Chapter.

Dr. Davidson has devoted his career to improving the clinical care of people with diabetes, particularly those in underserved populations. In 1970, he cofounded the Venice Family Clinic, now the largest free medical clinic in the country. Dr. Davidson is a renowned researcher on mechanisms of insulin resistance but is perhaps best known for developing innovative treatment algorithms to guide the work of physician-supervised registered nurses, nurse practitioners, physician's assistants, and clinical pharmacists in caring for diabetes patients. His novel approach to clinical care has yielded measurable improvements in A1C compared with usual care and increased the likelihood of meeting ADA standards of care in the management of the mostly poor, uninsured patients his practice serves.

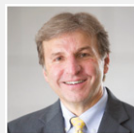


Vivian A. Fonseca, MD, FRCP
(Editor 2007–2011)

Vivian A. Fonseca is a professor of medicine, the Tullis–Tulane Alumni Chair in Diabetes, and chief of the Section of Endocrinol-

ogy at Tulane University Medical Center in New Orleans, LA. He was ADA President, Medicine & Science, in 2012 and chairman of the ADA Clinical Practice Committee, Disaster Task Force, and Strategic Planning Committee. He has helped to develop diabetes treatment guidelines for both ADA and AACE and is currently editor of the *Journal of Diabetes and Its Complications*.

Dr. Fonseca's research interests include the prevention and treatment of diabetes complications and cardiovascular risk reduction. His research program is evaluating inflammation in diabetes and uses of technology to improve diabetes care in underprivileged populations. He has been an investigator in several landmark trials including the Action to Control Cardiovascular Risk in Diabetes (ACCORD) trial and its follow-up and the Glycemia Reduction Approaches in Diabetes: A Comparative Effectiveness Study (GRADE). He is currently a coinvestigator in a patient-centered outcomes research initiative program to develop methodology for carrying out clinical research in large populations integrated with clinical practice.



William T. Cefalu, MD
(Editor 2012–2016)

William T. Cefalu accepted the position of ADA Chief Scientific, Medical & Mission Officer in February 2017, with responsibility for advancing ADA's research, advocacy, education, and clinical care goals. Previously, he was a professor and executive director of Louisiana State University's Pennington Biomedical Research Center in Baton Rouge, where he held the George A. Bray, Jr. Endowed Super Chair in Nutrition.

Dr. Cefalu pursued both clinical and basic science interests, focusing on improving the metabolic state of individuals with insulin resistance and type 2 diabetes and investigating the cellular mechanisms for insulin resistance. He received continuous NIH research support for more than 25 years and was the PI for two NIH-funded research centers: the Botanical Dietary Supplements Research Center at Pennington and the Louisiana Clinical and Translational Science Center, a consortium of eight academic institutions and health care systems across the state. He was also a local PI for the GRADE study and several other multisite trials. At Pennington, he directed all the center's research functions, supported its training and educational

programs, and aligned its administrative functions in support of its mission.



Matthew C. Riddle, MD
(Editor 2017–Present)

Matthew C. Riddle is a professor of medicine at Oregon Health & Science University (OHSU) in Portland, OR, and the current editor of *Diabetes Care*. He headed the OHSU Diabetes Center for 20 years. He has been an active member of ADA locally and nationally since 1973 and chaired its Scientific Sessions Meeting Planning Committee.

Dr. Riddle has carried out research ranging from the bench to the clinical research center to multinational clinical trials. He is particularly interested in the use of basal insulin therapy, combination therapy with insulin and oral agents, and the use of glucagon-like peptide 1 receptor agonists and amylin agonists for the management of postprandial hyperglycemia. He has had several leadership roles in multinational CVOTs, including the ACCORD, Outcome Reduction With Initial Glargine Intervention (ORIGIN), Evaluation of Lixisenatide in Acute Coronary Syndrome (ELIXA), and Researching Cardiovascular Events with a Weekly Incretin in Diabetes (REWIND) studies.

In his commentary on the state of the journal published in the January 2017 issue (79), Dr. Riddle described his plans to expand the journal's offerings in two areas: a greater focus on diabetes as a global problem and increased attention to information technology as it relates to diabetes research and care. "The diabetes community is clearly looking to us to present the newest and best research and commentary," Dr. Riddle wrote. "I believe that in 2017 we have been able to meet that expectation, with articles that match or exceed those in previous years.... And, just possibly, we can do even better."

Such has been the case with each passing of the editorial baton. Throughout the 40-year history of *Diabetes Care*, each successive editor has kept the best interests of the journal at heart and nurtured its best features while working to improve the quality and impact of the articles accepted for publication. Each editor has also adapted the journal's contents to best meet the needs of its authors and, more importantly, its readership throughout the international diabetes community.

Figure 2—Continued.

In 1987, the Diabetes Control and Complications Trial (DCCT) investigators chose to submit the critical results of their feasibility trial to *Diabetes Care* (23). Their data demonstrated that type 1 diabetes

patients could be randomly assigned to an intensive or standard treatment regimen and maintain glucose levels far enough apart to determine whether retinopathy would develop or progress more

slowly with intensive treatment and at what clinical cost. Although the main DCCT results were published 6 years later in a journal with broader readership, 51 of the 259 subsequent articles from this

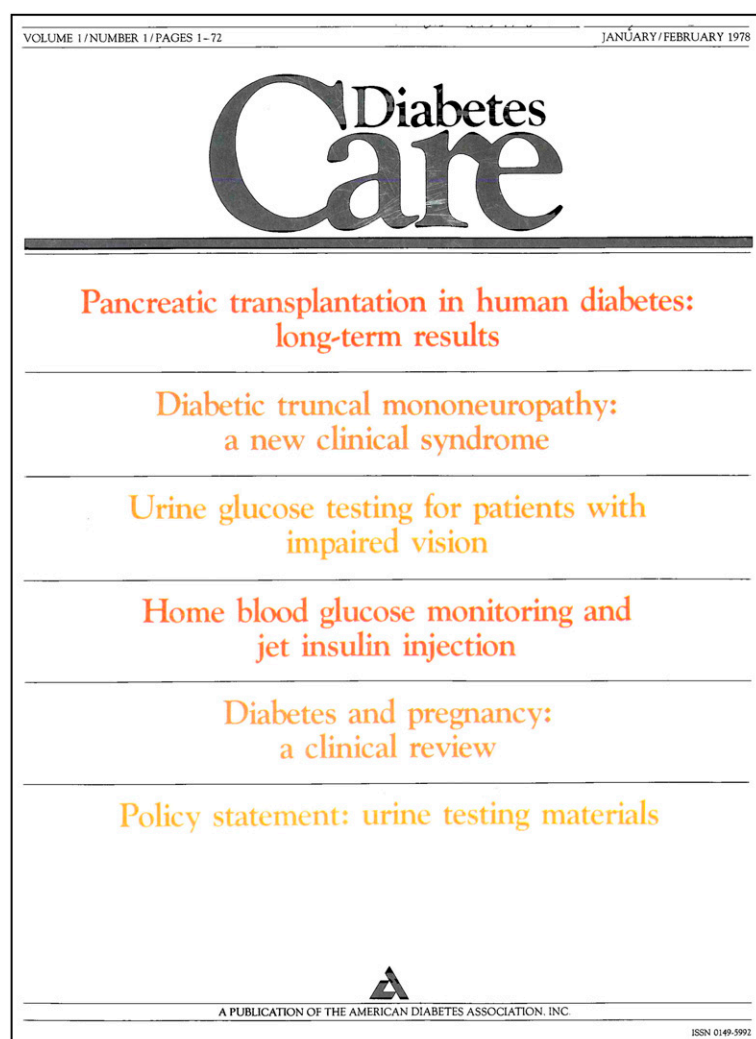


Figure 3—Inaugural issue of *Diabetes Care*, January/February 1978.

landmark trial have appeared in *Diabetes Care*. Most important among them was the 2016 follow-up report demonstrating that, over 28 years, mortality in the trial's intensively managed cohort did not differ significantly from that in a matched group without diabetes (24).

June of 1989 brought an important new feature to the journal: the first edition of ADA's Standards of Care position statement (25); in January 1990, the journal also began publishing an annual compendium of current ADA position and consensus statements collectively known as the Clinical Practice Recommendations. Updated annually or as needed by the ADA Professional Practice Committee, these publications have been among the most authoritative and influential evidence-based guidelines for diabetes management in the world. In recent years, they have been consolidated into a single, cohesive, multiple-chapter supplement, the

most recent of which was published in January (26).

Throughout its first full decade, *Diabetes Care* helped to open the door to better understanding of the pathophysiology of diabetes, the benefits of SMBG, the mechanisms of insulin action, and the complex relationship between glucose and insulin. The diabetes community was learning more about hyperglycemia and its association with long-term complications, and the journal was at the forefront of disseminating this knowledge.

1990s: New Insights and Therapies for a Worldwide Epidemic

In 1990, *Diabetes Care* began producing 12 issues per year. Early in the decade, the journal published a definitive description of insulin resistance syndrome, which includes a cluster of metabolic disorders (diabetes, dyslipidemia, hypertension, and cardiovascular risk), that highlighted

the need to define the mechanisms responsible for the defect in insulin-mediated glucose metabolism (27). At the end of the decade, the journal published a report on a novel method for estimating whole-body insulin sensitivity that was simple to calculate and provided a credible approximation from data obtained via oral glucose tolerance testing (28).

In addition to pathophysiology, the diabetes community at that time was also focused on epidemiology and prevention. In 1993, the journal published an article on standardized global estimates of the prevalence of abnormal glucose tolerance in adults (29). The information in that article, based on surveys collected from 75 communities in 32 countries, provided the first comparable data on rates of diabetes and impaired glucose tolerance (IGT) around the world. A later report estimated future diabetes prevalence worldwide and supported earlier predictions of epidemic expansion of the disease through the first quarter of the 21st century (30). These articles were a call to action on the urgent priority of diabetes prevention.

Other groundbreaking reports also had major implications for the prevention of type 2 diabetes and its long-term consequences. The 1993 MRFIT (Multiple Risk Factor Intervention Trial), an early, large, 12-year cardiovascular risk study in men, confirmed diabetes as a strong independent risk factor for cardiovascular mortality beyond the effects of elevated cholesterol, hypertension, and smoking (31). In 1997, the journal published the results of the first large-scale, controlled trial of lifestyle intervention for type 2 diabetes prevention. The groundbreaking Da Qing IGT and Diabetes Study (32) showed that dietary modification, exercise, or both reduced the development of diabetes compared with a control condition of no intervention in high-risk Chinese adults with IGT. This was the first of numerous trials conducted around the world that demonstrated the viability of lifestyle modification and various pharmacological interventions for preventing type 2 diabetes.

The 1990s also marked the beginning of a rapid expansion of the diabetes armamentarium, and the proliferation of new drugs and new drug classes was chronicled in the journal (33–36), including descriptions of the efficacy of metformin (34) and a report on the efficacy and safety of glimepiride, a modern sulfonylurea that has since become a widely used

treatment option (35). As new drug development gained momentum, the need for accurate blood glucose monitoring became even more crucial, especially with regard to detecting hypoglycemia, and this issue was also addressed (36–38).

The rising cost of treating diabetes was not lost on the editors of *Diabetes Care*. Having earlier taken up the issue of insurance reimbursement for diabetes education and therapeutic technologies (39), they continued to focus on the economics of diabetes. One article used computer modeling to estimate that the federal government saved nearly \$250 million annually and nearly 54,000 person-years of sight by providing preventive eye care to the 60% of people with type 2 diabetes who at that time received such services (40). It further estimated that reaching all patients would save more than \$472 million and >94,000 patient-years of sight (40). Such articles had important implications for health care reform.

2000s: Progress on Many Fronts

The first decade of the millennium brought refinements to clinical research, advances in therapeutics, and a focus on diabetes diagnosis and epidemiology. In 2000, the journal published important evidence supporting HOMA of insulin sensitivity as a reliable surrogate for in vivo measurement in humans (41). A later article further clarified the strengths and weaknesses of this method (42), which is now widely used to determine insulin sensitivity and β -cell function in large-scale trials. *Diabetes Care* continued to publish articles about pharmacotherapeutic advances, including the influential Treat-to-Target Trial of basal insulin replacement in patients with type 2 diabetes inadequately controlled with oral agents, which presented a simple, basal-only regimen that facilitated the earlier initiation of insulin therapy for patients with type 2 diabetes (43). Other articles kept readers apprised of emerging oral agents such as pioglitazone (44) and new drug classes such as dipeptidyl peptidase 4 (DPP-4) inhibitors (45,46).

Several epidemiologic studies underscored growing concerns about the diabetes epidemic and the rising costs of diabetes, as well as the need for health care policies to address them. A 2001 article projected a dramatic increase in the burden of diabetes in the U.S. through 2050 (47). Additional articles published from the late 1990s and into the 2000s further

demonstrated that glycemic control could be improved in underserved or disadvantaged patients at high risk for complications and discussed how imbalances in access to care, medication adherence, and education, as well as clinical inertia, contribute to poor clinical outcomes (48–50). Interest in diabetes during pregnancy was also increasing, as reflected in a 2002 review of the link between gestational diabetes mellitus (GDM) and later development of type 2 diabetes (51), a 2008 report on trends in preexisting diabetes and GDM (52), and another 2008 report examining the possibly protective effects of insulin therapy during pregnancy on the fetal vascular system (53).

The practical application of research in clinical practice continued to be a key focus for the journal. A 2005 review on the diagnosis, prevention, and treatment of nephropathy in diabetes (54), still widely cited today, raised awareness of early screening and diagnosis methods and outlined therapeutic strategies for renal and cardioprotection in high-risk patients. Other articles provided practical information on new treatments for complications such as neuropathic foot ulcers (55,56) and erectile dysfunction (57). A 2008 systematic tabulation of data on the glycemic index and glycemic load values of nearly 2,500 foods became a useful resource for researchers and clinicians alike (58).

Over time, *Diabetes Care* became a key venue for articles reporting on the design and results of important randomized clinical trials (59–61), allowing readers the opportunity to anticipate progress and judge the value of emerging interventions.

The final year of this decade brought another influential paper to the journal: the consensus report of an international expert committee convened by ADA, the European Association for the Study of Diabetes (EASD), and the International Diabetes Federation (IDF) to consider current and future methods of diagnosing diabetes (62). The committee's recommendations favoring the use of the A1C assay for diagnosis appeared in *Diabetes Care* in 2009 (62) and were adopted in the following year's ADA Clinical Practice Recommendations (63).

2010 to the Present: Building on a Tradition of Excellence

Now in its fourth decade, *Diabetes Care* has continued to innovate by introducing several new programs and features to

provide readers with a more holistic, big-picture view of key topics in clinical research and care.

June 2012 marked the first of what would become an annual *Diabetes Care* Symposium, held in conjunction with ADA's Scientific Sessions. These signature events are among the most well-attended programs at each year's meeting, with presentations representing landmark trials and innovative clinical and translational studies that challenge current paradigms of diabetes treatment or present evolving management strategies. The most recent symposium, in June 2017, featured four world-renowned experts (including the founding and current editors of the journal) who were invited to present their views on the current status and future development of diabetes management, with an emphasis on cardiovascular disease.

Diabetes Care Editors' Expert Forums are another relatively recent addition to the journal. For these programs, the journal convenes an expert panel to discuss a timely topic in diabetes clinical management and then publishes a paper reflecting the consensus viewpoints emerging from the forum. The most recent forum, on the topic of cardiovascular outcomes trials (CVOTs) in type 2 diabetes, was published in the January 2018 issue of *Diabetes Care* and provides a comprehensive review of completed and ongoing CVOTs and recommendations for enhancing the value of future trials (64).

In 2013, the journal launched another novel feature: special-topic article collections. The first such collection featured articles from the TODAY (Treatment Options for type 2 Diabetes in Adolescents and Youth) study providing data on the efficacy and safety of treatment, as well as the rate of complications and the progression of risk factors, in the growing population of youth with type 2 diabetes (65). Table 2 contains a list of the *Diabetes Care* symposiums, expert forums, and special-topic collections to date.

In addition to these innovative projects, the journal has continued its tradition of publishing outstanding research with an emphasis on novel concepts and emerging treatments. A 2010 meta-analysis, for example, reported on a new dietary risk factor for diabetes, showing that greater consumption of sugar-sweetened beverages is associated with not only weight gain and increased obesity risk, but also higher risks for metabolic

Table 2—Diabetes Care Symposiums, Editors' Expert Forums, and special-topic article collections

	Issue of publication
<i>Diabetes Care</i> Symposiums	
"Innovative Concepts and Evolving Clinical Management Strategies in Diabetes Care"	July 2012
"Innovative Studies That Challenge Current Paradigms of Diabetes Treatments"	July 2013
"New Drug Therapies, Innovative Management Strategies, and Novel Drug Targets"	July 2014
"Novel Clinical Interventions in Therapy That Impact the Management of Diabetes"	July 2015
"Novel Clinical Strategies in the Management of Diabetes"	July 2016
"Diabetes Research and Care Through the Ages"	September 2017
<i>Diabetes Care</i> Editors' Expert Forums	
"Personalized Management of Hyperglycemia in Type 2 Diabetes: Reflections From a <i>Diabetes Care</i> Editors' Expert Forum"	June 2013
"Insulin Therapy in People With Type 2 Diabetes: Opportunities and Challenges?"	June 2014
"Beyond Metformin: Safety Considerations in the Decision-Making Process for Selecting a Second Medication for Type 2 Diabetes Management: Reflections From a <i>Diabetes Care</i> Editors' Expert Forum"	September 2014
"Advances in the Science, Treatment, and Prevention of the Disease of Obesity: Reflections from a <i>Diabetes Care</i> Editors' Expert Forum"	August 2015
"Update and Next Steps for Real-World Translation of Interventions for Type 2 Diabetes Prevention: Reflections from a <i>Diabetes Care</i> Editors' Expert Forum"	July 2016
"Cardiovascular Outcomes Trials in Type 2 Diabetes: Where Do We Go From Here? Reflections from a <i>Diabetes Care</i> Editors' Expert Forum"	January 2018
Special-topic article collections	
"TODAY Study: The Changing 'Face' of the Type 2 Diabetes Epidemic"	June 2013
"A Critical Review of the Risks and Benefits of Incretin-Based Therapies"	July 2013
"DCCT/EDIC 30th Anniversary Summary Findings"	January 2014
"Current Concepts of Type 2 Diabetes Prevention"	April 2014
"Advances in Artificial Pancreas Development"	May 2014
"Understanding and Addressing Health Disparities in Diabetes Care and Research"	February 2015
"Evolving Tactics With Inhibition of Sodium–Glucose Cotransporters"	March 2015
"Type 1 Diabetes at a Crossroads"	June 2015
"Guiding Principles for Diabetes Care"	October 2015
"Insulin After More Than 90 Years . . . We Have Come a Long Way!"	December 2015
"IDF-ADA Symposium: Translational Diabetes Research With Immediate Clinical Impact"	January 2016
"Considerations in the Management of Gestational Diabetes Mellitus"	January 2016
"Cardiovascular Diseases and Diabetes"	May 2016
"Metabolic Surgery and the Changing Landscape for Diabetes Care"	June 2016
"The Artificial Pancreas in 2016: A Digital Treatment Ecosystem for Diabetes"	July 2016
"Emerging Science, Concepts, and Approach to Precision Medicine"	November 2016
"Psychosocial Research and Care in Diabetes"	December 2016
"Emerging Science and Concepts for Management of Diabetes and Aging"	April 2017
"Continuous Glucose Monitoring and Risk of Hypoglycemia"	December 2017

syndrome and type 2 diabetes (66). In 2011, a report from the Look AHEAD (Action for Health in Diabetes) study provided strong evidence of significant improvement in cardiovascular disease risk factors from modest weight loss (67). And in 2014, an interesting review article summarized available evidence on the challenges faced by people with diabetes who want to participate in physical activities at high altitude (68).

The journal also continued to highlight new procedures and technological advances. A 2012 article described trends in the primary efficacy and safety outcomes of islet transplantation in people with type 1 diabetes (69). In 2014, the journal published results of the first randomized crossover trials of a wearable artificial pancreas system (70), as well as a trial of closed-loop glucagon delivery to prevent hypoglycemia in type 1 diabetes (71). In

2013, an expert point-counterpoint discussion presented arguments for and against the use of incretin-based therapies, given conflicting safety data available at the time (72,73). The impact of intensive insulin treatment on the preservation of β -cell function was highlighted in studies reported in 2012 in patients with newly diagnosed type 2 diabetes (74) and in 2013 in patients with new-onset type 1 diabetes (75). Recent review articles have included a summary of data on natriuretic peptides (76), a history of hyperosmolar hyperglycemic state (77), and an update on the effects of DPP-4 inhibition on microvascular complications (78).

As noted earlier, the articles included in this narrative are by no means exhaustive, nor were they selected in any objective manner. Rather, they were mentioned as outstanding examples of the high-quality research and information

disseminated by *Diabetes Care* throughout the past 40 years and as evidence of the journal's crucial and ongoing role in facilitating progress in diabetes clinical research and care. Moreover, the contents of *Diabetes Care* fully reflect the history of diabetes itself over the same period of time.

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