Diabetes Care: Change Is Constant

As I start my tenure as editor in chief of *Diabetes Care*, I would like to emphasize that I am extremely honored to have been chosen for this position, and I take the responsibility of continuing the success of the journal very seriously. The success of *Diabetes Care* has clearly been due to the hard work, dedication, vision, and expertise of the outstanding editors and associate editors who have preceded me in this role. Past editors in chief have included Jay S. Skyler (1978–1982, the founding editor), F. John Service (1983–1987), David C. Robbins (1988–1991), Allen L. Drash (1992–1996), Charles M. Clark, Jr. (1997–2001), Mayer B. Davidson (2002–2006), and Vivian A. Fonseca (2007–2011). Actually, I am able to serve as editor in chief today primarily because of the actions and guidance of the former editors of both *Diabetes Care* and *Diabetes*. Specifically, it was Dr. Mayer B. Davidson who first gave me an opportunity to serve as associate editor of *Diabetes Care* through 2006 and allowed me to make mistakes, learn from them, and grow in that position. Dr. Davidson also taught me the value of an open-door policy, reassuring me that he was always a phone call away if I had any questions or concerns. Dr. Peter C. Butler, the former editor in chief of *Diabetes*, allowed me to serve as associate editor thereof during his recent tenure, and I learned from Dr. Butler that there is no substitute for careful review of each and every manuscript submitted and that the peer review process has to be respected at every step by authors, reviewers, and associate editors. Finally, I owe a tremendous amount of gratitude to Dr. Vivian A. Fonseca, who continues to guide me in handling the day-to-day responsibilities of this position and has stressed to me an important concept never to be forgotten by the editor in chief—to give full support to one's associate editors! Based on the accomplishments of each in bringing *Diabetes Care* to its current level, I am very humbled to be included on this select list of highly respected individuals and leaders in the fields of diabetes care and research.

In preparation for this role, I have studied with great interest the strategies that each former editor in chief has used to advance the journal. I have noted that in many transitions from one editorial team to the next, the editor in chief has decided, based on the current success and trajectory of the journal, to continue the current course for *Diabetes Care* with only minor adjustments. Clearly, the expression "if it's not broke, don't fix it" has applied in these situations. In other editorial-team transitions, the editor in chief has identified and taken advantage of the unique strengths of the journal and significantly added to them. Certainly, over the past 5 years, Dr. Fonseca, the immediate past editor in chief, has been an exemplar of this style of editorial leadership. Thus, each former editor in chief of *Diabetes Care* has taken inventory of the current environment in which the journal was being published, and each effected a strategy to continue the momentum and make changes only as required to allow the journal to thrive. Therefore, with each transition, the journal has not only continued on the right track and maintained strength but has, in fact, experienced spectacular growth as it has developed and continually improved. This is clearly evidenced by *Diabetes Care* currently being ranked 7th out of 116 journals in the fields of endocrinology and metabolism. Many of our readers may be unaware that over 70% of our submissions come from outside the U.S. and that the American Diabetes Association (ADA) authorizes selected-article editions of *Diabetes Care* in over 40 countries and in eight languages. It is for these reasons that I can say unequivocally that *Diabetes Care* has achieved a status as one of the top endocrinology and metabolism journals in the world and as the premier publication specifically reporting on patient management of diabetes.

Following the tradition of my predecessors, I believe the first order of business is to evaluate what has or has not worked in helping *Diabetes Care* to achieve its current status. A good place to start such an undertaking is with a review and careful study of the journal's most-cited articles. There appear to be no surprises on this list; many of these articles are the state-of-the-art reviews by thought leaders in the field and reports on longer-term follow-up of landmark clinical trials. Other frequently cited articles include well-designed clinical trials evaluating new pharmacologic agents, studies reporting more in-depth investigation for pathophysiology, and studies either reporting on the mechanistic basis for a treatment effect or contributing to a clinical phenotype. With this assessment in mind, we will definitely continue publishing high-impact manuscripts for specific investigation in these areas. We will continue to seek out quality state-of-the-art reviews and bench-to-bedside articles, and we will also focus on having more point/counterpoint debates in the journal in which two sides of a controversial position are presented at a high level.

Diabetes Care is a journal for the health care practitioner, one that is intended to increase knowledge, stimulate research, and promote better management of diabetes. The research and topic categories covered by *Diabetes Care* are, in many areas, quite unique to the journal; therefore, the new team is not proposing any changes in editorial content. On the contrary, one of the strengths of *Diabetes Care*, in my opinion, is that its current focus already provides a distinct separation from other journals. This does not mean, however, that we can coast by on the status quo because over time, especially as other publications seek to emulate that which we do well, the perceived differences between *Diabetes Care* and other journals now publishing diabetes care content may diminish. We all appreciate that the research and clinical landscape has changed tremendously over the past few years, in turn posing significant challenges that we will need to address as we continue the work of advancing the journal and its mission. One such hurdle is the fact that other journals that have traditionally focused on other topics of endocrinology and metabolism—and thus are not specifically considered as specialty diabetes journals—are publishing studies that would be very appropriate for *Diabetes Care*. An additional concern is the new online journals specifically designed to publish articles on diabetes research and management. Given that diabetes is a global burden whose effective management necessitates the rapid dissemination of information, the competition will

only get greater in the quest to publish the most impactful manuscripts in the areas of diabetes care and research.

With these concerns in mind, the entire editorial team—including the associate editors, the editorial board, and the entire staff at the editorial office in Indianapolis, Indiana—has been charged with the primary goal of continued proactivity in seeking first-rate submissions for clinical research trials and/or studies that can challenge current paradigms of treatment or address unanswered clinical questions. Rather than letting other publications dilute our excellence, the bar will continue to be set high for manuscripts accepted to *Diabetes Care*, and we will continue to cultivate content of superlative quality. A prime example of this strategy is our recent "Call for Papers: *Diabetes Care* Symposium" (http://care.diabetesjournals.org/site/misc/CareCallforPapersAd.pdf), which is a way to solicit high-impact manuscript submissions for an annual symposium centered on diabetes care to be held in conjunction with the ADA's Scientific Sessions. The inaugural symposium will be held this year at the ADA's 72nd Scientific Sessions on 8–12 June 2012, in Philadelphia, Pennsylvania. We have every conviction that this will attract the kinds of landmark state-of-the-art diabetes trials, innovative clinical and translational studies that challenge current paradigms of diabetes treatment, and studies presenting evolving clinical management strategies that we are seeking and that will uphold the high standards of the journal. Authors of accepted papers will be invited to present and discuss their research at the symposium, and their papers will be published in a special section in the July 2012 issue of *Diabetes Care*.

While some of the journal's challenges can be effectively addressed by the implementation of targeted strategies, others may prove to be benefits in disguise, particularly if we are aware of these obstacles in advance and purposely position ourselves to profit from them. One noteworthy example of this relates to the ongoing changes in research funding. It is clear that large-scale trials have studied and evaluated interventions that are very effective; however, despite these advances, it is well known that these trials are rarely translated quickly or effectively into widespread practice. In order to close this gap, the National Institutes of Health (NIH) is investing heavily in clinical translational research in general and in translational centers in particular. It is expected that such funding strategies by the NIH will ultimately test innovative adaptations of evidence-based approaches to prevent and manage diabetes. It is also anticipated that these approaches can be disseminated and sustained in clinical practice and other settings outside of the traditional academic research setting. Thus, it is apparent that there are significant changes that have occurred or are on the horizon that will impact diabetes care, education, and research. However, this new funding climate and its ramifications can be considered as unique opportunities for *Diabetes Care* in that reportage on these types of research studies falls squarely within the parameters of the overall mission of the journal. Thus, what might have been a difficulty can instead be regarded as a boon.

Another area where this applies is in keeping pace with the changes in diabetes management and strategies that will indeed come with changes in the current and proposed health care legislation in future years. It will be important to stay abreast of the trends and to address the questions that need to be answered. No one can definitively say at this time what those questions are or what changes will be made, but this area is one that will need to be monitored. This is where *Diabetes Care* has an edge. As an already recognized and highly regarded leader in the fields of diabetes research and education, the journal is optimally positioned to be at the forefront of information dispersal at a time when changes are occurring faster than ever, and those who practice in this field will be clamoring to be kept up to date. As long as we stay on top of all new developments and insist on maintaining our stringent clinical and journalistic standards—both of which are part of our long-term strategy—this time of rapid evolution can actually be a great advantage to *Diabetes Care*.

This is why, although our competition is increasing and there are a myriad of potential obstacles in every direction, I am actually filled with optimism about the future of the journal. I am excited to embrace the challenges because I can clearly envision how they might be used to behoove us rather than encumber us. I strongly believe that the change in funding strategies by the NIH and the potential to publish innovative results from translational medicine in *Diabetes Care*—in addition to the dissemination of information regarding the changing trends in health care delivery—will continue to distinguish *Diabetes Care* from other journals. In turn, this distinction will give *Diabetes Care* a niche that will enable it to continue to be a frontrunner based on our aforementioned stated goals.

The saying that "the only constant is change" applies very well to *Diabetes Care* for the next 5 years. Although *Diabetes Care* enjoys a top-notch reputation in the medical community as a journal for the dissemination of diabetes management strategies, clinical research in diabetes, and information on pathophysiology, the new editorial team is well aware of the difficulties that have the potential to threaten the current status of the journal. At the same time, we realize that the expected changes in both health care delivery and research funding provide unique opportunities for *Diabetes Care* to achieve a higher status. As such, *Diabetes Care* will not only continue to publish the type of manuscripts on which it has built its reputation, but it also will strive to be a noted leader in the propagation of innovative information in the new areas of translational research, personalized medicine, and health care delivery. Thus, the next 5 years hold great promise for the journal if we can become proactive on these issues and focus on these goals. It is my opinion that *Diabetes Care* is well positioned to take advantage of the noted opportunities, and I welcome both the prospects and the challenges that lie ahead.

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