Changing of the Guards

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Editor in Chief, *Diabetes*

Starting with the January 2012 issue, a new team takes the reins of *Diabetes*. A question that many people have asked is whether the new leadership will change *Diabetes*. My answer would be, of course, that change is necessary to respond to new challenges arising from the continual transformation of technology and science. Such changes have been continuously transforming *Diabetes* since its inception in 1952 under the editorship of Dr. Frank N. Allan (of Boston, Massachusetts) and the 11 editors that have succeeded him. This evolution will continue under our stewardship, though the core principles and mission of the journal will remain unchanged.

The overriding mission of *Diabetes* is to publish the most original and important scientific works of relevance to diabetes and related disorders. The majority of the early editions of *Diabetes* published articles relevant to clinical problems. Gradually the journal began expanding toward more laboratory-based mechanistic studies. *Diabetes* will continue to publish both human and animal studies that advance our understanding about the pathophysiology of diabetes and its complications. Our ultimate goal—to prevent and cure diabetes—lies ahead. Continuing toward this goal, our aim is to serve the immediate need of reporting research that contributes to improving the quality of the lives of people suffering from diabetes. Most of the mechanistic experiments published in *Diabetes* are performed in animals or in vitro models. These are the cornerstones of medical discovery. Before applications in humans can occur, basic experimentation lights the way, as exemplified by Dr. Frederick Banting and Charles Best, who performed their landmark experiments in dogs before applying their findings to treat type 1 diabetic individuals with insulin. Although there are many obvious limitations in performing human studies, we also believe that novel observations in humans are critically important to stimulating basic science research in animals and in vitro. Not only does the application of discoveries to improve human health remain the key motivator for most medical scientists, human studies further stimulate new hypotheses to be tested in the basic science laboratory. Basic science discoveries will not be useful to humanity until they are effectively translated to improve human health. This process may involve years of applied research requiring the collaboration of scientists in both academia and industry. It is our goal that *Diabetes* offers a forum where basic and clinical investigators can effectively communicate. It will provide the opportunity for basic science investigators to comment on novel findings in human studies that can stimulate prompt mechanistic studies in animals or in vitro. Similarly, invited commentaries from clinical investigators on the translational aspect of basic science findings will facilitate their rapid translation to humans. Seamless two-way communications between basic and clinical scientists and the emerging synergy will accelerate the goal of improving the care of people with diabetes.

We appreciate that controversial findings and reports that challenge current notions need careful review before publication. However, if those findings are based on well-conducted studies, we intend to publish them while seeking commentaries from people holding differing views so that the readers may draw their own conclusions. Periodically, *Diabetes* will feature debates (pro and con) on controversial topics, thus allowing an impartial forum for healthy scientific discussions and the dissemination of information. We also propose publishing selected reviews based on symposia covering important and timely topics which, in addition to their educational value, might stimulate new research. Exciting new ideas and hypotheses will result in solid conclusions only when they are tested using rigorously validated and state-of-the-art methodologies. Technological and methodological advances are so rapid that their applications to biological research lag for many years after they have been established. Many novel methodologies applied in areas other than diabetes have potential applications in diabetic research. However, many diabetes research investigators may be unfamiliar with these methodologies. Because of a lack of well-written, critical, comparative evaluations of these methodologies, it is often difficult to choose among the many methodological options available. Therefore, we will be soliciting state-of-the-art critical methodological reviews for the journal's new Novel Methodologies section. In addition, the Genetics section will be renamed Genetics/Genomes/Proteomics/Metabolomics, thus offering an invitation to investigators to submit research based on the system biology approach. Also planned is an educational section based on other journal publications relating to both basic and clinical areas. A scientific editor has been chosen to assist with these new initiatives.

In response to the rapidly increasing prevalence of diabetes —especially in Asia, the Middle East, Africa, and South America—we anticipate a global expansion in diabetes research. As a result, it is anticipated that manuscript submissions and the readership of *Diabetes* will also globally expand. In view of this scenario, we have increased the consulting editorial board to include a greater number of investigators outside of the U.S. We will plan occasional reviews related to topics relevant to the global nature of diabetes.

The most important responsibility of the editorial board is to ensure an objective and impartial review of manuscript submissions. Aside from the authors who submit their manuscripts, our reviewers are very relevant to the journal's

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success. Reviewers often find themselves responding to an ever-increasing number of requests from multiple journals. The burden of commitment for the investigator being pulled in multiple directions is huge, and we truly appreciate the commitment and altruism of our reviewers. Their contributions to science can never be underestimated. Recommendations of outstanding junior colleagues from senior investigators are also appreciated and offer one solution to the reviewer burden.

In regards to the actual review process, it is important to first consider the potential interest to our *Diabetes* readership. Second, to reduce the burden on reviewers and offer a timely response to authors, 50% of all manuscripts will be triaged following an internal review. This process may include providing advice from the consulting editors or external reviewers. There may also be possible recommendation of more clinically relevant manuscripts to our sister journal, *Diabetes Care*. In general, we will not solicit full review of manuscripts that make conclusions based on correlations in observational studies and those that are exclusively cell-based unless they report completely novel revelations. Novel and potentially high-impact observations in some human studies may be favorably reviewed despite having no mechanistic component. Manuscripts based on mechanistic studies that have a potentially high impact will be assigned priority. We continue to strive for three reviewers for all manuscripts. Reviewer selection for manuscripts meeting peer review qualifications will include a mixture of senior and junior reviewers.

Rejection of a manuscript does not mean that the editors do not respect the contributions made by the authors. We anticipate that most of the rejected manuscripts will be accepted in equally reputed journals. It is often a matter of which papers fit realistically with the theme and readership of the journal.

We are honored and excited to accept the responsibility of stewardship of *Diabetes*, which is now ranked number one among all journals publishing peer reviewed original articles on diabetes and hormones. This standing of *Diabetes* is largely due to the dedicated editorial leadership over the past 60 years. I specifically wish to thank my immediate predecessor, Dr. Peter Butler, and his editorial team for effectively leading the journal for the last 5 years. The devotion and attention to detail that Dr. Butler gave in leading the journal is inspiring. He also made it easy for me to transition to editor in chief. The many accomplishments of the previous editorial board include the introduction of screening tools for plagiarism and inappropriate adjustment of figures and the establishment of a subcommittee on ethical scientific publications. This committee, consisting of three senior investigators, is empowered to adjudicate cases of plagiarism, inappropriate image manipulation, and other issues related to potential academic and scientific fraud in the manuscripts submitted to the journal. A policy update on this subject, written by Christian Kohler, Managing Director of Scholarly Journals for the American Diabetes Association (ADA), can be found in this issue of *Diabetes*. All of my editorial colleagues and I salute the previous editorial board for all of their hard work and contributions to *Diabetes*, and for their continued support.

I am truly proud to introduce an outstanding editorial board consisting of highly competent and accomplished investigators, as well as the ADA editorial staff (list below). We pledge to the authors that we will ensure impartial and objective peer review of their manuscripts. We will also strive to send them a response as quickly as possible. We look forward to working with many reviewers with full appreciation of their contributions. Hopefully, readers will continue to find *Diabetes* the most reliable journal to read about novel research findings.

Laurie J. Goodyear, PhD. Laurie J. Goodyear is a Senior Investigator and Head of the Section on Integrative Physiology and Metabolism at the Joslin Diabetes Center and an Associate Professor of Medicine at Harvard Medical School, Boston, Massachusetts. Her main research interests are elucidating the molecular mechanisms by which physical exercise regulates whole-body and tissue glucose homeostasis with a major focus on the LKB1-AMPK signaling axis.

Kathryn M. Haskins, PhD. Kathryn M. Haskins is Professor in the Department of Immunology at the University of Colorado School of Medicine and National Jewish Health in Denver, Colorado. She is also an Associate Member of the Barbara Davis Center for Childhood Diabetes. Her research interest is in the immunobiology of type 1 diabetes with particular focus on CD4 T cells and their autoantigens.

Gökhan S. Hotamisligil, MD, PhD. Gökhan S. Hotamisligil is the J.S. Simmons Professor of Genetics and Metabolism and the Chair of the Department of Genetics and Complex Diseases at Harvard University, Boston, Massachusetts. His main research interests are inflammatory mechanisms, endoplasmic reticulum stress, and lipid signaling, function, and metabolism in obesity and diabetes.

Braxton D. Mitchell, PhD. Braxton D. Mitchell is Professor of Medicine in the Division of Endocrinology, Diabetes and Nutrition, Department of Medicine at the University of Maryland School of Medicine, Baltimore, Maryland. His major research interests are in the genetics of diabetes and cardiovascular disease.

James R. Sowers, MD, ACI, FACE, FACP, FAHA, FASH. James R. Sowers is the Director of the Endocrinology, Diabetes and Metabolism Division and the Director of the Thomas W. and Joan F. Burns Center for Diabetes and Cardiovascular Research and holds the Thomas W. and Joan F. Burns Missouri Chair in Diabetology at the University of Missouri School of Medicine, Columbia, Missouri. Dr. Sowers has been examining the cellular mechanisms of insulin action in cardiovascular tissue for three decades, focusing primarily on in vitro/ex vivo analysis of animal models. His research studies routinely use molecular and translational methods to determine insulin action and oxidative stress in cardiovascular and renal tissue.

Lori Sussel, PhD. Lori Sussel is an Associate Professor of Genetics and Development at the Naomi Berrie Diabetes Center at Columbia University School of Medicine, New York. Her main research interests are the development of the pancreatic islet during embryogenesis and molecular regulation of β-cell function.

Adrian Vella, MD. Adrian Vella is a Professor of Medicine and Consultant in Endocrinology, Metabolism, and Nutrition at Mayo Clinic, Rochester, Minnesota. His main research interests are incretin physiology and genetic and nongenetic contributors to the pathogenesis of prediabetes.

Nick Wareham, PhD. Nick Wareham is Director of the Medical Research Council Epidemiology Unit, co-Director of the University of Cambridge Institute of Metabolic Science, and an Honorary Consultant at Addenbrooke's Hospital, Cambridge, U.K. His interests are in the epidemiological investigation of the etiology and prevention of type 2 diabetes.

ADA Editorial Staff

Christian Kohler. The publication and business operations of *Diabetes* are overseen by staff at the ADA's Home Office in Alexandria, Virginia. ADA staff are led by Christian Kohler, Managing Director of ADA Scholarly Journals, and Heather Norton, Director of ADA Scholarly Journals. The production of the journal is managed by Valentina Such, Editorial Manager, and Amy S. Gavin, Production Editor. ADA's Technical Editors, Nancy Baldino and Amanda Cushman, spearhead copyediting, proofreading, and writing services for the journal. Additionally, there are several other individuals, both at the ADA Home Office and off-site, who work on print and online production, mailing and distribution, and advertising, subscription, and income development. While their names are too many to list here, their work to ensure the successful production and distribution of the journal should not go unrecognized.

Lyn Reynolds. The manuscript submission and peer review processes for the ADA's scholarly journals are overseen by the Editorial Office in Indianapolis, Indiana. This office is responsible for processing over 4,000 manuscripts submitted to *Diabetes* and *Diabetes Care* on a yearly basis. In addition, the Editorial Office staff provides support to journal editors, associate editors, authors, reviewers, and production staff for all four of ADA's scholarly journals. The Editorial Office staff includes Lyn Reynolds, Director; Jane Lucas, *Diabetes* Peer Review Manager; Joan Garrett, Editorial Secretary; Shannon Potts, *Diabetes Care* Peer Review Manager; and Rita Summers, *Diabetes Care* Editorial Assistant.