

Diabetes Care to Date: "The Hits Just Keep on Coming!"

With this issue, we complete 18 months as the editorial team for *Diabetes Care* and document our progress for the preceding 6 months. We had provided a comprehensive update in January 2013 (1), and one would think that by this point in our tenure, the changes and updates would be minimal. However, as will be appreciated, nothing could be further from the truth. The changes have been many, and the quality of published articles continue to be at an incredibly high level. Thus, this article's subtitle—"The Hits Just Keep on Coming!"—clearly can present several interpretations. On the one hand, it refers to past songs, TV shows, or movies that are judged to be most popular by the public. On the other hand, the phrase has also referred to negative outcomes, e.g., continued bad luck, additional penalties, or unpopular laws. I use it here to point to the favorable developments that greatly contribute to the continued upward trajectory of the journal's impact. These developments include 1) the continuation of our *Diabetes Care* Symposium at the American Diabetes Association's (ADA's) Scientific Sessions, 2) the elimination of formats felt to no longer be in the best interest of *Diabetes Care* along with the addition of manuscript categories to address specific needs and interests, 3) the highlighting of landmark studies as part of a specific focus of regular issues, and 4) the publishing of an unprecedented number of state-of-the-art reviews and summary statements.

First and foremost, this issue features articles from our annual *Diabetes Care* Symposium, now in its second year. This high-level symposium, held at the ADA's recent 73rd Scientific Sessions in Chicago, represents a competition of manuscripts submitted to the journal through the category of Symposium Article. Once again, more than 150 manuscripts were submitted for the competition; this year, five were selected for presentation. We very much appreciate the support of the ADA by providing an incredibly attractive time slot for the symposium (i.e., 8:00 A.M.–10:00 A.M., Saturday, 22 June 2013). This, along with the

in-depth presentations featured here, contributed greatly to a well-attended and very successful symposium. The topics presented at the symposium included 1) the feasibility of outpatient-integrated closed-loop control reporting on the first studies of the wearable artificial pancreas; 2) the discussion of nutritional factors and preservation of C-peptide in youth with recently diagnosed type 1 diabetes; 3) the evaluation of osteoprotegerin as an independent predictor of vascular events, particularly in subjects with type 1 diabetes; 4) the evaluation of fibroblast growth factor-19 and bile acids in diabetes remission after Roux-en-Y bypass; and 5) a report on the prognostic value of multidetector computed tomography coronary angiography in patients with normal coronary arteries. We are already anticipating our third annual *Diabetes Care* Symposium at the 74th Scientific Sessions scheduled for 13–17 June 2014 in San Francisco, California.

As for the journal's format changes during the last 6 months, the decision to require dual reporting of HbA_{1c} in both % and SI units beginning 1 January 2013 was the first major change. The detailed rationale behind this change was outlined in a December 2012 commentary (2). Another change our editorial team implemented was to replace the Brief Report, a part of *Diabetes Care* for many years, with a new initiative called Novel Communications in Diabetes (3). The Editor's Commentary in the April 2013 issue discussed the purpose, focus, and goal of this new category (3). In brief, the editorial team felt the journal was in need of a forum that would provide new and exciting findings in clinical research or clinical care related to a feasibility study, a proof-of-concept experiment, or other demonstration of a new idea. The new Novel Communications in Diabetes category fulfills that role, and it was our consensus that an acceptance of a Novel Communications in Diabetes report in *Diabetes Care* signifies a real accomplishment.

Another highlight of the last 6 months was to feature the TODAY (Treatment Options for type 2 Diabetes in Adolescents and Youth) study in the June 2013

issue of *Diabetes Care* (4). Given the importance of the problem of type 2 diabetes in youth and the need to effectively disseminate the information, our purpose was to specifically focus on the increasing burden of type 2 diabetes in youth and adolescents. The six TODAY study articles provided new data on the efficacy and safety of clinical treatment and longitudinal observation of specific risk factors and complications for adolescents and youth with type 2 diabetes (5–10). Featured in the same issue were a special commentary and a perspective on the TODAY study from program officers at the U.S. National Institutes of Health (NIH), the funding agency for the study (11). In addition, Drs. Tamborlane and Klingensmith (12) provided comment on the concerns of drug therapy in children in general and offered a unique perspective for future clinical research in this area. These studies provided for a major leap in knowledge that will be expected to guide the design of future studies and strategies whose goals are to address the problem of type 2 diabetes in youth. It is also our plan (and a privilege) to devote part of an upcoming issue to celebrate the 30th year anniversary of a landmark study of type 1 diabetes, i.e., the Diabetes Control and Complications Trial (DCCT) and the follow-up study, Epidemiology of Diabetes Interventions and Complications (EDIC).

Our desire to continue publishing timely, informative summary narratives on a consistent basis has certainly been aided by the contributions made on behalf of the ADA. Specifically, the two statements, one focusing on hypoglycemia and the other on 21st century behavioral medicine, were published within the last 6 months and both were incredibly well received (13,14). The ADA's Scientific Statement on the economic costs of diabetes in the U.S. in 2012 was published in the April 2013 issue (15). The study, which is an update of the Association's 2007 cost study (16), analyzes the direct and indirect cost burden of diagnosed diabetes. As reported, the key findings provided some staggering statistics as the study reported that total estimated costs of diagnosed diabetes increased

41% to \$245 billion in 2012 from \$174 billion in 2007 (15).

The last 6 months also saw an unprecedented number of published state-of-the-art reviews. These articles have included excellent updates on the relationship of gastric emptying and incretin hormones by Marathe et al. (17), as well as a comprehensive discussion by Chakkerla et al. (18) on incidence, timing of onset, risk factors, pathophysiology, and prevention strategies for new-onset diabetes after kidney transplantation. Also published was the insightful review on gene-environment and gene-treatment interactions in type 2 diabetes by Franks et al. (19), which included a discussion of how the data and findings can be used to help predict, prevent, or treat diabetes. Professor Taylor provided a perspective on the reversal of type 2 diabetes with bariatric surgery and lifestyle intervention that offered new insights on insulin resistance in the muscle and fat and the pancreatic defect (20). The March 2013 issue included a systematic review by Breton et al. (21) reporting on the risk and magnitude of the ability to work among individuals in the workforce with diabetes compared with those without diabetes, and a review on issues related to health disparities provided by Ricci-Cabello et al. (22). The latter discussed health care interventions and the quality of diabetes care for African Americans. Finally, Ikram et al. (23), reporting on behalf of the collaborators and members of the NIH/JDRF Workshop on Retinal Biomarker for Diabetes Group, provided an incredible report focusing on advances in retinal imaging techniques. The authors clearly advanced our understanding of retinal vessels and provided new information on how the understanding of the characteristics for this vascular bed provides information on the risk for diabetic retinopathy and other microvascular complications beyond traditional risk factors (22).

We continue to publish debates in the form of point-counterpoint narratives. We began the year by publishing a two-part point-counterpoint narrative on self-monitoring of blood glucose in which Malanda et al. (24) and Polonsky and Fisher (25) took opposing views on the utility of self-monitoring of blood glucose to be valuable for individuals with type 2 diabetes not using insulin. This month's issue contains a debate regarding a topic that continues to generate significant attention, i.e., the safety of incretin therapies. Recognizing that the data are complex

and perhaps conflicting—and our desire to provide a balanced view—we present a two-part point-counterpoint discussion. Butler et al. (26) described findings supporting their opinion that we need to reconsider the use of incretin-based therapies because of growing concerns of unacceptable risks. Dr. Nauck (27) provides a defense of incretin-based therapies, suggesting that the benefits clearly outweigh any concern of risk. To set the stage for this discussion, it was important to understand the complexities of assessing new or current products in regard to both benefits and risks. The review by Professor Bailey elegantly describes recent signals that have been associated with diabetes therapies. His description of the difficulties when ascribing causality and evaluating absolute risk, predictability, prevention, and containment, was incredibly timed (28). Another debate featured in this issue as contributed by Drs. DeFronzo and Umpierrez and their colleagues addresses the consideration of incretin therapies for the management of inpatient hyperglycemia (29,30), whereas future debates will evaluate the appropriate use and interpretation of meta-analysis, particularly for questions related to diabetic care and management.

Other initiatives continue to come to fruition. In the summer of 2012, we premiered our first *Diabetes Care* Editors' Expert Forum. This annual event will consist of an invited discussion panel of international leaders in the field of diabetes who will focus on a specific topic to provide a general consensus through debate. The report from that first forum dealt with personalized medicine and was published in the June issue of *Diabetes Care* (31). We held an additional forum at the ADA's Scientific Sessions in Chicago in June that focused on in-depth discussions regarding the safety of current antidiabetic agents. That forum is also going to be published in an upcoming issue of *Diabetes Care*.

Lastly, the journal's new category, Profiles in Progress, has become an incredibly popular feature with our readers. As you know, this narrative specifically recognizes a researcher or provider in the field of diabetes whose contributions and discoveries were noteworthy and remarkable. Dr. Samuel Rahbar, who discovered that HbA_{1c} is elevated in people with diabetes, was featured in the first narrative in December 2012 (32); the profile of Dr. Christopher Saudek appeared in the March 2013 issue (33). Just last

month, the third in this series honored Dr. George Eisenbarth and his incredible accomplishments (34).

In summary, the journal's progress relates to its continued transformation. However, despite these enhancements, we recognize the journal will be judged primarily on the quality of the manuscripts published. In this regard, "the hits just keep on coming"—"hits" translating to the outstanding, innovative, and thought-provoking manuscripts.

What can you, as the readers of *Diabetes Care*, expect over the next 6 months? To be honest, I would be thrilled if, in January 2014, I can simply state that we've had more of the same!

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