



Diabetes Care in 2019—Who, Why, What, and How?

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Once again it's time for the editor's annual message to the readers of *Diabetes Care*. Early last year we celebrated the 40th anniversary of the journal (1), and in midyear we discussed some of the big topics addressed by articles in 2018 (2). Shortly after that report, we were delighted to learn that the impact factor for *Diabetes Care* had risen from 11.9 in 2017 to 13.4 in 2018. For 2019, I want to offer a look inside the journal, a description of why and how the hardworking group behind the journal puts together its monthly issues. First, I want to thank everyone involved for their efforts to make the journal an important resource for the diabetes community. Next, just a few statistics. During 2018, we received approximately 2,700 initial submissions and 550 revised manuscripts with an overall acceptance rate of just below 13%. The acceptance rate for Original Articles continues to be near 10%. You may find it surprising that, over the course of the last two decades, >70% of yearly submissions have come from outside the U.S. The numbers of submissions are quite stable, but we believe their quality continues to rise.

Who makes up *Diabetes Care*?

It takes a lot of people to produce *Diabetes Care*. Contributors include authors, the editor in chief and 3 ad hoc editors in chief, 16 associate editors, 38 members of the editorial board, countless reviewers, the editorial staff, copyeditors, and production staff. Our families and friends sometimes ask why we spend so many hours at the keyboard. Why not work at other professional tasks, or take more time off? What most fail to realize is that the journal's clock never stops. New and revised manuscripts, reviews, and communications about them never cease coming in, including evenings, weekends, and holidays. Sometimes hard decisions must be made, and disappointed authors occasionally protest. Other times it may be difficult to find experts in a specific area with time to review a paper. There are special collections that must be tracked simultaneously and deadlines and production schedules to be met. Thus, the work is not easy. But it is rewarding, and the core editorial group has worked hard and shown great loyalty. There has been minimal turnover in the editorial team since it was formed 7 years ago by William T. Cefalu, prior editor in chief, or in the editorial and production staff in the last two decades. The journal is especially indebted to those serving on the editorial board and the many reviewers who volunteer their time and expertise. So, why are all these people devoting time and energy to the journal? The answer: we think this work is important!

Why is *Diabetes Care* important?

There are many potential sources of information about diabetes. Other well-managed journals publish articles on diabetes and its treatment. Journalists in print, broadcast, and electronic media increasingly feature stories on diabetes, often summarizing preliminary scientific reports. We all receive unsolicited messages and printed material on a regular basis. Commercial products, including drugs, devices, and educational and self-improvement programs, are advertised widely. Notably, television ads encourage patients to ask their doctors whether each new product is "right for you." In short, the revolution in information technology has brought us a deluge of information: data and opinions, facts and factoids, alerts and offers. As we are often reminded, much of this is good. No obscure fact or opinion is out of reach of anyone with a smartphone. Seemingly endless information is available, but not all is equally reliable. Some is hard to understand, some is straightforward but misleading. If it sounds too good to be true, it probably is. If it's too simple, something is probably

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missing. Most importantly, the volume is overwhelming. The concept of "information overload" is discussed in many fields (3) and is certainly applicable to study and care of diabetes. More than ever before, carefully selected, clearly presented, and reliable information is needed. *Diabetes Care* strives to be a go-to source of high-quality information for the diabetes community.

What kinds of articles do we want?

The mission of *Diabetes Care* is to increase knowledge, stimulate research, and promote better management of people with diabetes. While clarity and accuracy are fundamentally important, beyond these aspects of quality we would add two more.

One is novelty. It's true that new scientific observations are greatly strengthened by replication in another laboratory or research group. But once a scientific principle is verified, further confirmatory reports have less value. Many otherwise excellent studies submitted to *Diabetes Care* are not accepted because they are mainly confirmatory and do not provide much new information.

The other requirement is appropriate interpretation of new observations. Each Original Article presenting new research is expected to include a discussion of its implications. How does it extend prior observations, what are its limitations, what additional questions does it pose, and what further work is needed to move the field yet another step forward? The most useful articles include both something new and an estimation of what remains to be learned. When especially promising or provocative new data are presented, even more discussion is needed. That is why *Diabetes Care* invites expert Commentaries or Perspectives on research of particular interest. In cases where there are competing interpretations, open discussion is a healthy process. Both reliable new information and balanced discussion of its significance are essential to advance scientific knowledge and improve the care of people with diabetes. We aim to provide this level of quality more consistently than anyone else. The goal is to have publications in *Diabetes Care* provide the

most definitive new information at any given time for people who want balanced answers to their questions.

How do we accomplish this?

The foregoing paragraphs describe why we think *Diabetes Care* matters to the community, and what we are looking for. But how can we make it happen? To begin, how can we persuade authors to submit their best scientific work to our journal? There are several reasons they might choose another option. Because we receive many good manuscripts and have space limitations, most submissions are not accepted. Submission to another journal might lead to a less extensive review process and faster publication. The time to publication is longer for *Diabetes Care* than that of some other journals. The evaluation process may take longer than expected, in part because capable reviewers are likely to identify limitations of the work submitted, requiring revisions and perhaps new analyses. The time between acceptance and appearance in print may also seem long, sometimes because articles on a common topic are grouped in an issue focused on this theme. On the plus side, original research articles are posted online ahead of print, making important news readily available as soon as possible.

However, *Diabetes Care* can offer not only the prospect of a large and well-informed readership, but also improvement of the article during review. To this end, we are committed to a rigorous process that not only identifies high-quality submissions but also makes the good ones better. Peer review is not infallible in selecting and improving manuscripts, but it remains essential to maintaining high standards (4). While some manuscripts are rejected without evaluation by an outside reviewer, those sent for review and especially those eventually accepted have the benefit of multiple levels of scrutiny. After assessment by the editor in chief, a manuscript is assigned to an associate editor with expertise on the topic in question. Outside expert reviewers selected by the associate editor are then invited to critique the manuscript,

suggesting ways it might be improved. A typical article is assessed by three reviewers. Based on their comments, the authors can revise the submission. If subsequently accepted, an article goes through copyediting by the production staff to further improve clarity and eliminate errors or ambiguities. The whole process routinely makes good manuscripts better and supports the high quality of articles published in *Diabetes Care*.

We are grateful to the many authors who entrusted their work to us in the last year and hope they will continue to do so. We hope those who experienced unusual delays in reviews or decisions will forgive these lapses. We are trying to make each article and each issue as good as it can be. You, the authors and the reviewers, are essential to making it all happen. By the way, we are always looking for new reviewers. Anyone interested in becoming a reviewer for any of the American Diabetes Association's journals can contact the editorial office (editorialoffice@diabetes.org).

Finally, for our readers: all this effort is for you. We think the journal is important for the reasons given above, and we hope you will read something exciting and important to you in *Diabetes Care* in the coming year.

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