



Editorial Cycles and Continuity of *Diabetes Care*

Diabetes Care 2022;45:1493–1494 | <https://doi.org/10.2337/dci22-0020>

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We all live by natural and humanly imposed cycles leading to yearly, monthly, and daily routines. This month, *Diabetes Care* completes a cycle of editorial leadership, with the current editorial team ending its five years of service and passing the torch to a new team. In the four decades since its founding in 1978, the journal has had nine editors in chief, but its tradition of seeking and publishing the best clinical research on diabetes has continued unchanged. This month, Matthew Riddle and team welcome the incoming group led by Steven Kahn.

To assure continuity, the Riddle team will complete the handling of new articles submitted through 30 June 2022, with new submissions being assigned to the incoming group as of 1 July. Further continuity will be provided by a few of the previous associate editors joining

the new group. Though modest procedural changes are being introduced for new articles, these changes will not affect the authors' experience when submitting articles for evaluation. While the editorial team changes, the organism that is *Diabetes Care* lives on.

Looking back, the last five years have brought some notable changes in the journal and trends in its aims and content. The outgoing team is proud to note an increase in the journal's influence, shown by a steady increase of its impact factor from 11.9 in 2016 to 19.1 in the last release of ratings in 2021. This measure of performance has been matched by similar increases in other measures of journalistic influence, supporting the view that *Diabetes Care* is the world's leading journal focusing on diabetes. Beyond enjoying external recognition, the journal has responded to

changes in the challenges and opportunities faced by the diabetes community in several ways during this time. We have actively sought submissions testing and evaluating the best roles for the new technologies that are changing the care of diabetes, including continuous glucose monitoring (1,2) and closed-loop insulin delivery devices, remote management systems, and population-based data handling (3). At the same time, at the individual level, we have sought to report important insights from genetic and basic pathophysiologic research that may allow more effective personalization of care (4–6). Meeting the needs of all individuals living with diabetes while approaching diabetes care from a population-wide basis is a leading challenge, and *Diabetes Care* has aimed to provide a base of objective evidence to assist the development of individualized treatment

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guidelines while at the same time planning community-wide interventions. We also have documented that costs associated with diabetes continue to increase for both the community and the individual (7). Efforts to mitigate these costs will require objective validation of new tactics (8). Some of these topics were addressed in presentations at *Diabetes Care's* symposium at the American Diabetes Association's annual Scientific Sessions this year, and print articles derived from them will appear in a coming issue. Finally, the outgoing editorial team is proud of its efforts to support greater access and equity in all aspects of the study and care of diabetes. An appropriate representation of women in research and administration (9,10) is one aspect of this effort. Also, it is evident that the excellent new tools for the care of diabetes—novel pharmaceutical agents, various digital devices, and innovative educational and support programs—cannot be fully effective without the scientific study of the socioeconomic, ethnic, and other barriers to their use throughout the diabetes community (11). *Diabetes Care* has sought to promote access and equity by reporting objective data to guide both individual clinical decisions and health policy for populations regardless of their social, economic, and regional status. It is noteworthy that at this transition 6 of the 16 associate editors (38%) are women, the editorial board of selected reviewers represents a wide range of regions and cultures, and 73% of all original research articles submitted are from outside the U.S.

Maintaining the scientific quality of publications in *Diabetes Care* while broadly seeking to link basic science with clinical care and population-based health policy is an ambitious goal, but

examination of the qualifications of the incoming editorial team provides reassurance that scientific rigor will not decline. This group assembled by Dr. Kahn, whose recent achievements have been recognized by his receipt of the Claude Bernard award for clinical research, includes many of the community's established and rising stars committed to diabetes research and care. We believe their willingness to contribute to *Diabetes Care* testifies to the respect earned by our earlier efforts and assures the continuation of a high level of scientific and clinical expertise.

Comment on the editorial transition is not complete without recognition of the loyalty, skill, and professionalism of the American Diabetes Association staff supporting the journal—Lyn Reynolds, Shannon Potts, Larissa Pouch, Joan Garrett, Christian Kohler, Heather Norton, Keang Hok, Theresa Cooper, and Saleha Malik. In a time of pandemic, financial concerns, and disruption of daily routines, this group has provided the support and continuity without which high performance by the editors would not be possible. Collectively the editors thank our support staff for their seldom apparent but essential work. The group wishes the incoming Kahn team well and looks forward to further improvements in the journal. Finally, as editor in chief, I most humbly thank the conscientious group of associate editors who have devoted many hours to selecting the worthiest submissions and helping the authors revise them, assuring the high quality that readers of *Diabetes Care* have come to expect. Thank you, my friends, for a job well done.

Duality of Interest. The authors comprise the editor in chief (M.C.R.) and associate

editor group for *Diabetes Care* as of June 2022. No potential conflicts of interest relevant to this article were reported.

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