

7th Inning Stretch

First, I should explain what the “7th inning stretch” is to the many readers who may not be familiar with American baseball. In each inning in baseball, both teams come to bat and are allowed three outs (the definition of an “out” is not important here). Each baseball game consists of nine innings (unless there is a tie at the end of nine innings, but again this is not important for this editorial). At the beginning of the 7th inning, it is custom for the fans watching the game to stand up and stretch. In keeping with my custom of sharing the status of the journal with the readership from time to time (usually in the January issue), this is our 7th inning stretch. The Associate Editors and I initially agreed to serve for 3 years with an “option to renew” for 2 more years (if the American Diabetes Association [ADA] so wishes). We all renewed with the exception of Mark Peyrot, PhD, who had served 2 years with the previous editorial team as well as 3 years with us and certainly deserved a rest, and Richard Rubin, PhD, who has just started as the Vice President, Health Care and Education, of the ADA and will have many new responsibilities. I thank both of them for their outstanding contributions to keep the journal in the forefront of psychosocial research in diabetes. Thus, the current editorial team has completed 3 of 5 years (not quite six of nine innings, but close enough).

The best news to share with you is that the impact factor for *Diabetes Care* has greatly increased from 5.477 in 2002 to 7.501 in 2003. The impact factor is a measure of the frequency with which the “average” article in a journal has been cited in a particular year. It is calculated as the number of current citations of articles published in the journal during the previous 2 years divided by the number of articles published in the journal during that period. The impact factor is used to judge a journal's ranking within its category. This ranking placed *Diabetes Care* at 7th among 88 endocrinology/metabolism journals. All of the journals above us were review journals except our sister journal *Diabetes*, which is ranked 4th, and *Endocrine-Related Cancer*, which is ranked 2nd.

The editorial team remains very busy. In 2003, there were 1,658 new submissions. By the end of August 2004, there were already 1,383 new submissions. Extrapolating through the remainder of the year yields 2,074 new submissions, which represent a 25% increase in 2004 compared with the previous year and nearly a 50% increase over the 1,413 new submissions in 2002, the first official year of our term. I hasten to point out that the Editorial Office is still only staffed by two remarkable individuals, Lyn Reynolds and Sharon Potts, who somehow have managed to keep abreast of the deluge. The editorial team and the readership salute you.

Subscribers to *Diabetes Care* now number nearly 16,000, 72% of whom live in this country. In contrast, 66% of submissions were from international authors and 34% from those working in the U.S. in 2003. During the first 6 months of 2004, these percentages have changed slightly to 70 and 30%, respectively. The time to initial decision for new submissions in 2004 through August was only 22 days! The acceptance rate for research articles in 2003 was 31%, which fell to 25% through August 2004. Once accepted, the time to publication is currently 87 days, which compares very favorably with other journals.

Beginning with this issue, there is a format change under “Brief Reports” in the table of contents. Subcategories will now be provided so that readers who peruse the journal under subcategories of interest will now be able to identify Brief Report articles as well using this screening mechanism. Additionally, there will be a major change in the format of the *Diabetes Care* supplement, Clinical Practice Recommendations, published every January. All of the current Position Statements will not be republished. With the goal of increasing the clarity of the actual recommendations of the ADA (as distinct from recommendations appearing in Working Group reports, Technical Reviews, and other documents published in the journal), the Standards of Medical Care in Diabetes will be the major document in the January supplement. It contains all of the

current ADA recommendations and has been reviewed by the Professional Practice Committee and the Executive Committee. To meet the need for timely information on important topics, *Diabetes Care* will publish “ADA Statements,” which are authored by individuals who may make their own recommendations. These will be reviewed by the Professional Practice Committee for possible inclusion in the subsequent Standards of Medical Care in Diabetes. Thus, the previous sequence of requiring a Technical Review before the ADA could have a Position Statement, which itself had to precede a recommendation in the Standards of Medical Care in Diabetes, no longer applies.

Obtaining the services of good, responsible reviewers is still a major challenge. To encourage individuals with expertise to devote more of their time and talents to reviewing for the journal, reviewers who qualify will receive a free subscription to an ADA journal (beyond the one selected with their membership dues) or a book published by the ADA. The criteria to earn this award are a minimum of 12 reviews a year, an average of 17 days or less to return it, and an average quality score for reviews in the upper half (each review is rated by the Associate Editor handling the manuscript). In 2003, the following 23 reviewers met these criteria and have been invited to select a free subscription or book: David G. Armstrong, DPM; Beverly J. Balkou, PhD; Zachary Bloomgarden, MD; Edwin D. Bransome, Jr., MD; John B. Buse, MD; John Clore, MD; Larry C. Deeb, MD; William C. Duckworth, MD; Michael M. Engelgau, MD; Eli A. Friedman, MD; Martha M. Funnell, RN; Steven M. Haffner, MD; Sushil J. Jain, PhD; Nicholas Katsilambros, MD; Harry Keen, MD; Lawrence C. Perlmutter, PhD; Anne L. Peters, MD; Mordchai Ravid, MD; David S. Schade, MD; Burton E. Sobel, MD; Aaron I. Vinik, MD; Fred W. Whitehouse, MD; and Bernard Zinman, MD.

A new open-access model of scholarly reporting, championed by Harold Varma, MD, the former Director of the National Institutes of Health (NIH), has been

proposed and has the potential to markedly change the current publishing activities of the ADA (as well as other nonprofit organizations that publish journals). Under open access, authors (and by extension, their funding agencies, including NIH) bear the cost of producing their journals in the form of publication charges of \$1,500+ per paper. The journals are accessible free online with open access to anyone. This contrasts with the current model (followed by most scholarly journals, including ours) in which journals are supported with individual and institutional subscriptions, advertising, reprint sales, royalties, and other sources of income, and authors pay only nominal page charges.

Although dispersion of research information to as many people and as rapidly as possible seems desirable, there are potential drawbacks to this approach to open access. Authors' fees of \$1,500 per paper are insufficient to support rigorous peer review and the other activities of an outside editorial office maintained by journals such as *Diabetes Care*. Fees of

these types would have to be taken from grants supporting the research and would certainly curtail publications not supported by grants. Open access, as currently construed, requires posting of the peer-reviewed accepted manuscript before copy editing, a process that almost always results in some changes, some of which may change content meaning. Open-access publishers require authors or copyright holders to make a sweeping grant of rights to all users, including an irrevocable right to use or reproduce the work in any form and to make derivative works for any purpose, including commercial ones, without prior authorization. The potential to make medical literature susceptible to misrepresentation is obvious.

In September, the federal government took an initial step toward implementing open access, one that will affect NIH-funded authors publishing in this and other journals. NIH Director Elias Zerhouni, MD, has issued a proposed rule that would require all NIH grantees to deposit a copy of manuscripts accepted by

journals into an NIH repository, Pub Med Central, where they would be freely available online after 6 months (this would be before publication for some journals). *Diabetes Care* and *Diabetes* now make our content freely available online 6 months after publication. We need to follow this issue closely.

As we enter the final innings of the game, the editorial team continues to anticipate the excitement and challenges of providing new high-quality scientific information that has current or near-term clinical relevance for people with diabetes. You, our readers, and the ADA should expect no less.

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