Building Momentum: Taking on the Real “Issues” of Diabetes Care!

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Building Momentum: Taking on the Real “Issues” of Diabetes Care!

As the saying goes, time flies when you are having fun! So, our editorial team was surprised to find that with this issue of Diabetes Care we are celebrating our fourth year guiding the scientific aspects of Diabetes Care. It seems like just yesterday that we were introducing the team and our vision for the direction of the journal. We saw immediately that we had “issues” to address—we could easily fail to keep pace with the rapid advances in our field unless we introduced changes in our format and tactics. By this time you are very familiar with many of the changes we have put in place as we have been diligent in updating you in both the July and January issues (1,2). Thus, with this commentary, we will not review details previously provided. We will, however, focus on two initiatives that continue to grow and flourish and have exceeded our expectations. We are referring to the Diabetes Care Symposia that we coordinate and our special monthly thematic issues.

Our Diabetes Care Symposium, held each year during the American Diabetes Association’s (ADA’s) Scientific Sessions, has become our editorial team’s signature event. In June 2015, we held our fourth annual symposium, which consisted of two 1-h sessions and a selected overarching theme. The first segment—in a format used for the past 2 years—was entitled “Best of Diabetes Care.” This provided brief overviews of several articles felt by the associate editors to be some of the most noteworthy original research reports published in Diabetes Care during the past year, and it has received rave reviews. The second segment of this year’s program had presentations from four selected original articles chosen from a competition focusing on “Novel Clinical Interventions in Therapy That Impact the Management of Diabetes,” and these articles were featured in the July 2015 issue.

Given the success of our symposium at the ADA Scientific Sessions, we were honored to be asked to coordinate such a symposium at the International Diabetes Federation’s 2015 World Diabetes Congress. As in the other symposia, the process involves a call for articles for the Diabetes Care International Diabetes Federation/American Diabetes Association Translational Symposium, with a theme of “Translational Diabetes Research With Immediate Clinical Impact.” The interest for this initiative was incredible, and we received over 230 articles for consideration. Given our criteria, which included novelty, innovation, and the requirement to present an advance in the field, the editorial committee selected six articles for the final presentation and publication. The authors of the accepted papers were invited to present their research at the 2015 World Diabetes Congress, 30 November–4 December 2015, in Vancouver, Canada. The featured articles are now published in a special symposium section in this issue of Diabetes Care. The presentations included the following topics: 1) a study evaluating umbilical cord mesenchymal stromal cells with autologous bone marrow cell transplantation in established type 1 diabetes (3); 2) an evaluation of the effect of interrupting prolonged sitting with standing or walking on postprandial parameters in postmenopausal women (4); 3) an evaluation of determinants of diabetes remission and glycemic control after bariatric surgery (5); 4) an investigation into the effect of weight loss on tissue lipids, in this case, pancreatic triacylglycerol (6); 5) the effect of a dipeptidyl peptidase 4 inhibitor (alogliptin) on the progression of carotid atherosclerosis (7); and 6) pregnancy outcomes in youth with type 2 diabetes from observations made in the TODAY (Treatment Options for type 2 Diabetes in Adolescents and Youth) study (8). The editorial team was very pleased with the outcome as we had diverse topics and interesting approaches. Importantly, we selected the articles based on the science and quality. Given the international focus of the meeting and the

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symposium, it is gratifying that the presentations were by investigators from diverse parts of the globe—China, Japan, U.K., U.S., Italy, Sweden, and Australia.

Another innovation by our editorial team over the past few years is our thematic monthly issues. We have elected to devote a portion of selected issues to a specific clinical or research focus. A summary of the topics to date appears in Table 1. This concept emerged when we wanted to emphasize the growing concern about obesity and type 2 diabetes in adolescents. We were honored when the investigators for the TODAY study agreed to work with us to dedicate the June 2013 issue to this important problem (9). Due to the excitement and response from that issue, we published three more thematic issues in 2014. The year started with the January 2014 issue, devoted to the 30th anniversary of the Diabetes Control and Complications Trial (DCCT) and the Epidemiology of Diabetes Interventions and Complications (EDIC) study (10). A wide range of topics from this landmark trial was featured and discussed. The April 2014 special issue focused on concepts regarding type 2 diabetes prevention, and it was followed in May 2014 by a special issue on the artificial pancreas (11,12). In 2015, we published five thematic issues. We began the year with the February 2015 issue devoted to disparities between population groups in access to diabetes care and research (13). The March 2015 issue described research related to novel combinations of sodium–glucose co-transporter 2 inhibitors with insulin, dipeptidyl peptidase 4 inhibitors, or other therapies (14). Arguably, our most innovative issue to date appeared in the June 2015 issue, dedicated to type 1 diabetes and entitled “Type 1 Diabetes at a Crossroads” (15). This issue featured contributions on pathogenesis, prediction, and prevention of type 1 diabetes; successes and ongoing challenges of islet transplantation; and a significant update on the artificial pancreas. Our October 2015 issue focused on the recommendations and other guidelines for care from the ADA in the form of Position Statements, Scientific Statements, and Consensus Reports, described collectively as “Guiding Principles of Diabetes Care” (16). We ended the calendar year by featuring a dedicated issue on insulin use after 90 years for the December 2015 issue. In that issue, we provided a collection of articles that demonstrated the diversity of and recent innovations in the clinical use of insulin. These articles addressed the versatility of insulin in general, new concepts regarding older formulations, new formulations on the market, the advantages of using insulin in combination with the newer agents in both type 1 and type 2 diabetes, and new insulin delivery systems (17). We have been gratified by the positive reception from our readers and will strive to sustain our momentum. Thus, we open the year 2016 with an issue dedicated to gestational diabetes mellitus.

Our editorial team is proud of the progress made to date for the journal and the status the journal holds among publications addressing diabetes care and research. We believe the journal continues to grow and thrive in large part because of our efforts to avoid stagnations by trying new directions. This effort has led to our state-of-the-art symposia and especially to monthly issues based on specific themes. These efforts have yielded incredibly positive feedback, and our aim is to continue to meet the needs of our readers. We hope that we have helped the clinical and research communities stay abreast of the flood of new and sometimes controversial information on diabetes. So, as an editorial team for Diabetes Care, we want you to know that we will continue to have “issues”—serious, monthly thematic “issues”!

Acknowledgments. The editorial committee recognizes that the work of the journal and progress made to date would not be possible without the dedicated work and continued support provided by additional staff in the ADA editorial office: Shannon Potts, Jane Lucas, Joan Garrett, and Raquel Castillo. In addition, the editorial committee recognizes Chris Kohler and his team at the ADA publications office for their incredible ideas on new formatting, support for our symposium and expert forums, and work on promoting the journal through dissemination of information. The authors would also like to thank Anne Gooch at the Pennington Biomedical Research Center for her assistance on the journal. Finally, as has been noted since our editorial team began its tenure, the authors continue to appreciate the unwavering support of Dr. Robert E. Ratner, Chief Scientific and Medical Officer of the ADA, who provides the journal with an environment of editorial freedom. W.T.C. is supported in part by National Institutes of Health (NIH) grant 1U54-GM-104940 and NIH grant P50-AT-002776.

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