EDITORIAL

DTT: 21 Years and Counting...

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AS EDITOR-IN-CHIEF OF *Diabetes Technology & Therapeutics (DTT)*, I am pleased that our journal continues to draw manuscripts from emerging technologies, therapies, and the state of type 1 diabetes (T1D) care in the USA.¹ Specifically, *DTT* published the full report on the first iCGM (Dexcom G6) in the June issue of 2018,² which highlighted the detailed data for adults and adolescents in the pivotal study that led to approval of the G6 by the FDA as the first iCGM.^{3,4} This is the first standalone (factory-calibrated) Real-Time Continuous Glucose Monitor (CGM) approved by the FDA. While allowing a faster approval process (510K instead of PMA) in the future for iCGM, the FDA recommended stricter guidelines.³ In addition, use of acetaminophen does not interfere with the real-time glucose data.³ The October issue of the journal reported **STAT** study results, emphasizing the proper use of inhaled insulin (Afrezza, Mannkind Corporation, Westlake, CA).⁵ Beck and colleagues re-analyzed the Diabetes Control and Complications trial (DCCT) data and pointed the predictors of subsequent hypoglycemia in subjects with T1D.⁶ In addition, In the February issue of this year, Foster et al. reported the state of type 1 diabetes care (5-year follow-up from T1D Exchange registry) in the USA.¹ Unfortunately, the data highlights that glucose control is getting worse in this population and the majority of the patients with T1D are overweight or obese.¹ The commentary by David Rodbard further highlights inequalities of diabetes care in the USA.⁷

The editorial, I wrote in the October issue of 2017, is a hope that SGLT 1 and 2 inhibitor (Sotagliflozin) might become the first oral adjunctive option for patients with T1D allowing more patients to achieve target A1cs without increasing weight, hypoglycemia Oxford, or insulin dose.⁸ Henry and colleagues published data on improvement in glucose profiles using CGM in patients with type 2 diabetes (T2D) on dapagliflozin, another SGLT 2 inhibitor already approved by the FDA for use in patients with T2D.⁹ It is important to keep in mind that the number of patients requiring insulin therapy (all patients with T1D and about 20% of patients with T2D) continues to increase at an alarming rate.¹⁰ However, due to the increased risk of diabetic ketoacidosis (DKA) with these drugs, we must find ways to reduce the overall risk of DKA associated with or without the use of these medications in patients with T1D. We published the **STICH** protocol for mitigating DKA risk in patients with

T1D in the September issue of the journal.¹¹ Recently the Food and Drug Administration (FDA) had an advisory committee meeting: Endocrinologic and Metabolic Drugs Advisory Committee (EMDAC) (January 17, 2019) regarding the possible approval of this drug for T1D.¹² My goal is to encourage other lead authors and pharmaceutical and device companies to consider publishing original manuscripts in our journal.

DTT has high visibility throughout the world, with readers in over 170 countries. Journal readership continues to grow, with more than 16,600 full-text downloads per month in 2018. So if you publish in *DTT*, you can be assured that your article will be widely read.

This special supplement includes the Advanced Technologies and Treatments for Diabetes (ATTD) 2018 Yearbook, an invaluable resource for the most exciting and impactful manuscripts published from July 2017 – June 2018.¹³ Most of the Yearbook chapters are written by key opinion leaders in the field of endocrinology and diabetes with invaluable expert commentaries. Publishing the Yearbook in *DTT* is vital because it means the articles are searchable in PubMed, Google, and other search engines.

I am grateful to all the authors who submitted their work to *DTT*, especially Moshe Phillips and Tadej Battelino for their hard work in organizing an important and outstanding ATTD conference being held in Berlin, Germany, February 20–23, 2019. I expect our friendship and partnership with ATTD will continue to grow. ATTD has become a go to meeting for recent advances in diabetes management.

DTT is the official journal of the ATTD. Our partnership is very productive and effective in aligning the leading conference and the leading journal in the field of new technologies and treatments for diabetes. The abstracts from the meeting are also included in the February supplement, giving readers and attendees a rich view into new and exciting work in technology and therapeutics related to diabetes.¹⁴

I have a great editorial team starting off with Jay Skyler and Irl Hirsch as Senior Editors who continue to support the journal, and Irl writes his annual rant in the February issue of *DTT* each year.¹⁵ I am sorry to announce that Jay Skyler will be retiring from the journal after this issue and I wish him the very best. However, he will continue to guide us and help with the journal as needed.

David Rodbard, has been serving as Deputy Editor for the past year. He has been of tremendous help to the journal in the past year, especially helping me with the difficult manuscripts in the peer-review process. Recently, Jessica Castle, Associate Professor of Medicine from Oregon Health Sciences University (OHSU) has joined the editorial team as an Associate Editor. We look forward to working with Jessica in moving our journal to the next level. I sincerely thank Ananda Basu and Rita Basu for their important contributions as Associate Editors for the peer-review process. As is customary, we will also be bringing in some new members to the *DTT* Editorial Board in 2019.

I am always looking forward to critics and active participation including your manuscript submissions and commentaries to the journal. I wish you all the very best for 2019.

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