

EDITORIAL

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# A new kid in town: Cardiovascular Diabetology—Endocrinology Reports

Enrique Z. Fisman<sup>1,2\*</sup>, Francisco Westermeier<sup>3,4\*</sup> and Gaetano Santulli<sup>5\*</sup>

## Background

The relaunch of *Clinical Diabetes and Endocrinology* as Cardiovascular Diabetology– Endocrinology Reports (CVDB-ENDO), a companion journal of Cardiovascular Diabetology (CVDB), represents an excellent opportunity to revisit the close relationship between alterations in glucose metabolism and cardiovascular diseases. This link has been recognized for decades. For instance, an article published in 1984, titled “Type 2 (non-insulin-dependent) diabetes mellitus and coronary heart disease: chicken, egg, or neither?” [1], hypothesized that both diabetes and cardiovascular disease share a common background. This hypothesis suggested that adverse environmental conditions, such as suboptimal nutrition during fetal and early life, increase the risk of both conditions later in life [2].

In adulthood, macrovascular atherosclerosis can precede the onset of diabetes, suggesting that rather than being a complication of diabetes, both conditions may share genetic and environmental roots—a concept often referred to as “common soil” [3]. Simultaneously, hyperinsulinemia and insulin resistance drive the development

of the metabolic syndrome, characterized by abdominal obesity, impaired fasting glucose, elevated triglycerides, low high-density lipoprotein levels, and hypertension. Recognizing the overlap of these abnormalities in type 2 diabetes and atherosclerosis, the American Heart Association declared in 1999 that diabetes is a cardiovascular disease [4].

During the late 1990s, our research group at Sheba Medical Center– Tel Hashomer (Israel) was exploring similar topics. We published then studies on the effects of antidiabetic medications on coronary artery disease [5, 6], the prognostic significance of unrecognized hypertension in diabetic patients with ischemic heart disease [7], and impaired glucose metabolism in cardiac patients [8, 9]. Amid this work, my late friend and colleague Alexander Tenenbaum and I (EZF) envisioned creating a scientific journal dedicated to the intersection of diabetes and cardiovascular diseases. Our commitment to open-access publishing led us to BioMed Central, a London-based company that became part of Springer Nature in 2008. This vision materialized in 2002 with the launch of CVDB. Its first article was an invited review entitled “How hyperglycemia promotes atherosclerosis: molecular mechanisms” [10], an emblematic title symbolizing the journal’s aims and scope.

## CVDB’s development

Over the past few years, CVDB has grown significantly. The number of submissions and published articles has steadily increased (Fig. 1). Its editorial team currently comprises an Editor-in-Chief, a Deputy Editor, a Social Media Editor, 69 Associate Editors, and 35 Editorial Board members. This team enables efficient management of a large volume of manuscripts, assigning each to Associate Editors with expertise in the relevant areas. Recent

\*Correspondence:

Enrique Z. Fisman  
zfisman@tauex.tau.ac.il  
Francisco Westermeier  
francisco.westermeier@fh-joanneum.at  
Gaetano Santulli  
gsantulli001@gmail.com

<sup>1</sup>Faculty of Medicine, Tel Aviv University, Tel Aviv, Israel

<sup>2</sup>Facultad de Medicina, Universidad del Salvador (USAL), Buenos Aires, Argentina

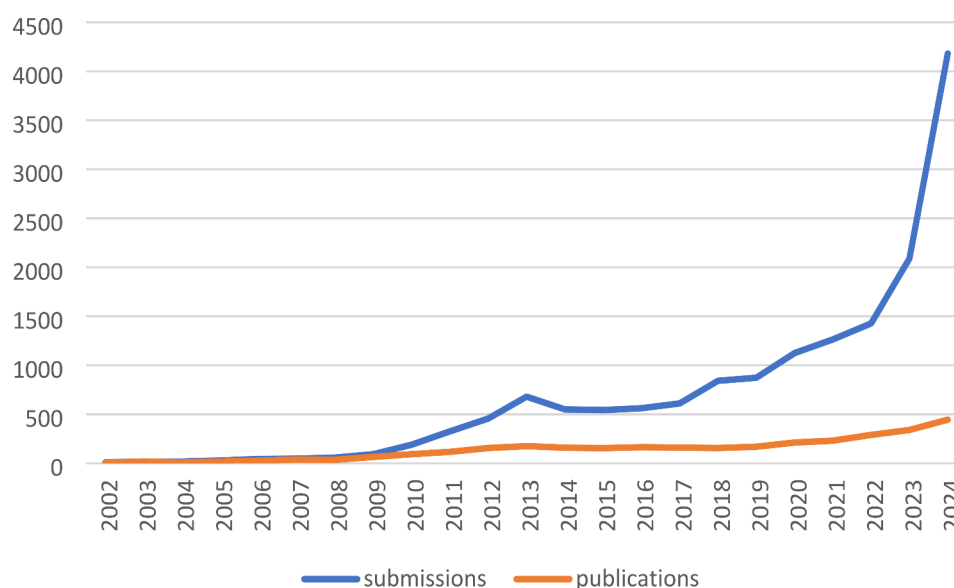
<sup>3</sup>Department of Health Studies, Institute of Biomedical Science, FH Joanneum University of Applied Sciences, Graz, Austria

<sup>4</sup>Centro de Biología y Química Aplicada (CIBQA), Universidad Bernardo O’Higgins, Santiago, Chile

<sup>5</sup>Albert Einstein College of Medicine, New York City, NY, USA



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**Fig. 1** The number of CVDB submissions and published articles has steadily increased

improvements, such as implementing a manuscript tracking system and expanding the editorial board, have enhanced the journal's flexibility and efficiency in the peer review process.

The journal also benefits from thousands of external reviewers worldwide, many of whom deliver thorough and efficient evaluations. High-impact journals often attract rigorous reviews that mainly address methodological flaws, with a lesser focus on other aspects [11]; this is also our case. The dedication of our editorial team and reviewers, along with the support of Victoria Hentschke (*Senior Publisher, Biomedicine; Springer Nature*), has been pivotal in achieving the journal's goals. Specific initiatives, such as implementing advanced editorial workflows, enhancing editors' engagement through recognition programs, and organizing virtual editorial board meetings to streamline decision-making, have significantly contributed to this success.

Currently, *CVDB* boasts a 2-year Journal Impact Factor (JIF) of 8.5 and a Journal Citation Indicator of 2.15. These metrics place it in the top 93.4% and 94.4% percentiles of academic journals in the categories "Cardiac & Cardiovascular Systems" and "Endocrinology & Metabolism," respectively. Both indexes represent the highest levels attained by the journal in its history. In addition, during 2023 we had over 3 million accesses to *CVDB* articles, over 2,5 million full-text downloads and more than 3,000 Altmetric mentions. While this achievement should not be overemphasized, it serves as a solid testament to the visibility and consistently high quality of the published articles. We are optimistic that these favorable metrics will continue to attract manuscripts from leading basic

and clinical scientists in cardiology, angiology, diabetology, and related fields.

### Importance of creating a companion journal and looking ahead

The confluence of cardiovascular diseases, diabetes, and endocrine disorders represents one of the most pressing challenges in modern medicine. Despite significant advancements, there remains a lack of integrated platforms that holistically examine these interconnected domains. Cardiovascular complications are leading causes of mortality in patients with diabetes, while endocrine disorders like metabolic syndrome and obesity significantly exacerbate cardiovascular risk. The evolving landscape of personalized medicine, new therapeutic modalities such as GLP-1 receptor agonists and SGLT2 inhibitors, and emerging technologies in metabolomics and systems biology further underscore the need for a dedicated platform.

As submissions to *CVDB* continue to grow exponentially, the journal faces challenges in accommodating this influx. While some articles are rejected for low quality or lack of originality, a significant portion of submissions are excluded because their topics fall outside the journal's scope. These often involve endocrine and metabolic research, such as studies on the pituitary, thyroid, adrenal, or reproductive glands. In these cases, the authors receive a rejection notification containing the laconic and rather frustrating sentence "unfortunately, the article's topic is rather out of the scope of our journal". Thus, the creation of the companion journal addresses this gap by providing a dedicated platform for high-quality research in diabetes and all types of endocrine disorders. This new

journal will not only serve as a repository for these studies but will also encourage interdisciplinary collaboration and innovation. By expanding the editorial family, we aim to foster a broader understanding of the intricate connections between endocrine and cardiovascular systems, paving the way for translational discoveries and novel therapies.

### CVDB-ENDO's aims

It is our pleasure and honor to introduce *CVDB-ENDO*. *CVDB-ENDO* has a broader scope than *CVDB*, welcoming submissions on all aspects of diabetes and endocrinology, as well as providing a forum for those studies that highlight the intersections with cardiovascular and metabolic health. We envision this journal as a forum for high-quality, evidence-based contributions on pathophysiology, diagnostics and therapeutic innovations, that will advance scientific understanding and clinical practice. Our aim is to publish:

- Cutting-edge research (both preclinical and clinical) exploring the mechanisms underlying shared disease pathways.
- Clinical studies that evaluate novel interventions, especially those targeting multiple systems.
- Review articles synthesizing the latest knowledge on topics such as the role of inflammation, oxidative stress, and metabolic dysregulation.
- Perspectives and editorials that stimulate critical thinking and debate on emerging issues.

We encourage contributors to push boundaries, propose innovative hypotheses, and share translational insights that can directly impact patient outcomes. Join us in shaping this essential discourse and contributing to a journal committed to advancing these critical fields. Equally, we hope to attract readers—clinicians, researchers, and policy-makers alike—who are eager to stay at the forefront of these rapidly evolving fields. We are committed to upholding the highest standards of editorial integrity, rigorous peer review, and open dialogue. By fostering a collaborative environment, we aim to create a journal that is not only informative but also inspiring, driving meaningful advancements in the intertwined realms of cardiovascular health and endocrinology. To contributors, we invite you to submit your impactful work and join us in shaping the discourse in these critical areas. To readers, we promise content that is thought-provoking, rigorous, and inspiring.

As we move forward, the editors of *CVDB* and *CVDB-ENDO* are committed to working collaboratively, ensuring that each maintains its distinct focus while fostering synergy. *CVDB-ENDO* represents a bold step toward

advancing science in these interrelated fields, and we look forward to welcoming impactful submissions and engaging a diverse readership. Let us embark on this journey together, as *CVDB-ENDO* becomes a beacon for innovation and collaboration.

### Authors' contribution

All three authors contributed equally to the preparation of the manuscript.

### Data availability

Not applicable.

### Declarations

#### Ethics approval and consent to participate

Not applicable.

#### Consent for publication

Not applicable.

#### Competing interests

EZF is Editor-in-Chief of *Cardiovascular Diabetology*, FW is Deputy Editor of *Cardiovascular Diabetology* and GS is Associate Editor of *Cardiovascular Diabetology* and Editor-in-Chief of *Cardiovascular Diabetology–Endocrinology Reports*.

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### References

1. Jarrett RJ. Type 2 (non-insulin-dependent) diabetes mellitus and coronary heart disease: Chicken, egg, or neither? *Diabetologia*. 1984;26:99–102.
2. Barker DJP, Osmond C. Infant mortality, childhood nutrition, and ischaemic heart disease in England and Wales. *Lancet*. 1986;10(8489):1077–81.
3. Stern MP. Diabetes and cardiovascular disease. *Common Soil Hypothesis*. *Diabetes*. 1995;44:369–74.
4. Grundy SM, Benjamin IJ, Burke GL, Chait A, Eckel RH, Howard BV, Mitch W, Smith SC, Sowers JR. Diabetes and cardiovascular disease: a statement for healthcare professionals from the American Heart Association. *Circulation*. 1999;100:1134–46.
5. Fisman EZ, Tenenbaum A, Benderly M, Goldbourt U, Behar S, Motro M. Antihyperglycemic treatment in diabetics with coronary disease: increased metformin-associated mortality over a 5-year follow-up. *Cardiology*. 1999;91:195–202.
6. Fisman EZ, Tenenbaum A, Boyko V, Benderly M, Adler A, Friedensohn A, Kohanovski M, Rotzak R, Schneider H, Behar S, Motro M. Oral antidiabetic treatment in patients with coronary disease: time-related increased mortality on combined glyburide/metformin therapy over a 7.7-year follow-up. *Clin Cardiol*. 2001;24:151–8.
7. Tenenbaum A, Fisman EZ, Boyko V, Goldbourt U, Auerbach I, Shemesh J, Shotan A, Reicher-Reiss H, Behar S, Motro M. Prevalence and prognostic significance of unrecognized systemic hypertension in patients with diabetes mellitus and healed myocardial infarction and/or stable angina pectoris. *Am J Cardiol*. 1999;84:294–8.
8. Fisman EZ, Motro M, Tenenbaum A, Boyko V, Mandelzweig L, Behar S. Impaired fasting glucose concentrations in nondiabetic patients with ischemic heart disease: a marker for a worse prognosis. *Am Heart J*. 2001;141:485–90.
9. Tenenbaum A, Motro M, Fisman EZ, Leor J, Boyko V, Mandelzweig L, Behar S. Status of glucose metabolism in patients with heart failure secondary to coronary artery disease. *Am J Cardiol*. 2002;90:529–32.
10. Aronson D, Rayfield EJ. How hyperglycemia promotes atherosclerosis: molecular mechanisms. *Cardiovasc Diabetol*. 2002;1:1.

11. Severin A, Strinzel M, Egger M, Barros A, Sokolov A, Vilstrup Mouatt J, Müller S. Relationship between journal impact factor and the thoroughness and helpfulness of peer reviews. *PLoS Biol.* 2023;21(8):e3002238.

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