

## The Recent 15 years of JAFES: 2010-2025

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### JAFES EVOLUTION OVER TIME

The Journal of the ASEAN Federation of Endocrine Societies (JAFES) has undergone significant evolution since its inception, marked by developments in its operational policies, content focus, and international recognition.

#### Planning and First Publication (Circa 1981-2010)

JAFES was planned in 1981. In 1982 the Indonesian Society of Endocrinology undertook the first publication, with articles sourced from the first AFES Congress held in 1981. In 1997 Malaysia volunteered to be the permanent secretariat for JAFES and Professor Dato Dr. Mustafa Embong was appointed Editor-in-Chief. After almost seven years the EIC had reported at the time that while financial constraint was an issue, the bigger challenge was ensuring that JAFES was published regularly and on time. Two problems were faced: lack of articles and lack of reviewers. "Many have complained that they are not keen to submit articles to JAFES because it is not in the Index Medicus. It is really a catch-22 situation... Perhaps it is time to pass the baton."

Eventually, in 2010, the Philippine Society of Endocrinology and Metabolism (now the Philippine College of Endocrinology,

Diabetes and Metabolism) offered to host the JAFES editorial group and appointed Dr. Elizabeth Paz-Pacheco as Editor-in-Chief. Indeed among the early goals was qualifying JAFES for the major indexes for medical journals.

#### Foundational Aspects and Early Evolution (Circa 2010-2012)

JAFES is now an open-access, peer-reviewed, English language, medical and health science journal published bi-annually by the ASEAN Federation of Endocrine Societies (AFES). Its editorial policies are aligned with the International Committee of Medical Journal Editors (ICMJE) and it resolves ethical issues using recommendations from the Committee on Publication Ethics (COPE). JAFES is also a member of the World Association of Medical Editors (WAME) and CrossRef.

A 2012 editorial marked "the Second Year of the New JAFES," shared a significant re-launch or transformation in 2010. By 2011, JAFES was actively publishing content, with its May issue (Vol. 26 No. 1) focusing on "Advancing Endocrine Research in the ASEAN region," and including feature articles on the AFES's 30<sup>th</sup> anniversary (1981-2011) and national clinical practice guidelines for Diabetes Mellitus from various ASEAN countries. The November



Figure 1. First Editorial Board.



Figure 2. The JAFES successfully launched at Sofitel Manila, Philippines, on May 26, 2011.

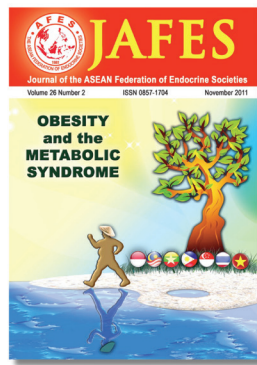
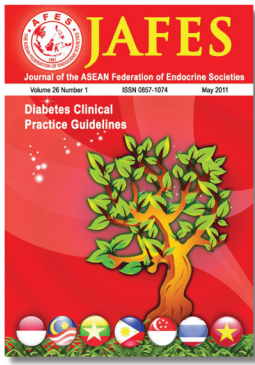


Figure 3. Relaunch of JAFES at the 16<sup>th</sup> ASEAN Federation of Endocrine Societies (AFES) Congress, November 17–20, 2011, Ho Chi Minh City, Vietnam.

2011 issue (Vol. 26 No. 2) highlighted "Reducing Obesity and Metabolic Syndrome," and featured obesity clinical practice guidelines from several ASEAN nations. Subsequent issues in 2012 covered topics like thyroid disorders and bone disease in Southeast Asia, along with associated clinical practice guidelines. Editorials from this period consistently emphasized "Amplifying the Voice of ASEAN Endocrinology through JAFES and its Website" and focusing efforts towards indexing JAFES.

**Commitment to Open Access and Publication Ethics (2013-2016)**

An editorial in November 2013 specifically addressed "Open Access and Ethical Publication," and mentioned the Asia Pacific Association of Medical Editors (APAME) Tokyo Declaration, reinforcing JAFES's dedication to these principles. The journal continued to broaden its scope, featuring topics such as reproductive health in ASEAN in



**Figure 4.** First JAFES covers (Vol. 26 Nos. 1 and 2).



**Figure 5.** Rebranding of JAFES in 2016.

2013. By 2014, an editorial titled "Growing Pains, Evolution and Progress," acknowledged the journal's developmental journey. In 2015, JAFES emphasized the value of "Case Reports" as a resource and featured detailed "Diabetes Care Models" from Singapore, Malaysia, Myanmar, and the Philippines. The November 2016 editorial further reiterated "Our Commitment to Open Access and to Integrity in Scientific Publication."

#### **Enhancement of Publication Standards and International Recognition (2015-2020)**

JAFES demonstrated an evolution in its author guidelines by introducing EQUATOR Network checklists for various study types in 2015, including CONSORT for clinical trials, CARE for case reports, PRISMA for systematic reviews and meta-analyses, STROBE for observational studies, STARD for diagnostic accuracy studies, and CHEERS for economic evaluations. This move underscored a commitment to higher quality reporting. In 2017, the journal explicitly listed the ICMJE's "Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals," in its author guidelines. An editorial in May 2018 titled "Collaboration Among Endocrinology Publications in Asia," signaled a drive towards regional cooperation.

A significant milestone occurred in November 2020 when JAFES announced its acceptance for indexing in PubMed Central. This was highlighted as a "Better Normal, A Silver Lining in 2020," in an editorial, marking a major achievement in its journey towards wider recognition and accessibility. The journal also demonstrated its responsiveness to contemporary health crises, dedicating its May 2020 issue to "Response in Southeast Asia: Managing diabetes and other endocrine disorders during the COVID-19 crisis," including consensus recommendations and position statements.

#### **Continued Growth and Future Directions (2021-2025)**

The May 2021 editorial, "A Decade of Growth," further reflected on the journal's progress. JAFES has also

expanded its content categories, including the addition of a special issue dedicated to "Molecular and Cellular Endocrinology," in March 2023, indicating a move into more specialized and fundamental research areas. The journal continues to adapt to the evolving landscape of scientific publishing, discussing "Generative Artificial Intelligence (AI) in Scientific Publications," in its May 2024 editorial and emphasizing "Sustainability," in November 2024. The 2024 Author Guidelines also include the "Sydney Declaration on Predatory or Pseudo Journals and Publishers," showing its ongoing commitment to ethical publishing practices.

By 2024, JAFES is already indexed in all of its target indexing services and databases: PubMed (Medline), PubMed Central (PMC), Scopus™ (Elsevier), Web of Science™ (Clarivate Analytics), Directory of Open Access Journals (DOAJ), Western Pacific Region Index Medicus (WPRIM). In 2025, JAFES finally had an Impact Factor (IF) of 0.6 (from Clarivate Analytics).

A notable future change, beginning in 2025, is the implementation of a minimal submission fee to support editorial office operations, while ensuring JAFES remains fully open access without fees for downloading or subscriptions. The Editor-in-Chief's reflections in the May 2025 issue, looking back on a "15-Year Journey," indicate a sustained and evolving leadership guiding the journal's trajectory.

## **CONTENT**

### **Prevalent Endocrine and Metabolic Disorders in the ASEAN Region**

Over the last 15 years, the most prevalent endocrine and metabolic health issues in the ASEAN region are Diabetes Mellitus (especially Type 2 Diabetes Mellitus), Obesity and Metabolic Syndrome, Thyroid Disorders, Osteoporosis and Bone Disease, and Dyslipidemia. These conditions are frequently addressed through national clinical practice guidelines and are subjects of numerous research articles across various ASEAN countries.

### 1. *Diabetes Mellitus (especially Type 2 Diabetes Mellitus) and its Complications*

- This is overwhelmingly the most frequently highlighted and researched issue. Multiple ASEAN countries have developed national clinical practice guidelines for Diabetes Mellitus (DM), including Indonesia, Malaysia, the Philippines, and Singapore. An editorial in 2011 explicitly discussed "Diabetes Clinical Practice Guidelines (CPGs) for the ASEAN region," indicating its widespread significance.
- Research extensively covers Type 2 Diabetes Mellitus (T2DM), with studies on its prevalence, genetic associations, management strategies, and complications across various populations in the region.
- Gestational Diabetes Mellitus (GDM) is also a significant concern, with CPGs for diabetes in pregnancy from Indonesia and Myanmar, and studies on diagnostic markers and maternal/neonatal outcomes.
- Common complications of diabetes frequently studied include Diabetic Peripheral Neuropathy, Diabetic Kidney Disease, Diabetic Retinopathy, and Diabetic Foot Ulcers.
- The impact of the COVID-19 pandemic on diabetes management and outcomes in the region is a recent and notable area of focus.
- Undiagnosed diabetes and factors associated with it are also examined in Indonesia.

### 2. *Obesity and Metabolic Syndrome*

- These are major public health challenges, explicitly addressed by national clinical practice guidelines on the Management of Obesity from Malaysia, Myanmar, Singapore, Indonesia, and the Philippines.
- Editorials from JAFES have highlighted the importance of "Reducing Obesity and Metabolic Syndrome," and the "Obesity Epidemic in the Asia-Oceania Region."
- Studies investigate the prevalence of obesity and metabolic syndrome in various groups, including in Bali, Indonesia, Filipino adolescents, and community-living older persons in the Philippines, as well as among community health workers and pediatric populations. The "double burden of malnutrition in Asia," is specifically mentioned as a phenomenon that should not be dismissed.
- Insulin resistance is a key pathophysiological feature studied in relation to obesity and T2DM.

### 3. *Thyroid Disorders*

- Thyroid conditions are widespread, with "The Philippine Thyroid Diseases Study (PhilTiDeS 1)" reporting on the prevalence of thyroid disorders among adults in the Philippines. Studies also cover the prevalence of thyroid dysfunction in specific groups, such as elderly Filipinos and young patients with T2DM.
- National CPGs for thyroid disorders exist for hyperthyroidism in Indonesia, general management in Malaysia, disorders of thyroid function in Myanmar, and well-differentiated thyroid carcinoma in the Philippines.

- Common conditions include Graves' disease, various forms of hypothyroidism (including congenital hypothyroidism, severe hypothyroidism, and subclinical hypothyroidism), and thyroid carcinoma (papillary, follicular, micropapillary).
- Iodine Deficiency Disorders (IDD) are explicitly stated to "Continue to be a Problem in the Asia Pacific Region."

### 4. *Osteoporosis and Bone Disease*

- This category is significant, as evidenced by national guidelines for osteoporosis prevention, diagnosis, and treatment from Indonesia, Myanmar, the Philippines, and Singapore. An editorial also specifically focuses on "Understanding Bone Disease in Southeast Asia."
- Research includes studies on Vitamin D levels in various populations and their association with bone health, as well as conditions like primary hyperparathyroidism.

### 5. *Dyslipidemia*

- The prevalence and management of dyslipidemia are addressed through clinical practice guidelines summarized from Myanmar and the Philippines. Studies also examine physician adherence to these guidelines and statin treatment algorithms.

While other endocrine conditions like pituitary disorders (e.g., pituitary adenomas) and adrenal disorders (e.g., primary aldosteronism, pheochromocytoma, congenital adrenal hyperplasia) are reported, they appear less frequently in prevalence studies or national guidelines compared to the top five issues listed above.

## RESEARCH GAPS AND EMERGING TOPICS 2011-2025

JAFES' 15-year publication history highlights several research gaps and emerging topics in endocrinology and metabolism, with a particular focus on the ASEAN region. These can be broadly categorized into new diseases and external factors, advanced methodologies and diagnostics, novel therapeutic and preventative strategies, and improvements in patient-centered care and public health.

### Explicit Research Gaps and Challenges

#### 1. *Persistent Public Health Issues*

- Iodine Deficiency Disorders continue to be a problem in the Asia Pacific Region.
- The "double burden of malnutrition," in Asia is a phenomenon that should not be dismissed.
- There is a need to understand sociodemographic and lifestyle factors associated with undiagnosed diabetes to address public health screening gaps.

#### 2. *Implementation and Adherence Challenges*

- Improving access to healthcare and effective implementation of guidelines in the ASEAN region, as indicated by challenges in diabetes care during COVID-19 and surveys on physician adherence to dyslipidemia guidelines.

- Addressing poor medication adherence among persons with T2DM in Malaysia.

### 3. Need for Culturally and Linguistically Validated Tools

- There is a recurring need for the development and validation of culturally appropriate questionnaires and screening instruments for various endocrine conditions in specific populations. Examples include a Filipino Eating Behavior Questionnaire, thyroid cancer-specific HRQoL questionnaire for Filipinos, oral health screening questionnaires, Michigan Neuropathy Screening Instrument for Filipinos, a questionnaire for impaired hypoglycemia awareness in Filipino T2DM patients, a GDM knowledge questionnaire for Filipinos, a Filipino version of the Diabetes Distress Scale, and a Vietnamese-translated Diabetes Knowledge Questionnaire.

### 4. Addressing Specific Diabetes Complications

- Improving wound healing rates in diabetic foot ulcers through individualized glycemic interventions and identifying predictors of outcomes for foot ulcers.
- Developing accurate and cost-effective screening for diabetic peripheral neuropathy and peripheral arterial disease.
- Understanding complications associated with newer drug classes, such as the prevalence of bacterial urinary tract infection among patients on SGLT2 inhibitors.

### 5. Pediatric and Young-Onset Endocrine Issues

- Research is needed on cardiometabolic risk factors leading to diabetes in young individuals, trends in pediatric T2DM pre and post COVID-19, early puberty trends, and endocrine disorders in childhood brain tumor survivors. The need for other diagnostic tests for young-onset T2DM is also mentioned.

### 6. Understanding and Managing Rare/Complex Cases

- Case reports frequently highlight diagnostic and management dilemmas in rare endocrine presentations, implicitly pointing to gaps in general knowledge or standardized approaches for such conditions (e.g., Hirata syndrome, occult ectopic ACTH syndrome, reninoma, Nelson's syndrome, congenital adrenal hyperplasia, acromegaly without imaging evidence, ROHHAD-NET syndrome).

### 7. Addressing Environmental and Lifestyle Factors

- Studies continue to explore the impact of lifestyle on metabolic health, including prevailing food intake, physical activity, and health beliefs in rural agricultural communities to inform diabetes prevention programs, and the association between betel quid chewing and metabolic syndrome.
- The effect of maternal iodine excess during pregnancy on neonatal thyroid function and neurodevelopmental status also highlights environmental factors.

## Emerging Topics and Areas for Further Research

### 1. Impact of COVID-19 on Endocrine Disorders

A significant and recent emerging area of research is the effect of the COVID-19 pandemic on diabetes and other endocrine conditions. This includes:

- Managing diabetes and endocrine disorders during the crisis.
- Consensus recommendations for in-patient management of diabetes among COVID-19 patients.
- Challenges for research ethics committees in the time of COVID-19.
- The use of social media (e.g., Facebook) for disseminating health information during the pandemic.
- Specific studies on the relationship between COVID-19 and thyroid diseases, metformin use and mortality in diabetic COVID-19 patients, early puberty trends during the pandemic, and hypothalamic-pituitary-adrenal axis activity in SARS-CoV-2 infected patients.

### 2. Molecular, Genetic, and Precision Medicine Approaches

There is an explicit call for "Molecular Insights to Clinical Perspectives," and "Molecular Basis of Endocrine-Related Disorders." Key areas include:

- Pharmacogenomics: Investigating genetic variants associated with poor responsiveness to specific diabetes medications (e.g., sulfonylureas).
- Population-Specific Genetic Research: Studies on single nucleotide polymorphisms (SNPs) in specific genes (e.g., Transcription Factor 7-like 2 gene, adiponectin gene) and their association with Type 2 Diabetes Mellitus (T2DM) in various ethnic populations (e.g., Myanmar, Pashtun).
- Advanced Genetic Screening: Next-generation sequencing to identify genetic polymorphisms related to lifestyle and nutrition, such as those affecting serum Vitamin D levels.
- Research into the cellular mechanisms, such as the effect of glucocorticoids on TAF1 gene transcription, and the impact of endocrine disruptors like Bisphenol S on endometrial cells and Bisphenol A on reproductive manifestations in PCOS.

### 3. Digital Health, Telemedicine, and AI in Endocrinology

- The need for Ocular Telehealth Programs to address diabetic retinopathy in Southeast Asia is highlighted.
- Research into the effectiveness of Short Message Services (SMS) for diabetes management and improving postpartum follow-up for Gestational Diabetes Mellitus (GDM) patients.
- The development of interactive multimedia applications and nutrition game applications for patient education and intervention in T2DM and school-aged children.
- Generative Artificial Intelligence (AI) in scientific publications is recognized as an emerging topic, particularly concerning its ethical implications and role in scientific methodology.

**4. Novel Therapeutic and Diagnostic Modalities**

- Pharmacological Interventions: Investigating off-label uses of existing drugs (e.g., metformin beyond its anti-diabetic role), efficacy of heparinoid supplementation in diabetic kidney disease, magnesium supplementation for glycemic control, and real-world effectiveness of newer drugs like liraglutide and semaglutide for weight loss in obesity without diabetes. Studies also explore combination therapies (e.g., hydroxychloroquine with teneligliptin, curcumin and piperine supplementation, DPP4 inhibitors with premixed insulin) and adjunctive therapies like bromocriptine-QR.
- Non-Pharmacological and Lifestyle Interventions: Exploring interventions such as Repetitive Transcranial Magnetic Stimulation (rTMS) for weight loss and the impact of yoga and walking on glycemic control.
- Biomarkers and Screening Tools: The search for better diagnostic and prognostic markers, including serum Endosialin (CD248) for GDM, Echocardiographic Epicardial Adipose Tissue Thickness for insulin resistance, plasma Retinol-Binding Protein 4 levels for T2DM risk in abdominal obesity, Lipid Accumulation Product Index for T2DM, and the Glutamate-Serine-Glycine Index as a biomarker for Non-alcoholic Fatty Liver Disease (NAFLD) after bariatric surgery. The correlation of fructosamine and HbA1c is also studied, as is the assessment of various insulin resistance surrogate indices.
- Advanced Diagnostic Techniques: Utilizing methods like Corneal Confocal Microscopy to identify structural small fiber abnormalities in Type 1 Diabetes Mellitus (T1DM) patients with impaired awareness of hypoglycemia.
- Gut Microbiome: Exploring the possible role of *Akkermansia muciniphila* in the etiopathogenesis and therapy of T2DM.

**5. Psychosocial Aspects, Quality of Life, and Patient-Centered Care**

- Research into Health-Related Quality of Life (HRQoL) for patients with Graves' disease and the development of specific HRQoL questionnaires for thyroid cancer patients.
- Studies addressing mental health and emotional distress in diabetic patients, including the prevalence of depression, diabetes-related emotional distress and its impact on self-care and glycemic control, and behavioral/emotional problems in children and adolescents with T1DM.
- Patient Decision Aids: Development of tools to support patient decision-making in choosing diabetes medications and osteoporosis treatments.
- Addressing overlooked issues such as sexual dysfunction in women with T2DM and the impact of diabetes distress and socioeconomic factors on HRQoL.
- Occupational health considerations like intentional hyperglycemia at work, work-related diabetes distress, and work ability among workers with diabetes.

**6. Refining Diagnostic and Management Guidelines/Protocols**

- The need for standardizing diagnosis, such as for pituitary adenomas.
- Development of clinical practice guidelines (CPGs) for pre-diabetes management in the Asia-Pacific region and updated CPGs for dyslipidemia.
- Establishing trimester-specific reference intervals for thyroid function tests in pregnant women and improving diagnostic accuracy by comparing different thyroid imaging reporting and data systems (e.g., TIRADS vs. ATA guidelines).
- Developing standardized protocols for critical care, such as for Critical Illness-Related Corticosteroid Insufficiency (CIRCI).

**Table 1.** Article Type Analysis (2011-2025)

Article Type	Number of Articles	Percentage of Total (%)
Original Article	233	44.98
Case Report	139	26.83
Feature Article	54	10.42
Editorial	32	6.18
Images in Endocrinology	24	4.63
Review Articles	17	3.28
Case Series	9	1.74
Letter to Editors	4	0.77
Others	2	0.39
Interhospital Grand Rounds	2	0.39
Brief Communications	1	0.19
Endocrine Perspectives	1	0.19
<b>Total</b>	<b>518</b>	<b>100.00</b>

**Table 2.** Distribution of Articles by Endocrine Disorders (2011-2025)

Endocrine Disorder Category	Number of Articles	Percentage of Total (%)
Diabetes	174	33.59
Thyroid	97	18.72
Obesity	28	5.40
Adrenal	24	4.63
Bone / Calcium	20	3.86
Pituitary	13	2.51
Reproductive	3	0.16
Other (Neuroendocrine, Pheochromocytoma, etc.)	159	30.69
<b>Total</b>	<b>518</b>	<b>100.00</b>

\* The authors used Google NotebookLM for the analysis of the JAFES issues from 2010 to the present.

## FROM REVIVAL TO IMPACT

### JAFES Impact in the Southeast Asian Region

The Journal of the ASEAN Federation of Endocrine Societies (JAFES) has undeniably made a significant impact on the Southeast Asian (ASEAN) region by serving as a crucial platform for advancing endocrine research, disseminating clinical practice guidelines, fostering regional collaboration, and addressing prevalent health issues specific to its member countries.

#### 1. Platform for Advancing Regional Endocrine Research

- From its early years, JAFES explicitly aimed at "Advancing Endocrine Research in the ASEAN region" and "Amplifying the Voice of ASEAN Endocrinology through JAFES and its Website."
- It welcomes manuscripts from both members and non-members of the ASEAN Federation of Endocrine Societies (AFES), but a substantial portion of its content focuses on studies conducted within ASEAN countries. For example, recent issues feature original articles from the Philippines, Malaysia, Thailand, Indonesia, Brunei Darussalam, Myanmar, and Vietnam, covering a wide array of endocrine and metabolic conditions.

#### 2. Dissemination of CPGs Tailored for the Region

- A primary impact of JAFES has been the widespread publication of national and regional Clinical Practice Guidelines (CPGs) for key endocrine and metabolic conditions. This directly influences patient care and health policy in Southeast Asia. Examples include:
  - Diabetes Mellitus: Summaries of national CPGs from Indonesia, Malaysia, the Philippines, and Singapore were featured in 2011, explicitly labeled as "Diabetes Clinical Practice Guidelines (CPGs) for the ASEAN region."
  - Obesity: National CPGs for the management of obesity from Malaysia, Myanmar, Singapore, Indonesia, and the Philippines were published in 2011, responding to the "Obesity Clinical Practice Guidelines (CPGs) for the ASEAN Region: Facing the Challenge of Malnutrition."
  - Thyroid Disorders: CPGs for hyperthyroidism (Indonesia), general thyroid management (Malaysia, Myanmar), and well-differentiated thyroid carcinoma (Philippines) have been featured.
  - Osteoporosis: Summaries of guidelines from Indonesia, Myanmar, the Philippines, and Singapore have been published, contributing to "Understanding Bone Disease in Southeast Asia."
  - Diabetes in Pregnancy: Indonesian and Myanmar CPGs for diabetes in pregnancy were shared.
  - Dyslipidemia: Myanmar and Philippine CPGs for dyslipidemia management have been reviewed.
  - Pre-diabetes: A consensus of key opinion leaders on the management of pre-diabetes in the Asia-Pacific Region was published, involving experts from multiple ASEAN countries.

- Pituitary Adenoma: A consensus for pituitary adenoma diagnosis in Indonesia was published.

#### 3. Addressing Region-Specific Health Challenges and Public Health Concerns

- JAFES proactively highlights health issues pertinent to the region, such as the "double burden of malnutrition in Asia."
- It has provided a platform to discuss persistent problems like "Iodine Deficiency Disorders," which "Continue to be a Problem in the Asia Pacific Region."
- The journal addresses challenges in healthcare delivery, for example, calling for "Ocular Telehealth Programs" to combat "Diabetic Retinopathy in Southeast Asia."
- During the COVID-19 pandemic, JAFES dedicated an entire issue to "Response in Southeast Asia: Managing diabetes and other endocrine disorders during the COVID-19 crisis," including consensus recommendations from the Philippines and Myanmar for inpatient diabetes management among COVID-19 patients, and an "ASEAN Survey of Needs in Endocrinology."

#### 4. Fostering Collaboration and Knowledge Exchange

- As the official journal of the AFES, JAFES inherently promotes collaboration among endocrinologists and researchers across ASEAN member countries. Editorials have explicitly called for "Collaboration Among Endocrinology Publications in Asia."
- The frequent publication of research and guidelines from various ASEAN countries (e.g., Philippines, Malaysia, Indonesia, Myanmar, Singapore, Thailand, Vietnam, Brunei Darussalam) demonstrates active cross-regional participation and knowledge sharing.

#### 5. Promoting Open Access to Scientific Information

- As an open-access journal, JAFES ensures that its scholarly content is freely available to readers throughout the region, which is particularly impactful in areas where access to expensive subscription journals may be limited. This broad accessibility supports education, clinical practice, and research in all ASEAN member countries and beyond.

## CONCLUSION

JAFES has demonstrably impacted the Southeast Asian region by providing a vital, open-access platform for local research, the development and dissemination of regionally relevant clinical guidelines, and fostering a collaborative environment to address the unique endocrine and metabolic health challenges faced by the diverse populations of ASEAN.

In her reflection on Fifteen Years of JAFES, the Editor-in-Chief described the journal's evolution as a "journey of deliberate steps, from local beginnings to regional strength and international credibility." JAFES's development has been steady, collaborative, and principled, guided by a

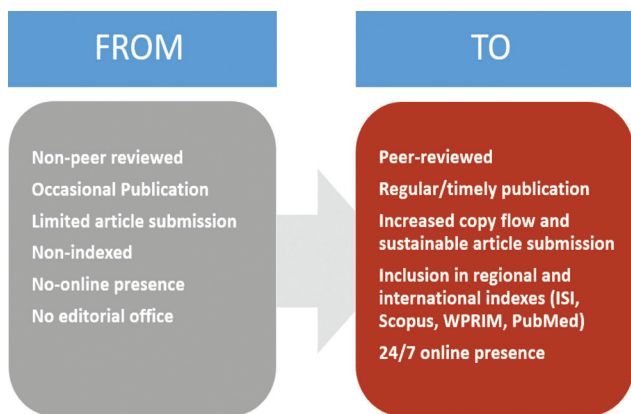


Figure 6. JAFES goals achieved.

consistent editorial vision and supported by a community of authors, reviewers, and society leaders across ASEAN.

Today, JAFES stands as both an archive and an advocate of regional endocrinology: a platform where Southeast Asian perspectives, data, and experiences are shared with the world. Its legacy is built not only on published articles but on the enduring ideals of integrity, inclusivity, and scientific excellence.

As JAFES moves forward, its mission remains unchanged: to serve as the collective voice of ASEAN endocrinology, advancing research, fostering collaboration, and sustaining the highest standards of ethical, open scientific communication.

Authors are required to accomplish, sign and submit scanned copies of the JAFES Author Form consisting of: (1) Authorship Certification, that authors contributed substantially to the work, that the manuscript has been read and approved by all authors, and that the requirements for authorship have been met by each author; (2) the Author Declaration, that the article represents original material that is not being considered for publication or has not been published or accepted for publication elsewhere, that the article does not infringe or violate any copyrights or intellectual property rights; that no references have been made to predatory/suspected predatory journals; and that use of artificial intelligence (AI) or AI-assisted technologies shall be declared to include the name of the AI tool or service used; (3) the Author Contribution Disclosure, which lists the specific contributions of authors; (4) the Author Publishing Agreement which retains author copyright, grants publishing and distribution rights to JAFES, and allows JAFES to apply and enforce an Attribution-Non-Commercial Creative Commons user license; and (5) the Conversion to Visual Abstracts (\* optional for original articles only) to improve dissemination to practitioners and lay readers. Authors are also required to accomplish, sign, and submit the signed ICMJE form for Disclosure of Potential Conflicts of Interest. For original articles, authors are required to submit a scanned copy of the Ethics Review Approval of their research as well as registration in trial registries as appropriate. For manuscripts reporting data from studies involving animals, authors are required to submit a scanned copy of the Institutional Animal Care and Use Committee approval. For Case Reports or Series, and Images in Endocrinology, consent forms, are required for the publication of information about patients; otherwise, appropriate ethical clearance has been obtained from the institutional review board. Articles and any other material published in the JAFES represent the work of the author(s) and should not be construed to reflect the opinions of the Editors or the Publisher.



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