## **Foreword**

In 1970, the world's largest learned society focused on aging underwent a schism that persists to this day. Denham Harman, one of the foremost American gerontologists of that era, had become so incensed at the flight from translational work—or even, to judge from public pronouncements, translational aspirations—of nearly all his colleagues that he felt it necessary to found the American Aging Association in direct competition with the Gerontological Society of America, which had overseen the field for the previous quarter-century.

Was that a good move? This excellent volume provides a fitting affirmative answer. The American Aging Association languished in genuine obscurity and neglect for over 20 years, but by 2000 it had risen to a much greater degree of respect, and it has since become arguably the most prestigious society in the field worldwide, without ever losing sight of its intervention-focused roots. It has done so because of real progress in the laboratory: progress that has shifted other communities to a more translation-friendly stance rather than the other way around.

The pharmacological approach that dominates the following chapters is by no means the only option available to the biomedical gerontologist; in particular, my own work and that of SENS Research Foundation is focused mainly on stem cell and gene therapies. But it remains apparent that pharmacological interventions, simply by virtue of being so much easier to administer, are of immense value even if they only provide much lesser benefit to the average older person than more exotic alternatives, not only because even modest benefit is better than nothing, but also because the latter will not be available for a while and the former can act as a bridge to them.

The first and last sections of this book are no less important. Biogerontology runs the same risk as any science, of becoming an echo-chamber immune to the need for interaction with wider society. Biologists of aging

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are perhaps even more duty-bound than any scientists, in consequence of the humanitarian importance of their field, to avoid falling into such a trap. It is therefore laudable that Vaiserman has chosen to invite chapters covering the pros and cons of both the feasibility and the desirability of significant, near-term success in the age-old quest to extend our youth. As one who has dedicated his life to that mission, I can attest that the best way to further it is to discuss it.

Enjoy these chapters as much as I have. They jointly constitute a comprehensive and invaluable primer in the current state of pharmacological anti-aging medicine.

Aubrey de Grey