

GSA 2025

GERONTOLOGICAL
SOCIETY OF AMERICA®

ANNUAL
SCIENTIFIC MEETING



GSA 2025 Breaks Student Abstract Record; Registration and Hotels Now Open

Inside this Issue

02

From the GSA President

Will we lead or be led?

03

Member News

Ewell joins GSA Board of Directors

04

Policy News

What GSA's policy team does for members

09

Journal News

AI Discovery Assistant launches

GSA received a total of 4,284 abstract submissions (including individual symposium abstracts) for this November's Annual Scientific Meeting in Boston, Massachusetts, including a record 977 student submissions. This is the second consecutive year the student record has been broken.

Abstracts were received from 43 countries, with the five most represented nations being the U.S., China, Republic of Korea, Canada, and Israel. The abstracts are being peer-reviewed by 852 GSA member volunteers. Initial acceptance notifications will be sent in early June.

Continued on page 06

Is Centralizing Peer Review at NIH a Good Idea?

In these times, when crises across research and across government transfix us, it is hard to focus on small things. But small things matter in big ways. In that context, then-National Institutes of Health (NIH) Acting Director Matthew Memoli, MD, MS, announced a plan on March 6 to centralize all [initial review for grant and cooperative agreement applications as well as contract proposals in the NIH Center for Scientific Review \(CSR\)](#). Currently, approximately 22 percent



By Robin A. Barr, DPhil
[GSA Visiting Scholar](#)

of applications are initially reviewed elsewhere, in study sections within NIH's 23 institutes and centers (ICs).

In the acting director's view, the change results not only in substantial cost savings but will improve quality of review. CSR Director Noni Byrnes,

Continued on page 10

Get Ready for Capitol Hill Day – Expert Support Included!

Join us in Washington, DC, on April 29 and 30 for [GSA Capitol Hill Day](#) to meet in-person with your members of Congress to advocate for aging research. GSA will handle all the logistics for you: scheduling meetings, transporting you to the Capitol, providing key issue briefings, and equipping you with the knowledge to have successful conversations.

Stay Connected



From the **GSA President**

Will We Lead or Be Led?



By Marilyn R. Gugliucci, MA, PhD,
FAGHE, FGSA, ASGF, FNAOME
mgugliucci@une.edu

My sense of calm of knowing which direction the United States was heading is now challenged each day as we face turbulent times for education, research, health, and policy.

A March headline in *The Washington Post* read: "[NIH reels with fear, uncertainty about future of scientific research.](#)" Current federal policy changes and executive orders – hiring freezes, travel bans, pauses in communication, termination of grants, and cancellations of grant review meetings – are causing a domino effect. For higher education, there are challenges accepting doctoral and post-doctoral applications.

At the National Science Foundation, its Research Experiences for Undergraduates (REU) program is a gateway for undergraduate students to conduct research. [A March 2025 article](#) in *Inside Higher Education* reports that many institutions won't be able to run their REU programs this summer.

The critical question for GSA and its members is, "Will I lead or be led?" This question was posed in a 1949 essay by a 12-year-old female in Minnesota's *Moose Lake Gazette*; it is interesting how such a question continually resurfaces. Each of us needs to address it now.

During the 2008 financial crisis, higher education went through some similarly significant disruptions; I was serving as the Association (now Academy) for Gerontology in Higher Education president. It was a foretaste that taught me the importance of responding (rather than reacting) to ride the waves of change with others to meet challenges together as an association. Now, by identifying new opportunities and innovations, while adjusting and adapting, we shore up GSA's resilience and chart the course forward so we are positioned to weather the uncertainties we face.

On the eve of our 80th birthday, GSA has met the test of time. GSA's vision – *meaningful lives*

as we age – is supported by our mission to foster excellence, innovation, and collaboration to advance aging research, education, practice, and policy.

This vision and mission are reflected in our current [GSA Strategic Plan](#), which also states our commitment to the values of integrity, interdisciplinarity, and agility, and lists five strategic goals:

1. Foster Evidence-Based Research on Aging
2. Expand Opportunities for Member Engagement and Professional Enrichment
3. Advance Understanding of Aging with Meaning and End Ageism
4. Uphold GSA's Embedded Commitment to Serving and Supporting All Members' Distinctive Cultures, Identities, and Perspectives
5. Elevate interest in the Field of Aging and Foster Support for Aging Related Education

With GSA's strong foundation and time-tested strength advancing the field of aging, these five strategic priorities require critical thinking, reflection, and action to steer us through these challenging times. We attained our current status in the U.S. and globally due to our foresight and longstanding dedication of our GSA leaders, staff, board, members, and corporate partners. We realize the future is uncertain, but we will continue to be agile yet dynamic – relying on our deeply rich and steadfast history.

Remember, GSA is a convener, collaborator, connector, communicator, and catalyzer in addressing pivotal issues in how we age; we have touchstones everywhere across the nation and world. These collaborations focus on improving the quality of life and care for older adults and promote the well-being of people as we age.

Will GSA lead or be led? As always, especially in difficult times, **GSA leads!**

MemberNews



Ewell Joins Board of Directors

GSA has appointed **Stephen Ewell**, the executive director of the Consumer Technology Association (CTA) Foundation, as an at-large member of its Board of Directors. His three-year term began January 1. In accordance with the Society-wide

governance restructuring that took effect in 2019, the board may have up to three appointed members outside of the GSA membership with skills that are valuable to implementation of the strategic plan. Ewell also serves as CTA's vice president of accessibility & agotech.

Honors/Appointments/Career Transitions

Abraham Brody, PhD, RN, ACHPN, FPCN, FAAN, FGSA, was named the 2025 recipient of the Hospice and Palliative Nurses Association (HPNA) Distinguished Nursing Researcher Award, which recognizes demonstrated longevity and consistency in research that advances the mission and vision of HPNA through conducting high quality research and research presentations and publications. Brody is the Mathy Mezey Professor of Geriatric Nursing and associate director of the Hartford Institute for Geriatric Nursing at the New York University Rory Meyers College of Nursing.

Elisabeth Burgess, PhD, FGSA, has been appointed as the new dean of the College of Arts & Letters at the University of North Georgia. She assumes this post after a 27-year tenure at Georgia

State University, where she held the position of associate dean for faculty affairs in the College of Arts & Sciences.

Pinchas Cohen, MD, FGSA, dean of the University of Southern California Leonard Davis School of Gerontology, has been named a senior member of the National Academy of Inventors. His research is focused on the study of mitochondrial microproteins and their therapeutic potential for diabetes, Alzheimer's, and other diseases related to aging; he holds several patents for novel peptides and is the cofounder of CohBar, a biotechnology company developing mitochondrial peptides for diabetes.



Member Spotlight

GSA's website features monthly Q&A sessions with distinguished members. The current spotlight shines on: **Raya Elfadel Kheirbek, MD, MPH, FGSA**

Member Referral Program

This month's \$25 Amazon gift certificate winner:

Marueen Templeman, MEd, PhD (who referred new member **Elizabeth Whitney**)

To learn how you can become eligible, visit: www.geron.org/referral.

Members in the News

- On January 22, Valter Longo, PhD, FGSA, was quoted in a GO article titled "[The Healthiest Time to Eat Dinner, According to Experts.](#)"
- Andrew Steward, PhD, was profiled in a February 17 Next Avenue story titled "[How the Aging Together Project Tackles Ageism.](#)"
- On February 19, Stephen Golant, PhD, FGSA, was quoted in an article in The Baltimore Sun titled "[The gerontechnologist will see you now.](#)"
- Dawn Carr, PhD, FGSA, and Linda Fried, MD, MPH, FGSA, were featured on the March 12 edition of NPR's "Morning Edition" in a story titled "['Grandpas United' creates volunteer opportunities for the benefit of young and old.](#)"

We welcome member submissions at news@geron.org!

Recent Policy Actions



Patricia M. "Trish" D'Antonio
BSPHarm, MS, MBA, BCGP
Vice President of Policy and Professional Affairs



Thomas Jordan Miles III, BA
Director of Policy

Visit www.geron.org/advocacy to learn more about GSA's advocacy-related activities, including our weekly [Federal Policy Pulse](#) newsletter.

GSA led a [sign-on letter](#) with 12 other aging and health organizations urging the National Institute on Aging (NIA) to reschedule the canceled January meeting of the National Advisory Council on Aging (NACA). As a result, the next NACA meeting will now take place on April 22. NIA sent a response letter to GSA saying, "We acknowledge your concerns ... and assure you that we are making every effort to ensure that NACA conducts its second level of review, so that we can continue the vital federal investment into aging research. Our grants management staff are poised to make awards as soon as possible."

GSA [submitted comments](#) in response to [a request for information](#) from the Agency for Healthcare Research and Quality regarding ageism in health care. Along with member research published in GSA's journals, tools offered by the National Center to Reframe Aging were also highlighted. The letter offered research on the impacts of how ageism in healthcare affects access, quality, safety, and care outcomes.

Unsung Member Benefits: What GSA's Policy Team Does to Make National Impact

By Brian Lindberg, MMHS, FGSA
GSA Policy Advisor

As a long-time consultant, advisor, educator, and lobbyist on health, aging, and special needs policy issues, I sometimes get asked, "What do you actually do?" I don't take it in a bad way – people are genuinely curious, and if they are not involved in public policy on a daily basis, they may not know what it means to spend one's day educating policymakers on specific issues, advocating for regulations and laws, drafting amendments, collaborating with like-minded organizations and creating connections.

You may be wondering what the public policy team at GSA does. So, I am here to fill you in on what my colleagues Trish D'Antonio and Jordan Miles and I do to advance GSA's policy agenda,

with, of course, the assistance of the full GSA team – because we have our hands in publications, the Annual Scientific Meeting, and much more.

Trish is the vice president of policy and professional affairs for GSA and Jordan is the director of policy. And I am the policy advisor lurking in the shadows for the past 25 years. The policy team has always benefitted from the leadership, support, and smarts of GSA CEO James Appleby as well as the [Public Policy Advisory Panel](#).

The most important ingredient, or member, of the policy team, is YOU. You are the people who conduct the research, who gather the data and knowledge, who discuss and brainstorm and decipher, publish, and teach, all with the goal of



improving our lives and those of our loved ones as we age. And many of you are also engaged in public policy advocacy!

As you can guess, recent actions and proposals to cut National Institutes of Health (NIH) staff, funding, and activities have been nearly all consuming for us. But our other work – leading and participating in [coalitions](#) and [advisory councils](#), commenting on legislation and administrative activities, sending [communications](#) to policymakers on key health and aging policy, interviewing for the [Greg O'Neill & Kathryn Hyer Summer Policy Internships](#), meeting with Capitol Hill staff, and informing membership about the chaotic first few months of the 119th Congress and the new administration must go on.

The activities outlined below are some of the many ways that our team in DC and GSA members are involved with this policy world we face.

Education

- The new [Federal Policy Pulse](#) weekly online newsletter available only to GSA members, which contains timely information on key federal policy developments.
- Policy News column in GSA's monthly newsletter [Gerontology News](#), which provides updates, perspective, and information on a wide range of policy matters.
- [Administration Action Updates](#) on GSA's website, which features breaking news about executive orders and administration activities that affect funding of research and programs of interest to GSA members.
- [Public Policy & Aging Report](#), published quarterly, which explores policy issues generated by the aging of American society.
- Timely webinars, updates, and statements published by GSA in response to federal and congressional actions. Check out our recent webinar on the "[New Congress and Administration: Implications for Aging and Health Care Policy](#)."

- Policy Series developed each year for the GSA Annual Scientific Meeting.
- Trish D'Antonio and her [Policy Profile Podcast](#) series with aging experts.
- Policy is big on the [GSA Connect](#) networking platform for GSA members as well.

Advocacy

- Letters regarding support for NIH, National Institute on Aging, Centers for Disease Control and Prevention, National Advisory Council on Aging, congressional appropriations, Older Americans Act, and much more, from GSA and our coalitions. These letters target elected officials as well as federal agency administrators and are often followed up with meetings.
- Collaboration with dozens of organizations, from Research!America, American Institute of Biological Scientists, Alliance for Aging Research to USAging, American Geriatrics Society, National Association for Geriatric Education, and the Leadership Council of Aging Organizations.
- Leadership roles in coalitions such as Friends of NIA (chaired by Trish from 2021 to 2023)
- Assisting GSA members with testimony submissions for congressional hearings, providing advocacy training and [tools](#).

So, that is some of what we do daily. Most recently, we have organized a Capitol Hill Day for the GSA Board of Directors to meet with key staff of the committees with primary jurisdiction for our policy issues. It was a successful day during a turbulent period, and it provided us with some practice for the [April Capitol Hill Day](#) where we expect 150 GSA members to join us in Washington, DC, on April 29 and 30 to advocate for our priority issues. This work can be exciting and rewarding when it is done well and the stars are properly aligned. When I have answered the question about what we do, the usual next question asked is, "Why didn't you tell us the team does all that?" Hopefully, I have adequately answered.

The submission period for late breaking paper and poster abstracts will open in July.

GSA is now offering [early-bird registration rates](#) for the 2025 [Annual Scientific Meeting](#), taking place from Wednesday, November 12, to Saturday, November 15. The Society has also negotiated [special rates for attendees at select hotels](#) on a first-come, first-served basis; student-rated rooms are available.

Scientific sessions will take place at the John B. Hynes Veterans Memorial Convention Center. The Sheraton Boston Hotel – directly connected to the convention center – is GSA's primary headquarter hotel and will host workshops, special events, and affiliate events during the week of the meeting. The Boston Marriott Copley Place is GSA's secondary headquarter hotel and will host affiliate events; it is a short walk across a skybridge from the convention center.



The John B. Hynes Veterans Memorial Convention Center, with Sheraton Boston Hotel in the background

GSA
enrich

Online
Anytime

The Society's online learning center for resources offers cutting-edge toolkits, engaging webinars, and thought-provoking podcasts. It's your passport to staying ahead in the ever-evolving field of aging studies.

Log in to GSA Enrich today and make the most of these resources to enhance your knowledge and career growth!

Be sure to follow GSA Momentum Discussions and GSA on Aging on Podbean or wherever you get your podcasts.

New Webinars and Virtual Sessions:

- [Career Conversation: From Individual Contributor to Team Leader: Building Your First Research Team](#)

New Podcasts:

- [Advocating for Science-Based Person-Centered Obesity Care: A Conversation with Ted Kyle](#) (Momentum Discussion supported by Novo Nordisk)
- [Reflections of My Weight Journey with Joe Sapone](#) (Momentum Discussion supported by Novo Nordisk)
- [The Older Americans Act: Protecting and Strengthening Services for the Future](#) (GSA on Aging: Policy Profile)

ESPO Vice Chair-Elect's Vision for Term Includes Support for Early Career, Underrepresented Members



By Katherine Carroll Britt, PhD, MSN-IQS, RN

University of Iowa College of Nursing

I bring a unique perspective focused on belonging and inclusion across disciplines and individuality focused on human flourishing. Volunteering and leading in several roles have equipped me with essential skills in communication, individual and group engagement, active listening, emotional intelligence, empathy, and collaboration. My aspiration is driven by my desire to foster a sense of belonging and inclusion for all.

I am an assistant professor in gerontological nursing at the University of Iowa College of Nursing, and have served in several GSA leadership positions, including junior leader of the Health Sciences Section and co-convenor of the Religion, Spirituality, and Aging Interest Group. My research focuses on lifestyle factors and cognitive care planning to inform nonpharmacological interventions for persons living with dementia, mild cognitive impairment, and their caregivers to slow decline.

I envision collaborating with the GSA community to advance knowledge and understanding of aging across research, practice, and education disciplines. Importantly, I am committed to ensuring that early career and underrepresented group members are not left behind but are provided with the necessary resources, networking platforms, leadership, and training opportunities to advance their work and position within the field. This could not be more important than at the present.

Older adults will soon outnumber children for the first time in history, a shift that has profound implications for healthcare and social services. GSA will play a pivotal role in addressing the challenges and opportunities associated with this demographic transition by shaping policy, programs, and education tailored to the needs of older adults, and by promoting evidence-based practices, fostering collaboration, and advocating for inclusive policies that are greatly needed at this time.

Advertise with Us!

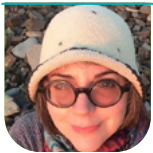


This newsletter reaches GSA's 6,000 members both in print and online.

Gerontology News accepts ads for conferences and special events, fellowships, jobs, and degree programs relevant to the field of aging.

See the current rates at www.geron.org/advertising.

Community and Technical Colleges Advance Gerontology Education in the U.S.



*By Jenny Sasser,
PhD, FAGH
Portland Community
College*



*Jennifer L. Ellis, PhD, HS-BCP,
CPG
Northwood Technical College*

In their various manifestations, technical and community colleges – at their best – are hopeful, even radical educational institutions. Their common mission is to respond to the needs of their communities, as well as to anticipate and address larger societal, even global issues. They are, at heart, democratizing institutions which believe all people deserve access to self-directed development, not only as workers, learners, and citizens, but as whole human beings.

Technical and community colleges were created to provide a path for youth and adult learners alike into applied academic preparedness. Whether the learner is seeking a single course, a short-term credit-bearing credential, or a degree, these institutions are poised to serve the needs of communities. Although technical and community colleges are a post-secondary option direct from high school, these institutions also help individuals who are upskilling or working toward employment in a different sector.

They bring a unique perspective to academic disciplines including gerontology. Instructional faculty are required to bring years of experience in applied settings, infusing this knowledge into learning settings. This leads to high engagement, [collaboration with partners](#), and a need for instructors to remain engaged in their fields. Further, they often serve as a bridge for students whose academic journeys are linking students to careers and advancing their education with transfer agreements.

While gerontology and aging-focused programs at technical and community colleges in the U.S. come in many different forms, [they play a significant role in promoting the aims of AGHE](#). In technical and community college settings, educational gerontologists infuse a competency-based approach into short-term certificates and associate degree programs.

As such, academic gerontology programs maintain the same level of rigor as Bachelor and graduate degree programs. [Associate degree programs can be accredited](#) and make graduates eligible for the industry-recognized credential offered through the [National Association for Professional Gerontologists](#). GSA also holds space for this important area of academic gerontology by hosting the [Community College Interest Group](#).

As educators and practitioners with decades worth of experience, we embody and share the critical role that gerontology programs have within two-year schools. We work within a holistic, student-centered place. We teach in ever-evolving and responsive programs that drive innovation, leading to empowerment of students to be change-agents in their communities.

As co-convenors of the GSA Community College Interest Group, we invite you to join us for one of the upcoming Monday meetings:

- [May 12, 12 p.m. ET](#)
- [August 11, 12 p.m. ET](#)
- [October 27, 12 p.n. ET](#)

Calls for Papers

- [Mechanobiology of Aging: Forces Shaping Lifespan](#) (Biological Sciences section of *The Journals of Gerontology, Series A: Biological Sciences and Medical Sciences*, deadline September 1)
- [Biomarkers of Aging](#) (Medical Sciences section of *The Journals of Gerontology, Series A: Biological Sciences and Medical Sciences*, deadline November 1)
- [Translational Geroscience](#) (*The Journals of Gerontology, Series A: Biological Sciences and Medical Sciences*, rolling submissions)

New Issues and Article Collections

- [Health, Wellbeing and Population Aging: Policy and Practice Opportunities and Challenges](#) (*Public Policy & Aging Report*)
- [Toledo Study for Healthy Ageing](#) (*The Journals of Gerontology, Series A: Biological Sciences and Medical Sciences*)
- [Ageism Thematic Collection](#)

AI Discovery Assistant Launches on Oxford Academic

The [Oxford University Press AI Discovery Assistant](#) is a new capability for Oxford Academic that makes it easier for users to discover content on Oxford Academic. It is an intuitive search of all content on Oxford Academic (including books, journals and other online products), which does not rely on exact matches on words or terms to find relevant results to prompts. Oxford University Press publishes five of GSA's journal titles, including *The Journals of Gerontology, Series A* and *Series B*, *The Gerontologist*, *Innovation in Aging*, and *Public Policy & Aging Report*.

New Read and Publish Agreement Encompasses Lyrasis Institutions

The [GSA journals published by Oxford University Press](#) (OUP) have been included in a new [read and publish agreement](#) between OUP and the [Lyrasis consortium](#). This allows eligible authors from participating institutions to publish open access, with the institution covering the publishing charge. It is the most geographically diverse arrangement by OUP in the United States, with the expectation of additional institutions joining.

Sellers Joins Gerontology & Geriatrics Education as Caprio Steps Down



Sellers



Caprio

Craig R. Sellers, PhD, RN, AGPCNP-BC, GNP-BC, FAANP, of the University of Rochester School of Nursing has been named as the new associate editor for clinical education in geriatrics for Gerontology & Geriatrics Education. He is a distinguished educator and clinician who brings extensive experience in gerontology, palliative care, and nursing education. The journal's editorial team also thanks outgoing associate editor **Thomas Caprio, MD, MPH, MS, FGSA**, of the University of Rochester Medical Center for his years of dedicated service. Since 2017, his leadership and expertise have shaped the journal's content and advanced geriatric education.

PhD, adds that the change will eliminate bias in review by creating independence from the individual institutes. Their proposal is subject to external review by the Department of Health and Human Services (HHS) and the Office of Management and Budget, providing Congress with a 15-day notification period, and issuing a Federal Register notice.

My sense of NIH IC review, from years working at the National Institute on Aging (NIA) as its director of the Division of Extramural Activities, where I supervised our own Review Branch, is that review at NIA is conducted with a high degree of integrity.

But I also noted that review in NIA study sections handled applications of a different kind than are reviewed in CSR. The mix at NIA (as in several ICs) includes RFAs, complex project applications (“program projects”), training grants, and career awards. That led me to the question whether it is application structure that distinguishes CSR and IC review, rather than reviewer quality, or review independence from other IC staff. Moving review of these applications to CSR then would not necessarily lead to cost savings.

I collected data from requests for applications (RFAs) published in FY 2024 in the [NIH Guide for Grants and Contracts](#) – the official publication where NIH publishes all notices of funding opportunities. After removing RFAs from other HHS agencies that also use the guide, the set comprised 323 RFAs.

Chart 1 below shows how review of the resulting applications was distributed. The great majority were reviewed within an IC. Among those reviewed in CSR, the majority originated from the Office of the Director, NIH, or one of the offices associated with the director. As these offices lack a review branch, the only review unit available to them is CSR.

NIH RFAs : Where are they reviewed?

Chart 1

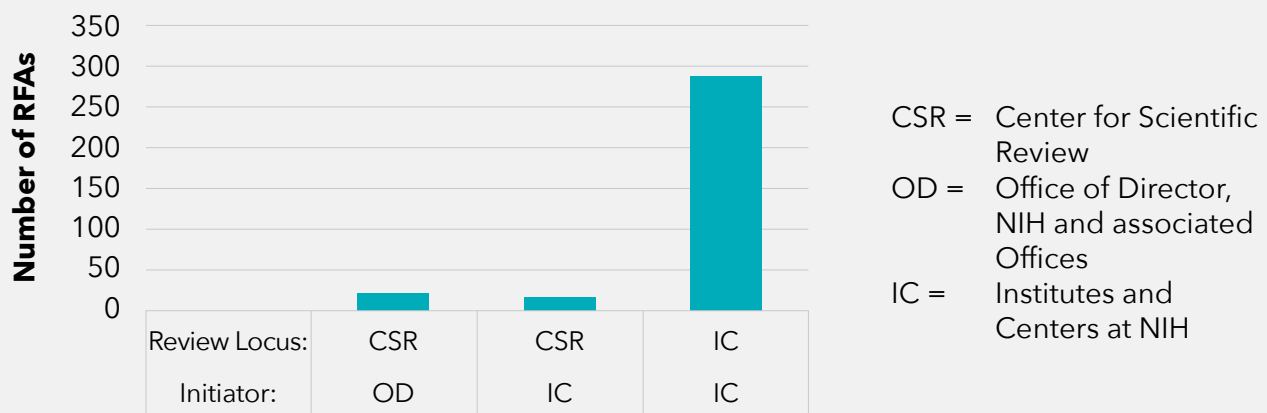
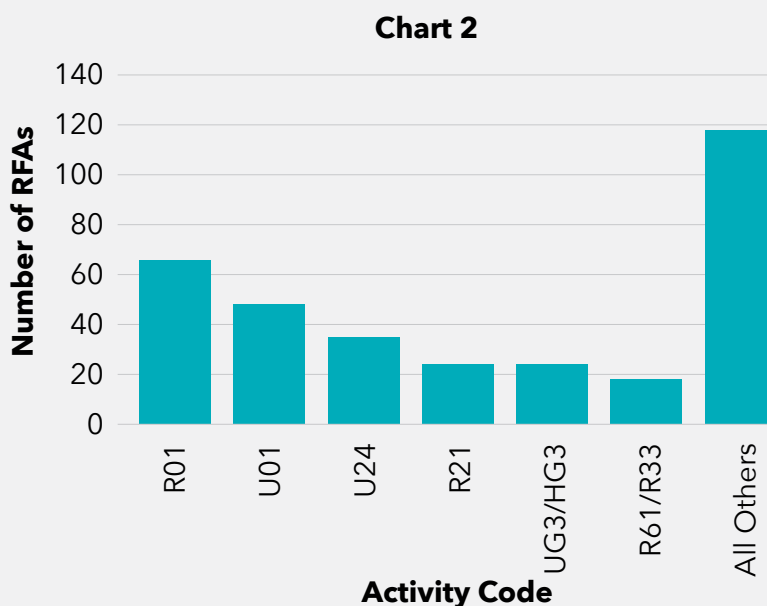


Chart 2 shows the activity codes for the applications sought in each RFA. These codes identify the kind of activity (research, training, construction) and kinds of research (regular research grant, small research grant, etc.) or training that is sought. If there is a difference in kind between IC review and CSR review it will become apparent in these activity codes. R01 applications are the meat and potatoes of CSR review. Most are submitted via standard program announcements. R01s are the dominant kind of award that NIH makes. And RFAs seeking R01 applications were the most common kind of RFA in the 2024 guide. Yet, R01 RFAs were only about 20 percent of the total set.

The most striking feature was the number of RFAs seeking cooperative agreement applications. These applications are where a government project scientist, usually from the institute sponsoring the RFA, participates in a scientific role in an ensuing award. Counting all kinds of cooperative agreements, 142

of the 323 RFAs (44 percent) called for these awards. A second striking feature was the number of “milestone” style RFAs, either as cooperative agreements (UG3/UH3) or as stand-alone research awards (R61/R33). Thirty-two of these RFAs were in the NIH guide that year (10 percent of the total). Milestone announcements are most often used when an IC sees urgency in developing solutions to a condition or problem and no clear method exists to arrive at a solution. Then awards are given in two stages. Different awards try different approaches. If they meet milestones in advancing towards a solution they receive the second phase of the award.

Activity Codes in NIH FY 2024 RFAs



Lastly, the volume of different activity codes is astonishing compared to the more standard applications reviewed in CSR. Twenty-three different activity codes occurred in only one of the 323 RFAs. Altogether 118 RFAs advertised for applications using activity codes that were shared by no more than nine RFAs.

In short, the applications sought in these RFAs did differ in kind from those reviewed by CSR. That means we are comparing apples and oranges when comparing CSR and IC review. Simple measures of efficiency, quality, or even bias, do not address the effects of these differences. That is the major problem in the policy announced on March 6 by the acting NIH director.

What do these differences in kind mean for a review division? They translate to increased costs per application. An RFA needs a review panel constructed for that RFA. No standing panel exists. Complex structures (centers, program projects, multi-phase applications, even cooperative agreements, all reviewed in ICs) require more time in review – sometimes a full day for a single application. Previous analyses of comparable review load included weighted analyses to reflect these differences.

Lastly, ICs are established in law with individual missions. That mission is given current focus through a strategic plan. The plan is implemented through RFAs and other initiatives that go through concept review by an advisory council. Review officers in the ICs are well-briefed on both mission and plan. They use that knowledge when searching for reviewers and structuring a panel. Knowledge is lost when review is conducted independent of the IC. Mission focus is eroded. It becomes harder for Institutes to honor their missions.

Centralizing peer review then weakens NIH as a society of institutes pursuing related missions on improving health and well-being. It assumes uniformity when different IC missions signal different goals. It does not serve the ICs well.

**BOOTHS
ARE 50%
SOLD OUT**

Boston, MA | November 12 -15

Showcase Your Brand at GSA 2025 Engage with over 4,500 Professionals!

Join us for the Gerontological Society of America (GSA) Annual Scientific Meeting in Boston, where over 4,500 professionals in the aging field will gather. **The exhibit hall is already 50% sold out.** Don't miss your chance to exhibit, sponsor, and connect with industry leaders, recruit new talent, showcase your brand, and generate valuable leads.

Enhance your visibility with these creative and impactful marketing opportunities.

Hotel Key Cards | \$15,000 (1 available)

Lanyards | \$12,000 (1 available)

Exhibit Hall Attendee Snack Break | \$10,000 (3 available)

Wellness Challenge | \$10,000 (2 available)

Headshot Booth | \$7,500 (2 available)

Magic Mirror Photo Booth | \$5,000 (1 per day)

There are even more opportunities available. Check out the [GSA2025](https://gsa2025.org) site to learn more.

Reserve your booth or sponsor today | gsa2025.org/Exhibits-Sponsorships

GerontologyNews

Volume 56 | Issue No 4 | April 2025



Editor-in-Chief / Lead Author

Todd Kluss
tkluss@geron.org



Managing Editor

Charlie Baase
cbaase@geron.org

Advertising Policy

Gerontology News accepts ads for conferences and special events, fellowships, jobs, and degree programs relevant to the field of aging. **Ad rates are available at www.geron.org.** We reserve the right to reject or discontinue any advertising. Ads do not constitute an endorsement by the Gerontological Society of America.

Copyright 2025 by the Gerontological Society of America. Articles may be reproduced for educational purposes without permission. Please credit Gerontology News.

Gerontology News (ISSN 1083 222X) is published monthly by the Gerontological Society of America, 1101 14th Street NW, Suite 1220, Washington, DC 20005.