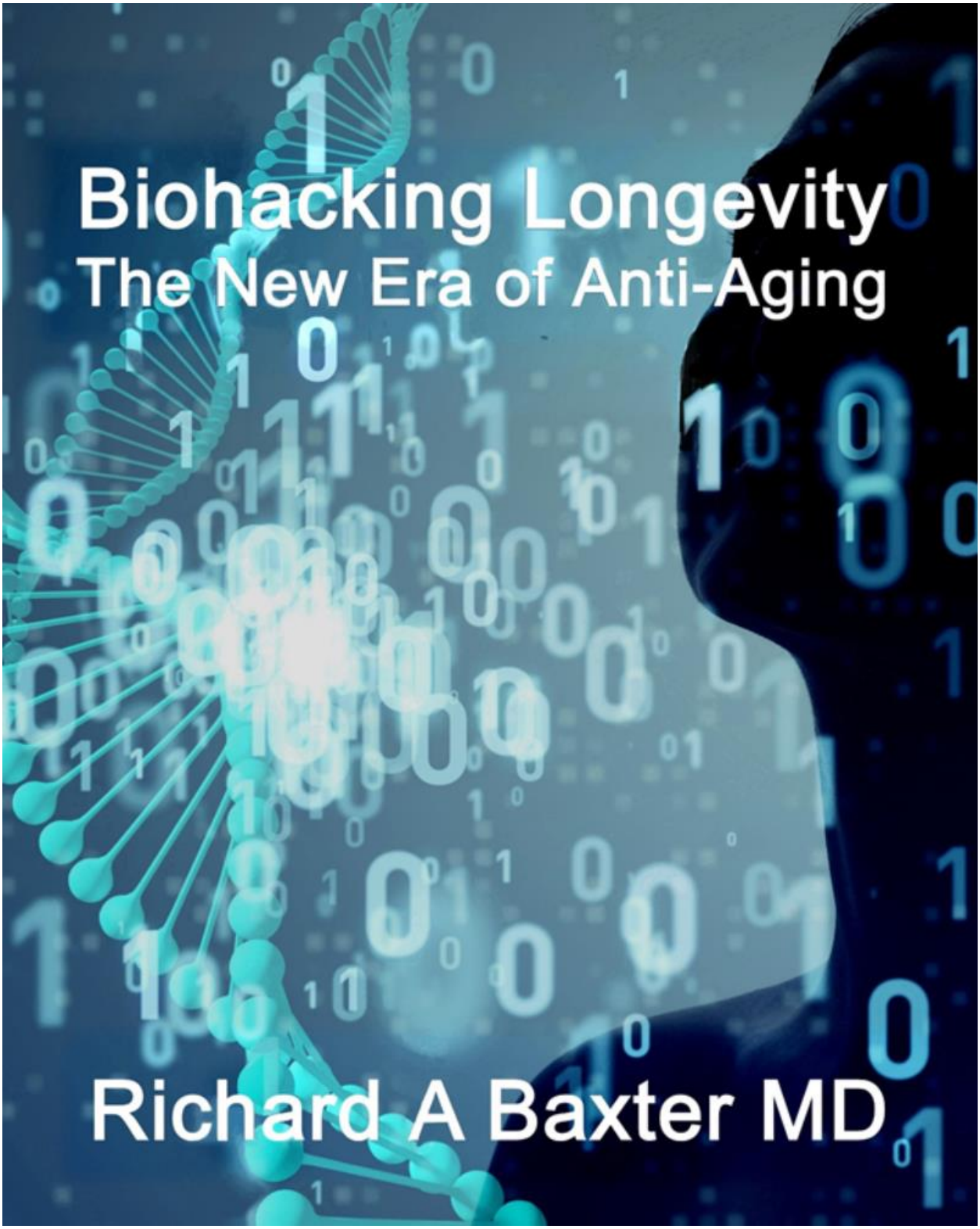
Biohacking Longevity
The New Era of Anti-Aging
Richard A Baxter MD

This book is based on emerging science as

well as established clinical practices. It is

not intended as specific medical advice.

Phase Plastic Surgery &
Longevity Institute

Nature, Sept 2019: "A small clinical study in California has suggested for the first time that it might be possible to reverse the body's epigenetic clock, which measures a person's biological age … The results were a surprise even to the trial organizers. 'I'd expected to see slowing down of the clock, but not a reversal,' says geneticist Steve Horvath at the University of California, Los Angeles, who conducted the epigenetic analysis. 'That felt kind of futuristic.'"

SciTechDaily, December 2020: "Harvard Medical School scientists have successfully restored vision in mice by turning back the clock on aged eye cells in the retina to recapture youthful gene function. 'Our study demonstrates that it's possible to safely reverse the age of complex tissues such as the retina and restore its youthful biological function,' said senior author David Sinclair. If replicated through further studies, the approach could pave the way for therapies to promote tissue repair across various organs and reverse aging and age-related diseases in humans."

Israel Hayom, July 2022: "Israeli researchers discover mechanism for rejuvenating human organs … injecting a special protein into the skin cosmetically and genetically rejuvenates the skin. Throughout the study, symptoms of old age disappeared without trace, and even displayed molecules identified with young skin only. This groundbreaking study … proves that the aging process of human skin can be halted and human organs made younger."

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Introduction

It is now possible to reverse aging in humans. Not just to look younger or feel younger, but to turn back the biological age clock. After decades of unfulfilled promises, controversies, and sometimes borderline quackery, anti-aging is gaining traction as a legitimate clinical specialty. Prospects for extension of healthy lifespan are engaging some of the brightest minds in science and medicine. This coming of age in anti-aging is happening in research labs around the world and beginning to enter clinical practice. We're biohacking longevity.

The advancements fueling this change are nothing short of mind-boggling. But misinformation about anti-aging and longevity remains ubiquitous and persistent; a lot remains to be proven. Finding the true signals amidst this noise is plenty challenging for experienced researchers, and for the consumer nearly impossible. Nostrums and nonsense are everywhere, even as concepts such as gene reprogramming, tissue regeneration, and biologic age clocks are developing swiftly. This ebook will be your guide to what works now, what might work, and what doesn't.

I'll reveal some powerful discoveries just now emerging from research labs and moving into clinical practice, and introduce what is coming to be known as 21st century medicine.

My personal involvement in the topic started indirectly with an interest in the health effects of wine. I had no idea back then that it would only be the beginning of a long and fascinating journey. After the "French Paradox" was reported in the 1990's, there was a lot of research looking to explain the association of wine with health and longevity. Wine drinkers were found to have lower rates of all of the diseases of aging, so there had to be some essential common denominator that wine drinkers were benefiting from. Few had any idea at the time that the seeds of a scientific revolution were just beginning to germinate. We now know that it isn't just wine, or anything in wine alone, that holds the secret.

As these revelations unfolded, my interest expanded from the healthful joys of wine into an obsession over longevity science. I began to spend absurd amounts of time looking up the latest studies and signing on to webinars with the world's experts on anti-aging. I became one of the

first to complete a new certificate course on Longevity Medicine. I'm convinced that we are on the threshold of one of the most profound transformations in biomedical science in history.

My Longevity Medicine Certification

As I started thinking about how to incorporate this new science into my clinical practice, I recognized the need for a sort of briefing document for patients considering participation in this new version of anti-aging. This book is just that; a plain language overview, a living document, to be updated regularly.

Even the term "anti-aging" is itself becoming passé, in favor of "longevity medicine." The practice of longevity medicine is not intended to replace traditional medical care (yet), but I have no doubt that it will transform the way we think about health and longevity. A fundamental change is underway, framed by the curiosity of science, grounded in massive data known as bioinformatics, and propelled by the lure of solving biology's biggest questions.

A brief history of anti-aging

Anti-aging hasn't always had a good reputation. Pressure to make new treatments available has often resulted in shortcutting validation through clinical trials, diluting the impact of genuine breakthroughs. Stem cell therapies, hormone clinics, and a range of supplement products have all gained marketplace traction without clinical corroboration. Similarly, long held beliefs such as antioxidant supplementation persist even as clinical trial evidence points to their futility. Longevity medicine aims to move anti-aging into the 21st century by leveraging revolutionary advances in bioscience and computers informatics.

Lost in translation

The journey from the research lab to the clinic is known as translational medicine, and the process can be long, unpredictable, and expensive. What works in a test tube or cell culture may not do the same in animal studies, let alone humans. Because there are limits on what sort of studies you can do to test your idea in clinical trials, you need to determine not just if it is likely to have the desired result, but also if the doses needed are toxic or have unexpected side-effects. Lab rats make a convenient model for trying out new therapies, but they are not people. For example, at least 9 out of 10 cancer treatments that appear promising in animal studies fail in human clinical trials. The odds aren't any better with anti-aging products, though AI computing can accelerate the process and make increasingly reliable predictions.

A pivotal breakthrough was the identification of how lifespan extension via caloric restriction (CR) works. It had been known for years that experimental restriction of caloric intake triggers a metabolic alteration that prolongs healthy lifespan. The effect requires an impractical degree of CR, so scientists wondered if there could be a way to replicate it without semi-starvation. What they found ushered in what we may now consider to be the modern era of anti-aging.

Resveratrol, a molecule concentrated in wine from grape skins, was the catalyst. For a while, it appeared that resveratrol could explain the CR effect and possibly the whole French Paradox.

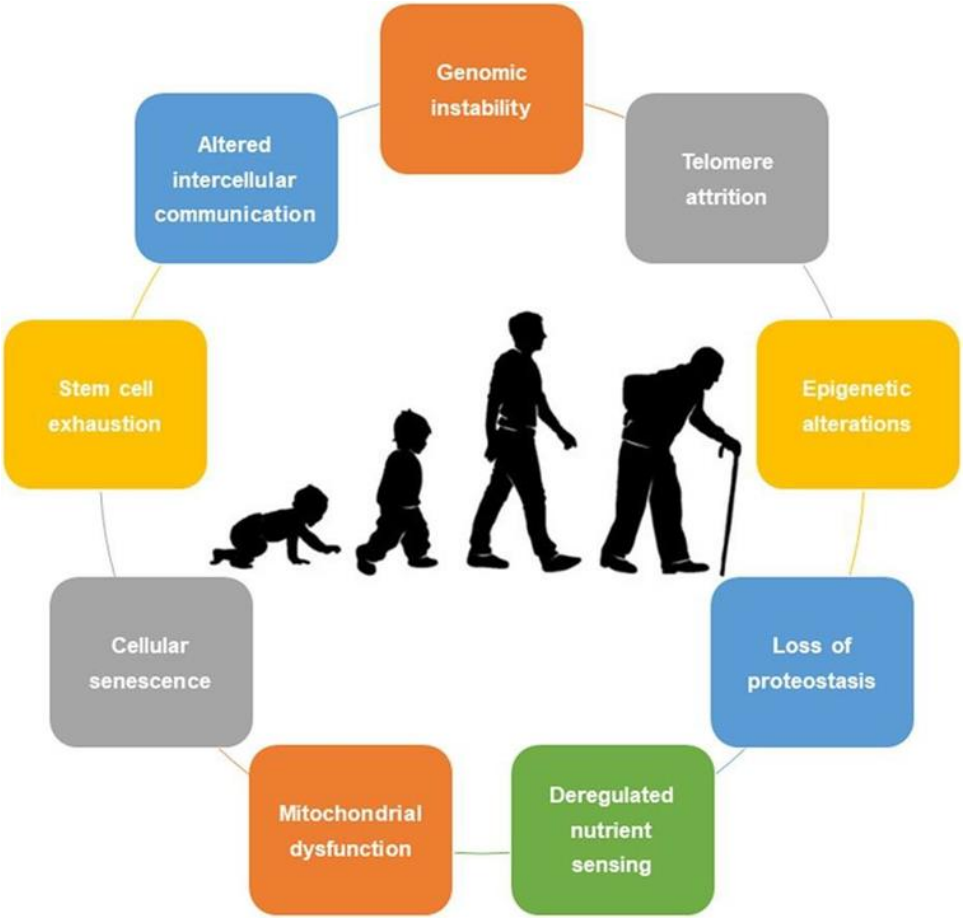
A pioneering advocate of resveratrol's potential was Professor Joseph Vercauteren of Université Montpellier in France, who extracted resveratrol from the lees typically discarded after pressing wine. Few others considered resveratrol to be more than a novel antioxidant until a group at Harvard headed by geneticist David Sinclair, Ph.D. identified it as an activator of a type of gene regulator called sirtuins. Sirtuins had earlier been shown to

Myself, Professor Vercauteren, and David Sinclair

turn on the genes responsible for the CR effect, so now we had the first true anti-aging candidate molecule.

The anti-aging market grew rapidly, with resveratrol supplements appearing everywhere. But while these products referenced progress in science, they often oversimplified it, and anti-aging's credibility problem persisted. That is changing, as several lines of research converge and possibilities unimaginable a generation ago appear within our grasp.

Defining aging



Hallmarks of Aging

Before we can define anti-aging, we need some detail on the aging process itself. The visible and functional aspects are easy enough to see – muscle and joint stiffness, decline in mental

sharpness, less energy – but what we really need is to understand the underlying causes. Here's how scientists see it now: At the cellular and subcellular level, interactions among genes and environmental factors result in accumulation of genetic damage, embodied by specific interrelated aging hallmarks.

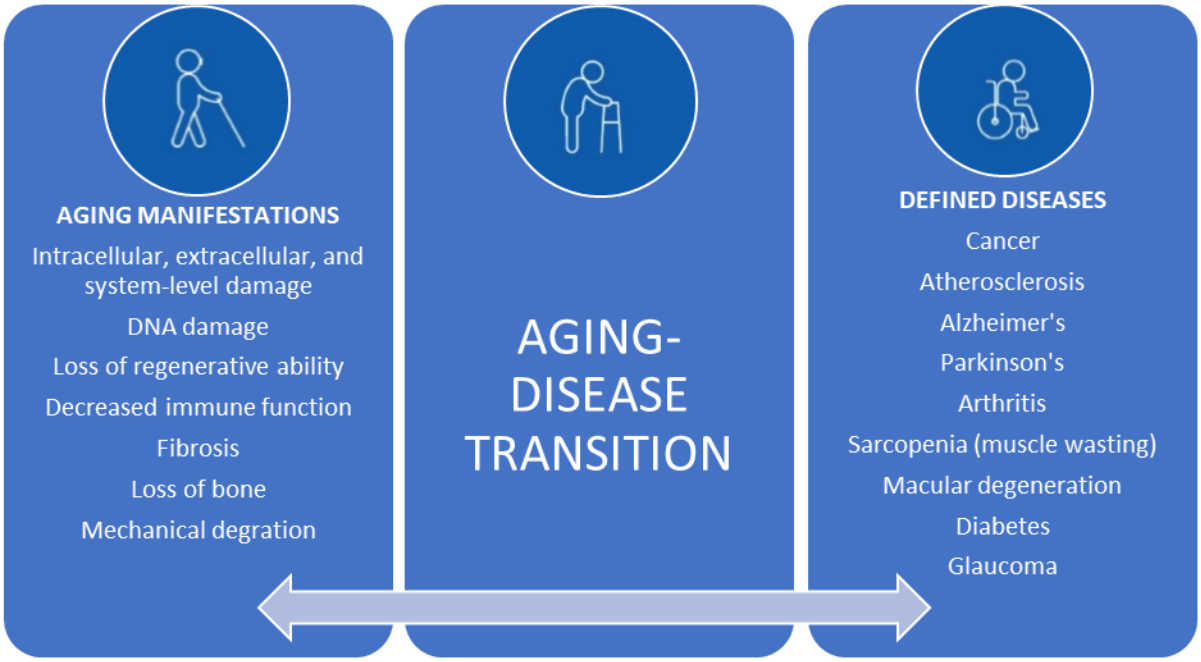
Researchers use these hallmarks as a framework for identifying targets for anti-aging therapies. Anti-aging aims to slow or reverse the aging process at several levels, with a goal of physiologic improvements, reduction in disease, and potential lifespan extension. We'll touch on a few of these that are becoming important opportunities in the practice of longevity medicine.

The new era of anti-aging

This new era of exponential progress in anti-aging science is propelled by three developments:

1. *The recognition that the biological mechanisms of aging at a cellular level are largely the same as those underlying major age-related diseases;*
2. *A substantial influx of capital driving anti-aging research and development; and*
3. *The unprecedented power of applied artificial intelligence computing.*

The understanding that the biology of aging and disease are intertwined points to therapies that might reverse aging while simultaneously addressing cancer, cardiovascular disease, neurodegenerative diseases, diabetes, and many others. Beyond the implications for health care, this has a pragmatic benefit for development of longevity products; given the impracticality of clinical trials for anti-aging as the primary outcome within a realistic timeframe, it informs a strategy for navigation of regulatory constraints on drug and device development. If for example your anti-aging compound also happens to be effective against cancer, you now have a pathway to approvable on-label uses while you continue to test it for anti-aging effects. Once it becomes commercially available, off-label uses for anti-aging can be explored.



This increasing recognition that the factors underlying degenerative diseases are the drivers of aging has led some to propose that aging itself be classified as a disease. Researcher Matt Kaeberlein, formerly at the University of Washington, went so far as to say that this will be a defining feature of 21st Century medicine. Also here in Seattle is the Institute for Systems Biology founded by Leroy Hood MD, PhD, whose book *The Age of Scientific Wellness* makes a similar case, as does Peter Attia MD in his *book Outlive: The Science and Art of Longevity.* I agree with both of them. However, realizing the full benefits of next- generation anti-aging will require a dramatically revamped model of health care delivery, shifting from sickness care to wellness care. Currently, because aging isn't considered a specific disease entity, your health insurance won't cover it; there aren't any diagnosis codes for aging and no billable treatments. That is the reason for the ground rules governing anti-aging and longevity medicine practice at the present time:

- Both the physician services and prescribed treatments, supplements, or drugs are not billable to a traditional third-party payer.

- Anti-aging/longevity medicine practice is not yet a replacement for traditional medical care.

Anti-Aging vs. Age Management

Age management is healthcare designed to address the needs of people as they get older and has been practiced by mainstream physicians for decades. A central feature of age management is hormone replacement therapy, which is not without its controversies (page 19). But because the ability to measure biological aging is a comparatively recent development, age management doctors have traditionally avoided the term “anti-aging” since aging per se was not a measurable outcome. Longevity medicine incorporates aspects of age management as well as interventions specifically intended to slow or reverse biological aging.

The second driver of anti-aging research and development is a massive influx of capital. Dedicated venture capital-funds and endowed research facilities such as the Buck Institute and Google-backed Calico Labs are leveraging the most up-to-date technology to identify and develop anti-aging products. The Switzerland-based Longevity Science Foundation announced plans in October 2021 to devote $1 billion toward the goal of extending human lifespan. In 2022 the Saudi Arabian-based nonprofit Hevolution Foundation announced plans for that amount every year for support of longevity research globally. While the sector remains a high- risk investment category littered with some spectacular failures, many see longevity as “the next trillion-dollar opportunity.” In 2023 a $101 million Xprize competition was announced to be awarded to the first team that can restore at least 10 years’ worth of muscle, brain, and immune function in older adults. There are now dozens of companies working exclusively on anti-aging therapeutics and more than a hundred others with anti-aging products in their pipeline. Investment in longevity companies is in the $billions and is increasing.

A legitimate concern is whether the profit motive will have a corrupting influence and reanimate the credibility question that has plagued anti-aging practice. The counterargument points to increasingly open sharing of data, and the fact that it costs a lot of money to do this kind of research properly. The work these labs are doing is being followed with intense interest and scrutiny. If one of these longevity moonshots pans out, we will all benefit.

The third pillar of the anti-aging imperative is the exponential power of applied artificial intelligence.[1] This not the ChatGPT version of AI but uses programs with the ability to discern patterns in massive amounts of data, make predictions, and validate them. Analysis of these immense sets of biological data is called "omics," and for all practical purposes was not possible at scale until relatively recently. AI reveals detailed insights into central biochemical processes of aging at every level, from the whole body to the cellular, subcellular, and on down to the molecular level. Hidden patterns and connections are being revealed on complex "metro maps" of cellular metabolism and expression of anti-aging genes.

There's a hugely practical application of AI in anti-aging: AI-based analysis is how your biological age, vs. chronological age, can be determined. More on that later, but knowing your biological age means that you can objectively measure the results of anti-aging interventions. Biological age tests are now readily available, reliable, and increasingly affordable.

A valuable AI resource is the advent of online databases of anonymized health information accessible to researchers around the world. Examples include the UK Biobank, which houses genetic and health information from more than a half million subjects; the website Geroprotectors.org, a catalog of compounds identified as having anti-aging properties; the Genotype Tissue Expression project (GTEx), an atlas of human gene expression; the U.S. National Genomics Data Center, with database resources for support of research in both academia and industry; and my favorite acronym, the "BIG" (Beijing Institute of Genomics) Data Center at the Chinese Academy of Sciences, also available worldwide for researchers.

Collectively these "big medical data" warehouses are used for AI-assisted data mining for precision medicine and anti-aging research.

AI is also helping to discover new anti-aging compounds. A particularly useful feature of AI is the ability to create virtual 3-D models of biological molecules, called in silico modeling. The specific ways that molecules interact can be understood and predicted, and in silico screening of large

[1] For engaging explanations of AI in anti-aging, there are 3 essential books: Deep Medicine by Dr. Eric Topol; Alex Zhavaronkov's The Ageless Generation: How Advances in Biomedicine Will Transform the Global Economy; and Live Longer with AI by Tina Woods.

numbers of potential therapeutics can now be done rapidly. But identifying candidates is only the beginning, due to a nagging feature of biomolecules: They tend to be “promiscuous,” meaning that they have a lot of interactions, metabolically speaking. Modified versions or molecules newly imagined in silico may anticipate some of these off-target interactions and minimize side-effects. AI can create thousands of possible tweaks to the structure of the candidate molecule and predict the effects, potentially addressing both sets of problems.

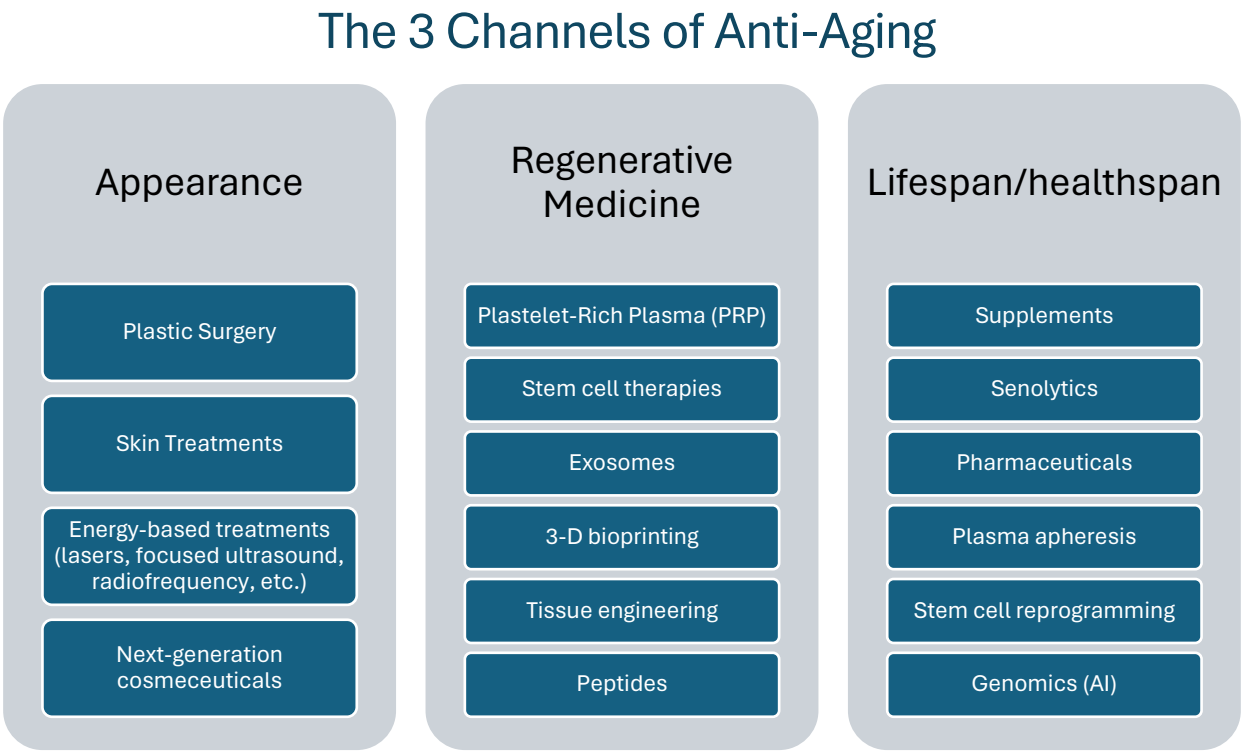
Longevity without restrictions

So we know that caloric restriction is a sure-fire if utterly impractical lifespan extension strategy. Cut your calories back by 25% or more, and add a similar percentage to your lifespan. It’s been proven in everything from yeast to worms to mice. Almost certainly in primates* too, though a controlled experiment in humans with length of life as the endpoint is unlikely to happen. Even if it did, those most interested in the results would no longer be around to see the final report.

There is evidence however that caloric restriction can slow the pace of aging. A clinical study released in February 2023, funded by the U.S. National Institute on Aging, included 220 healthy adults randomized to either a 25% calorie restriction diet or a normal diet for two years. The pace of aging was measured with a DNA test called DunedinPACE (more on that below) at baseline, then 12 and 24 months. The CR group saw a 2–3% reduction in the pace of aging over the control group. That may not sound like much, but it equates to a 10–15% reduction in mortality risk, comparable to quitting smoking.

A true CR diet is unsustainable, so research has shifted to learning how to activate the CR effect pharmacologically or with more realistic diet strategies such as intermittent fasting. There are simple supplements that add to the effect as well. But CR is just one of many anti-aging channels being fleshed out; leveraged by the three pillars of the aging↔disease linkage, record investment, and AI, the fruits of this research are beginning to move into clinical practice.

* A study on rhesus monkeys, whose average life span is 40 years and whose aging patterns are similar to humans, found that the monkeys on a CR diet lived longer. However the results have been questioned because the control group monkeys were apparently given a less healthy diet than they would normally consume.



I see this manifest by three facets of anti-aging medicine: first, aesthetic treatments and surgery targeting appearances of aging; a second category of regenerative medicine aimed at restoring physiologic function at a macro level; and a third category intending to slow or reverse aging at a cellular and genomic level. We shift from disease-specific "whack-a-mole" treatments to a focus on healthy longevity, or healthspan. While longevity medicine integrates AI-based genomics and personalized medicine, a complete approach to anti-aging includes multiple points of attack. For many, this starts with strategies to look as young as you feel.

1. If you look good, you feel good – and live longer?

While plastic surgeons and others practicing aesthetic medicine know about the positive impact of their craft, some would debate whether they can accurately be called "anti-aging" since they do not affect biological aging per se. Or do they? Cosmetic surgery does have documented value in terms of quality-of-life measures, which may translate into biological changes. One review of the psychology of facelift patients found that more than 95% experienced positive changes in their life, increased self-confidence and self-esteem, and overall improvement in quality of life. And a positive outlook has been shown to be associated with longevity; a study from the Mayo

Clinic some years ago suggested that women who have facelifts live up to 10 years longer than women who don't. The authors attributed the lifespan benefit to a boost in self-image and the resulting optimism. There are obvious confounders with studies of this type, but it does support the concept of youthful appearance contributing to longevity.

This connection is supported by a concept known as the “Socioemotional Selectivity Theory” or SST, developed by Stanford psychologist Laura Carstensen (now Director of the Stanford Center on Longevity). SST holds that subjective age predicts late life health outcomes. The longer a person expects to live (time horizon view) the younger their self-perception of age. SST evinces that time horizons are pliable and modifiable with behavioral changes. *Subjective* age can predict *objective* health and lifespan, thereby explaining the potential longevity benefit from aesthetic plastic surgery. Whether the decision to undergo restorative surgery marks the onset of a personal anti-aging effort, or simply resets one’s time horizon view, either way it validates the role of plastic surgery and cosmetic treatments in anti-aging. Cosmetics giant Estée Lauder is throwing their support behind this idea, announcing in 2023 the formation of a “longevity expert collective” and underwriting research on longevity, appearance, and well-being.

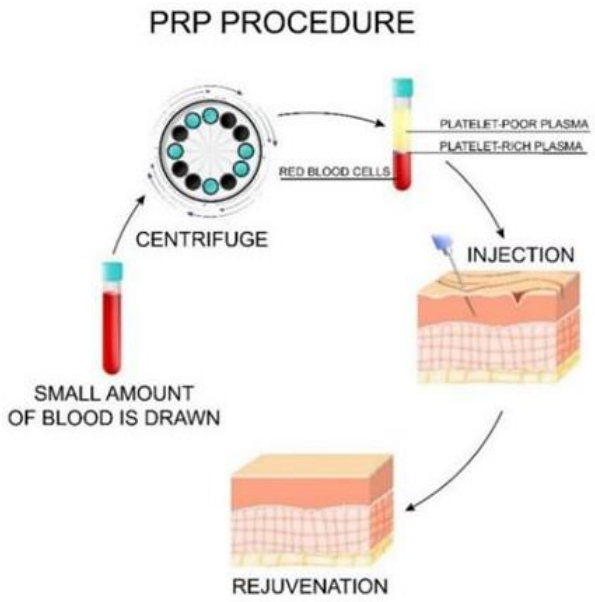
2. Regenerative medicine: form and function

I think of regenerative medicine as integrating the visual and functional aspects of aging. Healthy skin is beautiful skin, heathy muscles form an athletic and attractive physique, a healthy central nervous system retains mental sharpness, and healthy cells give youthful energy. Regenerative medicine considers aging as it relates to coordinated system-wide signaling, (e.g., hormones) as well as restoration of individual body parts and organs.

Platelet Rich Plasma

Platelets are tiny cells in the bloodstream associated with clotting, and platelet-rich plasma (PRP) is defined as the plasma fraction of blood with a high platelet concentration. PRP is an abundant source of growth factors. Much of the early use of PRP was in orthopedics, and it remains widely used in sports medicine. It is now used for an array of clinical applications from oral surgery to gynecology. Yet despite an abundant medical literature on PRP in

regenerative medicine, there are few high-quality studies. One reason for this is the large number of available systems for processing PRP and lack of standardization of preparations and treatment protocols, which makes it challenging to compare effectiveness.



How PRP works: A small blood sample is drawn. This is then placed in a centrifuge, which separates the blood into its components, and the plasma layer is drawn off. Processing takes less than an hour, and the PRP is then ready for use. For skin rejuvenation, it is either injected or applied topically after microneedling. Several sessions a few weeks apart are required for maximum effect.

In the United States, products such as PRP are regulated by the FDA, which deems products such as PRP to be exempt from oversight, up to a point; while the product itself may be exempt, the devices for their preparation are not. No devices are specifically approved for regenerative or aesthetic medicine, so their use in this setting is considered "off label."

Stem cells

Stem cell therapies are increasingly viewed as being synonymous with regenerative medicine. As it happens, harvesting stem cells is surprisingly easy: Adipose tissue (fat) is an abundant source. A minimally invasive liposuction procedure, a few processing steps, and you've got a vial of stem cells in concentrations 500-fold greater than bone marrow. What's more, adipose-derived stem cells (ASCs) have distinct advantages over other sources of stem cells, not the least of which is their ubiquity in tissue that is often present in excess.

ASCs are multipotent, meaning that they have the potential to differentiate into tissues of several types including bone, cartilage, muscle, and nerve. ASCs are being studied for a range of applications including aberrant wound healing, organ repair, and cartilage regeneration.

In aesthetic surgery, much of the early focus on ASCs was on soft tissue augmentation. Because depletion of facial fat is an important aspect of aging, fat grafting is often done in conjunction with a facelift. Because volume retention of fat grafts is variable however, a concept called cell-assisted lipotransfer (CAL) aims to improve this by adding extra ASCs to the fat. For this procedure, the fat from liposuction is divided, the ASCs are isolated from one portion, then added back to the fat to be used in the graft. The enhanced content of ASCs is believed to contribute to blood vessel growth into the grafted fat and cell renewal.

Despite technical progress, there are still several controversies with the use of ASCs. The so-called “stem cell facelift” (really just cell-assisted fat grafting) has been earnestly promoted, and just as vigorously condemned as a misleading exaggeration. As stem cell procedures became popular, regulatory agencies began to take a critical look in the U.S. and elsewhere. A well-publicized closure of stem cell clinics after 3 cases of blindness from stem cell injections for macular degeneration furthered these efforts. Stricter FDA guidelines went into effect in 2021.

Nevertheless, the regenerative potential of ASCs has become progressively more recognized. In order to take leverage these benefits with less reliance on costly and time-consuming devices, simpler processing methods have been developed. Using low-tech filtration techniques, specific types of grafts can be prepared, tailored to intended effect and placement site. These are classified as millifat, microfat, and nanofat, the latter largely consisting of stromal vascular fraction. Nanofat is used as a superficial subdermal injection for skin rejuvenation rather than volumization, while millifat and microfat are placed deeper.

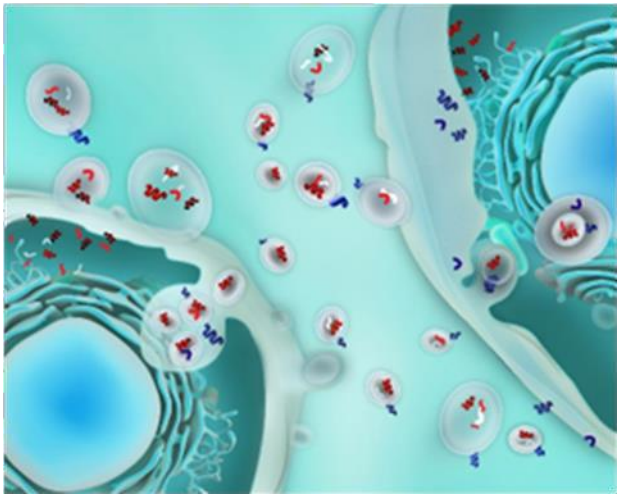
Realizing the full potential of ASCs likely requires more elaborate processing however. A study by plastic surgeons in Brazil evaluated the effects of subdermal injection of concentrated ASCs prepared by using an enzyme to separate the stem cells and then culturing them in a lab, a procedure requiring 3 weeks. They then placed injections into facial skin of 20 patients who were scheduled for facelift, so that the skin could be evaluated in the sections that were removed 3-4 months later. Impressively, they found full regeneration of damage from aging and the effects of lifetime sun exposure. The elastin fiber network (the type of collagen that gives

youthful skin its elasticity) was restored, and the deeper layers of the skin were reconstituted after a single albeit elaborate adipose-derived stem cell treatment.

I am excited about the potential for stem cell treatments, but do not want to get ahead of what regulations allow or clinical science proves. Stem cell treatments remain experimental. Fortunately, there is a less risky way to leverage the benefits of stem cells, by understanding how they communicate with neighboring cells. They do this with little bubbles of biomolecules called exosomes.

Exosomes

The local tissue effects of stem cell therapies are mediated largely by what are called "paracrine" actions – effects on other cells in the immediate area – rather than by differentiating into cells of a particular type; they don't become fat cells for example but tell the local fat cells what to do. This phenomenon is termed the paracrine hypothesis, and it is important because it suggests a sort of shortcut. Paracrine communication between neighbor cells occurs by exchange of tiny packets containing cargoes of proteins, peptides, nucleic acids (DNA and RNA), and other biomolecules. These are categorized by size, the smallest of which are called *exosomes*. Stem cell-derived exosomes could possibly be used as a surrogate for stem cell therapies, skipping the step of extracting and injecting the stem cells. Exosome treatments have a further advantage in that they can be purchased as an off-the-shelf solution, though regulations limit their use to topical applications as with PRP. These commercially produced exosomes are derived from cell cultures, and the effects are related to the specific type of parent cell. I expect to hear a lot more about exosomes in the next few years, as a number of clinical trials are underway for a wide range of



Artists rendition of exosomes

applications. For now, their primary clinical use is skin rejuvenation, typically combined with microneedling to enhance penetration.

One workaround to the restriction for topical use is to extract exosomes from your own plasma, which a company called Zeo Scientifix© has developed. These are called autologous exosomes and can be injected. We are exploring possibilities for autologous exosomes for a variety of regenerative purposes, but this is still new. Stay tuned.

Hormone replacement therapies

Declining hormone levels are a hallmark of aging, and hormone replacement improves quality of life for millions. Yet evidence for positive effects on the aging process is often contradictory; in many cases, it may do the opposite. There are questions as to whether making the body perform as it does in youth makes it biologically younger, now that this can be measured. All hormones operate with elaborate feedback loops, so tinkering with them may cause unanticipated side-effects if not managed expertly. For these reasons, hormone replacement therapy (HRT) has long been considered as age management medicine rather than anti-aging. That may change as approaches to HRT are updated and re-evaluated.

Testosterone supplementation is a controversial case in point. Studies of testosterone replacement in older men are comparatively few and generally have been of short duration, with small numbers of participants and frequently lacking adequate controls. What studies there are show modest anti-aging effects. Though longevity is a common theme in marketing testosterone, convincing evidence of a healthspan benefit is lacking.

Human growth hormone (GH) has been widely marketed for antiaging, promising to deliver weight loss, improved energy and mood, and better sleep. As with testosterone, support for these claims is mixed. One study in elderly men reported increased muscle mass, reduced body fat, and improved bone density with GH supplementation. Animal studies however suggest that declining levels of GH are associated with greater longevity, are protective against cancer, and that GH supplementation actually *accelerates* aging. This fits with human epidemiologic studies, which generally associate lower levels of GH with longevity.

GH use is further confounded by its effects on glucose metabolism. A primary action of GH is to elevate blood sugar levels, producing a diabetes-like effect. This leads to a compensatory increase in a hormone called IGF-1 (Insulin-like Growth Factor 1), which acts to lower blood sugar. This relationship of growth hormone and IGF-1 is called the GH/IGF-1 axis, and is an extremely important anti-aging intervention target. The study reporting age reversal that I cited in the box at the beginning of this book also used the diabetes drug metformin to counteract the adverse effects of GH on blood sugar.

Because of these and other issues, access to GH is heavily restricted. Alternative approaches using peptides to stimulate natural production of GH may offer a safer option (see below).

DHEA (Dehydroepiandrosterone) is a precursor hormone produced in the adrenal gland. DHEA helps produce other hormones such as testosterone and estrogen. Natural DHEA levels peak in early adulthood and then decline with age. Studies on DHEA supplementation are mixed in terms of anti-aging effects, and there is concern that it may promote growth of hormone-sensitive tumors such as breast cancers.

Estrogen replacement has a controversial past but is increasingly considered an indispensable part of a comprehensive anti-aging strategy for postmenopausal women. Thanks in large part to work done at the Buck Institute's Center for Female Reproductive Longevity and Equality, menopause is now known to be associated with accelerated aging. Seen in this context, the use of estrogen replacement becomes more than a quality of life and sexual health issue.

Peptides

Peptides are ubiquitous molecules that serve a variety of functions. Insulin and semaglutide (Ozempic) for example are peptides, and more than 7000 peptides have been identified in the body. Around 60 peptides have been FDA-approved as drugs, with many more being explored in clinical trials. Peptides play critical roles in senescence, immunity, and overall aging.

The high guru of peptides is orthopedic surgeon William Seeds MD, who has unbridled enthusiasm and many years of experience with them. I've taken his training course and I'm developing an appreciation for the potential of peptides in a variety of applications.

In October 2023 the US FDA issued a “guidance statement” that all but prohibits access to many peptides, citing lack of safety data. There were few specific adverse effects cited however, and it seems clear that the move was intended to crack down on the compounding pharmacies that source these products rather than the practitioners who prescribe them. Paradoxically this has resulted in some peptide users turning to alternative sources whose safety standards may be questionable.

GHRH: Growth-Hormone-Releasing Hormone, as its name implies, is a peptide that signals the body to generate and release endogenous growth hormone. It is naturally produced in the brain, and is thought of as a safer alternative to GH. Other peptides that stimulate production of GH are known as GHRH mimetics.

CJC-1295 (also known as Mod-GRF) is a widely preferred GHRH mimetic for anti-aging, because of its favorable side-effect profile and potency.

Sermorelin is a well-known GHRH mimetic originally FDA-approved to elevate growth hormone levels in children of short stature, but it is considered less predictable in anti-aging protocols. Sermorelin was not listed in the FDA crackdown and remains available.

Tesamorelin (brand name Egrifta) is a 44 amino acid peptide first FDA-approved to treat a condition known as lipodystrophy that occurs with HIV. Tesamorelin may improve muscle mass, blood lipid profiles, cardiovascular disease risk, and reduce visceral fat.

Ipamorelin headlines the category of what are known as Growth Hormone Releasing Peptides or GHRPs. While GHRH mimetics promote production of natural growth hormone, release of the hormone into the blood stream is under additional feedback control involving the cell receptor known as ghrelin, which responds to conditions of hunger and satiety. GHRPs act on the ghrelin receptor to promote release of GH. Ipamorelin is considered a third-generation GHRP and is preferred because of its high potency and minimal side-effects, and has a range of potential anti-aging properties. Ipamorelin should be used in cycles, as continuous use may lead to receptor desensitization. Ipamorelin is typically compounded with CJC1295, so they can be given together in a single injection.

All of these are given by subcutaneous injection, usually once a day before bedtime. Natural growth hormone release is pulsed and highly linked to a stage of deep sleep. The benefits of GHRH/GHRP treatments are amplified by syncing to this natural cycle.

Ibutamoren or MK-0677 is the last in our list of GHRP mimetics and worth mentioning because it can be taken orally. Technically it isn't a true peptide because of modifications needed to prevent it from being broken down by digestive enzymes, but it has a similar safety profile. There is a risk of irreversible growth hormone receptor involution if taken continuously, so it is used in 3-month cycles alternating with a different GHRP.

Epithalon: A synthetic version of the peptide epithalamin, an endocrine bioregulator naturally produced in the pineal gland a tiny structure in the mid-brain. There is evidence that epithalon decelerates aging, suppresses tumor development, enhances antioxidant defenses, and moderates stress response.

BPC-157: Body Protection Compound 157 is a medium-sized cell repair peptide working on the brain-gut axis. BPC-157 promotes wound healing, reduces neuroinflammation, and promotes regeneration. It is also available in pill form but not absorbed enough for systemic effects.

Thymosins: The thymus is an organ that sits just in front of the heart, and is so named because its two lobes resemble leaves of the thyme plant. T-cells, an important factor in adaptive immunity, are produced in the thymus. After puberty the thymus undergoes gradual shrinkage, senescent cells accumulate, and peptides produced by the thymus (thymosins) diminish. Two thymosins are important clinically: alpha-1 (TA1) and beta-4 (TB4).

TA1 (Zadaxin) is a multifunctional peptide that helps T-cells mature and restores immune system homeostasis. It is used to treat autoimmune disease, viral infections including hepatitis, Lyme disease, and other inflammatory conditions.

Thymosin Beta 4 is also involved in immune system functioning and is important in tissue repair and regeneration. It is a potent anti-inflammatory and has been studied for a variety of conditions from traumatic brain injury to dry eye.

GHK-Cu is a multifunctional peptide used to stimulate synthesis of collagen and elastin in the skin, accelerate healing, reduce inflammation, and promote tissue regeneration. It is used as a topical ingredient or given by subcutaneous injection.

Plasma apheresis

Here's a simple idea, and it appears to work: Infuse plasma from a young donor into an older individual, and it measurably turns back the clock on many markers of age. The origin of this remarkable phenomenon is one of science's weirder stories: Parabiosis, an experiment in which two animals (mice for example) have their circulatory systems surgically joined. The goal was to determine whether factors in the blood of one "parabiont" have physiological effects on its partner. Uniting an older animal with a younger one is called heterochronic parabiosis, and it produces dramatic rejuvenating effects on the older parabiont.

Harold Katcher, a Professor at University of Maryland who lectures on the biology of aging, has isolated a plasma fraction called E5. In 2020 he published the results of an experiment in which 2-year-old rats (elderly for a rat) were given E5 from younger rats; the old rats reportedly had an average epigenetic age reduction of 54%, more youthful levels of over 20 biomarkers, and improved physical strength and cognitive ability. The implication of this, as Katcher argues in his book *The Illusion of Knowledge: The Paradigm Shift in Aging Research that Shows the Way to Human Rejuvenation*, is that it is the organism that determines the age of the cells, not the other way around.

But did the E5 rats live longer? In February 2023, the final results were released showing that the treated rats indeed outlived their untreated counterparts, with the longest survivor going to the equivalent of 120 human years and 5% longer than the previously known longest living rat (on caloric restriction.) A few months later, we learned what plasma fraction E5 is: Exosomes! Katcher has formed a company to commercialize E5 as *Elixir*, but will likely be a while before it is ready for human trials, especially in light of the FDA's dubious view of exosome injections.

Another company, California-based Alkahest, seems to be making better progress toward a clinically viable product. Alkahest is working to isolate age-reversing proteins called chronokines in the constellation of circulating proteins in blood plasma. Seemingly, identifying them is just a

question of connecting the dots, but there are a lot of dots – around 8,000 different proteins and peptides to screen. But the three trends seem to align: age-related diseases to target in addition to anti-aging per se, financial backing, and AI. Alkahest have identified a few plasma fractions and completed stage 2 clinical trials for Alzheimer's and Parkinson's, and other applications like hastening recovery after surgery. In 2020 Alkahest was acquired by the Spanish firm Grifols for $147 million, and Katcher's company is reportedly attracting sizable investment interest as well. Watch this space.

A cautionary note on this approach comes from the experience of another company called AmbrosiaPlasma. They were charging several thousand dollars a pop for plasma infusions from young donors, but were shut down by the FDA in 2019 for lack of clinical proof. Their model was a pay to play clinical trial, which should be a red flag in anyone's book.

3. Epigenetics: The new era

As our cells age and go through multiple replicative cycles, our DNA degrades, like a photocopy of a photocopy. Traditionally, models based on this cumulative DNA damage have been generally classified into two broad categories: The *error hypothesis* and the *programmed hypothesis.* The error hypothesis attributes aging to the accumulation of mutations in genes. In this scenario, the culprit is oxidative damage, mediated by reactive molecules called free radicals. While it is well-known that oxidation leads to DNA mutations, clinical studies consistently find no correlations to longer lifespan or healthspan with antioxidant vitamins or supplements despite decades of study. The fact that antioxidants are ineffective for anti-aging is still not widely appreciated, but the evidence is comprehensive. There's clearly more to it.

What could explain this apparent contradiction? In terms of cellular metabolism, some amount of free radicals is beneficial. Here's why:

- Free radicals are key information mediators in cellular response to stress
- Most antioxidants are easily transformed into pro-oxidants
- Antioxidants can actually increase tumor cell viability in some cases

So paradoxically our bodies need free radicals, and even under the most optimistic circumstances antioxidants can turn against you.

The *programmed hypothesis* of aging holds that it is caused by evolved biological mechanisms. In this paradigm, a predetermined genetic program tamps down hormone levels as we age, suppresses the immune system, and expends fewer resources on DNA repair as the organism (or person) gets older. Genes known to be associated with aging are either activated or suppressed depending upon their function at various stages of life.

After decades of research, neither hypothesis has produced proven longevity therapies. The *information hypothesis* of aging, developed by David Sinclair, unifies these concepts and points to new strategies. It is based on *epigenetics*, the processes that regulate how genes are turned on (expression) or turned off (silencing). It is how each of the 30 trillion cells in the human body can become for example a skin cell or a brain cell though they all have the exact same DNA. Epigenetics also regulates the day-to-day activity of cells. If genes are the pages in a reference manual, epigenetics is the bookmarks, dogeared corners, and highlighter markups. Epigenetic changes are inherited through cell replication cycles, leaving a permanent record of gene activity. As DNA degrades over time, cell repair mechanisms deteriorate as well, due to certain genes being silenced or becoming dysfunctional; this is all reflected in the epigenetic record.

To take the analogy a step further, if the genome is our biological hardware, the epigenome is software; aging can then be seen as a software problem that could be restored by rebooting from a backup copy! The possibility of epigenetic reprogramming was the subject of a 2012 Nobel Prize to Japanese scientist Shinya Yamanaka, whom I had the privilege of seeing at a conference in Kyoto in 2016. His work showed that mature cells could be induced to revert all the way back to primal stem cells, which could then become a completely different type of cell. This involved exposure to 4 small molecules now known as the “Yamanaka factors.”

In February 2023, Sinclair released results of a study using Yamanaka factors in which he demonstrated how to make cells younger but stopping before going too far. He first caused the mice to age faster by exposing them to a chemical that caused breaks in their DNA. This

activated DNA repair processes but resulted in loss of epigenetic information. It was these epigenetic changes that caused the mice to age faster.

Using Yamanaka factors, the integrity of the epigenome was restored and organs and tissues returned to a youthful state; the experiment was *driving aging "forward and backward at will."* This "epigenetic reboot" led to improved biomarkers of aging in multiple tissues.

Which brings us back to sirtuins, the epigenetic regulators of genes involved in aging. Basically, sirtuins flip certain genetic "switches" on and off. These switches are found on proteins called histones, which organize DNA. Each time a gene activation switch is accessed, it is altered with a "tag" called methylation, leaving a record of gene expression and/or silencing. This lifetime record of methylations can be counted with AI-derived algorithms. Biological age is determined by tallying methylations on genes associated with aging, and this can now be done with a high degree of accuracy. These epigenetic clocks (also called methylation clocks) have been validated and continue to be refined. Like they say, it isn't the years, it's the mileage; where aging is concerned, methylation clocks are the odometer.

This is also where aging and disease intersect. For example, epigenetic methylation signatures are increasingly used for estimation of disease susceptibility. As these tests become more sophisticated, they can be used to point to specific interventions that form the basis of a growing specialty called precision medicine. For longevity medicine, epigenetic clocks provide an objective standard for measuring efficacy of anti-aging interventions.

The first generation of these clocks attempted to predict chronological age. But what we really want to do is measure the aging process itself, to learn why some people are more fit or frail, or appear younger or older than their actual age. (These features of aging are known as the aging phenotype.) Second-generation clocks began to appear around 2017, trained to predict disease and lifespan. For example, it has been shown that for a middle-aged individual, each one-year increase in epigenetic age over chronological there is a 6% increased risk of developing cancer within 3 years and a 17% increased risk of dying of cancer within 5 years.

The aging phenotype, which reflects the visible manifestations of aging, can also be combined with epigenetic markers to form a "phenotype age clock." The link between the appearance of

youthfulness and system-wide epigenetic changes is powerful, as shown in the following illustration:

Facial aging phenotypes. Each of these images were generated by digitally combining actual photos of 10 individuals, with the left column the slowest agers, middle is average agers, right the fastest agers, based on DunedinPACE. All of the subjects are the same chronological age! Source: TruDiagnostic

Third-generation clocks are designed to measure rate of aging. In order to do this, the data set used to train the AI algorithm requires measurements taken over a long period of time. There is really only one today, called DunedinPACE, which derived from a decades-long study in Dunedin, New Zealand. Based on analysis of banked samples from childhood through adulthood, the DunedinPACE test yields a rate of aging prediction as well as biological age.

The most comprehensive age clocks combine epigenetic data with measurements of phenotype markers, metabolic parameters, composition of proteins, and gene transcription, respectively called phenomics, metabolomics, proteomics, transcriptomics, epigenomics, and genomics. Together these create the most accurate prediction of biological age, known as the OMICm Age. The algorithm identifies numerous “proxy” markers based on specific methylation sites, revealing a very comprehensive portrait of how you are aging which in turn provides a basis for

what is called *precision medicine* or *personalized medicine* and points to specific interventions. (See an example in the addendum.)

Because longevity medicine practice centers on sophisticated genomics analysis, selecting the right test is important. My minimum criteria are:

1. The clock algorithm has been published and shares data on its relationship to disease outcomes. As of March 2023, companies like Elysium, Tally Health (founded by Sinclair), DoNotAge, Mudho, and EpiAge have no published data on their algorithms and whether they predict disease. TruDiagnostic with DunedinPACE is the only one.

2. The test should be comprehensive and produce actionable data, supported by clinical studies.

3. The lab should be independent and not tied to supplement marketing or lifestyle apps. Be skeptical of a company that is selling you an unproven solution.

4. They must have strong policies around data privacy. TruDiagnostic does their testing in house.

Mitochondria

Cumulative epigenetic alterations of aging are mediated by activation or silencing of specific genes in response to circumstances such as caloric restriction. Much of this occurs in structures within cells called mitochondria. These are the energy processors of the cell, and a lot of aging and anti-aging action involves mitochondria. They're sort of a cell within the cell, having their own DNA and their own sirtuins. Mitochondrial sirtuins reflect the metabolic state of the cell, positioning them as stress sensors (nutritional stress, oxidative stress, etc.) If you are interested in healthy longevity, you need to be mindful of your mitochondria.

Caloric restriction mimetics

BCR-mediated longevity occurs with remarkable consistency across species, whatever drives it is biologically fundamental. Understanding how it works remains a central question in anti-aging. A primary aim of the new era of anti-aging is to replicate the CR effect without the requisite semi-starvation. CR triggers a metabolic change which likely evolved as an adaptation to disruptions in food supply, mediated by sirtuins, which actuate the genes responsible for the

metabolic changes of CR. The effect can be reproduced without nutrient restriction (at least experimentally) by sirtuin activators such as resveratrol. I'll confess that I was eager to connect this discovery about resveratrol to the French Paradox and longevity, as did many others. There turned out to be many problems with this hypothesis, and some high-level recent re-examinations of the original studies cast doubt about the results. The discovery did however provide an opening to probe cellular aging at a molecular level.

Substances such as resveratrol that directly or indirectly activate sirtuins are called caloric restriction mimetics (CRMs). With its numerous potential clinical actions, resveratrol was the flagship CRM. A wide range of potential health and anti-aging benefits have been investigated, including cancer prevention and treatment across multiple tumor types; diabetes; viral, bacterial, and fungal infections; cardiovascular health; senile dementia/Alzheimer's Disease; osteoporosis; arthritis; immune dysfunction; hormone imbalance; and others. These are all mediated at least in part by sirtuin activation, highlighting the commonality between the underlying drivers of disease and aging.

Yet despite the availability of numerous supplement formulations based on resveratrol, validation from clinical trials has been elusive, with only a handful of studies showing any measurable benefits in human subjects. Reasons for this include low bioavailability, first pass metabolism (things absorbed from the gastro-intestinal tract are processed through the liver before circulating), and hormesis, a phenomenon characterized by differential and sometimes opposite effects at lower vs higher levels of exposure. Bioavailability is limited by resveratrol's poor aqueous solubility and variable absorption. For these reasons, we can't assume that in vitro resveratrol studies extrapolate to in vivo clinical effects. We need to look for other options.

But what if we could find already available compounds and drugs that can be repurposed for anti-aging? Repurposing existing medications would bypass the expense and time required for premarket approval, and make them available for off-label use. This idea is being exploited with some notable successes using in silico screening, and has resulted in identification of several candidate anti-aging molecules. This process hopes to find more drugs like the cheap and well-tolerated anti-diabetic drug metformin, a CR mimetic that has been available for years.

Metformin

Originally derived from the French lilac plant in 1922, Metformin was developed as an antidiabetic treatment in the 1950's and remains the most widely prescribed medication for type 2 diabetes. As with resveratrol, metformin mimics aspects of CR by activation of SIRT1 in mitochondria.

In addition to optimizing mitochondrial metabolism, metformin has several other beneficial effects. It inhibits expression of cytokines associated with diseases related to cell senescence, immunity, and inflammation. Interestingly, other evidence suggests that metformin also restructures the gut microbiome, promoting the growth of beneficial bacterial species. It's an all-around good team player, especially where anti-aging is concerned.

Epidemiologic evidence strongly suggests that metformin users have a lower incidence of cancer and better survival rates, despite having diabetes. Metformin's potential as an anti-aging drug came to light in a study comparing type 2 diabetics taking metformin with matched non-diabetic controls; one would expect diabetics to have higher rates of mortality, but the opposite was found for those on metformin. This implies that metformin has anti-aging properties beyond its anti-diabetes effects, and powerful enough to overcome its damaging effects.

Proving this in a prospective trial is another matter. A leading advocate for this is Nir Barzilai, MD, founding director of The Institute for Aging Research at the Albert Einstein College of Medicine. (Check out his book Age Later: Health Span, Life Span, and the New Science of Longevity.) In 2015 he conducted a small clinical trial called Metformin in Longevity Study (MILES), a placebo-controlled randomized trial in 15 subjects of average age 70. All subjects had metabolic improvements, and gene expression analysis in muscle and fat tissue from biopsies demonstrated significant shift to youthful patterns. This set the foundation for a much larger trial dubbed TAME (Targeting Aging with Metformin), with the explicitly stated goal of demonstrating that aging can be targeted in a FDA-sanctioned clinical trial. Success of TAME would also show the feasibility of clinical trials for aging as a target for intervention.

Funding issues stalled the launch of TAME, likely to due lack of sponsorship for an inexpensive, off-patent drug. Word is that TAME is finally underway now. It's an important study because it's

not clear that metformin is entirely without adverse effects. One concern is that it may suppress mitochondrial respiration in response to exercise, negating the anti-aging benefits of exercise and paradoxically antagonizing exercise-induced improvements in cardiorespiratory fitness.

An oft-cited study on adults in their early 60's looked at changes in insulin sensitivity and cardiac fitness after aerobic exercise training (AET), and its effects on mitochondrial respiration and protein synthesis in muscle. AET decreased fat mass and improved blood sugar control in both groups, but metformin attenuated the increases in overall insulin sensitivity and exercise capacity. Interestingly, the effect seemed to appear in only half of the subjects. It is not yet known whether this effect impacts the anti-aging properties of metformin. Notably, it was not an adverse effect per se, but a lack of the expected result of exercise. Nevertheless, the study has created some uncertainty about the wisdom of routine metformin use in nondiabetics.

There is some evidence suggesting that berberine, a botanical compound in a Chinese longevity medicine, may have similar properties to metformin without the adverse effects on exercise adaptation. It hasn't been tested in clinical trials, though there is evidence that berberine increases insulin sensitivity and alleviates a condition called metabolic syndrome - a cluster of conditions including increased blood pressure, high blood sugar, excess central body fat, and elevated cholesterol – that jointly increase risk of cardiovascular disease and related problems.

Take home message: The potential benefits of metformin probably outweigh its possible adverse effects for most people. Metformin is a prescription medication. If you decide to use metformin and you are not diabetic, you shouldn't have it filled at a regular pharmacy, because the on-label indication is diabetes. You don't want your insurance company categorizing you as a diabetic, and shouldn't expect your prescriber to fudge the diagnosis. Fortunately metformin is inexpensive. (We have made arrangements to dispense metformin through our office.)

NAD+

Mitochondrial sirtuin activity is dependent on the molecule *nicotinamide adenine dinucleotide*, usually expressed as its oxidized form NAD+, and is central to metabolism and energy processing. NAD+ has a fundamental role in nutrient sensing, linking directly with the energy-processing enzyme AMPK in mitochondria. Because NAD+ is a requisite substrate for sirtuins,

NAD+ depletion correlates with aging and age-related pathologies. For example, a 2023 study found low levels of NAD+ in people with high blood pressure, related to dysfunction of cells lining blood vessels. In mice, an experimental method whereby NAD+-generating enzymes can be “over-expressed” shows that lifespan and healthspan can be prolonged, and restoration of NAD+ levels ameliorates age-induced pathologies associated with diabetes. Caloric restriction, resveratrol, and resveralogs activate sirtuins, which need NAD+; so why not just try to boost levels of NAD+? You can, and easily.

For these reasons, NAD+ has become a hot topic anti-aging research. The NAD+ precursors nicotinamide mononucleotide (NMR) and nicotinamide riboside (NR), a form of vitamin B3, have been shown to raise levels of NAD+ when taken orally in both human and animal models. NR supplementation has been shown to extend the lifespan of mice even when administered late in life, while enhancing stem cell and mitochondrial function.

Because the NAD+ precursors NR and NMR occur in the human diet naturally (albeit in very small amounts), they are generally regarded as safe, and several clinical studies line up in support. A 2018 trial of NR plus pterostilbene – a polyphenol related to resveratrol but with higher bioavailability – assessed safety and efficacy in a population of 120 healthy adults ages 60 to 80 over 8 weeks. NAD+ blood levels showed sustained increases with this supplement, with no significant adverse effects. In December 2022 the results of a randomized, placebo-controlled clinical trial of NMN supplementation for 2 months on 80 middle-aged healthy adults evaluated physical performance (six-minute walking test), a blood biological age test (Aging.AI 3.0 calculator), NAD+ blood levels, and a standardized 36-item general health assessment. All subjects in the NMN group showed increased NAD+ levels, improved physical performance, and better general health compared to placebo. Biological age remained unchanged with NMN but increased in the placebo group.

Bottom line: Use of supplements containing the NAD+ precursors NR and/or NMR is almost certainly safe and might have longevity-promoting properties. Brand names to look for include Basis, Chromodex, and newcomers Elevant and Amelior.

Making sense of senescence

The phenomenon of cellular senescence was first described by the renowned biologist Leonard Hayflick as a condition of cellular dysfunction occurring when cells reach their replicative limit but don't die. Senescence can be triggered by telomere shortening, oxidative stress, and accumulated DNA damage. Senescent cells can either die using an "auto-destruct" program called apoptosis, devolve into cancer, or lapse into a zombie-like state. Senescent cells are an important feature of aging because they release pro-inflammatory cytokines and other harmful molecules, a condition called the senescence-associated secretory phenotype (SASP). Like the bad apples in the barrel, SASP zombie cells affect not only senescent cells themselves but also nearby cells and the tissue environment, resulting in what is called *inflammaging*.

One presumed explanation for why SASP occurs is that cellular senescence suppresses tumor genesis, because precancerous cells share many characteristics with senescent cells. The inflammation caused by SASP factors incites destruction of precancerous cells by eliciting an immune system response.

SASP is a blunt instrument though, and may actually provoke adjacent premalignant cells into malignancy, so on balance it's believed to be better to eliminate senescent cells if it can be done selectively. Substances targeting clearance of senescent cells are termed *senolytics,* and are a major focus of research and product development.

One promising approach uses a combination of the flavonoid *quercetin* and the anti-cancer drug Dasatinib, reported in a 2019 clinical trial to be effective at clearing senescent cells. Though quercetin is available in supplement form and is nontoxic in usual doses, Dasatinib must be administered under close medical supervision. Subjects in the study were in hospital. The picture is further complicated by a 2024 study which found that the treatment unexpectedly increased epigenetic age. There's clearly more to learn; as it is said, don't try this at home.

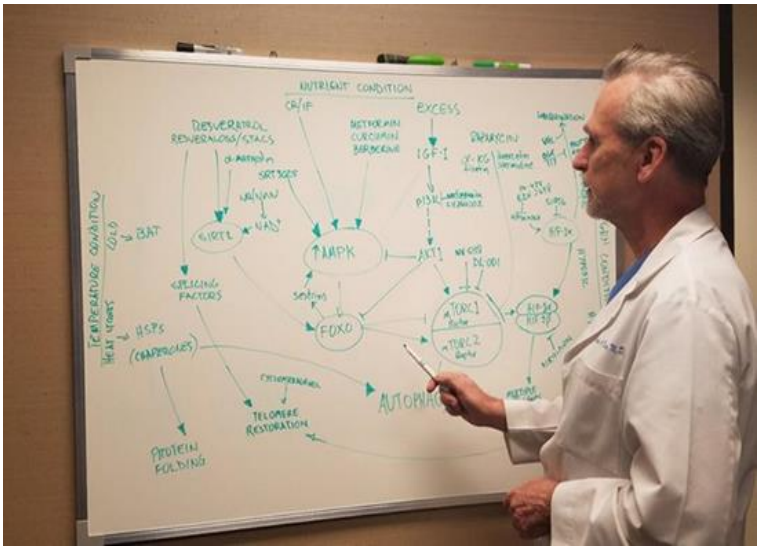
Rapamycin and autophagy

Autophagy (literally "self-eating") is an essential natural method of suppressing cellular senescence. Its importance was recognized in the 2016 Nobel Prize for physiology and medicine, awarded to biologist Yoshinori Ohsumi for the discovery of how it works. Ohsumi's lab and

others identified autophagy-related genes (Atg), which code for proteins that package cellular waste. These are controlled by an enzyme complex called Target of Rapamycin (TOR) kinase.

TOR got its name when it was identified as the site of action for *rapamycin*, a naturally occurring compound known for many years (like metformin.) Rapamycin was first isolated from a bacterium found in the soil of Easter Island (Rapa Nui) in the 1960's. Originally developed as an antifungal agent, it was found to have immunosuppressant properties and its on-label use now is to suppress rejection with kidney transplantation. Anti-aging researchers today feel that it can be better described as an immune *modulator* and anti-inflammatory drug, which blocks hyper-immunity rather than bluntly suppressing immunity, or even that it "rejuvenates immunity."

Exactly how rapamycin worked remained unclear until the 1990's, when it was recognized as an inhibitor of the enzyme complex that would later be called TOR. We now know that TOR is a principal orchestrator of cell growth and functions as a central coordinator of metabolism in response to both environmental and hormonal signals such as caloric restriction.



The metabolic "metro map"

Experimentally, rapamycin has been shown to extend lifespan in mice, even with treatment initiated late in life. In fact, *rapamycin is currently the only known pharmacological treatment that increases lifespan in all model organisms studied.* Conversely, aberrant mTOR signaling is linked to a variety of diseases, ranging from epilepsy to cancer. For this reason, rapamycin derivatives (called *rapalogs*) may find a path to approval as disease therapies but with potential use in anti-aging. For example, some neurodegenerative disorders are associated with impaired autophagy due to the suppressed removal of neurotoxic misfolded proteins (like origami,

proteins have to be folded just right). Rapamycin provided the first proof that pharmacologically stimulating autophagy can protect brain tissue. For now, rapamycin is off-label for anti-aging.

TOR straddles a major intersection of busy metabolic pathways. Looking more closely, we find that autophagy is regulated two subtypes of TOR, conveniently called TORC1 and TORC2. Inhibition of TORC1 prolongs lifespan, whereas inhibition of TORC2 does the opposite. The goal therefore is to identify TORC1 inhibitors that don't inhibit TORC2. Rapamycin is a relatively nonspecific inhibitor of TORC1, and long-term use results in impaired glucose tolerance related to TORC2. And as with other nutrient sensing regulators, TORC pathways exhibit significant hormesis (opposite effects at different doses), and the effects of intermittent vs regular dosing differ. So, it's complicated.

A program called The Dog Aging Project started by Matt Kaeberlein, PhD, at the University of Washington is evaluating potential anti-aging effects of non-immunosuppressive doses of rapamycin in middle-aged pet dogs. The trial, called TRIAD (Test of Rapamycin In Aging Dogs) is based on the rationale that dogs share the human environment, have similar risk factors, receive comparable medical care, and develop many of the same age-related diseases. Plus they live longer than mice, so their aging characteristics are more similar to humans. The study has found no side effects in the rapamycin-treated dogs, and improvement in age-related measures of heart function. The study has been expanded nationally to around 50,000 dogs.

The Dog Aging Project (DAP) has produced several important publications of relevance to both humans and dogs. One reported that dogs fed only once daily had better cognitive function and lower odds of having gastrointestinal, dental, orthopedic, kidney, liver, and pancreas disorders, providing evidence for the practice of intermittent fasting/time restricted eating. However, in December 2023, the National Institutes of Health pulled their funding for DAP. If you are interested in supporting the DAP or learning more about it, visit dogagingproject.org.

There aren't many human trials on rapamycin for aging though. One in the UK is looking at rapamycin's effects on muscle in older adults, and another in the US called Participatory Evaluation of Aging with Rapamycin for Longevity (PEARL) is specifically intended to investigate efficacy and safety of rapamycin to promote longevity. While the results from these studies are

pending, the use of rapamycin for anti-aging is becoming increasingly accepted, and in low doses (2-5 milligrams once a week) probably safe.

Spermidine

Caloric restriction mimetics also trigger autophagy. Like most biological processes, autophagy can be promoted by either increasing its activators or decreasing its repressors, which is what CRMs do. One inhibitor of autophagy repressors is spermidine, a naturally occurring molecule which is involved in regulation of cell growth. (It is abundant in sperm, hence the name.) Spermidine is produced in various cell types, the gut microbiome, citrus fruits, animal proteins, and especially in fermented foods. Dietary spermidine intake has been found to correlate with longevity even after adjustment for lifestyle factors, and has high bioavailability.

Further evidence suggests favorable effects on brain aging, immune senescence, and cardiovascular health. Clinical trials of spermidine supplements are mostly preliminary, but with generally positive results.

Alpha-Ketoglutarate

Another potentially useful mTOR inhibitor is alpha-ketoglutarate (AKG), a supplement widely used to improve athletic performance (though with debatable evidence.) AKG levels are known to change with fasting, exercise, and aging. In mice, adding AKG to the diet decreases systemic levels of inflammatory cytokines and prolongs healthspan and lifespan.

A product called Rejuvant, developed by Ponce de Leon Health in conjunction with the Buck Institute, is backed by some impressive science. To prove their case, the initial order comes with a DNA methylation age test, which customers are encouraged to repeat after 6 months of use. As supplements go, it's not inexpensive considering that the primary ingredient is widely available in other formulations. The manufacturer claims that combining AKG with vitamin D for women and vitamin A for men optimizes effectiveness, so there is a different formulation for each. In 2021 they published a study showing an average 8-year reduction in biological age after an average of 7 months of use, measured by the TruAge DNA methylation test. This test is based on an unpublished algorithm, and it isn't known how it compares to the more widely used ones. In February 2022, Ponce de Leon promised that results of a larger, placebo- controlled trial

would be out soon. The company's founder, Tom Weldon, reports that his own biological age is slowing faster than his chronological age is advancing.

Several mTORC1-specific rapalogs have been developed and are in various stages of clinical testing. The search has been facilitated by recent technical advances, resulting in identification of a number of available mTORC1 and mTORC2 regulators. The first of these were everolimus and temsirolimus, both approved for use in treating kidney cancer. San Francisco-based Aeovian Pharmaceuticals has developed a rapamycin analog, DL001, reportedly 40 times more selective for mTORC1 than rapamycin. It appears that Aeovian's objective is for FDA approval to treat a condition called tuberous sclerosis complex, but investor statements clearly identify the large opportunity to also target age-related diseases and anti-aging.

The challenge of proving clinical efficacy for rapalogs is enormous however. Several attempts have stalled or been scrubbed from clinical development following disappointing early results, including samotolisib (Lilly), and gedatolisib (Pfizer). A company called Unity Biotechnology has a compound called UBX0101 which targets senescence through separate pathway intended to eliminate senescent cells outright, but it failed in a phase 2 trial for osteoarthritis. Again, a promising candidate treatment lost in translation.

C15:0 – A fatty acid for longevity?

A recently discovered saturated fatty acid called C15:0, found in whole fat dairy and some types of fish, is attracting a lot of attention from longevity researchers. It appears to do a lot of what rapamycin and metformin do, targeting inflammaging, regulation of metabolism, cancer, and mTOR. Levels of C15:0 decline with age, and higher levels are associated with longevity. Although C15:0 has not been tested clinically, it is considered to be a safe and essential nutrient at optimal doses. It is marketed under the brand name Fatty15.

Urolithin

An important type of autophagy targets worn out mitochondria, a process called *mitophagy.* It is important because dysfunctional mitochondria are a hallmark of aging, manifest for example by age-related loss of muscle mass. For that reason, mitophagy-activating compounds hold promise for maintaining and restoring muscle strength. In 2022, clinical trial results were

reported for a mitophagy promoting compound called Urolithin A, a gut-microbiome-derived metabolite of a substance in foods such as pomegranate, berries, and walnuts. After 4 monthsof supplemental Urolithin A, the data revealed significant gains in muscle strength, aerobic endurance, and physical performance compared to placebo in adults 40-64 years of age. The supplement (brand name Mitopure) was shown to be nontoxic and is available online.

What can telomeres tell us?

Telomeres are caps that prevent unraveling on the ends of chromosomes, like the stop at the end of a zipper. Telomeres shorten during each cell replication, eventually depleting, which results in senescence by disabling cell replication. Telomere length was one of the earliest hallmarks of aging to be identified, but recent studies paint a conflicting picture. *Telomerase* is an enzyme capable of re-elongating telomeres, but factors that regulate it are complex and differ within cell lines and between individuals. Activation of telomerase is a tantalizing prospect in anti- aging, but as a target for intervention it has yielded inconsistent results.

It isn't even clear that telomerase is a central mediator of aging. Consider for example the Baltimore Longitudinal Study of Aging, which prospectively measured changes in telomere length over 13 years in a large number of subjects. The study did find that average telomere length shortens with aging, but the direction and scope of change varied considerably in different cell types and even more across individual subjects. Another longitudinal study of older adults in Spain similarly found that baseline telomere length failed to predict what is called "frailty phenotype" or mortality.

Studies on identical twins reveal some interesting insights on the relationship between telomere length and the effects of environmental stressors. A unique opportunity to evaluate the effects of long duration space flight on telomere length and other aging biomarkers was provided by the NASA twin study, when astronaut Scott Kelly had a "ground control" twin Mark. After a year in the International Space Station, assessments on Scott identified spaceflight-specific changes, including genome instability, DNA methylation alterations in immune and oxidative stress-related genes, and unexpected telomere *elongation*. Average telomere length and global gene

expression returned to near preflight levels within 6 months after return to Earth, though increased numbers of short telomeres were observed and expression of some genes was still disrupted. This paradox remains unexplained.

Nevertheless, the conceptual simplicity of telomere restoration by activation of telomerase remains compelling. And it might not be especially difficult, if unpredictable; traditional Chinese medicines, a regularly dredged source of anti-aging medicaments, has identified at least one telomerase activator in the herb *Austragalus*. There is some clinical evidence to support the claim of telomere lengthening, and it appears to have a favorable toxicity profile. The active compound is a small molecule called cycloastragenol, patented under the name TA-65.

Undoubtedly the most controversial approach to telomere restoration involves gene therapy. A company called Libella Gene Therapeutics is pushing hard to get this accomplished. The idea is to transplant an extra copy of the telomerase gene, and it has been shown to have potential in studies on mice. This type of treatment carries significant risk however, not the least of which is activation of dormant cancers or premalignant cells. Because cancer is the prime example of cellular immortality, this illustrates a fundamental challenge in all anti-aging interventions. How do we selectively extend the life of healthy cells but not precancerous ones? And as if the idea of a clinical trial of telomerase gene therapy at this stage of development wasn't provocative enough, Libella announced that subjects would have to pay a $1 million fee to participate, and travel to South America for the procedure. No results have been posted that I could find, though the study was announced in 2019.

Bottom line on telomerase activating treatments? Be skeptical. Nonspecific telomerase activation as an anti-aging target remains a work in progress.

Oxygen sensing

Nutrient sensing has received the most attention in aging biology, but oxygen sensing may play a vital role as well. Both hyperbaric oxygen treatments (high oxygen) and hypoxia (low oxygen) point to possible longevity-promoting interventions. Hypoxic conditions activate what is called

the Hypoxia-Inducible Factor (HIF) pathway, which facilitates adaptation to low oxygen. HIF is a key driver of regeneration involving sirtuins, mTORC1, and mitochondrial activity.

HIF signaling has also been identified as a target longevity pathway and an opportunity to use AI-based “omics” screening for compounds that can be repurposed for anti-aging. Leveraging a multi-omics database of human aging, the California-based biotech company BioAge showed that HIF activation levels were linked to multiple functional improvements as well as healthspan and lifespan. In 2020 they licensed a drug in development for kidney disease by the Japanese pharma company Taiko to commercialize it to treat diseases of aging.

Conversely, under certain conditions repeated hyperbaric exposure can induce effects which normally result from hypoxia, which is known as the hyperoxic-hypoxic paradox. It has been shown that hyperbaric oxygen treatment (HBOT) can induce HIF and sirtuin expression, and promote stem cell proliferation, mitochondria, and telomere elongation. The clinical study involved 35 healthy adults aged 64 or older given 60 daily HBOT sessions. Telomere length increased significantly, and the number of senescent white blood cells declined after the treatment. That’s a lot of time in hyperbaric chambers though, and these are the “hard” chambers of the type used for decompression for deep sea divers, which require medical supervision.

Temperature stress

Temperature stress responses yield meaningful insights into aging pathways, but until recently they have received less research interest because comparatively few targets for intervention have been identified. However, an understanding of cold and heat stress response is important, and potentially druggable targets are appearing.

Benefits of cold exposure likely relate primarily to brown adipose tissue (BAT), the function of which is thermogenesis in response to cold, and importantly also to modulate energy balance and insulin sensitivity. BAT develops in the embryonic stage, but was believed to diminish by adulthood. BAT is hard to detect, but a recent series of positron emission tomography (PET) scans – which create images based on metabolic activity – identified a cohort with metabolically

active BAT. The presence of BAT correlated with lower odds of type 2 diabetes, dyslipidemia, coronary artery disease, cerebrovascular disease, congestive heart failure, and hypertension.

“Normal” fat or white adipose tissue (WAT) can be induced by cold exposure to undergo partial browning, a phenomenon termed beiging (as in turning beige). Beiging can be produced by daily application of ice packs to the thigh, with systemic effects mediated by mitochondrial respiration. Despite this increased understanding of brown and beige adipose metabolism, and devoted advocates of ritual ice water plunges and cryotherapy, clinical evidence remains scant.

Heat stress has been more thoroughly studied and may play a more central role in longevity. A family of molecules called heat shock proteins (HSPs) function to refold proteins that have acquired faulty conformations, and to prevent the aggregation of misfolded proteins. HSPs are termed “chaperones” and work on diverse proteins including enzymes, transcription factors, and hormone receptors. Because these various proteins are involved in multiple cellular signaling pathways, HSPs have been implicated in a range of diseases. The TruDiagnostic OMICs test has identified HSP70 (the number indicates the size of the molecule) as a strong correlate to Alzheimer’s disease, Parkinson’s, and cancer.

HSPs have a dual role, operating in concert with systems that surveille and dispose damaged proteins, as well as facilitating new protein assembly. For this reason, HSP inhibitors have been recognized as potential anti-cancer and antiviral therapeutics. Several tumor types overexpress HSP105, which has led to its possible use in designing RNA-based anti- cancer vaccines. In contrast, the citrus-derived flavonoid nobiletin extends lifespan in laboratory models, mediated in part by promoting expression of HSPs. A clinical study on the effects of exercise and protein supplementation in healthy subjects in their 60’s found that improvements in lean body mass were linked to increased expression of HSPs.

Evidence indicates that beyond their role in proteostasis – folding new proteins, refolding misconfigured ones, and clearing those too damaged to salvage - HSPs operate as central lifespan determinants. HSP activity declines with age along with increasing protein aggregation, a hallmark of aging. This manifests in neurological disorders, cancer, cardiovascular disease, and

other degenerative diseases. This promiscuity of interactions also creates a challenge to find anti-aging HSP modulators without off-target effects.

Skin and anti-aging

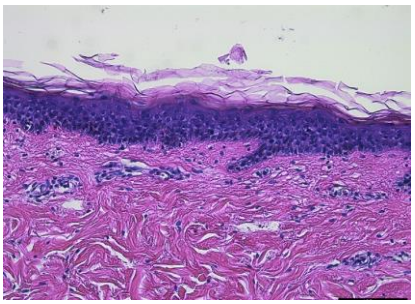
Skin health is of obvious interest in aesthetic medicine and plastic surgery, but its role in systemic health and aging is often overlooked. The accumulation of senescent cells in response to environmental damage has implications beyond the visible manifestations of aging skin. Further, because the skin is the largest organ in the body and its continuous interface between the internal and external environment, it reflects overall biological age. Consider the phenotype images on page 26; the fastest aging individuals show it in their skin health. Skin biological age with a high degree of accuracy using AI-based algorithms based only on photographs. One AI platform called PhotoAgeClock outperformed the Horvath DNAm clock in predicting chronological age using only photos of the eye area! At the same time, because tissues age at different rates, DNA methylation age estimators trained using internal tissues are less likely to be accurate predictors of skin age. Truly anti-aging skin treatments require validated measures specific to skin to precisely quantify the effects of various treatments.

Topical senolytics are an exciting new strategy for skin rejuvenation. Rapamycin has been tested as a topical senolytic, resulting in reduction of senescence markers. A small placebo- controlled trial was conducted in subjects greater than 40 years of age with age-related photoaging (sun damage) and thinning of the skin. Subjects showed progressive reduction in levels of a cell senescence marker called p16INK4A protein, and an increase in collagen.

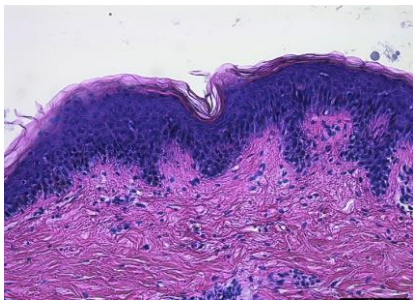
Improvement in skin appearance was noted in multiple participants as well. A California-based company called OneSkin has developed a skin care product (called OS-01) with a proprietary senolytic peptide called Pep 14. Haut.ai validated their results, and research published in 2023 demonstrated that Pep 14 reduced senescence markers and promoted DNA repair in human skin. I believe that senolytics for skin care is a major advance and I recommend it frequently. Anecdotally, we are seeing faster healing after facial peels and surgical scars with OS-01. OneSkin has products for face and body.

Retinol vs. OneSkin OS-01

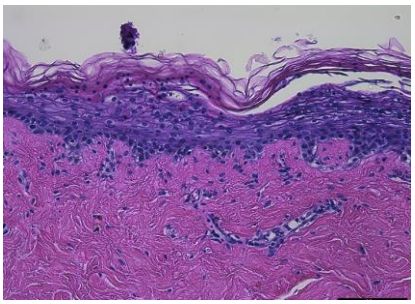
Although retinoids (tretinoin, retinol) have long been the gold-standard anti-aging ingredients for their ability to improve visible signs of aging, they are also known to cause skin irritation and sensitivity, resulting in redness, peeling, and flaking. These effects may actually *impair* long-term skin health. The scientists at OneSkin compared the two in a head-to-head test on human skin samples in a lab, analyzing key biomarkers on skin at a cellular level:



Untreated skin



OneSkin OS-01



Retinol 1%

They found that both retinol and OS-01 FACE significantly increased a key biomarker associated with collagen production, COL1A1. However, retinol also increased a key biomarker associated with skin aging, CDKN2A, while OS-01 FACE did not. Plus, OS-01 FACE increased a key biomarker associated with cell growth, called MKi67, while retinol did not. Microscopic comparison of skin samples further revealed that retinol appeared to *worsen* cellular structure and organization! Conversely, treatment with OS-01 produced a significant increase in epidermal thickness and promoted a more defined general structure and cellular organization, indicating that the skin's barrier was strengthened and intracellular function was improved with OS-01.

A surprising anti-aging effect of Botox©

Botulinum toxin A (Botox© and other brands) has also been shown to have anti-aging effects via a senolytic process. One test used human skin cells in vitro, which were induced to undergo premature senescence using Ultraviolet B exposure, similar to photo-aging in living skin. The cells treated with botulinum toxin demonstrated a decrease in a senescence marker called SA-beta-gal, an increase in collagen production, and other restorative effects.

There's further clinical evidence of skin rejuvenation beyond botulinum toxin's role as a wrinkle relaxer. A technique called *microbotox,* in which tiny doses of diluted botulinum toxin are injected into the facial skin (rather than the standard practice of placement into the muscle under the surface) found improvements in skin texture, tone, and pore size.

Nanofat

The basis for using nanofat (page 17) in skin rejuvenation has also been shown to involve senescence pathways. A study on cultured human skin cells pretreated with nanofat 24 hours prior to inducing senescence by exposure to UVB demonstrated significantly increased cell proliferation, reduced production of free radicals, increased collagen, and fewer cells expressing SA-beta-gal compared to non-treated samples.

For this reason, the use of nanofat in facial rejuvenation surgery is becoming more common. In facelifts it has become common to use fat grafting for volume restoration (volume loss is a feature of facial aging), and nanofat injected into the skin, or at least very superficially, enhances the result. This adds a biological anti-aging benefit to facial rejuvenation surgery.

Estrogen and skin

Post-menopausal estrogen depletion is a significant challenge in anti- aging skin care. Declining estrogen levels have multiple impacts on both the visible and structural qualities of aging in skin, including accelerated collagen breakdown, decreased elastin, and impaired moisture retention. These translate into thinning, loss of elastic recoil, dryness, and wrinkling. One answer to this is skin care products that selectively target the beta type of estrogen receptors (Erβ), which are abundant in facial skin. Estrogen taken orally does not get into the skin, but topical application risks absorbing too much. Something that stays in the skin without a systemic effect would be the optimal solution.

A topical formulation with an estrogen analog called methyl estradiolpropanoate (MEP) might be just that. MEP exerts strong estrogen-like effects while being metabolized in the skin to an inactive compound, thereby avoiding systemic side-effects. A clinical study found 93% of participants reporting that MEP helped improve wrinkles, texture, and color after 20 weeks, with younger subjects responding after shorter treatment durations. I am happy to say that I

was one of the first practices in the northwest to make this product (Emepelle) available through my office and our patients have been very impressed with it.

Resveratrol in skin care

The use of resveratrol deserves a mention here too, in that its effects on skin health may relate to its phytoestrogen properties (estrogen-like plant-derived compounds). It shares a similar chemical structure to estradiol and like MEP has affinity for Erβ. Resveratrol's small molecular size and lipophilic properties (dissolves in fats better than water) facilitate permeation into the deeper layers of the skin. Here resveratrol also activates sirtuins in skin cells, modulating the effects of oxidative stress from UV radiation. Resveratrol may actually be the most potent antioxidant available in a skin care product.

Gene therapy for skin rejuvenation

A company called Jeune is taking a more direct approach to skin rejuvenation by delivering the gene that makes collagen directly into skin cells. Like microbotox, it is delivered with multiple tiny injections. Preclinical studies appear very promising so this is one to watch.

VEGF: A very good factor for skin rejuvenation?

In the introduction to this book, I quoted from three news releases reporting on what I see as amazing breakthroughs in anti-aging. The third on was the study from scientists in Israel and Germany that found a way to experimentally restore aged human skin to a genetically and functionally youthful state. The protein that was identified as the mediator of this is called Vascular Endothelial Growth Factor-A, or VEGF-A. VEGF is found in PRP and exosomes, and is expressed in stem cells. If VEGF-A passes muster in clinical trials, skin rejuvenation will be only the beginning; the researchers believe that the model can be extrapolated to just about any organ or tissue. You would be correct however to surmise that a lot remains to be worked out before we start squirting VEGF into people; for example, HIF (page 40) seems to be involved, though exactly how is unknown.

Glycation: Targeting a fundamental aspect of aging

Age-related changes in skin have one thing in common with aging in tissues throughout the body: degradation of the extracellular matrix (ECM), the material between cells. This is

comprised of proteins such as collagen, hydration molecules such as hyaluronic acid, and many others. A prominent feature of aging in the ECM is the result of sugar residues attaching to proteins, a process called glycation. A familiar example of glycation is hemoglobin A1c, which reflects the level of blood glucose levels over time. Glycated proteins are dysfunctional and accelerate tissue deterioration as they accumulate. In the skin this is manifest with thinning, loss of elasticity, and inability to retain moisture. In muscles and joints the result is stiffness and loss of strength. Ultimately, these glycated proteins form what are called Advanced Glycation End products, or AGEs. Buildup of AGEs is a big deal in anti-aging across the board.

Glycation is the result of a chemical process called the Maillard reaction, which is also the cause of browning in cooking that makes food so tasty. The crust on your bread, the char on your burger, your summer tan – Maillard reaction. Recent research from the Buck Institute shows why these foods are so hard to resist and also why they are so detrimental: certain AGEs in food activate a signaling pathway that promotes hunger and overeating, while simultaneously provoking neural tissue damage. As if all this bad-for-you goodness wasn't tempting enough.

Our friends at SkinCeuticals have been working for some time on products to restore the ECM in skin. They have developed a cream based on proxylane, a sugar-protein hybrid molecule that helps repair the ECM. The flagship product in the category is cleverly called "anti-A.G.E." Other anti-glycation compounds include resveratrol, metformin, and the peptide TB-4 (page 18).

Another bit of encouraging news is a report from Japan finding that a fish-derived collagen peptide supplement reduced AGEs in skin. The randomized prospective placebo-controlled 12-week trial also found an improvement in insulin resistance. The product, from Nitta Gelatin, has high concentrations of two specific compounds (prolyl-hydroxyproline and hydroxyprolyl-glycine), so it cannot be presumed that other collagen peptide supplements would have the same effect.

Turn.bio: Turning back the clock on aging skin with epigenetic reprogramming

One of the companies to watch in this space is called Turn.bio. They seem to have the inside track on leveraging techniques for epigenetic reprogramming, with their first clinical application

likely to be for aging skin. They are one of several companies working on technologies for the use of Yamanaka factors (page 25) in reversing epigenetic age. In order to do that safely and predictably there are several challenges that need to be overcome: First, too much exposure causes cells to revert back to stem cells, which means they lose their identity. The goal is to make skin cells, for example, more youthful—not turn the clock back too far. The second challenge is how to deliver the factors into living cells. Turn.bio appear to have solved this by using mRNA, similar to how it was developed for vaccines. While there has been a fair amount of disinformation about mRNA vaccines, the use of mRNA is actually what makes the technique safe because it does not enter the cell nucleus and so does not alter DNA. What it does do is carry a signal for the cell to naturally make Yamanaka factors in specific proportions which then result in controlled epigenetic reprogramming. They have also solved the problem of delivering the mRNA by creating a sort of artificial exosome which delivers the mRNA cargo into the cell.

These reprogrammed skin cells manifest all of the desired characteristics of younger cells. They make better collagen, more elastin, show fewer signs of senescence, and in every important way are functionally younger. An additional benefit is that the treatment does not need to be repeated frequently. The technology is not limited to skin, and has been demonstrated in the lab to work on a range of tissues and organ systems. I'm keeping a close eye on this company.

The aging brain

Ultimately no aspect of longevity medicine is more urgent than the aging brain. The baseball hall of famer Satchel Paige is credited with saying that "Age is a case of mind over matter; if you don't mind, it doesn't matter." I won't argue with that, but when it comes to the gray matter of the brain it's going to take more than a good attitude. Demographic projections foretell an impending crisis as age-related cognitive disorders crest over the coming decades. There is encouraging progress however, if recent findings can be validated clinically. In fact, there has never been more cause for optimism.

There are several big challenges to the development of treatments for age-related cognitive decline, whether from effects of aging or specific conditions such as Alzheimer's disease. For one, the brain is protected by the blood-brain barrier, a layer that restricts what molecules are

allowed to enter the central nervous system. Many promising compounds are simply undeliverable to the target tissue. Another is the impracticality of sampling the tissue with brain biopsies for analysis of the disease process or the effect of treatments. And finally, there is zero margin for error with toxic side-effects where the brain is concerned.

Stem cell treatments are potentially able to overcome all these obstacles because they know how to deliver messenger molecules where they are needed. Adipose-derived stem cells are particularly attractive because they are your own cells, can promote regeneration of nerve tissue, and are generally safe. Numerous clinical trials of stem cell treatments are underway for a range of conditions, from Alzheimer's and Parkinson's diseases to brain injury from stroke.

I still try to keep up with research on wine and health, and this brought me to an interesting finding on brain function. It has to do with what is called the glymphatic system, which is the lymphatic system of the brain. As in the rest of the body, metabolic waste products in the central nervous system are cleared by the glymphatic system. Glymphatic channels open up during sleep, explaining a big part of why sleep is so important in anti-aging. What caught my attention was the finding that *alcohol* enhances glymphatic flow, at least up to a point. Since every major study of risk factors for Alzheimer's disease finds it lower in wine drinkers, that seemed to fit. At least a cause to raise a glass and offer a toast to the researchers.

In the big scheme of things though, the benefit doesn't go nearly far enough. Delving deeper into the biology of the aging brain, we find declining protein synthesis that in turn correlates with defects in protein folding. As misfolded proteins accumulate, they activate what is called the Integrated Stress Response (ISR), which regulates the protein synthesis required for memory formation. The response to damaged proteins thereby also impairs memory, and explains why ISR activation is seen in states of cognitive decline with age. There are limited other options to prevent toxic proteins from building up, so inhibition of ISR is a double-edged sword.

A promising candidate is the drug-like molecule ISR inhibitor ISRIB, which has been shown in studies from Calico labs to restore memory function months after traumatic brain injury and to enhance cognition in healthy animals. A subsequent study found rapid and lasting restoration of youthful spatial learning and memory abilities in aged mice within a week after a series of 3

injections of ISRIB. The implications of this potentially long-lasting, simple, and effective way to reverse age-related cognitive decline cannot be overestimated. ISRIB has yet to be tested in humans though.

Putting it all together: What we can do now

Despite the momentum propelling the anti-aging field, completed prospective clinical studies are few in number but informative. Now that biological age can be measured, there are many in progress and we can expect results from these studies to validate anti-aging in ways not previously possible. Here are a few highlights of what we know now:

Time-restricted eating: Also called intermittent fasting, the idea here is to mimic the effects of caloric restriction by eating only during a limited time frame each day rather than reducing calories. The evidence is good: One crossover study (each group did both parts) compared gene expression patterns for a 6-hour eating schedule (8:00 am to 2:00 pm) to a 12-hour (8:00 am to 8:00 pm) on overweight adults. The time-restricted subjects showed stabilized glucose levels, increased expression of sirtuins, and the autophagy gene LC3A, and mTOR. I try to practice time-restricted eating (with an 8 hour eating interval) and have not found it too difficult.

TRIIM trial: The "Thymus Regeneration, Immunorestoration, and Insulin Mitigation" trial investigated the use of human growth hormone to prevent or reverse signs of immune senescence in middle-aged healthy men. GH was used based on prior evidence that it has thymus and immune reconstituting effects in animals, but because of the undesirable diabetes-like effects, it was combined with metformin and DHEA. After one year of treatment, the mean epigenetic age approximately decreased to 1.5 years less than baseline, a −2.5-year change compared to no treatment at the end of the study. The decrease in epigenetic vs. chronological age persisted after discontinuing treatment.

Diet & Lifestyle study: This randomized controlled clinical trial on 43 healthy adult men aged 50- 72 tested a plant-centered, low carb diet plus a special fruit & vegetable powder, a specific probiotic, at least 7 hours/night sleep, exercise 30 minutes/day 5 days/week and twice daily relaxation exercises. DNA methylation analysis found a more than 3 years decrease in DNAmAge compared with controls.

Rejuvant® supplement: Retrospective study of -ketoglutarate supplement (AKG) showing an 8-year reversal in biological age as measured by the TruAge DNA methylation analysis, after an average of 7 months of use.

CALERIE™ (Comprehensive Assessment of Long term Effects of Reducing Intake of Energy) Designed to determine the biological effects of two years of caloric restriction in humans, this study has produced several findings of interest. Reduction of caloric intake by only 14% produced improvements in immune function, systemic inflammation, and metabolism. The researchers subsequently identified the specific gene responsible for the effect (Pla2g7).

Summary and Future directions

It is now possible to slow and even reverse aging in humans. Longevity medicine in the new era integrates basic science and clinical practice across multiple disciplines, bridges boundaries between academia and private enterprise, applies artificial intelligence, and reconfigures health care models from disease-based to healthspan-based.

Biohacking longevity is big business already, and getting bigger. Competition to capitalize on this 21st century gold rush is intense. No matter how savvy the consumer is, it is ever more challenging to navigate the many options available now. Privacy of genomic data is a vital issue in this enterprise. As longevity science advances, so too does the sophistication of its scammers.

This is where the practice of longevity medicine finds the value proposition. My goal is to provide independent and unbiased guidance. I will make recommendations according to the best information available. I won't get ahead of the science, but I don't intend to lag behind either. I want patients for the anti-aging practice to start by reading *Biohacking Longevity* because longevity medicine represents a fundamental shift from the way doctor-patient relationships have been built. I want you to be an insider and empower you to know when you are being sold a bill of goods. Our goal is to objectively track outcomes, whether it is skin rejuvenation, prescriptions such as metformin or rapamycin, peptides, or aesthetic treatments. Your anti-aging plan will be collaborative and personalized.

Glossary

Aging biomarkers Measurable factors that reproducibly, qualitatively and quantitatively reflect the rate of human aging. Examples include DNA methylation, blood levels of proteins related to inflammation such as C-reactive protein, and glycated proteins such as hemoglobin A1c.

Artificial Intelligence (AI) The general definition of AI is a form of computing science which enables the computer to process information in the way that the human mind does. There are several types of AI relevant to biomedical science and anti-aging:

• Neural networks – Software programs modeled after the way that adaptable nerve cells in the human brain are understood to work.

• Machine learning – the computer's ability to learn from examples and experiences. Methods include Random Forest, Bayesian Networks, and Support Vector.

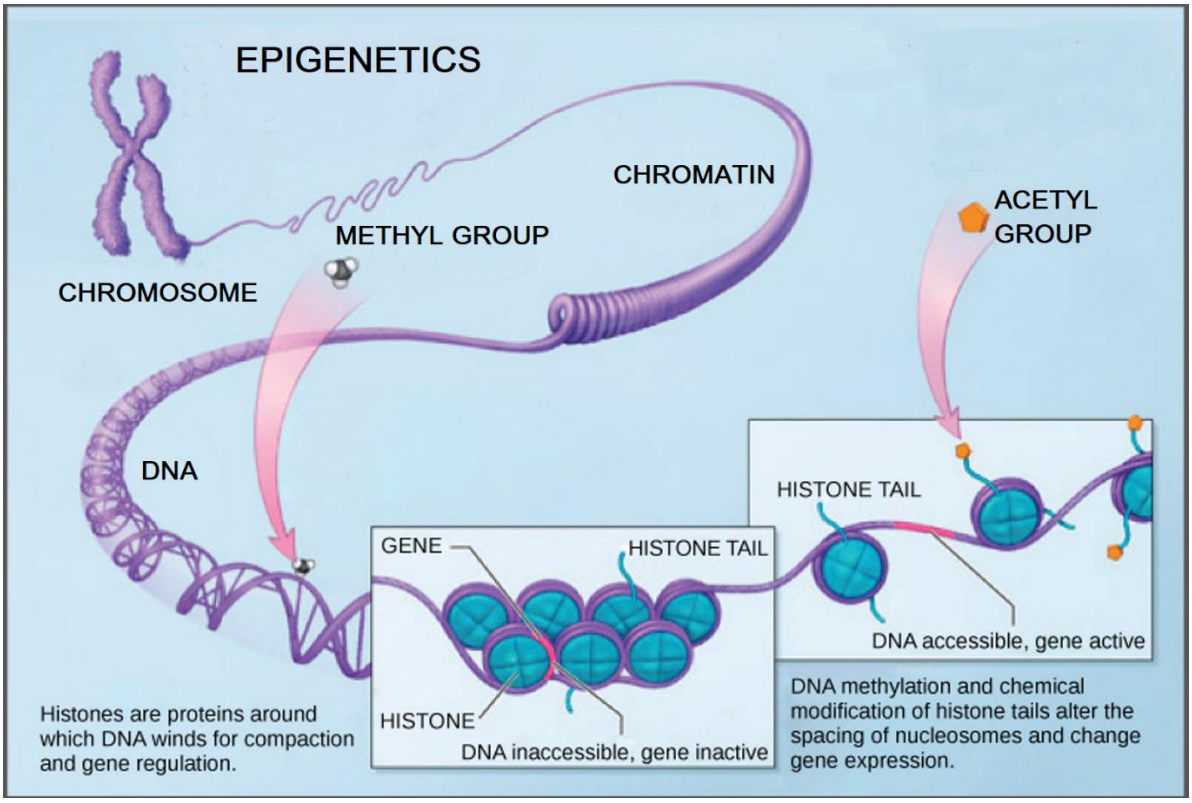
• Deep Learning – a subset of machine learning composed of algorithms that enable software to train itself and process multiple layers of data.

• Other – Convolutional Neural Networks, useful for analysis of large datasets of images; Generational Adversarial Networks, where one program generates false images and the other tries to distinguish them from real ones; Reinforcement Learning, and many more.

Alpha-Ketoglutarate is an amino acid precursor that promotes protein synthesis and autophagy. There is evidence that AKG prolongs lifespan in animal studies and may reverse aging in humans.

Autophagy Literally meaning "self-devouring," autophagy is the mechanism by which cells remove damaged or dysfunctional components. Autophagy facilitates the orderly recycling of cellular debris. Although it was initially identified as a primordial response to starvation, it is now known that it also plays an important role in cell metabolism under normal conditions.

Epigenetics The molecular “software” that controls gene activity. Epigenetics is how cells transform into various types even though they all have the same DNA, and also directs the day-to-day function of mature cells. Mechanisms of epigenetic function include DNA methylation and modification of histones, leaving a permanent record of gene activation and/or silencing.



Exosome A bubble formed of cell membrane containing a cargo of molecules to be delivered from one cell to another. Exosomes are a primary means of communication between cells.

Genomics The study of all of an individual’s genes, how they interact with each other and the environment, and the resulting impact on physiology and health.

Glycation Sugar molecules binding to proteins, resulting in Glycation End Products or AGEs, which cause tissue damage and accelerate aging as they accumulate over time. Hemoglobin A1c is an example of glycation, reflecting average blood glucose levels over time.

Histones Protein structures forming spools around which DNA wraps, forming units called nucleosomes. Histones regulate gene expression and prevent DNA from becoming tangled.

Inflammaging Low-grade, chronic, systemic inflammation leading to more rapid aging.

In silico A term that means “done on a computer”. In biology it usually refers to the computational modeling of biological processes. Examples include docking simulations, which model how biomolecules fit together and interact, and AI-based predictions of clinical effects.

In vivo In the living organism.

Longevity medicine AI-driven practice incorporating precision medicine concepts and interventions intended to prolong healthspan and lifespan.

Methylation One of the mechanisms of epigenetics. DNA consists of four bases, called cytosine, guanine, adenine, and thymine (the 4-letter “alphabet”). A chemical unit called a methyl group can be added to cytosine, resulting in methylation of that area of the DNA, suppressing activation of the gene. This leaves a record of genetic activity.

Mitochondria (singular is *mitochondrion*) Structures with the cell that are responsible for energy production. Mitochondria have their own DNA and are critical for healthy metabolism.

mRNA Messenger RNA (ribonucleic acid) is essentially a template transcribed from a gene. The mRNA strand then moves from the nucleus of the cell into the cytoplasm where it directs the assembly of proteins.

Nanofat A type of fat graft in which the fat cells are removed by filtration, leaving the platelets, stem cells, and other factors to promote regeneration. It is typically used in conjunction with a facelift where it is injected at a superficial layer under the skin.

Omics The study of collective sets of data within biological systems, and how they translate into structure and function. Examples include genomics, transcriptomics, proteomics, and metabolomics. The ending “-ome” is used to address the respective categories of study, such as the genome, proteome, etc. The objective of omics is to identify, characterize, and quantify biological molecules that are involved in the dynamics of a cell, tissue, or organism.

Peptides Mini-proteins that often act as hormones or signaling molecules, such as insulin. Peptides are involved in every aspect of aging, immunology, metabolism, and disease. Peptide levels decline with age.

Phenotype A term used in genetics for the observable characteristics or traits of an organism, including physical form and structure and its physiological properties. Phenotype results from the expression of its genetic code, (genotype) and the influence of environmental factors.

Precision medicine (PM) Also called personalized medicine, PM is a model that customizes healthcare decisions, treatments, practices, or products based on the individual's genome. PM has been widely applied in cancer therapeutics, and increasingly relevant in longevity medicine.

Protein folding The process of forming strands of amino acids into 3-dimensional shapes to make functional proteins. Misfolded proteins are associated with several specific diseases and manifestations of aging. Enzymes that assist in protein folding are called chaperones.

Senescence In the context of longevity medicine, this refers to cellular senescence, a zombie-like state cells can enter into when they reach the end of their replicative cycle but don't die. Senescent cells typically have accumulated DNA damage and secrete inflammatory molecules which contribute to both localized and systemic degradation (*inflammaging*.)

Senolytic Senolytics are drugs or other substances that selectively clear senescent cells. These include the drug Dasatinib and the flavonoids quercetin and fisetin. In contrast, *senomorphics* are compounds that restore senescent cells.

Sirtuins A class of signaling proteins that modulate the activity of genes involved in cellular metabolism, stress response, and aging.

Telomere Telomeres are bits of non-coding DNA and protein that cap the ends of chromosomes to prevent unraveling. Typically, they shorten with each cell replication cycle. Short telomeres are associated with aging. The enzyme that restores telomeres is called telomerase.

Transcription factor (TF) A protein that controls the transcription of genetic information from DNA to messenger RNA, by binding to a specific DNA sequence. TFs regulate genes to ensure that they are expressed in the right cell at the right time and in the right amount.

Yamanaka factors are a group of transcription factors that together direct epigenetic reprogramming of mature cells to a more youthful state.

TRUAGE BY TRUDIAGNOSTIC

OMICm Age

This report calculates biological age by examining age-associated methylation patterns at approximately one million locations on your DNA, using the novel OMICm Age algorithm.

Developed By TruDiagnostic's Bioinformatics & Research Department

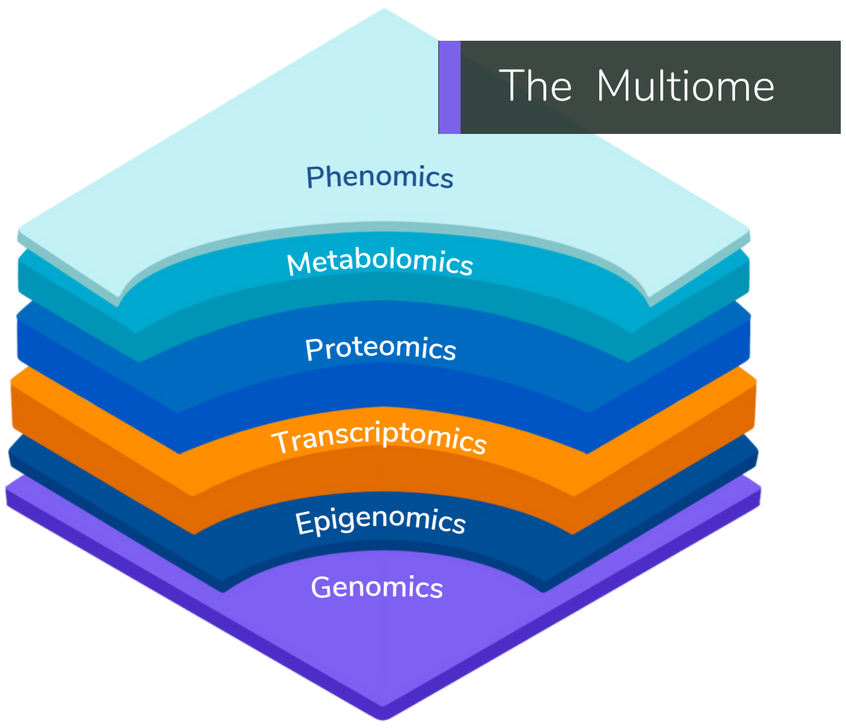
A NEW AGING ALGORITHM

Raising the bar on measuring aging.

When TruDiagnostic was founded in 2020, we set out on a mission to create the best scientific algorithm (clock) that analyzes epigenetic patterns to accurately quantify biological age. To do this, we needed an extensive amount of data, which is why we partnered with researchers from Harvard University and Partners Biobank.

This biobank included thousands of samples saved from over the last 50 years. With these samples, **we were able to collect the extensive amount of interconnected biodata needed to create the most accurate predictors of biological aging**.

This process has taken us almost three years to finalize, but we are proud to announce the completion of the best biological age clock ever created; the **OMICm Age** algorithm.



DNA methylation scores are created to predict circulating proteomic surrogates.

Principal Component clocks are created to improve precision (ICC values).

OMICm Age, the first clock trained with proteomic, metabolomic, and clinical measures is created.

1

The first DNA Methylation based age clock is published. — 2011

The first Immune Deconvolution method is published. — 2012

The Hannum (first Immune Deconvolution method incorporated) and Horvath (first Multi-Tissue) clocks are published. — 2013

The first, 2nd generation aging clock is published (Mitotic Cell Division clock called 'Epitoc'). — 2016

The PhenoAge clock is published. — 2018

The Grimage clock is published. — 2019

The first, 3rd generation clock is published (DunedinPoAM). — 2020

DunedinPoAM is upgraded to DunedinPACE. — 2021

2022

2023

OUR APPROACH

Multi Omics & Biological Aging.

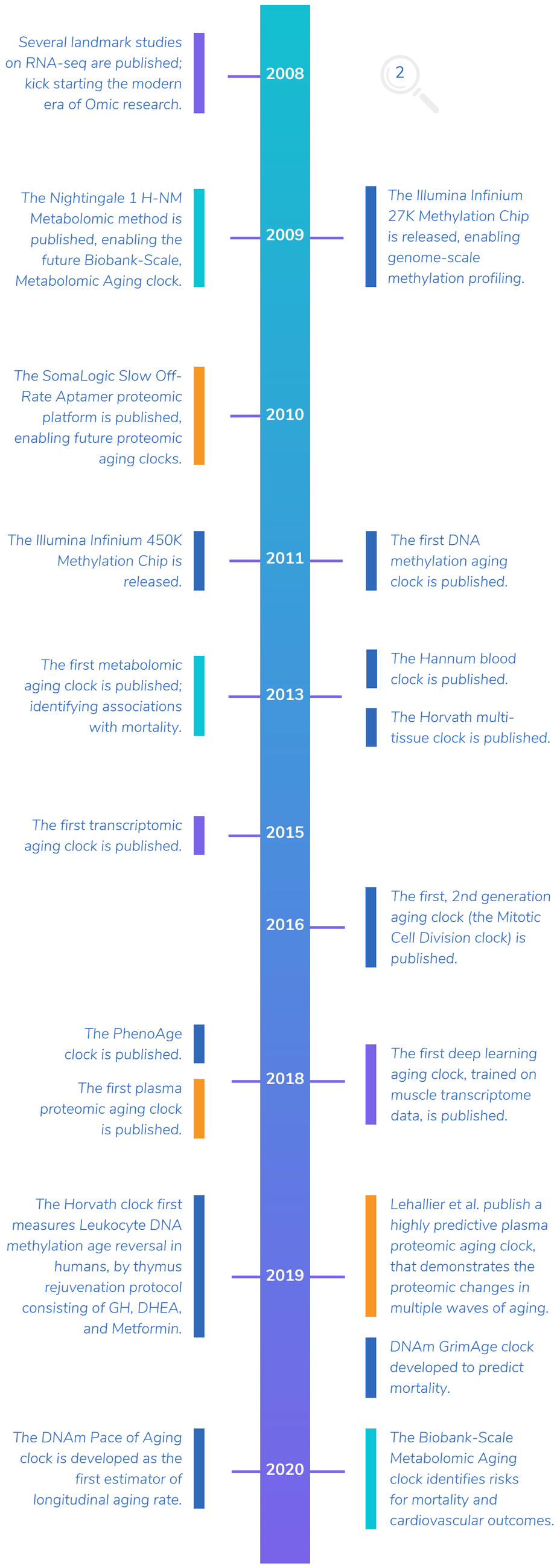
When the Human Genome Project (an initiative to map the entire human genome) was first announced decades ago, many people thought the results would inform us about everything related to human biology. While it was a great project, the actionable health information gained from its efforts left many people disappointed. One reason why is that genetic composition is only one small piece of the puzzle.

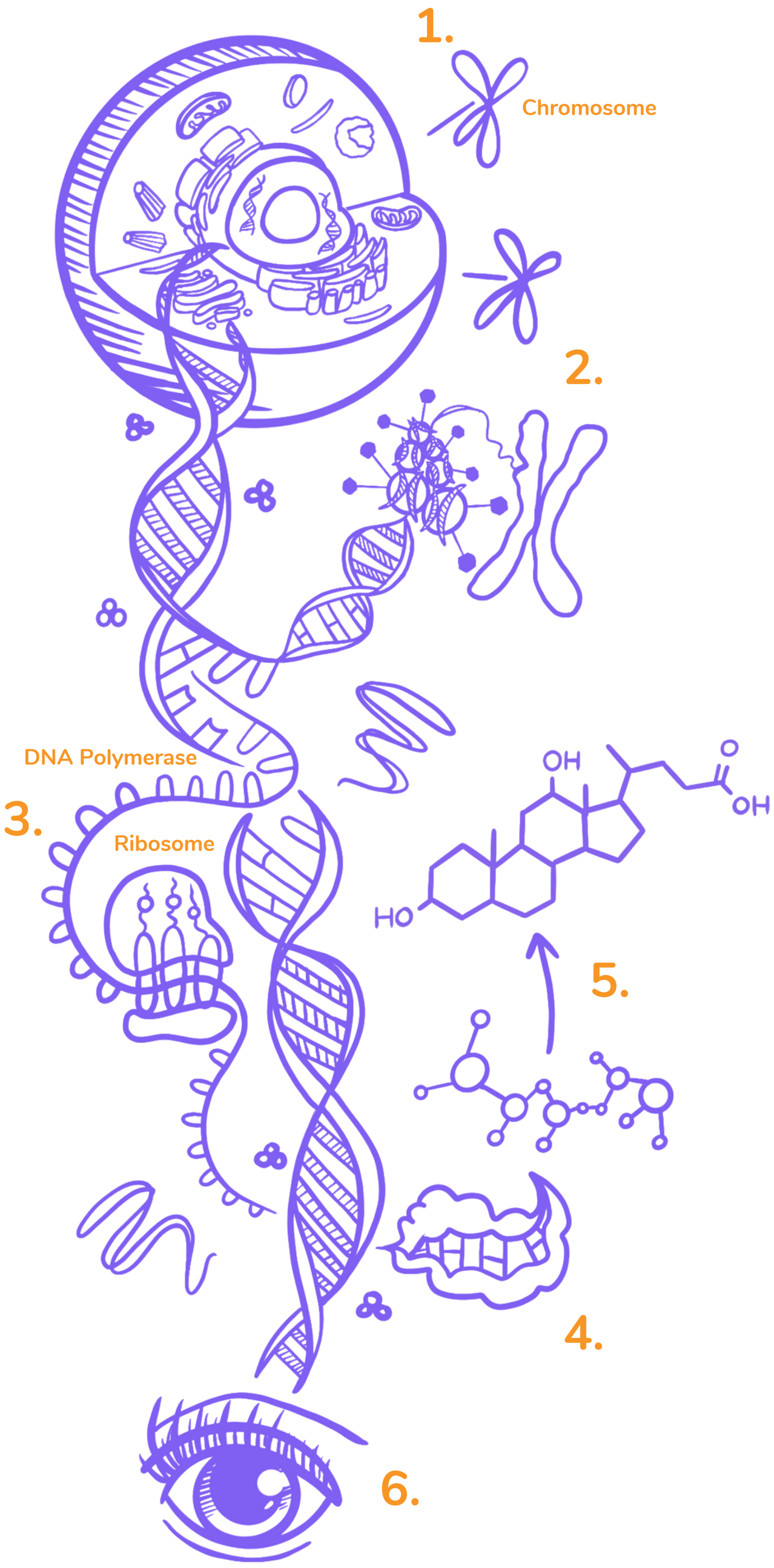
We now know that **the functionality of your body, as well as your health outcomes (phenotypes), are a result of much more than just your DNA**. Your epigenetics and transcriptome, the peptides and proteins in your body (proteome), and the metabolites from your body's processes and environmental exposures are all crucial factors in how your biology operates. This large picture of interconnected cellular processes is often called the multiome (Multi Omics) and it is a combination of all the different measurements we can perform on the body.

Thus, to create the best biological age clock, we didn't want to just measure epigenetics. We wanted to measure the entire multiome. So, we did! **In 5,000 people, we used advanced analysis techniques to quantify all biomarkers that make up the multiome." Proteins, metabolites, and DNA methylation altogether were measured in only 1500 subjects. We used these individuals to train the epigenetic biomarker proxies (EBPs) for proteins and metabolites and, later on, we quantified these EBP in the ~ 5000 subjects with DNA methylation**. We used Whole Exome Sequencing, Untargeted Plasma Proteomics, Plasma Metabolomics, as well as Clinical Data and Outcome Data for our large group (cohort). Together, this novel data allows for an unmatched resolution in quantifying the whole body's aging process. It also allows us to view aging throughout the multiome, through the lens of DNA methylation.

In our initial publication regarding the research and findings used to develop our OMICm Age algorithm, we **showed that this clock is better at predicting health and aging outcomes** than any other methylation age clock to date.

Epigenomics
Transcriptomics
Proteomics
Metabolomics





1. Genomics

The study of the genes housed in our DNA.
Our DNA, located in the nucleus of our cells, contains sections of instructions (genes) that tell a cell how to behave. Your genetics stay the same from conception to death.

2. Epigenomics

The study of how our genes are modified.
Epigenetic molecules interact with our DNA, either amplifying or silencing certain instructions. These interactions change throughout your lifetime.

3. Transcriptomics

The study of how our genes turn into actionable RNA.
During transcription, molecules called RNA copy the instructions of our DNA; skipping over or boosting sections based on the epigenetic patterns at that location.

4. Proteomics

The study of how proteins function. Proteins are created by RNA, and perform most of the work within a cell. Antibodies, enzymes, and hormones are all types of protein functions.

5. Metabolomics

The study of the chemical processes produced by protein interactions. Metabolites are a by-product of proteins hard at work, and are used to help break down food, drugs, chemicals, or the body's own tissue.

6. Phenomics

The study of observable traits such as eye, skin, and hair color. Epigenetics can curate those instructions, and the resulting proteins and metabolites impact your biology to result in a physical expression.

PROVIDED BY: TruDiagnostic™ The Epigenetic Company

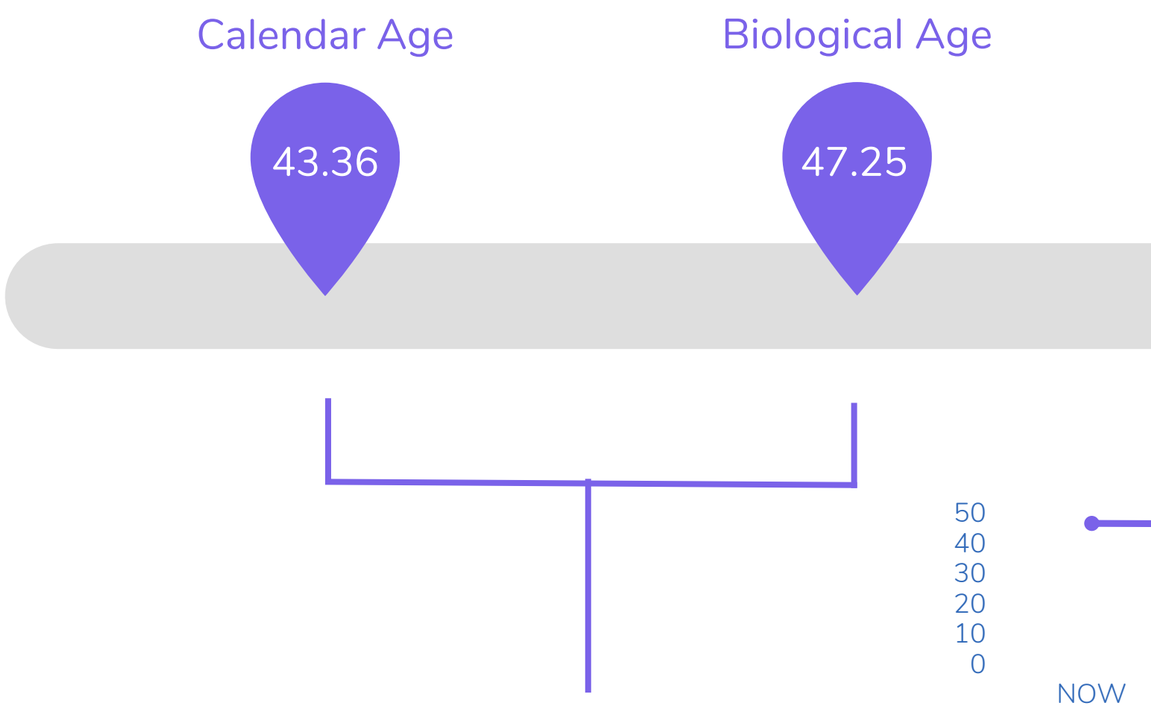
Your Results.

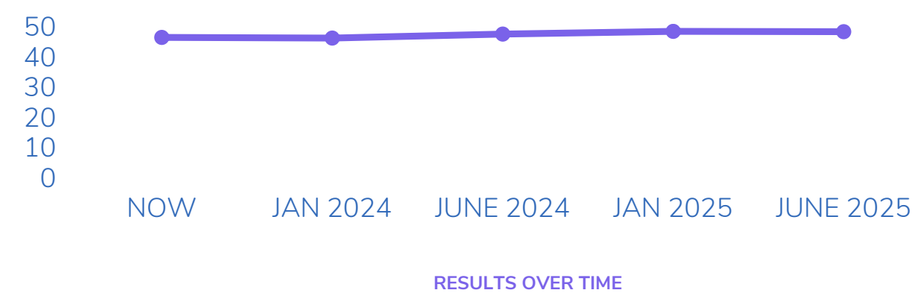
DISCLAIMER: All population graphs included in this report are based off of data from thousands of research participants and TruAge test takers. Unless otherwise specified, population graphs are included to provide context to your results, but are not necessarily reflections of individual scores.

47.25

YEARS OLD

OMICm Age





Your OMICm Age is

HIGHER THAN

your calendar age by 3.89 years.

YOUR OMICm Age IS IN THE:

82nd

PERCENTILE MEANING THAT YOUR OMICm AGE IS HIGHER THAN 82% OF THE POPULATION AT YOUR SAME CHRONOLOGICAL AGE.

YOUR RISK OF DISEASE

DISCLAIMER: The following, personalized risk scores were calculated based off of observed and validated patterns in data, from thousands of research participants involved in our Harvard University and TruDiagnostic partnered study. This cohort is believed to be a strong sample representation of larger population data.

Aging has been scientifically proven to be the number one risk factor for major chronic diseases world-wide. Accelerated aging (having an older biological age than your calendar age) increases your risk of disease with each year, and having a younger biological age decreases these risks.

Your OMICm Biological Age can represent an increase or decrease risk of Death, Cancer, Heart Disease, Stroke, Type 2 Diabetes, COPD, and Depression.

-28% Disease Risk

*Reflects your current risk. A -28% score means that your **risk** is 28% **lower** compared to people of your same chronological age.*

47% Disease Risk

*Reflects your current risk. A 47% score means that your **risk** is 47% **higher** compared to people of your same chronological age.*

31%

Reflects your potential risk score based on potential changes to your biological age.

DEATH

-3 YEARS	-1 YEAR		+1 YEAR	+3 YEARS
-56.97%	-47.18%	**-41.48%** Disease Risk	-35.16%	-20.4%

CANCER

-3 YEARS	-1 YEAR		+1 YEAR	+3 YEARS
-56.97%	-47.18%	**-41.48%** Disease Risk	-35.16%	-20.4%

STROKE

-3 YEARS	-1 YEAR		+1 YEAR	+3 YEARS
-56.97%	-47.18%	**-41.48%** Disease Risk	-35.16%	-20.4%

RESULTS CONTINUED ON NEXT PAGE

HEART DISEASE

TYPE 2 DIABETES

COPD

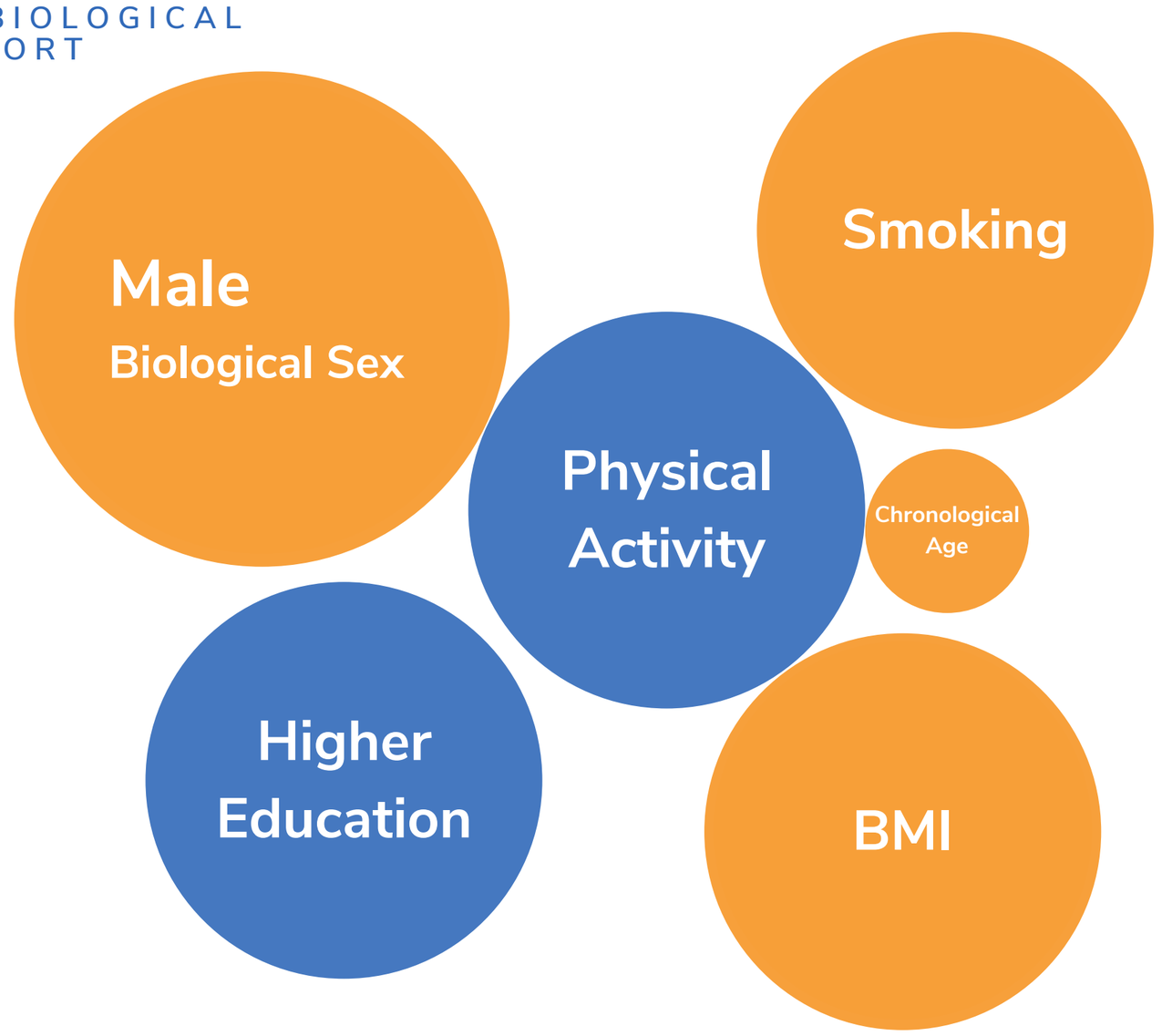
DEPRESSION

- END OF DISEASE RISK RESULTS -

In the chart below, you can see some of the top factors that contribute to an increase **(yellow)** or decrease **(blue)** of OMICm Age.

While some influences like sex and chronological age are innate and unchangeable, **most contributing factors like smoking and physical activity can be modified.** It is important to note that an influence, or association, is not necessarily a cause. The chart below shows **research-backed associations with a higher or lower biological age**. These factors may or may not be direct causes, however, strong age-related trends have been distinguished.

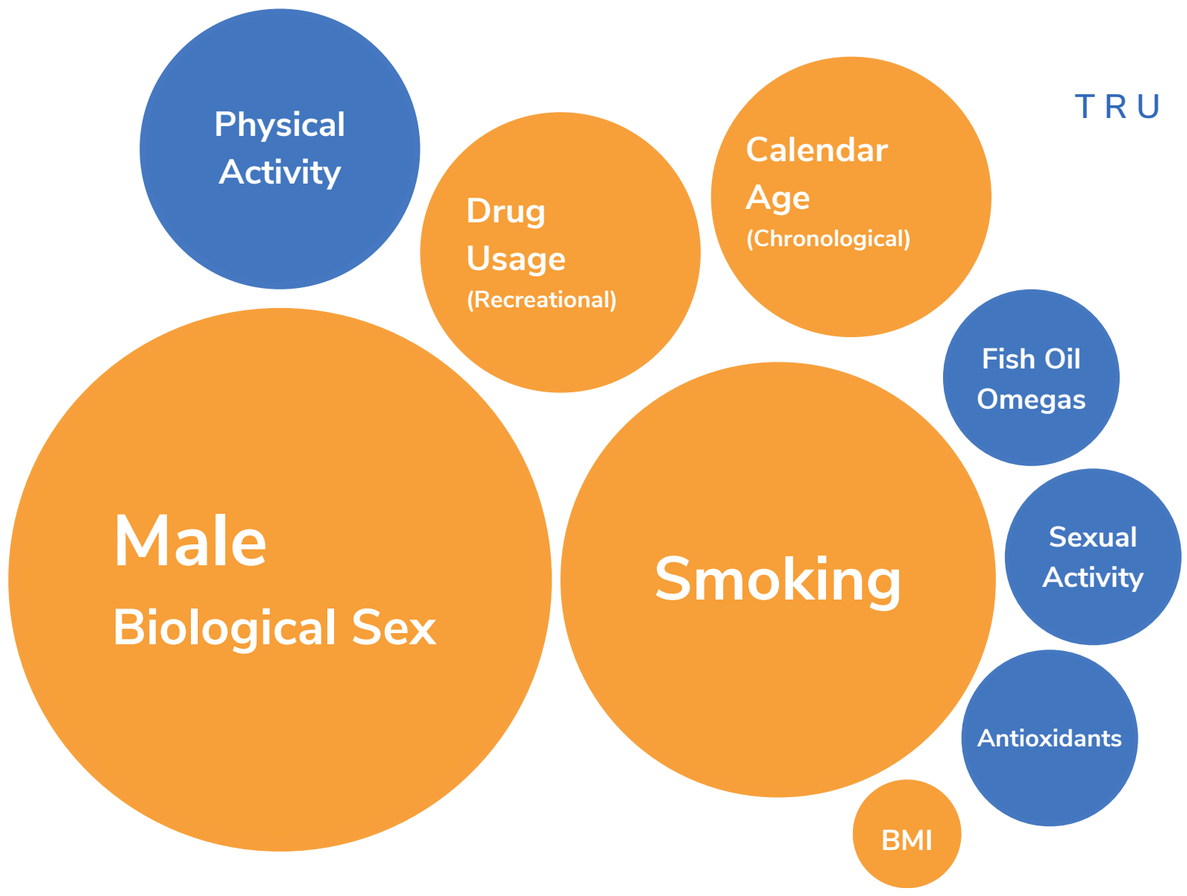
HARVARD BIOLOGICAL AGING COHORT



Associated with ***lower*** OMICm Age

Associated with ***higher*** OMICm Age

TRU COHORT



Associated with ***lower*** OMICm Age

Associated with ***higher*** OMICm Age

THE EPIGENETIC BIOMARKER PROXIES DRIVING YOUR BIOLOGICAL AGE

We use epigenetic biomarker proxies (EBPs) to predict genomics, transcriptomics, proteomics, and metabolomics sum values that are positive for your aging, and some that are negative for your aging. In the graph below you will see the factors contributing to your aging the most. If a bar is above zero, it's increasing your OMICm Age, if below zero, it is decreasing your OMICm Age.

BODY SYSTEMS CONTRIBUTING TO THE DEVELOPMENT OF OMICAGE THROUGH OMICS

NEUROLOGICAL/NERVOUS SYSTEM

- 1-stearoyl-2-adrenoyl-GPC (18:0/22:4) (Plasmalogen)
- Uridine
- Histone H2B type 1-K
- Cystine
- 4-hydroxyphenylacetylglutamine

CARDIOVASCULAR SYSTEM

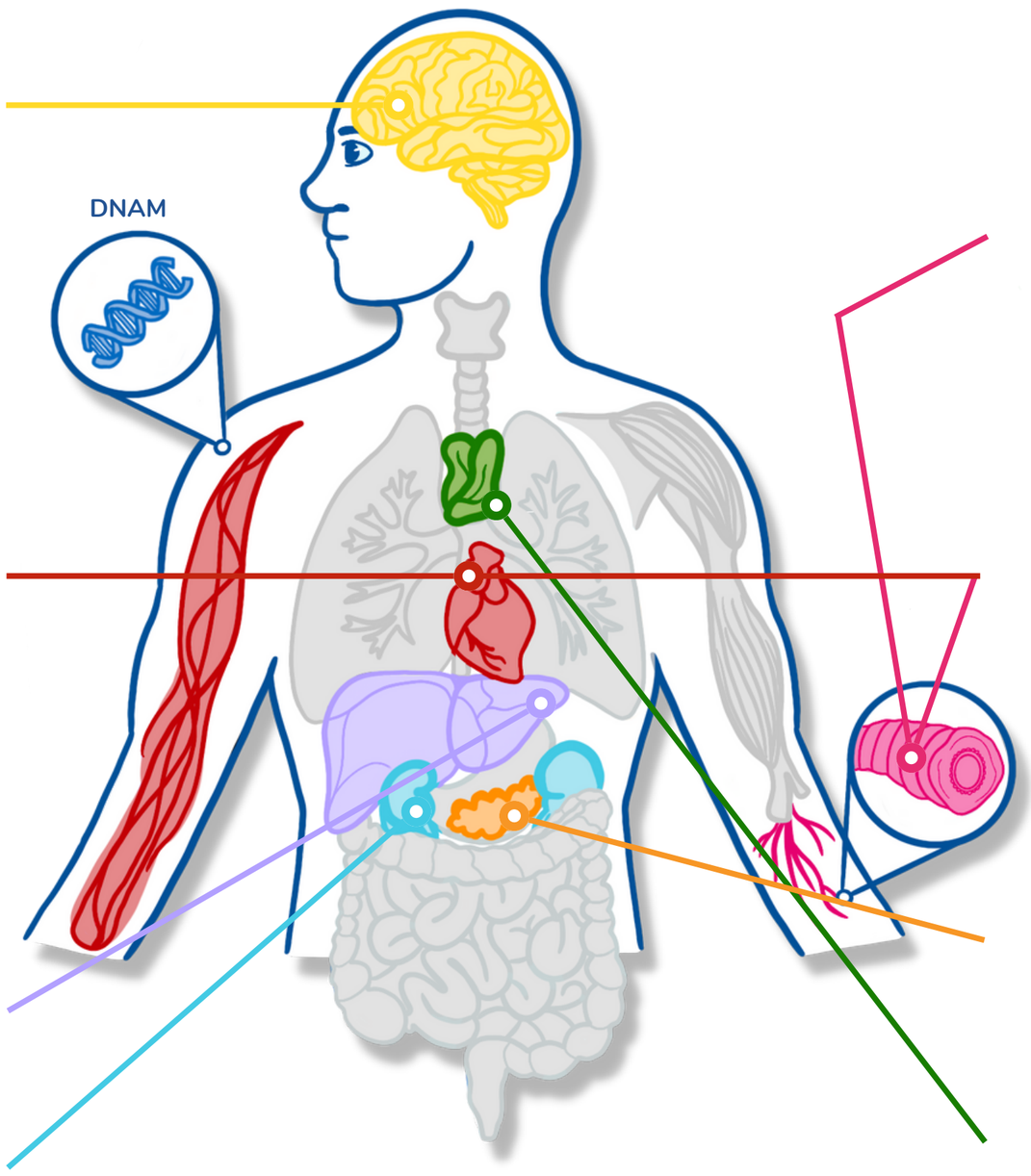
- Lysophosphatidylcholine (1-margaroyl-GPE (17:0)*)
- Hemoglobin
- Hematocrit
- Red Blood Cell Width
- Triglycerides
- Phenylacetylglutamine (PAGln)
- Isoform 3 of Chordin-like protein
- Mimecan (osteoglycin)
- HSP70 interacting protein (HIP)
- Vanillactic acid
- 4-hydroxyphenylacetylglutamine

LIVER/HEPATIC

- Albumin (Clinical & Proteomic)
- Hematocrit

KIDNEY

- Vanillactic acid
- Blood Urea Nitrogen (BUN)
- Creatinine



INFLAMMATION

- Matrix-remodeling-associated protein 5
- Inter-alpha-trypsin inhibitor heavy chain H3
- N-acetyl-isoputreanine
- Ribitol
- Cystine
- Carotene-3,3-diol (Lutein)

INFLAMMATION & CARDIOVASCULAR SYSTEM

- Gluconate
- Versican core protein
- Serum paraoxonase/arylesterase 1
- Bone morphogenetic protein 1
- Carboxypeptidase B2 (CPB2 or thrombin-activatable fibrinolysis inhibitor)

ENDOCRINE SYSTEM

- Fasting Glucose
- HbA1c
- Androsterone sulfate
- Insulin-like growth factor-binding protein 2
- Ribonuclease pancreatic
- Ribitol

IMMUNE SYSTEM

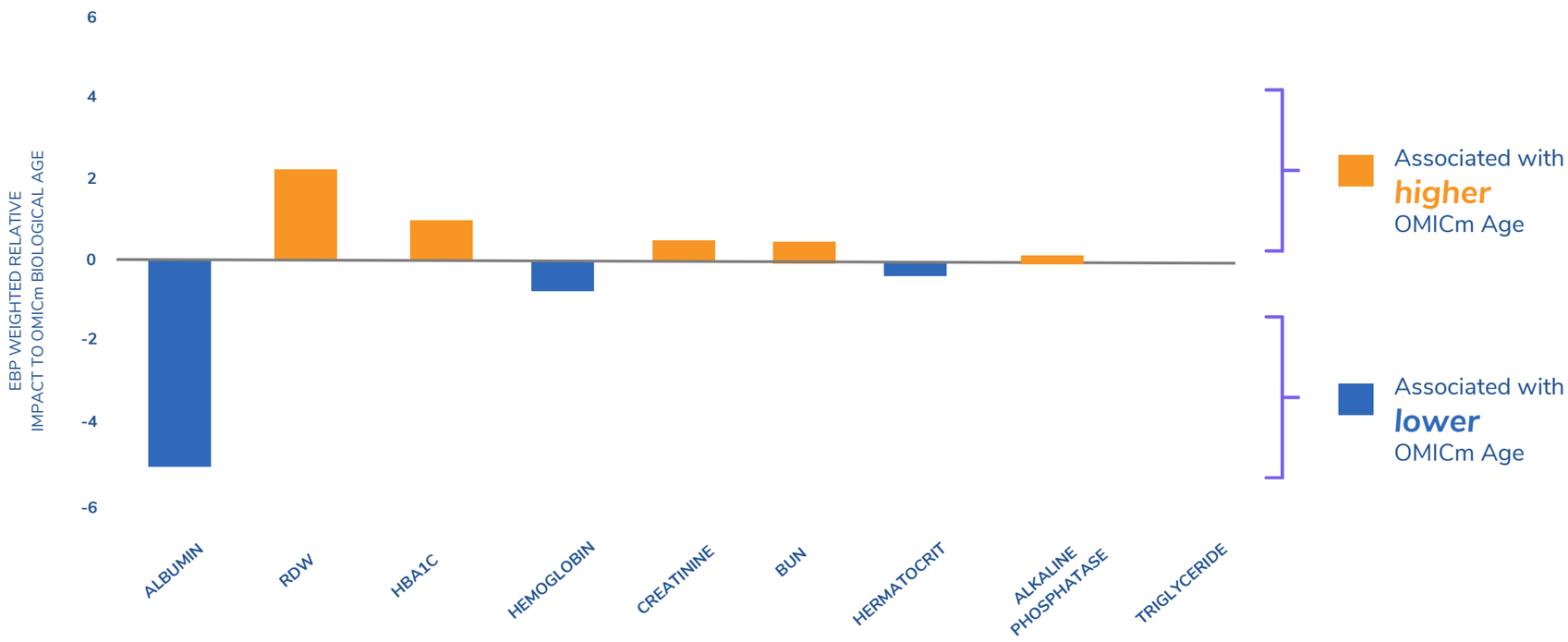
- 3-ureidopropionate

Neurological/Nervous System | Cardiovascular system | DNAm | Liver/Hepatic

Immune System | Kidney | Endocrine System | Inflammation

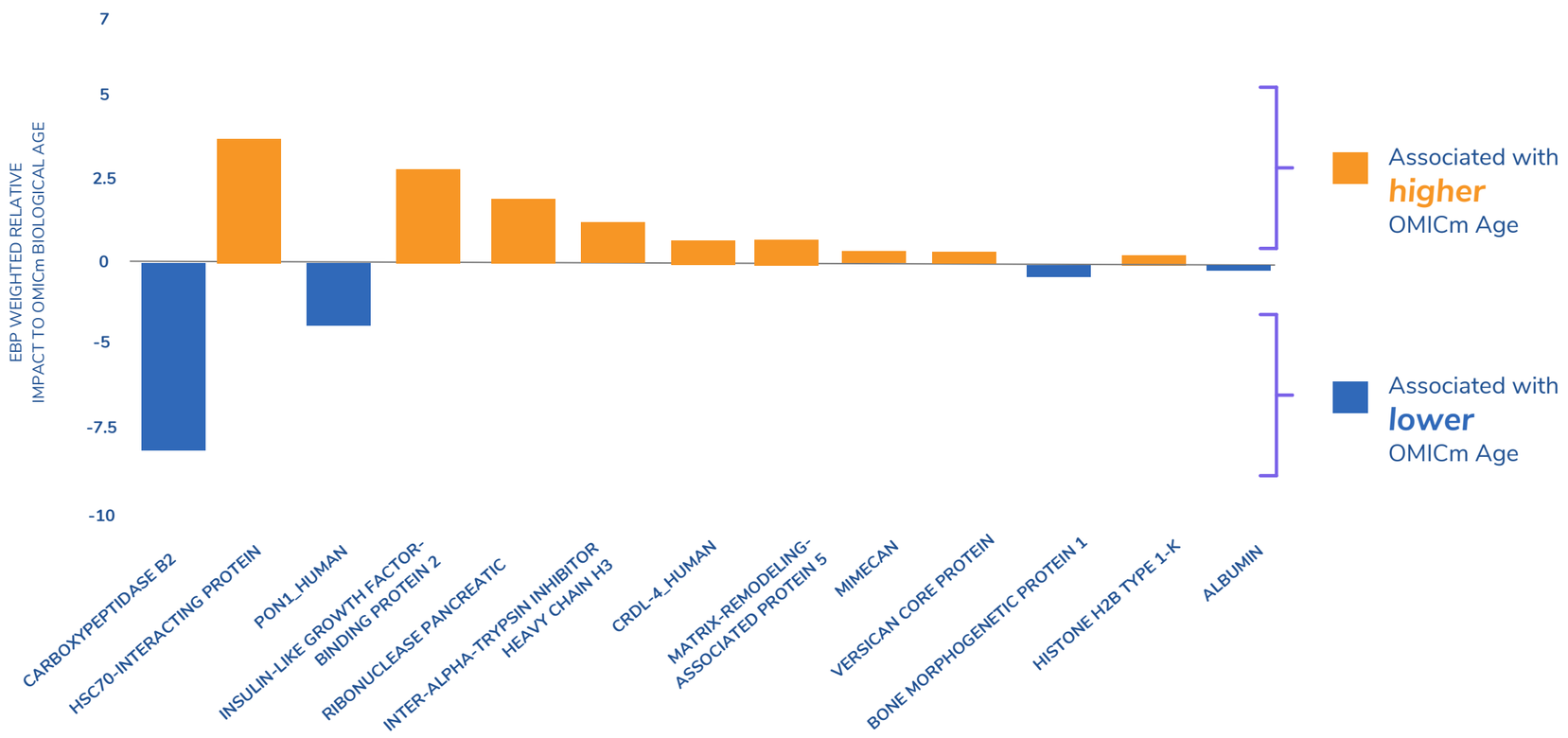
CLINICAL FACTORS

Your Clinical Epigenetic Biomarker Proxies (EBP)



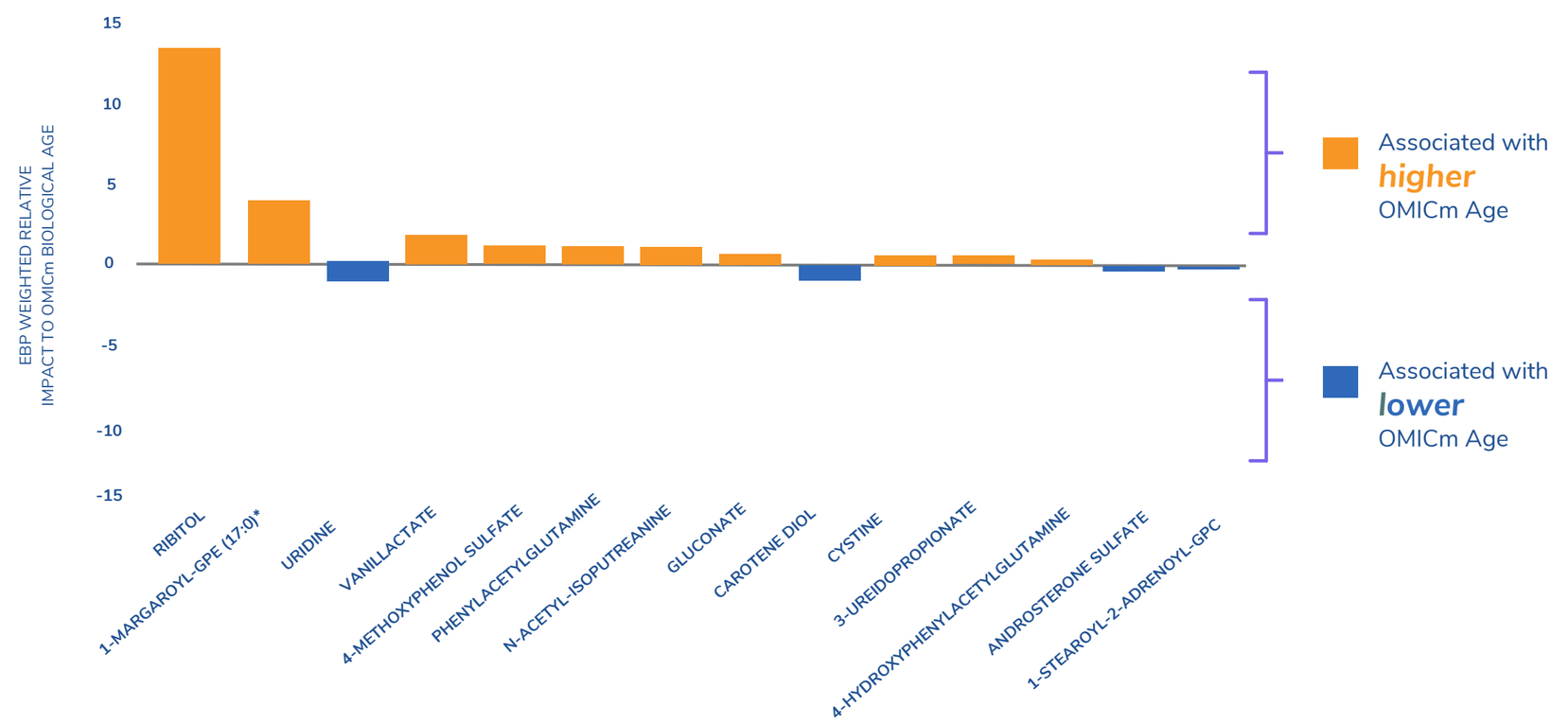
PROTEINS

Your Proteomics Epigenetic Biomarker Proxies (EBP)



METABOLITES

Your Metabolites Epigenetic Biomarker Proxies (EBP)



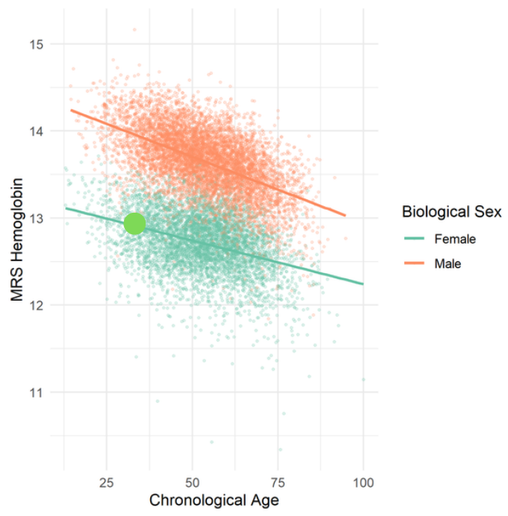
CLINICAL RESULTS
EXPANDED

Hemoglobin

HIGHER RATES ASSOCIATED WITH
IMPROVED OMIC AGE

13 g/dl

Your **Hemoglobin** is higher than **2%** of the population at your same calendar age and sex.

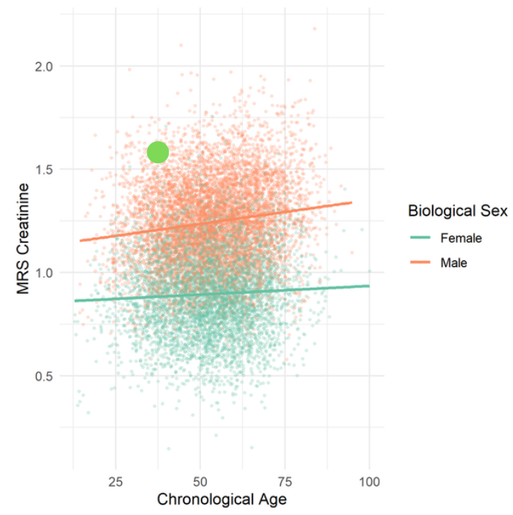


Creatinine

LOWER RATES ASSOCIATED WITH
IMPROVED OMIC AGE

1.6 mg/dL

Your **Creatinine** is higher than **95%** of the population at your same calendar age and sex.

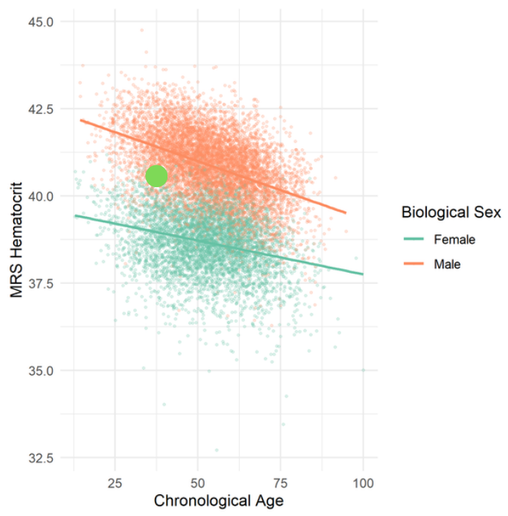


Hematocrit

HIGHER RATES ASSOCIATED WITH
IMPROVED OMIC AGE

41 L/L

Your **Hematocrit** is higher than **20%** of the population at your same calendar age and sex.

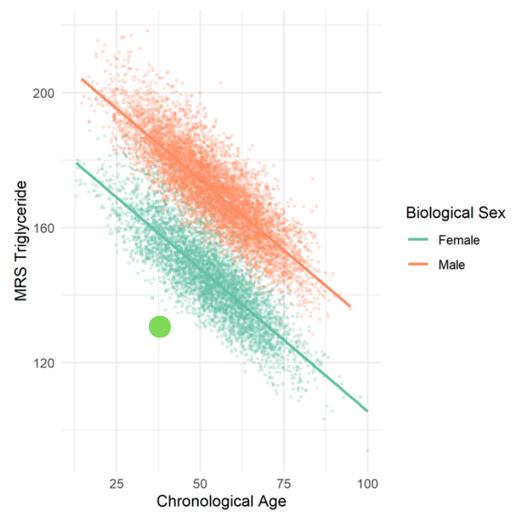


Triglycerides

HIGHER RATES ASSOCIATED WITH
IMPROVED OMIC AGE

138 mmol/L

Your **Triglycerides** is higher than **0%** of the population at your same calendar age and sex.



Alkaline Phosphatase (ALP)

LOWER RATES ASSOCIATED WITH
IMPROVED OMIC AGE

71 U/L

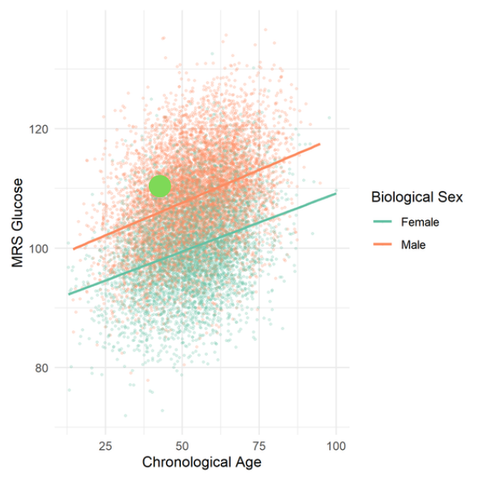
Your **Alkaline Phosphatase (ALP)** is higher than **5%** of the population at your same calendar age and sex.

Fasting Glucose

LOWER RATES ASSOCIATED WITH
IMPROVED OMIC AGE

114 mmol/L or in mg/dL

Your **Fasting Glucose** is higher than **60%** of the population at your same calendar age and sex.



HbA1c

LOWER RATES ASSOCIATED WITH
IMPROVED OMIC AGE

6.3 mmol/mol

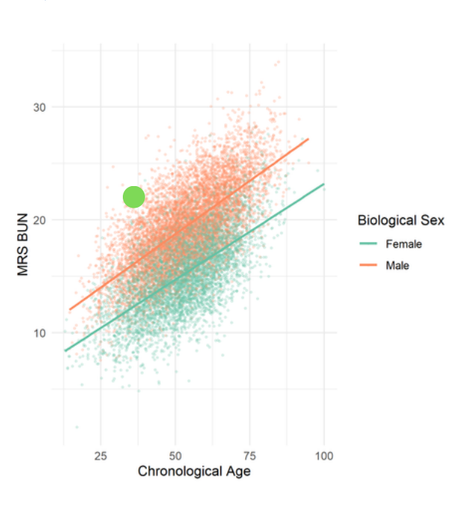
Your **HbA1c** is higher than **55%** of the population at your same calendar age and sex.

Blood Urea Nitrogen (BUN)

LOWER RATES ASSOCIATED WITH
IMPROVED OMIC AGE

22 mg/dLor in mmol/L

Your **Blood Urea Nitrogen (BUN)** is higher than **90%** of the population at your same calendar age and sex.



Red Blood Cell Width

LOWER RATES ASSOCIATED WITH
IMPROVED OMIC AGE

12 fL

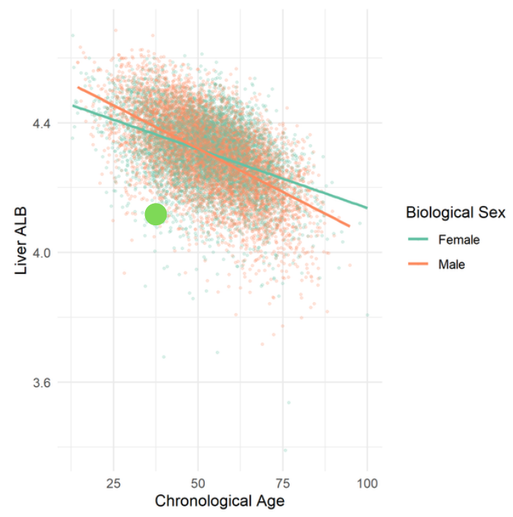
Your **Red Blood Cell Width** is higher than **5%** of the population at your same calendar age and sex.

Albumin (Clinical)

HIGHER RATES ASSOCIATED WITH
IMPROVED OMIC AGE

4.2 g/dL

Your **Albumin (Clinical)** is higher than **10%** of the population at your same calendar age and sex.



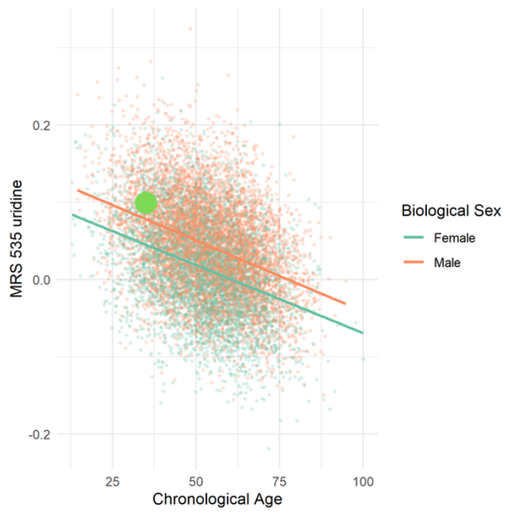
METABOLITE RESULTS
EXPANDED

Uridine

HIGHER RATES ASSOCIATED WITH
IMPROVED OMIC AGE

0.15

Your **Uridine** is higher than **51%** of the population at your same calendar age and sex.

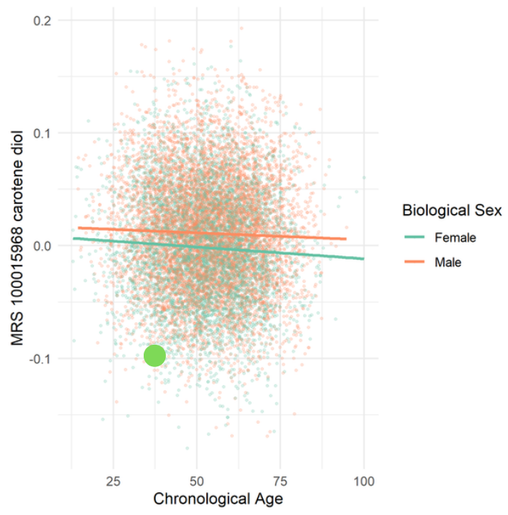


Carotene-3,3-diol (Lutein)

HIGHER RATES ASSOCIATED WITH
IMPROVED OMIC AGE

-0.1

Your **Carotene-3,3-diol (Lutein)** is higher than **20%** of the population at your same calendar age and sex.

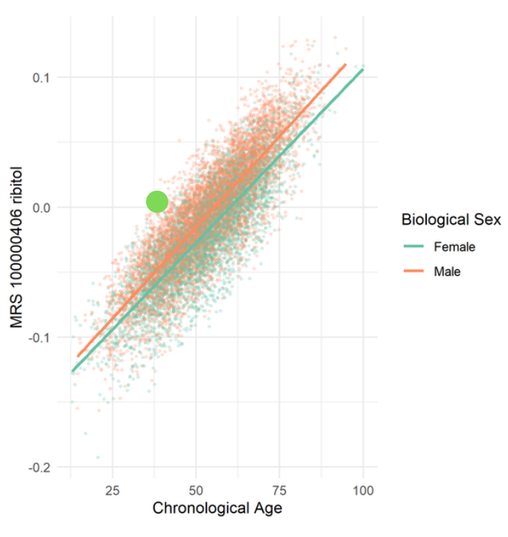


Ribitol

HIGHER RATES ASSOCIATED WITH
IMPROVED OMIC AGE

0.0

Your **Ribitol** is higher than **95%** of the population at your same calendar age and sex.

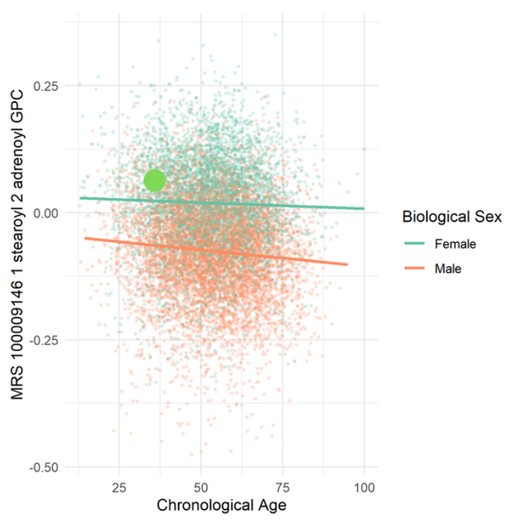


1-stearoyl-2-adrenoyl-GPC (18:0/22:4) (Plasmalogen)

HIGHER RATES ASSOCIATED WITH
IMPROVED OMIC AGE

0.09

Your **1-stearoyl-2-adrenoyl-GPC (18:0/22:4) (Plasmalogen)** is higher than **70%** of the population at your same calendar age and sex.

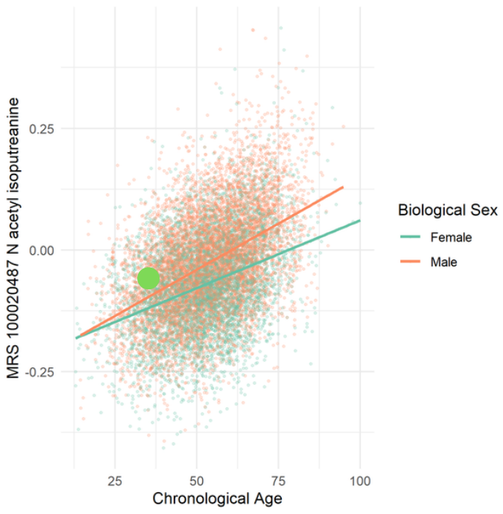


N-acetyl-isoputreanine

LOWER RATES ASSOCIATED WITH
IMPROVED OMIC AGE

-0.05

Your **N-acetyl-isoputreanine** is **55%** higher compared to people of your same calendar age and sex.

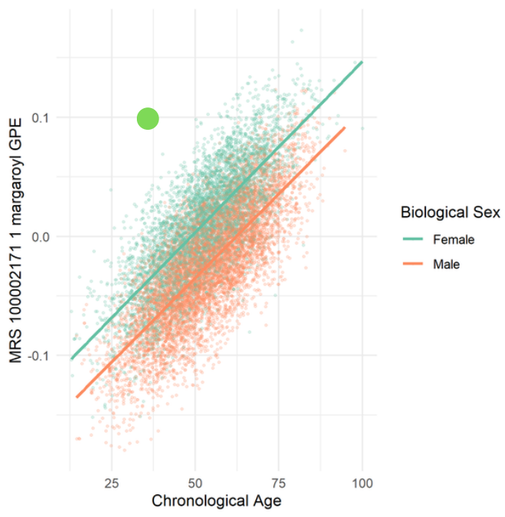


Lysophosphatidylcholine (1-margaroyl-GPE (17:0)*)

LOWER RATES ASSOCIATED WITH
IMPROVED OMIC AGE

0.1

Your **Lysophosphatidylcholine (1-margaroyl-GPE (17:0)*)** is higher than **100%** of the population at your same calendar age and sex.

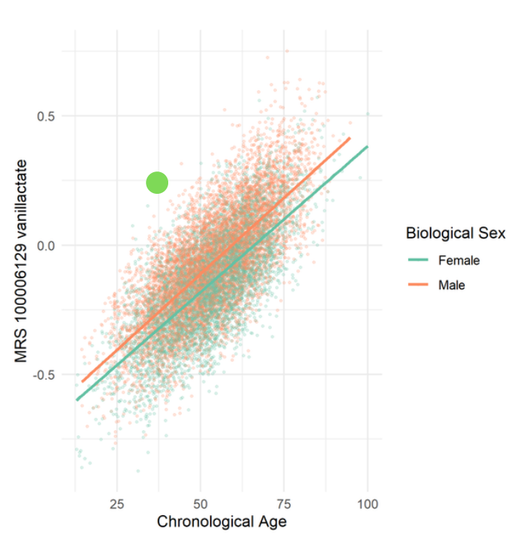


Vanillactate acid

LOWER RATES ASSOCIATED WITH
IMPROVED OMIC AGE

0.3

Your **Vanillactate acid** is higher than **100%** of the population at your same calendar age and sex.

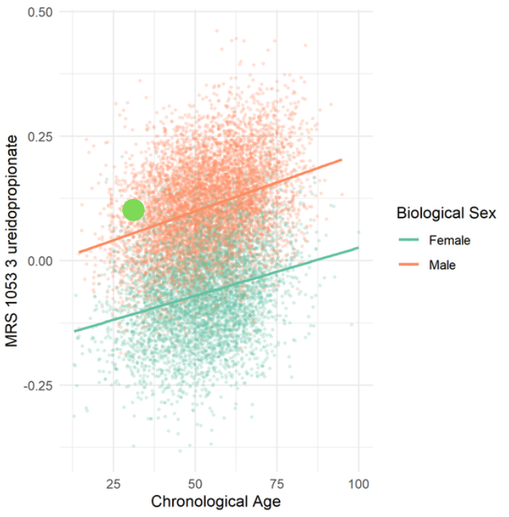


3-ureidopropionate

LOWER RATES ASSOCIATED WITH
IMPROVED OMIC AGE

0.8

Your **3-ureidopropionate** is higher than **57%** of the population at your same calendar age and sex.



4-hydroxyphenylacetylglutamine

LOWER RATES ASSOCIATED WITH
IMPROVED OMIC AGE

-0.5

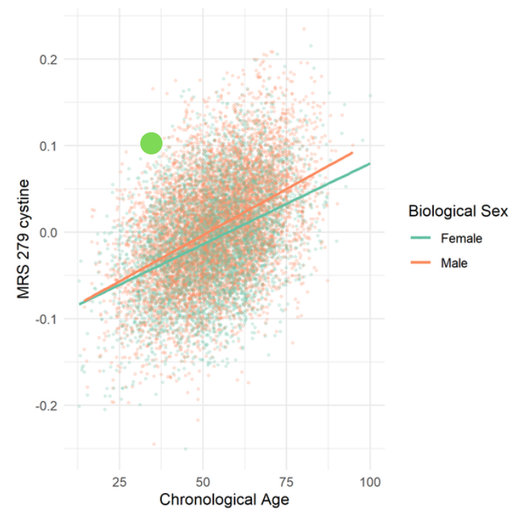
Your **4-hydroxyphenylacetylglutamine** is higher than **32%** of the population at your same calendar age and sex.

Cystine

LOWER RATES ASSOCIATED WITH
IMPROVED OMIC AGE

0.1

Your **Cystine** is higher than **91%** of the population at your same calendar age and sex.

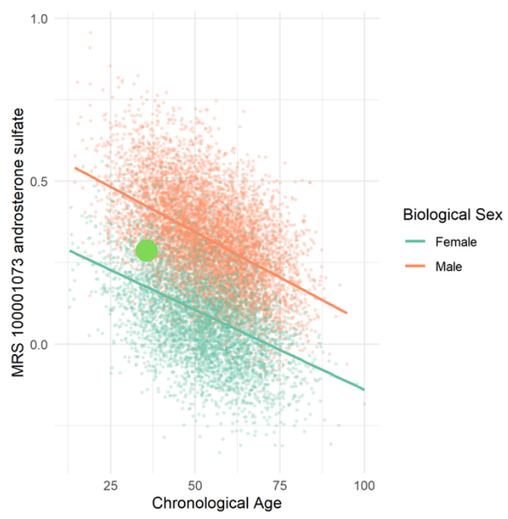


Androsterone Sulfate

HIGHER RATES ASSOCIATED WITH
IMPROVED OMIC AGE

0.2

Your **Androsterone Sulfate** is higher than **15%** of the population at your same calendar age and sex.

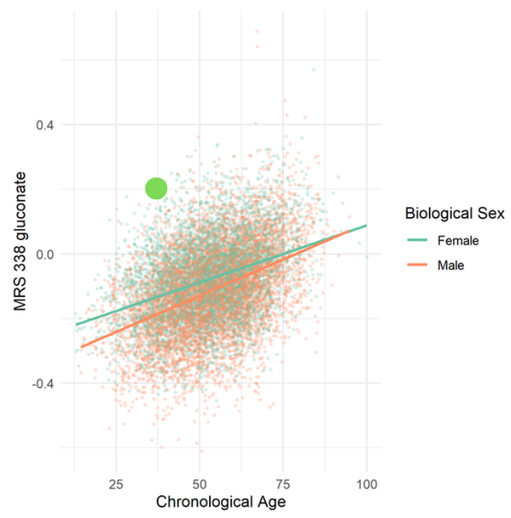


Gluconate

LOWER RATES ASSOCIATED WITH
IMPROVED OMIC AGE

0.3

Your **Gluconate** is higher than **93%** of the population at your same calendar age and sex.

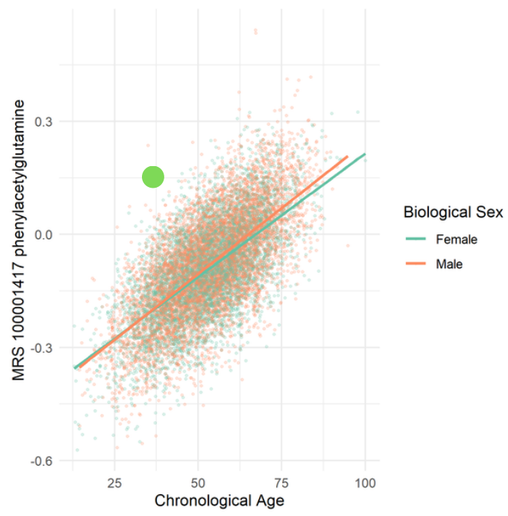


Phenylacetylglutamine (PAGln)

LOWER RATES ASSOCIATED WITH
IMPROVED OMIC AGE

0.2

Your **Phenylacetylglutamine (PAGln)** is higher than **98%** of the population at your same calendar age and sex.



PROTEIN RESULTS

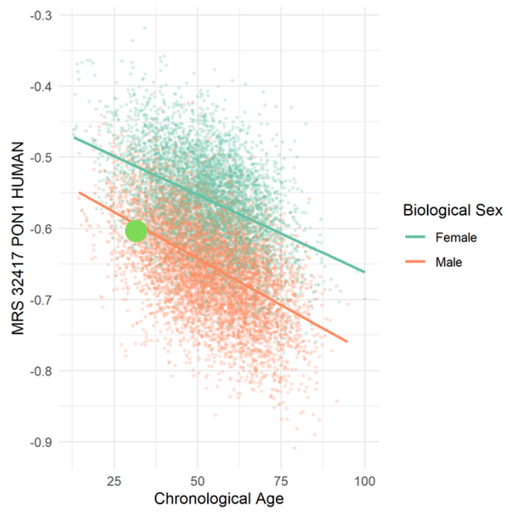
EXPANDED

Serum paraoxonase/ arylesterase

HIGHER RATES ASSOCIATED WITH
IMPROVED OMIC AGE

-0.6

Your **Serum paraoxonase/ arylesterase** is higher than **3%** of the population at your same calendar age and sex.

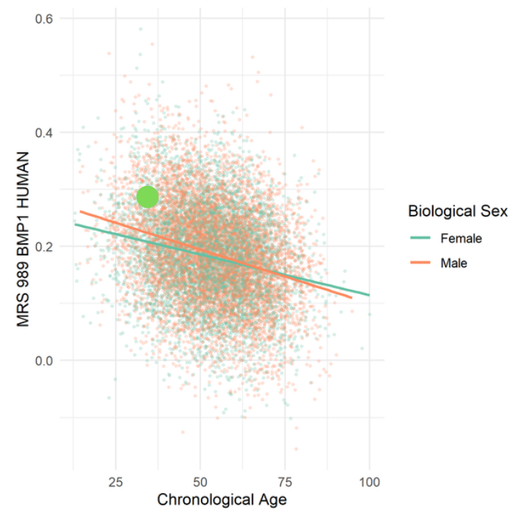


Bone morphogenetic protein 1

HIGHER RATES ASSOCIATED WITH
IMPROVED OMIC AGE

0.1

Your **Bone morphogenetic protein 1** is higher than **35%** of the population at your same calendar age and sex.

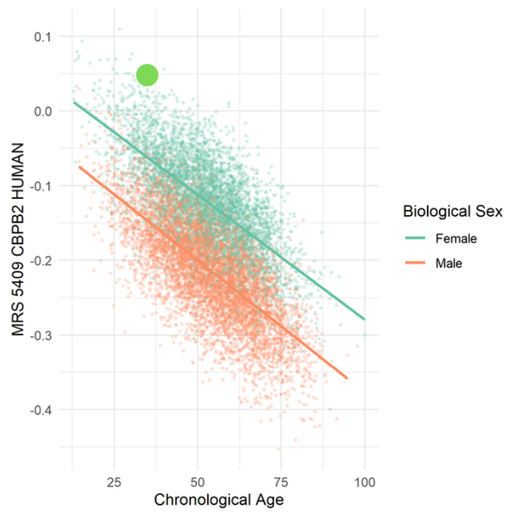


Carboxypeptidase B2 (CPB2 or thrombin-activatable fibrinolysis inhibitor)

HIGHER RATES ASSOCIATED WITH
IMPROVED OMIC AGE

0.05

Your **Carboxypeptidase B2 (CPB2 or thrombin-activatable fibrinolysis inhibitor)** is higher than **100%** of the population at your same calendar age and sex.

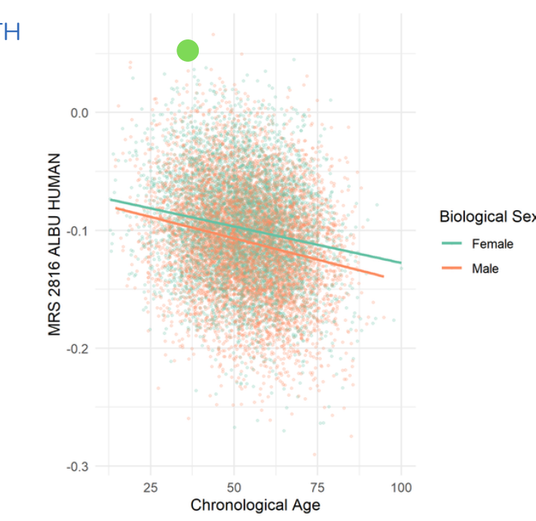


Albumin

HIGHER RATES ASSOCIATED WITH
IMPROVED OMIC AGE

0.1

Your **Albumin** is higher than **100%** of the population at your same calendar age and sex.

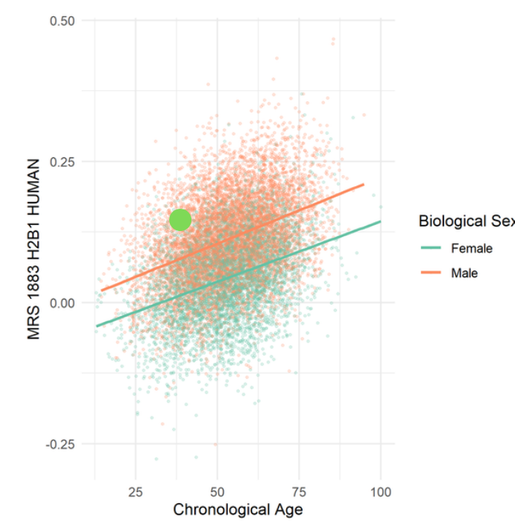


Histone H2B type 1-K

LOWER RATES ASSOCIATED WITH
IMPROVED OMIC AGE

0.20

Your **Histone H2B type 1-K** is higher than **40%** of the population at your same calendar age and sex.

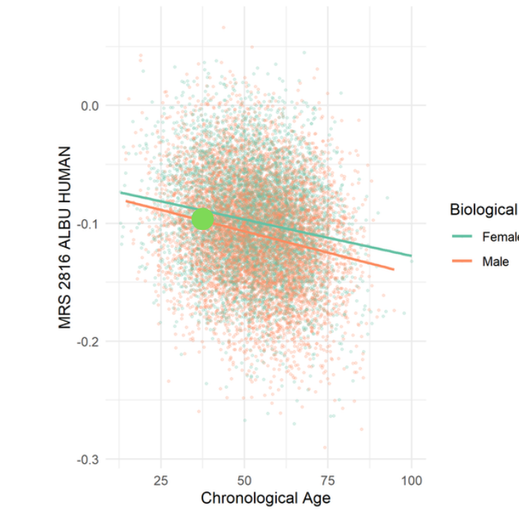


Versican core protein

LOWER RATES ASSOCIATED WITH
IMPROVED OMIC AGE

-0.1

Your **Versican core protein** is higher than **1%** of the population at your same calendar age and sex.



Insulin-like growth factor-binding protein 2

LOWER RATES ASSOCIATED WITH
IMPROVED OMIC AGE

73

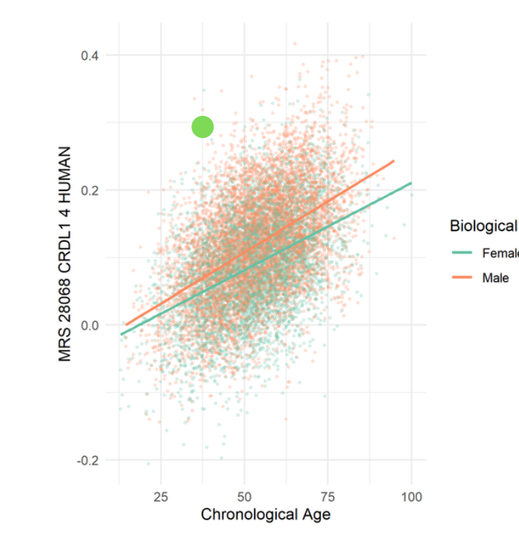
Your Insulin-like growth factor-binding protein 2 is higher than **5%** of the population at your same calendar age and sex.

Matrix-remodeling-associated protein 5

LOWER RATES ASSOCIATED WITH
IMPROVED OMIC AGE

0.3

Your **Matrix-remodeling-associated protein 5** is higher than **100%** of the population at your same calendar age and sex.

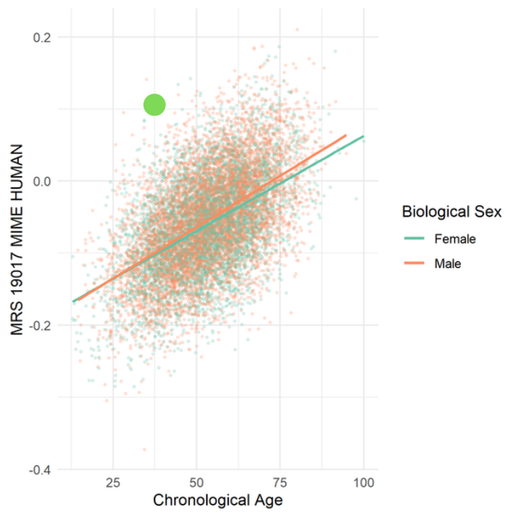


Mimecan

LOWER RATES ASSOCIATED WITH
IMPROVED OMIC AGE

-0.1

Your **Mimecan** is higher than **100%** of the population at your same calendar age and sex.

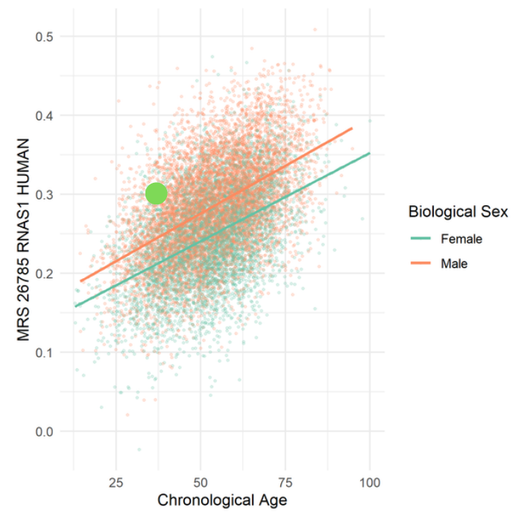


Ribonuclease pancreatic

LOWER RATES ASSOCIATED WITH
IMPROVED OMIC AGE

0.3

Your **Ribonuclease pancreatic** is higher than **50%** of the population at your same calendar age and sex.

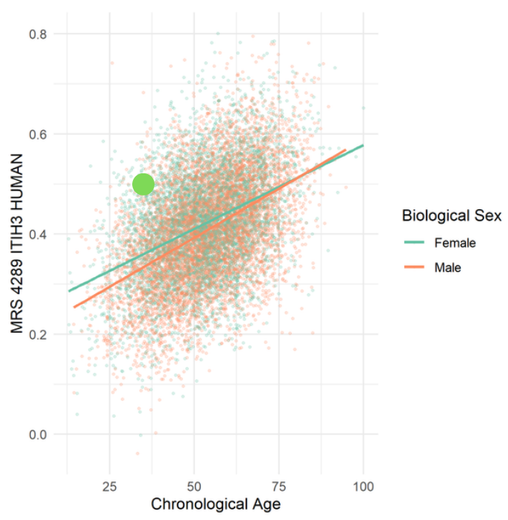


Inter-alpha-trypsin inhibitor heavy chain H3

LOWER RATES ASSOCIATED WITH
IMPROVED OMIC AGE

0.5

Your **Inter-alpha-trypsin inhibitor heavy chain H3** is higher than **40%** of the population at your same calendar age and sex.

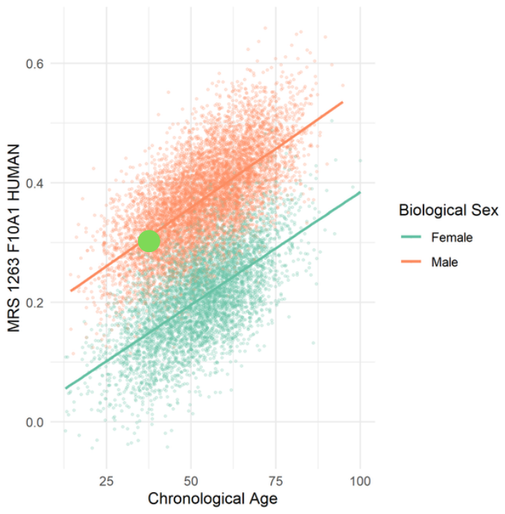


HSP70 interacting protein (HIP)

LOWER RATES ASSOCIATED WITH
IMPROVED OMIC AGE

0.3

Your **HSP70 interacting protein (HIP)** is higher than **90%** of the population at your same calendar age and sex.



VALUES FACTORED IN OMICm AGE 3

Biomarker definitions.

Hemoglobin
Red blood cells contain the protein hemoglobin, which transports oxygen. How much hemoglobin is in your blood is determined by the hemoglobin test. The most significant part of red blood cells is hemoglobin. It is made up of heme, a protein that binds oxygen.

Hematocrit
The volume percentage of red blood cells in blood is assessed as part of a blood test and is referred to by a number of other names. Red blood cell quantity and size determine this measurement.

Creatinine
Creatinine is a waste product that comes from the normal wear and tear on muscles of the body. Everyone has creatinine in their bloodstream. However, amounts vary based on age, body size, race, and gender.

Triglycerides
Triglycerides are a type of fat, called lipid, that circulate in your blood. They are the most common type of fat in your body. Triglycerides come from foods, especially butter, oils, and other fats. Unused calories are stored as triglycerides in fat cells. When your body needs energy, it releases the triglycerides. High triglyceride levels in your blood can raise your risk of heart disease and stroke.

Alkaline Phosphatase (ALP)
Your body contains an enzyme called alkaline phosphatase (ALP). One of the tests in a full metabolic panel, ALP blood tests evaluate the amount of ALP produced by your liver and bones in your blood. High blood levels of ALP may be a sign of liver disease or specific bone problems.

Fasting Glucose
The primary sugar present in your blood is glucose. It serves as the main energy source for your body. It originates in the food you consume. The majority of that meal is converted by your body into glucose, which is then released into your bloodstream. Your pancreas releases insulin when your blood glucose levels rise.

HbA1c
The A1C test, sometimes called a HbA1c test or a hemoglobin A1C test, is a quick blood test that gauges your average blood sugar levels over the previous three months. The primary test to assist you and your healthcare team in managing your diabetes, it is one of the often utilized tests to diagnose prediabetes and diabetes

Blood Urea Nitrogen (BUN)
The amount of urea nitrogen in your blood is determined by a blood urea nitrogen (BUN) test. When your liver breaks down protein, urea nitrogen is produced as a waste product. Your blood carries it, your kidneys filter it out, and your urine excretes it from your body.

Red Blood Cell Width
The measure of the difference in the volume and size of your red blood cells (erythrocytes). The volume of red blood cells varies even in healthy blood, with an average volume of 80–100 femtoliters. However, some illnesses result in a markedly greater fluctuation in cell size. Greater size variation is indicated by higher RDW values. RDW-CV in human red blood cells typically falls between 11.5 and 15.4%.

Albumin (Clinical)
The protein albumin is produced by your liver. Albumin enters your bloodstream and aids in preventing fluid from seeping into other tissues from your blood vessels. It also transports vitamins, enzymes, and hormones throughout the body. If your blood doesn't contain enough albumin, fluid may leak out and accumulate in your lungs, abdomen, or other areas of your body. Low albumin levels may indicate liver, renal, or other types of illness. Dehydration may be indicated by high levels

Uridine
Uridine is an important building block used in the creation of RNA. It may support brain health, synaptic connections, and cholinergic function. A 2018 study identified it as one of 12 metabolites predictive of living over the age of 85 in women. Other studies have also shown that it is linked to all-cause mortality. Lower uridine levels in Alzheimer's disease (AD) were associated with clinical progression.
In some studies, it has been identified as a factor that promotes human stem cell activity and enhanced regeneration in multiple tissues across multiple mammal species.

Carotene-3,3-diol (Lutein)
Carotene-3,3-diol is one of 600 known naturally occurring carotenoids. It is synthesized only by plants and is found in high quantities in green leafy vegetables such as spinach, kale, and yellow carrots. Some studies have shown that supplementation can help improve cognitive function and eye health. A large meta-analysis involving 71 published papers and representing more than 387,000 individuals showed that people with higher lutein intake, or higher blood concentrations of lutein, have a reduced risk of coronary heart disease, stroke, and metabolic syndrome. Lutein provides such wide-reaching effects because it protects tissues from oxidative stress and inflammation—two factors that play a significant role in cardiovascular and metabolic diseases.

Ribitol
Ribitol is a pentose alcohol formed by the reduction of ribose. Ribitol forms part of the chemical structure of riboflavin and flavin mononucleotide (FMN). It is also a metabolic end product formed by reducing ribose in human fibroblasts and erythrocytes. It has been a blood-based biomarker of diabetic retinopathy and biological process clustering studies have shown it to be associated with insulin secretion and diabetes pathways which are highly related to mortality. Higher concentrations of similar metabolites like ribonic acid have also been linked to CKD.

1-stearoyl-2-adrenoyl-GPC (18:0/22:4) (Plasmalogen)
This is a choline ether phospholipid (ePC) that is present in human serum or plasma. Decreases in ether phospholipids (plasmalogens) in serum (plasma) have been reported in several diseases such as Alzheimer's disease, Parkinson's disease, metabolic syndrome, and schizophrenia.

N-acetyl-isoputreanine
Isoputreanine belongs to the class of organic compounds known as gamma amino acids and derivatives.

Gluconate

Gluconic acid occurs naturally in fruit, honey, and wine. It has been identified as a lifestyle-related biomarker that may be a target to reduce stroke risk in Black adults. Higher levels of gluconic acid in the blood were associated with high blood pressure and increased risk of ischemic stroke among Black adults when compared to white adults. It also may be considered as a dietary-related oxidative stress marker due to its availability in food, potentially produced by the gut microbiome, and related to diseases with oxidative stress. Of the 162 metabolites measured in one study, elevated levels of gluconic acid were found in Black adults who had high blood pressure but not their white peers with high blood pressure. Black adults with the highest gluconic acid levels were 86% more likely to have high blood pressure. Black adults with the highest gluconic acid levels had a 53% increased risk of ischemic stroke. No such association was found for white participants. Gluconic acid accounted for 25% of the association between high blood pressure and stroke among Black adults. After adjusting for multiple factors, a higher level of gluconic acid was associated with a Southern diet (foods high in added fats, fried foods, processed meats, and sugary drinks), and a lack of exercise.

Phenylacetylglutamine (PAGln)

Phenylacetylglutamine (PAGln) is a gut microbiota-derived metabolite that may induce cardiovascular events by activating platelets and increasing the risk of thrombosis. The highly-nitrogenous compound is most commonly encountered in human subjects with urea cycle disorders. These conditions, such as uremia or hyperammonemia, tend to cause high levels of nitrogen in the form of ammonia in the blood. It also has been used as a biomarker of acute stroke. High levels of phenylacetylglutamine in the urine following metabolism by the gut microbiota may also indicate early renal decline associated with kidney dysfunction and chronic kidney disease (CKD). In CKD, phenylacetylglutamine is considered a uremic toxin which is taken up, circulated, and retained in the blood after microbial fermentation of certain proteins and amino acids in the gut. Blood serum levels of phenylacetylglutamine in CKD are used as a mortality determinant. Blood plasma levels of phenylacetylglutamine increase with exposure to cigarette smoke, in patients with ischemic heart failure, with cardiovascular risk or hypertension, in patients with disease, and in patients with type 2 diabetes.

Serum paraoxonase/arylesterase

Serum paraoxonase and arylesterase 1 (PON1) is an enzyme encoded by the PON1 gene. Serum PON1 is secreted mainly by the liver, although local synthesis occurs in several tissues and PON1 protein is found in almost all tissues. PON1 is also a major anti-atherosclerotic component of HDL Cholesterol (good cholesterol). The PON1 gene is activated by PPAR-γ, which increases synthesis and release of paraoxonase 1 enzyme from the liver, reducing atherosclerosis. In addition to protecting against exposure to some organophosphorus (OP) pesticides by hydrolyzing their toxic oxon metabolites, PON1 is important in protecting against vascular disease by metabolizing oxidized lipids. Circulating plasma levels of leptin, hs-CRP, and IL-6 were significantly non-linearly associated with arylesterase activity. Leptin levels were also significantly associated with paraoxonase activity independently from confounding factors, including high-density lipoprotein (HDL) cholesterol. With increasing levels of inflammatory parameters, arylesterase, and paraoxonase activities increased; This suggests that in persons with very high levels of inflammation, PON1 activity may be impaired, a fact that might subsequently be accompanied by a higher risk for cardiometabolic diseases.

Lysophosphatidylcholine (1-margaroyl-GPE (17:0)*)
Lysophosphatidylcholine (LPC) is increasingly recognized as a key marker/factor positively associated with cardiovascular and neurodegenerative diseases. LPC is mainly derived from the turnover of phosphatidylcholine (PC) in circulation by phospholipase A2 (PLA2). In the presence of Acyl-CoA, lysophosphatidylcholine acyltransferase (LPCAT) converts LPC to PC. However, overexpression or enhanced activity of PLA2 increases the LPC content in modified low-density lipoprotein (LDL) and oxidized LDL, which play significant roles in the development of atherosclerotic plaques and endothelial dysfunction. Hydrolysis of LPC by autotaxin, an enzyme with lysophospholipase D activity, generates lysophosphatidic acid, which is highly associated with cancers

Vanillactic acid
Vanillactic acid, also referred to as vanillactate or VLA falls within the category of organic substances termed phenylpropanoic acids. Phenylpropanoic acids are compounds characterized by a structure that incorporates a benzene ring connected to propanoic acid. Vanillactic acid possesses potential toxicity and has been associated with inborn metabolic disorders, including aromatic l-amino acid decarboxylase deficiency.

3-ureidopropionate
Ureidopropionic acid is essentially a urea derivative of beta-alanine. High levels of ureidopropionic acid are found in individuals with beta-ureidopropionase (UP) deficiency. It has been identified as one of the major metabolites Metabolites Associated With the Risk of Developing Mobility Disability This can also be present in Albuminuria. Albuminuria is an indicator of sub-clinical organ damage and a marker of cardiovascular risk and renal disease.

4-hydroxyphenylacetylglutamine
4-Hydroxyphenylacetylglutamic acid belongs to the class of organic compounds known as glutamic acid and derivatives. This is a metabolite which is upregulated in cystic fibrosis. It also has been suggested to be a novel biomarker of type 2 diabetes with polyneuropathy and also has shown a link to systolic blood pressure in women.

Cystine
Cysteine (Cys) the primary sulfur-containing amino acid (SAA) is a semiessential amino acid (AA) because it can be obtained from the diet or produced from methionine degradation via the transsulfuration pathway. Cystine is common in many foods such as eggs, meat, dairy products, and whole grains as well as skin, horns, and hair. Within the body, cysteine catabolic pathways are sources of the synthesis of coenzyme A, glutathione, taurine, and oxidized and reduced inorganic sulfur. Cysteine is more easily absorbed by the body than cystine, so most supplements contain cysteine rather than cysteine.

Androsterone Sulfate
Androsterone sulfate (Andros-S) is the most abundant 5-alpha-reduced androgen metabolite in serum. This means higher testosterone levels generally yield higher versions of this metabolite.

Bone morphogenetic protein 1
Bone morphogenetic protein 1, also known as BMP1, is a protein that in humans is encoded by the BMP1 gene. It induces bone and cartilage development. BMP-1 stimulates the conversion of newly secreted proapo A1 to its phospholipid- (PL-) binding form. In this way, it promotes the formation of functional HDL and reverse cholesterol transport. Higher levels of inflammation have been shown to be associated with a decrease in BMP1 and therefore APOA1 and thus it has been suggested as a marker for inflammation and cardiovascular disease risk

Carboxypeptidase B2 (CPB2 or thrombin-activatable fibrinolysis inhibitor)
CPB2 is synthesized by the liver and circulates in the plasma as a plasminogen-bound zymogen. When it is activated by the thrombin/thrombomodulin complex, CPB2 exhibits carboxypeptidase activity. Activated CPB2 reduces fibrinolysis by removing the fibrin C-terminal residues that are important for the binding and activation of plasminogen. Lower CPB2 has been suggested as a biomarker of peripheral artery disease. This could be a biomarker of chronic hepatitis and thrombotic risk. Profound hypercoagulability seems to be mediated by the overexpression of plasminogen activator inhibitor 1 (PAI-1) and CBP2.

Albumin
The protein albumin is produced by your liver. Albumin enters your bloodstream and aids in preventing fluid from seeping into other tissues from your blood vessels. It also transports vitamins, enzymes, and hormones throughout the body. If your blood doesn't contain enough albumin, fluid may leak out and accumulate in your lungs, abdomen, or other areas of your body. Low albumin levels may indicate liver, renal, or other types of illness. Dehydration may be indicated by high levels.

Histone H2B type 1-K
Histone H2B type 1-K is a core component of the nucleosome or the proteins which wrap and control the expression of DNA. Nucleosomes wrap and compact DNA into chromatin, limiting DNA accessibility to the cellular machinery which requires DNA as a template. Histones thereby play a central role in transcription regulation, DNA repair, DNA replication, and chromosomal stability. DNA accessibility is regulated via a complex set of post-translational modifications of histones, also called histone code, and nucleosome remodeling. H2B Type 1-K has been shown to accumulate in senescent Fibroblasts with Persistent DNA Damage.

Versican core protein
Versican is an extracellular matrix protein that has been shown to increase during inflammation in a number of different diseases such as cardiovascular and lung disease, autoimmune diseases, and several different cancers. Versican interacts with inflammatory cells either indirectly via hyaluronan or directly via receptors such as CD44, P-selectin glycoprotein ligand-1 (PSGL-1), and toll-like receptors (TLRs) present on the surface of immune and non-immune cells. These interactions activate signaling pathways that promote the synthesis and secretion of inflammatory cytokines such as TNFα, IL-6, and NFκB.

Insulin-like growth factor-binding protein 2
*I*GFBP-2 is an insulin-like growth factor (IGF) binding protein (IGFBPs) that modulates IGF-I's actions. It plays an important role in the regulation of several cellular processes. IGFBP-2 is the second most abundant IGFBP and is expressed in several tissues, including blood vessels and the skeleton. IGFBP-2 can prevent IGF-I binding to its receptor, but it also modulates cellular functions independently of IGF-I binding It has been suggested to be a biomarker of metabolic disease and diabetes.

Matrix-remodeling-associated protein 5
This gene encodes one of the matrix-remodeling associated proteins. MMPs are capable of degrading all kinds of extracellular matrix proteins but also can process a number of bioactive molecules. They are known to be involved in the cleavage of cell surface receptors, the release of apoptotic ligands, and chemokine/cytokine inactivation. MMPs are also thought to play a major role in cell behaviors such as cell proliferation, migration (adhesion/dispersion), differentiation, angiogenesis, apoptosis, and host defense.

Mimecan
Mimecan, also known as osteoglycin, is an ECM component. Mimecan affects several biological processes including the regulation of collagen fibrillogenesis and angiogenesis. Mimecan is expressed in atherosclerotic tissue and Human coronary arteries and is downregulated in intimal vascular smooth muscle cells (VSCMs). Studies have shown mimecan is associated with a vulnerable plaque phenotype, possibly regulated by plaque inflammation, and thus might predict future cardiovascular death and arterial stiffness.

Ribonuclease pancreatic
*P*ancreatic ribonuclease also known as ribonuclease A (RNase A) or ribonuclease 1 (RNase1) is an enzyme that catalyzes the breakdown of RNA and plays a role in the digestion of RNA in vertebrate species. RNase is present in much lower amounts in humans than in other species and may account for only 0.5 to 1% of pancreatic enzymes. Although only a few studies exist, pancreatic RNase in all species appears to break down dietary nucleic acid in the gut lumen to nucleotides. Not much is described about this protein as a biomarker, however, highway levels have been linked to more aggressive cancers.

Inter-alpha-trypsin inhibitor heavy chain H3
*I*nter-alpha (globulin) inhibitor 3 (ITIH3), one of the constituents of plasma serine protease inhibitors, has been shown to be related to the proinflammatory process (Fries and Kaczmarczyk 2003). This complex, named pre-alpha trypsin inhibitor (Pαl) is synthesized by hepatocytes and released to the blood vessel upon stimulation of the proinflammatory cytokines (tumor necrosis factor or interleukin-1). Then, ITIH3 makes a complex with the locally synthesized hyaluronan (HA) and interacts with inflammatory cells (Fries and Kaczmarczyk 2003). - ITIH3-HA complex has been reported to be involved in inflammatory diseases, including rheumatoid arthritis and inflammatory bowel diseases (Zhuo et al. 2004). Variants with this protein have also been shown to be associated with psychiatric diseases.

HSP70 interacting protein (HIP)
HSP90 interacting protein is a co-chaperone heat shock protein that helps with appropriate protein folding. One aspect of this protein, C terminus of Hsc70-interacting protein (CHIP), frequently promotes ubiquitination and degradation of several proteins. The impact of upregulated CHIP has not been well studied. CHIP has been reported to play an important role in preventing cell apoptosis. CHIP also displays a critical cardioprotective effect in response to ischemia/reperfusion injury. CHIP is a negative regulator of FoxO1 activity through ubiquitin-mediated degradation, and inhibition of CHIP has been postulated to serve as a potential therapeutic target for reducing proliferative arterial diseases.

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