BEGINNING with this issue, I will be the new Editor-in-Chief of the Journal of Gerontology: Medical Sciences. I feel apprehensive, excited, and honored at the same time. Becoming the Editor of the Journal in which I published my first paper nearly 20 years ago gives me a tremendous sense of pride and responsibility. The previous Editor-in-Chief, Dr. John Morley, provided sound leadership and substantially elevated the scientific reputation of the Journal. My goal is to make the Journal of Gerontology: Medical Sciences not only the top-ranked journal in the field of aging and geriatric research but also one of the most prestigious journals in medical science. Although this goal might appear quite ambitious, the seeds of high-quality scholarship exist, and my role as Editor is merely to create the optimal conditions for their growth.

The initial expansion of geriatric medicine was based on the recognition that older patients develop complex medical syndromes that are best evaluated and managed using a comprehensive approach (1,2). In more recent years, bench scientists, clinicians, and epidemiologists have produced a wealth of scientific data that have increased substantially our understanding of the aging process and the pathophysiology of age-related medical conditions (3). Unfortunately, there has not been a great deal of success in narrowing the gap between scientific discoveries and clinical applications, and our geriatric patients receive little direct benefit from this new knowledge. Thus, there is a tremendous need to expand translational research, and the Journal will be receptive to articles that address this topic. In particular, I will strive to improve the quality and impact of published articles in the areas of geriatric medicine (4), clinical trials in frail older persons (5), and mechanistic studies developed in the context of longitudinal studies (6). I am especially interested in introducing in the Journal research aimed at understanding the development of frailty and functional decline in the older person (7,8), bridging the gap between basic science and clinical applications (3), creating and validating new measurements tools for clinical assessment, and introducing novel techniques of genetics and cellular and molecular biology in epidemiological and clinical studies (9,10). Priority will be given to concise articles that present creative, novel techniques of genetics and cellular and molecular measurements tools for clinical assessment, and introducing in the Journal research aimed at understanding these components of the homeostatic network is central to our geriatric medicine and to the discovery of new interventions that specifically target the medical problems of frail older persons. I am very optimistic. I predict that geriatric medicine will see the remarkable development of new techniques and novel pharmacological approaches and will keep pace with the rapid new developments in other medical disciplines. My wish is that, over the next few years, the Journal of Gerontology: Medical Sciences will become one of the major protagonists and promoters of this important line of development.

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REFERENCES