The global population of individuals **(1) over / by** the age of 65 is growing at an unprecedented rate and is expected **(2) reacing / to reach** 1.6 billion by 2050. Most older individuals are affected by multiple chronic diseases, **(3) triggered by / leading to** complex drug treatments and increased risk of physical and cognitive disability. Improving or preserving the health and quality of life of these individuals is **(4) rewarding / challenging** due to a lack of **well-established** clinical guidelines. Physicians are often forced to **(5) engage in / refrain from** cycles of "trial and error" that are centered on **palliative** treatment of symptoms **(6)rather than / as well as** the root cause, often resulting **(7) in / from** dubious outcomes.

Recently, geroscience **(8) challenged/ verified** this view, proposing that the underlying biological mechanisms of aging are **(9)independent of / central to** the global increase **in** susceptibility **to** disease and disability that occurs **(10) by / with** aging. In fact, strong correlations have recently been revealed between health dimensions and phenotypes that are typical **(11) by / of** aging, especially with autophagy, mitochondrial function, cellular senescence, and DNA methylation. Current research focuses on measuring the pace of aging **(12) to identify / identifying** individuals who are "aging faster" to test and develop **(13) interventions** / **conditions** that could prevent or delay the progression of multimorbidity and disability that accompanies aging. Understanding how the underlying biological mechanisms of aging **(14) ----** connect to **----** impact longitudinal changes in health trajectories offers a unique opportunity to identify **resilience** mechanisms, their dynamic changes, and their impact **on** stress responses. Harnessing how to evoke and control resilience mechanisms in individuals with successful aging **could lead** to **(15) writing / write** a new chapter in human medicine.

14)

a. both / and   b. neither / nor

c. whether / or   d. as / as

e. the more / the less