



BPC-157

Gastric-Derived Repair Peptide

What It Is & What It Does

BPC-157 comes from a naturally protective substance found in stomach fluid, isolated by a Croatian research team in 1993 — the idea is that if it can protect your stomach lining from its own acid, it might help other tissue heal too. It's one of the most talked-about peptides in the research community for tendon, muscle, and gut healing, even though solid human trial data is still thin.

What The Research Shows

- In rat studies, BPC-157 accelerated Achilles tendon healing by roughly 60-80% versus untreated controls, largely by promoting new blood vessel formation and fibroblast activity.
- Animal studies consistently show faster healing in tendon, ligament, muscle, and even bone injuries, plus gut-protective and anti-inflammatory effects.
- Only 3 small, uncontrolled human studies exist — nowhere near the scale of a real clinical trial.
- Is one of 7 peptides currently under FDA Pharmacy Compounding Advisory Committee review, which could expand legal compounding access if the review is favorable.

Reported Side Effects

- Minimal reported in the small human studies available
- Long-term human safety data doesn't really exist

Regulatory Status

Not FDA-approved. Currently under FDA Pharmacy Compounding Advisory Committee review as one of 7 peptides being considered for expanded compounding access. No genuine peer-reviewed sex-specific research exists — some commercial sites speculate about relevance to female hormonal cycles, but this is marketing speculation, not established research.

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Tumor Growth Research Note — BPC-157

Category: Angiogenic (BPC-157/TB-500 family) — Mixed/Debated Evidence

This compound's core mechanism involves angiogenesis (new blood vessel growth via VEGF/VEGFR2 signaling), a pathway active in roughly half of human cancers, since tumors require new blood supply to grow past a few millimeters. The evidence here is genuinely mixed, not one-directional: a 2004 study found it actually inhibited human melanoma cell growth in that specific model, and a mouse cachexia study found no evidence of accelerated tumor growth. But no published human study has tracked cancer incidence with use, and no in vivo data yet demonstrates it inhibits tumor progression. Researchers on both sides of this debate agree: it is not appropriate for anyone with active or recently diagnosed cancer, regardless of which side of the angiogenesis debate they take.

This note is a compound-specific excerpt. For the complete framework, full evidence review, and all compound categories, see the standalone document: [Can Peptides Cause Tumor Growth? — A Deep-Dive Research Summary](#). For laboratory and research use only. Not for human or veterinary use. Nothing here constitutes medical advice or a screening recommendation.



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2026 PCAC update

July 2026 FDA Advisory Vote

On July 23-24, 2026, the FDA's Pharmacy Compounding Advisory Committee (PCAC) met to vote on whether seven previously-restricted peptides should be added to the Section 503A Bulk Drug Substances list -- the list that determines what compounding pharmacies can legally prepare from a prescription. This is separate from, and later than, the April 2026 reinstatement to FDA Category 1 covered elsewhere in this document.

On July 23, 2026, PCAC voted 8-6 (one abstention) to recommend BPC-157 (free base and acetate forms) for the 503A Bulks List -- notable because FDA's own scientific staff had recommended against all seven peptides under review, citing insufficient safety and effectiveness data.

A favorable PCAC vote is a recommendation, not a legal change. The FDA is not bound by it, and any formal addition to the 503A Bulks List still requires notice-and-comment rulemaking, a process that can take well over a year. As of this update, none of the peptides discussed below are legal to compound under 503A.

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