



BPC-157 + TB-500

Combined Repair Peptide Blend

What It Is & What It Does

This combines the two most talked-about tissue-repair peptides in one vial — nicknamed the 'Wolverine stack' in the community — on the theory that BPC-157's local, gut-and-tendon-focused action pairs well with TB-500's body-wide cell-migration effect. It's a community-driven combination, not something that's ever been tested together in an actual study.

What The Research Shows

- Each half has its own separate research base (see individual BPC-157 and TB-500 entries); the combination itself has zero dedicated research.
- This is one of the thinnest evidence bases in the whole catalog for something this frequently discussed.

Reported Side Effects

- Same as each individual component; no combination-specific data exists

Regulatory Status

Not FDA-approved. Sold only as a research chemical blend. No sex-specific research exists for either sex.

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Tumor Growth Research Note — BPC-157 TB-500 Blend

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 and tumor-note addendum

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 both BPC-157 and TB-500 (each in free base and acetate forms) for the 503A Bulks List, over FDA staff's recommendation against all seven peptides reviewed.

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.

Tumor Growth Note Addendum — TB-500 / Thymosin Beta-4

- The existing tumor-growth note for this blend addresses BPC-157's angiogenic mechanism, but did not previously address thymosin beta-4 (the parent molecule TB-500 is a fragment of) — this closes that gap.
- A 2003 JNCI study (Cha et al.) found thymosin beta-4 overexpression produced a 2.3-fold increase in melanoma cell migration and a 4.4-fold increase in tumor blood vessel density in mice, concluding it "may stimulate tumor metastasis by activating cell migration and angiogenesis."
- A 2015 study found thymosin beta-4 expression was significantly elevated in metastatic hepatoblastoma (a pediatric liver cancer) tissue and cell lines compared to healthy liver, and that reducing its expression lowered cancer cell migration.
- Separate research has linked elevated thymosin beta-4 to metastatic potential in colon cancer, renal cell carcinoma, and non-small cell lung cancer. As with BPC-157, no human study has tracked cancer incidence with TB-500 use specifically -- this is mechanistic and preclinical evidence, not a demonstrated human risk. It does not change the existing guidance: not appropriate for anyone with active or recently diagnosed cancer.

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