Tesamorelin

GHRH Analog, FDA-Approved

What It Is & What It Does

Tesamorelin is a stronger, longer-lasting cousin of sermorelin — about 40 times more potent — and it's the one growth-hormone-releasing peptide in this entire catalog that's currently FDA-approved and actively prescribed today, specifically for reducing stubborn abdominal fat in people with HIV-related fat redistribution.

What The Research Shows

- Approved in 2010 based on real Phase III, placebo-controlled human trials.
- Roughly 4,000 patients have used it since approval with no new safety concerns identified in post-approval monitoring.
- Specifically reduces visceral fat (deep abdominal fat around organs) rather than fat in general.

Men's & Women's Health Research

Men / General	Women
• The FDA approval trials were conducted in a population that was majority male, because HIV-associated lipodystrophy has historically been studied more in men — meaning tesamorelin's approved-drug evidence base is more heavily built on male trial data.	• Efficacy and safety data specific to women is comparatively thinner than in men, since the approval trials skewed male. This doesn't mean it doesn't work in women, just that the trial evidence backing the approval leans male.

Reported Side Effects

- Injection site redness/itching: 7.6% vs. 0.8% placebo
- Peripheral swelling: 6.1% vs. 2.3% placebo
- Can mildly elevate blood sugar
- Higher carpal tunnel/joint pain risk than sermorelin

Regulatory Status

FDA-approved (Egrifta) specifically for HIV-associated lipodystrophy under physician prescription.

Tumor Growth Research Note — Tesamorelin

Category: GH/IGF-1 Axis — Strong Evidence of Concern

This compound raises growth hormone and/or IGF-1, which is directly mitogenic (tells cells to grow and divide) and inhibits normal cell death. This is the category with the strongest human epidemiological evidence in our research: a UK Biobank study of almost 400,000 people found higher IGF-1 associated with increased risk of thyroid, breast, prostate, and colorectal cancer; a separate study found statistically significant associations with breast cancer (odds ratio 1.25) and prostate cancer (odds ratio 1.31); and a Mendelian randomization study found genetically predicted higher IGF-1 was causally associated with colorectal cancer risk. This evidence is about naturally circulating IGF-1, not this specific compound directly, but there's no reason to expect pharmacologically-elevated IGF-1 to behave differently. Anyone with active cancer, a personal cancer history, or elevated cancer risk should avoid GH/IGF-1-axis compounds.
