EM66

Also called: EM66; EM-66; Secretogranin II-derived peptide EM66

What it is

EM66 is a 66-amino-acid peptide generated by processing of secretogranin II, beside secretoneurin, with a highly conserved sequence (UniProt P13521). In the hypothalamus it is an anorexigenic neuropeptide whose expression tracks food deprivation and interacts with the POMC and NPY systems (PMIDs 28902709, 15929742); in the body it is a sensitive circulating and tissue marker for pheochromocytoma, raised about ten-fold in patients' plasma and higher in benign than malignant tumours (PMIDs 16287097, 12788858). It is an endogenous research peptide and diagnostic marker, not an approved medicine, and has never been given to people as a treatment.

Approval status

Research Chemical. Not a drug: Drugs@FDA and the openFDA label endpoint hold no record, and FDA GSRS and ChEMBL hold no substance record for EM66 (searched November 6, 2026). It is an endogenous secretogranin-II-derived peptide; there is no therapeutic development of EM66 itself, and no registered interventional trial of giving it to people. It is studied as an anorexigenic neuropeptide and as a pheochromocytoma marker.

Dosing, as printed in the page's Recommended Dosing box

No established human dose

EM66 is an endogenous secretogranin-II-derived peptide that has never been given to people as a treatment. The human studies measure the body's own EM66 as a marker, and the functional work is in animals and cells.

Educational information, not medical advice. None is a recommendation for you. An unapproved compound has no established safe or effective human dose, and products sold for "research use only" are not made or tested for people. Talk to a doctor before acting on anything on this site, including before you start, stop or change any medicine or dose.

Key human evidence

The 2 human studies carded on the page (6 study cards in all):

• **Circulating EM66 is a sensitive marker for pheochromocytoma** (Human, 2006). In patients with pheochromocytoma, plasma EM66 was about ten-fold higher than in healthy volunteers and returned to normal after the tumour was removed, while urinary EM66 was unchanged. The plasma EM66 test was more sensitive than plasma or urinary metanephrine measurements taken separately, and tumour cells in culture secreted high levels — supporting circulating EM66 as a complementary marker for diagnosing and following pheochromocytoma (a human observational study). **PMID 16287097**

• **Tissue EM66 discriminates benign from malignant pheochromocytoma** (Human, 2003). EM66 was detected by immunohistochemistry and radioimmunoassay in benign and malignant pheochromocytoma tissue, restricted to chromaffin cells. Concentrations were far higher in benign (median 25.6 ng/mg protein) than malignant (median 3.8 ng/mg protein) tumours, suggesting that measuring EM66 may help identify patients at higher risk of tumour progression (a human observational study). **PMID 12788858**

Interactions

A PubMed search for interaction studies of this compound with any drug (November 6, 2026, 0 records) found none in people. That is not evidence that it is safe to combine with anything.

Side effects and cautions

Reported side effects	Contraindications and cautions
• No human adverse-event data exist: no published study has administered EM66 to people • The human studies measure endogenous EM66 as a pheochromocytoma marker, not as a treatment (PMIDs 16287097, 12788858) • In animals it is an appetite-regulating hypothalamic peptide (PMIDs 28902709, 15929742) — a physiological role, not a human safety profile • Material sold online as 'EM66' is an unregulated research chemical of unverified content	• Not a medicine: no FDA application or label, and no approval anywhere • No human dosing, interaction, pregnancy or long-term safety data exist for administered EM66 • It is a laboratory research peptide and a diagnostic marker, not a treatment • Its blood level is informative in pheochromocytoma but is a diagnostic readout, not a therapy

Five questions to ask

1. EM66 is listed here as "Research Chemical". What does the evidence on this sheet mean for someone in my situation, and is there an approved treatment I should consider instead?
2. Here are the medicines and supplements I take. Do any of them interact with EM66? This sheet records none published, which does not mean none exist.
3. Which side effects should make me stop and call you, for example no human adverse-event data exist: no published study has administered em66 to people?
4. Do any of the cautions on this sheet apply to me, such as: Not a medicine: no FDA application or label, and no approval anywhere?
5. What should we check before I start and while I am on it (blood tests, blood pressure, weight), and how often?

Grey Peptides is a vendor-neutral encyclopedia: it sells nothing and names no seller. This sheet is educational, not medical advice, and is not a prescription.