Goralatide

Also called: Ac-SDKP; AcSDKP; Seraspenide; N-acetyl-seryl-aspartyl-lysyl-proline

What it is

Ac-SDKP, a natural tetrapeptide from thymosin beta-4 that ACE inhibitors raise; a 1995 randomized myeloprotection trial was negative, antifibrotic work is preclinical.

Approval status

Research Chemical. Not approved anywhere. openFDA's Drugs@FDA index returns no record for goralatide (searched October 3, 2026). Its one randomized human trial, in 1995, found no protective effect on blood counts (PubMed 8535033); later work is in animals and cells.

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

Used in human trials

No manufacturer dose exists for this use: these are amounts given in published trials, not recommendations.

Protocol and source	Dose	Frequency	Duration	Route
Trial: myeloprotection with carboplatin and fluorouracil **[Human study]** PMID 8535033	12.5 or 62.5 µg/kg	Daily	Days 1 to 4	Not stated in the abstract

Educational information, not medical advice. Each dose above is tagged with its source: an approved label, a published human study, animal data, or amounts reported by users. 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 first 3 of the 4 human studies carded on the page (17 study cards in all):

• **Randomized myeloprotection trial** (Human, 1995). In 84 patients on carboplatin and fluorouracil, goralatide (12.5 or 62.5 micrograms/kg/day, days 1-4) did not change blood count nadirs or the duration of blood toxicity versus placebo; anaemia and lymphopenia were more frequent with it. **PMID 8535033**

• **Captopril raises Ac-SDKP** (Human, 1996). In 8 healthy volunteers in a double-blind crossover study, one 50 mg dose of captopril blocked 90-99% of Ac-SDKP breakdown and raised plasma levels a long-lasting 5.5-fold (range 4-8.5). **PMID 8609242**

• **Clearance during ACE inhibition** (Human, 1999). Captopril raised plasma AcSDKP 4- to 4.8-fold in healthy subjects; in chronic renal failure, plasma levels were 22 times higher with ACE inhibitors than without (95% CI 15 to 33). **PMID 10082503**

Interactions

Human interaction studies found on PubMed (search of October 3, 2026):

• With captopril (ACE inhibitor): one 50 mg dose blocked 90-99% of Ac-SDKP breakdown and raised plasma Ac-SDKP about 5.5-fold in healthy volunteers (PMID 8609242)

• With ACE inhibitors in chronic renal failure: plasma Ac-SDKP 22 times higher than in untreated patients (4.1 times with normal kidney function) (PMID 10082503)

Side effects and cautions

Reported side effects	Contraindications and cautions
• Anaemia and lymphopenia were more frequent than with placebo • Clinical and laboratory tolerability were described as excellent	• Not approved for any use; no regulator-reviewed safety information exists

Five questions to ask

1. Goralatide 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 Goralatide? This sheet lists the interactions on record.
3. Which side effects should make me stop and call you, for example anaemia and lymphopenia were more frequent than with placebo?
4. Do any of the cautions on this sheet apply to me, such as: Not approved for any use?
5. What should we check before I start and while I am on it (blood tests, blood pressure, weight), and how often?

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