The FGF21 pathway is one of many pathways under investigation at Bristol-Myers Squibb. Learn more about our work in Fibrosis by visiting: www.bms.com/researchers-and-partners/areas-of-focus.html

About FGF21

Fibroblast growth factor 21 (FGF21) is a key regulator of metabolism expressed in numerous tissues, including the liver. As a member of the FGF family of proteins, FGF21 is considered an endocrine hormone because it circulates through the blood system to regulate bodily functions. Many different metabolically active tissues express FGF21, but most of the hormone is produced by the liver. Levels of FGF21 are regulated by metabolic stressors such as obesity, lack of physical exercise and metabolic diseases such as type 2 diabetes.

FGF21 and Metabolic Function

Metabolism is an intricately controlled process that regulates energy production and utilization in the body, requiring coordination of multiple systems including the liver, fat, muscle, and brain. In the liver, FGF21 acts to reduce endogenous production of glucose (sugar), fat and low-density lipoproteins (LDL) while promoting utilization of fatty acids as a fuel source. In the fat tissue, FGF21 enhances uptake of glucose from the blood stream into the fat cells. FGF21 also promotes insulin sensitivity. Overall, FGF21 promotes efficient energy balance in the body.

Critical illnesses associated with elevated circulating FGF21 levels include obesity, type 2 diabetes, cardiovascular disease, non-alcoholic fatty liver disease (NAFLD), and non-alcoholic steatohepatitis (NASH). These elevations may represent a compensatory response to protect the body from adverse metabolic conditions.

Clinical Implications

The elevation of FGF21 within the liver may provide protection against disease, and studies are underway to investigate if FGF21 treatment can re-establish metabolic balance. Aside from lifestyle modifications such as weight loss, NASH patients currently have no available treatment options.

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NASH is a liver disease characterized by fat deposits, inflammation and tissue damage. FGF21 may be involved in the pathogenesis of NASH through dysregulation of fat metabolism. NASH progression leads to the accumulation of scarring, or fibrosis, in the liver. As fibrosis worsens, cirrhosis develops and the liver becomes permanently damaged and is no longer able to work properly. Beyond fibrosis and cirrhosis, NASH may progress to hepatocellular carcinoma and liver failure. 10 to 15 percent of patients with NASH progress to cirrhosis in a 7-year period and 3 percent may progress to liver failure, and these numbers are expected to grow.