PROSTATE CANCER RISK TEST

The Stockholm3 blood test

Stockholm3 is a blood test that estimates your risk of prostate cancer. It is used alongside the PSA test, to help decide who may need an MRI scan or a biopsy, and who may not.

What is it?

The PSA test on its own is not very accurate. A raised PSA often leads to scans and biopsies that find no cancer, or a slow-growing cancer that would never cause harm. Stockholm3 looks at more information to give a clearer picture. It combines three things into one risk score:

Blood proteins
Five proteins linked to the prostate, including PSA.

Genetic markers
101 small genetic changes, from the same blood sample.

About you
Your age, family history and any past prostate biopsy.

Who is it for?

Aged 45 to 74 | **PSA of 1.5 or higher** | **No previous prostate cancer**

It is suitable for anyone with a prostate who fits these points, including transgender people. It is not designed for people under 45 or over 74.

What the research shows

In a Swedish trial of 12,750 men aged 50 to 74, compared with PSA alone, Stockholm3:

- Found more of the cancers that need treatment, the ones that matter most
- Needed about a third fewer MRI scans to find the same number of these cancers
- Found fewer slow-growing cancers that are unlikely ever to cause harm
- Led to fewer infections and fewer hospital stays after a biopsy

Other studies found around a third fewer biopsies than with PSA alone.

Where it fits

Stockholm3 adds a step between the PSA test and a hospital referral:

STEP 1
PSA test
A blood test, sometimes with an examination of the prostate.

STEP 2
Stockholm3
The same blood sample is used to give your risk score.

STEP 3
MRI scan
Only if your risk is higher, after referral to a urologist.

STEP 4
Biopsy
Only if the specialist thinks it is needed after the scan.

Please turn over for what happens, your result and its limits

What happens

1. **Talk it through.** A GP explains the pros and cons of testing, and checks your PSA.
2. **One blood sample.** The sample taken for PSA goes to a specialist lab.
3. **Your risk score.** The report gives a score and a suggested next step.
4. **We explain it.** A GP goes through your result and agrees a plan with you.

Understanding your result

Lower risk: score under 11%

Usually no scan or biopsy is needed now. The report may suggest a repeat test, for example in 6 years.

Higher risk: 11% or more

We refer you to a urologist, usually for an MRI scan. Depending on the results, you may be offered a biopsy.

Things to know

It is not a diagnosis

It estimates risk. Only a biopsy can show whether cancer is there.

No test is perfect

Like PSA, it can overestimate or underestimate your risk.

Not on the NHS

It is not routinely used in the NHS, and there is no UK screening programme.

About the research: the studies were done in Sweden and Norway, not the UK. There is little information yet on how well it works for Black men and other ethnic groups.

See a GP if you notice

- Needing to wee more often, especially at night
- A sudden urge to wee, or trouble getting started
- Problems getting or keeping an erection

Talk to us about your risk if

- A close relative has had prostate cancer
- You have African family background, as about 1 in 4 get it
- You have questions about a PSA or Stockholm3 result

Evenings and weekends: **NHS 24 on 111**.

Questions you might ask us

- **What does my score mean?**
- **Do I need an MRI scan?**
- **When should I be tested again?**
- **What are the pros and cons for me?**

Testing is your choice. We are happy to talk through whether a PSA or Stockholm3 test is right for you.

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