



Advanced prostate cancer screening blood test

Stockholm3 is a blood test used to diagnose aggressive prostate cancer early, and to distinguish aggressive prostate cancers which will grow and become life-threatening from those which will not develop further and don't require treatment. It is more accurate than a PSA test, therefore can be used as a more reliable screening and follow-up test.

PSA testing is the standard blood test used by the NHS to identify those who should be investigated for prostate cancer. However, PSA can be raised for other reasons, causing some men to have MRIs and biopsies unnecessarily. Furthermore, it may not be raised even where there is prostate cancer, meaning some people's prostate cancer is missed and ends up being diagnosed too late. The Stockholm3 test measures PSA, protein biomarkers, genetic data and clinical data to give a much more accurate risk score. This means your doctor can rule you out of having aggressive prostate cancer if your score is low even if your PSA is elevated, meaning you won't have an unnecessary biopsy. It also means your doctor could identify your prostate cancer earlier, when your PSA is still low.

If your PSA is between 1.5ng/mL and 20ng/mL and you are aged 45-74, you are eligible for a Stockholm3 test.

What do the results tell you?

The results of your Stockholm3 test will tell you whether you are at risk of clinically significant prostate cancer or not.

Your score is categorised into **Elevated Risk**, **Normal Risk**, or **Low Risk**.

If you have an Elevated Risk score, your doctor will arrange for you to have an MRI and/or biopsy. If you have a Normal Risk, it's recommended that you retest with Stockholm3 in 2 years. If you have a Low Risk, it's recommended that you retest with Stockholm3 in 2-6 years.

Find more information about Stockholm3 by scanning the QR code:

Or visit <https://www.camclinlabs.co.uk/stockholm3>



FAQs

What does Stockholm3 measure?

Stockholm3 measures PSA (Prostate Specific Antigen), plus three other protein biomarkers in the blood (MIC1, MSMB, KLK2). MIC, MSMB and KLK2 are proteins which are present in the blood at different levels when there is a tumour, so can indicate the presence of cancer even if your PSA is normal. Stockholm3 also analyses your genetic risk by looking at your Single Nucleotide Polymorphisms (SNPs) – these are single points in your DNA which can have different variations. Some variations make you more susceptible to prostate cancer, whereas other variations are associated with reduced risk of prostate cancer. All this information is inputted into an algorithm which gives you your risk score for aggressive (clinically significant) prostate cancer.

How will I receive my results?

The results will be sent to the doctor/hospital that requested the Stockholm3 test for you. They will arrange an appointment with you to discuss the results.

How accurate is the test?

The test was developed by researchers at the Karolinska Institute and has been evaluated and validated in studies with over 450,000 men across Sweden, Norway, Finland, Germany and Switzerland and the USA. Over 45 scientific articles have been published about Stockholm3, many in leading scientific journals such as The Lancet Journal and European Urology. Stockholm3 has received awards for its research from the European Association of Urology three years in a row, in 2021, 2022, and 2023. The research shows that Stockholm3 is more reliable and accurate than PSA testing at identifying clinically significant prostate cancer.

How can I get a Stockholm3 test?

Ask your doctor/nurse to contact Cambridge Clinical Laboratories to order the Stockholm3 test. Your doctor/nurse will then arrange for you to have your bloods taken for the test.

Do I have to pay for Stockholm3?

Unfortunately, Stockholm3 is not yet covered by the NHS. You will need to pay for the Stockholm3 test, and you may need to pay a phlebotomy fee to have your bloods taken. Your doctor/nurse can discuss the costs with you.

Why does the NHS not use this test?

Stockholm3 is fairly new to the UK and therefore it is not yet included in the NICE guidelines, which are followed by the NHS. It is expected that Stockholm3, or a similar test, will be introduced into the NHS over the next couple of years to help improve prostate cancer diagnostics.

What happens if I have a positive/high risk result?

If you have a high-risk result, this means you are at risk of having aggressive prostate cancer. This means you should have an MRI scan and/or a biopsy to investigate further. Your doctor will organise this for you.

What do I do if I have a low risk result?

If you have a low/normal risk result, the recommendation is that you do not need further investigation at this time. It is recommended that you retest in the future – your doctor will advise you on when you should next have a blood test for prostate cancer.