

My Journey to Date

Having run a prostate health awareness charity for 21 years now, it won't surprise the reader to learn that I've kept a regular eye on my own PSA score. It's always been within "normal" ranges for my age, starting with a score of just 0.8 in November 2005 when I was 58 and peaking in March 2019 at 3.67, after which it slowly decreased to 2.00 in October 2024. I've had the odd urinary issues over the years including being diagnosed with a slightly overactive bladder around 20 years ago.

I revisited my urologist, Alan Doherty, in October 2024 with non-specific symptoms of prostatitis and a bit of groin discomfort. He recommended a multi parametric MRI scan, which I underwent with Dr Clare Allen on 19 November. This picked up a small Likert 4 lesion in the right apex and a Likert 3 lesion in the left peripheral zone mid to base. This gave me various options including moving to an MRI fusion biopsy or leaving it to ongoing monitoring. After much thought I decided, as a first step, to undertake the range of new biomarker-based "advanced" tests the charity offers, as a guide to what was the best thing to do next.

Of the four I undertook, 3 came back as showing me more at risk of having prostate cancer, so I decided to move to an MRI fusion biopsy which Alan performed for me on 7th January. In this respect I must say, whilst biopsies are not something to look forward to, I never suffered any side effects whatsoever from it. At the same time as carrying out the "advanced PSA" tests, I also undertook a Radox Genetic Prostate Cancer Risk blood test, the results of which took 6 weeks to come back. The results of the three tests that came back as higher risk were as follows:

Radox Advanced Test

Undertaken December 2nd. Results available December 3rd.

Baseline PSA - 3.89. Radox risk score - 0.293.

Radox scores: <0.054 decreased risk, >0.054 as increased risk.

Proclarix

Undertaken December 9th. Results available December 12th.

Baseline PSA - 3.74. Proclarix risk score - 47%.

Proclarix scores: 0%-10% low risk, 10-100% high risk.

Stockholm3

Undertaken December 12th. Results available December 23rd.

Baseline PSA - 3.6. Stockholm 3 risk score - 16.

Stockholm3 scores: 1-10 low risk (green), 11+ high risk (amber/red).

Conclusion

All three tests have helped in the decision making process and, in my view, have a part to play going forward. The Randox test has the advantage of being the cheapest (around £80 at the time of writing), the quickest back and is British owned. The Proclarix test is mid-price (currently £195), is already being used by some urologists and is the only one that shows in its report at least some of the science behind the report, in this case highlighting THBS1. Stockholm3, whilst currently being the most expensive, (around £395) is perhaps the one with the longest track record and research back up.

The biopsy picked up a 3+3 Gleason cancer in the main target area. I discussed these findings with Alan on 29th January who advised that the standard of care for a cancer at this level would be active surveillance via 4 monthly PSA tests and a follow up MRI scan later in the year. The alternative might be a focal therapy such as HIFU. This advice was supported by the findings of the Randox Genetic Prostate Cancer Risk Assessment which had come through in the meantime. The assay for that was based on a prostate cancer NGS virtual 14 gene panel, from Illumina TS v1 panel (94 genes). This analysis identified 25 genetic variants in the 14 genes analysed, with no variants which are currently known to be pathogenic for prostate cancer.

Next Steps

Having mulled over the alternatives, I've decided to undertake a PSA test in May. Then, subject to what that shows, a follow up MRI scan no later than October.

Graham