



TEST CODE: PR41034

Overview

The MyOme Proactive Health Plus Integrated Polygenic Risk Score™ (iPRS™) Prostate Cancer test uses a high coverage (mean $\geq 30X$) PCR-free whole-genome backbone to estimate the risk of developing prostate cancer based on clinical and genetic factors.

Clinical Use

This test is a comprehensive risk assessment tool (not a diagnostic test) intended for men of 30–75 years old without a personal history of prostate cancer. It provides a 10-year (for patients aged 40–70) and remaining lifetime risk (for all patients) of developing prostate cancer, together with relative risk contributed by genetic factors. Risk estimates from the test allow for the identification of patients who may benefit from earlier or more frequent monitoring and can be used in conjunction with standard clinical assessment.

Method

Patient data is provided by the ordering physician. Genomic DNA obtained from submitted samples is sequenced using Illumina technology. Reads are aligned to the human genome reference assembly GRCh38.p14. A PRS is calculated for each of 5 continental ancestries—African, Admixed American, East Asian, South Asian, and European—and standardized and weighted to produce a cross-ancestry PRS (caPRS). The caPRS is integrated with an individual's non-genetic risk factors, including age and family history, to estimate the 10-year and remaining lifetime risk of developing prostate cancer. For patients under age 40 and over age 70, only remaining lifetime risk and relative risk are calculated.

Sample Types

- Blood (2 EDTA tubes)
- Saliva (2 tubes)
- Buccal (2 swabs)

Turnaround Times

- From sample received, most results are delivered in 5–6 weeks.*
- Follow-up testing or re-requisitions are typically completed in under 2 weeks, often within a few days.

Included

- A cohesive report with the 10-year risk (for patients aged 40–70) and remaining lifetime risk and relative risk (for all patients) of developing prostate cancer.
- Integrated risk is reported as “not at increased risk” or “increased risk”, with a 25% increased risk cutoff, corresponding to remaining lifetime risk $>2X$ above the US population average.¹
- Actionable recommendations for screening and reducing prostate cancer risk, based on publicly available guidelines, including the American Urological Association, American Cancer Society, and USPSTF, are also included.^{2–6}

*Turnaround times are provided as estimates and begin once sample(s) are processed at MyOme. Turnaround times may be extended in cases outside of MyOme's control.

1. National Cancer Institute. Cancer stat facts: prostate cancer. 2. SEER <https://seer.cancer.gov/statfacts/html/prost.html> (accessed November 2025). 3. Wei JT, Barocas D, Carlsson S, et al. Early detection of prostate cancer: AUA/SUO guideline part I: prostate cancer screening. *J Urol.* 2023;210(1):45–53. PMID: 37096582. 4. Smith RA, Andrews KS, Brooks D, et al. Cancer screening in the United States, 2019: A review of current American Cancer Society guidelines and current issues in cancer screening. *CA Cancer J Clin.* 2019;69(3):184–210. PMID: 30875085. 5. Wolf A, Wender RC, Etzioni RB, et al. American Cancer Society guideline for the early detection of prostate cancer: Update 2010. *CA Cancer J Clin.* 2010;60:70–98. PMID: 20200110. 6. US Preventive Services Task Force. Screening for Prostate Cancer: US Preventive Services Task Force Recommendation Statement. *JAMA.* 2018;319(18):1901–1913. PMID: 29801017

This test was developed, and its performance characteristics were determined, by MyOme, Inc., a clinical laboratory certified under the Clinical Laboratory Improvement Amendments of 1988 (CLIA) and College of American Pathologist (CAP) accredited to perform high complexity clinical laboratory testing. This test has not been cleared or approved by the U.S. Food and Drug Administration (FDA). Test results should always be interpreted by a clinician in the context of clinical and familial data with the availability of genetic counseling when appropriate. MyOme is not responsible for the content or accuracy of third-party websites.