

ARUP offers **Prostate-Specific Kallikrein, 4Kscore (test code 2014059)** to help determine the risk of prostate cancer. This test:

- Uses a noninvasive testing method
- Measures four prostate-specific biomarkers and clinical components
- Predicts risk of high-grade prostate cancer
- Predicts long-term risk of distant metastasis
- Reduces overtreatment and unnecessary biopsies
- Allows physicians to make better treatment decisions for their patients

The 4Kscore test is included in the National Comprehensive Cancer Network (NCCN) Guidelines for Prostate Cancer Early Detection.<sup>1</sup>

To order Prostate-Specific Kallikrein, 4Kscore, please contact your ARUP account executive or call ARUP Client Services at 800-522-2787.

1. National Comprehensive Cancer Network. NCCN Clinical Practice Guidelines in Oncology: prostate cancer early detection. Version 2.2024. Updated Mar 2024; accessed May 2024. [https://www.nccn.org/professionals/physician\\_gls/default.aspx](https://www.nccn.org/professionals/physician_gls/default.aspx)

2. National Cancer Institute. Cancer Stat Facts: Prostate Cancer. Accessed May 2024. <https://seer.cancer.gov/statfacts/html/prost.html>

For more information, visit:

**4kscore.com**

**4Kscore®**

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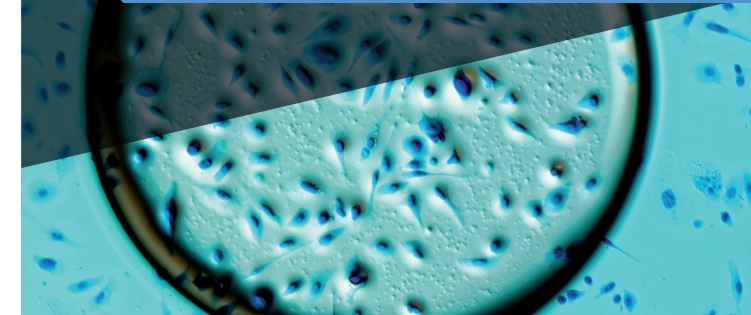
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TESTING AT  
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**The 4Kscore Test for Prostate Cancer:**  
Assess Your Patient's Risk

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The National Cancer Institute estimates that there will be 299,010 new cases of prostate cancer in 2024.<sup>2</sup>

### Low-Grade Prostate Cancer

- Not aggressive
- Grows slowly
- Cancer cells are unlikely to spread (metastasize) to other parts of the body
- Monitoring recommended

### Aggressive Prostate Cancer

- Grows and spreads quickly
- Cancer cells are likely to metastasize to other parts of the body
- Requires early treatment in many cases
- Can be deadly

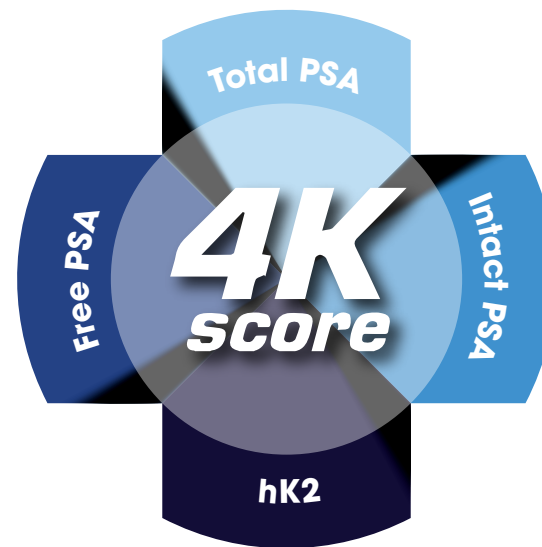
## Testing for Prostate Cancer

A prostate-specific antigen (PSA) test is a blood test generally used to screen for prostate cancer. The test measures the amount of total PSA in your blood.

PSA levels of 4.0 ng/mL and lower are considered normal, while PSA levels above 4.0 ng/mL are considered elevated and may indicate an enlarged prostate (typical in older individuals) or prostate cancer. Recent studies recommend using less than 2.5 or 3.0 ng/mL as a cutoff for normal values, particularly in younger patients.

Because PSA tests poorly differentiate between benign conditions, slow-growing prostate cancer, and aggressive prostate cancer, physicians often recommend a biopsy if PSA results are elevated.

Many patients undergo unnecessary and costly biopsies, resulting in overtreatment of low-grade prostate cancer. Overtreatment can lead to significant complications and morbidity, including sepsis.



## About the 4Kscore Test

### Prostate-Specific Kallikrein, 4Kscore ARUP Test Code 2014059

The 4Kscore test measures four biomarkers: total PSA, free PSA, intact PSA, and human kallikrein-2 (hK2). Blood test results are combined in an algorithm with a patient's age, a digital rectal exam, and previous biopsy results to give physicians a personal risk score for each patient.

Unlike traditional PSA tests, the 4Kscore test distinguishes individuals with a low risk for aggressive prostate cancer from those with a high risk. Individuals with a low-risk 4Kscore have a less than 1% chance of developing distant metastasis within the next 10 years.

The 4Kscore test should be used as a follow-up test to improve the specificity of PSA screening. Most individuals with elevated PSA levels are good candidates for the 4Kscore test.

### Do not use this test on a patient who:

- Has had a previous diagnosis of prostate cancer
- Is younger than 45 or older than 80 years of age
- Has received a digital rectal examination (DRE) in the previous 96 hours (4 days) before phlebotomy (a DRE performed after the phlebotomy is acceptable)
- Has received 5-alpha reductase inhibitor (5-ARI) therapy such as Avodart (dutasteride) or Proscar (finasteride) within the previous 6 months
- Has had any procedure or received therapy to treat symptomatic benign prostatic hyperplasia (BPH) or has had any invasive urologic procedure that may be associated with a secondary PSA elevation before phlebotomy within the previous 6 months