

# Prostate Health Index

## An Inexpensive and Noninvasive Option To Determine the Probability of Prostate Cancer

The Prostate Health Index (phi) is an FDA-approved blood test that aids in distinguishing prostate cancer from benign prostatic conditions in patients with an elevated PSA measurement. The phi combines three prostate-specific biomarkers into one overall score to provide an effective estimate of prostate cancer risk before biopsy. National Comprehensive Cancer Network (NCCN) guidelines<sup>1</sup> endorse the phi as an optional secondary biomarker to aid patients and clinicians in decision-making following an elevated PSA.

The phi is recommended for males who are older than 50 years, have a prostate-specific antigen (PSA) value between 4 and 10 ng/mL, and have digital rectal examination findings that are not suspicious for cancer.

3000134

Prostate Health Index  
Total PSA, free PSA, and p2PSA

### BENEFITS OF THE PROSTATE HEALTH INDEX

- **Avoid unnecessary biopsies:** The phi distinguishes between those with a low and high risk of prostate cancer and can reduce unnecessary biopsies by up to 30%.<sup>2</sup>
- **Reduce costs:** The phi assay is significantly less expensive than other screening options. By reducing unnecessary biopsies, the phi also decreases the financial burden on patients and health systems.
- **Receive faster results:** Results are returned within one to seven days, quickly providing actionable information that can aid in early diagnosis and facilitate care decisions.
- **Access greater accuracy:** The inclusion of p2PSA, a PSA isoform closely associated with cancerous tissue, improves the accuracy of the phi assay in distinguishing cancerous from benign conditions.

### References

1. National Comprehensive Cancer Network. [NCCN Clinical Practice Guidelines in Oncology: prostate cancer early detection](#). Version 2.2026. Updated Feb 2026; accessed Apr 2026.
2. Loeb S, Sanda MG, Broyles DL, et al. [The prostate health index selectively identifies clinically significant prostate cancer](#). *J Urol*. 2015;193(4):1163-1169.

Is biopsy  
necessary?  
Learn more:

