

PRESS RELEASE 31 August 2023 12:00:00 CEST

Stockholm3 combines accurate diagnosis of prostate cancer with improved health economics

In a recently published article in Läkartidningen (the Swedish Medical Journal), the Prostate Cancer Center at Capio St. Göran's Hospital is recognized for its structured and cohesive model (the Capio model) which is based on Stockholm3 and provides significantly improved prostate cancer diagnostics and health economics.

The Prostate Cancer Center at Capio St. Göran's Hospital was established in 2017 with the aim of providing cost-effective prostate cancer diagnostics using new diagnostic methods and efficient, structured processes. To improve the possibility of early detection of prostate cancer and at the same time avoid unnecessary examinations with magnetic resonance imaging (MRI) and biopsies, Capio St. Göran's Hospital uses Stockholm3 as a reflex test after PSA.

The recently published article outlines the Capio Model, emphasizing the integral role of Stockholm3 in enhancing diagnostic accuracy, reducing overdiagnosis, enabling diagnosis at low PSA values, reducing resource use, shortening lead-time and improving health economy.

- Enhanced diagnostic precision: Approximately 56% of individuals with suspicious MRI findings were accurately diagnosed with clinically significant prostate cancer. This enhanced precision ensures timely interventions for improved disease management.
- **Reduced overdiagnosis:** An achievement of the Capio Model is the significant reduction in overdiagnosis. Only 12% of patients following the model received diagnoses of non-clinically significant prostate cancer.
- Effective detection for low PSA levels: The Capio Model's success extends to individuals with low PSA levels (below 3). Notably, 48% of men with positive Stockholm3 results and PSA levels below 3 were identified with clinically significant prostate cancer, demonstrating the model's efficacy in early detection.
- Significantly reduced lead-time: Patients at Capio St Göran experience shorter treatment timelines. Lead times from suspicion to treatment are notably reduced (ranging from 54 to 75 days, depending on treatment), ensuring timely interventions for better patient outcomes.
- Efficient resource utilization: The Capio Model introduces an approach focused on optimal resource utilization and reduced the number of MRI examinations by 46%, the number of doctor's visits by 89% and the number of biopsies by 41%.
- Improved health economics: From a Swedish perspective, the Capio Model showcases positive health economics. With a 28% cost reduction compared to current practices, Stockholm3 plays a crucial role in delivering cost-effective care.



Professor Henrik Grönberg, the driving force behind the Capio Model, expressed his optimism, stating, "The Capio Model at St. Göran's Hospital shows that we can significantly improve the diagnosis and treatment of prostate cancer for men at risk, while reducing healthcare costs through better diagnostics with Stockholm3, standardized care and efficient delegation of responsibility from doctors to assistant nurses."

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About A3P Biomedical

A3P Biomedical's mission is to improve quality of life of men by radically increasing the precision in prostate cancer diagnostics. The company's lead product is **Stockholm3**, a blood test for early detection of aggressive prostate cancer. Stockholm3 has been developed by scientists at Karolinska Institutet and validated in clinical studies including more than 75,000 men. A3P Biomedical is headquartered in Stockholm, Sweden. For more information, please visit www.a3p.com.

About Stockholm3

Stockholm3 is a blood test that combines protein markers, genetic markers, clinical data, and a proprietary algorithm, to predict the risk of aggressive prostate cancer at an early stage. In clinical practice, Stockholm3 finds 100 percent more aggressive prostate cancers and reduces 50 percent of unnecessary biopsies compared to current practice with PSA (1).

Stockholm3 has been evaluated in clinical studies with more than 75,000 men. Data from the latest pivotal study, a randomized study including 12,750 men, was published in The Lancet Oncology in 2021. The study was also awarded the European Association of Urology (EAU) "Prostate Cancer Research Award 2022". Multiple additional studies have been published in high-impact journals, including a previous study with 58,000 men, published in The Lancet Oncology in 2015 (1).

Based on robust peer-reviewed clinical data, leading Nordic healthcare providers such as Capio S:t Görans Hospital in Sweden and Stavanger University Hospital in Norway have replaced PSA with Stockholm3. Region Värmland has introduced general screening for prostate cancer with the help of Stockholm3 for men in the age category 50-75. Patients benefit from a more precise test (increasing sensitivity and specificity) and healthcare providers can reduce the direct costs by 17 to 28 percent (1).

(1) Publications, results and clinical validation.



About prostate cancer

Prostate cancer is the second most common male cancer, and the fifth leading cause of cancer related death in men worldwide. According to WHO, 1.4 million men were diagnosed with prostate cancer and 375,000 deaths were reported in 2020. Incidence of prostate cancer is expected to increase by 70 percent until 2040, driven by an aging population.

Image Attachments

Professor Henrik Grönberg

Attachments

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