UGENOME

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Male Sexual Health

Summary Report

REPORT CATEGORY

SEXUAL HEALTH

Sample Client

Report date: 21 May 2026

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Personal information

NAME

Sample Client

SEX AT BIRTH

Male

HEIGHT

5ft 10" 178cm

WEIGHT

215lb 97.5kg

DISCLAIMER

This report does not diagnose this or any other health conditions. Please talk to a healthcare professional if this condition runs in your family, you think you might have this condition, or you have any concerns about your results.

Viewing this medical test requires a medical doctor or use one of our contracted genetic counselors. By accessing these results, you acknowledge and agree that you will consult with a licensed physician or one of our contracted genetic counselors to review and interpret the results, and you agree not to rely on this information as a substitute for professional medical advice, diagnosis, or treatment.

REPORT PROVIDED BY

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Summary

Sexual health is a key component of overall well-being for men, impacting everything from reproductive function to confidence and quality of life. Genetics plays a significant role in determining susceptibility to various sexual health issues, from hormonal imbalances to sexual dysfunction and the risk of sexually transmitted infections (STIs).

This report provides a comprehensive overview of your genetic risk factors for a range of sexual health problems, including erectile dysfunction and prostate issues. It also examines genetic markers linked to hormone levels and susceptibility to STIs.

By understanding your genetic profile, you can take control of your sexual health through targeted lifestyle changes, medical monitoring, and treatments designed to optimize your well-being.

This summary report contains:

- **17** Genetic Results
- **15** Recommendations
- **4** Lifestyle Assessments

Overview of Your Results

Sexual Health

MORE LIKELY

Sexual Dysfunction

More likely to have sexual dysfunction

TYPICAL LIKELIHOOD

Penile Curvature

Typical likelihood of having penile curvature

TYPICAL LIKELIHOOD

Erectile Dysfunction

Typical likelihood of erectile dysfunction

TYPICAL LIKELIHOOD

Painful Intercourse

Typical likelihood of painful intercourse

LESS LIKELY

Testicular Cancer

Less likely to have testicular cancer

Sexually Transmitted Infections

TYPICAL LIKELIHOOD

Chlamydia

Typical likelihood of getting chlamydia

TYPICAL LIKELIHOOD

HIV/AIDS

Typical likelihood of HIV infections

LESS LIKELY

Genital Herpes

Less likely to get genital herpes

LESS LIKELY

HPV Infection

Less likely to get HPV infection

Sex Hormones

TYPICAL LEVELS

Estradiol (M)

Predisposed to typical estradiol levels

TYPICAL LEVELS

Bioavailable Testosterone

Predisposed to typical bioavailable testosterone levels

TYPICAL LEVELS

DHT

Predisposed to typical DHT levels

TYPICAL LEVELS

Progesterone

Predisposed to typical progesterone levels

HIGHER LEVELS

Testosterone

Predisposed to higher testosterone levels

Prostate Health

MORE LIKELY

Prostate Cancer

More likely to get prostate cancer

MORE LIKELY

Enlarged Prostate

More likely to get BPH

LESS LIKELY

Prostate Inflammation

Less likely to get prostate inflammation

Recommendations Overview

Your recommendations are prioritized according to the likelihood of it having an impact for you based on your genetics, along with the amount of scientific evidence supporting the recommendation.

You'll likely find common healthy recommendations at the top of the list because they are often the most impactful and most researched.

		DOSAGE
1	Aerobic Exercise (Cardio)	1 hour
2	Zinc	15 mg
3	Tomato	
4	Lycopene	10 mg
5	Maintain Optimal Vitamin D Levels	1000 iu
6	Mediterranean Diet	
7	Green Tea	400 mg
8	Avoid Dioxin	
9	Soy Isoflavones	40 mg
10	Green Tea Extract	250 mg
11	Avoid Cadmium Exposure	
12	Stress Management Therapy	1 hour
13	Curcumin	500 mg
14	Omega-3 (Fish Oil)	2000 mg
15	Avoid Secondhand Smoke	

Your Results in Details

Sexual Health

Sexual health problems, such as erectile dysfunction or penile curvature, can greatly affect a man's quality of life. This section explores your genetic predisposition to these conditions, offering insights into why some men may be more prone to certain sexual health issues.

By identifying these genetic risk factors, you can take preventive measures, seek medical advice early, and adopt lifestyle changes to reduce the impact of these problems.

MORE LIKELY

Sexual Dysfunction

More likely to have sexual dysfunction

TYPICAL LIKELIHOOD

Penile Curvature

Typical likelihood of having penile curvature

TYPICAL LIKELIHOOD

Erectile Dysfunction

Typical likelihood of erectile dysfunction

TYPICAL LIKELIHOOD

Painful Intercourse

Typical likelihood of painful intercourse

LESS LIKELY

Testicular Cancer

Less likely to have testicular cancer

Sexual Dysfunction

Key Takeaways:

- About **40%** of differences in people's chances of developing sexual dysfunction may be due to genetics.
- Risk factors include getting older, hormone changes, stress, and certain health conditions. If you are experiencing symptoms, check with your doctor for possible solutions.
- If you are at high genetic risk, managing stress may help reduce your overall risk.
- Up to **77%** of men may have erectile dysfunction at some point in their lives. Similarly, as many as **32%** of women have low sexual desire.
- Click the **next steps** tab for relevant labs and lifestyle factors.

Sexual function is a common term for all aspects of sexual activity. This includes both mental and physical functions like [R, R, R]:

- Desire
- Arousal
- Orgasm
- Satisfaction
- Pleasure

Sexual dysfunction is any issue with sexual function that causes stress or relationship strain [R, R, R, R].

There is no such thing as a "normal" sexual function, because normal is a highly subjective term. However, significant and distressing changes to your sexual function may warrant a visit to the doctor. Abnormal changes may be a symptom of certain health problems. They can also have major effects on a person's self-esteem [R, R].

Sexual dysfunction is common for both men and women, especially as we get older. For example, as many as 32% of women have low sexual desire. This number tends to peak after menopause [R, R, R, R, R].

Risk factors for sexual dysfunction include [R, R, R]:

- Older age
- Hormone changes (e.g., menopause and pregnancy)
- Smoking cigarettes
- Stress
- Some medications
- Health conditions (e.g., heart disease, obesity, diabetes, and depression)

Conditions like obesity, heart disease, and diabetes are becoming increasingly common around the world. This increase may be why sexual dysfunction is also becoming more common [R, R, R, R].

To manage sexual dysfunction, a doctor looks for and tries to treat the underlying cause [R, R].

Treatment options for sexual dysfunction include [R, R, R]:

- Medication
- Counseling
- Hormone therapy

About 40% of differences in people's chances of developing sexual dysfunction may be attributed to genetics. Genes involved in sexual dysfunction may influence [R, R, R, R, R, R, R]:

MORE LIKELY

More likely to have sexual dysfunction based on 1,671 genetic variants we looked at

90th

PERCENTILE

Your risk is **greater than 90% of the population** and **lower than 10% of the population.**

Your top variants that most likely impact your genetic predisposition:

GENE	SNP	GENOTYPE
ARHGEF18	rs6603109	AA
MPST	rs4820255	CC
EPC1	rs2370759	GG
HTR1E	rs13202860	TA
CHSY3	rs13436218	TT
PRKD1	rs225848	AA
MDGA2	rs1160351	CC
BCL11B	rs857228	AA
ANTXR2	rs71612990	TT
BIN1	rs148033183	TT
ABCC4	rs117651201	AA
EBF2	rs113716552	CC
S1PR1	rs76296920	AA
NNMT	rs145841294	GG
TREM2	rs112759925	CC
DMRT2	rs141514244	GG
MYO3A	rs181370779	AA
FNDC3A	rs78447716	AA
ABCC4	rs74915652	GG
DIP2C	rs72774565	CC
ATP5MK	rs113174040	GG

- Sex hormones (*AR*, *ESR2*)
- Blood flow (*NOS3*, *ACE*, *VEGF*)
- "Feel-good" brain chemicals (*OPRM1*, *DRD4*)
- Sexual responses in the brain (*SIM1*, *MC4R*)

GENE	SNP	GENOTYPE
TAF4	rs112189530	CC
/	rs150479690	GG
GAD1	rs116136706	GG
MED13L	rs79670289	CC
MYO1B	rs114160266	AA
LRATD2	rs148856889	GG
RIOK2	rs542258286	CC
/	rs117183273	AA
SDCBP2	rs78358934	TT
SLITRK5	rs74435896	CC
/	rs71591392	CC
JMY	rs151154234	TT
CTNNA2	rs185236849	TT
/	rs114615131	CC
PAEP	rs145840432	GG
JMJD1C	rs147959008	GG
MAP2K6	rs117578689	TT
PRKAA1	rs115140914	GG

The number of "risk" variants in this table doesn't necessarily reflect your overall result.

Penile Curvature

The exact cause of Peyronie's disease is still unclear, but it's believed to result from a single or repeated injury to the penis (e.g., hitting, bending). This can cause bleeding and subsequent scar tissue formation.

Other factors that might increase the risk of developing Peyronie's disease include:

- Age: It's more common in middle-aged and older men
- Certain health conditions, such as Dupuytren's contracture, which affects the hands, or hypospadias, a congenital condition
- Prostate surgery or radiation therapy
- Some drugs
- Genetics

Having a close family member with the disease can increase risk. This suggests hereditary factors to Peyronie's disease.

TYPICAL LIKELIHOOD

Typical likelihood of having penile curvature based on 1,666 genetic variants we looked at

70th

PERCENTILE

Your risk is **greater than 70% of the population** and **lower than 30% of the population.**

Erectile Dysfunction

Erectile dysfunction is an inability to achieve or maintain an erection. It can be caused by issues with blood flow in the penis. It may also be caused by problems with nerves, hormones, or mental health [R, R, R].

Up to 77% of men may have erectile dysfunction at some point in their lives. This number seems to peak between the ages of 60-70 [R].

Risk factors for erectile dysfunction include [R, R, R]:

- Older age
- Smoking cigarettes
- Obesity
- Stress
- Some medications
- Health conditions (e.g., heart disease, diabetes, and depression)

The above conditions are becoming increasingly common around the world. This increase may be why erectile dysfunction is also on the rise [R, R, R, R, R, R].

To manage erectile dysfunction, a doctor looks for and tries to treat the underlying cause [R].

Treatment options for erectile dysfunction include [R, R]:

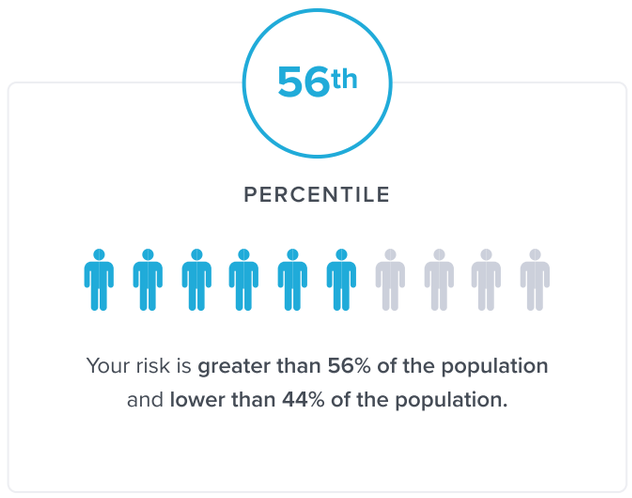
- Medication
- Counseling
- Penis pumps
- Implants

About 40% of differences in people's chances of developing erectile dysfunction may be attributed to genetics. Genes involved may influence [R, R, R, R, R]:

- Hormones
- Blood flow
- "Feel-good" brain chemicals

TYPICAL LIKELIHOOD

Typical likelihood of erectile dysfunction based on 1,731 genetic variants we looked at



Your top variants that most likely impact your genetic predisposition:

GENE	SNP	GENOTYPE
POU5F1B	rs201885483	GG
ALCAM	rs9810233	GA
PDK1	rs836589	AG
PHACTR2	rs6931865	AG
HOXB8	rs559612720	TT
SIM1	rs17185536	CC
SIM1	rs57989773	TT
ANTXR2	rs71612990	TT
BIN1	rs148033183	TT
ABCC4	rs117651201	AA
EBF2	rs113716552	CC
S1PR1	rs76296920	AA
NNMT	rs145841294	GG
TREM2	rs112759925	CC
DMRT2	rs141514244	GG
MYO3A	rs181370779	AA
FNDC3A	rs78447716	AA
ABCC4	rs74915652	GG
DIP2C	rs72774565	CC
ATP5MK	rs113174040	GG
TAF4	rs112189530	CC

GENE	SNP	GENOTYPE
/	rs150479690	GG
GAD1	rs116136706	GG
MED13L	rs79670289	CC
MYO1B	rs114160266	AA
LRATD2	rs148856889	GG
RIOK2	rs542258286	CC
/	rs117183273	AA
SDCBP2	rs78358934	TT
SLITRK5	rs74435896	CC
/	rs71591392	CC
JMY	rs151154234	TT
CTNNA2	rs185236849	TT
/	rs114615131	CC
PAEP	rs145840432	GG
JMJD1C	rs147959008	GG
MAP2K6	rs117578689	TT
PRKAA1	rs115140914	GG
GLI2	rs184766810	CC
LMO4	rs115783895	CC
EXOC6B	rs115038367	TT
EXOC6B	rs185879164	TT
/	rs12994251	CC
CLSTN2	rs9850224	GG
DCLK3	rs950146	TG
F13B	rs2990510	TT

The number of "risk" variants in this table doesn't necessarily reflect your overall result.

Painful Intercourse

The impacts of painful intercourse extend beyond physical discomfort, potentially leading to emotional distress and strain on intimate relationships. This discomfort can discourage sexual activity, contributing to a cycle of pain and avoidance.

Management and treatment require a multidisciplinary approach —often including gynecological evaluation, physical therapy, counseling or sex therapy, and potential lifestyle modifications. Addressing other contributing factors such as stress, anxiety, or past traumatic experiences is crucial for comprehensive care and improving quality of life for those impacted by dyspareunia.

TYPICAL LIKELIHOOD

Typical likelihood of painful intercourse based on 1,681 genetic variants we looked at

29th

PERCENTILE

Your risk is **greater than 29% of the population** and **lower than 71% of the population.**

Testicular Cancer

Several factors can increase the risk of developing testicular cancer:

- Undescended testicle at birth
- Family history
- Personal history
- Age: Most common in men between 15 and 35.
- Ethnicity: More common in Caucasian men compared to African-American men.

There's no way to prevent testicular cancer but some healthcare providers recommend regular testicle self-exams.

Treatment options depend on the cancer’s stage and type and may include [R]:

- Surgery: The primary treatment is often a radical inguinal orchiectomy, where the affected testicle is removed through an incision in the groin.
- Radiation therapy: Used primarily for certain types of testicular cancer, such as seminomas, often after surgery.
- Chemotherapy: Drugs used to kill cancer cells, especially for cancers that have spread or are considered high risk.
- Surveillance: In some cases, particularly for early-stage cancers, doctors may recommend regular monitoring with follow-up exams and tests instead of immediate treatment.

Testicular cancer generally has a high cure rate, especially when detected early. The prognosis is usually very good, with a high survival rate even for advanced stages, due to effective treatments available. The exact prognosis depends on factors such as the type of testicular cancer, its stage at diagnosis, and the patient’s overall health.

Please note: This report is not diagnostic and can't be used to make any medical decisions. Most cancers are uncommon and have a strong environmental component. Even if your genetic predisposition is high, you will most likely not develop the disease. This report doesn’t test for hereditary cancer syndromes or ‘cancer genes’. These are usually caused by rare mutations that can’t be analyzed by our test. If you're concerned about your risk of hereditary cancer, consider getting a specialized test at a reference laboratory.

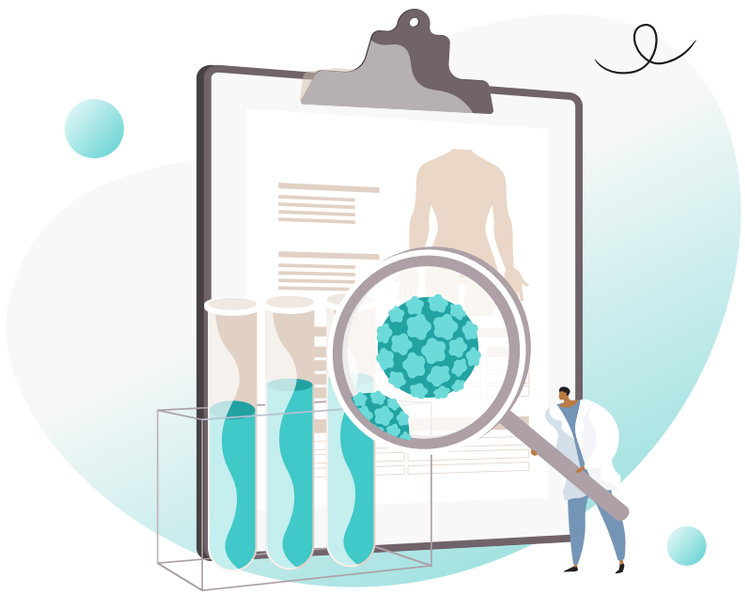
LESS LIKELY

Less likely to have testicular cancer based on 981,211 genetic variants we looked at

Your top variants that most likely impact your genetic predisposition:

GENE	SNP	GENOTYPE
KITLG	rs1907702	AA
KITLG	rs995030	GG
C12ORF29	rs11104702	TT
DMRT3	rs7863616	CC
DMRT1	rs755383	TT
ZNF681	rs61193264	TT
MANBA	rs7659556	TT
ATF7IP	rs2900333	CC
CLPTM1L	rs36115365	GC
HEATR3	rs8046148	GA
MCM3AP	rs2839186	TC
RFTN1	rs10510452	AG
MANBA	rs2720460	GA
MPO	rs9905704	GT
UCK2	rs3790672	CT
NELL1	rs186464019	AA
SIM2	rs56016578	CC
DEPDC1	rs185424124	GG
/	rs80348946	AA
ARL8A	rs61823671	TT
ACTL8	rs111581773	GG
SPRY4	rs4624820	GG
ALCAM	rs9862599	TT
BAK1	rs210138	AA
PRTG	rs10851590	CC
CLPTM1L	rs4635969	GA
PITX1	rs3805663	AG
PRDM14	rs7010162	TC
SLC25A44	rs2072499	AA

The number of "risk" variants in this table doesn't necessarily reflect your overall result.



Sexually Transmitted Infections

Sexually transmitted infections (STIs) like genital herpes and HPV are influenced by both environmental and genetic factors. This section delves into the genetic markers that may affect your susceptibility to contracting or fighting off STIs.

Understanding your predisposition can help you make informed decisions about preventive measures, such as practicing safe sex. Additionally, this knowledge allows for personalized approaches to managing or preventing infections based on your unique genetic profile.

TYPICAL LIKELIHOOD

Chlamydia

Typical likelihood of getting chlamydia

TYPICAL LIKELIHOOD

HIV/AIDS

Typical likelihood of HIV infections

LESS LIKELY

Genital Herpes

Less likely to get genital herpes

LESS LIKELY

HPV Infection

Less likely to get HPV infection

Chlamydia

Chlamydia is a common **sexually transmitted infection (STI)** caused by the *Chlamydia trachomatis* bacterium.

Factors that increase the risk of chlamydia include [R]:

- Female sex
- African ancestry
- Being sexually active before age 25
- Having multiple sex partners
- Not using a condom consistently
- History of STIs

Interestingly, studies have found **genetic variants** linked to increased susceptibility to chlamydia. Involved genes play a role in the **immune response and skin barrier function** [R].

TYPICAL LIKELIHOOD

Typical likelihood of getting chlamydia based on 1,675 genetic variants we looked at

64th

PERCENTILE

Your risk is **greater than 64% of the population** and **lower than 36% of the population.**

Your top variants that most likely impact your genetic predisposition:

GENE	SNP	GENOTYPE
NPSR1	rs720756	TT
MT1X	rs79741827	TT
MANBA	rs6821248	GG
/	rs77175455	TA
PIGN	rs61755362	GG
SIGLEC1	rs150358287	CC
STARD3	rs11556624	GG
OR13F1	rs79177442	GG
SLC1A7	rs116623976	GG
ITIH3	rs74320783	GG
VAV2	rs61751477	GG
SCN9A	rs141268327	TT
VPS35L	rs150300279	CC
LAMA5	rs79319629	TT
APOBEC1	rs34275479	CC
VWA2	rs79009215	GG
RRP7A	rs146723886	TC
NCK2	rs143335233	CC
DKK1	rs12259288	GG
BRAT1	rs150942467	AA
CUZD1	rs36212072	AA

GENE	SNP	GENOTYPE
ALPK1	rs35756863	TT
FLNC	rs181067717	CC
C11ORF21	rs188839109	CC
ZBTB49	rs34623124	CC
WDR38	rs61738476	CC
PDCD11	rs61751511	TT
BCAN	rs115373136	CC
ST6GAL2	rs34558933	GG
ACAD9	rs115532916	GG
ABHD12B	rs138523238	GG
NOD2	rs2066845	GG
CERCAM	rs148321495	GG
ETV4	rs34260468	GG
ZNF212	rs76516730	GG
EPYC	rs17784152	GG
ZNF154	rs74939505	GG
NTN5	rs549539292	AA
ZNF100	rs138292237	GG
MDN1	rs114646660	TT

The number of "risk" variants in this table doesn't necessarily reflect your overall result.

HIV/AIDS

HIV is transmitted through bodily fluids that include [R]:

- Blood
- Semen
- Vaginal and rectal fluids
- Breast milk

The virus does not spread through air, water, or casual contact such as shaking hands or sharing dishes. Common modes of transmission are:

- Unprotected sexual contact with someone who has HIV.
- Sharing needles, syringes, or other drug injection equipment.
- From mother to child during pregnancy, childbirth, or breastfeeding.
- Receiving blood transfusions, blood products, or organ/tissue transplants that are contaminated with HIV (very rare in countries where blood is tested for HIV antibodies).

Preventive measures include [R]:

- Using condoms during sexual activity.
- Pre-exposure prophylaxis (PrEP): A daily medication for people at very high risk of HIV infection.
- Post-exposure prophylaxis (PEP): A medication taken after potential exposure to HIV, to prevent the virus from taking hold.
- Never sharing needles.
- Testing regularly for HIV, especially if you have more than one sexual partner or other risk factors.

There is no cure for HIV, but it can be controlled with proper medical care, known as antiretroviral therapy (ART). ART involves taking a combination of HIV medicines every day. Although ART cannot cure HIV, it helps people with HIV live longer, healthier lives and reduces the risk of HIV transmission [R].

TYPICAL LIKELIHOOD

Typical likelihood of HIV infections based on 19,381 genetic variants we looked at

Your top variants that most likely impact your genetic predisposition:

GENE	SNP	GENOTYPE
NTNG1	rs4118325	GG
PTPRA	rs6076463	CT
TGFBRAP1	rs1020064	TG
SOX5	rs1522232	CT
MGST3	rs10800098	GG
MPDZ	rs1360517	CC
PABPC1	rs3108919	TT
NFIB	rs1556032	TT

The number of "risk" variants in this table doesn't necessarily reflect your overall result.

Genital Herpes

Genital herpes is a common sexually transmitted infection (STI), usually caused by the herpes simplex virus type 2 (HSV-2).

A higher risk of getting genital herpes is linked to [R]:

- Being female
- Being African American
- Any type of sexual activity (spreading is more common from men to women)
- Having sex with multiple partners
- Having a partner with an active infection
- Having a history of other STIs

To limit these risks, it's essential to adopt **safer sex practices** and consider getting **regular screenings** if you are sexually active.

Genetics may also affect susceptibility to genital herpes. Involved genes may play a role in the immune response, cell life cycle, and more [R].

LESS LIKELY

Less likely to get genital herpes based on 284,980 genetic variants we looked at

10th

PERCENTILE

Your risk is **greater than 10% of the population** and **lower than 90% of the population.**

Your top variants that most likely impact your genetic predisposition:

GENE	SNP	GENOTYPE
HASPIN	rs7503464	AG
ANKRD30A	rs148685730	CT
SH2D4B	rs539848481	GC
TAMM41	rs144232229	GG
ADAM32	rs117705146	GG
ATP1B3	rs538162817	TT
CDH23	rs190960403	CC
POLR3A	rs144589616	GG
IL2RA	rs41294917	CC
CYP2C9	rs116878692	GG
OTUD1	rs188573619	CC
APBB1IP	rs113638825	AA
CELF2	rs188771969	TT
EGR2	rs188020302	GG
MSRB2	rs72800658	CC
CYP2C9	rs186327276	GG
CYP2C9	rs142997475	GG
ZNF365	rs537125040	TT
AKR1E2	rs139830049	GG
NOC3L	rs184211742	TT
CISD1	rs147432596	AA

GENE	SNP	GENOTYPE
/	rs111930398	GG
EGR2	rs565712932	GG
MAP3K8	rs145728473	GG
GDI2	rs77670253	GG
CCDC6	rs74155250	GG
PCGF5	rs117298996	GG
SH2D4B	rs112062168	TT
ADARB2	rs186430301	GG
SGPL1	rs142897553	GG
/	rs140410565	CC
TFAM	rs117428895	CC
UPF2	rs192348516	CC
KCNMA1	rs116959407	TT
/	rs116957978	AA
KIAA1217	rs141471212	GG
ZNF37A	rs189130822	GG
C10ORF53	rs150994976	CC
ADARB2	rs116297852	TT

The number of "risk" variants in this table doesn't necessarily reflect your overall result.

HPV Infection

HPV infection is a common, sexually transmitted infection (STI) caused by the human papillomavirus.

Risk factors for HPV infection include [R]:

- **Risky sexual behavior**
- Age (childhood for common warts; early adulthood for genital warts)
- Weakened immune system
- Damaged skin
- Personal contact with an infected person
- Contact with contaminated surfaces

Genetics also plays a role in HPV infection. Involved genes may influence [R]:

- Cell growth and division
- The immune response against microbes
- DNA repair

LESS LIKELY

Less likely to get HPV infection based on 105,944 genetic variants we looked at

7th

PERCENTILE

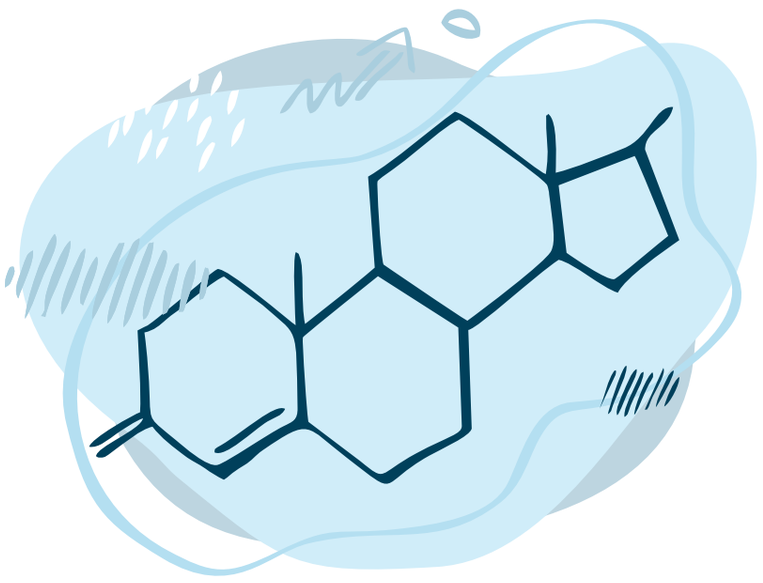
Your risk is **greater than 7% of the population** and **lower than 93% of the population.**

Your top variants that most likely impact your genetic predisposition:

GENE	SNP	GENOTYPE
DOK5	rs1293153	GG
RHOBTB1	rs145804860	CT
ABHD2	rs405103	CC
GPR26	rs78231715	CC
MPZL2	rs145674624	GG
TCERG1L	rs186242350	CC
FDX1	rs74572764	TT
KAT6B	rs192376670	CC
CHAT	rs144802194	CC
PPIF	rs114574602	CC
TCF7L2	rs11196144	CC
FAR1	rs146644242	CC
DDI1	rs117507333	TT
GDPD5	rs139493418	TT
DLG2	rs182189934	CC
ARHGAP20	rs142501564	TT
C10ORF67	rs74896095	GG
NCAM1	rs190991582	TT
/	rs79520499	TT
PPP1R3C	rs181741419	AA
TCF7L2	rs140908036	GG

GENE	SNP	GENOTYPE
API5	rs188420868	AA
GVQW3	rs139770607	TT
ANO3	rs11029520	CC
ZMIZ1	rs145501236	GG
PDGFD	rs117185126	CC
LRRC4C	rs112226734	GG
RNF141	rs117585791	CC
NLRP14	rs138514353	TT
TIMM10B	rs190903453	AA
ARHGAP21	rs147155661	CC
RPS13	rs150537264	GG
ALOX5	rs571892612	CC
NRG3	rs150769113	AA
ARHGAP20	rs139035231	CC
LUZP2	rs117543902	CC
/	rs72949969	TT
RBMXL2	rs188688339	TT
GATA3	rs543429381	CC
TEX36	rs143585831	GG

The number of "risk" variants in this table doesn't necessarily reflect your overall result.



Sex Hormones

Sex hormones, including testosterone, estradiol, and progesterone, are key regulators of sexual development, reproductive function, and overall health. This section examines your genetic predisposition to levels of these hormones.

By understanding your genetic profile, you can take steps to manage and optimize your sex hormone levels, promoting better overall health, energy, and reproductive function.

TYPICAL LEVELS

Estradiol (M)

Predisposed to typical estradiol levels

TYPICAL LEVELS

Bioavailable Testosterone

Predisposed to typical bioavailable testosterone levels

TYPICAL LEVELS

DHT

Predisposed to typical DHT levels

TYPICAL LEVELS

Progesterone

Predisposed to typical progesterone levels

HIGHER LEVELS

Testosterone

Predisposed to higher testosterone levels

Estradiol (M)

Estradiol is a type of estrogen. Estrogens are sex hormones that maintain sexual and reproductive health. In males, estradiol impacts sex drive, sperm production, and the ability to get an erection. The main sources of estradiol in men are the testes and the adrenal glands [R, R, R, R].

Your estradiol levels partially depend on your genetics, but factors other than genetics also influence your hormones [R].

The following lifestyle changes can help balance your estradiol [R]:

- Getting enough sleep
- Managing your stress
- Exercise
- Limiting alcohol
- Eating a healthy diet, low in sugar and processed foods, and high in healthy fats and fiber

Estradiol levels that are consistently low or consistently high can signal an underlying condition that may need medical attention. If you are concerned about your hormone levels, talk to your doctor.

TYPICAL LEVELS

Predisposed to typical estradiol levels based on 86 genetic variants we looked at

Your top variants that most likely impact your genetic predisposition:

GENE	SNP	GENOTYPE
CYP19A1	rs727479	AA
CYP19A1	rs28892005	AA
ABO	rs657152	AA
ESR1	rs728524	AA
ESR1	rs9340799	AG
ESR1	rs2234693	TC
ESR1	rs2077647	TC
CYP19A1	rs7173595	TT
/	rs34019140	GG
/	rs201687269	TT
XDH	rs559555	TT
GCKR	rs1260326	CT
EDA2R	rs12850857	G
SRD5A2	rs112881196	CC
FKBP4	rs56196860	CC
CYP3A7	rs45446698	TT
RBBP8	rs113047993	CC
AR	rs776715248	T
IGHV3-11	rs11160915	GG
FAM9A	rs5933688	A
BCL7B	rs188982745	GG
KCNV1	rs570754094	AA
TNP1	rs13387042	GG
ESR2	rs1256049	CC
UGT2B7	rs7662029	AA
SULT2A1	rs62129966	CC
IL7R	rs1073548	TT
AR	rs114255570	G
TNFSF12	rs62059839	CC

GENE	SNP	GENOTYPE
CELSR1	rs117826558	CC
TMOD2	rs3751591	AA
SULT2A1	rs10425629	TT
TNFSF12	rs727428	TT

The number of "risk" variants in this table doesn't necessarily reflect your overall result.

Bioavailable Testosterone

Free blood testosterone and the one weakly bound to albumin constitute **bioavailable testosterone**. This fraction of testosterone (roughly 50%) can enter tissues and cause health effects [R].

About **45%** of the differences in bioavailable testosterone levels may be due to **genetics** [R].

Free testosterone declines with age in both men and women after peaking in the late 20s [R, R].

Other factors associated with low testosterone include [R]:

- **Obesity**
- Some medications
- Alcohol abuse
- Certain chronic medical conditions (e.g., type 2 diabetes, obstructive sleep apnea)

Bioavailable and free testosterone are less often ordered as lab markers than total testosterone because they are **more expensive and difficult to measure**.

However, it may be necessary to test free testosterone levels in people who have symptoms of low testosterone but have normal total testosterone levels [R].

TYPICAL LEVELS

Predisposed to typical bioavailable testosterone levels based on 20,241 genetic variants we looked at

Your top variants that most likely impact your genetic predisposition:

GENE	SNP	GENOTYPE
AR	rs776715248	T
FKBP4	rs56196860	CC
EIF4A1	rs545206972	CC
SRD5A2	rs113017476	GG
ESR1	rs190930099	AA
FAM9A	rs111386834	T
/	rs7912521	TT
PPP2R3C	rs10137488	TT
KCNIP4	rs7679843	CC
MME	rs61762319	AA
ORM1	rs10982156	TT
CYP19A1	rs17703883	TT
ABT1	rs79310511	AA
RORB	rs912202	GG
/	rs11703376	CC
GPR83	rs12796488	AC
DGKB	rs9986829	AG
LIN28B	rs9322822	TC
GOLT1A	rs35737316	CT
JHY	rs10892924	AT
MANBA	rs17254118	CC
/	rs116923389	TT
AMER1	rs146225865	G
/	rs2035837	TT
YIPF6	rs147676232	C
UHRF1BP1	rs11751920	GG
EDA2R	rs73221538	C
HSD17B10	rs140498714	C

GENE	SNP	GENOTYPE
UGT1A4	rs2011425	TT
RTL9	rs41306249	T
GPR139	rs2764772	AA
PEX2	rs71529289	CC
BBX	rs34040779	TT
TNFSF12	rs1799941	GG

The number of "risk" variants in this table doesn't necessarily reflect your overall result.

DHT

The following factors can cause decreased DHT levels:

- 5α-reductase deficiency [R]
- Low testosterone levels [R]
- Alcohol consumption [R]
- AIDs wasting syndrome [R]
- Aging [R]
- Taking 5α-reductase inhibitors, such as finasteride (Proscar, Propecia) and dutasteride (Avodart) [R, R]

Some strategies that may help increase DHT levels in people with deficiency include:

- Exercise [R, R]
- Eating enough healthy fats [R]
- Reducing alcohol intake [R]
- Correcting zinc or DHEA deficiency [R, R]
- Supplementing with creatine or *Tribulus terrestris* [R, R]

If your testosterone levels are normal but your DHT is elevated, that could mean that your male sex hormones are metabolized via the 5α pathway, which produces more DHT, rather than the 5-β pathway.

DHT can also increase due to:

- Exercise [R]
- High testosterone levels [R]
- Drugs such as Sildenafil (Viagra, Revatio) [R]

On the other hand, preliminary evidence suggests that the following supplements may help decrease DHT levels:

- Saw palmetto [R, R]
- St John's wort [R]

Work with your doctor to find out what's causing your low or elevated DHT and to treat any potential underlying condition. The additional lifestyle changes listed above are other things you may want to discuss with your doctor. None of these strategies should ever be done in place of what your doctor recommends or prescribes.

TYPICAL LEVELS

Predisposed to typical DHT levels based on 4 genetic variants we looked at

Your top variants that most likely impact your genetic predisposition:

GENE	SNP	GENOTYPE
TNFSF12	rs1799941	GG
TNFSF12	rs4151121	GA
TNFSF12	rs17856697	GA
ZBTB4	rs4239258	GG

The number of "risk" variants in this table doesn't necessarily reflect your overall result.

Progesterone

The following factors may affect progesterone levels:

- **Menstrual cycle**: Progesterone levels naturally fluctuate during the menstrual cycle, peaking after ovulation and falling if no pregnancy occurs.
- **Pregnancy**: Progesterone levels rise significantly during pregnancy and play a crucial role in maintaining the pregnancy.
- **Stress**: Chronic stress can impact the balance of hormones, including progesterone.
- **Age:** Progesterone levels typically decline with age, especially as women approach menopause.
- **Lifestyle Factors**: Lack of sleep, poor diet, and lack of exercise can affect hormone balance, including progesterone.
- **Medical Conditions**: Disorders of the ovaries, thyroid disease, and other hormonal imbalances can affect progesterone levels.
- **Genetics**: Scientists have identified a number of gene variants linked to changes in progesterone levels.

TYPICAL LEVELS

Predisposed to typical progesterone levels based on 16 genetic variants we looked at

Your top variants that most likely impact your genetic predisposition:

GENE	SNP	GENOTYPE
DYNC2I1	rs2467806	CC
RASSF10	rs181121546	CC
KCNH1	rs79589801	CC
HSD17B12	rs142754737	CC
SESN3	rs139203625	CC
CD34	rs138621610	GG
ARNTL	rs77032081	CC
RBFOX1	rs144711998	CC
LYSMD3	rs139441768	TT
ARRDC3	rs140935700	GG
ZKSCAN5	rs34670419	GG
ZKSCAN5	rs148982377	TT
SKOR2	rs72906582	GG
SLC22A10	rs112295236	CC
PGR	rs608995	AA
PGR	rs10895068	CC
PGR	rs1042838	CC
SFXN2	rs10786714	GG

The number of "risk" variants in this table doesn't necessarily reflect your overall result.

Testosterone

Testosterone is the major male sex hormone. It is mainly produced in the testes and helps men develop masculine features like increased muscle mass and body hair. Males begin producing testosterone when they are still in the womb and lose 1% of their testosterone per year after the age of 30. Testosterone helps develop a normal male reproductive system and produces some of the changes males experience during puberty [R, R].

Up to 60% of differences in people's testosterone levels may be due to genetics. Genes involved may influence testosterone metabolism [R, R, R, R].

Testosterone levels are also influenced by your environment and lifestyle habits. Ways to balance your testosterone include [R, R, R, R]:

- Exercising
- Maintaining a healthy weight
- Improving your sleep quality
- Eating a healthy diet that includes healthy fats. Testosterone is made from cholesterol, and low-fat diets have been linked to low testosterone levels

HIGHER LEVELS

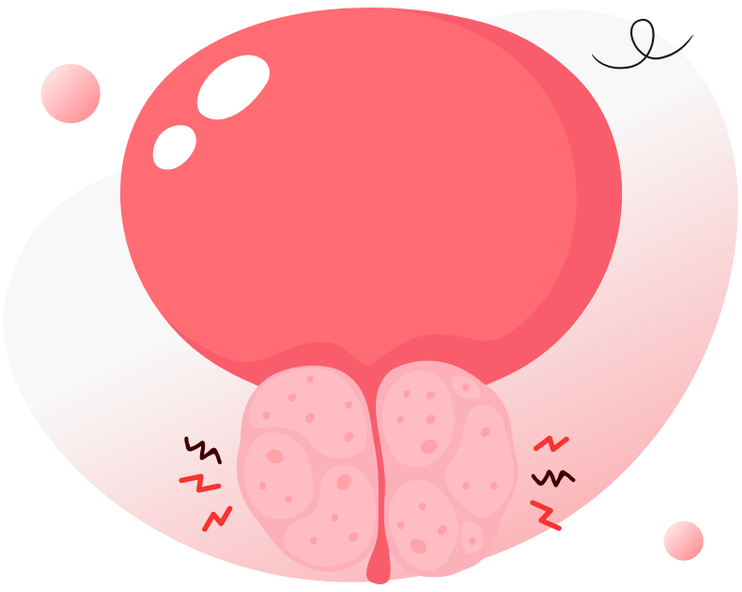
Predisposed to higher testosterone levels based on 1,633 genetic variants we looked at

Your top variants that most likely impact your genetic predisposition:

GENE	SNP	GENOTYPE
FKBP4	rs56196860	CC
SERPINA1	rs28929474	CC
XDH	rs77775907	GG
EDA2R	rs141086308	C
TNFSF12	rs727428	TT
PDE7B	rs7774640	GG
FAM9A	rs5934505	T
ATP1B2	rs11078694	CT
TDGF1P3	rs5942977	G
TNFSF12	rs12946520	TG
NR2F2	rs8023580	TT
MYPOP	rs35318830	TT
/	rs7097842	GG
NRBF2	rs7084569	AG
KANSL1	rs62062271	TT
UGT2B17	rs9884390	TT
HACE1	rs11156429	TT
SLCO1B1	rs4149056	TC
GNGT2	rs11655704	CT
GCKR	rs1260326	CT
DGKB	rs10278686	TC
STAT6	rs7484541	TA
SS18	rs600619	AG
SAT2	rs10468481	AG
CERS5	rs28849840	AG
JHY	rs11218882	TC
ZBTB4	rs12944954	AA
DNAH2	rs117387630	CC
TACR3	rs17289915	CC

GENE	SNP	GENOTYPE
WRAP53	rs183855978	GG
WDR72	rs79391862	AA
SHBG	rs6258	CC
TNFSF12	rs12150660	GG
ARL14EP	rs10835638	GG
LCMT2	rs143875230	GG
YIPF6	rs7052964	T
FAM214A	rs77255942	CC
UBQLN2	rs6651991	T
/	rs6484426	TT
BAIAP2L1	rs34785619	INS(T)INS(T)
PNPLA3	rs738409	GG
GPR139	rs2764772	AA
MRAS	rs7626388	AA
HSD17B13	rs6811902	TT

The number of "risk" variants in this table doesn't necessarily reflect your overall result.



Prostate Health

Prostate health is a critical concern for men, particularly as they age. This section focuses on genetic predispositions to prostate-related conditions, including an enlarged prostate and prostate inflammation. These conditions can cause discomfort and impact overall health, making early detection and management essential.

By understanding your genetic risks for prostate health problems, you can take proactive steps to monitor your prostate health, engage in regular screenings, and address issues early.

MORE LIKELY

Prostate Cancer

More likely to get prostate cancer

MORE LIKELY

Enlarged Prostate

More likely to get BPH

LESS LIKELY

Prostate Inflammation

Less likely to get prostate inflammation

Prostate Cancer

The exact cause of prostate cancer is not clearly understood, but several factors have been identified that increase the risk of developing this disease [R]:

- Age: The risk increases significantly after age 50, and it is most common in men over 65.
- Family history: Having a father or brother with prostate cancer more than doubles a man's risk.
- Race/Ethnicity: African-American men have a higher risk of prostate cancer than men of other races. They are also more likely to develop prostate cancer at an earlier age and have more aggressive tumors.
- Genetics: Genetic changes, including mutations in the *BRCA1* and *BRCA2* genes, which are also linked to breast and ovarian cancer in women, can increase risk.
- Diet: A diet high in red meat or high-fat dairy products and low in fruits and vegetables might increase the risk, although studies are not conclusive.

Treatment options vary depending on the stage of the cancer and other factors, including the patient's overall health and personal preferences [R]:

- Active surveillance: For low-risk cancers, monitoring the cancer closely with PSA tests, rectal exams, and ultrasounds may be recommended until tests show the cancer is growing.
- Surgery: Radical prostatectomy involves removing the prostate gland and some of the surrounding tissue.
- Radiation therapy: This can be used both as an initial treatment for cancer that has not spread beyond the prostate and as a way to relieve symptoms of advanced cancer.
- Hormone therapy: Also known as androgen deprivation therapy (ADT), aims to reduce levels of male hormones, androgens, which can stimulate the growth of prostate cancer cells.
- Chemotherapy: Used for more advanced prostate cancer that has spread to other parts of the body and does not respond to hormone therapy.
- Targeted therapy and immunotherapy: Newer forms of treatment that target specific aspects of cancer cells or utilize the body's immune system to fight the cancer.

Please note: This report is not diagnostic and can't be used to make any medical decisions. Most cancers are uncommon and have a strong environmental component. Even if your genetic predisposition is high, you will most likely not develop the disease. This report doesn't test for hereditary cancer syndromes or 'cancer genes'. These are usually caused by rare mutations that can't be analyzed by our test. If you're concerned about your risk of hereditary cancer, consider getting a specialized test at a reference laboratory.

MORE LIKELY

More likely to get prostate cancer based on 1,049,413 genetic variants we looked at

95th

PERCENTILE

Your risk is **greater than 95% of the population** and **lower than 5% of the population.**

Your top variants that most likely impact your genetic predisposition:

GENE	SNP	GENOTYPE
FSTL5	rs7691481	CC
POU5F1B	rs4582524	CC
CNTNAP4	rs74025012	CC
RGS6	rs75316101	AA
FCGR3A	rs147090771	TT
/	rs554511356	CC
/	rs760187366	GG
FGF9	rs781386326	GG
GINS4	rs56336841	CC
/	rs567149703	GG
TTC5	rs566891904	CC
/	rs563535708	CC
IBTK	rs111530166	GG
/	rs769602090	TT
/	rs576948661	AA
KCND2	rs73429913	CC
TNFSF11	rs532873142	CC
/	rs559455928	GG
/	rs142847236	GG
LBR	rs116033837	TT
/	rs544563896	GG

GENE	SNP	GENOTYPE
/	rs369133350	AA
/	rs528765618	GG
ATF7IP2	rs74007078	GG
/	rs767101980	TT
ATF7IP2	rs74009335	TT
HOXB13	rs138213197	CC
CDK5RAP3	rs568360281	CC
/	rs185055152	AA
PCP4L1	rs570264784	GG
/	rs750424210	CC
/	rs771304040	AA
CNTNAP2	rs1614837	TT
/	rs755238767	TT
WDR49	rs576596571	AA
PDCD10	rs180800414	TT
/	rs753950595	AA
PCARE	rs201947297	AA
ARHGAP21	rs187133192	CC
/	rs772533608	TT
FICD	rs148664833	CC
/	rs752830148	TT
FAM240B	rs182782495	CC
/	rs575059233	TT
GFRA2	rs147531216	CC
/	rs79056267	GG
HOXB8	rs559612720	TT
/	rs572623710	GG
BTG1	rs545740817	CC
COPZ2	rs554574584	GG

The number of "risk" variants in this table doesn't necessarily reflect your overall result.

Enlarged Prostate

About **40%** of the differences in men's BPH rates may be due to **genetics** [R].

Other factors that might increase the risk of developing BPH include:

- Age: BPH is more common in men aged 50 and older.
- Family history: Having a blood relative with prostate problems means you're more likely to have problems.
- Diabetes and heart disease: Studies have shown that diabetes, as well as heart disease and the use of beta-blockers, might increase the risk of BPH.
- Lifestyle: Obesity increases the risk of BPH, while exercise can lower your risk.
- Ethnic background: Black men are more likely to develop prostate problems than men of other races. Asian men have a lower risk than white and black men.

MORE LIKELY

More likely to get BPH based on 1,669 genetic variants we looked at

83rd

PERCENTILE

Your risk is **greater than 83% of the population** and **lower than 17% of the population.**

Your top variants that most likely impact your genetic predisposition:

GENE	SNP	GENOTYPE
GATA5	rs200383755	GG
/	rs10786938	TT
GATA3	rs17144046	AG
MACROH2A 1	rs677394	CC
H4C13	rs200476	AA
GCLC	rs534957	CG
STARD4	rs10054105	TT
GATA6	rs9958656	TT
/	rs6078585	TC
TBX5	rs2555019	CC
ODF3	rs72878024	GA
RNASEH2B	rs6561599	GG
GATA5	rs6061244	GG
TSHZ3	rs11084596	CT
FGFR2	rs11199879	TC
TERT	rs2853677	GA
BCL11A	rs2556378	GT
BCL11A	rs10180282	TT
WDR11	rs4548546	CT
TBX3	rs8853	TC
FGFR2	rs2981575	GA

GENE	SNP	GENOTYPE
NUP107	rs190612333	CC
EBLN1	rs148678804	GG
CLPTM1L	rs381949	AA
DNAJC1	rs7906649	AA
DLEU7	rs1638703	GG
HNF1B	rs11651052	AA
CTAGE1	rs17670370	TT

The number of "risk" variants in this table doesn't necessarily reflect your overall result.

Prostate Inflammation

The exact cause of prostatitis is not always clear but can be due to bacterial infections, nerve damage in the pelvic area, or direct injury to the prostate.

Risk factors for prostate inflammation include:

- Recent bladder infections
- Enlarged prostate or benign prostatic hyperplasia (BPH)
- Having a urinary catheter or recent medical procedures involving the urinary tract
- Pelvic trauma or injury
- Dehydration, which can lead to concentrated urine

While prostate inflammation can be uncomfortable and disruptive, with the right treatment and care, most men can achieve relief from their symptoms. It's essential to consult with a healthcare provider if experiencing any signs of prostatitis to receive appropriate care and guidance

LESS LIKELY

Less likely to get prostate inflammation based on 294,170 genetic variants we looked at

17th

PERCENTILE

Your risk is **greater than 17% of the population** and **lower than 83% of the population.**

Your top variants that most likely impact your genetic predisposition:

GENE	SNP	GENOTYPE
GATA5	rs200383755	GG
/	rs10786938	TT
GATA3	rs17144046	AG
NCL	rs62199052	CG
MACROH2A 1	rs677394	CC
H4C13	rs200476	AA
GCLC	rs534957	CG
STARD4	rs10054105	TT
GATA6	rs9958656	TT
/	rs6078585	TC
TBX5	rs2555019	CC
ODF3	rs72878024	GA
RNASEH2B	rs6561599	GG
GATA5	rs6061244	GG
TSHZ3	rs11084596	CT
FGFR2	rs11199879	TC
TERT	rs2853677	GA
BCL11A	rs2556378	GT
BCL11A	rs10180282	TT
WDR11	rs4548546	CT
TBX3	rs8853	TC

GENE	SNP	GENOTYPE
FGFR2	rs2981575	GA
NUP107	rs190612333	CC
EBLN1	rs148678804	GG
CLPTM1L	rs381949	AA
DNAJC1	rs7906649	AA
DLEU7	rs1638703	GG
HNF1B	rs11651052	AA
CTAGE1	rs17670370	TT

The number of "risk" variants in this table doesn't necessarily reflect your overall result.

Recommendations Details

1 Aerobic Exercise (Cardio)

Engage in at least 150 minutes of moderate-intensity aerobic exercise or 75 minutes of vigorous-intensity activity each week. Distribute this time over at least 3 days per week, avoiding consecutive days of vigorous exercise to allow for recovery.

TYPICAL STARTING DOSE

1 hour

Helps with these Symptoms & Conditions:

Allergies | Anxiety | Attention | High Blood Pressure | Migraines

Helps with these Goals:

Energy | Immunity | Mood

Helps with these DNA Risks:

Prostate Cancer | Enlarged Prostate | Sexual Dysfunction

Helps with these Lifestyle Risks:

Prostate Cancer | Low Testosterone

2 Zinc

Take a 15 mg zinc supplement daily, ideally with a meal to enhance absorption.

TYPICAL STARTING DOSE

15 mg

Helps with these Symptoms & Conditions:

Attention | High Blood Pressure | Migraines

Helps with these Goals:

Immunity

Mood

Helps with these DNA Risks:

Prostate Cancer

Enlarged Prostate

Sexual Dysfunction

Helps with these Lifestyle Risks:

Prostate Cancer

Low Testosterone

3 Tomato

Incorporate fresh or cooked tomatoes into your daily diet. This can be achieved by adding them to salads, sandwiches, pastas, and sauces or simply eating them on their own. Aim for at least one serving (approximately 1 medium-sized tomato or 1/2 cup of chopped or cooked tomatoes) per day.

Helps with these Symptoms & Conditions:

Allergies

Helps with these Goals:

Exercise Recovery

Helps with these DNA Risks:

Prostate Cancer

Enlarged Prostate

Helps with these Lifestyle Risks:

Prostate Cancer

4 Lycopene

Take a lycopene supplement of 10 to 30 mg per day. It can be consumed with a fat-containing meal to enhance absorption. This supplementation can be ongoing daily to support overall health benefits such as heart health and antioxidant protection.

TYPICAL STARTING DOSE

10 mg

Helps with these Symptoms & Conditions:

- High Blood Pressure

Helps with these DNA Risks:

- Prostate Cancer
- Enlarged Prostate

Helps with these Lifestyle Risks:

- Prostate Cancer

5 Maintain Optimal Vitamin D Levels

Check your vitamin D levels, they should ideally be in the 30-66 ng/mL range. If your levels are lower than that, take a vitamin D supplement, 1000-4000 IU daily, to reach an optimal range.

TYPICAL STARTING DOSE

1000 iu

Helps with these Symptoms & Conditions:

- Allergies
- Anxiety
- Attention
- High Blood Pressure
- Migraines

Helps with these Goals:

- Energy
- Immunity
- Mood
- Muscle Growth

Helps with these DNA Risks:

- Prostate Cancer
- Sexual Dysfunction

Helps with these Lifestyle Risks:

- Prostate Cancer
- Low Testosterone

6 Mediterranean Diet

Incorporate a variety of primarily plant-based foods, such as fruits, vegetables, whole grains, nuts, and legumes, into every meal. Choose healthy fats, like olive oil, over saturated fats and consume fish and poultry at least twice a week. Limit red meat to a few times a month and include a moderate amount of dairy products. Opt for water and red wine in moderation as your beverages.

Helps with these Symptoms & Conditions:

Allergies | Attention | High Blood Pressure

Helps with these Goals:

Energy | Mood

Helps with these DNA Risks:

Prostate Cancer | Sexual Dysfunction

Helps with these Lifestyle Risks:

Prostate Cancer

7 Green Tea

Consume 400 mg of green tea extract daily. This can be taken in the form of capsules or tablets available that specify the amount of green tea extract. Ensure the supplement is taken according to the product's specific instructions, usually once a day with water.

TYPICAL STARTING DOSE
400 mg

Helps with these Symptoms & Conditions:

Anxiety | Attention | High Blood Pressure

Helps with these Goals:

Energy | Immunity | Mood

Helps with these DNA Risks:

Prostate Cancer | Enlarged Prostate

Helps with these Lifestyle Risks:

Prostate Cancer

8 Avoid Dioxin

Reduce consumption of animal fats, since dioxins accumulate in fat tissue. Choose lean cuts of meat, and opt for organic or pasture-raised when possible to minimize exposure. Additionally, avoid burning trash that contains plastic, treated wood, or chlorinated chemicals to prevent dioxin release into the environment.

Helps with these DNA Risks:

- Prostate Cancer

Helps with these Lifestyle Risks:

- Prostate Cancer
- Low Testosterone

9 Soy Isoflavones

Take a soy isoflavone supplement containing 40 to 80 milligrams daily, ideally with food to improve absorption. This dosage can be continued on a daily basis for several months, but it's recommended to reevaluate its effectiveness and any potential side effects with a healthcare provider periodically.

TYPICAL STARTING DOSE

40 mg

Helps with these Symptoms & Conditions:

- High Blood Pressure
- Migraines

Helps with these DNA Risks:

- Prostate Cancer
- Enlarged Prostate

Helps with these Lifestyle Risks:

- Prostate Cancer

10 Green Tea Extract

Take a green tea extract supplement containing 250-500 mg of EGCG (the active compound in green tea) daily, preferably with a meal to enhance absorption. This dosage is typically split into two separate doses, taken in the morning and later in the day. Continue this regimen for at least three months to observe potential health benefits.

TYPICAL STARTING DOSE

250 mg

Helps with these Symptoms & Conditions:

- Attention

Helps with these Goals:

- Energy
- Exercise Recovery

Helps with these DNA Risks:

- Prostate Cancer

Helps with these Lifestyle Risks:

- Prostate Cancer

11 Avoid Cadmium Exposure

To avoid cadmium exposure, refrain from smoking or exposure to secondhand smoke, reduce consumption of foods high in cadmium like shellfish, liver, kidney meats, and certain leafy vegetables, and use ceramic or glass containers instead of plastic when microwaving food. Limit intake of cadmium-contaminated workplace air by using protective gear if you work in battery manufacturing, welding, or metal refining industries.

Helps with these Symptoms & Conditions:

- Anxiety
- High Blood Pressure

Helps with these Goals:

- Mood

Helps with these DNA Risks:

- Prostate Cancer

Helps with these Lifestyle Risks:

Prostate Cancer

12 Stress Management Therapy

Engage in stress management therapy sessions, such as cognitive-behavioral therapy (CBT), for at least 1 hour per week over a course of 8 to 12 weeks. Techniques can include mindfulness, deep breathing exercises, and identifying stressors to develop coping strategies.

TYPICAL STARTING DOSE

1 hour

Helps with these DNA Risks:

Prostate Cancer

Helps with these Lifestyle Risks:

Prostate Cancer

13 Curcumin

Take a 500 mg curcumin supplement daily with food. To enhance absorption, take it with a meal that contains fats or oils since curcumin is fat-soluble.

TYPICAL STARTING DOSE

500 mg

Helps with these Symptoms & Conditions:

Allergies

Anxiety

Attention

High Blood Pressure

Helps with these Goals:

Energy

Exercise Recovery

Immunity

Mood

Helps with these DNA Risks:

Prostate Cancer

Helps with these Lifestyle Risks:

Prostate Cancer

14 Omega-3 (Fish Oil)

Take 1-2 g of omega-3 (fish oil) supplement daily, preferably with a meal to enhance absorption.

TYPICAL STARTING DOSE

2000 mg

Helps with these Symptoms & Conditions:

Anxiety | Attention | High Blood Pressure | Migraines

Helps with these Goals:

Exercise Recovery | Immunity | Mood

Helps with these DNA Risks:

Prostate Cancer

Helps with these Lifestyle Risks:

Prostate Cancer

15 Avoid Secondhand Smoke

Implementing a smoke-free lifestyle involves communicating your needs to family, friends, and coworkers, requesting they respect your choice by smoking away from you. At home, establish strict no-smoking policies indoors. When out, choose smoke-free venues and accommodations. Advocate for smoke-free environments in your community and support legislation that promotes public health by reducing exposure to secondhand smoke. Utilize air purifiers at home to reduce any residual particles.

Helps with these Symptoms & Conditions:

High Blood Pressure

Helps with these Goals:

Immunity

Helps with these DNA Risks:

Prostate Cancer

Helps with these Lifestyle Risks:

Prostate Cancer

Next Steps

Remember, your genes only tell one important part of your health story!

Now that you've seen your DNA-based results for this health topic, let's take a look at other contributing factors.

Your Lifestyle Assessments

Ever heard of the term Nature vs. Nurture?

The thing is, both DNA and environment play a role in determining your health risks. The following assessments shows how much of an impact your lifestyle, environment and medical history are having on your health risks.

LIFESTYLE

You have a slightly increased risk of prostate cancer based on the answers you provided.

Factors impacting your risk:

Your BMI:
30.77
Increasing Risk

Do you smoke tobacco?
No, never
Decreasing Risk

What is your ethnicity?
Other
No impact

What is your height?
178 cm
No impact

What is your current weight?
97.5 kg
No impact

LIFESTYLE

You have an average risk of low testosterone based on the answers you provided.

Factors impacting your risk:

What is your age?

41

Increasing Risk

Have you recurrently been diagnosed with high cholesterol?

Yes

Increasing Risk

Your BMI:

30.77

Increasing Risk

Have you ever been diagnosed with diabetes?

No

Decreasing Risk

In a typical week, how many times do you participate in any physical activities or exercise for 30 minutes at a time? (such as walking, running, bike riding, weight training, yoga, etc.)

*Note: longer exercise equals more sessions (e.g., 1 hour = 2 sessions)

8 or more

Decreasing Risk

Do you smoke tobacco?

No, never

Decreasing Risk

Have you recurrently been diagnosed with high triglycerides?

No

Decreasing Risk

Have you ever been diagnosed with high blood pressure (hypertension)?

No

Decreasing Risk

Have you ever been diagnosed with a stroke?

No

Decreasing Risk

Have you ever been diagnosed with prostate disease (prostatitis, benign prostate hyperplasia, prostate cancer)?

No

Decreasing Risk

What is your height?

178 cm

No impact

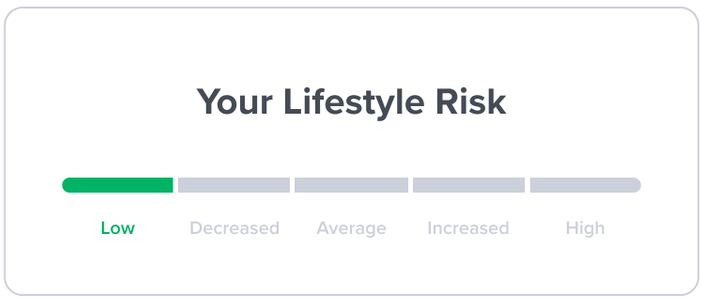
What is your current weight?

97.5 kg

No impact

LIFESTYLE

You have a reduced risk of genital herpes based on the answers you provided.



Factors impacting your risk:

Did you have sexual intercourse before the age of 16?

No

Decreasing Risk

Have you ever had a sexually transmitted disease (STD) other than HIV/AIDS?

No

Decreasing Risk

How many sexual partners have you had in your lifetime?

2-5

Decreasing Risk

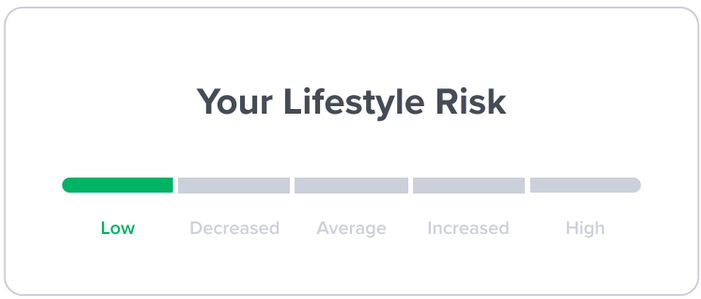
What is your primary method of birth control?

Condom

Decreasing Risk

LIFESTYLE

You have a reduced risk of hpv infection based on the answers you provided.



Factors impacting your risk:

Did you have sexual intercourse before the age of 16?

No

Decreasing Risk

Have you ever been diagnosed with chlamydia?

No

Decreasing Risk

How many sexual partners have you had in your lifetime?

2-5

Decreasing Risk

Did you complete 12 or more years of education?

Yes

Decreasing Risk

Do you smoke tobacco?

No, never

Decreasing Risk

What is your primary method of birth control?

Condom

Decreasing Risk

Do you regularly use a vaginal douche?

No

Decreasing Risk

What is your sex?

Male

No impact