In Puerto Rico, the cause of most cancer deaths in men is prostate cancer (PCa), representing 18.9% of overall cancer deaths. Also, Puerto Ricans had a 60% higher rate of PCa incidence than other Hispanics. However, a patient outcome is influenced by the capacity of the tumor to become aggressive or indolent. Indolent PCa comprises slow tumor growth and a favorable prognosis, whereas aggressive PCa involves rapid tumor growth, leading to metastasis. Given the difficulty of predicting how quickly the tumor will spread, patients can undergo treatment as a preventive measure, which creates overtreatment. Approximately 30-40% of men who receive treatment likely had indolent tumors that would never become a threat to the man's lifespan or health. Therefore, biomarkers that aid in the decision-making process for stratifying PCa tumors are needed. We propose to identify a proteomic biomarker combination that could be implemented in the clinic to distinguish between aggressive and indolent PCa. Preliminary data showed that combining**E-cadherin,**β**-catenin, phospho-Rb-S249, and N-cadherin** predict 53.83% of the patient stage and adding the tumor size increases the precision to 80.33% (N=413). Additionally, we identified that E-cadherin and β-catenin negatively correlated with the tumor size, grade, stage, Gleason-grade, and Gleason-score of the patients. N-cadherin and phospho-Rb-S249 positively correlate with the tumor size, stage, and Gleason-grade, and phospho-Rb-S249 positively correlates with tumor size and stage. We believe our biomarkers can potentially classify indolent and aggressive PCa tumors in Puerto Rican patients more precisely than current prognostic tests. Therefore, our **objective**is to create a prostate proteomic score (PPS) based on our biomarkers expression that could serve as a clinical tool to identify which PCa patients will benefit from AS. We also aim to determine if phospho-Rb-S249 could influence EMT markers expression and regulate the production of PSA. We hypothesize that the biomarkers combination will classify PCa tumors as indolent and aggressive to target those who could benefit from AS. This project is essential and will help the health of Puerto Rican males because they will have a more accessible and efficient way to classify their PCa tumors. Many indolent patients will be treated with the currently available prognostic test because the doctor cannot determine how quickly cancer might grow and spread. For example, the Oncotype DX (GPS) is a currently used test. However, previous studies have evaluated its efficiency and revealed that GPS alone or combined with the Gleason Grade group did not improve the risk stratification for adverse pathology. Importantly, current prognostic tests are genomic, being more expensive, less precise, and less accessible to patients. In fact, Puerto Rico’s health insurances may not cover the expenses of prognostic tests completely, reducing the probability of giving a better prognosis to the patients. For example, the Oncotype test costs approximately $4,000, whereas Prolaris could cost up to $7,550. Thus, considering cost-effectiveness, accessibility, and potential, adding our biomarkers to the clinic will provide a more accurate tumor classification that could be performed by immunohistochemistry technique to identify which PCa patients will benefit from AS.