Introduction
The Irish Prostate Cancer Outcomes Research (IPCOR) Study collected comprehensive longitudinal data on men diagnosed with prostate cancer in Ireland, which has a mixed public-private healthcare system. This analysis aims to characterize disease presentation features and identify factors related to sociodemographic disparities.

Methods
From February 2016 until January 2020, IPCOR collected data on demographics, diagnosis and treatment from 6816 men in 16 hospitals across Ireland. Covering about 85% of patient population. A subset of 873 men participated in a Patient Reported Outcomes (PROMs) sub-study, providing information regarding healthcare financing (i.e., having private medical insurance or public medical card). Between-group comparisons were performed using chi-squared analysis. Multivariable logistic regression was performed to predict dichotomous dependent variables.

Results
A) The median age at diagnosis was 66.7. Almost two-thirds of men (62.2%) were diagnosed in a hospital. Three-quarters of men (69.1%) were diagnosed following opportunistic PSA screening, while a small proportion (7.6%) were presented with symptoms.

B) Socioeconomic status (SES) was linked to both private insurance and medical cards (both p<0.001).

C) Variables such as county and distance to hospital were not associated with the method of disease presentation. Rural or urban setting and age (<70, >/=70) were associated with method of presentation (both p<0.001).

D) We also found an association between the socioeconomic status (SES) quintile and diagnosis post-screening. Men in the 2 and 3 quintiles were less often diagnosed post-screening (73.6% and 74.5%, respectively) than men in the 1, 4 and 5 quintiles (77.1%, 76.6% and 76.8%, respectively (p<0.027), creating a U-shaped relationship.

Discussion
A variation was found in the method of disease presentation by socioeconomic status. Ireland’s two-tiered public-private healthcare system may explain this anomaly. While men in the 2 and 3 SES quintiles may not afford private insurance, they also may not be eligible for social medical coverage. These men may avoid opportunistic screening since general practitioner visits are costly.

Conclusion
Resources should be allocated to enable universal access to prostate cancer screening. This may eliminate disparities in disease presentation and affect outcomes.