‘You Need To Know: Ovarian Cancer’ awareness-raising campaign

Evaluation

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Executive Summary

> *"It felt like there was a real learning experience for the women who attended [the talks] … there was so much engagement and positive feedback on how much they learned and how empowered they felt."* (The Eve Appeal Ambassador)

This report evaluates the North East London Cancer Alliance (NELCA) '*You Need to Know: ovarian cancer*' awareness campaign that ran in 2025. It contains an independent assessment of the reach and short-term impact of the 12-month campaign, which included striking visual assets, media engagement, creative launch events, and eleven community talks. It was an extension of a previous, multi award-winning, *'You Need To Know: womb cancer'* campaign.[1]

Ovarian cancer is the sixth most common cancer for women in the UK, and half of all cases are diagnosed at a late stage where survival rates are lower. NELCA's own data showed a 20% increase in cases among women in North East London between 2018 and 2022. It also showed that the cancer was more prevalent amongst white British and European women. So, a new campaign was designed to help women understand signs and symptoms so we can detect ovarian cancer early, when outcomes are likely to be better.

You Need to Know: ovarian cancer aimed to reach local women at a higher risk of cancer, be engaging and informative, and to improve their awareness and knowledge of the cancer, its symptoms, and what to do if these present themselves. Although 12 months is not long enough to illustrate whether health outcomes are improved by earlier detection and diagnosis, this is certainly the ultimate goal and impact that the campaign hopes to achieve.

It is our view that this campaign has been both impactful and meaningful for the women who took part, particularly through its awareness talks delivered in the community. Nine in ten women would recommend the talk to a friend or family member – given its relative obscurity as a type of cancer (especially in comparison to womb cancer), and persistent cultural taboos, this is a real achievement and testament to the hard work and passion of the team.

Did the campaign reach its target audience in North East London?

14% of women in North East London had heard or seen the campaign[2].

Social media health messaging is more important than ever: our survey showed that two-thirds of respondents think that receiving information about cancer, its symptoms and where to go for help, is most effective using social media, compared with only half who think it's most effective coming from a GP, pharmacist or other healthcare worker

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[1] https://www.nelcanceralliance.nhs.uk/news/you-need-know-wins-third-award

[2] Of those who completed our pan-London survey (n=129)

On Facebook, the campaign – which ran videos in English, Lithuanian and Turkish – reached more than 228,000 women, mostly by those aged 55+. The campaign also achieved almost 43,200 organic views on Instagram.

The campaign launch was a highly creative branded 'take-over' event hosted by two nail salons in Bethnal Green and Romford. In addition to free manicures, 31 women were able to talk, one-on-one, to an ambassador from The Eve Appeal to learn about the cancer and ask any questions they had. For the launch, there were eight pieces of news coverage across six providers, including TV, radio, online and in print, with a combined reach of 50.5 million.

The heart of the campaign was its ten community talks, which reached 125 people hailing from all eight boroughs, with most attendees lived in Havering, Hackney, and Barking & Dagenham. Almost all were women, and skewed older overall, with the average participant in their late 60s to early 70s, and the largest proportion aged 75 or older.[3]

Was the campaign informative and engaging?

"The campaign materials really connected with the community, which is a really big thing" (The Eve Appeal).

The outreach materials received strong positive feedback. Women found the social media, videos, posters, and leaflets clear, concise, informative, and easy to follow. The content was well-tailored and representative, with the leaflet's practical tips noted as particularly helpful. The striking, colourful, 'non-clinical' designs made the campaign approachable and stand out from typical NHS materials. The tone was well-balanced, being informative without being frightening.

The campaign's messaging was described as refreshing and empowering, particularly the focus on women's gynaecological health beyond sex and childbirth. In a few cases, however, the language – which included references to PMS-like symptoms and menopause – may have inadvertently signalled to older women that the campaign is aimed at those aged in their fifties and sixties, and wasn't relevant to them.

The ovarian cancer talks provided clear, accurate, and relevant information in a relaxed atmosphere, led by an engaging, empathetic, and knowledgeable speaker. Attendees highly valued the easy-to-understand content and the safe, non-judgmental space to discuss sensitive, intimate topics. This approach was crucial for overcoming the shame, body disconnection, and taboo often associated with gynaecological health and cancer. The talks' style and setting successfully mitigated these feelings, encouraging women to speak more comfortably about their health and continue these conversations with others.

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[3] The modal age range of respondents was 75+, indicating the largest single group were aged 75 and over. The mean (average) age range falls within 65–74, reflecting an overall older participant profile.

Has this campaign made a difference to women's awareness of ovarian cancer, its symptoms, and what to do if these are spotted?

> *"Knowledge is power, you need to understand what is not normal for you regardless of your stage of life." (London-wide survey respondent who had seen the YNTK campaign)*

The dominant takeaway messages were: the importance of recognising symptoms; knowing what is normal for their own body; and acting quickly by speaking to a GP – precisely what an effective campaign would want to achieve.

Over two-thirds of people attending the awareness talks felt afterwards familiar with ovarian cancer symptoms compared to under half of people surveyed in our general public survey. Of those general public respondents who *had* seen the YNTK ovarian cancer campaign, four in five felt that they were now "quite familiar"[4] with ovarian cancer symptoms. This demonstrates how effective the campaign was in raising awareness and knowledge around symptoms.

Almost half (45%) of the general public who had seen the YNTK campaign felt fairly or totally confident that they would know what to do if they suspected that they had ovarian cancer, compared with only a third of those who had not seen the campaign, again underlining the impact of the campaign on increased knowledge and confidence.

Are more women going to their GPs with symptoms and receiving referrals at earlier stages?

While *YNTK: ovarian cancer* does not claim to singlehandedly boost referral, diagnosis and survival rates in North East London, it certainly is an essential part of a multi-pronged approach to improving health outcomes, and can take heart from the most recent figures.[5]

NELCA's own data shows a significant uptick in new ovarian cancer diagnoses between January and May 2025, and in September 2025, with figures generally higher than the corresponding months for the previous five years.[6] While this cannot be causally linked with the launch of the campaign (late January 2025), or with the previous womb cancer campaign in 2023, it does show an interesting trend.[7]

There was also a noticeable spike in 'Emergency Presentations', and a smaller spike in 'Other Outpatient Presentations' and GP referrals, at the beginning of 2025, which was superseded by

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[4] Compared with 55% of those who had either been diagnosed themselves or knew someone close to them who had been diagnosed with ovarian cancer.

[5] A future study might look to ask a sample of doctors to ask women who make appointments to check ovarian cancer symptoms, how she learned what they were. This would provide an interesting data point, with which this and other NHS campaign success could be triangulated.

[6] Rapid Cancer Registration Data: Incidence and treatment dashboard, NDRS & NHS England (https://nhsd-ndrs.shinyapps.io/rcrd/). January and February 2025 figures are higher than any recorded for those months in the past eight years; while the March 2025 figure is slightly lower than in 2022, and the May 2025 figure is the same as in May 2021.

[7] Nationally, data for England shows that there was a similar uptick between January and March 2025, although not as strong. For comparison, nearby North Central London also shows a spike in new ovarian cancer diagnoses in June 2025, but Peninsula Cancer Alliance serving Cornwall and Devon also shows spikes in February and May 2025.

a spike in Urgent Suspected Cancer (USC) referrals[8] referred by GPs. This is going in the right direction, but the data shows a lot of variance. This is in line with one of NOCA's key performance indicators to reduce the number of emergency presentations, since women diagnosed via an emergency presentation were four times more likely to die within two months of diagnosis than those diagnosed via the urgent suspected cancer referral system.[9]

In conclusion, these kinds of impact are the result of a clear mission to target the most at-risk groups, a strong, respectful and committed working partnership with AKT Health and The Eve Appeal, and persistence and patience, contacting many venues to host community talks despite the challenges of raising awareness about a little-known and sensitive topic like ovarian cancer.

For locally focused campaigns like *You Need To Know*, co-production and lived experience were central to building trust and relatability, and to communicating ovarian cancer symptoms in a way that felt serious but not frightening. This commitment ran throughout the programme: local women helped shape campaign assets, some became the faces of the campaign, talks were delivered through trusted community groups, and the evaluation itself included a peer research project led by local women.

Overall, You Need To Know: ovarian cancer demonstrates how locally rooted, co-produced health campaigns can meaningfully increase awareness, confidence, and action around hard-to-talk-about conditions. While longer-term outcomes will take time to evidence, the campaign provides a strong, replicable model for reaching women most at risk of late diagnosis.

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[8] Previously called the two week wait pathway

[9] NOCA/NATCAN (2025) National Ovarian Cancer Audit: State of the Nation Report 2025. An audit of care received by women diagnosed with ovarian cancer between 1 January 2022 and 31 December 2022 in England and 1 January 2022 and 31 December 2023 in Wales.

The campaign in numbers

- **More than 120 people were diagnosed with ovarian cancer in North East London** between January and September 2025
- NELCA's own data showed **a 20% increase in cases** among women in North East London between 2018 and 2022.
- **16% of Londoners** who responded to our survey **had either been, or had someone close to them, diagnosed with ovarian cancer**
- **Only a third of the general public** we surveyed **felt confident that they would know what to do if they had symptoms**
- According to *Target Ovarian Cancer,* just **1 in 5 (20%) women can name the most common symptom** (persistent bloating) as symptomatic of ovarian cancer

- **14% of women in North East London** who responded to our survey **had come across the campaign**
- **66% (two-thirds) of respondents think cancer info is most effective via social media**, compared with **50% who think it's most effective coming from a GP, pharmacist, or healthcare worker.** This is why the campaign's social-first approach makes sense.
- **116,400 women saw the campaign video on Facebook**
- **43,200 Instagram views**
- Of those London residents surveyed who had seen the *YNTK: ovarian cancer* campaign, 78% felt that they were "quite familiar"[10], with 22% feeling "slightly familiar" with ovarian cancer and its symptoms

- Eight pieces of news coverage with a **combined reach of 50.5 million**
- There were two nail salon events to launch the campaign, in which **31 women** received a manicure and chat about ovarian cancer with an ambassador from The Eve Appeal

- The campaign reached **125 people** through **eleven community talks**
- **More than eight in ten women rated the talks as 5 out of 5** and
- **Almost nine in ten would recommend the talk** to a friend or family member

- **Four peer researchers** spoke to **26 local women** to explore the campaign's key messages
- **75 attendees (60%)** filled out surveys about their experience of the awareness talks after the events
- **129 people from across London** filled in a general awareness survey

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[10] Compared with 55% of those who had either been diagnosed themselves or knew someone close to them who had been diagnosed with ovarian cancer.

Introduction

Aim of this evaluation

The purpose of this evaluation is to:

- Summarise the reach of the campaign, including its social media reach and attendance at educational events.
- Explore how women interact and engage with the visual assets
- Show how this campaign has made a difference on women's awareness of ovarian cancer and its symptoms, and that women know where to go for information, support, and screening services

Methodology

This was a mixed methods evaluation, which took place over the course of a year, starting with the initial market-testing focus group and photoshoot, and culminating with the community talks. We facilitated a collaborative Theory of Change workshop with project leads at AKT Health, The Eve Appeal, and NELCA to agree on the key outputs, indicators and outcomes that we should monitor and evaluate over the course of the campaign. From here, we developed **an evaluation framework and toolkit**.

We **interviewed** those same project leads individually to understand their motivations for being involved, what they valued in the partnership, any learning they had brought from the previous 'You Need to Know' womb cancer campaign, and their priorities for this ovarian cancer campaign.

We had three **surveys:**

- A campaign material feedback survey (social media, posters, nail salon events, video)
- A general, London-wide ovarian cancer awareness survey
- A community talks feedback survey

We complemented the surveys with a **peer research approach**, to ensure that the evaluation captures not only campaign reach and visibility, but also deeper insights into awareness, trust, barriers, and opportunities for improvement.

A total number of 26 women were engaged through individual and small group interview sessions (including the 4 community researchers). The approach involved:

- Recruiting and training a diverse team of four local women in North East London.
- Equipping them with a set of participatory research tools (available in English, Polish, Ukrainian, and Lithuanian).
- Supporting them to engage with women in their own networks and communities to gather insights about the campaigns.

The training focused on qualitative interview skills, built around three participatory tools, each linked to a core research question:

- *Holistic Form (positive, negative, recommendations)* - linked to the question: ‘What do local women think of the You Need to Know campaign?’ and’ How can the campaign be improved?’ This tool helped researchers gather structured feedback on the campaign.
- *Barriers & Solutions Circle* - linked to the question: ‘What prevents women from accessing the information and advice they need?’ It explored obstacles in North East Central London and potential solutions.
- *‘You Need to Know’: Top Trumps* - linked to the question: ‘Where do women currently access information and advice about womb or ovarian cancer symptoms?’ This tool captured trusted information sources and how women engage with them.

The tools and information sheets that accompanied them were available in English, and were also, at the request of our community researcher team, translated into Polish, Ukrainian and Lithuanian. Through these methods, the community researchers spoke directly with women in their own networks and communities. There is a long-form version of the peer research findings in isolation, which has been shared with the NELCA team. In the present report, only the most relevant findings from the peer research are summarised in the appropriate sections to provide nuance and triangulation.

We also undertook **observations** at both the nail salon events and two of the community talks to ensure we had a good understanding of what was taking place. At the community talks, physical copies of the feedback survey were given out by the NELCA team, and QR codes made available to that survey where appropriate. In some cases, participants were helped to fill in the survey due to sight issues, etc.

In an attempt to triangulate evidence of success using objective measures, **NHS data** on ovarian cancer presentations was analysed.

A **final wash-up workshop** was held in November, which acted as a space for NELCA and The Eve Appeal to reflect on the successes and challenges of the campaign education events in particular, but also to think about the campaign as a whole.

Limitations

Surveys

We had intended to achieve a larger response rate to the nail salon and campaign materials survey, which asked people to give feedback on the launch events and on the leaflets, posters, and social media. This survey was unsuccessful, with a response rate of just nine. We have included the findings in the report, but we heavily caveat - both here and in the later text - that these are not representative, merely illustrative.

One question in the talks survey used an inaccurate grammatical tense in its response options, so that the question may have been misinterpreted by some respondents (see footnote 26).

Nevertheless, we are confident that the overall *pattern* of the result is valid even if the percentages might have been a little different with different wording.

Peer research

This evaluation took a ‘light-touch’ participatory action research approach, which was both cost-effective and provided interesting findings. The women we spoke to had never seen the campaign, which allowed researchers to capture natural responses in real time. However, we only had four researchers given just a day’s worth of training. With more researchers, and more training, the findings might have been more extensive, nuanced and geographically representative.

Usually, PAR has researchers working in tandem, both for personal security and to hold each other accountable and to high research standards during the data collection phase. During data analysis, this also enables researchers to validate each other’s work. Given the sensitive nature of the topic, however, the research interviews took place 1:1. To compensate for this, the training focused on research standards and ethics, active and non-judgemental listening, and reflexive positionality. So, while we do not believe that the research standards were in any way lowered, it is worth mentioning for its deviation from standard practice.

The peer researchers were given campaign materials from both womb and ovarian cancer, to enable comparison and contrast. However, peer researchers did reflect post hoc that (apart from the type of cancer being discussed), the major contrast between the campaign was ethnicity. The representation of Black and South Asian women in the womb cancer campaign described as ‘diverse’, compared to the White women in the ovarian cancer campaign, was - in this context - quite stark and generated more discussion than it *might* have done if the ovarian cancer campaign materials were discussed by themselves in isolation.

Partners

NELCA

The North East London Cancer Alliance is one of the UK’s 21 cancer alliances, helping to improve the diagnosis, treatment and care for local cancer patients. They work in partnership with patients, carers, hospitals, GP surgeries, local authorities, community organisations and wider system partners across the City of London, Hackney, Tower Hamlets, Newham, Waltham Forest, Barking and Dagenham, Havering and Redbridge to improve the prevention, diagnosis, treatment and experience of cancer care. Central to NELCA’s mission is a commitment to reducing health inequalities and ensuring that all communities, including those who are historically underserved, can access high-quality, timely cancer services.

The Eve Appeal

The Eve Appeal is the leading gynaecological cancer charity. There are five gynae cancers, which are womb, ovarian, cervical, vulval and vaginal cancer. Their aim is to prevent gynae cancers from developing in the first place, but if they do develop, they want to make sure they’re detected early so more people survive their diagnosis.

To make their goals a reality, they fund research that aims to identify the causes of gynae cancers, predict and reduce a person's risk of developing them, and improve their detection and diagnosis. They also educate people about their gynaecological health and anatomy and the signs and symptoms of gynae cancers. And they answer people's questions about their gynae health and gynae cancers through the Ask Eve nurse service.

As part of The Eve Appeal's education and awareness programme, they run in community outreach sessions, where they work with communities at higher risk or who experience the largest barriers to good health outcomes. They work with communities to co-produce awareness materials, which is a value that they share with NELCA and the *You Need to Know* campaign design.

AKT Health

AKT Health is a medical communications agency specialising in creative, audience-led health campaigns. For the You Need To Know campaign, AKT Health led the initial focus group with local women, developed and produced the campaign's visual assets and social media activity, and designed and delivered the nail salon launch events that marked the public launch of the campaign.

Part 1 Introduction: YNTK campaign evaluation

Context and background

Recent statistics show that around 7,500 women are diagnosed with ovarian cancer in the UK every year, making it the sixth most common cancer in women in the UK, following breast, bowel, lung, womb cancer, and melanoma.[11] The risk of developing ovarian cancer in the general population is 2% (or 2 in 100 women). Ovarian cancer is most common post-menopause (the average age at diagnosis in England and Wales is 66.3 years[12]), but it can affect anyone with ovaries at any age. The incidence rates for ovarian cancer are lower in the Asian and Black ethnic groups, as well as in people of mixed or multiple ethnicities, compared to the White ethnic group in females in England.[13]

Ovarian cancer has the worst outcomes of the five gynaecological cancers, with over 4,000 women dying from the disease in the UK each year.[14] While in general more people now survive cancer than die from it, this is far from the case when it comes to ovarian cancer.[15]

It's crucial to catch ovarian cancer early, as it opens up more treatment options and leads to a more positive prognosis. However, the early symptoms of ovarian cancer often resemble those of other less serious conditions like irritable bowel syndrome (IBS) or pre-menstrual syndrome (PMS), making it challenging to identify them. Over 70% of cases in England are diagnosed at stage 3 or 4.[16]

According to Ovarian Cancer Action, 11% of ovarian cancer cases in the UK could be prevented with lifestyle changes and greater risk awareness, and 95% of women would survive if diagnosed at stage one.[17]

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[11] https://ovarian.org.uk/ovarian-cancer/ovarian-cancer-statistics/; Cancer Research UK (https://www.cancerresearchuk.org/health-professional/cancer-statistics/statistics-by-cancer-type/ovarian-cancer).

[12] NOCA/NATCAN (2025) National Ovarian Cancer Audit: State of the Nation Report 2025. An audit of care received by women diagnosed with ovarian cancer between 1 January 2022 and 31 December 2022 in England and 1 January 2022 and 31 December 2023 in Wales.

[13] Cancer Research UK (https://www.cancerresearchuk.org/health-professional/cancer-statistics/statistics-by-cancer-type/ovarian-cancer).

[14] Cancer Research UK (2022) Ovarian Cancer Mortality Statistics.

[15] Coleman et al. (2011) Cancer survival in Australia, Canada, Denmark, Norway, Sweden, and the UK, 1995-2007 (the International Cancer Benchmarking Partnership): an analysis of population-based cancer registry data. The Lancet, 377(9760): 127-138. In: Target Ovarian Cancer (2022) Pathfinder 2022: Faster, further, and fairer.

[16] NOCA/NATCAN (2025) National Ovarian Cancer Audit: State of the Nation Report 2025. An audit of care received by women diagnosed with ovarian cancer between 1 January 2022 and 31 December 2022 in England and 1 January 2022 and 31 December 2023 in Wales.

[17] https://ovarian.org.uk/about-us.

Lack of knowledge and awareness

Between one quarter (27%)[18] and two-fifths (40%)[19] of women with ovarian cancer are diagnosed through an emergency presentation such as Accident and Emergency rather than through more routine checks. This and other statistics suggest an "awareness crisis" around ovarian cancer, with Target Ovarian Cancer finding that just 1 in 5 (20%) women can name the most common symptom (persistent bloating) as symptomatic of ovarian cancer.[20] AVIVA similarly found that a significant percentage of women surveyed mistakenly believed that ovarian cancer could be diagnosed through a smear test, with knowledge being particularly poor amongst the target population (older women over 55).[21]

A 2023 academic study of awareness of ovarian cancer symptoms and risk factors in a young ethnically diverse British population (N=459, 75% female, mean age 28 years, 77% living in London) found that confidence in recognising an ovarian cancer symptom was low with only 1.4% very confident and 22.6% fairly confident.[22] There is currently no population screening programme for ovarian cancer. Early detection of ovarian cancer through identification of early symptoms is therefore critical to patient outcome.[23]

The North East London Cancer Alliance had the highest five-year survival rates for ovarian cancer in the country between 2015 and 2019. However, Cancer Research UK estimates that the incidence rates of ovarian cancer are expected to increase by 5% in the UK between 2023-2025 and 2038-2040. This means that there could be around 9,400 new cases of ovarian cancer every year in the UK, therefore increasing awareness around ovarian cancer is vital.

In addition, the National Cancer Audit Collaborating Centre (NATCAN) and the National Ovarian Cancer Coalition (NOCA)'s recommendations around ovarian cancer reduction include a call to "*Gynaecological cancer systems, Cancer Alliances, health boards to continue engaging with their local populations alongside ovarian cancer charities to improve recognition of ovarian cancer symptoms, particularly among older adults and those living in more deprived areas.*"[24]

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[18] https://www.cancerdata.nhs.uk/getdataout/ovary

[19] NOCA/NATCAN (2025) National Ovarian Cancer Audit: State of the Nation Report 2025. An audit of care received by women diagnosed with ovarian cancer between 1 January 2022 and 31 December 2022 in England and 1 January 2022 and 31 December 2023 in Wales.

[20] Target Ovarian Cancer (2023) (https://targetovariancancer.org.uk/news/targeting-awareness-new-survey-reveals-women-more-likely-change-eating-habits-get-checked).

[21] Aviva.com (2025) Aviva research highlights worrying ovarian cancer awareness gaps (https://www.aviva.com/newsroom/news-releases/2025/03/aviva-research-highlights-worrying-ovarian-cancer-awareness-gaps/).

[22] Radu CA, Matos de Melo Fernandes N, Khalfe S, Stordal B. (2023) Awareness of ovarian cancer symptoms and risk factors in a young ethnically diverse British population. Cancer Med. 2023 Apr;12(8):9879-9892. doi: 10.1002/cam4.5670. Epub 2023 Feb 7. PMID: 36751052; PMCID: PMC10166982.

[23] Radu CA, Matos de Melo Fernandes N, Khalfe S, Stordal B. (2023) Awareness of ovarian cancer symptoms and risk factors in a young ethnically diverse British population. Cancer Med. 2023 Apr;12(8):9879-9892. doi: 10.1002/cam4.5670. Epub 2023 Feb 7. PMID: 36751052; PMCID: PMC10166982.

[24] NOCA/NATCAN (2025) National Ovarian Cancer Audit: State of the Nation Report 2025. An audit of care received by women diagnosed with ovarian cancer between 1 January 2022 and 31 December 2022 in England and 1 January 2022 and 31 December 2023 in Wales.

The previous ‘You Need to Know’ campaign for womb cancer

In 2023, NELCA ran the highly-successful womb cancer awareness campaign of the same name, also in partnership with The Eve Appeal and AKT Health. It has won three awards, recognising the positive impact it is having on improving health outcomes and reducing health inequalities. Its aim was to improve early diagnosis of womb cancer for Black African, Black Caribbean, and South Asian women – groups who are most likely to be diagnosed at stage 3 or 4, when the cancer is advanced and starting to spread to other parts of the body.

As with ovarian cancer, the campaign consisted of a visual, digital campaign and a series of community talks across North East London boroughs. The womb cancer campaign was also adapted for use by the South East London Cancer Alliance, further spreading the message to its communities. This has had a very positive effect on the visibility of the Cancer Alliance itself, and to further proving the value of taking a grassroots co-designed approach to local healthcare messaging: *“obviously having won awards, people are interested and want to know why, how that's come about… it’s co-production: it's really shown how successful it is. And there’s certainly more awareness that that is the right way to work.” (NELCA staff member).*

Both campaigns are evidence for the power of local co-design in developing more engaging, personalised and targeted healthcare messaging.

What are the issues that ‘You Need To Know’ is addressing?

- **Reducing health inequalities** by increasing awareness and education and undertaking research to better understand why certain groups are more likely to present only when their symptoms are severe and cancer is in its advanced stages.
- **Raising awareness** among North East London residents about the signs and symptoms of cancer.
- **Building stronger links with the local community –** The NELCA team want to connect with its local communities, and ensure that they are known as a trustworthy service and source of information. Before the womb cancer campaign, the team shared that they “*felt very removed from the community. They didn't know who we were, and we didn't know who they were.”*

With the last point in mind, the campaign was purposely designed to be hyper-local: women from North East London be the faces of the campaign, the team would work with 3 local female artists from the same ethnic backgrounds as the target audience for its logos, and - most critically - the cornerstone of the entire campaign would be live talks in the community. The team hoped that a campaign shaped and fronted by its target audience would enhance relatability and trust, feel more tailored, and present a visually-appealing and non-threatening way of communicating ovarian cancer symptoms.

A focus group of local women from the target demographics (three of whom become the campaign’s faces) helped shape the language and presentation of medical information in the campaign’s video and leaflet, ensuring it was accessible and meaningful to the community. The focus group was positioned as the first ‘behaviour shift’ - testing whether the message might work to increase women's knowledge around ovarian cancer, and better understand their barriers in reporting symptoms.

> "*I think the focus group that we had was successful....some things that it brought to light that I think we need to be mindful of going forward, some things that we didn't necessarily realise about how those communities think and feel…we did get some helpful feedback in terms of how to make sure that that resonates in in the way we wanted to.*" (AKT Health)

In terms of raising awareness, the educational talks are a unique side to this campaign that saw the NELCA and The Eve Appeal team proactively connect with groups that serve the target audiences, so they could deliver presentations and answer questions in a context that is familiar, easy and safe for the women.

Desired impact of this campaign

This campaign is taking the same approach as the womb cancer one, and also targeting those groups who present with ovarian cancer in its last stages. In this case, that means: White women, particularly those with British, Turkish and Eastern European heritage living in North East London boroughs. It is hoped that this campaign will lead to:

- **Women feeling more comfortable and knowledgeable talking about ovarian cancer and their bodies.** That they report increased knowledge and awareness of gynaecological health, alongside greater confidence.
- **More women going to their GPs with symptoms and receiving referrals at earlier stages of the disease, leading to improved health outcomes.** This partly relies on improved perceptions of the NHS, especially by groups who are currently distrustful or feel let down by the health service
- **Recognition that the campaign is meaningful and impactful, deserving of wider promotion and continuation.** Success would mean other Cancer Alliances and health professionals are interested in emulating or adapting the campaign as they did for the womb cancer campaign, reflecting its perceived relevance and transferability to other contexts.
- **Providing further evidence that innovation, co-production, and staying local are effective approaches.** The use of community co-production, grassroots delivery, and authentic representation within campaign materials contributed to its appeal and impact.

Part 2 Key ingredients for a successful campaign

Integrity, purpose, passion, and a strong commitment to co-design

The team share a sense of pride in delivering health awareness to local communities in ways that centre relationship-building with existing groups, services, churches and other trusted community-based organisations. They understand that these relationships take time to build and nurture, but see it as an integral part of their purpose-driven approach. Coming from North East London themselves, the NELCA team feel they have a personal stake in the wellbeing of these communities, motivation and buy-in to work alongside local people and organisations. This feeds into their co-production mindset and openness to developing services that are rooted in lived experience.

> *"Thank you for an opportunity to participate and do the 'feel' of the campaign from inside, like being in the kitchen of something very important…You had an amazing team that inspired me in passion, friendliness, encouragement, and attention towards others!"* (Focus group participant)

Co-production and lived experience at the heart of developing a campaign really works, but it has its challenges

> "*One of the things I think we've done well is work with local women to ensure complete authenticity for the campaign, and it's highly representative.*" (AKT Health)

Community engagement and collaboration were central to the development of the campaign, with access to communities strengthened through local partners. Drawing on lived experience enriched the work, bringing authenticity and insight that contributed to more relevant and meaningful outputs. Co-production supported the development of approaches that resonated with communities, with in-person engagement proving more impactful than standard campaign tools. Outreach was most effective when it was led locally, and the team reflected on the value of being from the communities they were seeking to serve.

At the same time, the approach presented challenges. The team identified learning around the targeting and placement of materials, which would benefit from refinement in future iterations. This reflects the ongoing, iterative nature of co-produced work and the need to balance responsiveness to community insight with practical delivery considerations.

It takes a long time to achieve meaningful and authentic community engagement

The campaign faced initial challenges in assembling focus groups and establishing community connections, which required persistent outreach. For NELCA, this was the first time delivering in-community events, and additional time was needed to build confidence, relationships, and effective ways of working in these settings. Allowing sufficient time for engagement and recruitment was essential, highlighting the importance of longer timelines for campaigns that include meaningful community engagement elements.

A lack of pre-existing community links hindered delivery, especially in scheduling talks – this should be easier in future, as trust has now been built with those organisations who did welcome and host the awareness talks. The team's perseverance, flexibility and continued integrity is praiseworthy, and a large contributing factor to the success of the campaign.

Developing the campaign with the community

Focus groups were imperative in shaping a message that was targeted, resonant, and relevant to the communities the campaign sought to reach. The co-design approach drew on best practice to ensure that outreach was appropriate for diverse communities, rather than relying on assumptions about what would be effective.

Engaging directly with communities supported the development of awareness materials that reflected lived experience and local context. This engagement also facilitated access to communities, providing trusted routes for outreach and helping to ensure that the campaign was grounded in the realities of the people it aimed to support.

It was not only the campaign that benefitted from including local women: they also took something away from participating. As one of the faces of the campaign reflected a few months later: *"For me, a personal victory was that I came and stayed 'til the end. I conquered my fear of being photographed and filmed, fought personal insecurities and stepped up in my confidence."*

Expert partners that all have something to bring, but do not step on each other's toes

The partnership between NELCA and The Eve Appeal brings together complementary areas of expertise, with each organisation clear about what it contributes and where its role begins and ends. Additionally, having appropriate funding to bring in agency support significantly increased both the quality and reach of the work, while AKT Health appreciated NELCA's clarity around budget and associated expectations. This clarity supports effective partnership working and enables limited resources and funding to be used more efficiently. The team demonstrates a strong understanding of their own expertise, alongside an awareness of where others are better placed to lead.

Partners involved in delivery reported learning a great deal from one another and valued the experience of working together. The media agency, AKT Health, brought strong creative ideas and extensive experience, excelling in producing visually engaging campaign materials that resonated with the community.

The charity partner contributed specialist expertise in gynaecological cancers and health communications. Through working with the Cancer Alliance, The Eve Appeal gained valuable insights, particularly in relation to expanding capacity and extending outreach. The partnership enabled The Eve Appeal to be involved in larger initiatives than would have been possible independently. Overall, the working relationships were described as respectful and warm, with a shared awareness of the constraints of delivering an NHS-funded campaign with limited budgets.

Collaborative working, no egos, mutual respect, and transparency

Collaborative working within the team was underpinned by prior relationships between most team members and a shared commitment to working without egos. The strong working relationship between the NELCA team members has been particularly important to the success of the campaign, providing stability, trust, and effective joint decision-making. All members of the partnership describe a culture of mutual respect and transparency, with honesty and open-mindedness valued in how decisions are made and discussed.

There is also a clear commitment to building long-term relationships rather than treating the work as a one-off project. This long-term approach supports trust, enables honest conversations, and creates the conditions for collaborative working that is both supportive and effective over time.

Growing confidence through experience and collaborative working

> *“it’s going to be a bit easier, we hope, because we now know what we’re doing […] we know exactly what we need to do in order to sort of try and strive for the same sort of results”* (NELCA).

The team reported feeling more confident this time, as they drew on established relationships, increased experience, and a stronger understanding of what is required to deliver the campaign. Collaborative working supported planning and idea development, and the delivery process was described as smooth and efficient, including navigating sign-off processes. Prior experience enabled the team to work more confidently and efficiently, with clearer roles and expectations throughout delivery.

The work has also resulted in practical assets for future activity, including the development of a database of local women to support ongoing and future engagement.

Part 3 Visual assets, social media and the campaign launch

The campaign made strong use of visual assets and social media content, which were widely seen as effective in engaging communities. Visual materials such as photos and posters were also reported to connect well with local audiences, with feedback that *"the campaign materials really connected with the community, which is a really big thing"* (The Eve Appeal). The team intentionally sought to create assets that stood apart from more traditional, clinical health campaigns by using vibrant and engaging designs.

The campaign was launched with two nail salon 'take-over' events taking place in Bethnal Green and Romford. 49 women attended, 45 took leaflets that included a QR code to provide feedback on the event and on its visual assets, and six women provided feedback. Despite its low response rate, it nevertheless provides an interesting 'temperature check' on how the assets were perceived during their initial unveiling. Central to the launch was that women could have their nails painted in campaign colours and talk with an Eve Appeal ambassador about ovarian cancer and its symptoms.

Image 1: Tila Nails in Bethnal Green was the venue of the first You Need to Know: ovarian cancer campaign launch

In terms of media engagement, the campaign received eight pieces of news coverage, across six providers, including TV, radio, online and in print, with a combined reach of 50.5 million and an estimated 1.8 million unique opportunities to see and/or hear[25] the news coverage

> *"We got some really lovely feedback from a lot of what we call 'media medics'... famous doctors, some people on ITV 'This Morning', people with relatively sizable following were all commenting: 'Love this campaign.' 'This is exactly what we need.' 'Brilliant.' They were re-sharing it, and we hadn't asked them to do that. That was all completely organic."* (AKT Health)

The importance of social media in health messaging is clearer than ever. Our survey findings indicate that social media is considered the most effective way to receive information about cancer, its symptoms, and where to find support, with two-thirds of respondents holding this view. This contrasts with the 50% who consider a GP, pharmacist, or other healthcare professional as the most effective source. The campaign ran videos on Facebook, the most used platform by the target audience, and its 'sizzle reel' reached a total of 116,400 women, mostly by those aged 55 and over. Two additional videos also ran, reaching 22,629 Lithuanian speakers, and 17,512 Turkish speakers. The videos had an average ThruPlay rate[26] of 18% – and even higher for the Lithuanian video (28%) and the Turkish Video (26%), indicating solid engagement with an attention-holding video.

Instagram was also used to reach women, and build awareness of the campaign particularly around its launch. Thanks to videos posted by local lifestyle and health influencers, the campaign achieved almost 33,600 organic views on Instagram. Stories from NELCA and The Eve Appeal around the launch generated an additional 9,600 views.

Feedback on assets

Our peer researchers spoke to women about their perceptions of the campaign's video and visual assets and found them to be overwhelmingly positive. Some of the key findings are:

Design and Accessibility

Three local artists, each with personal ties to the target communities, created unique artwork for the campaign. These pieces were intentionally developed to celebrate themes of womanhood and empowerment, complementing the main campaign photography.

Women told our peer researchers that these striking, colourful designs felt non-clinical and distinct from more typical NHS materials. This approach was seen as helping the campaign stand out and feel more approachable. The website was described as easy to navigate, visual,

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[25] A metric that estimates the total number of times content could potentially be seen by an audience.

[26] A 'ThruPla'y is a key video advertising metric, especially on platforms like Meta (Facebook/Instagram), counting when a video ad is watched to completion or for at least 15 seconds (whichever comes first). It signifies meaningful engagement, showing sustained audience attention beyond simple impressions or brief clicks, helping advertisers gauge content effectiveness and optimize spending for viewers who genuinely consume the video.

and straightforward to understand, supporting access to information for a wide range of audiences.

Other materials were also viewed positively. Videos were short, clear, and easy to follow, while leaflets were considered simple and useful as quick reference tools. The translation of materials into different languages was particularly well received and was seen as an important factor in improving accessibility and reach.

Image 2: Leaflet with the three campaign faces and the campaign's logo

Tone and messaging

The campaign's messaging was described as refreshing and empowering, particularly the emphasis on the idea that "your health matters". The focus on women's health beyond sex and childbirth was valued and seen as addressing an important gap in how health information is often framed. The tone of the campaign was considered well balanced, providing clear and informative content without being overly frightening.

The inclusion of the NHS logo and The Eve Appeal helpline helped to establish trust and legitimacy, reassuring audiences about the credibility of the information and where to seek further support. However, there was low brand recognition with only one participant of 26 having heard of The Eve Appeal, and NELCA being similarly unheard of. No-one the peer researchers spoke to were aware of the campaign before the research.

Local and representative

The campaign featured relatable women of middle age, presented in a way that felt varied and reflective of real lives. Centring real women within the materials was seen as building trust and helping audiences feel more connected to the campaign. Participants responded positively to seeing local faces represented in the campaign. The women featured were described as relatable and varied, particularly in terms of age, which helped audiences feel a sense of familiarity and connection. This sense of recognition supported feelings of solidarity, with one participant reflecting that *"it's about 'me' and 'you'"* (White British, 42, RM8).

However, it needed to be verbally explained to participants that these were indeed local faces, as there are no clear indications in the materials themselves that the women are (a) not models (b) from the local area, and (c) participated in the focus group that shaped the campaign from the start. Including a blurb on the women behind the faces, or something as simple as their borough next to their names and faces might help to reinforce the local focus of the campaign. In particular, the evaluators recommend celebrating the co-design approach with local women in future video and visual assets.

> *"Be transparent about the women featured: they are local and had a say in the development of the campaign – celebrate this!" (White British, 62, E11)*

Ethnic diversity in representation in the womb cancer materials was viewed more positively than in the ovarian cancer assets, as many respondents felt uncomfortable with a leaflet that only had White faces. Even after explaining that the campaign was trying to reach White women specifically, many people reported that they would still prefer more outwardly inclusive materials.

Interestingly, despite the determined efforts by the partnership and local women to co-design a locally-rooted and representative campaign, only 15% of awareness talk attendees thought the leaflets were 'representative of people like me' and fewer than one in five (18%) said it was 'relevant to me'. This could be related to the campaign's comparatively youthful and beautiful faces, who perhaps were not felt representative enough of the age group (75-79) who are most at risk of ovarian cancer. The average age of engagement on social media was 55+ for Turkish and Lithuanian speakers, and 65+ for English viewers. For the awareness talks, participants skewed older overall, with the average participant in their late 60s to early 70s, and the largest proportion aged 75+.

Practical support

People liked that the campaign provided clear and practical next steps for participants, including guidance on keeping a symptom diary and seeking a GP appointment within two weeks where needed. These actions were seen as straightforward and achievable, helping people understand what to do with the information they had received.

Access to The Eve Appeal’s nurse-led information service, ‘Ask Eve’ and their informative website was welcomed, offering additional support and trusted sources of information beyond the campaign materials. Key symptoms were presented in a clear and accessible way, making them easy to identify and remember.

Part 4 Raising awareness in the target population: The Talks

Image 3: A community talk, delivered by NELCA and The Eve Appeal

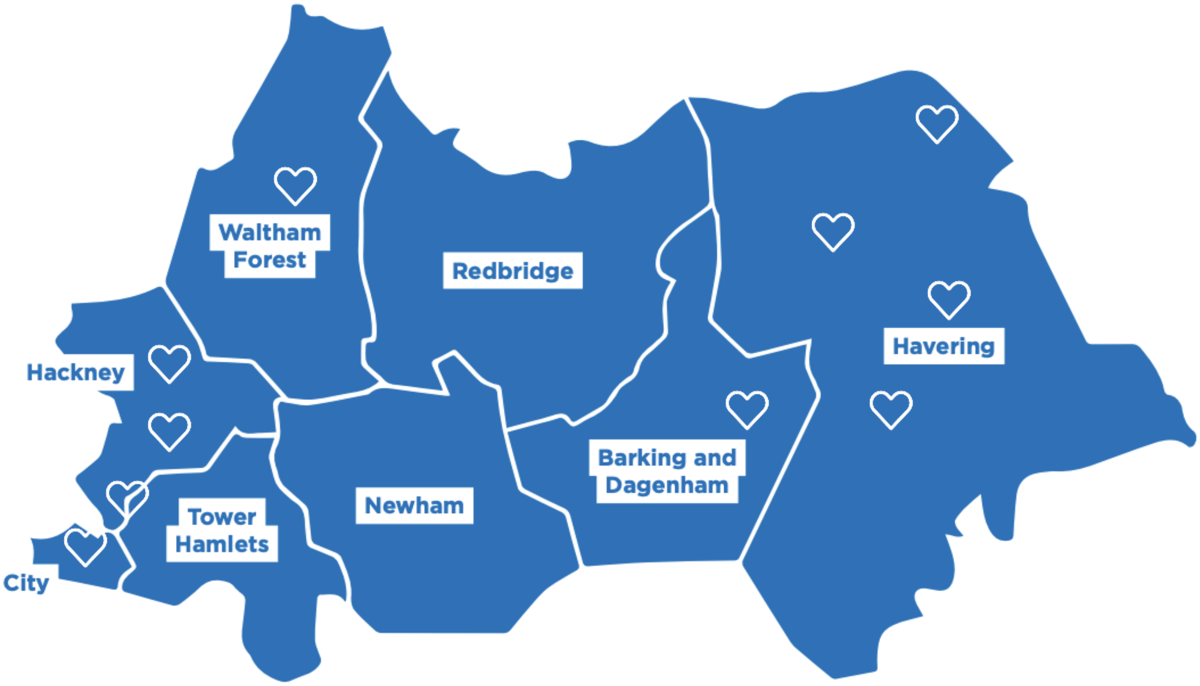

Image 4: Where talks took place, NELCA-style map

In-person talks and education events were a core part of the campaign and built on the success of those delivered for the 'You Need to Know - womb cancer' campaign. These sessions enabled meaningful, direct and active engagement with the target audience, and provided opportunities for women to discuss and learn from experts in a safe and familiar environment.

Ten talks were delivered for North East London communities in Barking and Dagenham; Havering; Waltham Forest; Hackney; and The City. The above map shows where talks took place, and the districts in which attendees live.

125 people attended in total, reaching a wide range of people, from diverse ethnicities and cultural backgrounds, young people to those aged over 90, to both men and women. Particular attention was paid to connecting with organisations who served the campaign's target groups: elderly people, i.e., who are post-menopausal or might have a partner, carer or family member who is; and women from target ethnicity or cultural backgrounds, such as White British, Turkish, Eastern European women. All but one session was delivered in-person; some in mixed gender and other in single-sex groups.

75 attendees (60%) filled out surveys about their experience of the awareness talks after the events. 95% of respondents were female (3 were male); and while many of the respondents (45%) were aged 65 years and over, just under a quarter (23.3%) were younger (i.e., pre-menopause) and aged 18-44 (see Methodology).

Impact on participants

> *"It felt like there was a real learning experience and real takeaway for the women that attended…there was so much engagement and positive feedback on how much they learned and how empowered they felt."* (The Eve Appeal Ambassador)

Four-fifths (83.3%) of respondents rated the awareness talk they attended as 5 out of 5 ('excellent'), showing how successful and popular these events were generally. Only 3% (2 people) rated the talk as '3' ('neither positive nor negative')[27].

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[27] One of these felt that the talk was "*Not for people of our age*" while the other felt the discussion was dominated too much by one individual: "*Do not let one person take over by their individual questions*".

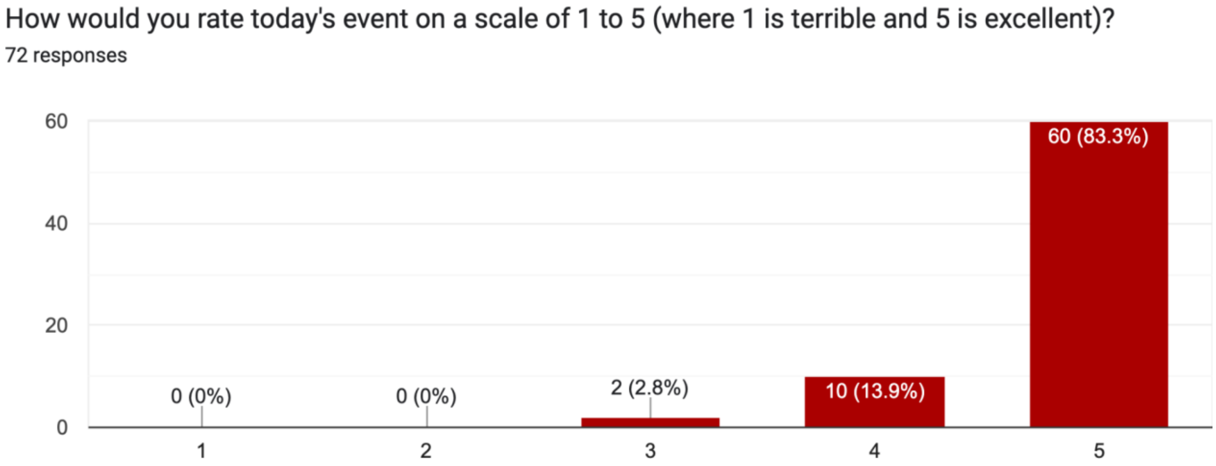

Figure 1: Rating the awareness talks on a scale of 1 to 5 (Survey of awareness talk attendees, n=72)

The most commonly used adjectives to describe the talks were ‘informative’ (88%), ‘well-organised’ (60%) and ‘welcoming’ (42%). Around a third of participants also felt the talks were ‘empowering’, ‘fun’, ‘relevant’ and ‘inclusive’.[28]

Six respondents added their own comments which ranged from ‘very interesting’ and ‘humbling’ to ‘too long’.

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[28] It should be noted that in the Turkish translation of the survey, the English word “safe” was translated as “trustworthy”, meaning that in the final results the two options for “safe” and trustworthy” should be considered together. The event being “safe/trustworthy” was mentioned by 41% of attendees, making these the fourth most mentioned adjectives.

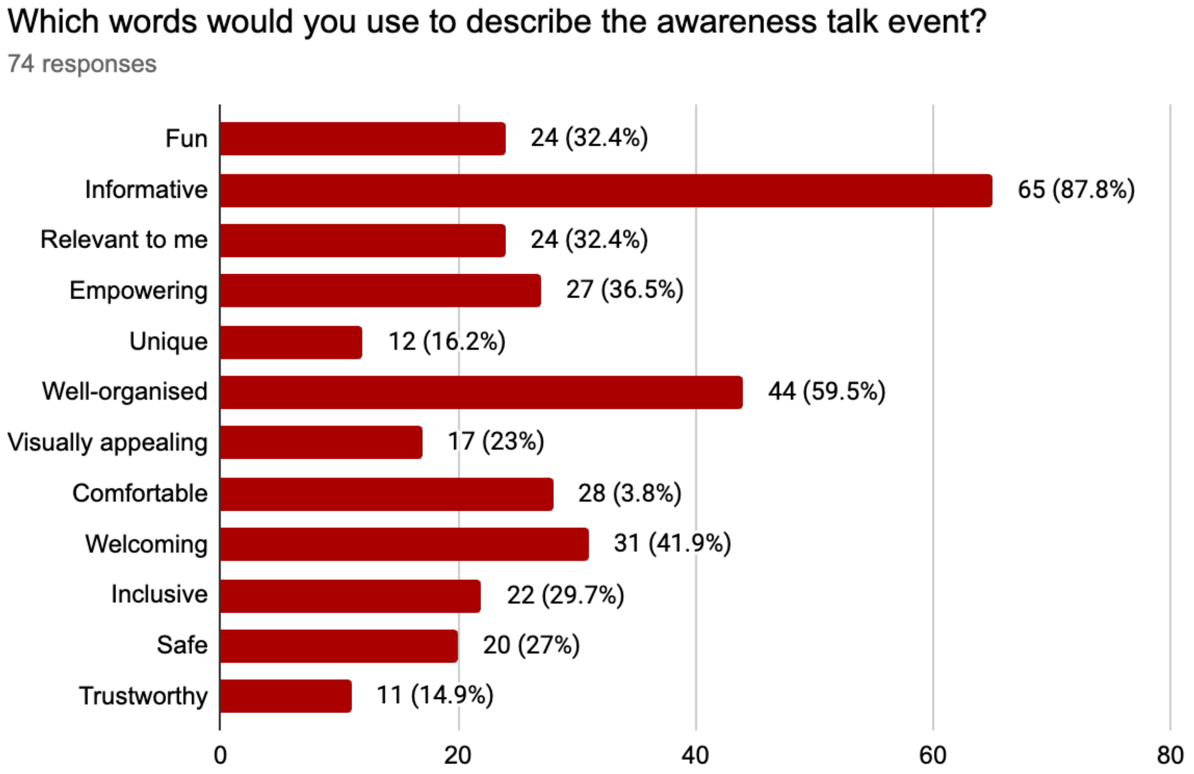

Figure 2: Words used to describe the awareness talks (Survey of awareness talk attendees, n=74)

Success from the perspective of attendees

Attendees most enjoyed the talks because they delivered clear, accurate, and relevant information about an important topic in a friendly, relaxed, and safe atmosphere, led by an engaging, empathetic, and knowledgeable speaker. Participants particularly valued learning about symptoms, different cancer types, and practical actions, the easy-to-understand delivery (often described as fun or informal), and the sense of comfort and openness that made sensitive topics easier to discuss.

Many participants emphasised how much they learned and how easy the information was to understand, often highlighting the value of visuals, detail, and accuracy: “Clear information, visuals,” “Very informative,” and “It was great to get the knowledge about what to do if any symptoms appear.” Several respondents noted increased awareness and confidence as a key benefit, for example, “Knowing the symptoms,” and “Fact that I learned a lot and [the content was] put in a way that was easily understood.”

Particularly important to the success of this campaign was the high-quality speaker from the Eve Appeal whose delivery style was engaging, witty and reassuring and who - perhaps most importantly - was able to ground the talks in their own lived experience. In survey responses, the presenter was highly praised for being engaging, knowledgeable, empathetic, clear, concise, and making the talk fun, lively, and interesting in a relaxed, informal, and open manner, which made it easier to discuss the subject.

"[The presenter] was able to explain symptoms, different types of cancer and what action you would need to take if we experienced any of these clearly and in a relaxed and fun way" (survey respondent, aged 55-64, from Hornchurch)

Equally important to enjoyment was the supportive atmosphere in which the talks took place. Respondents repeatedly described the session as friendly, relaxed, and comfortable, which helped them engage with a sensitive subject: "A relaxed atmosphere and easy-to-understand language," "The friendly atmosphere," and "Speaker made it easy to talk about." The speaker herself was frequently praised as "engaging, empathetic & knowledgeable," with several comments noting the talk was "fun and interesting," well organised, and "well-delivered." This combination of credible, accurate information and an open, welcoming environment made the session both enjoyable and empowering for attendees.

Familiarity with ovarian cancer

After attending the awareness talks, two-thirds (68%) of attendees felt 'very' (33%) or 'quite' (35%) familiar with ovarian cancer symptoms[29], illustrating the success of the talks in imparting this information in a memorable way.

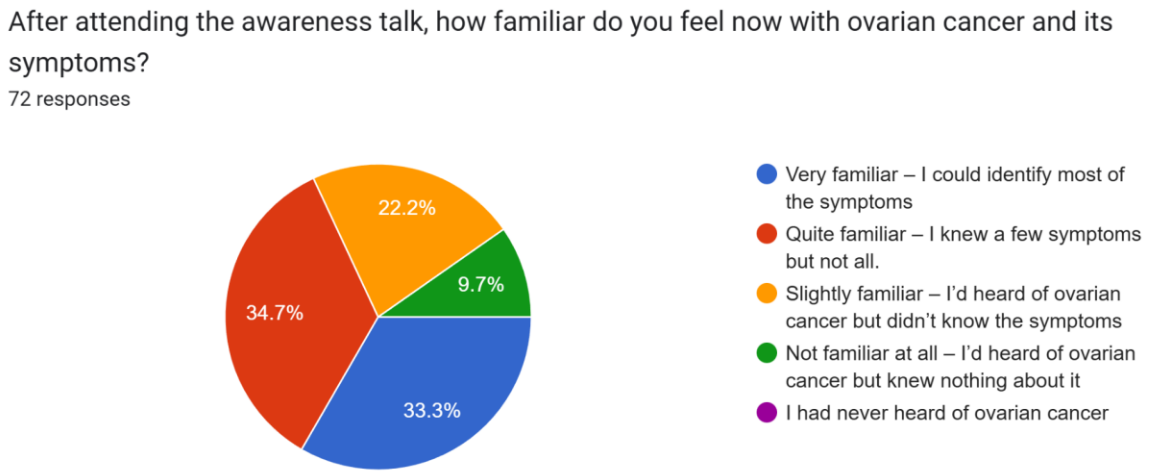

Figure 3: Familiarity with ovarian cancer symptoms after awareness talk (Survey of awareness talk attendees, n=72)

This compares favourably with awareness in the general public, as tested by our survey of London-wide females 45% of whom felt 'very' (5%) or 'quite' (40%) familiar with ovarian cancer symptoms.

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[29] Note that some people may have misunderstood this question. The evaluators used the past tense in the response options for this question, as can be seen above, as a result of reusing a pre- and post- (baselining) question to enable comparability with the general survey, but not amending the responses.

Improvements

Overall, respondents felt the event worked very well and most saw little or no need for change (71% of responses). Where suggestions were made, they focused mainly on session length and pacing, broadening or tailoring content for different groups, and managing discussion time, while maintaining the informal, friendly format that attendees clearly valued.

Many participants explicitly stated that the event was already well-organised, informative, and well-delivered enough to not warrant change or improvement. Others reinforced this view through general endorsement of the current format.

Where suggestions were offered, these tended to be minor and practical refinements rather than fundamental criticisms: a small number of respondents suggested adjusting session length or structure, such as *“Slightly shorter”* or *“Look to advise how long the session will be, to build in a break”.* One respondent explained that this was because: “*for some members it is their only "outing" each week, so the opportunity to chat freely is very important*”.

A few others expressed interest in broader or more targeted content, including *“Discussing more topics that relate to women's health,”* and, from a male respondent: “*More on prostate*”; while one attendee asked for: “*“Just more! So informative.”*

A small number of older attendees (four) seemed to feel that the talk should be aimed “*younger people*”, and that they: “*Would recommend for a younger person*”. This is striking, given the fact that the age group most at risk of developing ovarian cancer is 75-79.[30]

Key messages that women took away from the talks

The talks, while centring on ovarian cancer, also covered all five gynaecological cancers and their symptoms – especially womb cancer, as a continuation of the previous campaign.

The dominant takeaway message attendees reported was the importance of recognising symptoms, knowing what is normal for their own body, and acting quickly by speaking to a GP. In particular, respondents emphasised abnormal and postmenopausal bleeding[31], bloating[32], and the first signs of other gynaecological cancers as key warning signs, alongside a strong message of not ignoring changes and seeking medical advice early. Visual models and increased awareness were also noted as reinforcing understanding and confidence.

The most prominent takeaway message, representing just over half of responses, related to recognising symptoms and bodily changes, particularly knowing what is normal and being alert to signs that something may be wrong. These tended to be framed as developing a more

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[30] https://www.cancerresearchuk.org/about-cancer/ovarian-cancer/what-is-ovarian-cancer

[31] A key symptoms of womb cancer

[32] A key symptom of ovarian cancer

reflective and intimate relation with their own bodies, such as “Know the signs,” “Listen to your body,” and “Knowing my normal; knowing my body.” Within this, around a third highlighted specific symptoms, especially postmenopausal or abnormal bleeding and bloating, with comments including “Don’t ignore abnormal bleeding,” and “bloating is a symptom of ovarian cancer.” These responses illustrate that women have clearly retained the concrete, clinically relevant warning signs highlighted by the talk.

A second major theme concerned the importance of acting early and seeking medical advice, raised in approximately a third of responses. Participants repeatedly emphasised seeking help from a GP promptly when they notice a change – even for minor-seeming symptoms: “*Speak to your doctor as soon as you see any of the symptoms*,”

Smaller proportions highlighted improved understanding of gynaecological cancers and tests (around 15–20%) with a small subset also recalling more specific or unexpected information, such as genetic factors and links between womb and colon cancer. Others noted the value of visual models and sharing information with others.

Recommending to family and friends

Nearly nine in ten (88%) of attendees would be ‘likely’ to recommend this kind of event to family or friends, with 81% being ‘very likely’, showing how successful the events have been.

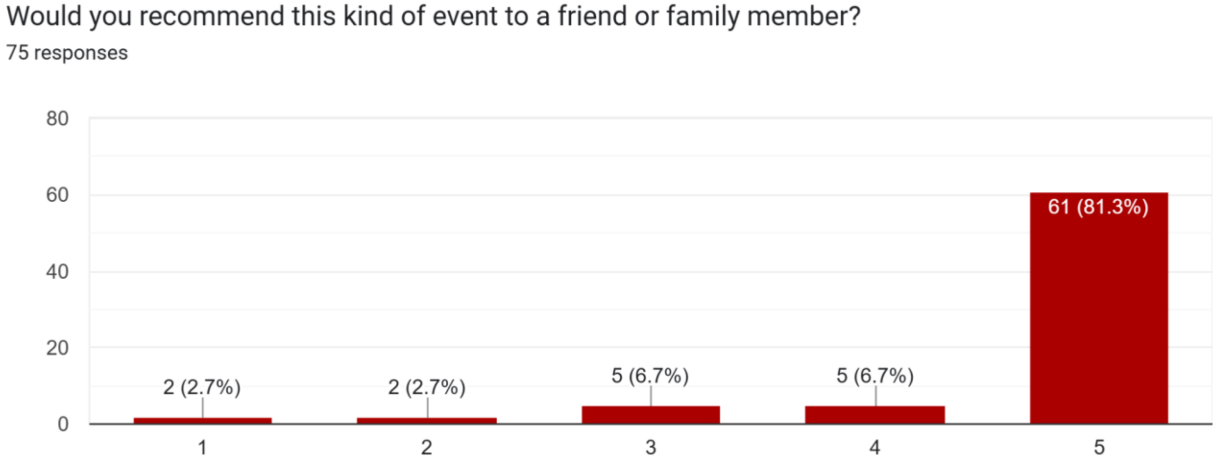

Figure 4: Recommending the awareness talks to others (Survey of awareness talk attendees, n=75)

Reflections from the team on the awareness talks

Best part of the campaign

For members of the delivery team, the talks were the clear highlight of the campaign. They described the impact on participants as particularly meaningful, noting visible changes in energy and mood, with people appearing uplifted, thankful, and grateful following the sessions. These moments were often linked to "lightbulb" experiences, where participants broke through initial uncertainty and took on new knowledge.

Team members also reflected positively on the opportunity to connect directly with communities. Speaking with people they might not otherwise have engaged with was described as a pleasure, reinforcing the value of in-person delivery and community-based approaches within the campaign.

Ovarian cancer is more closely associated with death than womb cancer

The team reflected that ovarian cancer is generally more associated with dying than womb cancer (the focus of the previous campaign), which likely influenced how the topic was received and discussed: Womb cancer was deemed "easier to talk about", with clearer symptoms that people could more readily understand. In contrast, ovarian cancer seemed to frighten more people. This is compounded by its more nuanced symptoms (i.e., bloating) compared to womb cancer (i.e., bleeding after menopause), which may explain why womb cancer is more likely to be caught and treated at an earlier stage.

The team had noticed that some women had left the event upon learning about the topic, and so they identified specific considerations for future work i.e., the importance of clearly informing participants about the nature of the content in advance. Ensuring that people are aware of the potential sensitivity of the subject matter was seen as particularly important for ovarian cancer, and as something that did not need to be addressed in the same way for the womb cancer campaign.

In the peer research, women described the cancer as "frightening" (White British, 62, E11) – and obscure cancers with higher mortality rates even more so. Women may avoid discussing it because they do not want to burden friends or family with worry, reinforcing silence and fear around gynaecological cancers: "It's a scary subject, and I don't want to worry friends or family by talking about it" (White British, aged 24, E11).

Less cultural openness to talking about cancer and symptoms

Following delivery of the talks, the team became more aware of the ways in which different cultures perceive and respond to conversations about cancer. Attitudes varied significantly, particularly along cultural lines, with cancer sometimes viewed as a taboo topic. In some settings, this discomfort was visible, with some people choosing to leave the venue when they saw what the talk was about.

White women were also less likely to share information about their ethnicity or heritage, compared with Black and Asian women during the womb cancer campaign, which made targeted recruitment challenging for the NELCA team. When groups and societies that were aimed at the target demographic were identified, some refused to host a talk about cancer at all – this was especially the case for groups catering for Eastern European women.

Our peer researchers also found that cultural taboos around discussing gynaecological health – especially if accompanied by digestive symptoms like bloating and changes in bowel habits – persist in White British households, especially among older generations. Many such women said they feel uncomfortable and embarrassed "talking about poo" (White British, aged 60, N17), adding another layer of stigma. Reaching these groups is seen as particularly important given how challenging it can be to confront and overcome societal attitudes.

The team felt that talks had been successful tackling taboo topics because they had actively sought to create a safe and informal space, through trusted and culturally relevant third-party partners, which helped people move past feeling embarrassed or uncomfortable. In the first place, this should include being more conscious of differences in cultural attitudes towards cancer, and working with those organisers who did take up the offer to understand how the messaging and comms from NELCA's side could be improved.

Talks are most effective when they are interactive

The team reflected that talks were most successful when they were interactive and created space for participants to share personal experiences. When individuals began to open up, this often shifted the energy in the room and encouraged others to share in turn. In some cases, women who had never previously spoken about their experiences felt able to do so once others had shared, helping them feel safer and more connected. At the same time, the team were mindful that lived experiences can be very different, and that some accounts involved loss or significant suffering, requiring sensitive facilitation.

The use of anatomical and knitted models was highlighted as particularly effective. These tools prompted more specific questions about gynaecological health and anatomy and supported understanding in a way that felt accessible and less formal than traditional teaching approaches. For some participants, this led to a "lightbulb moment", supported by the visual and tactile nature of the materials.

This approach was underpinned by the presence of a charismatic speaker with lived experience. The style of delivery was described as familiar, friendly, warm, and knowledgeable, helping to build trust and make it easier to engage with a topic that can feel frightening. She used light humour to ease anxieties and helped those listening to her to realise that laughter is allowed, even when discussing sensitive, dark, and possibly taboo topics. Beginning with her lived experience helped to establish credibility and respect, while also setting an optimistic and funny tone that reduced anxiety and enabled participants to engage more openly.

For future delivery, the team noted the importance of understanding the technical set-up in advance, as well as being able to adapt to different contexts when needed.

Need a clearer 'offer' to hosting organisations

The team reflected that there was not always a shared understanding of what was meant by a "cancer awareness talk", and that this may have affected how sessions were interpreted and promoted by hosting organisations. This highlighted the need to more clearly frame the offer, both to support organisations in advertising the sessions and to help them decide whether the content would be right for their members or audiences.

For future delivery, the team identified the importance of clearly communicating the strengths and format of the sessions. This includes emphasising that the talks are accessible, friendly, and approachable in style, supported by strong visual content, and followed by an open question-and-answer session. The optimistic tone, the knowledge base underpinning the content, delivery by The Eve Appeal, and alignment with a wider award-winning campaign were also seen as important aspects to highlight. Using testimonials gathered through surveys on an ongoing basis was identified as a useful way to support recruitment and generate interest from organisations.

Part 5 Raising awareness more widely: The London-wide survey

Respondents for a general awareness survey were largely recruited via targeted paid-for Facebook ads, facilitated by AKT Health. Ads were aimed at women over 18 living in London and were live for 6 days (16th-21st April 2025), and resulted in over 31,000 impressions and 125 responses to the survey. Four additional respondents were recruited via LinkedIn.

Although the survey was targeted at a pan-London audience, a proportionately significant 29% of respondents (n=37) were from boroughs covered by the NHS North East London ICB.

Knowledge of ovarian cancer

In terms of prior familiarity with ovarian cancer, 15.5% of respondents had themselves, or knew someone close to them who had, been diagnosed with ovarian cancer. Given that 1 in 50 women will be diagnosed with ovarian cancer in their lifetime[33], this is quite a high proportion and possibly indicates that these people were more drawn towards the survey.

More than three quarters had not had direct contact with the disease.

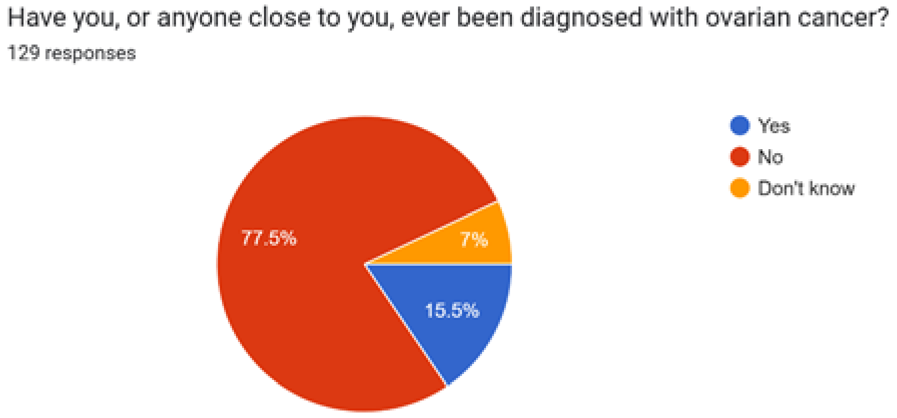

Figure 5: Proportion of respondents who have been, or know someone else who has been, diagnosed with cancer (London-wide survey, N=129)

A majority of respondents (54%) were either “not familiar at all” or only “slightly familiar” with ovarian cancer, knowing very little about it or its symptoms. Two-fifths (40%) felt “quite familiar” with ovarian cancer, knowing “a few symptoms but not all”, while a minority (5%) were “very familiar” and felt they could identify “most of the symptoms”.

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[33] https://cks.nice.org.uk/topics/ovarian-cancer/background-information/prevalence/

Our peer research found limited symptom knowledge: All women reported low knowledge of gynaecological cancers and some were unsure where to find reliable information. Even personal experience doesn't guarantee knowledge: In one powerful example, a research participant told us that “Despite mum dying of it, she still didn’t know key symptoms – only back pain and feeling full” (White British, aged 62, E11).

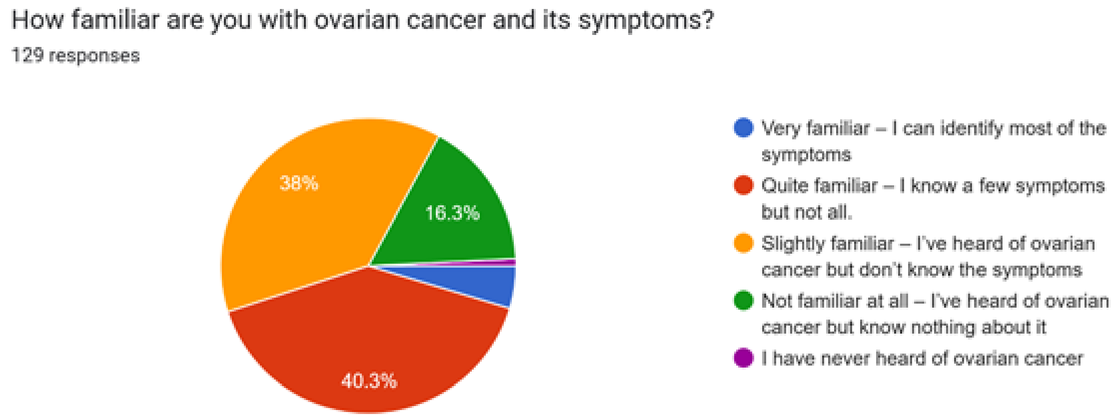

Figure 6: Familiarity with ovarian cancer symptoms (London-wide survey, N=129)

Of those respondents (18) who had seen the *YNTK: ovarian cancer* campaign, 78% felt that they were “quite familiar”[34], with 22% feeling “slightly familiar”, showing how effective the campaign was in raising awareness and knowledge around symptoms.

Did women understand *the YNTK: Ovarian Cancer* campaign’s key messages?

We asked respondents what they thought the key message of the 'You Need to Know' campaign was[35]. A thematic analysis of these shows that the dominant theme in the survey responses is symptom awareness of ovarian cancer, followed by themes around early action/seeking help, general awareness/education, and knowing one's body or personal health baseline. These themes reflect a strong public perception that understanding and acting on symptoms is central to ovarian cancer outcomes.

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[34] Compared with 55% of those who had either been diagnosed themselves or knew someone close to them who had been diagnosed with ovarian cancer.

[35] Although we had intended this question to be only answered by those who might have seen the campaign 85 responses were recorded. Besides the 18 people who responded that they didn’t know as they hadn’t seen the campaign, 69 respondents took a guess at what the messaging might be.

Table 1: Thematic Analysis of Survey Responses on Ovarian Cancer Awareness (London-wide survey, N=87)[36]

Theme	Description	Number of Responses
1. Awareness of Symptoms	Emphasis on knowing, recognising, or understanding ovarian cancer symptoms.	48
2. Early Detection / Seeking Medical Help	Encouragement to get checked, see a GP, or not delay action if symptoms are present.	17
3. General Awareness / Public Education Campaigns	References to increasing awareness, public health messaging, or educating women.	13
4. Knowing One’s Own Body / Personal Vigilance	Encouragement to understand what is normal for oneself and monitor for unusual changes.	6
5. Uncertainty / Lack of Campaign Clarity	Responses indicating confusion, guessing, or lack of awareness of the campaign’s purpose.	5
6. Broad Mentions of “Symptoms”	Standalone mentions or vague references to "symptoms" without additional context.	7
7. Miscellaneous / Other Cancers	Includes references to other cancers (e.g., cervical cancer) or general mentions of cancer.	2

The **phrase “symptoms”** was used in more than half the responses, often with modifiers like "key," "main," "signs," or "look out for." It is noticeable that several responses called for **action** (e.g., “Get checked,” “Don’t be scared,” “See your GP”), indicating a behavioural component; while a subset of respondents highlighted **education for women**, showing sensitivity to the gendered context of ovarian cancer and the underlying lack of knowledge.

14 out of 18 respondents who said that they had seen the YNTK campaign responded to this question. **Viewers of the campaign tended to grasp the intended messages more clearly, use more specific language, and show greater confidence in their understanding.** For example:

> *“Knowledge is power, you need to understand what is not normal for you regardless of your stage of life. Post menopausal bleeding should always be investigated.”*

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[36] Note: Many responses touched on multiple themes, but were categorised by their primary focus for quantification purposes.

"That female cancers aren't just cervical and a reminder [of] the key symptoms."

Where women go for information about ovarian cancer

Respondents' knowledge of ovarian cancer most commonly came from:

- Online (Google or social media) (29%)
- Friends and family (25.5%)
- The news (20%)
- NHS or GP (10.4%)

This ties in with recent research showing that 63% of people in the UK use "Dr Google" as their primary source of health information, despite the lack of reliability in such sources[37], and likely also reflects the slightly younger age profile of respondents (see Methodology).

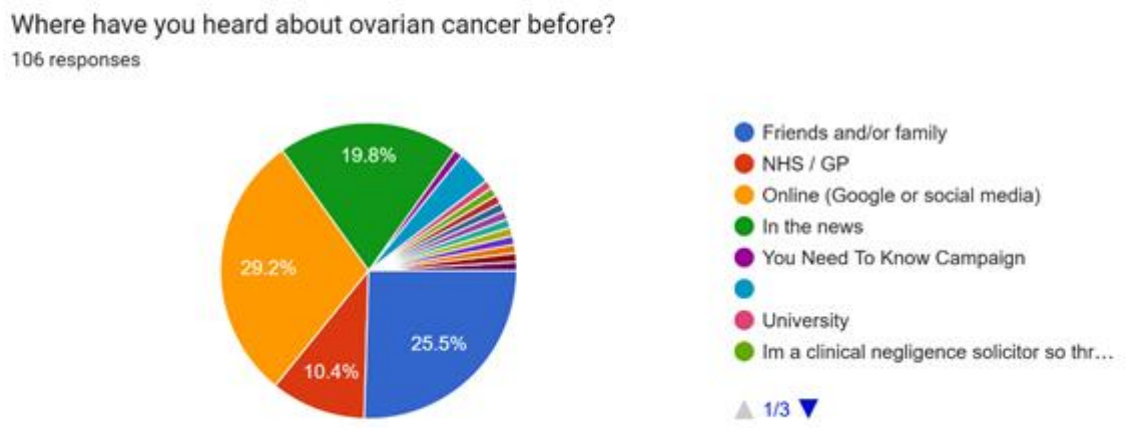

Figure 7: Where women had heard about ovarian cancer (London-wide survey, n=106)

As regards receiving information about cancer, two-thirds (66%) of respondents think that receiving information about cancer, its symptoms and where to go for help, is most effective using social media[38], compared with 50% who think it's most effective coming from a GP, pharmacist or other healthcare worker. Radio or television was thought to be an effective medium for this by 46%, while 36% voted for printed leaflets.

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[37] McLean J (2023) Benefits of good-quality online health information and risks of 'Dr Google'. Nursing Times [online]; 119: 10.

[38] Again, this may be influenced by the slightly younger age profile of respondents, although this again chimes with recent research that shows that one in three Brits turn to social media for health advice (https://uk.naturecan.com/pages/brits-take-advice-from-social-media; based on a survey of 1,000 UK adults).

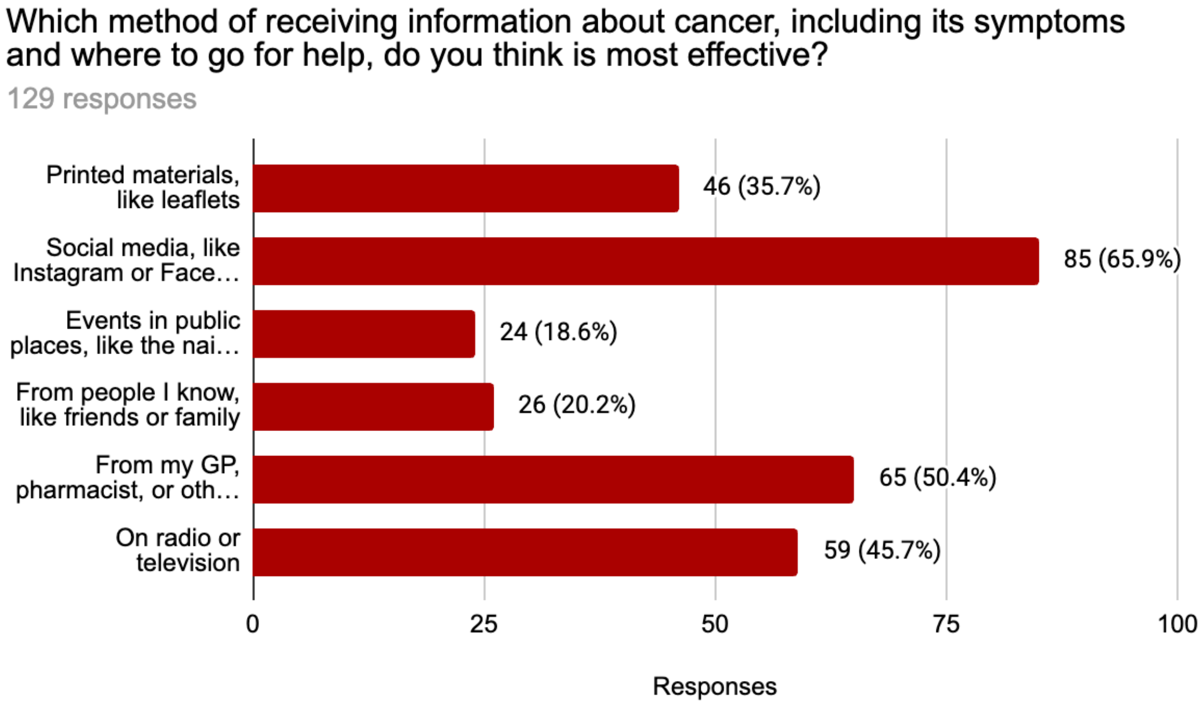

Figure 8: Most effective ways of receiving information about cancer for women in London (London-wide survey, N=129)

The women our peer researchers spoke to were confident knowing where to go for information, support, and screening services: most trusted GPs and see them as the primary source for information, diagnosis, and referrals. Some said that their GPs proactively discuss gynaecological health alongside other screening services and that pre-HRT appointments sometimes provide comprehensive gynaecological "MOT" covering all female cancers.

They found that women use a wide range of sources for health advice, with no single, standard pathway. Many start with an online search, often going to Google first, then cross-check with a trusted source like the NHS, BBC or health charity website. If concerns persist, they would consult their GP. Leaflets and posters are useful to flag particular conditions and symptoms. It is interesting to note that the main reason for not going directly to a GP is logistical: people find it difficult getting GP appointments (White British, aged 33, E11), particularly those that fit around work or family life, and especially if they want a female GP. Appointments are also perceived as too short for conversations about sensitive issues, such as gynaecological health, digestive symptoms, and cancer.

A study carried out at UCL's EGA Institute for Women's Health[39] into women's attitudes and knowledge of the menopause found that many women were "angry and frustrated by the lack of knowledge their GPs had." They continued that "their experiences with their GPs varied from

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[39] Aljumah R, Phillips S, Harper JC. An online survey of postmenopausal women to determine their attitudes and knowledge of the menopause. Post Reprod Health. 2023;29(2):67-84. doi:10.1177/20533691231166543

being dismissed about their symptoms, receiving misinformation or no information at all, receiving inappropriate treatment and overall feeling unsupported and lacking confidence in their GP's knowledge." Among the women surveyed that did receive adequate support, most attributed their positive experiences to luck, further highlighting the general attitude that the culture around women's health practice, and women's expectations of receiving quality care in the UK, is poor. It is more of a testament to this campaign, therefore, that it is being praised precisely for being singularly focused on women's gynaecological health and its messaging shaped by real, local women.

Returning to where people go for information and advice, family and friends are important informal sources, and social media is valued for providing access to lived experience and community, but it is not always considered reliable. Local groups can be useful for outreach but are sometimes avoided due to confidentiality concerns: "Community groups can be chatty – not confidential" (Cypriot, aged 65, E17). Once a diagnosis or condition is confirmed, women often turn to specific online groups for tailored support, information, and help navigating the healthcare system.

However, the stigma and taboo around talking about gynaecological health – even with friends and family – came up often in the interviews. One participant felt that women are disconnected from their vaginas, and sexual health more broadly (White British, 24, E11). This is linked to embarrassment and shame, and can prevent engagement with healthcare in general, including reluctance to self-examine or check for symptoms (White British, aged 24, E11).

Many shared that, in their lives, gynaecological health is rarely discussed openly. Women report that there never seems to be a good time to talk about it, and when they do, there can be a feeling of oversharing: *"there's no* correct* time and place to talk about it" (*Eastern European, aged 42, RM1). Moreover, concerns about judgment are common, as gynaecological health is often associated with sexual behaviour or perceived personal responsibility, which can increase shame and reluctance to seek help: *"Others might judge, or say that you brought it on yourself by being unhealthy"* (Afro Caribbean, 61, E17).

As it relates to the campaign, these feelings of 'shame' appear to have been mitigated by the delivery style and setting of the community talks, in which (as discussed above) women felt more comfortable talking about their bodies and health, and intend to carry on the conversations with their loved ones.

"I learned a lot and [...] I'm going to tell my daughter about this, she's 62!" (survey respondent, aged 75+, from Hornchurch)

"The openness of [the presenter], so that when talking about personal things I felt comfortable" (survey respondent, aged 65-74, from Romford)

Where women go to seek help and support with suspected symptoms

In terms of people's confidence in knowing what to do if they suspected that they had ovarian cancer, one third (33%) of respondents felt fairly or totally confident that they would know what to do; while one third (34%) felt not at all or only slightly confident that they would know what to do.

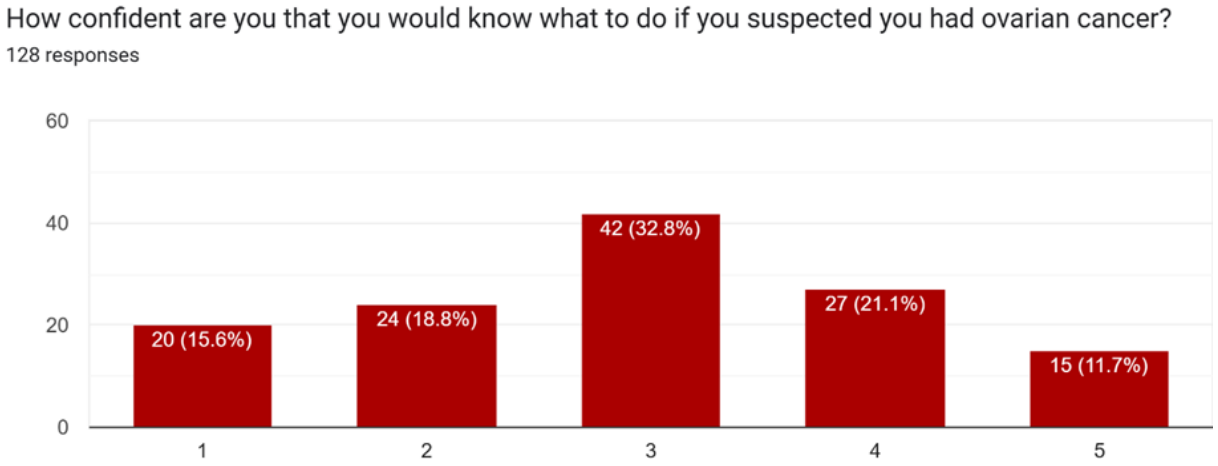

Figure 9: Confidence in knowing what to do if suspected ovarian cancer (London-wide survey, N=128) (1 = 'Not at all confident', 5 = 'Totally confident')

Of those respondents (18) who had seen the YNTK campaign, 45% felt fairly or totally confident that they would know what to do, while 17% felt not at all or only slightly confident that they would know what to do, again underlining the impact of the campaign on increased knowledge and confidence.

In terms of where to go for help if they suspected their symptoms could be ovarian cancer, the vast majority (88%) of respondents would go to their GP; 9% would go to the internet for help (again underlining the growing importance of this source of 'support') and 1% would go to hospital.

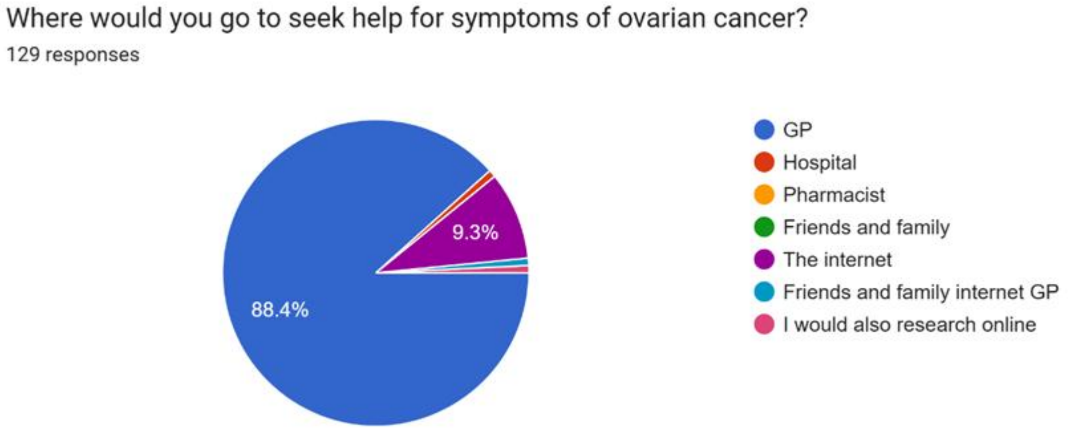

Figure 10: Where women would seek help for symptoms (London-wide survey, N=129)

Barriers to seeking help

The top three factors that might stop respondents from seeking help were:

1. Not knowing exactly what the symptoms are (76%)
2. Belief that symptoms are not serious and can wait (49%)
3. Fear of diagnosis (30%)

Additionally:

- 19% believed that a GP wouldn't be able to help
- 16% felt that they would face difficulty in seeing a female GP
- 8% felt that embarrassment or stigma would be a barrier to them seeking help

The peer research confirms these barriers, and adds new ones: some women do not learn about cancer, its symptoms, and screening – or even go to the GP in the first place – because they do not prioritise their own healthcare, especially those who are primary carers. Similarly, many of the middle-aged women interviewed described experiencing "rush hours of life" (White British, 50, E17), i.e., feeling too busy with family and work to even think about health and wellbeing. For older women, many said they felt a sense of "inevitability" that they would experience discomfort and health conditions as they got older, and so may not interpret worsening health as something that needs attention.

Our peer researchers found that the perimenopausal and menopausal women feel particularly overwhelmed by health information, and can struggle to know what health information to prioritise. They confirmed the survey findings above – that they would most likely go to their GP and expect to find leaflets about gynaecological cancers – but added a layer of nuance by reflecting that, actually, it can feel like "*there is too much information out there…too many leaflets and campaigns to absorb*" (White British, aged 50+, from E17).

For others, self-doubt was a barrier, with some women minimising symptoms and not wanting to take up NHS time 'unnecessarily'. Linked to this, one participant described being reluctant to visit their GP due to their own lack of knowledge or perceived ignorance (Afro Caribbean, aged 21, E17). Fear and denial also play a role, with some participants openly acknowledging that, out of fear, they had previously ignored symptoms that might indicate something serious, and having a tendency to "*bury my head in the sand*" (White British, aged 55, E17).

In our peer research, the stigma and taboos surrounding gynaecological health also came up. Some participants felt that women are disconnected from their vaginas, and sexual health more broadly. This is linked to embarrassment and shame, and can prevent engagement with healthcare in general, including reluctance to self-examine or check for symptoms (Afro Caribbean, aged 21, E17). Also, gynaecological health is rarely discussed openly. Women report that there never seems to be a good time to talk about it, and when they do, there can be a feeling of oversharing (White British, aged 24, E11). Concerns about judgment are common, as gynaecological health is often associated with sexual behaviour or perceived personal responsibility, which can increase shame and reluctance to seek help: "*Others might judge, or say that you brought it on yourself by being unhealthy*" (Afro Caribbean, aged 61, E17)

Were women aware of the ‘You Need to Know - ovarian cancer’ campaign?

18 people (14% of respondents) had some awareness of the YNTK campaign. 13 (10% of respondents) saw something about YNTK on social media, while 2% saw something in the news and/or a printed poster or leaflet. This may have prompted these people to respond to the survey.

We analysed responses from women living in boroughs covered by the North East London ICB (n=37) and found that over a fifth (22%) of respondents had seen the campaign – most commonly on social media – compared to only 10% in other areas.

Our analysis shows that those who had some awareness of the YNTK campaign compared to those with no awareness have slightly better knowledge and awareness of ovarian cancer.

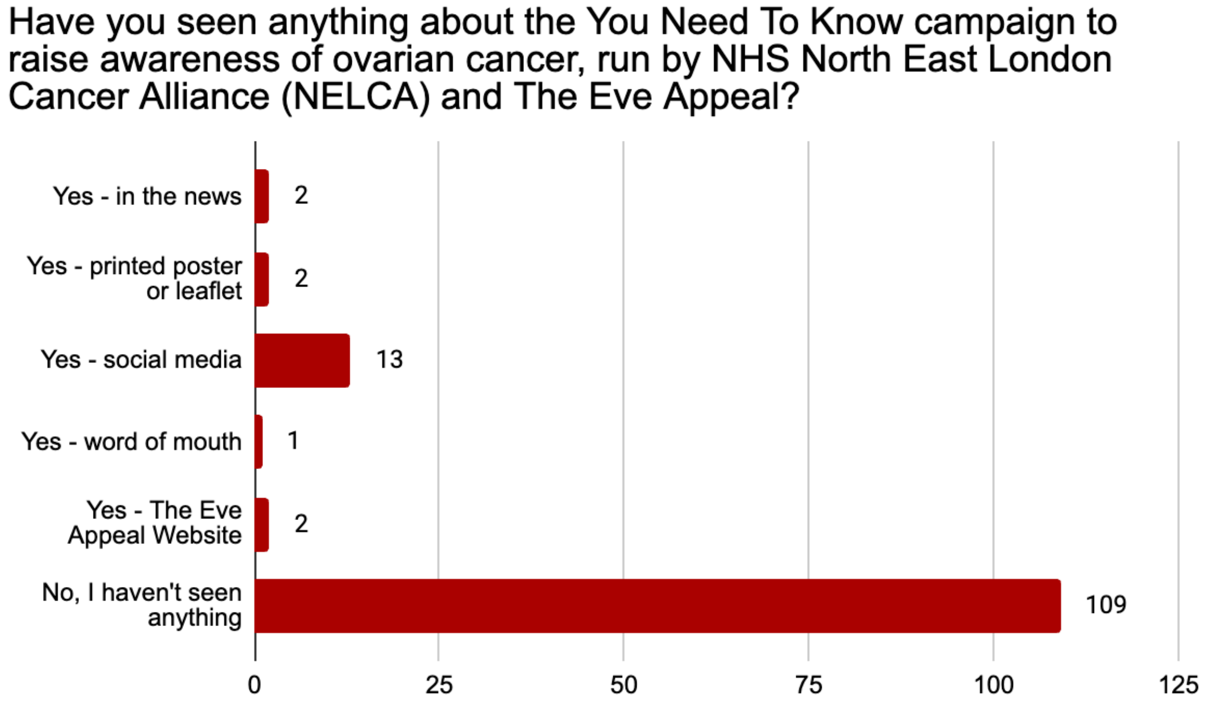

Figure 11: Number of women who had seen the YNTK: ovarian cancer campaign (London-wide survey, N=129)

It is clear that the campaign put its energy into the community talks, and this is where most of the impact has been made. Given its comparatively small advertising budget - especially compared to national NHS campaigns or commercial advertising - it is perhaps to be expected, therefore, that relatively few women would come across the campaign organically. One of the faces of the campaign noted with sadness that they had not seen the campaign since participating the focus group and launch events:

> *“How the campaign was after that, I have no idea! I haven't seen videos or photos/leaflets anywhere in public spaces or doctors' offices, as I really expected. I don't know if any women*

got impacted and acted on it. From that I feel very sad... as the work you've done looks like it disappeared into thin air."

However, when taking into account the level of competition and creativity on social media advertising, it is positive and striking that as much as 10% of respondents from across London (and 14% in NEL specifically) *did* see - and remember seeing - the 'You Need To Know' campaign on social media.

Familiarity with The Eve Appeal and NELCA

Nine respondents (7%) had heard of NELCA but, of those, only five knew what they do – four of these lived in areas covered by the NEL ICB, or adjacent (i.e., Finsbury Park, Enfield). For those women living in North East London specifically, we found that 14% were familiar with NELCA.[40] Given the cancer alliance's more administrative role – which is less directly 'public-facing' and more focused on working at a systems level and building effective partnerships to improve cancer outcomes – it is unlikely that the public would know, or need to know, the specific administrative entity unless they had come in direct contact with it. Case in point: of those[41] who had seen the YNTK campaign, a higher proportion had heard of NELCA (12%) and half of those people know what they do.

Far more people – one in three (35%) – had heard of The Eve Appeal and, within that group, a third also knew what they did (32%).[42] A far higher proportion of those respondents[43] – two in three (66%) – who had seen the *YNTK: ovarian cancer* campaign, had heard of The Eve Appeal and, of those, half also knew what they do. For both organisations, the increased awareness of the partners and what they do is likely to be connected with seeing logos and branding on the YNTK campaign and, possibly, seeking out further information about who they are.

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[40] n=37

[41] n=18

[42] n=17

[43] n=18

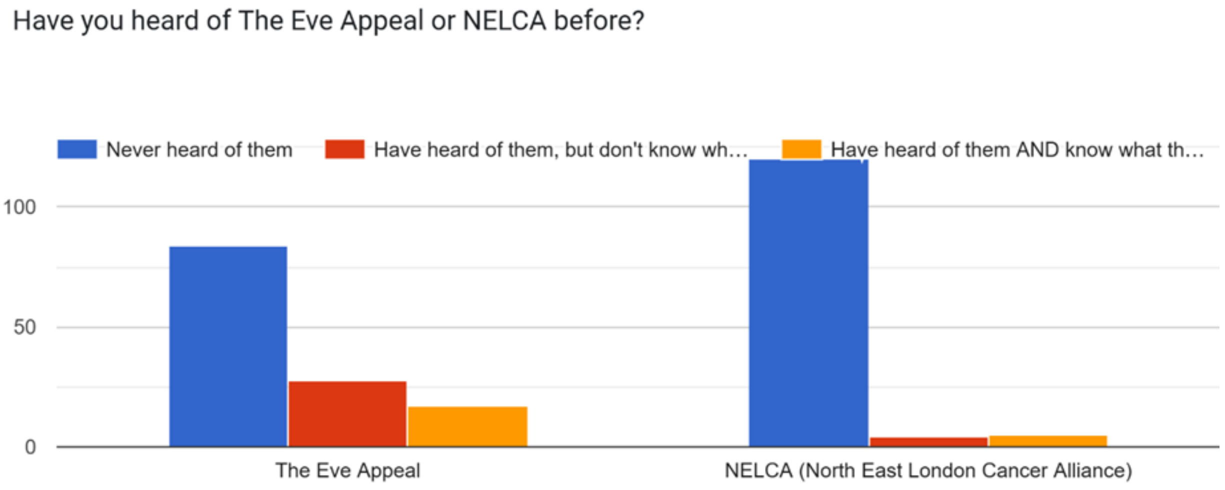


Figure 12: Number of women who had heard of The Eve Appeal or NELCA (London-wide survey, N=129)

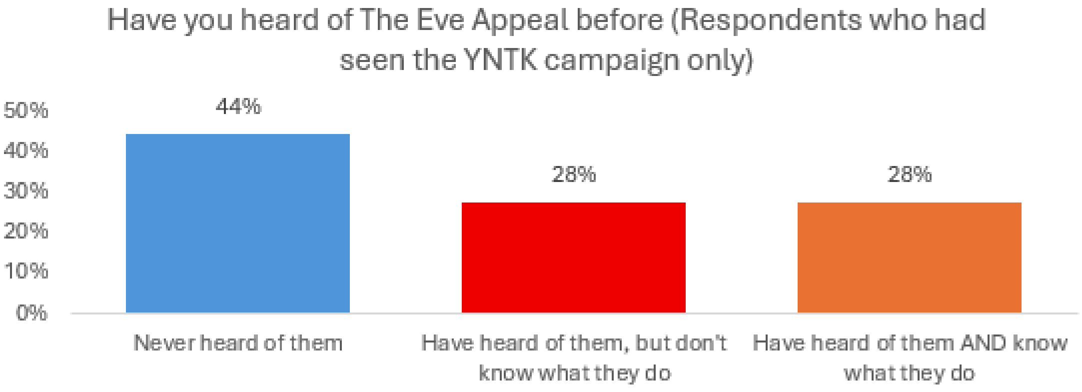
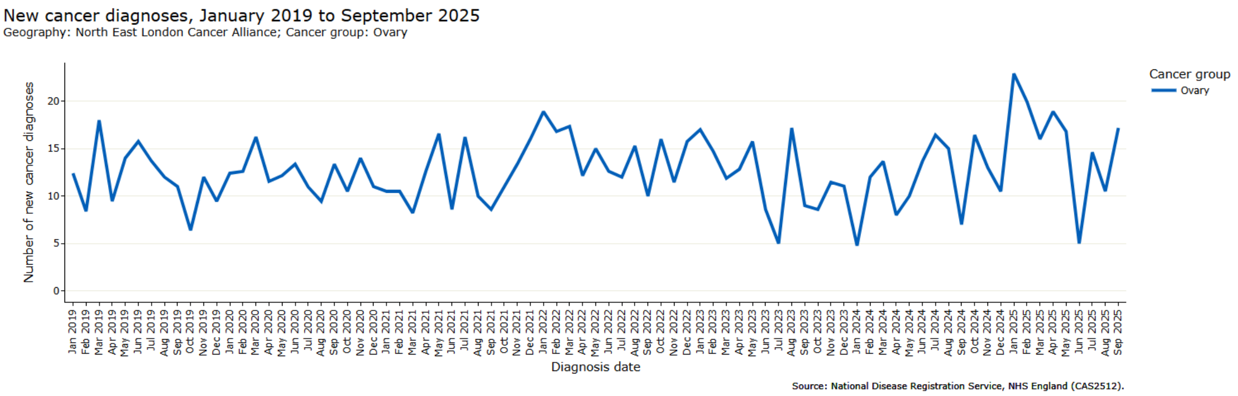


Figure 13: Number of women who had heard of The Eve Appeal or NELCA (London-wide survey, those who had seen the campaign, N=18)

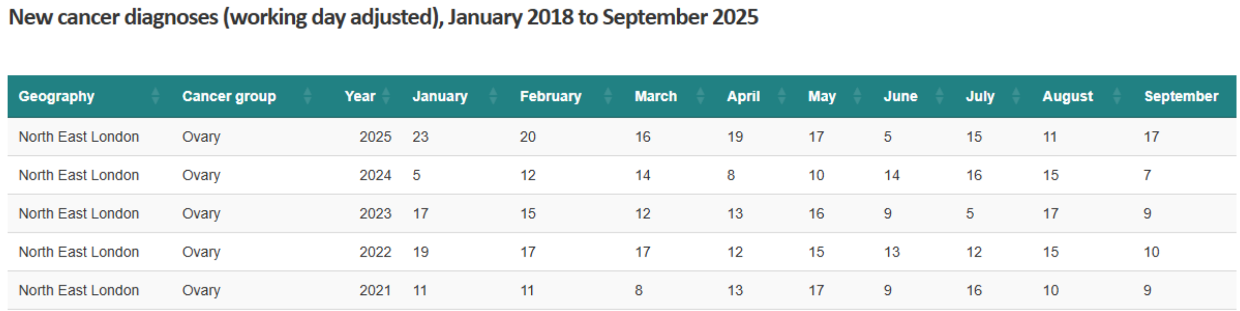
Part 6 Analysis of NHS data

NHS data for the North East London Cancer Alliance shows a significant uptick in new ovarian cancer diagnoses between January and May 2025, and in September 2025, with figures generally higher than the corresponding months for the previous five years (Figures 15 & 16).[44]



Source: National Disease Registration Service, NHS England (CAS2512).

Figure 145: New cancer diagnoses (ovarian cancer), Jan 2019-Sept 2025, North East London Cancer Alliance (NHS data chart)



New cancer diagnoses (working day adjusted), January 2018 to September 2025

Geography	Cancer group	Year	January	February	March	April	May	June	July	August	September
North East London	Ovary	2025	23	20	16	19	17	5	15	11	17
North East London	Ovary	2024	5	12	14	8	10	14	16	15	7
North East London	Ovary	2023	17	15	12	13	16	9	5	17	9
North East London	Ovary	2022	19	17	17	12	15	13	12	15	10
North East London	Ovary	2021	11	11	8	13	17	9	16	10	9

Figure 16: New cancer diagnoses (ovarian cancer), Jan 2019-Sept 2025, North East London Cancer Alliance (NHS data table)

Compared to the last five years, there has been a significant increase in the number of new ovarian cancer diagnoses in North East London as a proportion of previous activity in July 2024, January 2025, April 2025 and September 2025 (Figure 17).

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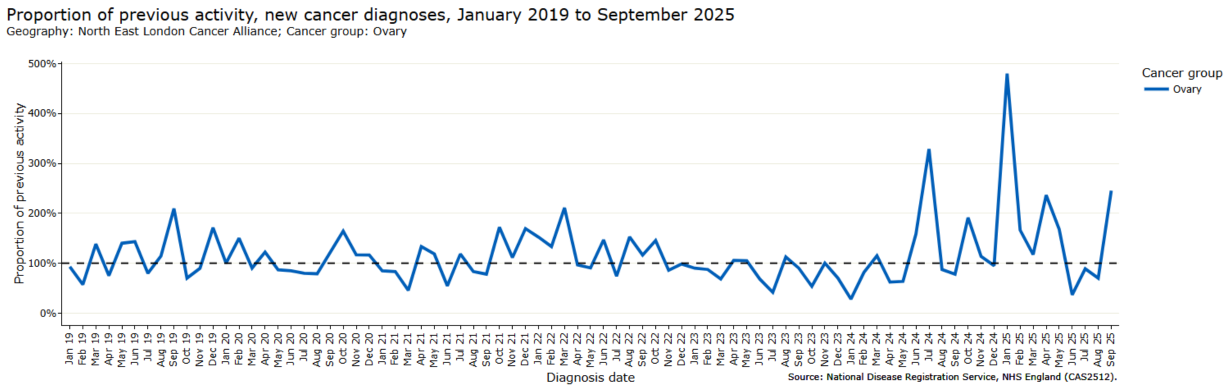
[44] Rapid Cancer Registration Data: Incidence and treatment dashboard, NDRS & NHS England (https://nhsd-ndrs.shinyapps.io/rcrd/). January and February 2025 figures are higher than any recorded for those months in the past eight years; while the March 2025 figure is slightly lower than in 2022, and the May 2025 figure is the same as in May 2021.



Proportion of previous activity, new cancer diagnoses, January 2019 to September 2025

Geography: North East London Cancer Alliance; Cancer group: Ovary

Source: National Disease Registration Service, NHS England (CAS2512).

Figure 17: New cancer diagnoses (ovarian cancer), Jan 2019-Sept 2025, Proportion of previous activity, North East London Cancer Alliance (NHS data chart)

Again, while this cannot be causally linked with the launch of the YNTK about ovarian cancer campaign (which launched in late January 2025), or with the previous womb cancer campaign in 2023, it does show an interesting trend.[45]

Staging data

Data shows that there was a peak in early-stage detection (at stage 1 or 2) of ovarian cancer in NELCA between August 2024 and January 2025, but that this has decreased since then (Figure 18). Figure 19 shows that since the spike in new diagnoses at Stage 1 in early 2025, this was followed by a spike in new diagnoses at Stage 4. **While early-stage detection is obviously preferable, any rise in new detections is better than a fall in the face of a hard-to-detect disease.**

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[45] Nationally, data for England shows that there was a similar uptick between January and March 2025, although not as strong. For comparison, nearby North Central London also shows a spike in new ovarian cancer diagnoses in June 2025, but Peninsula Cancer Alliance serving Cornwall and Devon also shows spikes in February and May 2025.

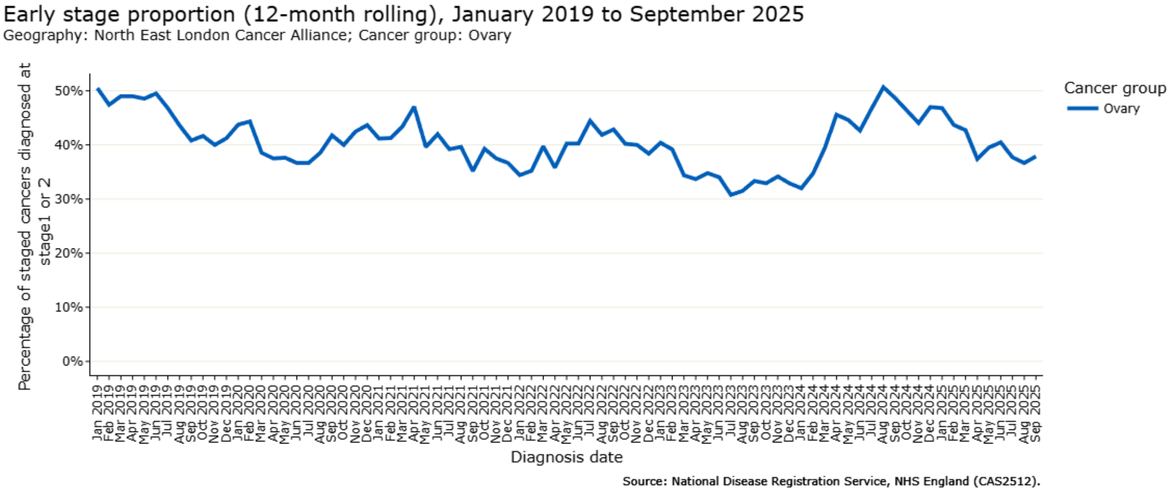

Figure 18: Earl- stage proportion of new cancer diagnoses (ovarian cancer), Jan 2019-Sept 2025, 12-month rolling, North East London Cancer Alliance (NHS data chart)

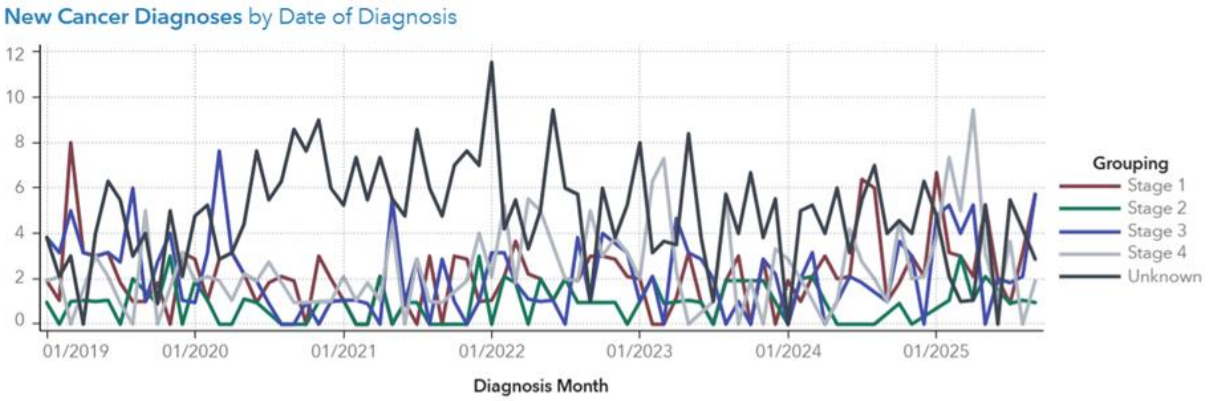

Figure 19: New cancer diagnoses (ovarian cancer), Jan 2019-Sept 2025, by stage at diagnosis, North East London Cancer Alliance (NHS data chart)

It is one of NOCA's key performance indicators to reduce the number of emergency presentations, since women diagnosed via an emergency presentation were four times more likely to die within two months of diagnosis than those diagnosed via the urgent suspected cancer referral system.[46]

Figure 20 shows that there was a spike in Emergency Presentations and a smaller spike in Other Outpatient presentations and GP referrals at the beginning of 2025, which was superseded by a spike in Urgent Suspected Cancer (USC) referrals (previously called the two week wait pathway) referred by GPs. It might be argued that this is going in the right direction, although the data shows a lot of variance.

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[46] NOCA/NATCAN (2025) National Ovarian Cancer Audit: State of the Nation Report 2025. An audit of care received by women diagnosed with ovarian cancer between 1 January 2022 and 31 December 2022 in England and 1 January 2022 and 31 December 2023 in Wales.

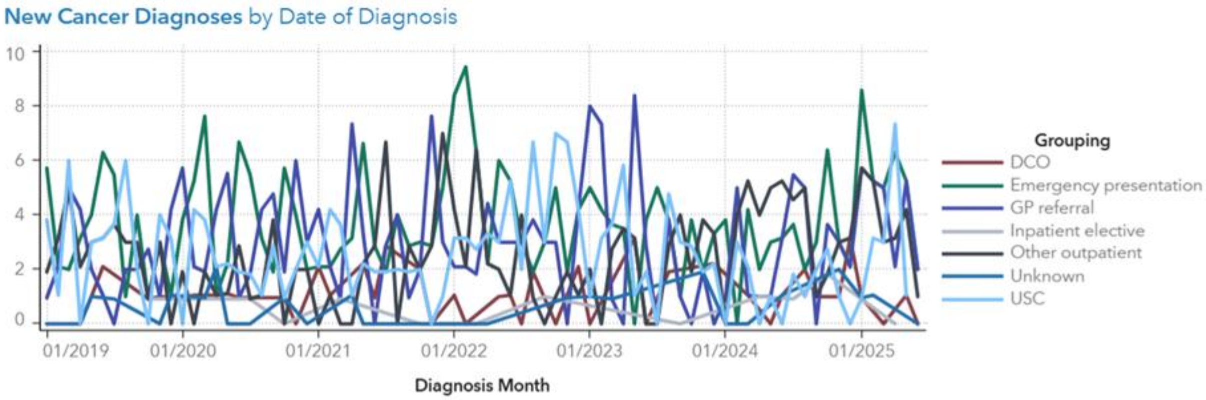

Figure 20: New cancer diagnoses (ovarian cancer), Jan 2019-Sept 2025, by presentation, North East London Cancer Alliance (NHS data chart)

Part 7 Conclusion

Learnings and Recommendations

What worked well

1. Holding a preliminary focus group with the local community was highly beneficial. This approach was first used in the development of the highly-successful womb cancer campaign, and the campaign's project manager credited this co-produced communications strategy, messages and assets with "helping to make sure that our messages are right for our target audience". For the ovarian cancer campaign, the team similarly felt that the discussions in the focus group brought to light some issues about how local communities think and feel that were previously unknown and provided feedback on how to make sure that messages felt authentic, tailored and, ultimately, that they 'landed and stuck' in women's minds. Participants in the focus group also benefitted the women taking part, who learned first-hand about symptoms and NHS services. One of the campaign's three faces spoke enthusiastically about the campaign, her pride in taking part, and in her increased confidence.

> *<u>Recommendation 1:</u> Future YNTK or similar campaigns should carry out a preliminary focus group to help shape the campaign.*

2. Using local faces from the target demographic in the visual assets for the campaign was successful. Participants responded positively to seeing local faces represented in the campaign (once they realised they were local). The women featured were described as relatable and varied, particularly in terms of age, which helped audiences feel a sense of familiarity and connection. We hypothesise that this increased the impact of the campaign.

However, a few older women aged 75+ felt that they were not the intended audience for the campaign. As discussed, this may be due to the comparatively youthful faces fronting the campaign. In future, we recommend having at least one face that is discernibly older, so as to resonate more clearly with this key demographic.

Finally, many of those who spoke to our peer researchers noted with surprise that the campaign faces were (a) normal women who had contributed to the development of the campaign in a focus group and (b) that they lived locally. They felt this should be celebrated, and brought more attention to. They recommended that photos and videos be accompanied with a caption with their name and borough, and that the leaflet include a blurb about the campaign's co-production and local focus.

> Recommendation 2: Continue to use local representative faces in future campaigns to increase impact, making it more obvious that they are local women and ensuring age diversity.

3. The unique educational awareness talks were highly successful. Feedback showed that overall respondents felt the event worked very well and most saw little or no need for change (71% of responses).

Talks were most effective when they were more interactive. Allowing space for participants to share personal experiences often shifted the energy in the room and encouraged others to share in turn. In some cases, women who had never previously spoken about their experiences felt able to do so once others had shared, helping them feel safer and more connected.

The use of anatomical and knitted models in talks was particularly effective. These tools supported greater understanding of anatomy that was generally sorely missing in the audiences, and prompted more specific questions about gynaecological health and anatomy and supported understanding in a way that felt accessible and less formal than traditional teaching approaches. For some participants, this led to a "lightbulb moment", supported by the visual and tactile nature of the materials.

Finally, having a charismatic and funny speaker with lived experience was key. The familiar, friendly, warm, and knowledgeable style of delivery helped to build trust and make it easier to engage with a topic that can feel frightening. Her lived experience helped to establish credibility and respect, while also setting an optimistic tone that reduced anxiety and enabled participants to engage more openly.

> Recommendation 3: Future YNTK or similar campaigns should carry on putting educational awareness talks, through third-party community groups, at the heart of future campaigns.
>
> Recommendation 4: Future talks should create dedicated space for sharing personal experiences, being mindful that lived experiences can be very different, and that some accounts involve loss or significant suffering, requiring sensitive facilitation.
>
> Recommendation 5: Future talks should continue to utilise these kinds of practical tools to increase awareness of basic anatomy in a fun and accessible way.

> Recommendation 6: Future talks should continue to utilise the same speaker if possible, or someone with lived experience and a charismatic delivery.

4. The campaign's focus on women's gynaecological health beyond childbirth and sex, and its more 'embodied' approach to spotting symptoms, was impactful. The campaign messaging was described as refreshing and empowering, particularly the emphasis on the idea that "your health matters", and a focus on women's health beyond sex and childbirth, which was seen as addressing an important gap in how health information is often framed.

People also liked that the campaign provided clear and practical next steps for participants, including guidance on keeping a symptom diary and seeking a GP appointment within two weeks where needed. These actions were seen as straightforward and achievable, helping people understand what to do with the information they had received, and women generally retained these key messages after the talks.

> Recommendation 7: Future campaigns should maximise the focus and feel around the message that women's gynaecological health matters in its own right. Continue the embodied framing of symptoms ('what's normal for you', 'listen to your body').

> Recommendation 8: Continue to keep messaging simple and clear and practical for maximum retention and impact. Understand women's barriers to visiting GPs, to be able to address these in messaging.

5. The visuals and tone of the campaign worked well. The striking, colourful, and 'non-clinical' designs stood out from typical NHS materials, making the campaign seem more approachable. The tone of the campaign was considered well balanced, providing clear and informative content without being overly frightening.

> Recommendation 9: Future campaigns should continue to use the same or similar visuals and messaging tone.

6. The translation of materials into different languages improved access and reach, and was particularly well-received by the target audience of Turkish and Lithuanian women living in North East London.

> Recommendation 10: NELCA should continue to translate campaign assets and evaluation materials into the appropriate languages, where possible.

7. Winning awards raises the visibility of NELCA itself and encourages other Cancer Alliances to undertake similar approaches. We found that the awards won by the previous *YNTK: womb cancer* campaign underlined the proven benefits of co-working with the local community. It is also likely to have a cumulative effect on raising awareness of future campaigns.

> Recommendation 11: NELCA should continue to prioritise entering awards for these campaigns.

What could be improved

1. There are barriers to talking about cancer and symptoms in certain age groups and cultures. Following delivery of the talks, it became apparent that attitudes varied significantly, with cancer and its symptoms (particularly gynaecological or bowel issues) sometimes viewed as a taboo topic. Providing a safe and informal space, through trusted and culturally relevant third-party partners, helped people move past feeling embarrassed or uncomfortable.

> Recommendation 12: Future campaigns need to be conscious of and sensitive to differences in age group specific and cultural attitudes towards cancer, and work with relevant organisers to understand how the messaging and comms from NELCA's side could be improved.

2. In advertising the talks to possible hosting organisations, there wasn't a consistent understanding of what was meant by a "cancer awareness talk". The team reflected that not having a shared understanding may have affected how sessions were interpreted and promoted by hosting organisations. In addition, some organisers did not share with their members in advance the purpose of the talk which resulted in some attendees being taken by surprise, sometimes negatively, as this was not their usual kind of talk.

When talking to possible host organisations, bear in mind that ovarian cancer is more 'frightening', and less well-known, than womb cancer or other cancers. As it is less well known or understood, ovarian cancer seemed to frighten more people causing some walk outs and greater discomfort in talks.

> Recommendation 13: The 'offer' to hosting organisations needs to be more clearly framed and explained, both to support organisations in advertising the sessions and to help them decide whether the content would be right for their members or audiences.[47]
>
> Talks should be described as fun, informal and a safe space to talk with other local women at a similar stage of life. Testimonials from this and the previous campaign should be used to illustrate what other women enjoyed about the talks.
>
> Recommendation 14: Ensure that in future work participants are clearly informed about the nature of the content in advance in case of unknown sensitivities.

4. Some older participants persisted in the belief that this kind of talk was for a younger audience, despite it being mentioned several times in the talks that ovarian cancer is most common in those aged 65+. Combined with the observation above that this may be related to the youthful campaign faces, we speculate that this may also be due to a misunderstanding or underplaying of the importance of ovarian and fallopian tube health once they have stopped

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[47] For future delivery, the team identified the importance of clearly communicating the strengths and format of the sessions. This includes emphasising that the talks are accessible, friendly, and approachable in style, supported by strong visual content, and followed by an open question-and-answer session. The optimistic tone, the knowledge base underpinning the content, delivery by The Eve Appeal, and alignment with a wider award-winning campaign were also seen as important aspects to highlight. Using testimonials gathered through surveys on an ongoing basis was identified as a useful way to support recruitment and generate interest from organisations.

ovulating. Additionally, the framing of symptoms includes comparisons to pre-menstrual syndrome (PMS), which might not be something that older women have experienced in years, even decades.

References to ‘post menopause’ in talks relies on older women especially understanding that it doesn’t just refer to ‘immediately after menopause’ or ‘a few years after menopause’, but that it is for life after menopause. This is exacerbated by women’s decreasing identification with periods and menopausal symptoms as being relevant to them, having been so long absent from their lives.

> Recommendation 15: Future campaigns should reframe ovarian cancer as also being for women in older age brackets rather than relying on the phrase “postmenopausal”, to avoid the assumption being that 'anything within the word menopause refers to women in their fifties'. This should also be made clear to participants beforehand so that they do attend if possible.

5. Only 15% of awareness talk attendees felt the leaflets were 'representative of people like me' and 18% found them 'relevant.' This suggests the campaign’s chosen faces, with their comparatively youthful appearances, may not have resonated with the most at-risk age group (75-79), especially the participants in the awareness talks who were, on average in their late 60s/early 70s.

> Recommendation 16: Future campaigns should ensure that the ‘faces’ chosen for materials should match as closely as possible with the target demographic to increase trust, reach and impact

6. Analysis of NHS data was unable to prove any causal linkages with the YNTK campaign. While establishing causal links between an awareness campaign and NHS data on cancer presentations and diagnosis is unlikely to be possible, further steps could be taken to boost understanding of the contribution of the campaign as an essential part of a multi-pronged approach to improving health outcomes.

> Recommendation 17: A future study might consider a small-scale survey of local GPs and/or hospitals to ask women who make appointments to check ovarian cancer symptoms how they learned what they were and had they seen the YNTK campaign(s). This would provide an interesting data point to triangulate with other evidence.

Conclusions

By all measures this was a successful and impactful campaign. While it did not achieve the same reach as the womb cancer campaign, the team reflected that this was likely down to the cancer being much less-known and more frightening, due to its high mortality rates and less obvious symptoms, resulting in fewer women wanting to sit and engage with talks. In some communities, there is stigma around cancer, and a reluctance to talk about gynaecological health which can be further compounded by digestive symptoms like bloating or changes in bowel habits. With all considered, it is a great achievement by the team and their campaign that they have got this important message out to as many women as it has.

This report has summarised how the campaign successfully reached its target audience in North East London; how it was informative and engaging; and how it made a difference to women's awareness of ovarian cancer, its symptoms, and what to do if these are spotted. While we are currently unable to prove that more women are going to their GPs with symptoms and receiving referrals at earlier stages of the disease as a result of the campaign, leading to improved health outcomes, the data does suggest some overall improvement to trends. And while early-stage detection is obviously preferable, any rise in new detections is better than a fall in the face of a hard-to-detect disease.

In terms of impact, arguably the campaign's greatest strength was its awareness talks delivered through community groups. More than eight in ten women rated the talks as 5 out of 5 and nearly nine in ten would recommend the talk to a friend or family member – a real achievement and testament to the integrity and dedication of the team at NELCA and The Eve Appeal, given the cultural stigma and taboo surrounding ovarian cancer.

The awareness talks, in combination with the campaign's other assets, were specifically targeted at the harder-to-reach populations of white European older women living in North East London (including Turkish and Lithuanian populations). This included translating assets into Lithuanian, Polish, Romanian and Turkish, recruiting 'faces of the campaign', and using four Peer Researchers from these populations, to encourage greater participation.

In terms of building stronger links with the local community and reducing health inequalities between different cultural populations this campaign has gone a long way towards achieving success in these areas. Hopefully this has also contributed towards greater trust in and awareness of the local NHS Cancer Alliance and services itself.

Successful and smooth delivery of the campaign was down to its collaborative and respectful approach with partners and the shared commitment to authentic co-design with local women which proved vital to driving reach and impact. As we hypothesised, impact is the result of consistency, a clear mission, and great relationships. And since another unique aspect of this campaign is that it is part of a series of awareness raising cancer campaigns that utilises the same team, this long-term approach, that incorporates learning and iterative change, ensures that future YNTK campaigns will be even more impactful.

Given that the number one barrier to seeking help reported by women in the London-wide survey was '*Not knowing exactly what the symptoms are*' (76%), with the second one being '*Belief that symptoms are not serious and can wait*' (49%); and since we know that it is vital to catch ovarian cancer early, as it opens up more treatment options and leads to a more positive prognosis, it is clear that the *YNTK: ovarian cancer* campaign is incredibly important in overcoming barrier to women seeking health help.

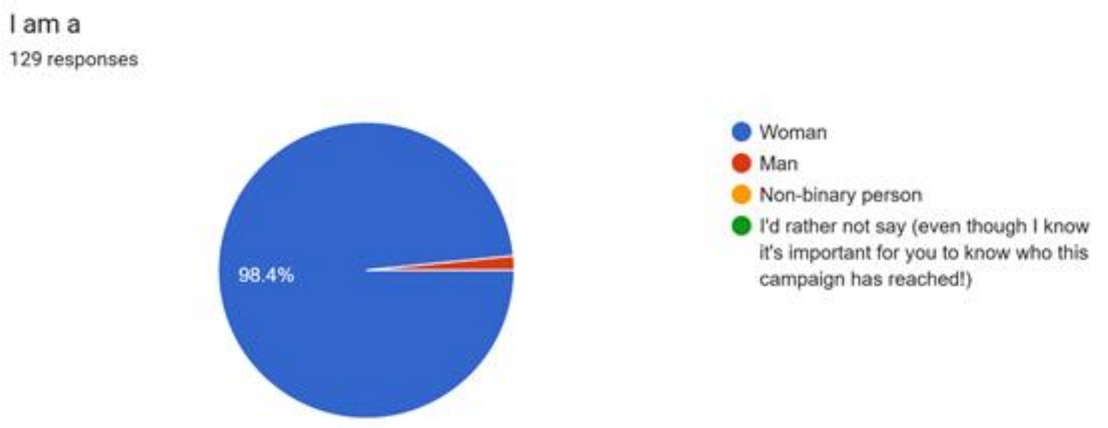
YNTK: ovarian cancer has played an important part in tackling the 'awareness crisis' around this cancer with particularly poor outcomes, and in doing so has fulfilled not only its own goals but also those of the National Cancer Audit Collaborating Centre (NATCAN) and the National Ovarian Cancer Coalition (NOCA).

While small and local, this campaign has been mighty. In time it is hoped that it might play its part in tackling the 11% of ovarian cancer cases in the UK that could be prevented with lifestyle changes and greater risk awareness, and increase the survival rate.

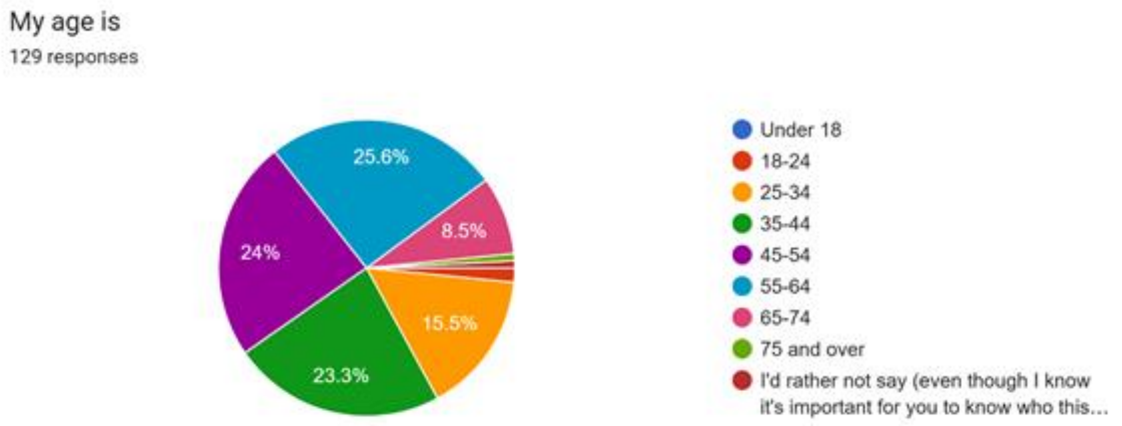
Appendix 1: Demographics of survey respondents

General population survey respondents

Gender: 98% of respondents were female (2 were male)[48].



Age: Respondents were aged between 18 and '75 and over'. 73% were aged between 35 and 64 years of age while 40% were under 45 years of age. The slightly younger age profile likely reflects Facebook use.



Geography: All respondents came from the area in and around London, within borders created by Guildford, Amersham, Epping and Orpington.[49] The overwhelming majority were based within the M25.

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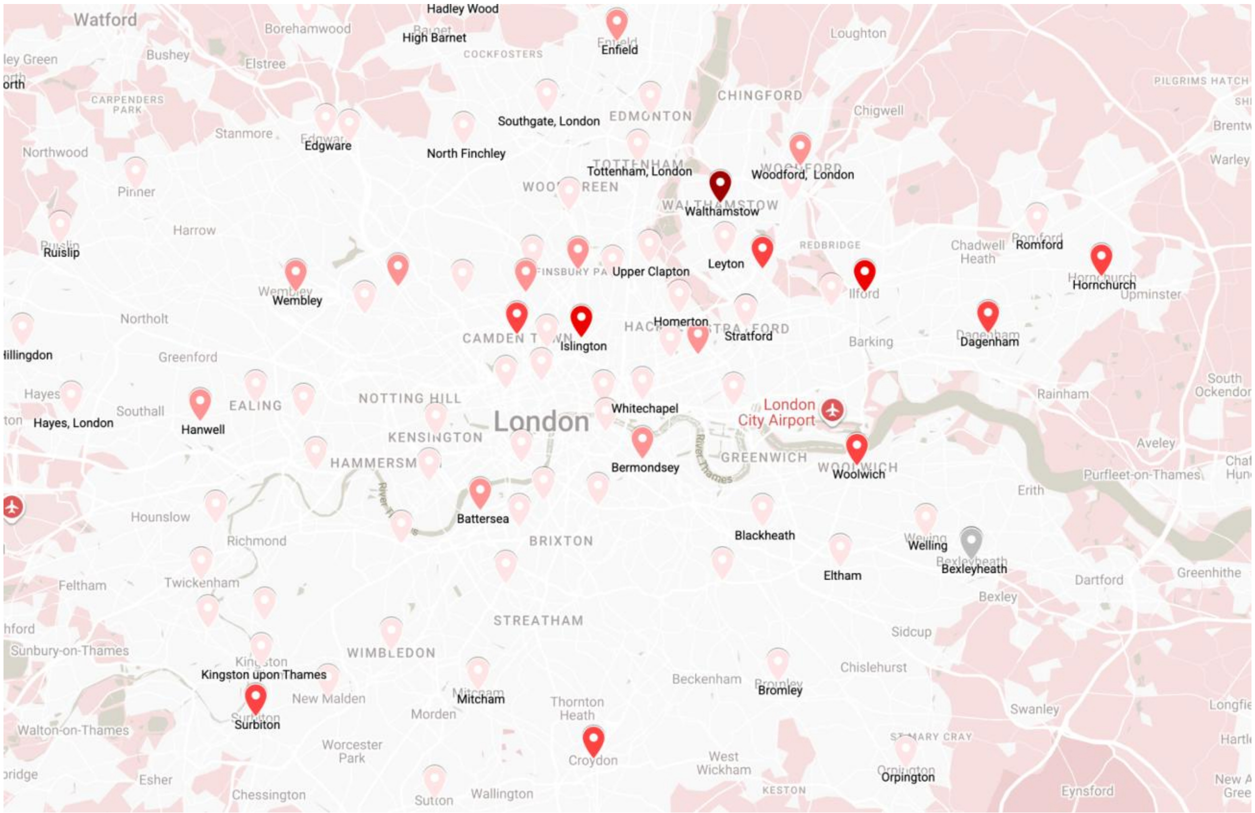
[48] All respondents identified with the gender they were assigned at birth.

[49] This excludes two outward codes ("NW") which Google My Maps could not interpret (https://www.google.com/maps/d/).

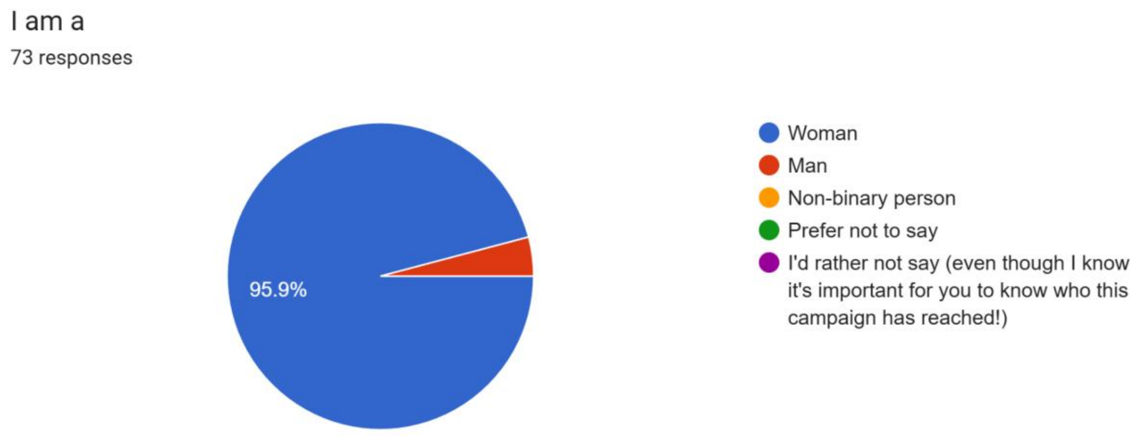
As can be seen in the table below, three in ten respondents came from people living in districts covered by the North East London (NEL) Integrated Care Board (ICB), and a further fifth came from those in the adjacent North Central ICB – meaning that half (50.3%) of all responses came from areas with close proximity to a community talk. This means that our responses are far more representative of this campaign than we might have expected from a pan-London survey.



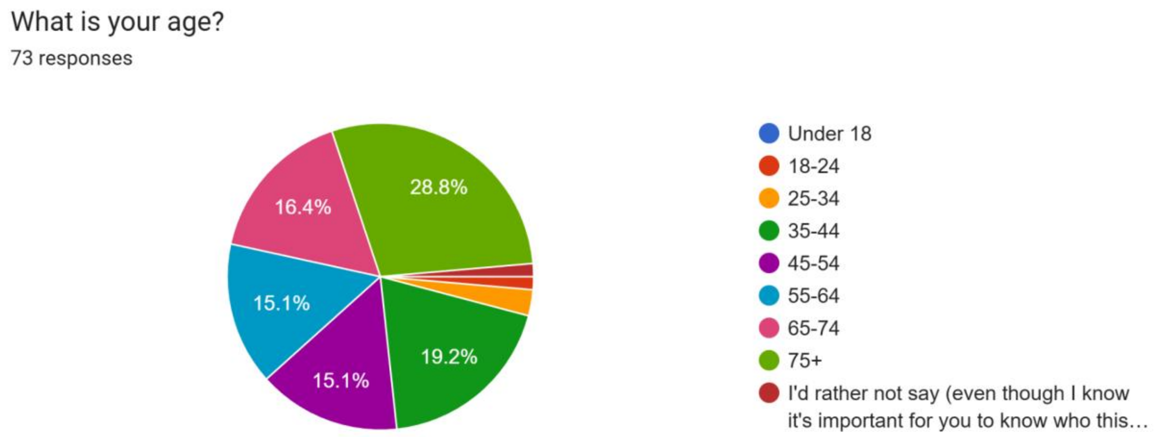
NHS ICB area	Total responses
NHS North East London ICB	**37 (28.6% of all responses)**
NHS North Central London ICB	28 (21.7%)
Other ICBs	59 (45.7%)
Postcode not provided by respondent	5
Total	*129*

Awareness talks survey respondents

Gender: 95% of respondents were female (three were male).[50]



Age: 45% of respondents were aged 65 years and over (29% were aged 75 and over).



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[50] All respondents identified with the gender they were assigned at birth.

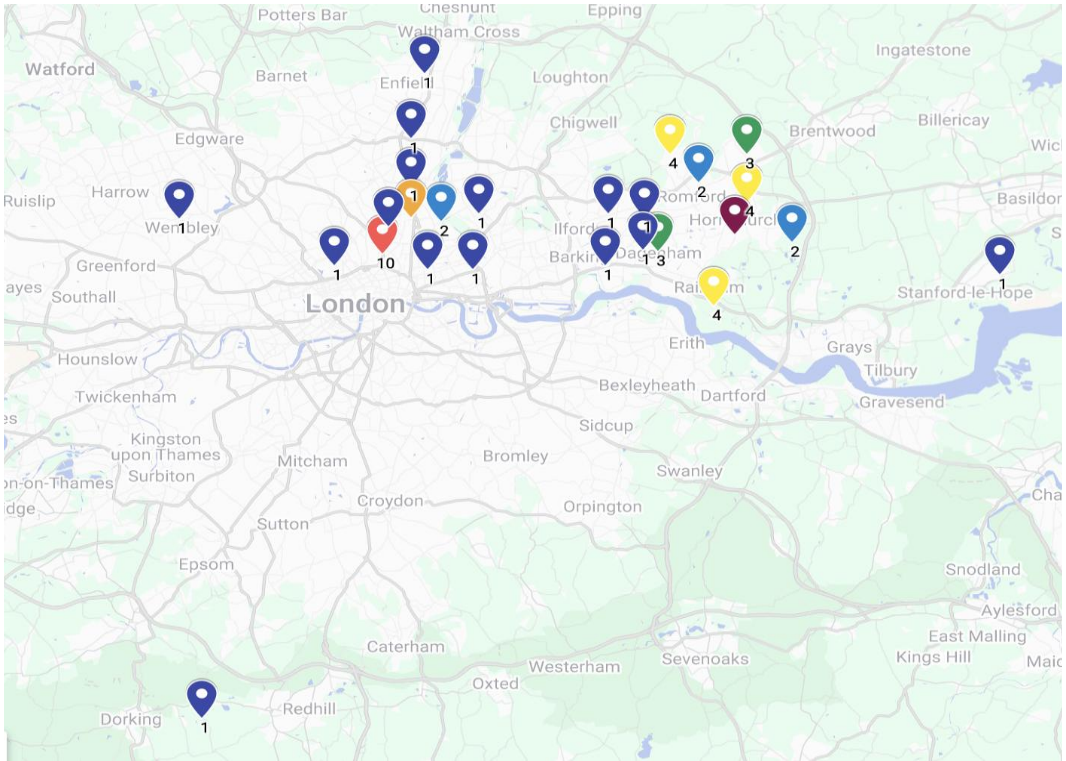

Figure 15: All responses. Colour-coding from blue (1 response) to burgundy (17 responses)

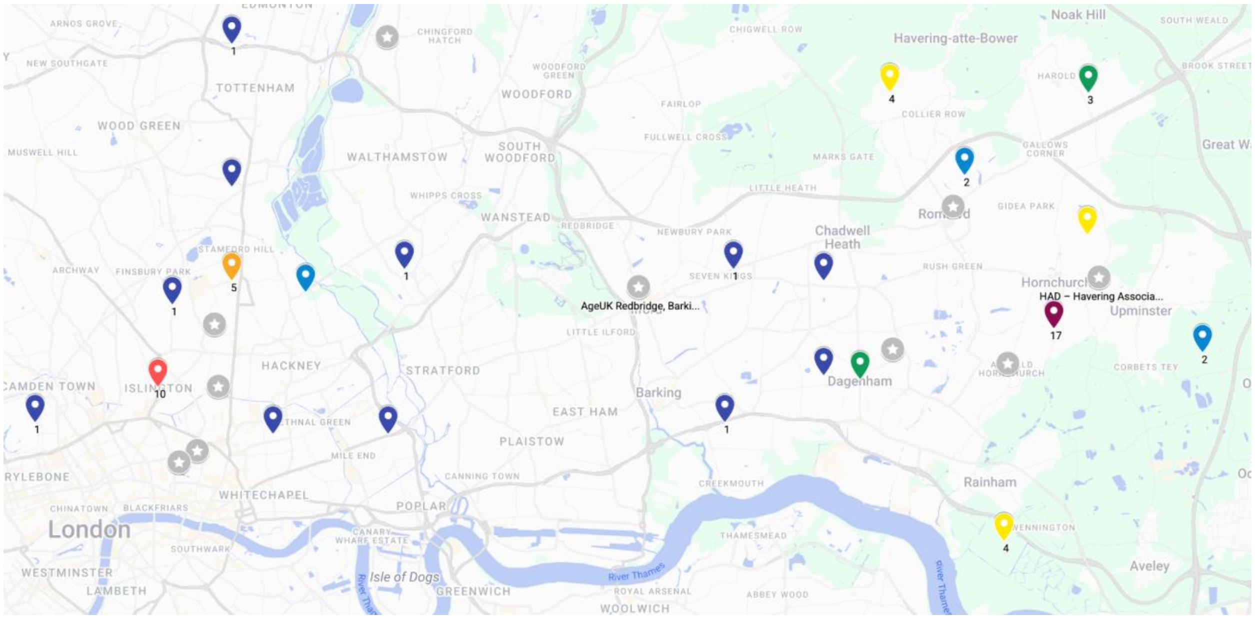

Figure 16: Zoomed-in map, focused on NEL boroughs. 'Stars' show the venues of community talks, while teardrop arrows indicate attendees' home boroughs. Arrows are colour-coded going from 'cold' (indigo) indicating a single attendee through to dark burgundy indicating 17 attendees from a single borough. Light blue = 2, green = 3, yellow = 4, orange = 5, red = 10.