

Ovarian Cancer Awareness Campaign

Patient and Public Report

November 2025



Introduction

The NHS Lincolnshire ICB is developing a public awareness campaign about ovarian cancer. The aim of this engagement was to understand member of the public's current awareness levels, see if there are any gaps, and shape key messages that are meaningful to our communities.

The feedback received will help shape how we let the public know vital information and support more women to recognise the symptoms of ovarian cancer early.

The survey was available to complete between **23 October – 27 November** and received **378 responses**.

The feedback received has been analysed across all population groups and equality categories and where there are differences these have been highlighted within the report.

378
responses to the
survey

Promotion of engagement

The survey was available in different formats on request as well as being available on the NHS Lincolnshire ICB and other partner websites. The NHS Lincolnshire ICB Engagement Team produces a fortnightly bulletin which is distributed to a variety of community and voluntary groups, Patient Participation Groups, support groups, stakeholders and people who have subscribed via the NHS Lincolnshire ICB website.

The survey was regularly promoted through various channels including:

- Featured in **3** fortnightly NHS Lincolnshire ICB engagement bulletins and **2** Primary care bulletins.
- **4 posts** on the Nextdoor online forum - the total reach of the NHS Lincolnshire ICB Nextdoor account is 110,269 members spanning across **471 'neighbourhoods'** enabling us to reach a variety of communities, villages and towns across Lincolnshire.
- Providers' member databases and staff networks.



Social media and website activity

NHS Lincolnshire ICB Communications team's used Facebook to push traffic towards the survey on the website. The team posted:

4 Facebook posts, reaching 10,316 people and generating 163 engagements

75 people visited the webpage - [Help raise awareness of Ovarian Cancer - Lincolnshire ICB](#)

They also draft posts in the system Hootsuite to enable providers to duplicate and share across their channels and tagged in providers to some of the posts which were shared across provider organisations.

Promotion of engagement

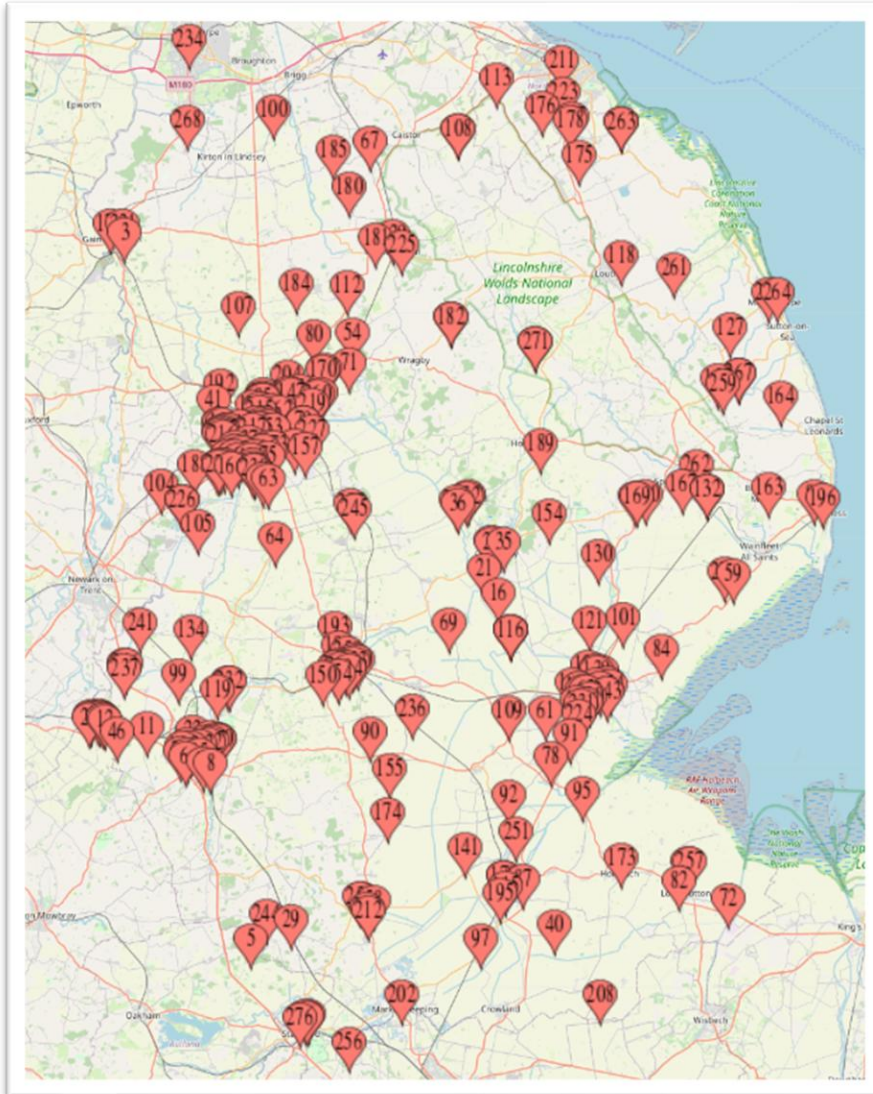
The below groups receive the distribution via NHS comms cascade or the ICB engagement bulletin (11,000 contacts):

Audience	Distribution
Community stakeholders including volunteer groups, support groups etc. via the engagement bulletin	LPFT involvement database— 430 (service uses, carers, staff, voluntary sector reps & public supporters) Cancer groups Community, voluntary and support groups BAME communities LGBT Communities Carers Older people groups Young people groups Eastern European communities Disability groups (mental and physical)

Audience	Distribution
Health Partners	NHS Providers Lincolnshire Resilience Forum Community Connectors Neighbourhood leads
District Councils inc. elected members and staff	City of Lincoln Council Boston Borough Council East Lindsey Council West Lindsey Council North Kesteven Council South Kesteven Council South Holland Council
Local Employers	University of Lincoln
Public sector providers	Lincolnshire Police and Crime Commissioners Lincolnshire Fire and Rescue

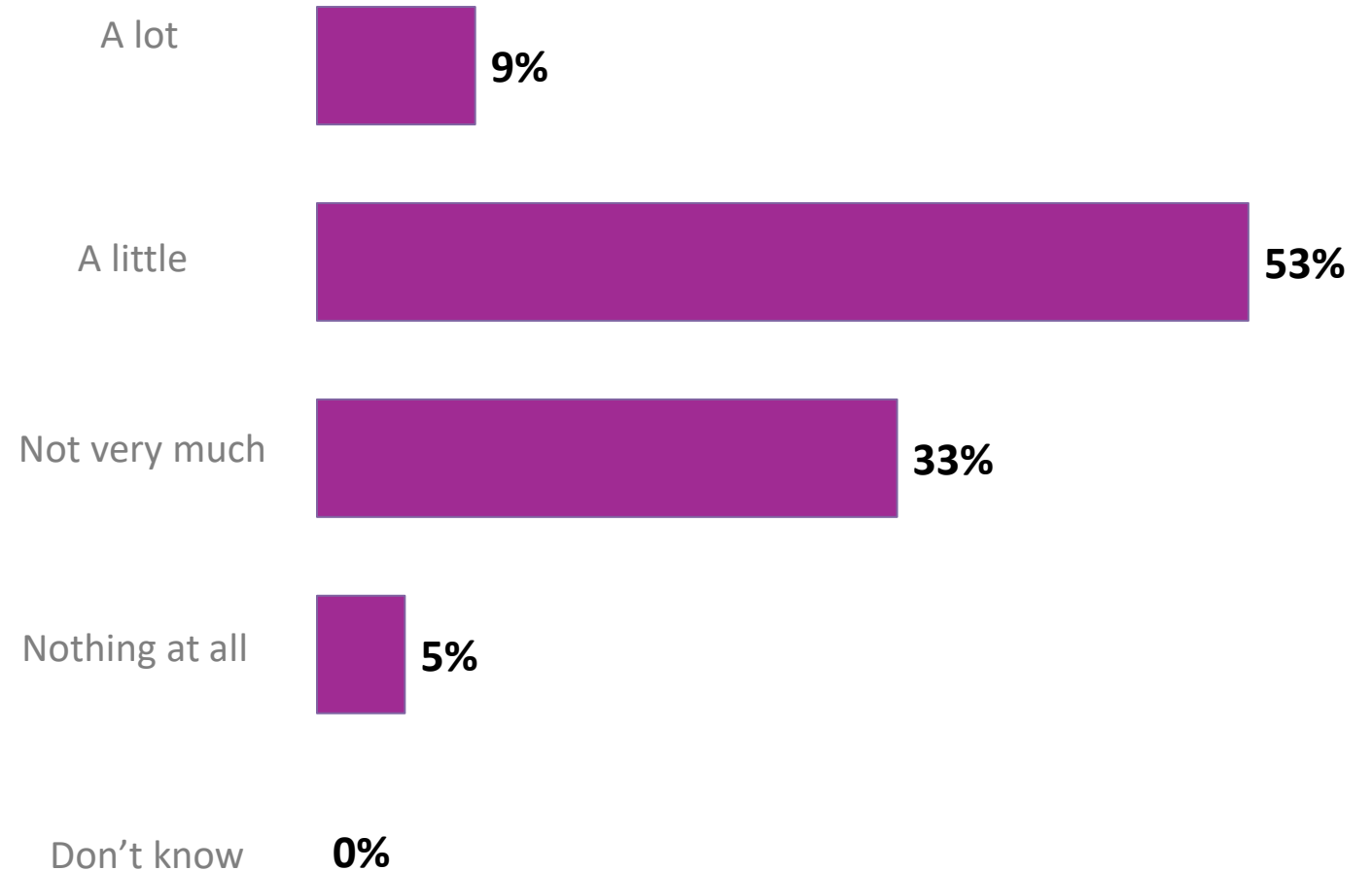
About the respondent

Out of 377 respondents, **66% (249)** have not been affected by ovarian cancer, **30% (114)** have via a family member or friend and **3% (10)** have been affected personally.



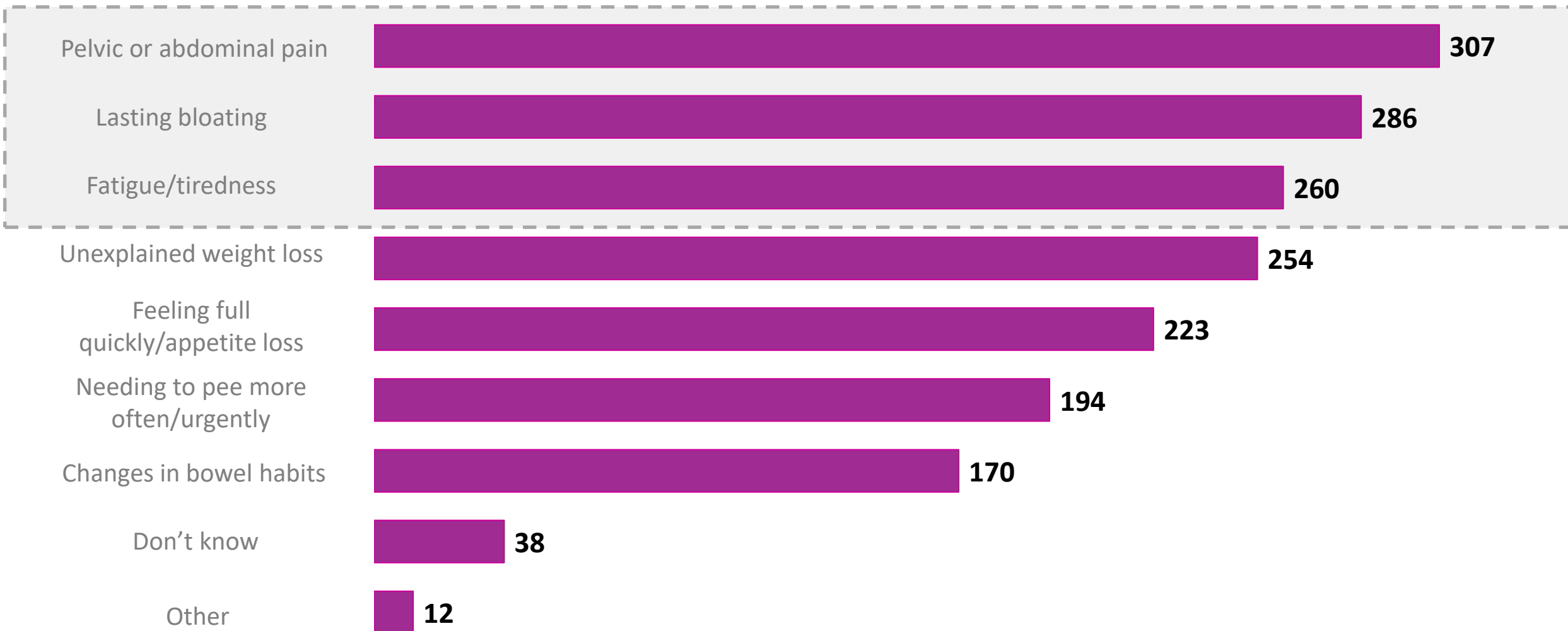
District	%	Count
North Kesteven	14%	50
East Lindsey	13%	47
South Kesteven	11%	40
Lincoln City	10%	38
West Lindsey	7%	25
Boston Borough	7%	24
South Holland	4%	16
<i>Unknown</i>	34%	129
Total		378

- **100%** of respondents stated they **HAD** heard of ovarian cancer
- Just **over half (53%)** of 365 respondents feel they **know a little** about ovarian cancer
- **One third (33%)** of respondents feel they **don't know very much** about ovarian cancer



How much do you know about ovarian cancer? (Base N = 365)

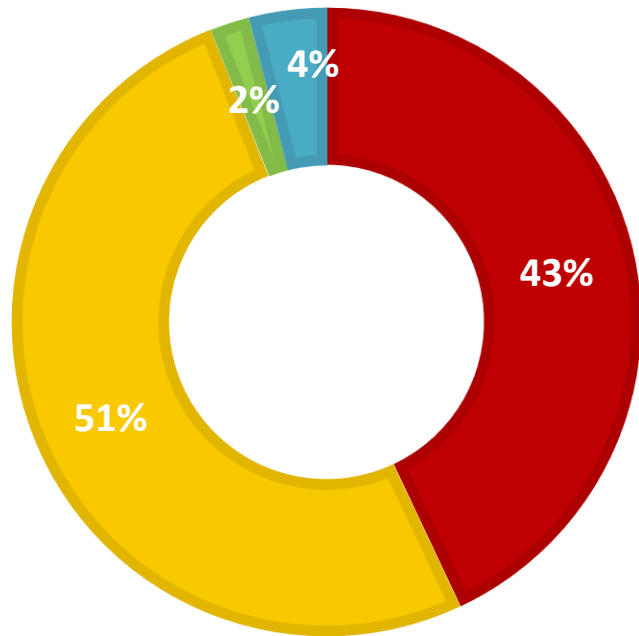
Pelvic or abdominal pain, lasting bloating and fatigue were the most perceived symptoms of ovarian cancer



Which of the following do you think are symptoms of ovarian cancer? (Base N = 1075 choice count)

43% (158) of respondents believe that ovarian cancer is **more serious** compared to other cancers and **51% (187)** believe it is **about the same**. When asked if they believe ovarian cancer can be detected early, **46% (168)** said **YES** it can and **37% (136)** were **not sure**.

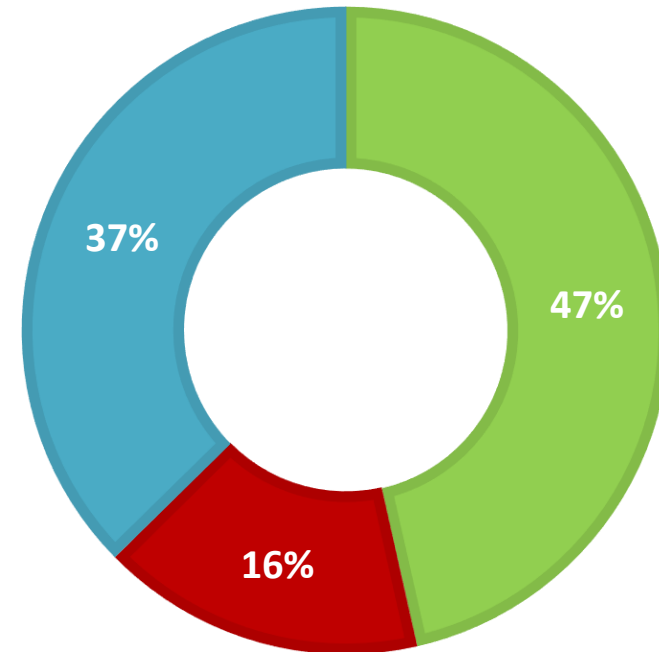
How serious respondents think ovarian cancer is compared to other cancers



■ More serious ■ About the same
■ Less serious ■ Not sure

(Base N = 366 response count)

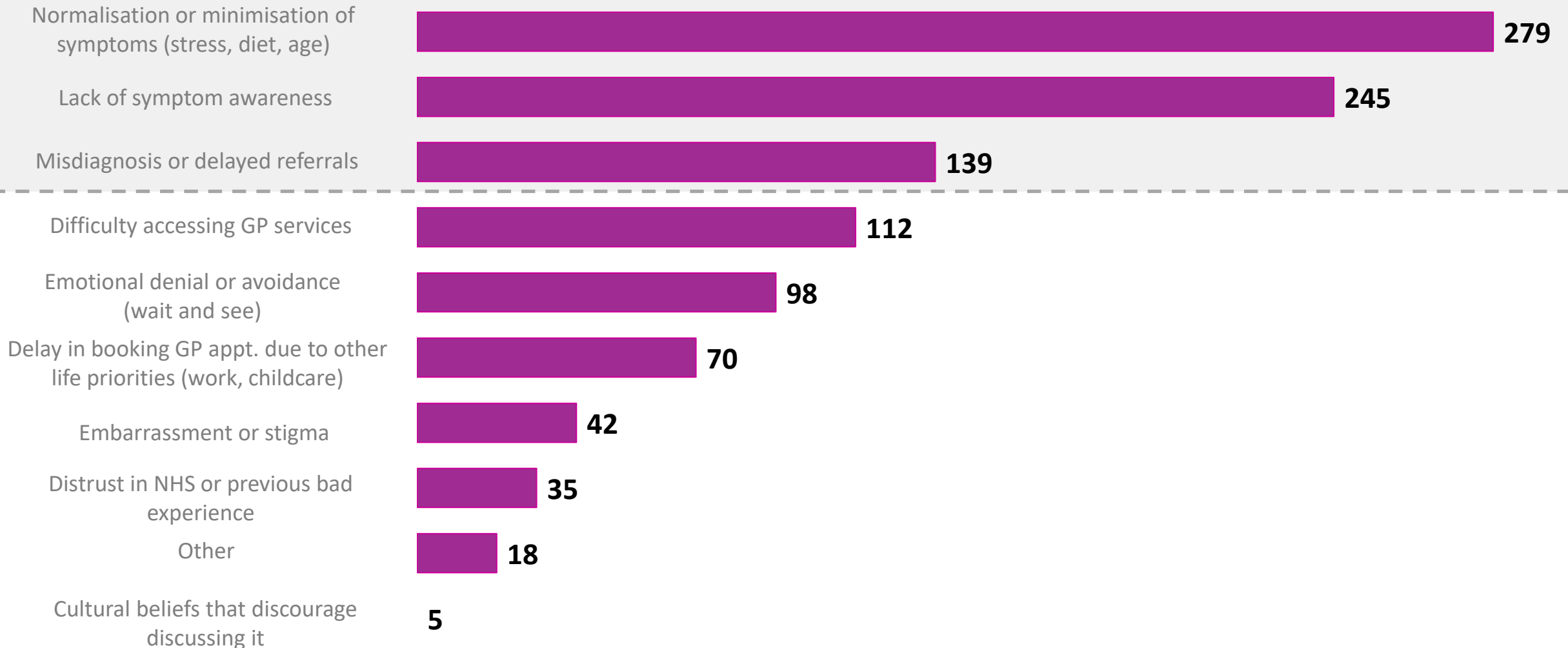
Respondent's belief that ovarian cancer can be detected early



■ Yes ■ No ■ Not sure

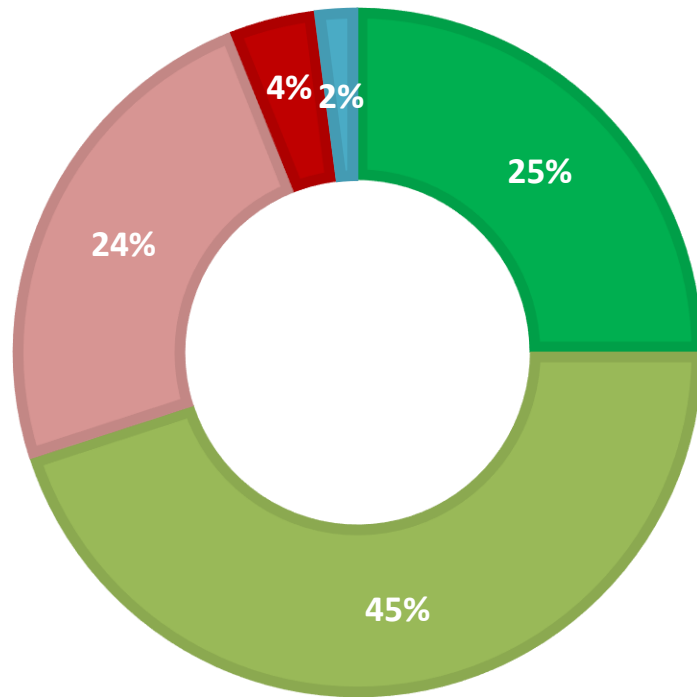
(Base N = 364 response count)

Normalisation of symptoms, lack of symptom awareness and misdiagnosis or delayed referrals are suggested as the **3 biggest challenges** to receiving an early diagnosis.



Which of the following do you think are symptoms of ovarian cancer? (Base N = 1043 choice count)

How likely respondents are to contact their GP if they experienced lasting symptoms e.g. bloating or pelvic pain



■ Very likely ■ Likely ■ Not likely ■ Not likely at all ■ Not sure

(Base N = 366 response count)

- When asked about seeking help for, symptoms they were concerned about, **66% have previously delayed** and **33% sought help**.
- When respondents were asked specifically about lasting symptoms, **70% (254) were very likely/likely** to seek help/ contact their GP if they experienced lasting bloating or pelvic pain
- **24%** said they were not likely to and **4% weren't likely at all** to seek help or contact their GP.

Campaign preferences and messages

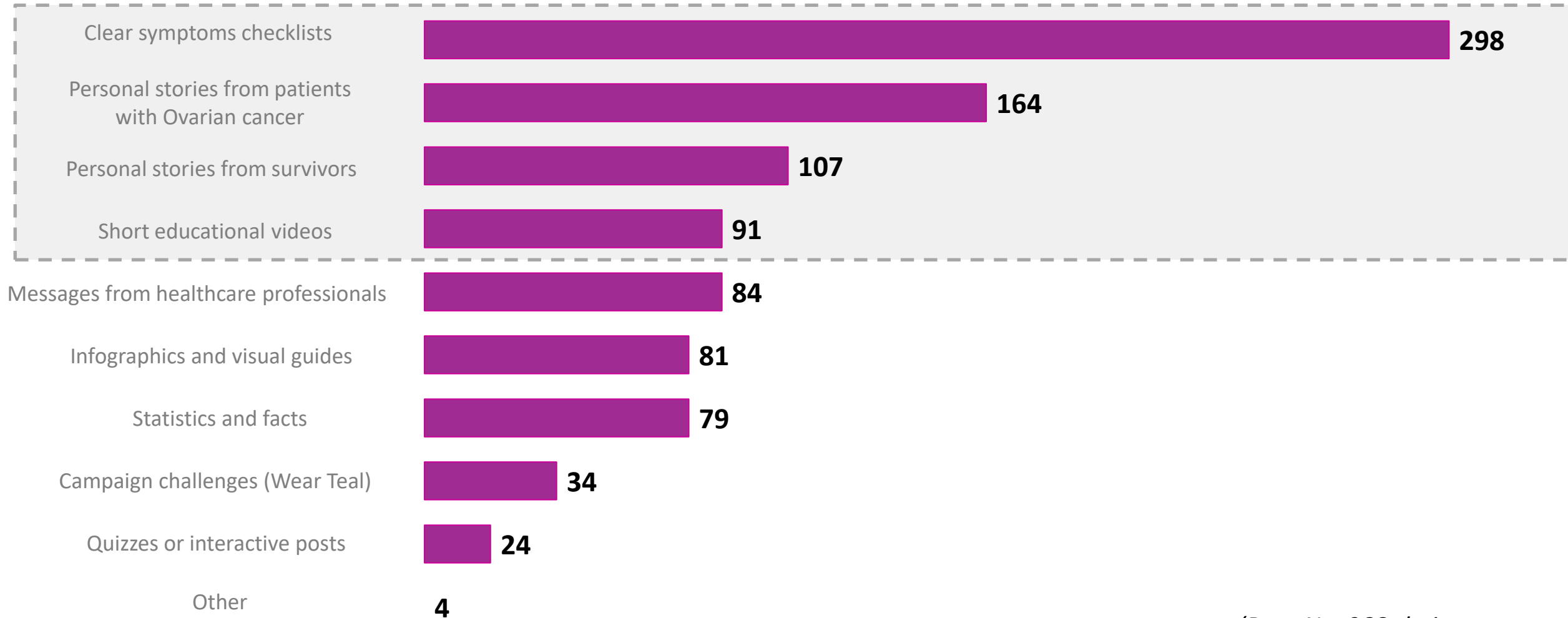
How would you most like to get information about ovarian cancer awareness campaigns? (please select up to 3)	Choice Count
Social media posts and videos	262
TV or radio adverts	163
Websites or online articles	156
Leaflets/posters in healthcare settings	129
NHS or charity email newsletters	110
Local community events or talks	55
Friends, family or support groups	32
Other (Toilet doors, text msg, council newsletters, by post)	10

(Base N = 917 choice count)

Where do you think awareness campaigns would have the biggest impact? (Select the top 3)	Choice count
Online and social media	302
Television	215
Doctor's surgeries and hospitals	159
Colleges/university or workplaces	159
Radio	54
Community Centres and local events	43
Local magazines or newspapers	37
Other (CPD for clinicians, yearly well woman check)	3

(Base N = 972 choice count)

Clear symptoms checklists, personal stories from those with ovarian cancer/ survivors and **short educational videos** would encourage respondents the **MOST** to learn more or take action/seek help.



(Base N = 966 choice count)

What respondents said would make them pay attention or take action

Theme	Suggestions and feedback
Symptom awareness and clear information	<ul style="list-style-type: none"> • Repeated emphasis on “knowing the signs and symptoms”. • Clear, concise lists or checklists of symptoms. • Education on symptoms that can be easily dismissed or confused with other conditions (e.g., menopause, IBS). • <i>Quotes include “Making information about symptoms clear” and “Showing how symptoms are similar and differ from other issues e.g. peri/menopause, PCOS”. One respondent suggested “Information about what will happen if I go to the GP concerned about symptoms” to reduce uncertainty.</i>
Clear, strong messaging	<ul style="list-style-type: none"> • Clear, Strong messaging • Short, strong statements and catchy straplines. • Simple, easy-to-read language. • “Don’t delay, seek help today” type of urgent calls to action. • <i>Suggestions included “Keep it simple and relatable”, “Clear and short to keep attention”, and “Eye catching 3 word slogan”.</i> • Infographics and short videos were highlighted as effective tools because <i>“Infographics, short videos engage with more people as less wordy ... can watch on phones”.</i>
Real stories and personal testimony	<ul style="list-style-type: none"> • Real-life experiences from survivors or families. • Stories showing benefits of early diagnosis and consequences of late detection. • Emotional narratives that resonate (e.g., “Do you want to see your children grow up?”). • Peer-to-peer encouragement and shared experiences • Examples include <i>“Use people who've had it to voice what to be aware of”. Another powerful suggestion was “Lots of different examples of people from a real variety of backgrounds who suffered so that it can hit home that it could happen to anyone”.</i>

What respondents said would make them pay attention or take action

Theme	Suggestions and feedback
Trust in healthcare professionals/ being taken seriously	<ul style="list-style-type: none"> • Assurance that GPs will listen and take symptoms seriously. • Messages from medical professionals encouraging checks. • NHS commitment and training updates to build confidence. • Comments included <i>“Assurance that you would be taken seriously by GP and given an appointment to discuss”</i> and <i>“To be told your symptoms won't be ignored or for the GP to dismiss my worries”</i>. One respondent stressed the need for systemic change: <i>“Education for Doctors, to ensure GPs/Drs do not routinely gaslight women about their pain or concerns”</i>.
Early detection and treatment benefits	<ul style="list-style-type: none"> • Facts about survival rates and prognosis if caught early. • Statistics on diagnosis rates and recovery percentages. • <i>“Positive stories of being caught early and surviving.”</i>
Practical tools and access	<ul style="list-style-type: none"> • Symptom checkers or quizzes (especially ones that can be shown to GPs) • Clear pathways for what to do next if symptoms appear. • Easy access to appointments and reassurance about not wasting GP’s time. • Examples include <i>“Knowledge of easier access to scans and appointments for any symptoms”</i>, <i>“Easier access to doctors, being checked when things aren’t right”</i>, and <i>“If you took a symptoms quiz, and it looked concerning, potentially navigating the person to a page to make an appointment”</i>.
Screening and testing	<ul style="list-style-type: none"> • Many respondents advocated for routine screening and proactive checks, similar to cervical screening programs. • Suggestions included <i>“Routine screening / more visual awareness / more gynae clinics”</i>, <i>“Tests for women over 45 years – 80 years”</i>, and <i>“Perhaps a yearly or two yearly checkup at the GP for women over the age for getting a smear”</i>

What respondents said would make them pay attention or take action contd.

Theme	Feedback
Emotional and fear-based drivers	<ul style="list-style-type: none"> • “Scary facts” and worst-case scenarios (but avoid fear-mongering). • Emphasis on seriousness of ovarian cancer and risks of delay. • Statements like “Your life matters.”
Regular awareness campaigns	<ul style="list-style-type: none"> • Social media and public campaigns every 6–12 months. • Posters in high-visibility areas (e.g., toilet doors). • Integration with routine health checks (e.g., cervical smear appointments) • Quotes include <i>“Keep posting on social media with statistics, symptom advice, education and personal statements”, “Adverts on TV”, and “Eye catching in females toilets”. Younger audiences could be reached through platforms like TikTok: “Use TikTok to get younger people informed”.</i>
Myth-busting and clarity	<ul style="list-style-type: none"> • Information on who can get ovarian cancer (not just older women). • Differentiating symptoms from PMS or menopause. • Explaining what tests and treatments are available.
Patient empowerment	<ul style="list-style-type: none"> • Empowering women to advocate for themselves was a strong theme • Respondents advised <i>“Advising patients to persist and advocate for themselves when contacting GPs”, “Help women advocate for themselves when accessing healthcare providers”, and “Not to ignore symptoms, access health professional, if not happy with response need second opinion referral”</i>

Survey respondent demographics

Sexual orientation	%	Count
Heterosexual	93%	294
Gay	0%	0
Lesbian	0%	1
Bisexual	2%	6
Prefer to self-identify	1%	3
Prefer not to say	4%	12
<i>Answered</i>		316

Physical disability or mental illness expected to last more than 12 months	%	Count
Yes	39%	65
No	59%	101
Prefer not to say	2%	4
<i>Answered</i>		170

Caring responsibilities	%	Count
Yes	100%	93
No	0%	0
Prefer not to say	0%	0
<i>Answered</i>		93

Gender	%	Count
Male	1%	2
Female	99%	330
Intersex	0%	0
Non-binary	0%	1
Prefer not to say/ don't know	0%	1
<i>Answered</i>		335

Gender reassignment	%	Count
Yes	1%	1
No	98%	138
Prefer not to say	1%	1
<i>Answered</i>		140

Survey respondent demographics

Age	%	Count
17-20	1%	2
21-29	3%	11
30-39	13%	43
40-49	17%	56
50-59	28%	95
60-69	29%	98
70-79	8%	28
80-89	0%	1
90+	0%	0
Prefer not to say	0%	1
Answered		335

Ethnicity	Responses	
Bangladeshi	0%	0
Indian	0%	0
Pakistani	0%	0
Any Other Asian Background	0%	0
African	0%	0
Caribbean	0%	0
Any Other Black Background	0%	0
White and Asian	0%	0
White and Black African	0%	0
White and Black Caribbean	0%	0
Any Other Mixed Background	1%	2
White British	95%	318
White Irish	1%	2
Any Other White Background	2%	8
Chinese	0%	0
Gypsies/Travellers/Roma	0%	0
Any Other Ethnic Group	1%	2
Answered		334

Religion	%	Count
Christianity	52%	166
No Religion	21%	66
Atheist	18%	56
Buddhist	0%	1
Jewish	0%	0
Muslim	0%	0
Hindu	0%	0
Any other religion	2%	6
Prefer not to say	7%	23
Answered		318

Survey respondent demographics

Health inequality information	%	Count
Have served in the UK's regular or reserved armed force	33%	6
Currently working in the Farming/ agricultural industry	22%	4
Have worked in the Farming/ agricultural industry	28%	5
Currently homeless	0%	0
Have experience of being homeless	11%	2
Currently serving in UK's armed forces	0%	0
Refugee, immigrant or asylum seeker	6%	1
Previous experience of being a refugee, immigrant or asylum seeker	0%	0
<i>Answered</i>		18

Employment status	%	Count
Employed full time	34%	111
Employed part time	27%	88
Homemaker	3%	9
Not employed and looking for work	1%	3
Not employed and not looking for work	4%	12
Retired	24%	78
Self employed	5%	15
Student	1%	2
Prefer not to say	1%	4
Other	2%	5
<i>Answered</i>		327