



Celebrating 30 years of ovacome..

The ovarian cancer support charity

**Supportive, caring
community**

Freephone support line:
0800 008 7054

Contents

4 Sarah's Story

The Good Housekeeping article that led to the founding of Ovacome

CA125 updates 9

Learn about the new age-specific guidance

10 NEW Ovacome e-Cards!

Send messages of support and gratitude, chosen by our community

Your post diagnosis journey 11

Dr. Aamena Salar shares how to get the most from the support available

13 Finding calm through hypnosis

A 3-minute breathing exercise to reduce anxiety

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It was 30 years ago that my caring wife, Sarah Dickinson, was inspired to set up a national charity to provide support to those affected by ovarian cancer. At the time of diagnosis, we didn't know anyone with the condition and there was no specific support group. That could make you feel isolated, but Sarah was having none of that. Macmillan were great but Sarah wanted to be able to talk to people with the same condition. So she set about building a support network, talking to newspapers, magazines, TV and radio.

The response was amazing and in short order there were meetings around the kitchen table to tackle everything from registering a charity to organising the launch party in Windsor. Ovacome was on the way.

Sarah would be so impressed to see how the charity has grown since then. It has expanded its reach with support in multiple languages and targeted peer support networks for specific groups. In addition to creating a comprehensive library of expert-reviewed information booklets and resources, Ovacome has had an impact on policy as a participant in patient advisory groups. This work has been recognised through shortlisting's for prestigious national awards.

Sarah would be so thankful to the members, staff and volunteers that have made all this possible. I just wish she was here to see it.

Adrian Dickinson
Husband of Ovacome founder Sarah Dickinson

Supportive, caring community

Freephone support line (weekdays 10am - 5pm):

0800 008 7054



@Ovacomecharity



@Ovacome



@my-ovacome

Become a member

It's free and you'll receive regular email updates.

To find out more and to become a member email ovacome@ovacome.org.uk or call 020 7299 6654



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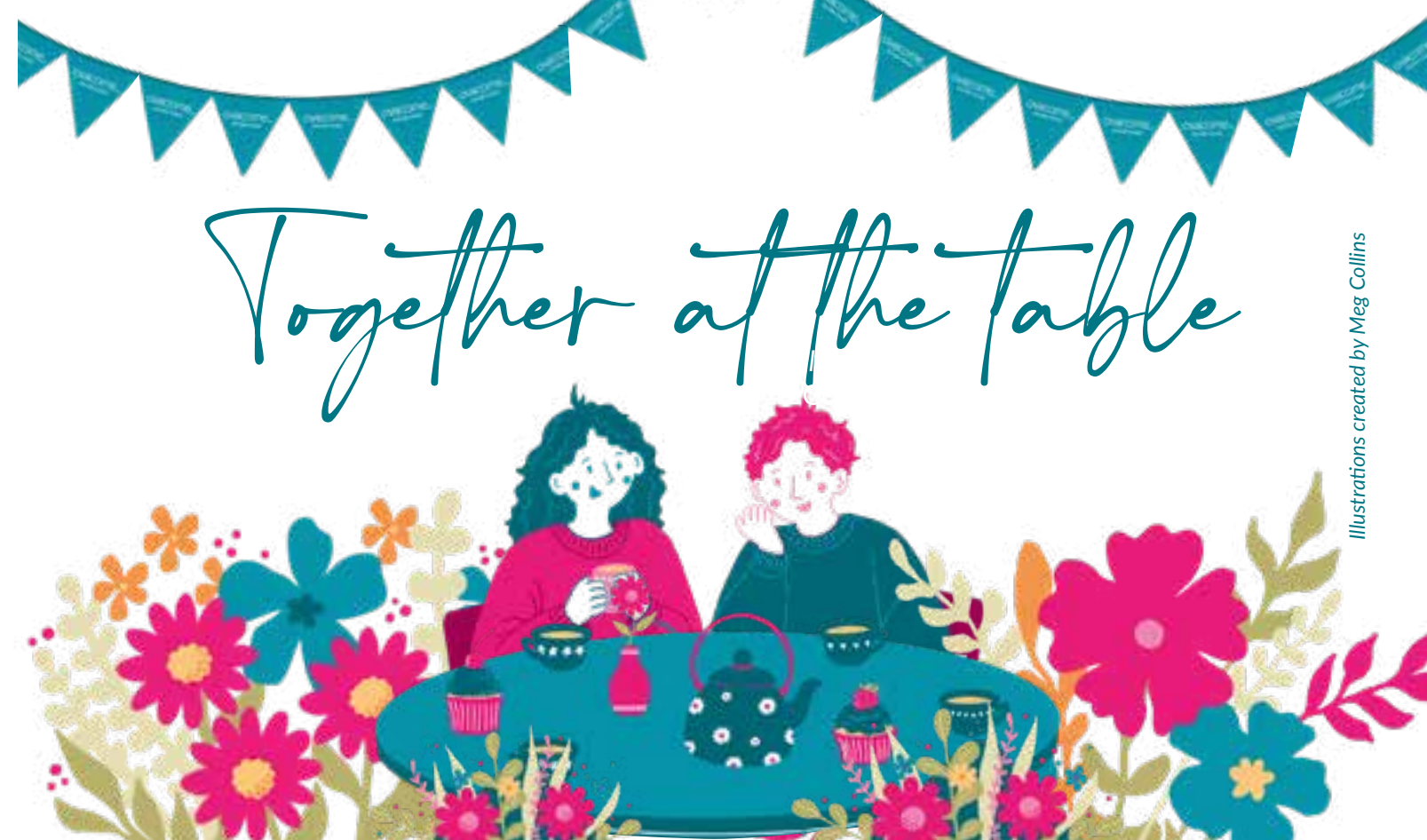
All medical information should be used in conjunction with advice from medical professionals.

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Ovacome was founded in 1996 by the late Sarah Dickinson. Her husband, Adrian Dickinson, is a trustee of the charity. Other trustees of the charity are: Cathy Hughes (Chair), Paul McKew (Treasurer), Sean Kehoe (Medical Adviser), Lisa Carroll, Lesley Sage, Victoria von Wachter, Samixa Shah, Michelle Hill (Secretary) and Richard Riley. Ovacom's patrons are Jenny Agutter and Lady Adele Sewell.



Thanks to Beat Cancer for funding our support line.



Having been diagnosed with advanced ovarian cancer at 31, Sarah Dickinson discovered there was little awareness for the disease and struggled to find support.

After reading an article on ovarian cancer in Good Housekeeping magazine, Sarah was inspired. She sat down with friends and family at her kitchen table and decided to set up a support group. Sarah shared her story, which was published in the magazine in February 1996, and was overwhelmed by the response. In September 1996, Ovacom was launched. 30 years on, we are still proudly led by people personally affected by the disease, and hold true to the founding principle of community, shared experience and the importance of trusted information and support.

Since then, Ovacom has grown into a community of over 5,650 members, delivering life-changing support and information services across the UK. Our members have a seat at our table, where they can make their voices heard regarding the support they need and the direction the charity takes. Ovacom wouldn't exist or be able to offer our services without the support of our community. As a small charity that receives no government funding, our donors and fundraisers are our lifeline.

If you're inspired by the impact the ideas shared around one kitchen table had, we would love you to join our community in marking our 30th anniversary by getting Together at the Table to raise vital funds that will ensure our services continue for years to come.

What do you do around your table?

Your fundraiser doesn't have to be big or complicated to make a difference – just £49 helps fund an online support group for 12 people. From family BBQs, dinner parties with friends, and coffee mornings in your local community centre; everyone's table tells a story and will make a difference. Join the campaign to be sent your free fundraising pack and awareness materials, have access to our special edition Ovacom menu and invite design, and have all the support you need from our friendly fundraising team.

Find out how to get involved and get inspired at: www.ovacome.org.uk/event/together-at-the-table-30years



Make a centrepiece for your event (page 12)

Below is Sarah Dickinson's original article that she wrote in Good Housekeeping magazine in February 1996.

I am 31 years old, have a daughter of 3, and a loving husband. I have led a charmed life. I had a very happy, loving childhood, graduated from Cambridge with a degree in botany, trained as a science teacher, and started a career in environmental education. I am active and attractive and love to live.

The greatest inconvenience of my life is having ovarian cancer. Over the past two years, I have lived with and come to terms not only with the effects of surgery and painful clinical examinations, but with practical considerations such as finding clothes that won't rub the scar that runs like a fat worm down my front and needing a fun, go-faster short haircut to counter the effects of chemo. I must live for the present, yet prepare for an uncertain future because the doctors have told me I have only another year to live.

Last summer, we all spent three adventure-packed months sailing round the Greek islands, fulfilling a dream. Unfortunately, the dream wobbled when, morning after morning, I woke with a pounding head, vomiting every 20 minutes. We had a silent agreement to cling to the dream for as long as possible, delaying our return to the reality of London, with its hospitals and chemotherapy.

For me, the hardest part is to leave my child, for she is my joy. It's heartbreaking to know my sweet Michèle must grow and face the bitter-sweet of life without a mother. My own mother died suddenly when I was 5, so I understand what Michèle will have to face, and my heart breaks when I picture her without her Mummy. She will have no real memory of me, so I write for her and prepare special photo albums. I can leave her the message that I cared so very much, and would have been there if only I could. My cancer was detected during my pregnancy, and I thank God that it wasn't diagnosed immediately or Michèle would not exist. In the last two years I have had several operations, including surgery to re-route my bowel, and chemotherapy which made me feel quite lousy. I have now started a new, triple drug course of chemo.

The amazing thing is that it all feels quite normal. This weird body with its tubes, bags and scars is mine, and my wonderful husband loves it as much as ever. Our love goes way beyond the physical in a deep bond that keeps us laughing and enjoying. I will live forever in the minds and souls of Adrian and Michèle, and they will go onwards without me. And there is always the hope that the big guys at the Royal Marsden Hospital will buy me time. I have been so impressed by them. They have always respected my intelligence, making sure I have sufficient knowledge about my treatment.

To treat or not to treat? “Success” means a reduction in the disease, not a cure. I am unfortunate that my disease did not respond to the first course of chemotherapy. There is a small chance it may be slowed by the second and that I will enjoy a few healthy months in the summer. And there is an even smaller chance it may respond well and I could have a good year. For the possible gift of giving Michèle her fourth birthday party, I accepted the chemo.

I am extremely lucky that I have a very supportive family and fantastic friends. However, I know from experience not everyone can cope with a sick person, and friends can retreat when you need them most. The very mention of cancer is alarming.

In England, there are no support groups for women with ovarian cancer. Perhaps it would be possible to start one, connecting sufferers by phone, fax, E-mail and post. If any women, family members or supporters would like to

join me in this, let me know. We could raise money for research and equipment; we could talk, help each other, and know we are not alone.

Meanwhile, I look forward to sailing this spring, and feeling the summer sun. I take pleasure and strength from my friends, who are always there for me. With them I can weep and share my pain. But more—with them, I can keep laughing.

- Sarah
Dickinson

Help Ovacome to continue Sarah's vision by donating to support our work at:

ovacome.org.uk/donate



Ovarian cancer care: 30 years of progress and the road ahead



Dr. Cathy Hughes, Chair of
Ovacom and Victoria Clare, CEO:

Thirty years ago, much as it does today, diagnosis relied on clinical assessment, ultrasound, CA125 blood testing, and where cancer was suspected, CT scans to determine the extent of the disease and guide treatment. Treatment centred on surgery followed by chemotherapy for most women with advanced epithelial ovarian cancer. Platinum-based chemotherapy was widely used, particularly cisplatin, before carboplatin became more common. During the 1990s, paclitaxel was also introduced.

Cisplatin often caused severe nausea and vomiting. Before newer anti-sickness medicines became available, high-dose Maxolon, often with the steroid dexamethasone and sometimes sedatives, were commonly used to manage chemotherapy-induced sickness, but could cause unpleasant side-effects. The introduction of ondansetron and granisetron significantly improved symptom control.

Following the recommendations of the 1995 Calman-Hine report, cancer care changed significantly to be delivered through specialist centres and coordinated by a multidisciplinary team, helping to establish clearer referral pathways.

Today, CA125 thresholds have been refined, and much research is focused on achieving earlier diagnosis through improved training for primary care practitioners.

Greater understanding of hereditary risk has increased the focus on genetic testing, helping identify people at higher risk while enabling more personalised treatment.

PARP inhibitors have become an important maintenance treatment for many with high-grade epithelial ovarian, fallopian tube and primary peritoneal cancers; further advancing genetic testing and understanding about these types of ovarian cancer.

More is known about rarer forms of ovarian cancer, and associated treatments and trials are increasing.

Supportive care has improved dramatically with greater emphasis now placed on prehabilitation, managing treatment side effects, nutrition, exercise, psychological support, and wellbeing techniques that help many people to live better alongside their diagnosis.

Treatment developments are picking up pace, with the first antibody-drug conjugate approved for use in England in June 2026.

Looking ahead, we need to see greater investment in diagnostics, improved imaging, and better public and primary care education. We expect to see increased access to trials, treatments and diagnostic tools, despite ongoing resource challenges faced by researchers and clinicians. We are also hopeful that a successful screening tool will be developed for all ovarian cancers.

As healthcare becomes increasingly personalised, we hope cancers will be treated according to their pathology rather than their location, particularly benefiting people with rarer ovarian cancers.

Importantly, we want to see reduced inequalities by improving access to diagnosis, treatment and support for people facing barriers to care.

Our greatest hope is that in 30 years, diagnosis, treatment and support will have advanced so far that our services are no longer needed. Until then, we will continue to advocate for and support our community, every step of the way.

We're committed to amplifying your voices, listening to what matters most to you, and using your experiences and insights to shape our policy work:

- Campaigning to have more treatments approved
- Supporting researchers to run trials
- Undertaking research and surveys
- Advising on clinical trial design
- Telling MPs, policy makers and funders how they can improve patient experience at a local and national level

Key projects that led to change:

2005

Prof Sean Kehoe (Head of Ovacom Expert Advisory Panel and Trustee)

co-authored research establishing around 93% of women experience non-gynaecological symptoms prior to an ovarian cancer diagnosis. It led to Ovacom's BEAT symptoms campaign, a simple acronym, now used in 20 countries. We didn't trademark it so it could be used widely and freely to raise awareness.



(Above) Ovacom's
B.E.A.T. acronym

2006

In partnership with the **University of Birmingham**, Ovacom published the first piece of patient perspective research. It showed over 67% of women were receiving a delayed diagnosis due to a lack of knowledge about the disease among healthcare professionals and identified the symptoms most likely to prompt a visit to healthcare.

2019

Ovacom undertook extensive mapping of our community to understand which groups of people were facing barriers to accessing diagnosis, treatment and support. This led to us working with over 120 community groups to deliver targeted symptoms awareness campaigns to over 1,000,000 people and influencing policy on health inequalities at a national level.

2021

We became more actively involved in Patient and Public Involvement and Engagement (PPIE) work, helping to shape trials, write patient information and deliver training to healthcare professionals.

2022

Ovacom worked with **Dr Elizabeth Dolan** to support research into how shopping loyalty card data can help us understand how people change their shopping habits 6-8 months prior to a diagnosis.



2023

Ovacom co-authored the **PATRON study**, comparing the views of patients and healthcare professionals- giving valuable evidence of the impact on the mental health and wellbeing of people diagnosed with ovarian cancer.

2024

Staff co-authored the **British Gynaecological Cancer Society and British Menopause Society** guidelines for management of menopausal symptoms following treatment for gynaecological cancer.

2026

Ovacom submitted evidence of lived experience at point of platinum resistance to NICE to support a treatment being approved for funding, the first of its kind to be approved in England.

Today we have 48 'live' projects with the NHS, pharmaceutical companies, community organisations, researchers and patient groups to improve outcomes and diagnosis now and in the future. All made possible by you sharing your stories, responding to our requests for help and through your generous donations.



My experience with Ovacome

- with Samixa

Trustee and long-standing Ovacome member Samixa reflects on her experience with Ovacome and the changes she’s seen in those years.

I was diagnosed with Stage 4 ovarian cancer in May 2012. My first contact with Ovacome was talking to a very professional and compassionate staff member on the support line when I was experiencing chemotherapy side-effects. I became an Ovacome member and, today, over 14 years after my diagnosis, still get lots of support from the community. After finishing my maintenance treatment, I wanted to volunteer for Ovacome and give something back to the community.

In 2014, I was one of three members involved in the launch of the Survivors Teaching Students project. I was also a wellbeing columnist for a year, responding to Ovacome reader’s questions. I have provided articles and interviews about Ovacome, modelled for Touch of Teal and presented at Health and Wellbeing days.

When I became a member, the only face to face event I attended was Members Day. I was therefore pleased to see Health and Wellbeing Days being introduced around the UK, enabling hundreds of members to meet others affected by ovarian cancer. The events are so well organised, and it has been lovely seeing the number of volunteers grow.

My long association with Ovacome and desire to raise awareness, especially within ethnic communities, gave me the impetus to become an Ovacome trustee in 2021.

I was proud to volunteer and help develop Ovacome’s language lines and support resources in different languages, and continue raising awareness by giving talks to different South Asian communities.

It has been important to me to see more people from different ethnic communities coming to Ovacome’s face to face events and accessing support services in other languages.

The online sessions during the pandemic were a lifeline for the Ovacome community, reducing feelings of isolation and providing spaces to share expert information. Their popularity extended long after lockdown, growing into the Staying Connected programme we see today.

Over the last 14 years I have seen Ovacome truly being a member’s charity and doing everything possible to support anyone affected by ovarian cancer.

“ I am very reassured that Ovacome will continue to provide support and be the number one ovarian cancer charity for the next 30 years.

Updates in ovarian cancer diagnostics and treatment

CA125: new age-specific guidance

CA125 is a protein found in the blood which can rise with some ovarian cancers. The CA125 blood test is often used to check for ovarian cancer in those who have symptoms. It is also used to monitor patients during and after treatment to help detect potential recurrent disease.

A high level of CA125 could indicate ovarian cancer, but it can also indicate less serious conditions such as fibroids and endometriosis. Research has shown that CA125 levels vary by age, so a single threshold may cause ovarian cancer to be missed in older age groups who are at higher risk of the disease, and lead to unnecessary testing in younger age groups where CA125 is a less accurate indicator of ovarian cancer risk.

NICE have replaced the single 35 IU/ml threshold with a recommendation to interpret results using age-specific CA125 thresholds (see table below). NICE have also introduced new guidance for those aged 39 or under, recommending that a CA125 test should not be used in isolation, and a direct access ultrasound scan of the abdomen and pelvis should be considered.

Age group (years)	CA125 threshold (IU/ml)
40-49	35 IU/ml or greater
50-59	31 IU/ml or greater
60-69	24 IU/ml or greater
70-79	25 IU/ml or greater
80+	31 IU/ml or greater



Mirvetuximab soravtansine (Elahere)

Mirvetuximab is now available on the NHS in England and Wales. It is a targeted treatment for those with folate receptor-alpha (FRα)-positive platinum-resistant high-grade serous epithelial ovarian, fallopian tube, or primary peritoneal cancer, who have previously had one to three lines of systemic treatment.

Platinum-resistant means that the cancer progresses or returns within six months of stopping platinum-based chemotherapy. Systemic treatments are chemotherapy, targeted therapies (e.g. PARP inhibitors), hormone treatments and immunotherapy.

Mirvetuximab combines a chemotherapy drug with an antibody. The antibody is designed to identify cancer cells with a protein on the surface known as folate receptor-alpha (FRα). It sticks to these cells and is then absorbed, releasing the chemotherapy drug which destroys the cell from within.

An FRα biomarker test identifies if cancer cells have the FRα protein. It is usually carried out on a tumour tissue sample taken from the biopsy used to diagnose the cancer. A sample can also be taken at the point of relapse or at the first sign of platinum-resistance.

Because mirvetuximab targets cancer cells more precisely, people may experience less severe side effects than those from traditional chemotherapy, which harms healthy cells. The treatment is given intravenously (via a drip) over 2-4 hours, once every three weeks. Anyone interested in eligibility should speak to their clinical team.

Share a message that makes a difference

To mark 30 years of Ovacome, we've launched a collection of e-cards that let you send messages of **support**, **solidarity** and **encouragement** to friends, family and others in our community for a small donation.

The messages were chosen by members of our community. The beautiful illustrations were

created free of charge by 22-year-old illustrator Meg Collins, whose mum was diagnosed with ovarian cancer. We're incredibly grateful for her time, talent and kindness in helping bring this special project to life.

Every card sent helps Ovacome continue connecting people affected by ovarian cancer with trusted support, information and a welcoming community.



“When Ovacome asked me to help design their 30th anniversary e-cards, I was so excited to be involved. My mum's experience with ovarian cancer made this project feel incredibly personal to me, and it's been so special to use something I love doing to support a charity that's so close to my heart! I hope these cards can be used to help people share a little support, encouragement and love with one another.” - Meg



Want to send a card?

Scan the QR code or visit:
www.ovacome.org.uk/e-cards

Seeing you through your whole journey

Your primary care team can support you and your family through your journey post diagnosis; advocating for you, providing continuity in care and arranging access to other services. The team includes your GP, nurses, pharmacists and social prescribers.



Support from your GP

Your GP plays an important role in supporting your physical and emotional wellbeing following diagnosis. They can explain your diagnosis and treatment in plain language, provide a safe space to discuss concerns and work with your oncology team if you experience side effects from medication. They can also prescribe medication to help manage anxiety and sleep difficulties.

GPs have access to a range of services. They can refer you to psychological support from a counsellor or therapist, and connect you with social prescribers who can support with non-medical issues affecting your wellbeing. They can also offer administrative support, including help with claiming benefits. You do not have to manage alone, reach out and ask for support.



Accessing appointments

Use the online booking system and be specific about your concerns and their urgency. If calling to book, try phoning when your surgery opens. If there are long waits for face-to-face GP appointments, try asking for a telephone or video call first or ask to see a nurse. If your concern is urgent, ask specifically – 'I'd like to be examined today'. Telephone triage must offer face-to-face if clinically needed.



Getting the most from your appointment

To get the best from your appointments, my advice is to come prepared. With limited time, it is good to write down two or three main concerns or questions in advance. Bring a trusted friend or family member who can help you remember what was said, speak up for you and advocate when necessary.

GPs respond better when you name the concern clearly. Be specific and say exactly what you came for. Before leaving, ask 'What happens next?' and discuss when you should follow up if things don't improve.



A practical tip – it's helpful to keep a note of everyone looking after you and their contact information. Have your consultants' details, as well as their secretary's email, and keep them in one easy to access place.



Dr Aamena Salar is a GP specialising in gynaecology. She is regarded as a key leader in women's health within primary care.

Watch Dr Aamena's full presentation on primary care from our West Midlands Members Day here:
www.ovacome.org.uk/your-healthcare-teams

Tissue paper centrepiece

Feel inspired...
Get crafty by making your own Together at the Table decorations!

You will need:

- Tissue paper in various colours
- Scissors
- Paper sticky tape
- Length of cord or plaited string
- Optional: pencil, ruler

This tissue paper centrepiece can be made to tie around a lantern, or simply draped along your table. The picture on the right has just 10 flowers and used less than a single sheet each of green, yellow, lavender, yellow and white tissue paper and a cord about 50cm long, although you can go as big as you like!



Stamen

- Take a small piece of tissue about 1cm by 3cm, fold it in half and either pinch at the base or roll up
- Wrap it in a piece of tape long enough to build the rest of your flower onto



Roses

- Cut a single rectangle about 10cm wide and 50cm long
- Pinch one end of the tissue and tape a stamen to it
- Twist and fold the tissue as you wrap it around the stamen securing with tape as needed



Daisies

- Cut 2 tissue paper into rectangles about 10cm wide and 25cm long, in matching or different colours
- Fold them in half lengthwise and cut narrow "petals" along the long unfolded edge
- Tape a stamen to one end and roll the rectangle up, using tape to secure as you go



Greenery

- Cut lots of leaf shapes (see below for templates)
- To make springs of greenery, take a stamen and tape leaves and twisted scraps of tissue to create little bunches

To assemble

- Either knot the end of your cord or wrap in tape to prevent fraying
- Leaving a few centimetres, tape your first flower with the bloom towards the short end of the cord and the stem towards the long end
- Add leaves and sprigs of greenery then attach another flower making sure to angle it slightly differently from the previous one and repeat!



Created by Faith Caton

Finding calm through hypnosis

with Chinmai Gupta

Chinmai Gupta is a Clinical Cognitive Behavioural Hypnotherapist and founder of *The Hypno Room*. She specialises in helping people manage anxiety while navigating life changes. Below she shares the ways hypnotherapy can support health and wellbeing.

Finding calm and strength

A cancer diagnosis can bring overwhelming emotions like dread, anxiety and stress. As treatment continues, these feelings can take a toll on both mind and body, affecting sleep, confidence, and overall wellbeing.

How hypnotherapy helps

When anxiety is high, the mind can become trapped in a cycle of catastrophic thinking. Clinical hypnotherapy helps interrupt this cycle by creating a state of focused relaxation. As your nervous system settles, racing thoughts often slow and the body can start to feel calmer. Participants report reduced feelings of panic, slower breathing, less physical tension and greater emotional control.

My online sessions with Ovacome help you regain a sense of calm and control from the comfort of your own home. Using evidence-based techniques including CBT, hypnotherapy and other modalities of psychotherapy, I guide you into a deeply relaxed state. No matter how high anxiety may initially be, you'll leave feeling lighter and centred.

I've worked with hundreds of people, and this technique consistently reduces anxiety. People tell me they do it on the way to hospital, in waiting rooms, in bed and at their desk, and it works every time.



A simple 3-minute breathing exercise to help reduce anxiety

Step 1: Check in

What is your level of stress or anxiety right now on a scale of 0 to 10, where 10 is the most intense it can be? Say it out loud or write it down. Don't overthink it.

Step 2: Open a stopwatch

Start the timer (or just make note of the time)

Step 3: Breathe

For 3 minutes, practise the 5-7-8 breathing technique:

Breathe in for a count of 5. Hold your breath for a count of 7. Release slowly through the nose for a count of 8

Repeat this cycle while staring at a wall or closing your eyes.

Step 4: Check in again

Now, where is your level of anxiety on the scale? Take a moment to notice any shift in your sense of calm.

You can find out more and register for Chinmai's upcoming hypnosis sessions at:
www.ovacome.org.uk/event/hypnosis-for-wellbeing



Helping you stay connected: in-person and online

Ovacome's Staying Connected programme offers free online and in person events, providing opportunities to meet others affected by ovarian cancer, hear from medical professionals or just take a moment for yourself.

We understand that travel isn't always possible, so our online programme brings webinars and wellbeing workshops direct to your screen.

Our webinars feature expert insights from professionals on the latest news and research. Upcoming sessions include gynaecological oncology CNSs Gemma Roth and Aoife Power. Find out more and book here: www.ovacome.org.uk/upcoming-webinars

Previous recordings, from gynaecologists and surgeons to nutritionists and wellbeing coaches, are available here:

www.ovacome.org.uk/expert-webinars

Attendees have shared positive feedback:

"Best webinar I have attended."

"Extremely informative and a great speaker. It was easy to understand and the slides were very clear."

Our online wellbeing workshops include gentle exercise, yoga, crafting, immersive meditation, hypnosis for wellbeing and creative writing workshops. Book here for dates through to December: www.ovacome.org.uk/online-wellbeing-events

Over 96% of workshop attendees rate the sessions as good or excellent, with one participant saying:

"I absolutely LOVE these sessions! I'd just seen my oncologist and my mind still reeling with questions about my next treatment. I put them aside for an hour and completely immersed myself in craft."

While another said: *"Don't underestimate doing things online if you can't get out and about just yet. This class was so lovely for me."*

Our Health and Wellbeing Days bring our community together in person. In the last year, the team has travelled across England, Scotland, Wales and Northern Ireland to meet you, our members. These days offer opportunities to meet others with a diagnosis, hear from healthcare professionals and participate in wellbeing workshops.

Our next Health and Wellbeing Day will be in Southampton on Saturday 14 November. You can register here: www.ovacome.org.uk/event/ston-hwd-2026

Plans for Health and Wellbeing Days in 2027 subject to funding (with dates to be announced):

- | | |
|--------------|-------------|
| • Liverpool | • Newcastle |
| • Belfast | • London |
| • Birmingham | • Scotland |
| • Manchester | • Bath |

Health and Wellbeing Day attendees leave feeling positive and uplifted, with feedback including:

"Great to meet people with the same issues... Lots of useful and relevant information that really lifted my mood."

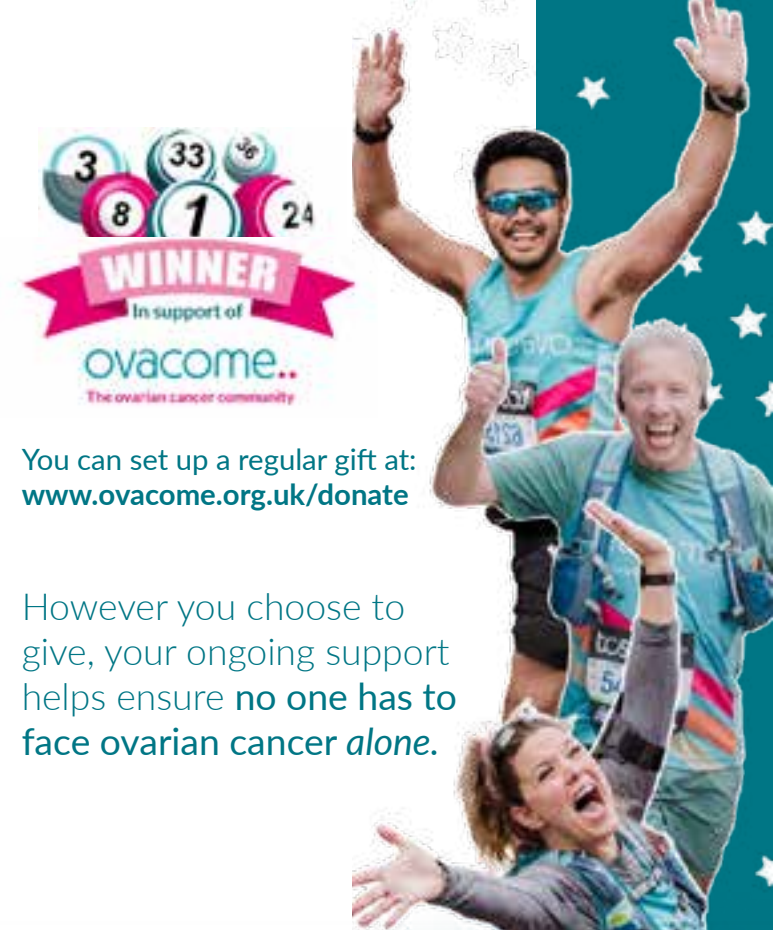
"It's been a very moving, educational day. We feel very supported and valued, we learnt a lot!"

Could you be the next Ovacome winner?

In case you missed it... the Ovacome Lottery is here! You can now support Ovacome every week from as little as £1 or set up a direct debit for just £5 to be entered into a weekly draw with the chance to win prizes of up to £25,000.

17 Ovacome players have already won prizes! Could you be next? By playing, you'll be helping to fund the free information, support groups and events that thousands of people affected by ovarian cancer rely on each year. Find out more and get your tickets today: www.ovacome.org.uk/the-givinglottery

If lotteries aren't for you, why not consider making a regular donation? Whether it's weekly, monthly or yearly, regular gifts provide reliable income that helps us plan ahead and continue offering life-changing support whenever it's needed for people like Jackie, an Ovacome member, who shared: *"It was so nice to talk to other women suffering similarly. I think it's so important to have that type of support."*



You can set up a regular gift at: www.ovacome.org.uk/donate

However you choose to give, your ongoing support helps ensure **no one** has to face ovarian cancer *alone*.

ovacome..
ovarian cancer

GivingLottery
Powered by Technology

FR
Registered with
FUNDRAISING
REGULATOR



Enamel pin badge- £1.50

Raise vital awareness and keep your support of Ovacome on display!

Ovacome wristband - £1.50

Help us raise awareness of our work by sporting our Ovacome wristband.



Talk Teal Mug - £8.00

Sip and support those affected by ovarian cancer by purchasing one of our mugs.

We can't wait to see you, in person or online.

Visit www.ovacome.org.uk/shop

Fear of recurrence

One of the most **common concerns** that we hear from Ovacome members.



Living with this fear is a significant emotional challenge that can feel quite isolating. We know that for many diagnosed with ovarian cancer there is a strong chance of recurrence and this can increase anxiety. Some members describe being caught up in treatment and not having time to think about much else. However, once treatment is over, there is often more time to reflect, and worries about the future can become more noticeable. Sometimes friends and relatives will encourage you to 'get on with life' but for many it really isn't that easy.

Anxiety can affect both your body and your mind. Physically, it may leave you feeling shaky, hot, short of breath or increase your heart rate. Emotionally, anxiety can give you worries that are difficult to switch off, making it harder to relax, sleep or concentrate.

Although it is difficult to prevent these feelings, there are ways of managing them that many people find helpful. **You could:**

- **Focus on what you can control** and ask your healthcare team about changes you can make to help you feel more in control of your day-to-day life and health
- **Use Ovacome's resources and webinars** to practice mindfulness and breathing exercises to help calm your body's stress response

- **Take part in gentle physical activity**
- **Make time for hobbies or activities** you enjoy
- **Talk openly with someone you trust**, join a support group, or write down your thoughts and feelings in a journal

Many people describe fear of recurrence as being triggered at particular moments. If your treatment is over and you have a review appointment, scan, or test, you may feel anxious about the results, in case they indicate recurrence. **Anxiety about test results and scans is often referred to as 'Scanxiety'.**

If you are experiencing this, it may help to:

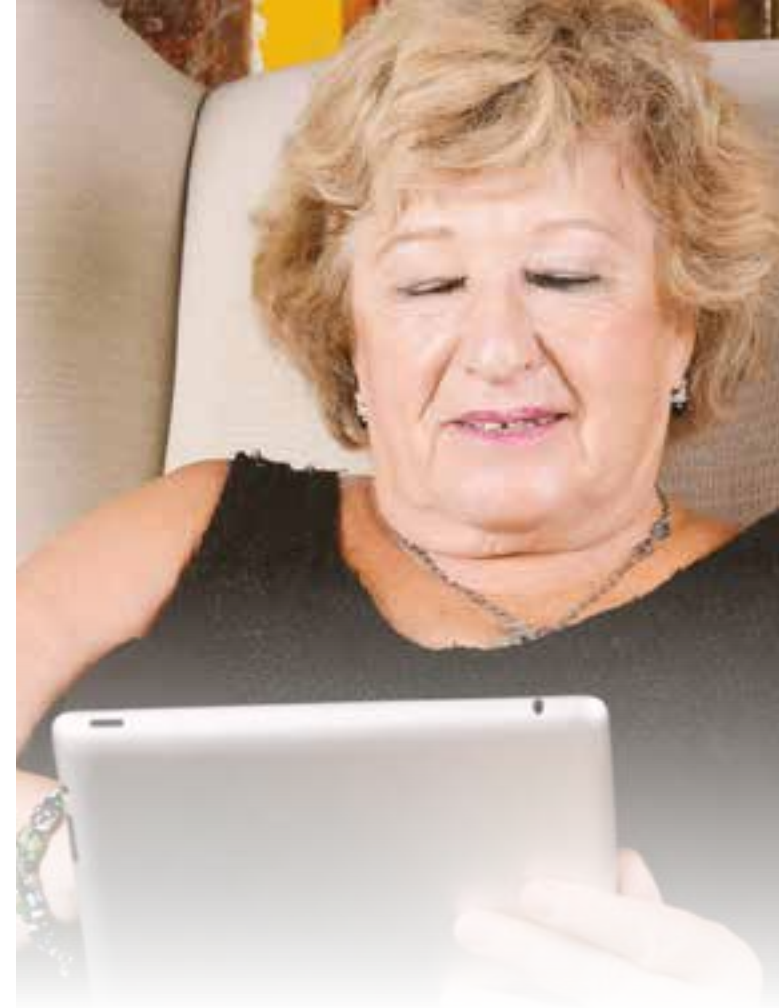
- **Plan enjoyable activities** in the days leading up to the scan to distract yourself from overthinking and something enjoyable or relaxing after your appointment
- **Write down questions** that you have for your healthcare team
- **Bring a pen and paper** to note any useful information they give you
- **Bring a loved one with you** who could also make notes

Living with uncertainty is one of the hardest parts of a cancer diagnosis. Learning to understand and recognise uncertainty, rather than constantly fighting it, can gradually help it feel less overwhelming.

Most importantly, **you do not have to manage on your own.** Your healthcare team can help you find support that is right for **you**.

We're here to support you...

- Our support line is open **Monday – Friday 10am – 5pm on 0800 008 7054** to talk through any questions or concerns
- Our booklet '**Coping with anxiety**' is available to download or order for free: www.ovacome.org.uk/coping-with-anxiety
- We have a range of expert webinars on coping with anxiety, including anxiety about recurrence. Topics include **mindfulness, breathing for wellbeing, and strategies for better sleep:** www.ovacome.org.uk/emotional-impact-webinars



A community of support

Ovacome support groups are regular online sessions providing a safe and relaxed space to talk to others affected by ovarian cancer, all led by our support team who are on hand to share relevant information from Ovacome's many resources.

There are currently six online support groups which can be joined from wherever you are based. We recognise that experiences of living with ovarian cancer can be different, so our groups aim to reflect this. Upcoming dates can be found on our website: www.ovacome.org.uk/support-groups

The *Newly Diagnosed meet-up* is for anyone diagnosed with ovarian cancer in the last year and runs every three months. During the group, our support team will introduce Ovacome's services, including the online groups that may suit you best.

Our *Monday monthly meet up* is for anyone diagnosed with ovarian cancer and runs on the second Monday of each month.

Ovacome's *Walk with me group* connects members of our community who enjoy walking, or would like to start with the support of others. The group connect on WhatsApp to share encouragement, stories, and photos of their walks, and meets virtually once a month on a Thursday.

The *Under 45s support group* is for anyone who was under 45 when first diagnosed with ovarian cancer, even if they are over this age now. The group meets on the first Wednesday of every month and makes up part of a hub of information and support available to those diagnosed at a younger age: www.ovacome.org.uk/under-45s-hub

Our *Recurrence support group* is for those with a confirmed recurrence of ovarian cancer and meets on the third Thursday of each month. Cancer recurrence is defined as the return of cancer after a period of remission or treatment, where the disease was previously undetectable.

The *Rarer ovarian cancers support group* is for those diagnosed with ovarian cancer that is not high grade serous and meets on the second Thursday of every month. We recognise the additional challenges of living with a rarer ovarian cancer and therefore offer this group, along with tailored information, booklets and webinars.

“I cannot say strongly enough how supportive Ovacome is, both emotionally and through research.”

“I wanted to thank Dolores and co for the amazing support and wealth of information they provide through the support groups... Thank you Ovacome and everyone in here that encourages people to stand up for yourself.”



Supporting the **Jewish community** through ovarian cancer

An ovarian cancer diagnosis can be life-changing, making access to specialist information, emotional support and culturally appropriate care more important than ever.

One important consideration is the link between BRCA gene mutations and ovarian cancer. People who inherit a BRCA1 or BRCA2 gene mutation have a significantly increased lifetime risk of developing ovarian cancer. These gene mutations are found across all populations but are more common in people of Ashkenazi Jewish heritage, making awareness, genetic testing where appropriate, and access to specialist support especially important within the Jewish community.

The NHS Jewish BRCA Testing Programme has been a significant step forward, offering eligible members of the Jewish community access to BRCA testing even without a strong family history of cancer.

At Chai, we are committed to providing compassionate, personalised support tailored to the needs of the Jewish community. We know that cancer affects far more than physical health, which is why our holistic approach supports the emotional and practical challenges that individuals and their families may face throughout their cancer journey.

For those affected by ovarian cancer, Chai offers counselling, complementary therapies, practical advice, support for family members and carers, and specialist pelvic health physiotherapy to help people recover from surgery and treatment and manage the longer-term physical effects of ovarian cancer.

Chai also runs two dedicated BRCA support groups: one for individuals living with a BRCA gene mutation who have been diagnosed with cancer, and another for those with a BRCA gene mutation who have not had a cancer diagnosis. These groups provide a safe, supportive space to share experiences, discuss risk management, navigate decisions around risk-reducing surgery or active surveillance, and connect with others facing similar challenges.

Our partnership with Ovacome strengthens the support available to the Jewish community. By continuing to work together and mutually signposting to each other's services, we can ensure that people affected by ovarian cancer or a BRCA gene mutation have access to both specialist ovarian cancer expertise and culturally sensitive, community-based care. Together, Chai and Ovacome are committed to raising awareness, improving access to services and ensuring that no one has to navigate ovarian cancer or inherited cancer risk alone.



For more information on Chai's specialised services, please call our Freephone Helpline on **0808 808 4567** or visit **www.chaicancercare.org**



Seasons greetings!

Our festive season's greetings cards are now available to order. Visit the online shop at **www.ovacome.org.uk/shop** to get yours before they run out. Cards are available blank or containing the message 'Season's Greetings and Best Wishes for the New Year'.

Priced at: £4.95



DOUBLE your donation with the Big Give!

The Big Give Christmas Challenge is a special one-week match-funding campaign running from midday on Tuesday 1 December until midday on Tuesday 8 December 2026.

How it works: when you donate through our page on The Big Give website during that week, your donation will be doubled. That means if you give £25, we'll receive £50, at no extra cost to you!

If you're a UK taxpayer, please remember to tick the Gift Aid box so your gift can go even further, adding an extra 25% at no cost to you. Your support will help people diagnosed with ovarian cancer get the care and community they need – something we simply couldn't do without you.

"I found that Ovacome was the only resource I could find which had information about my type of tumour. I reached out and spoke with someone from the team who was able to give me advice and guidance, but most importantly just a listening ear at a time when I needed it most and I will always be grateful for that" – Amii

What your donation could provide:

£28 - an hour of one-to-one specialist support for someone affected by ovarian cancer
£49 - an online support group session for 12 people
£142 - an in-person support group session for 12 people

How to take part: If you'd like to take part and receive a reminder when the campaign begins, you can sign-up at: **www.ovacome.org.uk/big-give-pledge-26**. Or call us on **0207 299 6654**.

Together, we can make twice the difference this Christmas.

Become an Ovacom member...

Ovacom is a membership charity. Membership is **FREE**, and open to anyone affected by ovarian cancer, including the relatives and friends of those diagnosed, as well as those at risk of ovarian cancer and healthcare professionals.

Our members are at the heart of everything we do and help to ensure that our services are continually responding to the changing needs of those affected by the disease. By becoming a member, you will be joining a friendly, supportive community of many thousands of people, all working together to promote knowledge and support others.

Benefits include receiving a copy of our magazine twice a year (either by email or post), receiving our monthly Community News email, being able to request specific services (such as new information resources or events in your area), influence our work and strategic direction through member surveys, attend and vote at our Annual General Meetings, and access to financial assistance towards the costs of attending our events and support groups.

To become a member, complete the registration form at:
ovacome.org.uk/member-registration-form

If you need help completing the form, or have any questions regarding membership, please call 020 7299 6654 or email ovacome@ovacome.org.uk



Access our free information booklets covering types of ovarian cancer, treatment, managing side effects and more.



Help us raise awareness of the signs and symptoms of ovarian cancer.

Please consider making a donation to support our vital work.



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