“Target Ovarian Cancer is an amazing charity providing professional and incredibly supportive services for all women, whatever their age, background or circumstance and wherever they live in the UK. The charity is innovative, responsive and diligent in all they do. Most of all though, I trust them.”

Sarah Unwin, Derbyshire - diagnosed with ovarian cancer in 2012
We are pleased to report unprecedented growth in Target Ovarian Cancer’s reach over the past year. Not only have we supported more women than ever before, but we have also trained a record number of health professionals. More people than ever now stand with us as we campaign for earlier diagnosis, better treatments and outstanding support for all women who have had a diagnosis of ovarian cancer. As a charity with such an important mandate, the progress we have made is truly something we can all be proud of.

Over 38 per cent of GPs have been trained using our award-winning modules, with help from our GP Advisory Board. This has already had a very positive impact in reducing the number of women diagnosed with ovarian cancer through A&E, and means that we will see further improvements in early diagnosis of ovarian cancer in the coming years.

In line with our strategy, we now reach 60 per cent of all the 25,000 women living with or beyond ovarian cancer in the UK. They have benefited from our Being Together support events and opportunities to campaign and speak out about the things that affect them, and have been able to access information and support from our ovarian cancer webpages and guides.

Our digital communications have given us even more potential to transform the lives of women with ovarian cancer. We launched our Facebook support group In Touch, live-streamed our Ask the Experts conference for those who could not attend, and reached even more people with our award-winning Ovarian Cancer Clinical Trials Information Centre.

We remain firm in our commitment to be a genuinely UK-wide charity. This year we organised events in all four nations to make our support and campaigning as accessible as possible to women diagnosed with ovarian cancer. We also announced a new round of our UK-wide ovarian cancer research programme, taking our investment in research to over £800,000 and funding new projects in Glasgow and Surrey for the first time.

We have made major achievements in a short period of time, but we cannot stop here. This year we have conducted a major strategic review of the ovarian cancer landscape and have started our Pathfinder 2016 study. We are now ready to move forward with ambitious plans that will have a further transformational impact on the diagnosis, treatment and support of women with ovarian cancer.

Thank you to our supporters, volunteers and members of our clinical and scientific advisory boards. Together, we will continue to make a difference to the lives of women living with ovarian cancer.
Report of the trustees

Objectives and activities

Target Ovarian Cancer is the UK’s leading ovarian cancer charity. We work to:

• improve early diagnosis
• fund life-saving research
• provide much-needed support to women with ovarian cancer

We are the only charity fighting ovarian cancer on all three of these fronts, across all four nations of the UK.

Ovarian cancer can be devastating. It kills 11 women every single day in the UK and survival rates in the UK are among the worst in Europe. But there is hope – Target Ovarian Cancer.

We are the authority on ovarian cancer. We work with women, family members and health professionals to ensure we target the areas that matter most for those living and working with ovarian cancer.

We are determined to close the survival gap with other countries and give women with ovarian cancer in the UK the best, rather than the worst, chance of surviving this disease.

Making an impact – achievements and performance

All of Target Ovarian Cancer’s work is underpinned by strong evidence, including our Pathfinder research - a ground-breaking study that provides a detailed picture of the experiences of people living and working with ovarian cancer in the UK.

Pathfinder 2016 will show us how much things have changed, for better or worse, since Target Ovarian Cancer’s last Pathfinder report in 2012 and the initial 2009 study. It will identify new opportunities to improve survival and quality of life for women with ovarian cancer.

Early in 2016 we created the first ever ovarian cancer global theory of change, which is a roadmap showing the steps that need to be taken to prevent, diagnose and treat the disease and better support women with ovarian cancer. This, together with Pathfinder 2016, will form the basis of our future plans to dramatically transform outcomes for women with ovarian cancer.

“Target Ovarian Cancer is a thoroughly professional yet human organisation. All the people I’ve met from the charity have been very approachable and helpful.”

Wendy Davies, Essex - diagnosed with ovarian cancer in 2002

**Priority 1: Improving early diagnosis**

- We launched our new symptoms diary and it was used by over 24,000 people in its first year. The symptoms diary was designed as a mobile app and a complementary PDF version so women can track their symptoms using a clear and accessible method that is right for them.

- Our GP Advisory Board met throughout the year, working on mapping regional variation in diagnosis and on strategies to improve GP training and the opportunities presented by existing women’s screening programmes. With their expert guidance our award-winning GP training modules, which count towards professional development, have been completed by over 38 per cent of the entire GP population of the UK.

- To help educate GPs on ovarian cancer symptoms, diagnosis and the importance of genetic testing and family history, Target Ovarian Cancer attended four national GP best practice events. GP and supporter Dr Vicki Barber spoke to fellow GPs at two major conferences about the importance of early diagnosis, symptoms and referrals.

- Our ‘Knowing the risks’ programme continues helping GPs, women and their families understand the hereditary risk of ovarian cancer. During the course of this year we developed another stand-out, peer-reviewed information guide about genetic testing and hereditary ovarian cancer. The guide will give women with ovarian cancer the tools they need to know their risk, get tested if they choose to, and pass on the knowledge to their families.

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**The issue:**
When ovarian cancer is diagnosed at the earliest stage, up to 90 per cent of women will survive for five years or more. Unfortunately, most women are unaware of the symptoms and often wait months before visiting their doctor. Meanwhile, GPs also face huge challenges in diagnosing the disease. These delays have a significant impact on survival rates – over 35 per cent of women diagnosed with advanced ovarian cancer (stage III or IV) die within a year of diagnosis. Earlier diagnosis can save lives and help more women live better for longer. That’s why Target Ovarian Cancer puts raising awareness at the heart of everything we do.

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**What we said we would do:**
- Launch an ovarian cancer symptoms diary to help women record their symptoms and discuss these with their GP.
- Work with our GP Advisory Board to expand our ‘Rule it out’ programme and help more GPs diagnose ovarian cancer earlier.
- Expand our ‘Knowing the risks’ programme so that GPs, women and their families understand the hereditary risk of ovarian cancer, and about genetic counselling and testing.

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"I’m sure you will be as pleased as I am; I had the CA125 results back this morning and it was normal. I’m so relieved - without the information you gave me I wouldn’t know about the test, so now my mind is in a far better place. Thank you once again."

Georgina Johnson, Staffordshire – contacted us for advice in 2016

- This year our reach extended further than ever. Hundreds of thousands of people learned how to spot the symptoms of ovarian cancer as we distributed over 67,000 awareness materials and a record 46,600 symptoms leaflets were downloaded from our website. The ovarian cancer symptoms page on our website had 305,000 visitors. Our symptoms leaflet itself won a British Medical Association (BMA) Patient Information Award.
- We worked with Macmillan Support to update our 10 Top Tips for GPs and for individuals worried about ovarian cancer. These quick-reference sheets aim to empower women to discuss their symptoms with a healthcare professional.
- March 2016 saw our most successful Ovarian Cancer Awareness Month yet. Our Start Making Noise awareness campaign helped us to increase the number of awareness activities organised by our supporters by 50 per cent compared with last year. We reached almost a million people on social media, our press and media work reached over 18 million people and nearly 75,000 people visited our website.
- We launched our first ever national GP awareness campaign in Wales. Working in conjunction with Cardiff’s Velindre Cancer Centre and the then Minister for Health and Social Services in Wales, we distributed bilingual ovarian cancer awareness packs to every GP practice in the country.
- We met with Public Health England and the Minister for Public Health and discussed the opportunities for raising awareness of ovarian cancer within existing women’s cancer screening programmes. After this, in February 2016, the Minister announced government-funded research into the feasibility of an ovarian cancer information programme to run alongside cervical and breast screening.
- We welcomed new figures from the National Cancer Registration and Analysis Service that show the number of women diagnosed with ovarian cancer in A&E has fallen significantly. While still unacceptably high, we are pleased to see the impact of our campaigns for greater symptoms awareness and our significant investment in GP education.

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Priority 2: Finding new treatments

"Target Ovarian Cancer has become a key player in ovarian cancer research in the UK. Its policy of national grants has funded some of the best research from the best centres, focusing on strategies for novel treatments as well as improving palliative care."

Professor Henry Kitchener, University of Manchester, Chair, Target Ovarian Cancer Scientific Advisory Board

The issue:

Around 7,300 women are diagnosed with ovarian cancer each year in the UK7, and each year 4,100 lose their lives8.

Along with early diagnosis, being able to access the best treatments can often make all the difference to survival rates. Finding new treatments can help us to save lives, while better access to clinical trials can enable patients to participate in research and help develop urgently-needed, life-extending drugs to benefit more women living with ovarian cancer.

The Supportive and Palliative Care Research Award was made to Dr Agnieszka Michael at the University of Surrey. This research, ‘EDMONd – A pilot study of elemental diet as an alternative to parenteral nutrition for ovarian cancer patients with inoperable malignant bowel obstruction’, will investigate whether a liquid nutrition drink could help women experiencing complications of late-stage ovarian cancer. Dr Michael and her team at the University of Surrey have been awarded £64,898 to work over 36 months.

The award of these two grants takes our total investment in medical research to over £800,000 since we launched our unique UK-wide ovarian cancer research programme in 2012.

One of the first research grants ever awarded by Target Ovarian Cancer was completed. The Genetic Testing in Epithelial Ovarian Cancer study (GTEOC), led by Dr Marc Tischkowitz at the University of Cambridge, paves the way for a new era of personalised medicine and disease prevention. Its groundbreaking results were published in the prestigious BMJ Journal of Medical Genetics. This new genetic counselling and testing protocol for women with ovarian cancer has been adopted in the East Anglia region, and will be rolled out to other regions during the year ahead.

What we said we would do:

• Launch the next round of our UK-wide ovarian cancer research grants programme to help find new treatments and provide better support.

What we did:

• Following successful fundraising for our Research Fund, including matched funding provided by the Ardeola Charitable Trust, we launched a new round of ovarian cancer research grants. We received 28 high-quality applications from leading researchers all across the UK, far more first-rate applications than we can fund at present, and are working towards a day when we can fund every high-quality project that comes to us. Following a review process overseen by our Scientific Advisory Board, involving external peer review as well as lay review, two research grants were awarded:

The Innovation in Ovarian Cancer Research Award was made to Professor Iain McNeish at the University of Glasgow. This study, ‘Interleukin-6 as a therapeutic target in ovarian clear cell carcinoma’, will look at novel treatments for this rare type of ovarian cancer. Professor McNeish and his team at the University of Glasgow have been awarded £179,556 to conduct the research over 28 months.

Professor Ahmed Ashour Ahmed and team who are researching ovarian cancer at the Weatherall Institute of Molecular Medicine, University of Oxford.

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• We were instrumental in giving women with ovarian cancer the opportunity to hear about a major research announcement, with a joint event following the results of the UK Collaborative Trial of Ovarian Cancer Screening (UKCTOCS). We ensured women with ovarian cancer were among the first to hear about the trial and the implications it could have on early diagnosis in the future.

• Our award-winning Target Ovarian Cancer Clinical Trials Information Centre 10 attracted 5,600 visitors during the year - up by more than 60 per cent from the previous year. Increasing participation in ovarian cancer clinical trials is vital to finding new treatments, and has proven survival benefits for women who take part.

• Our lay experts, the research advocates, continued to make a vital contribution to every aspect of our research programme, from developing our research strategy to reviewing grant applications. We secured funding to enable two of our research advocates to benefit from intensive training at St Bartholomew’s Hospital. One research advocate who had lost his mother to ovarian cancer spoke about his passion for the role at our flagship Ask the Experts conference.

• In furthering our work contributing to public consultations on drug access and availability, we made sure women would continue to have the best access to ovarian cancer drugs and therapies. Chief Executive Anwen Jones continued her role on England’s Cancer Drugs Fund Panel, and we contributed to a consultation on the new Cancer Drugs Fund, launched in August 2016. We submitted evidence to consultations on new drug olaparib (Lynparza®) and changes to NHS Clinical Reference Groups. Our research advocates also participated in NICE drug appraisals, ensuring that a strong patient voice is reflected at every point of ovarian cancer drug discovery, development and approval.

9. New paradigms for BRC A1/BRC A2 testing in women with ovarian cancer: results of the Genetic Testing in Epithelial Ovarian Cancer (GTEOC) study. Tischkowitz et al. BMJ Journal of Medical Genetics online jmg.bmj.com/content/early/2016/05/12/jmedgenet-2016-103902.full

10. Target Ovarian Cancer Clinical Trials Information Centre clinicaltrials.targetovariancancer.org.uk/
Priority 3: Providing support for women

"For me, Target Ovarian Cancer has been a great source of information and support. Thanks for everything that you do. I thought the guides were clear, factual and easy to read without being patronising - Target Ovarian Cancer, you have done a good job!"

Peggy Murphy, Wrexham – diagnosed with ovarian cancer in 2016

The issue:
Being diagnosed with ovarian cancer can often be extremely isolating. Many women have questions or are concerned about what to expect. Target Ovarian Cancer can help.

We know that having the opportunity to meet other women in a similar position, or being able to access practical information and emotional support can help ease feelings of loneliness and fear. Each year, thousands of women are diagnosed with ovarian cancer; no one with a diagnosis should have to feel alone.

What we said we would do:
• Support more women with ovarian cancer through our ‘Living well’ programme, providing them with opportunities to lessen isolation, increase knowledge and grow in confidence through information, events and expanded online services.

What we did:
• We achieved our long-term target of reaching 60 per cent of all women living with ovarian cancer in the UK with our ‘Living well’ programme of support and information. This is a major milestone for the charity, achieved four years early, and we are making plans to enable us to reach every woman living with ovarian cancer who needs our help and support.

• We ran four of our unique Being Together and Supporting You events, and a residential course for women with ovarian cancer in locations across the UK, from Belfast to Norwich to Inverness. Of the 193 women at the support events, 92 per cent said they felt less isolated as a result of our support, and 100 per cent rated the events as good or excellent overall.

Our support reached 60 per cent of UK women living with ovarian cancer.

92 per cent of women attending our support events said they felt less isolated afterwards.

Support information and guides are available at Being Together days.

Beverley, Rosemary and Mary met at Being Together in Norwich

Support information and guides are available at Being Together days.
Keeping our Information Standard-certified ovarian cancer web pages up to date is very important to the women we work with. We saw this in evidence as our updated webpage with comprehensive, easy-to-digest information on different types and subtypes of ovarian cancer had over 1,500 views in the first two weeks of its launch on our website.

Often women do not know where to turn when they have questions about living with ovarian cancer. Our unique online Ask the Experts service responds to their concerns, with answers from clinicians, nurses and other women living with ovarian cancer. This year we answered over 250 questions from people concerned about the different aspects of ovarian cancer, a 25 per cent increase on 2014-2015. The Ask the Experts website had 12,000 visitors in 2015-16.

Clinical Nurse Specialists (CNSs) provide unique and essential support for women with ovarian cancer, supporting them through diagnosis and treatment and contributing significantly to their wider wellbeing. We increased the information and support we provide to gynae-oncology CNSs by revamping the CNS hub on our main website. Since the relaunch, over a quarter of UK gynae-oncology CNSs have signed up, with more registering each time we send our quarterly alert about new content.

We hosted our second Ask the Experts conference in Birmingham, bringing together respected clinicians and high-profile speakers from all across the UK. Chaired by Professor Henry Kitchener, nearly 70 people attended the event and a similar number registered to watch it live streamed online, allowing more people to access the latest information and updates about ovarian cancer. Of those who attended, 97 per cent felt the event had increased their knowledge of ovarian cancer, and 93 per cent said the event had made them more confident about asking for help and information about ovarian cancer. Presentations from Ask the Experts were turned into a series of open-access films, allowing even more women and their families to stay up to date on the latest research, news and medical advances in ovarian cancer.

We live-streamed our Ask the Experts conference, allowing more people to access the latest updates about ovarian cancer.

Finding new ways to reach women with ovarian cancer remains a priority, and we have had huge success over the past year reaching women online and digitally, with a 90 per cent increase in the number of people accessing our website. This year we launched our In Touch Facebook support group to give women who attended our events yet more opportunities for peer support, to stay in touch with each other and with us.

We joined forces with Ovacome, Ovarian Cancer Action and The Eve Appeal to launch A younger woman’s guide to ovarian cancer. The new guide has been extremely well received with over 1,300 copies ordered in the year, and over 3,800 downloaded from our website. It has also been shortlisted for a 2016 British Medical Association Patient Information Award.

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“Target Ovarian Cancer stands out for me as it has a well-structured social media presence with dedicated members, clear focus and goals. Plus it really reaches out to connect with us women diagnosed with this devastating disease to offer guidance, support, friendship and — most importantly — hope.”

Carol Bareham, Belfast – diagnosed with ovarian cancer in 2015
Our campaigning

“Target Ovarian Cancer’s campaigning work is so important. I was involved in their work on access to the drug Avastin, and am also a member of the Pathfinder Advisory Panel. There are many things that need to change in ovarian cancer, from drug access to good support during treatment – and Pathfinder 2016 will show us where the work needs to be done. Target Ovarian Cancer will be with us every step of the way as we campaign to see these changes.”  Christine Mitchell, Scottish Highlands – diagnosed with ovarian cancer in 2013

The issue

UK survival rates for ovarian cancer are among the lowest in Europe. Our campaigns on access to drugs, ovarian cancer symptoms awareness and earlier diagnosis are crucial to ensuring that women with ovarian cancer have the best chance of living longer or surviving the disease. We work alongside politicians, healthcare professionals, policy makers and the media to give women with ovarian cancer a voice and ensure survival rates continue to rise.

What we said we would do:

• Campaign for ovarian cancer symptoms awareness campaigns by public health authorities in England, Scotland, Wales and Northern Ireland to increase early diagnosis.

• Commence work on the third iteration of our flagship Target Ovarian Cancer Pathfinder study.

• Foster collaborative working with other public and charitable organisations, both within the UK and internationally, to improve survival and quality of life for women with ovarian cancer.

• As the secretariat to the All-Party Parliamentary Group on Ovarian Cancer, support the group as it addresses issues around access to drugs and symptoms awareness.

We collaborated with the late campaigner and ovarian cancer advocate Annie Mulholland on the first Wales Cancer Patient Voices event in Cardiff. The event was attended by Assembly Members from every major political party in Wales. We continue Annie’s important work in partnership with charities Tenovus and Breast Cancer Now.

As secretariat to the All-Party Parliamentary Group on Ovarian Cancer, chaired by Sharon Hodgson MP, we have organised parliamentary meetings on routes to diagnosis and access to cancer drugs across the UK.

We worked with the secretariats of other All-Party Parliamentary Groups to help organise two joint meetings among all cancer APPGs, attended by a range of MPs and peers and looking at the national Cancer Strategy and reform of the Cancer Drugs Fund.

We led the campaign to safeguard bevacizumab (Avastin®) as the Cancer Drugs Fund was reformed.

What we did:

- We led the very first primary care ovarian cancer awareness campaign across Wales, sending out bilingual packs with symptoms leaflets and information about our GP training modules to every GP surgery in the country.

- Together with a campaigner and Members of the Legislative Assembly, we met with the Public Health Agency in Northern Ireland to lobby for an ovarian cancer awareness campaign.

- We began work on our groundbreaking Pathfinder 2016 study, creating an expert Advisory Panel chaired by Professor Michael Peake, to inform its work. The research will provide a detailed picture of the experiences of people living and working with ovarian cancer in the UK. The study is made possible by the kind generosity of The Peter Sowerby Foundation.

- With the support of the Pathfinder Advisory Panel, we have conducted five separate surveys for Pathfinder 2016. These include the Ovarian Cancer Awareness Measure to assess the level of knowledge in the general population, surveys of women with ovarian cancer, GPs, Clinical Nurse Specialists – and for the first time a survey of family and friends of people who have had a diagnosis of ovarian cancer.

- Following the launch of our The Ovarian Cancer Postcode Lottery campaign,12 we met with other ovarian cancer charities and the Minister for Public Health to discuss the latest developments in ovarian cancer and what more can be done to raise awareness and improve diagnosis.

- We led the campaign to safeguard bevacizumab (Avastin®) as the Cancer Drugs Fund was reformed. We surveyed our supporters, many of them women with ovarian cancer, and our response to the government’s consultation was directly informed by what they told us. We set out the importance of making new drugs available and ensuring that impending rule changes did not lead to the loss of drugs like bevacizumab. We then called on our supporters to write to their MP calling for bevacizumab and 600 took up the call. This led to a commitment from NHS England that bevacizumab and drugs like it would continue to be included in the process for assessing new drugs.


We began work on our groundbreaking Pathfinder 2016 study, creating an expert Advisory Panel chaired by Professor Michael Peake.

Bilingual awareness materials were used in our awareness campaign in Wales

Staff member Chantelle chats with supporters at Ask the Experts in Birmingham

We led the campaign to safeguard bevacizumab (Avastin®) as the Cancer Drugs Fund was reformed.
**We’d like to take this opportunity to thank in particular Gilli Lewis Lavender and her committee for organising a Gala Ball at Wimbledon in August, Warren Lakin for holding comedy event Loving Linda at the Edinburgh Fringe in August, and Unique & Innovative Events for holding a drinks reception in May.**

The trustees would also particularly like to acknowledge the generous gifts in wills received from the late Jenny Bogle, Rachael Erskine, Gertrude Morley and Mary Chamberlin.

**Key highlights:**

In March we had our most successful Ovarian Cancer Awareness Month yet, raising over £85,000. Our Start Making Noise campaign saw supporters spread the word, make noise and shout about the symptoms of ovarian cancer.

This year we celebrated the fifth anniversary of The Ovarian Cancer Walk. The event, held in both the Queen Elizabeth Olympic Park, London and Callendar Park, Falkirk, raised over £100,000. We want to thank all who took part and the volunteers who gave up their time - including the Falkirk Soroptimists and our corporate sponsors Linklaters.

We would like to take this opportunity to acknowledge those who joined us on our Great Wall of China trek, and give a special mention to our Target 1000 and 360 Giving Club members.

Finally, we wish to thank the thousands of women and their families and friends living with and beyond ovarian cancer. Their energy and enthusiasm is at the very centre of what we do.
Looking forward

We have now completed the second year of our current three-year business plan, which is based on our vision to make a dramatic difference by 2020 for women diagnosed with ovarian cancer:

**Increased survival:** close the five-year survival gap so that women in the UK have the best rather than the worst survival rates in Europe for ovarian cancer, and eliminate regional inequalities.

**Earlier diagnosis:** bring ovarian cancer in line with other cancers and reduce by at least a third the 32 per cent of women diagnosed following admission to A&E.13

**Reduced risk:** ensure that all women diagnosed with ovarian cancer and their families have access to genetic counselling and testing.

**New treatments:** fund high quality ovarian cancer specific research across the UK and increase the number of women with ovarian cancer participating in clinical trials by a third.

**More support:** increase our reach to 60 per cent of all women living with ovarian cancer.

In 2016-17, we will:

- Launch the third iteration of our flagship Target Ovarian Cancer Pathfinder study across the UK.
- Launch our nurse-led advice service as part of our ‘Living Well’ programme. The service supports women with ovarian cancer, offers information and advice and aims to help them feel less isolated.
- Launch our guide on Genetic testing and hereditary ovarian cancer as part of our ‘Knowing the risks’ programme. The guide enables GPs, women and their families to understand the hereditary risk of ovarian cancer and how to access genetic counselling and testing.
- Working with our GP Advisory Board, expand our ‘Rule it out’ programme to help more GPs diagnose ovarian cancer earlier, and continue to campaign for greater symptoms awareness amongst women.
- Launch a new round of our UK-wide ovarian cancer research grants programme to help find new treatments.
- Foster collaborative working with other organisations, both within the UK and internationally, to improve survival and quality of life for women with ovarian cancer.
- As the secretariat to the All-Party Parliamentary Group on Ovarian Cancer, support the group as it addresses issues around earlier diagnosis, awareness and improving survival.
- Build on our substantial achievements to date and launch a bold new strategy to further transform outcomes for women with ovarian cancer.

Governance, structure and management

**Legal entity**

Target Ovarian Cancer is a company limited by guarantee registered as a company in England and Wales on 13 June 2008. It was registered as a charity in England and Wales on 17 July 2008 and in Scotland on 6 February 2010. The governing document is the Memorandum and Articles of Association, dated 13 June 2008. New Articles of Association were adopted by special resolution, dated 29 December 2011, and were amended by special resolution, dated 21 November 2013 and 14 April 2016.

**Charitable objects**

The Objects of the charity are the relief of sickness and the advancement of health for the benefit of the public, in particular, among women who have or are at risk of developing ovarian cancer or other gynaecological diseases by: the promotion of research into the causes, prevention, detection, treatment and cure of ovarian cancer and other gynaecological diseases and their effects and the dissemination of the useful results of such research; relief of suffering among women affected by ovarian cancer and other gynaecological diseases, their families and dependents, through the provision of support and information; and the education of the public on issues relating to ovarian cancer and other gynaecological diseases.

**Trustees**

Joanna Barker, MBE, Chairman, has over thirty years’ experience in business and finance. Joanna’s mother and sister died from ovarian cancer in 2005. She is a lay member of the Council of the University of Durham, which awarded her an honorary doctorate (D.Litt) in 2012. In 2014 she was awarded an MBE in the Queen’s Birthday Honours.

Lisa Attenborough is Director of Communications at Arla Foods. Lisa has held senior communications positions at major international companies and her experience covers a wide range of sectors and all communications disciplines. She has managed significant strategic initiatives working with Boards for 25 years across global publics, private equity and non-governmental organisations. Previous senior level roles include Premier Foods, Monds, Marks and Spencer, Siemens, Hilton Hotels and Financial Times. Lisa’s mother died of ovarian cancer in 2008.

Sonya Branch is General Counsel at the Bank of England and the Executive Director for the Legal Directorate. She is responsible for providing legal advice to both the Bank and its subsidiary, the Prudential Regulation Authority. Previously, Sonya was Executive Director, and member of the Board at the Competition and Markets Authority. Sonya has previously played a key advisory role in several government key policy initiatives including the Health and Social Care Act and was a Partner in the Corporate department at the global law firm, Clifford Chance LLP. She is also a governor of a primary school in Kew, London.

Mike Holt, Honorary Treasurer, is Group Finance Director at Low & Bonar PLC, an international performance materials group quoted on the London Stock Exchange. Prior to joining Low & Bonar in 2010, he was Group Finance Director at Vp plc for six years. Between 1993 and 2004, Mike held a number of senior financial positions within Rolls-Royce Group plc in the UK, USA and Hong Kong. He is also a non-executive director of Asian Total Return Investment Company plc. Mike is a Fellow of the Institute of Chartered Accountants in England and Wales. Mike’s late wife was diagnosed with ovarian cancer in 2004 at the age of 43.

Emma Kane is the Chief Executive of Redleaf Communications, the media and investor relations agency she founded in January 2000; she has over 25 years’ experience in corporate and financial PR. Emma is the Chairman of the Barbican Centre Trust, and COSMIC (Children of St Mary’s Intensive Care), a Board member of Grange Park Opera, and Patron of The Wiener Library. Emma is an avid sculptor and loves opera and jazz. She has a Diploma in Jazz & Popular Music having started life as a tenor saxophonist. Emma’s stepchildren’s mother, Heather Ash, died from ovarian cancer at the age of 52 in 2007.

Margaret Chamberlain is a consultant at the London City law firm Travers Smith LLP, where she was a partner for 25 years. She is a solicitor specialising in the regulation of the financial services industry and has experience in non-profit making, charity and professional services environments. Margaret is also a trustee of Parkinson’s UK. One of her close friends has ovarian cancer and her experiences in relation to diagnosis and treatment have inspired Margaret to want to help Target Ovarian Cancer in its drive for early diagnosis, more research and support for women with ovarian cancer.

Charlie Parker is the General Manager of London’s newest Four Seasons Hotel at Ten Trinity Square. He sits on the Advisory Board of the School of Hospitality at the University of Surrey and is a member of the Royal Academy of Culinary Arts. Charlie’s mother died
Organisational structure
The Board of Trustees is responsible for setting Target Ovarian Cancer’s strategic objectives, the strategy to achieve them and the major policies of the charity. It is responsible for directing the executive staff, monitoring performance and for identifying and managing the major risks facing the charity. The Board meets five times a year.

The Chief Executive supports and advises the Board in its activities and, in line with the charity’s Statement of Delegated Responsibility is, subject to executive limitations, responsible and fully accountable for achieving strategic objectives including annual key performance indicators set by the Board.

The Chief Executive is supported by an expert team of staff. The total number of staff employed at 30 June 2016 was 20 (2015: 21).

Volunteers
The trustees recognise the extremely valuable contribution made by volunteers and wish to place on record their grateful thanks for that commitment. These include the many women living with ovarian cancer and others, who undertake fundraising, networking, campaigning and media work on behalf of the charity and who inform the development of our services; members of the Target Ovarian Cancer Scientific Advisory Board; Target Ovarian Cancer’s GP Advisory Board; our Clinical Advisory Board; our Pathfinder Advisory Panel; the health professionals who support us producing our information and putting on our events; our Digital Advisory Panel; and those who have given pro bono advice and support across a broad range of activities. No amounts are included in the financial statements to reflect the value of work undertaken by volunteers.

Thank you to our volunteers for their hard work and the extremely valuable contribution they have made this year.

Staff
The trustees are grateful to all members of staff for the outstanding work that they do on behalf of women with ovarian cancer. Target Ovarian Cancer seeks to be an employer of choice and reviews on an annual basis the level of remuneration and other benefits awarded to staff.

Risk assessment
The trustees have established a risk assessment process through which they identify the major foreseeable risks faced by the organisation, assess their likely impact and, where appropriate, implement measures to mitigate these risks. In our risk map, the principal risks are categorised under the headings Governance, Operational, Financial, External and Compliance.

The most significant risk to the charity has been identified as the effects of the fundraising climate on:

1) The reduction of public confidence in the charity sector as a whole following recent media stories of mismanagement and dubious practices.

2) The UK’s economic environment and specifically the economic uncertainty pending decisions on the UK’s exit from the European Union and their implications.

The trustees have reviewed the major risks to which Target Ovarian Cancer is exposed and are satisfied that appropriate actions have been taken and systems have been established to monitor and mitigate those risks.

Grant making policy
Target Ovarian Cancer launched its unique national ovarian cancer research programme in 2012. We aim to find and fund world-class research for the benefit of women with ovarian cancer, and our funding is open to researchers across the UK. Our gold standard scientific review process, accredited by the Association of Medical Research Charities (AMRC), ensures that we only fund the best doctors and researchers in hospitals and universities across the UK. The trustees award grants based on the recommendations of our Scientific Advisory Board, who consider further opinions from national and international experts in the field as well as patient representatives. Our membership of the Association of Medical Research Charities is an important mark of approval of the high quality of our peer review process.

Public benefit
From 1 April 2008 the Charities Act requires all charities to meet the legal requirement that its aims are for the public benefit. The Charity Commission in its ‘Charities and public benefit’ guidance states that there are two key principles to be met in order to show that an organisation’s aims are for the public benefit: firstly, there must be an identifiable benefit and secondly, that the benefit must be to the public or a section of the public. The trustees are satisfied that the aims and objectives of the charity, and the activities reported on in this Annual Report to achieve those aims, meet these principles.

Funding standards
The trustees are aware of the 2016 Charities Act and updated guidance from the Charity Commission, Charity funding: a guide to trustee duties (June 2016). During the year 2015–16, Target Ovarian Cancer was a member of the Fundraising Standards Board Panel (FSB). We will register with the Fundraising Regulator, the new independent regulator of charitable fundraising, when registration opens in autumn 2016.

Working with others
Target Ovarian Cancer is committed to working in collaboration with others who share an interest in improving outcomes for women with ovarian cancer. It will not duplicate work that is already meeting the needs of women with ovarian cancer. In addition to being a co-founder of the Ovarian Cancer Awareness Month charity website – www.ocam.org.uk – Target Ovarian Cancer works with the following organisations and bodies:

- All-Party Parliamentary Group on Ovarian Cancer (secretariat); Medical Research Council; NHS England; Public Health England; Royal College of General Practitioners; Public Health Agency, Northern Ireland; Alliance Scotland; Scottish Cancer Coalition; Cancer Voices Wales; National Cancer Research Institute; National Cancer Registration and Analysis Service; Cancer 52; British Gynaecological Cancer Society; National Forum of Gynaecological Oncology Nurses; National Institute of Health and Care Excellence; Scottish Intercollegiate Guidelines Network; Association of Medical Research Charities; Cancer Research UK; Macmillan Cancer Support; The Eve Appeal; Maggie’s Centres; Penny Brohn UK; Ovarian Cancer Action; Ovacome; Look Good Feel Better; Hospice UK; Scottish Medicines Consortium; and the European Network of Gynaecological Oncology Advocacy Groups. Target Ovarian Cancer is a co-founder of World Ovarian Cancer Day and its Chief Executive is Vice-Chair of the World Ovarian Cancer Coalition.
Financial review

Financial activities

The financial statements have been prepared in accordance with the accounting policies set out in the notes to the accounts and comply with the charity’s governing document, the Charities Act 2011 and Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland published on 16 July 2014.

Income

The charity had a small decrease in income this year to £1,609,840 [2015: £1,671,344]. This reflects a fall in legacy income as 2015 saw a significant major legacy receipt. This has been largely offset by a strong increase in gifts from charitable trusts and individuals, income streams that are both of high strategic importance to the charity.

The principal sources of funding were unrestricted funds, which fell to £236,614 [2015: £375,897]. This was primarily due to a change in the balance of income during the year, with a higher level of restricted gifts and a lower level of unrestricted gifts received. The charity is taking steps to rebuild its unrestricted reserve funds in 2016-17.

Expenditure

Expenditure stayed level this year at £1,659,852 [2015: £1,671,344], due to a planned use of reserves brought forward.

Our expenditure on research increased to £252,228 [2015: £257,491] as we awarded two new medical research grants. We also began work on the third Pathfinder study, our groundbreaking research mapping the experiences of those living and working with ovarian cancer. The decrease in expenditure on Earlier Diagnosis £298,111 [2015: £355,885] and Supportive Services £461,044 [2015: £563,553] reflects in part the prior year investment in our digital strategy, allowing us to achieve a far higher reach for a lower cost.

There was a planned deficit of £50,012 [2015: deficit £33,395]. This represents expenditure of funds carried forward from the previous year.

Reserves policy

The Board of Trustees has formulated a policy to maintain the general fund reserve level at a minimum sufficient to cover existing project commitments, three months of budgeted salary expenditure and six months of budgeted rent and support costs.

Although the deficit at the end of the year was lower than budgeted, total unrestricted funds fell to £236,614 [2015: £375,897]. This was primarily due to a change in the balance of income during the year, with a higher level of restricted gifts and a lower level of unrestricted gifts received. The charity is taking steps to rebuild its unrestricted reserve funds in 2016-17.

Restricted funds arise when conditions are imposed by the donors or by the specific terms of the appeal, and can only be spent on the activities specified. At 30 June 2016 restricted funds amounted to £228,978 [2015: £199,707] representing funding for the Target Ovarian Cancer research, ‘Knowing the risks’, ‘Rule it out’ and ‘Living well’ programmes. Total funds held at 30 June 2016 was £465,952 [2015: £515,604].

Investment policy

The charity aims to secure as a matter of urgency the earliest possible improvements in survival and quality of life for women with ovarian cancer so surplus funds are not committed to long-term investment but rather are invested, so that they are readily available, in short-term money markets.

Going concern

The trustees are able to confirm that they are of the opinion there are no material uncertainties related to events or conditions that may cast significant doubt over the ability of the charity to continue as a going concern.

The trustees are responsible for preparing the Trustees’ Annual Report and the financial statements in accordance with applicable law and regulations.

Company and charity law requires the trustees to prepare financial statements for each financial year. Under that law then are required to prepare the group and parent company financial statements in accordance with UK Accounting Standards and applicable law (UK Generally Accepted Accounting Practice) including FRS 102 The Financial Reporting Standard applicable in the UK and Republic of Ireland.

Under company law the trustees must not approve the financial statements unless they are satisfied that they give a true and fair view of the state of affairs of the charitable company and of the excess of expenditure over income for that period. In preparing each of the group and charitable company financial statements, the trustees are required to:

• select suitable accounting policies and then apply them consistently;
• make judgements and estimates that are reasonable and prudent;
• state whether applicable UK Accounting Standards have been followed, subject to any material departures disclosed and explained in the financial statements; and
• prepare the financial statements on the going concern basis unless it is inappropriate to presume that the group and the charitable company will continue its activities.

The trustees are responsible for keeping adequate and proper accounting records that are sufficient to show and explain the charitable company’s transactions and disclose with reasonable accuracy at any time the financial position of the charitable company and enable them to ensure that its financial statements comply with the Companies Act 2006, the Charities and Trustee Investment (Scotland) Act 2005, and regulation 8 of the Charities Accounts (Scotland) Regulations 2006 (as amended). They have general responsibility for taking such steps as are reasonably open to them to safeguard the assets of the company and to prevent and detect fraud and other irregularities.

Disclosure of information to auditors

The trustees who held office at the date of approval of this trustees’ report confirm that, so far as they are each aware, there is no relevant audit information of which the charity’s auditor is unaware; and each trustee has taken all the steps that he/she ought to have taken as a director to make himself/herself aware of any relevant audit information and to establish that the charity’s auditor is aware of that information.

Auditors

Pursuant to Section 487 of the Companies Act 2006, the auditors will be deemed to be reappointed and KPMG LLP will therefore continue in office.

Approved by the Trustees on 29 September 2016 and signed on their behalf by:

Joanna M. Barker
Chairman, Board of Trustees
Independent auditor’s report to the members of Target Ovarian Cancer

We have audited the financial statements of Target Ovarian Cancer for the year ended 30 June 2016 set out on pages 32 to 43. The financial reporting framework that has been applied in their preparation is applicable law and UK Accounting Standards (UK Generally Accepted Accounting Practice), including FRS 102 The Financial Reporting Standard applicable in the UK and Republic of Ireland.

This report is made solely to the charitable company’s members, as a body, in accordance with section 3 of Part 16 of the Companies Act 2006, and to the charity’s trustees, as a body, in accordance with section 44 (1)(c) of the Charities and Trustee Investment (Scotland) Act 2005 and regulation 10 of the Charities Accounts (Scotland) Regulations 2006. Our audit work has been undertaken so that we might state to the charitable company’s members and the charity’s trustees those matters we are required to state to them in an auditor’s report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charity, its members as a body and its trustees as a body, for our audit work, for this report or for the opinions we have formed.

Respective responsibilities of trustees and auditor
As explained more fully in the Statement of Trustees’ Responsibilities set out on page 29, the trustees (who are also the directors of the charitable company for the purposes of company law) are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view.

We have been appointed as auditor under section 44 (1)(c) of the Charities and Trustee Investment (Scotland) Act 2005 and under the Companies Act 2006 and report in accordance with regulations made under those Acts. Our responsibility is to audit the financial statements in accordance with applicable law and International Standards on Auditing (UK and Ireland). Those standards require us to comply with the Auditing Practices Board’s Ethical Standards for Auditors.

Scope of the audit of the financial statements
A description of the scope of an audit of financial statements is provided on the Financial Reporting Council’s website at frc.org.uk/auditscopeukprivate.

Opinion on financial statements
In our opinion the financial statements:

• have been properly prepared in accordance with UK Generally Accepted Accounting Practice; and
• have been prepared in accordance with the Companies Act 2006, the Charities and Trustee Investment (Scotland) Act 2005, and regulation 8 of the Charities Accounts (Scotland) Regulations 2006 (as amended).

Opinion on other matters prescribed by the Companies Act 2006
In our opinion the information given in the Trustees’ Annual Report, which constitutes Trustees’ Report for the financial year, for which the financial statements are prepared is consistent with the financial statements.

Based solely on the work required to be undertaken in the course of the audit of the financial statements and from reading the Trustees’ report:

• we have not identified material misstatements in that report; and
• in our opinion, that report has been prepared in accordance with the Companies Act 2006.

Matters on which we are required to report by exception
We have nothing to report in respect of the following matters where the Companies Act 2006 and the Charities Accounts (Scotland) Regulations 2006 (as amended) require us to report to you if in our opinion:

• the charitable company has not kept adequate and proper accounting records or returns adequate for our audit have not been received from branches not visited by us; or
• the charitable company financial statements are not in agreement with the accounting records and returns; or
• certain disclosures of trustees’ remuneration specified by law are not made; or
• we have not received all the information and explanations we require for our audit; or
• the trustees were not entitled to take advantage of the small companies exemption from the requirement to prepare a strategic report.

Iryndeep Kaur-Delay
Senior Statutory Auditor for and on behalf of KPMG LLP, Statutory Auditor
Chartered Accountants
KPMG LLP
One Snowhill
Snow Hill Queensway
Birmingham
B4 6GH
29 September 2016
Statement of financial activities  
(including an income and expenditure account)  
For the year ended 30 June 2016

Balance sheet  
As at 30 June 2016

<table>
<thead>
<tr>
<th>Notes</th>
<th>Unrestricted £</th>
<th>Restricted £</th>
<th>2016 £</th>
<th>2015 £</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Donations and legacies</td>
<td>3</td>
<td>1,037,346</td>
<td>570,501</td>
<td><strong>1,607,847</strong></td>
</tr>
<tr>
<td>Investment income</td>
<td></td>
<td>1,993</td>
<td>-</td>
<td><strong>1,993</strong></td>
</tr>
<tr>
<td><strong>Total income</strong></td>
<td></td>
<td><strong>1,039,339</strong></td>
<td><strong>570,501</strong></td>
<td><strong>1,609,840</strong></td>
</tr>
<tr>
<td>Expenditure</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expenditure on raising funds</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fundraising and publicity</td>
<td></td>
<td>525,227</td>
<td>-</td>
<td><strong>525,227</strong></td>
</tr>
<tr>
<td>Expenditure on charitable activities</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Research</td>
<td></td>
<td>150,931</td>
<td>164,921</td>
<td><strong>315,853</strong></td>
</tr>
<tr>
<td>Earlier diagnosis</td>
<td></td>
<td>238,611</td>
<td>59,500</td>
<td><strong>298,111</strong></td>
</tr>
<tr>
<td>Supportive services</td>
<td></td>
<td>204,235</td>
<td>256,809</td>
<td><strong>461,044</strong></td>
</tr>
<tr>
<td>Other expenditure</td>
<td></td>
<td>59,618</td>
<td>-</td>
<td><strong>59,618</strong></td>
</tr>
<tr>
<td><strong>Total expenditure</strong></td>
<td></td>
<td><strong>1,178,622</strong></td>
<td><strong>481,230</strong></td>
<td><strong>1,659,852</strong></td>
</tr>
<tr>
<td><strong>Net income / (expenditure) for the year</strong></td>
<td></td>
<td><strong>4</strong></td>
<td><strong>1,178,622</strong></td>
<td><strong>1,659,852</strong></td>
</tr>
<tr>
<td>Reconciliation of funds</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Funds brought forward</td>
<td></td>
<td>375,897</td>
<td>139,707</td>
<td><strong>515,604</strong></td>
</tr>
<tr>
<td><strong>Total funds carried forward</strong></td>
<td></td>
<td><strong>236,614</strong></td>
<td><strong>228,978</strong></td>
<td><strong>465,592</strong></td>
</tr>
</tbody>
</table>

Approved by the trustees on 29 September 2016 and signed on their behalf by:

Joanna M Barker - Chairman  
Emma Kane - Director

(Company registration number 6619981)

The notes on pages 35-43 form part of the Financial Statements.
Statement of cash flows
For the year ended 30 June 2016

<table>
<thead>
<tr>
<th>Notes to the financial statements</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

1. Accounting policies

a) The financial statements have been prepared in accordance with Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (effective 1 January 2015) - (Charities SORP (FRS 102)), the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) and the Companies Act 2006. Target Ovarian Cancer meets the definition of a public benefit entity under FRS 102. Assets and liabilities are initially recognised at historical cost or transaction value unless otherwise stated in the relevant accounting policy note(s).

b) Voluntary income is received by way of donations and gifts and is included in full in the statement of financial activities when receivable.

c) Fundraising income is recognised in the period in which it is raised.

d) Restricted funds are to be used for specific purposes as laid down by the donor. Expenditure which meets these criteria is charged to the fund. Transfers between restricted and unrestricted funds are only made when written instructions have been received from the original donor.

e) Unrestricted funds are donations and other incoming resources received or generated for the charitable purposes.

f) Legacies are recognised in the financial statements only upon certainty of legal entitlement, receipt and certainty of value.

g) Donated services are only included in incoming resources (with an equivalent amount in resources expended) where the benefit to the charity is reasonably quantifiable, measurable and material. The value placed on these resources is the estimated value to the charity of the service or facility received. The value of any voluntary help received is not included in the accounts but is described in the trustees’ annual report.

h) Costs of generating funds relate to the costs incurred by the charitable company in encouraging voluntary contributions, as well as the cost of any activities with a fundraising and publicity purpose.

i) Resources expended are recognised in the period in which they are incurred. Resources expended include attributable VAT which cannot be recovered.

j) Grants are recognised to the extent that a liability is incurred from a constructive or a legal obligation.

k) Support costs are those costs which do not in themselves constitute a charitable or fundraising activity but are necessary to support these activities. They will include central office functions such as finance, HR and general management.

l) Resources expended are allocated to the particular activity where the cost relates directly to that activity. Support costs are reallocated to each of the activities based on direct staff costs.

m) Governance costs are the costs associated with the governance arrangements of the charity. These costs are associated with constitutional and statutory requirements and include any costs associated with the strategic management of the charity’s activities.

n) Depreciation is provided at rates calculated to write down the cost of each asset to its estimated residual value over its expected useful life. A full year’s depreciation is charged in the year of acquisition. The depreciation rates in use are as follows:

| Furniture, fixtures and office equipment | 3 years |

o) Items of equipment are capitalised where the purchase price exceeds £500. Depreciation costs are allocated to activities on the basis of the use of the related assets in those activities. Assets are reviewed for impairment if circumstances indicate their carrying value may exceed their net realisable value and value in use.

p) The Charity pays five per cent employer contribution to the Private Pension Company on behalf of qualifying employees. The pension cost charge represents contributions payable under the scheme by the Charity to the Private Pension Company. The Charity has no liability under the scheme other than for the payment of those contributions.

q) Rentals payable under operating leases, where substantially all the risks and rewards of ownership remain with the lessor, are charged to the Statement of Financial Activities on a straight line basis over the lease duration.

r) The Charity only has financial assets and financial liabilities of a kind that qualify as basic financial instruments. Basic financial instruments are initially recognised at transaction value and subsequently measured at their settlement value. Interest on funds held on deposit is included when receivable and the amount can be reliably measured by the charity; this is normally upon notification of the interest paid or payable by the bank.
Notes to the financial statements
For the year ended 30 June 2016

2. Legal status of the charity
The Charity is a company limited by guarantee and a public benefit entity which has no share capital. In the event of the charity being wound up, the liability in respect of the guarantee is limited to £1 per member of the charity.

3. Voluntary income

<table>
<thead>
<tr>
<th></th>
<th>Unrestricted £</th>
<th>Restricted £</th>
<th>Total 2016 £</th>
<th>Total 2015 £</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legacies and gifts from individuals and trusts</td>
<td>201,256</td>
<td>411,650</td>
<td>612,906</td>
<td>651,473</td>
</tr>
<tr>
<td>Donated services</td>
<td>-</td>
<td>155,159</td>
<td>155,159</td>
<td>107,352</td>
</tr>
<tr>
<td>General donations</td>
<td>823,404</td>
<td>3,692</td>
<td>827,096</td>
<td>865,868</td>
</tr>
<tr>
<td>Corporate donations</td>
<td>12,686</td>
<td>-</td>
<td>12,686</td>
<td>10,702</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1,037,346</strong></td>
<td><strong>570,501</strong></td>
<td><strong>1,607,847</strong></td>
<td><strong>1,635,395</strong></td>
</tr>
</tbody>
</table>

Legacies and gifts from individuals and trusts included legacy income of £3,500 in 2016. (2015: £145,598)

Donated services relate to provision of professional services (£38,588) and publicity of our services to women with ovarian cancer (£116,575) provided at their estimable market rate. During the year the charity received donations of a professional communications secondment, web advertising space and management expertise and outdoor advertising services. The Charity has benefited from the contribution of unpaid general volunteers which have not been identified in the accounts. No commitments or other unrecognised contingencies have arisen from these donations.

4. Total resources expended

<table>
<thead>
<tr>
<th>Fundraising</th>
<th>Research</th>
<th>Earlier diagnosis</th>
<th>Supportive services</th>
<th>Governance</th>
<th>Total 2016 £</th>
<th>Total 2015 £</th>
</tr>
</thead>
<tbody>
<tr>
<td>£</td>
<td>£</td>
<td>£</td>
<td>£</td>
<td>£</td>
<td>£</td>
<td>£</td>
</tr>
<tr>
<td>Staff costs</td>
<td>273,453</td>
<td>99,139</td>
<td>126,981</td>
<td>180,129</td>
<td>710,611</td>
<td>615,478</td>
</tr>
<tr>
<td>Direct costs*</td>
<td>149,664</td>
<td>68,965</td>
<td>92,464</td>
<td>192,819</td>
<td>521,079</td>
<td>461,853</td>
</tr>
<tr>
<td>Advocacy</td>
<td>0</td>
<td>0</td>
<td>31,249</td>
<td>20,833</td>
<td>52,082</td>
<td>122,800</td>
</tr>
<tr>
<td>Grants</td>
<td>0</td>
<td>110,729</td>
<td>0</td>
<td>0</td>
<td>110,729</td>
<td>161,252</td>
</tr>
<tr>
<td>Allocated support costs</td>
<td>102,110</td>
<td>37,020</td>
<td>47,416</td>
<td>67,263</td>
<td>265,351</td>
<td>309,960</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>525,227</strong></td>
<td><strong>315,853</strong></td>
<td><strong>298,110</strong></td>
<td><strong>461,044</strong></td>
<td><strong>1,659,852</strong></td>
<td><strong>1,671,344</strong></td>
</tr>
</tbody>
</table>

* Direct costs include £155,159 of donated services provided at their estimable market rate.

4. Total resources expended (continued)

<table>
<thead>
<tr>
<th>Analysis of governance and support costs</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total 2016</strong></td>
</tr>
<tr>
<td>Support £</td>
</tr>
<tr>
<td>------------</td>
</tr>
<tr>
<td>Staff costs</td>
</tr>
<tr>
<td>Office costs</td>
</tr>
<tr>
<td>Legal and professional</td>
</tr>
<tr>
<td>Depreciation</td>
</tr>
<tr>
<td>Audit fees</td>
</tr>
<tr>
<td>Trustee recruitment and expenses</td>
</tr>
<tr>
<td><strong>Total</strong></td>
</tr>
</tbody>
</table>

Analysis of advocacy costs

<table>
<thead>
<tr>
<th>2016 £</th>
<th>2015 £</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff costs</td>
<td>41,459</td>
</tr>
<tr>
<td>Direct costs</td>
<td>10,623</td>
</tr>
</tbody>
</table>

Advocacy costs are allocated on the basis of the work performed:
Earlier diagnosis: 60%
Supportive services: 40%

5. Net incoming resources for the year

This is stated after charging:

<table>
<thead>
<tr>
<th>2016 £</th>
<th>2015 £</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depreciation</td>
<td>39,087</td>
</tr>
<tr>
<td>Operating lease rentals:</td>
<td></td>
</tr>
<tr>
<td>Property</td>
<td>71,869</td>
</tr>
<tr>
<td>Auditors’ remuneration:</td>
<td></td>
</tr>
<tr>
<td>Audit of these financial statements</td>
<td>5,000</td>
</tr>
</tbody>
</table>

No trustees claimed expenses in 2015-2016 (2015: £0). No trustees have been paid any remuneration or received any other benefits from an employment with the charity or a related entity.
Notes to the financial statements
For the year ended 30 June 2016

6. Staff costs and numbers

Staff costs were as follows:

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2015</th>
<th>£</th>
<th>£</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries and wages</td>
<td>680,890</td>
<td>642,913</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social security costs</td>
<td>68,688</td>
<td>64,843</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pensions</td>
<td>31,962</td>
<td>30,740</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total emoluments paid to staff were:</strong></td>
<td>781,540</td>
<td>738,496</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Staff costs were as follows:

- One employee earned between £80,001 and £90,000 in 2016 (2015: 1 employee between £80,001 and £90,000). Pension costs relating to this employee amounted to £4,320 (2015: £4,120).
- The key management personnel of the charity comprises of the Chief Executive, the Director of Finance and Resources, the Director of Fundraising, the Director of Public Affairs and Services, the Director of Communications and the Head of Supportive Services. The total employee benefits of the key management personnel of the charity were £330,580 (2015: £287,874). Salaries are benchmarked against market rates. The increase in costs reflects that one post was vacant for 6 months in 2014-15.

The average time spent on activities expressed as full-time equivalent employees during the year was as follows:

<table>
<thead>
<tr>
<th>Activity</th>
<th>2016 No.</th>
<th>2015 No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fundraising</td>
<td>6.3</td>
<td>5.2</td>
</tr>
<tr>
<td>Research</td>
<td>1.8</td>
<td>0.9</td>
</tr>
<tr>
<td>Supportive services</td>
<td>5.5</td>
<td>6.4</td>
</tr>
<tr>
<td>Earlier diagnosis</td>
<td>2.9</td>
<td>3.5</td>
</tr>
<tr>
<td>Advocacy</td>
<td>0.6</td>
<td>1.4</td>
</tr>
<tr>
<td>Governance</td>
<td>0.5</td>
<td>0.3</td>
</tr>
<tr>
<td>Support</td>
<td>1.5</td>
<td>1.5</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>19.1</td>
<td>19.1</td>
</tr>
</tbody>
</table>

At 30 June 2016, the charity employed 20 staff (2015: 21 staff)

7. Grantmaking

<table>
<thead>
<tr>
<th></th>
<th>2016 £</th>
<th>2015 £</th>
</tr>
</thead>
<tbody>
<tr>
<td>Translational research grants</td>
<td>110,729</td>
<td>161,252</td>
</tr>
<tr>
<td>Support costs of grantmaking</td>
<td>19,153</td>
<td>9,283</td>
</tr>
</tbody>
</table>

In 2015/16 the Scientific Advisory Board agreed to award the following medical research grants:

- University of Glasgow, Dr Iain McNeish. Interleukin-6 as a therapeutic target in ovarian clear cell carcinoma. Year 1 funding £78,241
- University of Surrey, Dr Agnieszka Michael. EDMONd – A feasibility study of elemental diet as an alternative to parenteral nutrition for ovarian cancer patients with inoperable malignant bowel obstruction. Year 1 funding £32,488.

8. Taxation

Target Ovarian Cancer is considered to pass the tests set out in Paragraph 1 Schedule 6 Finance Act 2011 and, therefore, it meets the definition of a charitable company for UK corporation tax purposes. Accordingly, the charity is potentially exempt from taxation in respect of income or capital gains received within categories covered by Chapter 3 Part 11 Corporation Tax Act 2010 or Section 256 of the Taxation of Chargeable Gains Act 1992, to the extent that such income or gains are applied exclusively to charitable purposes.
Notes to the financial statements
For the year ended 30 June 2016

9. Tangible fixed assets

<table>
<thead>
<tr>
<th>Furniture, fixtures and equipment</th>
<th>£</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cost</strong></td>
<td></td>
</tr>
<tr>
<td>At the start of the year</td>
<td>159,996</td>
</tr>
<tr>
<td>Additions in the year</td>
<td>-</td>
</tr>
<tr>
<td>At the end of the year</td>
<td>159,996</td>
</tr>
<tr>
<td><strong>Depreciation</strong></td>
<td></td>
</tr>
<tr>
<td>At the start of the year</td>
<td>74,101</td>
</tr>
<tr>
<td>Charge for the year</td>
<td>39,085</td>
</tr>
<tr>
<td>At the end of the year</td>
<td>113,186</td>
</tr>
<tr>
<td><strong>Net book value</strong></td>
<td></td>
</tr>
<tr>
<td>At the end of the year</td>
<td>46,810</td>
</tr>
<tr>
<td>At the start of the year</td>
<td>85,895</td>
</tr>
</tbody>
</table>

10. Debtors

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£</td>
<td>£</td>
</tr>
<tr>
<td>Other debtors</td>
<td>34,495</td>
<td>150</td>
</tr>
<tr>
<td>Prepayments</td>
<td>6,357</td>
<td>4,260</td>
</tr>
<tr>
<td>Accrued income</td>
<td>6,750</td>
<td>48,750</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>47,602</td>
<td>53,159</td>
</tr>
</tbody>
</table>

11. Cash at bank and in hand

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£</td>
<td>£</td>
</tr>
<tr>
<td>Current accounts</td>
<td>316,001</td>
<td>214,048</td>
</tr>
<tr>
<td>Short term deposits</td>
<td>374,549</td>
<td>601,483</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>690,550</td>
<td>815,531</td>
</tr>
</tbody>
</table>

12. Creditors and accruals

<table>
<thead>
<tr>
<th></th>
<th>Amounts due within one year</th>
<th>Amounts due after one year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2016</td>
<td>2015</td>
</tr>
<tr>
<td>Trade creditors</td>
<td>29,143</td>
<td>64,691</td>
</tr>
<tr>
<td>Grants payable</td>
<td>242,960</td>
<td>278,558</td>
</tr>
<tr>
<td>Taxation and social security</td>
<td>19,211</td>
<td>18,842</td>
</tr>
<tr>
<td>Pension</td>
<td>18,549</td>
<td>15,968</td>
</tr>
<tr>
<td>Accruals</td>
<td>18,549</td>
<td>15,968</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>319,370</td>
<td>438,982</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Grants payable</th>
<th>£</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grants payable at 1 July 2016</td>
<td>278,558</td>
</tr>
<tr>
<td>Grants awarded</td>
<td>110,729</td>
</tr>
<tr>
<td>Grant payments made in year</td>
<td>- 146,327</td>
</tr>
<tr>
<td><strong>Total grants outstanding at 30 June 2016</strong></td>
<td>242,960</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Represented by</th>
<th>£</th>
</tr>
</thead>
<tbody>
<tr>
<td>Falling due within one year</td>
<td>242,960</td>
</tr>
<tr>
<td>Falling due after one year</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>242,960</td>
</tr>
</tbody>
</table>
13. Analysis of net assets between funds

<table>
<thead>
<tr>
<th></th>
<th>Unrestricted funds £</th>
<th>Restricted funds £</th>
<th>Total funds £</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tangible fixed assets</td>
<td>46,810</td>
<td>-</td>
<td>46,810</td>
</tr>
<tr>
<td>Net current assets</td>
<td>189,804</td>
<td>228,978</td>
<td>418,782</td>
</tr>
<tr>
<td><strong>Net assets at the end of the year</strong></td>
<td>236,614</td>
<td>228,978</td>
<td>465,592</td>
</tr>
</tbody>
</table>

14. Movement in funds

<table>
<thead>
<tr>
<th></th>
<th>At the start of the year £</th>
<th>Incoming resources with Gift Aid £</th>
<th>Outgoing resources £</th>
<th>At the end of the year £</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Restricted funds</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(a) Supportive Services</td>
<td>-</td>
<td>256,809</td>
<td>(256,809)</td>
<td>-</td>
</tr>
<tr>
<td>(b) Pathfinder Study 2016</td>
<td>-</td>
<td>50,000</td>
<td>(50,000)</td>
<td>-</td>
</tr>
<tr>
<td>(c) Earlier detection</td>
<td>-</td>
<td>59,500</td>
<td>(59,500)</td>
<td>-</td>
</tr>
<tr>
<td>(d) Research programme</td>
<td>139,707</td>
<td>204,192</td>
<td>(114,921)</td>
<td>228,978</td>
</tr>
<tr>
<td><strong>Total restricted funds</strong></td>
<td>139,707</td>
<td>570,501</td>
<td>(481,230)</td>
<td>228,978</td>
</tr>
<tr>
<td><strong>Total unrestricted funds</strong></td>
<td>375,897</td>
<td>1,039,339</td>
<td>(1,178,622)</td>
<td>236,614</td>
</tr>
<tr>
<td><strong>Total funds</strong></td>
<td>515,604</td>
<td>1,609,840</td>
<td>(1,659,852)</td>
<td>465,592</td>
</tr>
</tbody>
</table>

15. Commitments under operating leases

As at 30 June 2016, the charity had annual commitments under non-cancellable operating leases as set out below:

<table>
<thead>
<tr>
<th>Land &amp; buildings</th>
<th>2016 £</th>
<th>2015 £</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 - 1 years</td>
<td>70,528</td>
<td>70,528</td>
</tr>
<tr>
<td>2 - 5 years</td>
<td>33,042</td>
<td>103,570</td>
</tr>
</tbody>
</table>

16. Contingent liabilities

During the year 2015-16, the charity entered into long term grant arrangements with both the University of Glasgow and the University of Surrey, awarding grants of £179,566 over a 28 month period and £64,968 over a 36 month period, the first instalments of which were awarded in 2015-16. Subject to a successful review of the annual objectives, the Scientific Advisory Board will award the remaining funding of University of Glasgow £101,325 and University of Surrey £32,480. All grant funding is subject to annual review by the Scientific Advisory Board before each year of funding is released.

17. Related party transactions

Donations from trustees and on their behalf of £222,170 (2015: £225,735) were received in 2016.

18. Reconciliation of net income/(expenditure) to net cash flow from operating activities

19. Analysis of cash at bank and in hand less overdrafts

<table>
<thead>
<tr>
<th></th>
<th>2016 £</th>
<th>2015 £</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash at bank and hand</td>
<td>690,550</td>
<td>815,531</td>
</tr>
</tbody>
</table>
The Board of Trustees wishes to acknowledge the following for their outstanding support of Target Ovarian Cancer during the past year:

**PATRONS**
- Professor Sir Kenneth Calman
  - PhD MD FRCS FRCP
  - Director of Cancer Drug Discovery & Development, University College London
- Professor Sam H Ahmedzai MRCP
  - FRCOG FRCS FMedSci,
  - Consultant Medical Oncologist, Glasgow
- Professor Jonathan Ledermann
  - MD FRCS FRCP,
  - Consultant Medical Oncologist, University College London
- Dr Hilary Morrison
  - Patient representative
- Professor Richard Neal
  - Professor of Primary Care Oncology, Leeds University
- Dr Dirk Pilat
  - General Practitioner and Medical Director for e-Learning, Royal College of General Practitioners
- Dr Nina Craft
  - Advisory, Care Quality Commission
- Dr Vincent Rawcliffe
  - Medical Director for e-Learning, Royal College of General Practitioners
- Dr Alison Wint
  - Consultant Medical Oncologist, Belfast
- Professor Richard Kennedy
  - Consultant Medical Oncologist, Cardiff
- Mr David Nugent
  - Consultant Gynaecology Oncology Surgeon, Leeds
- Dr Marc Tischkowitz
  - Honorary Consultant, Department of Medical Genetics, Cambridge
- Lisa Young
  - Clinical Nurse Specialist, University College London

**TARGET OVARIAN CANCER GENERAL PRACTITIONER ADVISORY PANEL**
- Professor Nigel Sparrow OBE GP (Chair), Senior National GP Advisor Care Quality Commission
- Jenny Aston, Advanced Nurse Practitioner and Chair of the RCGP General Practice Foundation Nursing Group
- Elaine Biscoe, National Nursing Advisory, Care Quality Commission
- Dr Nina Craft, General Practitioner, Woodbrooke Medical Practice, Belfast
- Professor Jonathan Ledermann, Professor of Medical Oncology, University College London
- Dr Hilary Morrison, Patient representative
- Professor Richard Neal, Professor of Primary Care Oncology, Leeds University
- Dr Thomas O’Neill, General Practitioner, Midlodge Medical Centre, Glasgow
- Dr Dirk Pilat, General Practitioner and Medical Director for e-Learning, Royal College of General Practitioners
- Dr Vincent Rawcliffe, General Practitioner, New Hall Surgery, Hull
- Professor Debbie Sharp OBE GP, Professor of Primary Health Care, University of Bristol
- Dr Alison Wint, Clinical Lead for Cancer South Gloucester CCG & Macmillan GP, Montpelier Health, Pilning Surgery

**TARGET OVARIAN CANCER DIGITAL ADVISORY PANEL**
- Amanda Cawthorn, Patient representative
- Matt Collins, Managing Director, Platypus Digital
- Andy Chang, Angel investor and director, AngelList
- Sally Falvey, Head of Charity Marketing, JustGiving
- David Glasser, Non-Executive Chairman, Web Results Direct
- Becki Golding, Family member representative
- Emile Kott, Director, AcroWeb

**TARGET OVARIAN CANCER CLINICAL ADVISORY PANEL**
- Dr Vicki Barber, GP, Kettering
- Lynn Buckley, Clinical Nurse Specialist, Hull
- Professor Richard Edmondson, Professor of Gynaecological Oncology, Manchester
- Dr Alison Farmer, Oncology Nurse, Southampton
- Professor Richard Kennedy, Consultant Medical Oncologist, Belfast
- Professor Iain McNeil, Consultant Medical Oncologist, Glasgow
- Dr Alex Murray, Consultant Clinical Geneticist, Cardiff
- Dr Mr David Nugent, Consultant Gynaecology Oncology Surgeon, Leeds
- Dr Marc Tischkowitz, Honorary Consultant, Department of Medical Genetics, Cambridge
- Lisa Young, Clinical Nurse Specialist, Southampton

**TARGET OVARIAN CANCER CLINICAL ADVISORY PANEL**
- Dr Mary Hedges, Consultant Medical Oncologist, Birmingham
- Dr Alan Meakin, Consultant Medical Oncologist, Sheffield
- Dr Alan Thompson, Consultant Medical Oncologist, Manchester
- Dr Laura Wilson, Consultant Medical Oncologist, Manchester
- Dr Mike Wynn, Consultant Medical Oncologist, London
- Dr John Yu, Consultant Medical Oncologist, London
- Dr Paul Sibinga, Consultant Medical Oncologist, London
- Dr Natasha Vaidya, Consultant Medical Oncologist, London
- Dr Jonathan Ylvisaker, Consultant Medical Oncologist, London
- Dr Michael Young, Consultant Medical Oncologist, London

**TARGET OVARIAN CANCER ADVISORY BOARD**
- Dr Susan Calman
- Dr Sarah Greene

**AMBASSADORS**
- Dr Susan Calman
- Dr Sarah Greene

**PRACTITIONER ADVISORY BOARD**
- Target Ovarian Cancer is a member of the Association of Medical Research Charities.

**Governing document**
- Memorandum and Articles of Association, 13 June 2008.

**Chief Executive**
- Annwen Jones

**Company Secretary**
- Annwen Jones

**Trustees**
- Joanna M. Barker MBE (Chairman)
- Lisa Altenborough
- Sonya Branch
- Mike Holt
- Emma Kane
- Margaret Chamberlain (appointed 25 February 2016)
- Charlie Parker (appointed 23 March 2016)
- Margaret Chamberlain
- Emma Kane
- Mike Holt
- Sonya Branch
- Lisa Attenborough
- Joanna M. Barker MBE (Chairman)
- Dame Janet Gaymer DBE QC
- PhD MD FRCS FRCP
- Professor Sir Kenneth Calman
- Patrons
- Professor Sir Kenneth Calman
- PhD MD FRCS FRCP
- Dame Janet Gaymer DBE QC

**Registered office**
- 2 Angel Gate
- London
- EC1V 2PT
- www.targetovariancancer.org.uk
- 020 7923 5470
- info@targetovariancancer.org.uk

**Bankers**
- CAF BANK Ltd
- 25 Kings Hill Avenue
- Kings Hill
- West Malling
- ME19 4JQ
- Coutts & Co
- 440 Strand
- London
- WC2R 0QS

**Scottish Widows Bank**
- PO Box 12757
- Edinburgh
- EH3 8VY

**Shawbrook Bank**
- Lutetia House
- Warley Hill Business Park
- Great Warley
- Brentwood
- Essex
- CM13 3BE

**Auditor**
- KPMG LLP

**One Snowhill**
- Snow Hill Queensway
- Birmingham
- B4 6GH

**Solictor**
- Stone King LLP
- 16 St John Street
- London
- EC1M 4BS
Acknowledgements

TARGET OVARIAN CANCER
PATHFINDER ADVISORY PANEL

Professor Michael Peake, FRCP (Chair) — Clinical Lead for the National Cancer Registration and Analysis Service, Consultant and Senior Lecturer in Respiratory Medicine, University Hospitals of Leicester
Ann Adair, Patient advocate
Sarah Burton, Clinical Nurse Specialist at the Velindre Cancer Centre, Cardiff
Dr Alexandra Cran-McGreehin, Relative advocate
Dr Ros Glasspool, Chair, National Cancer Research Institute Ovarian sub-group, Consultant Medical Oncologist at the Beatson West of Scotland Cancer Centre
Christine Mitchell, Patient advocate
Dr Andy Nordin, President, British Gynaecological Cancer Society, Consultant Gynaecologist at The Queen Elizabeth The Queen Mother Hospital
Natalie Percival, President of the National Forum of Gynaecological Oncology Nurses, Advanced Nurse Practitioner at The Royal Marsden Hospital
Paul Shagouri, Relative advocate
Professor Debbie Sharp OBE GP, Professor of Primary Care at Bristol University, Member of Target Ovarian Cancer GP Advisory Board

We would like to thank the Joseph Levy Foundation and the Edith Murphy Foundation for their ongoing commitment to our prevention work through Knowing the risks; the February Foundation, the Childwick Trust and the Evan Comish Foundation for their support towards the development of a new nurse-led advice service; the Peter Sowerby Foundation for their generous grant towards the third iteration of our flagship Pathfinder Study; the MariaMarina Foundation for their valuable commitment to our Living Well programme; Cedar International for their valuable ongoing commitment for our research programme and to the Ardeola Charitable Trust for their significant support to match funds raised for our medical research programme. We are incredibly grateful to all the many trusts and foundations that have so generously supported our work this year. Thank you.

The trustees would also particularly like to acknowledge the generous gifts in wills received from the late Jenny Bogle, Rachael Erskine, Gertrude Morley and Mary Chamberlin.

We would also like to thank corporate supporters Cedar International, Unique and Innovative Events and Linklaters - and CityOutdoor, WRD, and GlaxoSmithKline for their gifts in kind.
The symptoms of ovarian cancer are frequent (they usually happen more than 12 times a month), persistent and new, and include:

- Persistent pelvic or abdominal pain (that's your tummy and below)
- Increased abdominal size/persistent bloating – not bloating that comes and goes
- Difficulty eating or feeling full quickly
- Needing to wee more urgently or more often than usual

Occasionally there can be other symptoms such as changes in bowel habits, extreme fatigue (feeling very tired), unexplained weight loss or loss of appetite. Any post-menopausal bleeding should always be investigated by a GP.

If you regularly experience any of these symptoms, which are not normal for you, it is important that you see your GP. It is unlikely that your symptoms are caused by a serious problem, but it is important to be checked out.