LET’S TALK ABOUT BREASTS
How a ground-breaking campaign changed women’s behaviour.
IN A NUTSHELL…

1 in 9 women in Scotland is diagnosed with breast cancer in their lifetime. To put that in perspective – of the 32 female judges of the 2012 Marketing Society Star Awards, three are likely to be diagnosed with breast cancer at some point in their lives.

Fortunately, with breast cancer, early detection really does save lives.

This is the story of how a bold idea, carefully executed, empowered women to act early on the symptoms of breast cancer.

During the campaign:

• **Spontaneous knowledge of symptoms doubled**

• **There was immediate and dramatic behaviour change with a 50 per cent increase in the number of women consulting their GP for breast cancer symptoms, compared to the same period in 2011.**

This was an extremely brave campaign for the Scottish Government to run – and the first advert in UK advertising history to show real pictures of women's breasts with visible signs of breast cancer.

But the results suggest, in this case, the end really did justify the means.
THE BAD NEWS – AND THE GOOD NEWS

Breast cancer is the most common cancer in Scottish women. In 2010 there were 4,457 new cases and 1,022 deaths. With Scotland’s ageing population, the number of cases of breast cancer is rising.

The fantastic news is that breast cancer has never been more treatable and survivable. In the last decade deaths from breast cancer have decreased by 18%.

But there are two major challenges to be tackled:

1. If Scotland’s breast cancer survival rates matched the best in Europe, even more lives would be saved.

2. Women from the most deprived areas are more likely to die from breast cancer than their more affluent peers.

At the heart of both these issues is the matter of early detection. The earlier breast cancer is diagnosed, the easier it is to treat and to cure.

THE BRIEF

In 2011, determined to address this, the Scottish Government announced the Detect Cancer Early programme, targeting the ‘big three killers’ in Scotland: breast, bowel and lung cancer. This would support a specific, published NHS Scotland HEAT target as follows:

“By the end of December 2015, to achieve a 25% increase... of those diagnosed and treated in the first stage of cancer (for the three types combined: breast, colorectal and lung).”

For practical reasons, breast cancer would be tackled first, in 2012, with bowel and lung following in 2013.

The 2012 brief was to support the earlier detection of female breast cancer with particular emphasis on:

- Women aged 45+ (age is the biggest risk factor for breast cancer).
- Women from more deprived areas (whose cancers are often detected at later tumour stages).

<table>
<thead>
<tr>
<th>Breast cancer stage at detection</th>
<th>% of women surviving beyond 10 years</th>
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<tbody>
<tr>
<td>Stage 1</td>
<td>85%</td>
</tr>
<tr>
<td>Stage 2</td>
<td>60%</td>
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<tr>
<td>Stage 3</td>
<td>40%</td>
</tr>
<tr>
<td>Stage 4</td>
<td>10%</td>
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INSIGHT GATHERING

To gain a rounded understanding of the issue we spoke to a broad range of audiences:

• Women in the target audience
• Clinicians, breast screening radiographers, GPs, and screening services managers
• Breast cancer survivors
• Women currently undergoing treatment for breast cancer

This gave rise to three key insights which shaped the development of the final campaign.

THE BIG 3 INSIGHTS THAT SHAPED THE CAMPAIGN

1. A fundamental challenge to stand-out

The campaign would have a fundamental need to cut-through an enormous amount of ‘noise’ (positive and negative) around breast cancer and cancer in general.

2. Confidence in breast screening was making many women complacent about acting on symptoms

Breast screening plays a huge part in early diagnosis of breast cancer.*

But our research revealed that attendance at breast screening (and high confidence in the service) could make many women complacent around acting on changes to their breasts between screenings. We needed to be careful not to encourage women to defer responsibility to ‘the professionals’ – when they needed an active role themselves.

3. Knowledge of breast cancer symptoms was dominated by lumps

Surprisingly, we discovered that for all the phenomenal awareness and concern around breast cancer, actual knowledge of symptoms was extremely poor.

An emphasis on lumps had emerged over time. This was delaying some women in acting on other changes to their breasts for fear of wasting the GP’s time.

While lumps are the most common symptom of breast cancer, a significant proportion of cases are diagnosed via completely different symptoms.

This lack of symptom awareness was, at times, uncomfortably clear in our groups.

* Around 1,400 cancers detected through breast screening in Scotland 2009/10.
FOCUS GROUP EXCERPT

Respondent One: “I wouldn't have a clue about the signs. It's just a lump isn't it?”

(Discussion on other symptoms ensues...)

Respondent One: “My nipples is leaking aw the time”
Respondent Two: “Now that's nae right, is it?”
Respondent Three: “I ken!”

Respondent One: “It's all the time....well, I just think it must be my age”
Respondent Two: “Now I would have been at the doctor with that”

Respondent One: “I've never mentioned it to the doctor because it's nae a lump. It's just a lump isn't it?”
(meaning – only lumps are relevant symptoms)

(Everyone is silent)

Respondent One: “Oh no, I'm feart now” (nervous laugh)

(Later on, when discussing what actions they would take on discovering certain symptoms)

Respondent Four: “I knew someone and her nipples actually went in the way”

Respondent One: “My nipples dae that. They go in. But not all of the time. Maybe I'm a bit naive. Well I had my screening when I was 50 and I was OK so I just thought there's nothing wrong with me. I feel a bit bad now.”

(More nervous laughter. She agrees to go and see the doctor).

Previous attempts to raise awareness of ‘other’ symptoms were failing to cut-through as they were vague and hard to recognise from verbal and illustrated descriptions.

Examples of how symptoms information was being delivered. (Sources: NHS Scotland, UK Breast Cancer Charities)
TURNING INSIGHT INTO ACTION

Based on the research insight it was agreed that the campaign would lead with a message about:

Seeing your GP promptly about any changes to the breast – not just lumps.

This headline would be underpinned by four consistent support messages.

1. The reminder to act on changes to the breast – even between screenings
2. The reassurance that breast cancer is much more treatable these days
3. The incentive that the earlier breast cancer is found, the easier it is to treat
4. The thought-provoking fact that 1 in 9 women in Scotland will develop breast cancer in their lifetimes.

THE CREATIVE SOLUTION

The idea came in the form of an apparently naked Elaine C. Smith, holding up photographs of real breast cancer symptoms, and encouraging women to get any changes checked early.

This was a resounding winner in testing – in terms of potential effectiveness. TNS BMRB identified six reasons why the route had so much potential:

• The visual symptoms were absolutely central to the idea
• The power of reality was extremely strong – and showing real photographs was seen as a grown-up, progressive and necessary way to impart knowledge around such an important issue
• It had a normalising effect – embracing all ages and body shapes and diffusing the idea of breasts being embarrassing to talk about
• It harnessed the role of significant others – empowering them to be aware of changes to their partner’s breasts
• It was highly memorable and likely to get people talking in a positive way
• It confronted – but also reassured (thereby motivating people to act)

“It’s very informative for me and it gets straight to the point”
61-70 year old, Glasgow

“It’s very powerful”
50-60 year old, Perthshire

“Your husband would be able to say to you, ‘your nipples don’t look like this’”
45-49 year old, Edinburgh

“Sticks with me completely… if you see something and think ‘that’s the same as the picture (Elaine) had’ – I’m getting it checked”
45-49 year old, Edinburgh
A WINNING CONCEPT – BUT COULD IT EVER RUN?

We had a hugely exciting route but there was a problem.

A big problem.

The campaign concept was a violation of British TV advertising guidelines, which don't allow naked breasts to be shown.

We'd deliberately tested a version of the same idea only with illustrations, but the research findings were resoundingly clear. The real photography was critical to the campaign's huge potential.

Leith and the Scottish Government developed a detailed action plan to try and get the campaign cleared to air.

To their enormous credit, Clearcast were extremely supportive throughout this process, and eventually, the Copy Committee agreed a special exception and cleared the ad to air post 21.00 watershed.

CLEARCAST

Head of Copy Clearance

COPY COMMITTEE

(Senior representatives from the sales departments from the shareholding companies, with observing members from the IPA and ISBA). Referrals to the Copy Committee are made only in exceptional circumstances and it is the final possible stage in the consideration of a script. The Committee's decision is final.

Research with broader public to see if the campaign was likely to be supported beyond the core target audience.

Sharing the concept with major breast cancer charities, to gain their support and backing.

Working closely with clinicians to agree symptoms, 'everyday' verbal descriptions and accurate photography.
THE CAMPAIGN

The image of Elaine C. Smith holding a board became the central focus for every piece of activity creating exceptionally strong campaign integration.

The Launch

The campaign launched on September 4th, with a press briefing from then Cabinet Secretary for Health & Wellbeing Nicola Sturgeon, two ladies with experience of breast cancer, and Audrey Birt, the then Chair of the Scottish Cancer Coalition and Scotland Director of Breakthrough Breast Cancer. The spokespeople were able to brief the media on the need and rationale for such a bold campaign.

Television

Nothing like this had ever been seen in Britain, so the TV advertisement was a huge talking point. This is reflected in the YouTube views of the ad, which quickly broke the 100,000 mark as word-of-mouth spread.

Judges can see the TV ad here:

http://www.youtube.com/watch?v=lxQdfB-no50
Radio capitalised on Elaine C. Smith's characterful performance, echoing the key phrases in the TV ad, and introducing second-tier messages.

Elaine C Smith: Ladies. As you know...the older we get, the more our bodies change.
Most of the time it's nothing to worry about. But, sometimes, it can be a sign of something more serious.
Dimples...skin like orange peel...crusty or leaking nipples...or a nipple that's become tuned in...can all be a sign of breast cancer.
So it's not just lumps you need to look out for.
If you notice any changes at all in your breasts, you need to get it checked out as soon as possible. Even if you've been for a screening recently.
You're not wasting anyone's time. And your doctor wants to see you.
The earlier breast cancer's found, the easier it is to treat.
So don't get scared. Get checked.

Elaine C Smith: Ladies. As you know, our breasts look and feel different at different times in our lives.
But it's important to keep an eye on these changes, so you can spot any potential problems.
The first thing to do is be aware of what's normal for you, because it's not just lumps that can be a sign of breast cancer.
The other thing you can do is find out more about breast screening. It's estimated that breast screening saves 130 lives in Scotland every year. And all women between 50 and 70 will be invited for screening every three years.
But please, remember that you still need to look out for any changes in your breasts between screenings. And, if you do notice anything, make sure see your doctor straightaway.
Don't get scared. Get checked.
Bound-in magazine inserts were used to give us access to the Scottish audience of popular UK women's weeklies, allowing for more detail about symptoms and screening.
THE CAMPAIGN

Field Marketing Roadshow

A field marketing roadshow, with specially trained staff, spent 55 days in shopping centres and supermarkets – (profiled to the target audience).

During this time, roadshow staff engaged with 34,380 people and over 16,000 leaflets were given out.
The field marketing was highly innovative using interactive cards to show what certain symptoms might feel like to the touch.

An interactive iPad presentation allowed people to explore symptoms more privately.
THE CAMPAIGN

Partnership Marketing

Partnership marketing spread campaign messages to people and places that traditional media don’t always reach.

This included major organisations but also very small community businesses and venues in the most deprived areas of Scotland.

A phenomenal 3,700 partners signed up to support the campaign and share collateral.
THE CAMPAIGN

Capitalising on Buzz and Goodwill

To capitalise on the strength of public support for the campaign, we introduced two tactical ideas.

We asked people at the roadshows if they would be photographed with the boards from the TV ad. 97 people agreed which really brought alive the groundswell of public support for the campaign, and provided a constant stream of content for the campaign Facebook page, extending the reach of the campaign.

To maintain the initial media buzz around the campaign Leith’s TV production team quickly called-in some favours and created a celebrity ‘celebration’ of the TV ad. Nine celebrities gamely got behind the breasts leading to a hugely valuable double page spread in the Scottish Sun.

http://www.youtube.com/watch?v=yNKbmif0M6c
THE CAMPAIGN

PR

Consolidated PR leveraged the campaign’s pioneering and potentially ‘controversial’ stance to build talkability and generate discussion around breast cancer and symptoms, generating 157 articles with a value of £905,133.

Importantly, the PR team went on the road, taking the breast images into target audience communities to prompt discussion.

By Christmas the casts of The Guid Sisters, The Vagina Monologues, the Scottish women’s football team, and even grannies’ favourite Daniel O’Donnell had all got behind the campaign.
THE RESULTS

The campaign launched on September 4th 2012.

Since then there has been dramatic behaviour change.

During the campaign period (Sept-Nov 2012) 21,000 women consulted their GP with breast cancer symptoms. This was a dramatic 50% increase on the previous year, and represents an extra 7,100 women seeing their GP about breast cancer symptoms.

The magnitude of this behaviour change was reflected in the high profile positive media coverage that surrounded these results.

*GP Consultations for breast symptoms, September to November 2012, Information Services Division.*
Looking at the percentage share of different reasons for GP visits shows that the share of breast cancer symptom consultations increased between 2011 and 2012. This confirms the 50% rise was not simply a reflection of more GP visits overall.

| October 2011 | Breast cancer symptoms accounted for 0.35% of all GP consultations. |
| October 2012 | Breast cancer symptoms accounted for 0.56% of all GP consultations. |

Crucially, careful stakeholder engagement before and during the campaign helped ensure the dramatic rise in GP consultations did not have a negative influence on cancer waiting times (which can impact on treatment efficacy). During 1st Oct-31st Dec 2012, 99.8% of breast cancer referrals (both screening and non-screening) met the 62-day standard from urgent referral to first treatment*.

The time-cycle of diagnosing and treating breast cancer is a long one, and it will be 2014 before we know how many women went on to be diagnosed with breast cancer as a result of responding to the campaign. Meanwhile, campaign tracking sheds valuable light on how the campaign stimulated such dramatic behaviour change**.

- 88% of the core DE audience recognised some aspect of the campaign.
- Awareness of the specific symptoms mentioned in the campaign doubled during the campaign period.
- Women who'd seen the campaign were almost three times as likely to be able to spontaneously mention a symptom from the ad, compared to women who'd not seen the campaign.
- There were statistically significant shifts in prompted awareness across all symptoms in the campaign.

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<thead>
<tr>
<th>Symptom</th>
<th>Post campaign increase in prompted awareness</th>
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<tbody>
<tr>
<td>Leaking / discharge from nipple</td>
<td>+11%</td>
</tr>
<tr>
<td>A nipple that's become turned in</td>
<td>+14%</td>
</tr>
<tr>
<td>A dimple / dimpling on the skin of the breast</td>
<td>+17%</td>
</tr>
<tr>
<td>Skin on the breast that looks like orange peel</td>
<td>+20%</td>
</tr>
<tr>
<td>Crusting on or around the nipple</td>
<td>+17%</td>
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</table>

- 82% of women who recognised the campaign were motivated by it – one of the highest TNS AdEval motivation scores ever recorded for a Scottish Government campaign.

As well as reaching its core audience, the campaign has made waves around the world. The New Zealand Breast Cancer Foundation was so impressed with the campaign results that they’ve requested to use the campaign imagery in their own social marketing campaign in October 2013.

* Cancer waiting times in Scotland October – December 2012, Information Services Division.
**TNS BMRB: pre and post tracking amongst women 45+, C1C2DE, Scotland.
CONCLUSIONS

Lots of campaigns talk about being ground-breaking. But this one really was. Showing real breasts with visible signs of cancer was a UK advertising first, and a brave strategy for the Scottish Government. But a 50% increase in women seeing their GP with breast cancer symptoms suggests this is one social marketing campaign where the end has more than justified the means.

“We know that this is a bold approach which has not been used before, but women can often be confused about what to look for and it is important that we get the message across that it’s not just lumps that can be a sign of breast cancer.

This drive will get people talking about breast cancer, and encourage people to become more aware of the signs and symptoms.”

Nicola Sturgeon

“I am delighted to have been asked to front this ground-breaking campaign to promote breast cancer awareness in Scotland. For too many years women have been confused and scared about what to look for.

I lost my own mum to breast cancer and I know that if she had seen this campaign she would have known what she was looking for and perhaps visited the doctor and been checked much earlier.

For some, the campaign might be shocking but as far as I’m concerned if this saves one life it is absolutely worth it.”

Elaine C. Smith