

# Information for patients and carers

## Borderline Ovarian Tumours

A decorative graphic at the bottom of the page consisting of three overlapping, wavy bands of blue. The top band is a light blue, the middle is a medium blue, and the bottom is a dark blue.

## Introduction

A diagnosis of borderline ovarian tumour can be confusing because you are treated by cancer specialists, but it is not a cancer diagnosis. However, the Gynae-Oncology Clinical Nurse specialist team are here to support you and discuss any worries or concerns you have,

## What is a borderline ovarian tumour?

Borderline ovarian tumours are abnormal cells that form in the tissue covering the ovary. They are not cancer and are usually cured with surgery.

They are different to ovarian cancer because they do not grow into the supportive tissue of the ovary (the stroma). They tend to grow slowly and in a more controlled way than cancer cells.

Borderline tumours usually affect a person aged between 20 and 40. They are usually diagnosed at an early stage. This is when the abnormal cells are still within the ovary.

Occasionally some abnormal cells break away from the tumour and settle elsewhere in the body, usually the abdomen. Very rarely, these cells start to grow into the underlying tissue.

The main treatment for borderline tumours is surgery. Most people are cured and have no further problems. There is a small risk of the tumour coming back. Very rarely, the borderline tumour cells change into cancer cells.

(Cancer Research UK, 2022)

## How is a borderline ovarian tumour diagnosed?

This can only be diagnosed by looking at the tissue under a microscope. Sometimes a borderline ovarian tumour is diagnosed following a procedure or operation for something else.

## How are borderline ovarian tumours treated?

Surgery is the only treatment that is needed. The aim of treatment is to completely remove the tumour. The extent of the surgery will depend on whether you still wish to have children and whether the tumour has spread (the stage of your tumour). If you have an early-stage tumour and you still want children, surgery to remove as little tissue as possible (minimal surgery) can be considered.

## Will I need further treatment?

This will depend on:

- The surgery that you have already had.
- Whether you still wish to have children.

If you have initially had minimal surgery because you still wanted children, you may be offered two options:

- Further surgery – The extent of the surgery will be discussed with you,
- Regular follow up with clinical examination, (vaginal) ultrasound scans and blood tests.

You may need further surgery at some point in the future if you only had minimal surgery initially. If you have completed your family, you may be offered a hysterectomy and removal of the remaining tube and ovary, if this has not already been done. By doing this, any further recurrence should be prevented.

## Will having an ovary removed affect my fertility?

The removal of one ovary should not affect your fertility in the future provided that the remaining tube and ovary are healthy. You will be given the opportunity to discuss this with a Clinical nurse Specialist and your surgeon your operation. They will continue to offer you support when you are recovering from the operation.

## What is the risk of a borderline ovarian tumour recurring?

Because borderline tumours behave in a much less aggressive way, in most people the condition has not spread beyond the ovary when it is diagnosed (stage 1 disease). This means that for those who have had complete surgery (removal of the womb and both ovaries) to remove early disease, the risk of it coming back is very small at less than five per cent (five in a hundred).

When the tumour is looked at under the microscope it is described as one of two 'types':

- Serous borderline tumours.
- Mucinous borderline tumours.

The risk of recurrence is a little greater for serous tumours compared to mucinous tumours.

Depending upon your risk of recurrence, you will be followed up regularly at the hospital after treatment. For people with stage 1 disease, who have had their womb and ovaries removed, there may be no need for long term follow up.

# What happens if my borderline ovarian tumour recurs?

You will need further surgery. The extent of this will depend upon:

- The stage of your disease.
- Whether you still wish to have children.

## Staging

The stage of your borderline ovarian tumour is often used to describe the size and extent of the disease.

### **Stage 1:**

The borderline ovarian tumour is confined to one or both ovaries.

### **Stage 2:**

The borderline ovarian tumour has spread to other organs in the pelvis, for example, womb, fallopian tubes, lower bowel, and bladder.

### **Stage 3:**

The borderline ovarian tumour has spread to other organs in the abdomen, for example omentum, lymph nodes.

### **Stage 4:**

The borderline ovarian tumour has spread to other parts of your body, for example lungs.

## What symptoms should I report or be worried about?

If you have any of the following symptoms, please contact your CNS, GP, or hospital for an earlier appointment:

- Swelling/pain of the abdomen.
- A new change in your bowel habit.
- Pain during/ after sexual intercourse.

Please remember that you will have the same aches and pains that you have always had. If you develop a new health problem, this may not be related to your borderline ovarian tumour.

## Contact details

Should you require further advice or information please contact the Gynae-oncology team on 01772 524211 - Monday to Friday (8:30am to 4:30pm).

You may also contact the following departments for advice:

Gynaecology Outpatient Department: 01772 524386

Gynaecology Ward: 01772 524231

## Sources of further information

[www.lancsteachinghospitals.nhs.uk](http://www.lancsteachinghospitals.nhs.uk)

[www.nhs.uk](http://www.nhs.uk)

[www.accessable.co.uk](http://www.accessable.co.uk)

[www.patient.co.uk](http://www.patient.co.uk)

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All our patient information leaflets are available on our website for patients to access and download:

[www.lancsteachinghospitals.nhs.uk/patient-information-leaflets](http://www.lancsteachinghospitals.nhs.uk/patient-information-leaflets)

Lancashire Teaching Hospitals is a smoke-free site. Smoking is not permitted anywhere on any of our premises, either inside or outside the buildings. Our staff will ask you about your smoking status when you come to hospital and will offer you support and advice about stopping

smoking this will include Nicotine Replacement Therapy to help manage your symptoms of withdrawal and the opportunity to speak to a nurse or advisor from the specialist Tobacco and Alcohol Care Team.

If you want to stop smoking, you can also contact Smokefree Lancashire on Freephone **08081962638**

**Please ask a member of staff if you would like help in understanding this information.**

**This information can be made available in large print, audio, Braille and in other languages.**

**There are many organisations that provide information, support and advice. These include:**

**Ovacome (Ovarian Cancer Support Group)**

52 – 54 Featherstone Street London EC1Y 8RT Freephone: 0800 008 7054 Tel: 0207 299 6654 Email: [support@ovacome.org.uk](mailto:support@ovacome.org.uk)  
[www.ovacome.org.uk](http://www.ovacome.org.uk)

**Target Ovarian Cancer**

2 Angel Gate, London EC1V 2PT Tel: 020 7923 5470  
[www.targetovariancancer.org.uk](http://www.targetovariancancer.org.uk)

**The Eve Appeal**

15B Berghem Mews Blythe Road London W14 0HN Tel: 020 7605 0100  
[www.eveappeal.org.uk](http://www.eveappeal.org.uk)

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