mutations and 9.81% (21/214) of BRCA1/2 mutations. 21 patients came from 21 unrelated families. Patients median age at diagnosis was 52 years (range: 36–67 years). 81.0% (17/21) of them were diagnosed after 50 years. 9 patients (42.9%) had a family history of ovarian or breast cancer. 4 patients (19.0%) had a personal history of breast cancer. And 9 patients had no family history of ovarian or breast cancer, and no personal history of breast cancer. The distribution by stage was: stage I-II in 2 patients (9.6%), stage III-IV in 19 patients (90.4%). 81.0% (17/21) patients had high-grade serous carcinoma. The median follow-up was 34.5 months (range: 12.3–111.0 months). Median recurrence-free survival (RFS) and 2-year RFS for these patients was 25.4 months and 57.4%, respectively. 13 patients (13/21, 61.9%) relapsed during follow-up, among which 92.3% (12/13) were classified as platinum-sensitive recurrence.

Conclusions Nearly half of BRCA1 c.5470_5477del mutation carriers had no family history of ovarian or breast cancer, and no personal history of breast cancer. Most patients tended to be associated with aggressive phenotype.

Objectives High-impact fundamental and translational research is urgently needed to improve survival of ovarian cancer patients. Therefore, we established the Dutch nationwide Archipelago of Ovarian Cancer Research (AOCR). This multicenter, interdisciplinary infrastructure and biobank is a collaboration between all 19 Dutch hospitals in which ovarian cancer surgery takes place, and is aimed at facilitating large-scale, high-quality fundamental and translational ovarian cancer research.

Methods Adult patients with (suspected) ovarian cancer are eligible for inclusion in the AOCR. Preoperative and follow-up blood samples, ascites, biopsies, and tissue from primary and metastatic tumor sites are collected and stored in a uniform manner for future (genetic) research. One representative histological hematoxylin and eosin stained slide per participant is digitized and reassessed by a gynecological pathologist. Clinical and pathological parameters are retrieved from Dutch data registries. Besides issue of samples to individual researchers and research groups, subsequent research questions will be defined jointly by all collaborators.

Results Between January 2021 and May 2022, 273 patients were included in five participating hospitals. Ten more hospitals and research groups, subsequent research questions will be defined jointly by all collaborators.

Conclusions The AOCR ensures a large collection of samples to be used for research. It enhances interdisciplinary and multicenter collaboration at a national, and, hopefully in the future, international level. The AOCR facilitates large-scale, high-quality fundamental and translational ovarian cancer research with the ultimate aim to improve diagnostics, treatment and survival of ovarian cancer patients.