Conclusion The proposed test is a viable alternative to the Myriad myChoice HRD test and can easily be implemented in a clinical laboratory for routine practice. The performance of the tests is similar in terms of hazard ratio but the lower failure rate of the Geneva HRD test allows a 10% increase in the number of patients receiving a conclusive laboratory result.

Introduction/Background The surgical approach to hysterectomy for ovarian cancer has remained largely unchanged since Hudson described the en-bloc resection of fixed ovarian tumors using a retrograde technique in 1968. When a colorectal resection is required for optimal debulking, anastomotic leak remains a significant concern. While the traditional techniques used to evaluate for anastomotic perfusion lack accuracy, data from a recent systematic review and meta-analysis favours the use of ICG intra-op to reduce the incidence of anastomotic leak and associated need for re-intervention.

Methodology With the use of surgical footage, this video aims to present the surgical steps to a Hudson procedure with colorectal resection, ending with the use of ICG fluorescence to assess the perfusion of the colorectal anastomosis and ureters.

Results The surgical approach can be summarized in the following ten steps: (1) retroperitoneal dissection of the vascular pedicles and ureters, and transection of the IP ligament; (2) transection of the paravesical and pararectal spaces; (3) lateral pedicles and ureters, and transection of the IP ligament; (4) ureterolysis and transection of the paravesical and pararectal spaces; (5) transection of the vas deferens and pararectal spaces; (6) posterior peritoneal dissection; (7) mesorectal dissection and distal rectal transection; (8) proximal resection; (9) vaginal vault closure and colorectal anastomosis; and (10) assessment of colorectal anastomosis and ureteral vascularization by ICG fluorescence.

Conclusion This video presented 10 reproducible steps to perform a Hudson procedure with colorectal resection for ovarian cancer. The use of ICG as an adjunct to assess the vascularization of the colorectal anastomosis appears to reduce the risk of anastomotic leak in colorectal surgery, and may be of interest in gynecologic-oncologic surgery.