

GCCG Boston

Writing history together in implant dentistry

"Why are we here? To help more patients worldwide receive better, more predictable dental care—together, inclusively, and across all barriers. And because we love dentistry!" With these words, Ronald E. Jung, Steering Committee member and co-initiator, set the tone as the first Global Consensus for Clinical Guidelines (GCCG) took place in Boston.



From 16–18 June 2025, nearly 120 participants from 27 countries gathered for a landmark moment in implant dentistry.

The goal of the GCCG is to move beyond regional statements and build clear, practical, globally relevant clinical guidelines—starting with one of the field's greatest challenges: the edentulous maxilla. Unlike traditional consensus conferences, the GCCG combines systematic reviews and Delphi survey results, asking patients and clinicians what outcomes matter most, to create scientifically robust guidelines tailored for real-world clinical practice.

Bridging science with real-world experience

Frank Schwarz, scientific leader and co-initiator, emphasised the importance of connecting science with real-world clinical practice: "We started to ask clinicians about their real-life experience, which may not always align with scientific evidence but reflect established clinical practice—and from there, we evaluated these procedures based on the current evidence and de-

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veloped recommendations that can be applied in any setting," he said.

"It is a dream come true," said Hom-Lay Wang, also scientific leader and co-initiator. "Over the past three days, we truly made history. This has been a long-standing dream of mine, and thanks to our team's remarkable support and unwavering dedication, we turned it into reality. The insights and recommendations produced here will undoubtedly have a lasting impact on the field of implant dentistry."



Approaching the edentulous maxilla

During long working days, sometimes exceeding 12 hours, four working groups tackled key questions in the treatment of the edentulous maxilla: how many implants to use; when to place and load them; when to choose short, standard, or zygomatic implants; how to approach sinus grafting and ridge augmentation; and when to opt for fixed or removable prostheses. These groups were chaired by Gil Alcoforado and Nikos Donos, German Gallucci and Jörg Neugebauer, Christer Dahlin and Joseph Fiorellini as well as Charlotte Stilwell and Ronald Jung.

Among the backbone of the meeting were the Delphi survey experts Giulia Brunello and Franz Strauss, who introduced the participants to the modified Delphi survey procedure applied in the core outcome set development. Together with Guo-Hao (Alex) Lin and Todd Schoenbaum, they worked tirelessly in advance of the meeting to gather and analyse the data from clinicians, patients and cross-disciplinary experts to inform the structured consensus process, and on-site they all provided invaluable support to the working groups.







A unique approach to clinical guideline development

The recommendations were developed by four working groups, informed by the results of the Delphi survey and aligned with the scientific evidence. A structured nominal group technique was applied to draft the recommendations. These were then presented to all consensus conference participants, discussed in plenary, and amended by the working groups based on the feedback received. On the third and final day of the consensus conference, all recommendations were formally voted on by the plenary, and the outcomes were documented after each vote. Consensus was defined as agreement by at least 75 per cent of the voting participants.

Ina B. Kopp, Director of the Association of the Scientific Medical Societies' Institute for Medical Knowledge Management (AWMF-IMWi), served as methodological adviser, consensus



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conference moderator and facilitator. She said, "It was a great honour and pleasure to be invited and to have the opportunity to work with this group of experts from around the globe. I am deeply impressed by their remarkable commitment to sharing expertise globally, helping to avoid duplication of efforts and potential contradictions in recommendations for better patient care."

After the final votes were cast, applause and standing ovations marked a truly memorable moment. One participant captured the feeling: "It was an experience that I keep reliving in my mind. I left inspired with a new global family, a new panoramic perspective, and a voice I never thought I'd find."

From Boston to daily practice

The GCCG will now move from Boston into every-day clinical practice. Frank Schwarz said: "We want to give something back to the community, and what I personally want to see is that we collectively use these guidelines for the sake of the patient."

Unlike traditional consensus meetings, the GCCG was designed for true global reach from day one, explained Ronald Jung. The Boston meeting showed what is possible when experts from around the world work together. It was jointly organised by the European Association for Osseointegration (EAO), the International Team for Implantology (ITI), and the Osteology Foundation, which provided structure and funding. Partner organisations—the Chinese Stomatological Association (CSA), Japanese Society of Oral Implantology (JSOI), Korean Academy of Oral and Maxillofacial Implantology (KAOMI), Oral Reconstruction Foundation (ORF), Osseointegration Society of India (OSI), and the Brazilian Society of Periodontology (SOBRAPI)—ensured local insights were included from the start and will help expand the reach of the GCCG's outcomes through national and regional networks. Publishing partners Quintessence and Wiley will support the publication and global dissemination of the results.

The final guidelines for the treatment of the edentulous maxilla will be published later this year in *Clinical Oral Implants Research (COIR)*, along with the systematic reviews and survey results.

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