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CONFERENCE REPORT

Scientific Highlights and Clinical Perspectives from the 20th International Congress of Clinical Oncology, Tehran, Iran, 2026

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Abstract

Background: Advances in systemic therapy, radiation techniques, molecular classification, and multidisciplinary cancer care require continuous scientific exchange. The 20th International Congress of Clinical Oncology was held to update clinicians on emerging evidence and support multidisciplinary decision-making in Iran. **Materials and Methods:** The official congress program, aggregated attendance records, and documented scientific content were reviewed. Sessions were categorized by disease site and educational format, and recurring clinical themes were synthesized, focusing on patient selection, treatment sequencing, biomarker use, and multidisciplinary decision-making. No patient-level data were collected or analyzed. **Results:** The congress was held on 2–3 July 2026 at Ghalb Hotel in Tehran, Iran. According to the organizers, total attendance was 559 participants. The scientific program comprised six standalone lectures, seven multidisciplinary panels, three scientific debates, and two dedicated question-and-answer sessions. Topics covered breast cancer, gynecologic oncology, gastrointestinal cancers, dermato-oncology and melanoma, prostate cancer, central nervous system tumors, including pediatric malignancies, and head and neck cancers. Cross-cutting themes included antibody–drug conjugates, immunotherapy, biomarker-directed treatment, stereotactic body radiotherapy, molecularly personalized care, and individualized radiotherapy. **Conclusion:** The congress provided a national forum for connecting disease-specific advances with multidisciplinary cancer care. Its central clinical message was that emerging drugs and technologies should be integrated into practice through appropriate patient selection, biomarker-informed decision-making, careful treatment sequencing, and multidisciplinary collaboration.

Keywords: Clinical oncology; radiation oncology; multidisciplinary care; immunotherapy; precision oncology

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Introduction

Cancer remains a major global public health challenge. GLOBOCAN 2022 estimated approximately 20 million new cancer cases and 9.7 million cancer-related deaths worldwide [1]. In Iran, an estimated 137,198 new cancer cases and 87,247 cancer-related deaths occurred in 2022 [2]. The most recent peer-reviewed analysis of all-cancer incidence based on the Iranian National Population-based Cancer Registry reported 124,833 new cases in 2016 and demonstrated substantial variation in incidence by sex and province [3]. Although these estimates relate to different reporting periods and data sources, they collectively underscore the need for timely, evidence-based, and

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locally relevant cancer care.

In recent years, advances in oncology have substantially influenced clinical decision-making. In some disease settings, new evidence has expanded therapeutic options, whereas in others it has changed approaches to treatment sequencing, patient selection, and the assessment of benefits and toxicities. For example, trastuzumab deruxtecan demonstrated superior outcomes compared with trastuzumab emtansine in previously treated HER2-positive metastatic breast cancer [4]. Pembrolizumab has also demonstrated antitumor activity in previously treated advanced cervical cancer, with clinically relevant findings in patients whose tumors express programmed death-ligand 1 (PD-L1) [5]. Precision oncology studies, including MOSCATO 01, have investigated the potential of molecular profiling to identify actionable alterations, while the ORIOLE trial provided evidence supporting stereotactic body radiotherapy (SBRT) in selected patients with oligometastatic prostate cancer [6, 7]. In parallel, contemporary classification systems for central nervous system tumors increasingly incorporate molecular characteristics into diagnostic and treatment-planning decisions [8].

The growing complexity of cancer care has increased the importance of collaboration among specialties. A systematic review reported that multidisciplinary team meetings frequently influenced diagnostic interpretation, staging, and treatment planning, although evidence of improved survival remained limited and the included studies were susceptible to selection bias [9]. A subsequent single-center observational study found an association between more frequent multidisciplinary tumor-board discussions and improved overall survival; however, its observational design does not establish a causal relationship [10].

Scientific meetings can complement routine multidisciplinary care by bringing specialists together to review emerging evidence, discuss areas of uncertainty, and identify priorities for clinical practice, research, and professional education. The 20th International Congress of Clinical Oncology was convened in Tehran to facilitate this exchange [11]. Its scientific program addressed advances in systemic therapy, precision oncology, molecular classification, SBRT, and individualized multimodality treatment. This article presents a descriptive synthesis of the congress program and its principal scientific themes, emphasizing their potential clinical relevance and implications for future professional education [11, 12].

Congress Overview

The 20th International Congress of Clinical Oncology was held on 2–3 July 2026 at Ghalb Hotel in Tehran, Iran. The congress was organized by the Iranian Society of Radiation Oncology. Hamid Saeidi Saedi, MD, served as scientific secretary, and Masoumeh Sajadi Rad served as executive director. According to the congress materials, 23 sponsors were listed. The two-day program included disease-specific lectures, multidisciplinary panels, formal scientific debates, and question-and-answer sessions [11].

The scientific program was organized by disease site and delivered through complementary educational formats. The review focused on recurring themes with direct relevance to clinical oncology, including patient selection for emerging therapies, integration of biomarkers with conventional clinical assessment, sequencing of local and systemic treatments, and the contribution of multidisciplinary evaluation to treatment planning [11, 12] (Table 1).

Participants

According to the organizers, the congress had a reported total attendance of 559 participants. Radiation oncologists

Table 1. Organizational and Scientific Characteristics of the Congress.

Characteristic	Description
Official event	20th International Congress of Clinical Oncology
Dates	2–3 July 2026 (11–12 Tir 1405)
Venue	Ghalb Hotel, Tehran, Iran
Organizer	Iranian Society of Radiation Oncology
Scientific secretary	Hamid Saeidi Saedi, MD
Executive director	Masoumeh Sajadi Rad
Scientific themes	Breast cancer; gynecologic oncology; gastrointestinal cancers; dermato-oncology and melanoma; prostate cancer; central nervous system tumors, including pediatric malignancies; and head and neck cancers
Program formats	Six standalone lectures, seven multidisciplinary panels, three scientific debates, and two dedicated question-and-answer sessions
Program leadership	Seven panel chairs and 38 panel members; three debate moderators and six debate presenters; and 20 members across six session presidia
Sponsors	23 sponsors listed in the congress materials
Program delivery	According to the documented program, the scientific sessions proceeded in accordance with the approved agenda without major schedule disruptions
Attendance	559 participants, as reported by the organizers

Abbreviation: MD, Doctor of Medicine.

Table 2. Reported Participant Categories and Congress Roles.

Participant category or role	Number
Radiation oncologists	265
Radiation oncology residents	62
General practitioners	6
Nuclear medicine physicians	1
General surgeons	6
Medical physicists	6
Radiologists	3
Physicians from other specialties	13
Hematology-oncology specialists	3
Non-physician participants	4
Speakers and scientific program members (radiation oncologists)	87
Executive committee participants	8
Exhibition participants	85
Reported total attendance	559

Note: The listed category counts sum to 549, which is 10 fewer than the reported total attendance of 559. Furthermore, the categories combine professional classifications with functional roles, such as speakers and exhibition participants, and may therefore overlap. The available records do not establish whether these categories are mutually exclusive or explain the difference between the summed counts and the reported total. Accordingly, the reported attendance figure and category counts are presented as supplied by the organizers.

constituted the largest professional group among the categories reported. Other listed participants included radiation oncology residents, general practitioners, physicians from other specialties, medical physicists, non-physician participants, scientific faculty, executive committee members, and exhibition participants (Table 2).

Scientific Program

The final congress agenda documented six standalone scientific lectures, seven multidisciplinary panels, three formal scientific debates, and two dedicated question-and-answer (Q&A) sessions. The program listed seven panel chairs and 38 panel members, together with three debate moderators and six debate presenters. A total of 20 members served in six session presidia: four members each for the breast and gynecologic oncology sessions and three members each for the gastrointestinal, prostate, central nervous system, and head and neck sessions.

The program covered seven principal scientific domains: breast cancer, gynecologic oncology, gastrointestinal cancers, dermato-oncology and melanoma, prostate cancer, central nervous system tumors (including pediatric malignancies), and head and neck cancers. The combination of lectures, multidisciplinary panels, and formal debates provided different formats for presenting scientific updates, examining clinical questions, and comparing treatment approaches (Table 3, 4).

Major Scientific Advances and Clinical Perspectives

Breast Cancer

The breast cancer program opened with Maedeh Barhaman's lecture, ADC Integration in MBC: Patient Selection, Sequencing and Toxicity Management. A panel chaired by Fatemeh Homayi addressed triple-positive metastatic breast cancer, followed by a debate moderated by Pedram Fadavi on the management of endocrine-resistant metastatic breast cancer.

These sessions focused on clinically relevant questions concerning the integration of antibody–drug conjugates (ADCs) and other systemic therapies into treatment pathways. Key considerations included tumor biology, previous treatment exposure, disease distribution, expected therapeutic benefit, toxicity profiles, and individual patient characteristics. The program also highlighted the importance of coordination among medical oncology, radiation oncology, surgery, radiology, and pathology when determining treatment strategies.

The broader clinical implication is that the availability of additional systemic treatment options increases the need for individualized treatment selection and sequencing. However, the appropriateness of a particular treatment depends on the disease setting, supporting clinical evidence, patient eligibility, and the applicable treatment guidelines.

Gynecologic Oncology

The gynecologic oncology program included Behzad Alian's lecture on novel immunotherapy approaches in platinum-resistant ovarian cancer, a panel chaired by Afshin Rakhsha on treatment strategies for endometrial cancer with proficient mismatch repair (pMMR) and low tumor mutational burden (TMB), and a debate moderated by Samira Azghandi on upfront surgery versus chemotherapy for ovarian cancer presenting with ascites.

The session topics highlighted several important clinical considerations: identifying patients who may benefit from immunotherapy, interpreting molecular biomarkers within their appropriate clinical context, and selecting the timing and sequence of surgery and systemic treatment. In endometrial cancer, pMMR status and low TMB should be interpreted alongside other relevant tumor characteristics, treatment history, and available evidence rather than as isolated determinants of treatment.

For ovarian cancer, decisions regarding primary surgery or initial systemic therapy require individualized assessment, including disease distribution, the feasibility of complete cytoreduction, performance status, and the anticipated benefits and risks of each approach. Multidisciplinary evaluation is particularly important when determining the most appropriate treatment strategy for patients with advanced disease.

Gastrointestinal Cancers

The gastrointestinal program comprised Amin Shafizad's lecture on immunotherapy combinations beyond PD-1 blockade in microsatellite instability-high

Table 3. Scientific Program by Disease Site, Format, and Faculty.

Day/time	Area and format	Agenda title	Faculty
Day 1, 08:15–08:30	Congress — Opening	Opening of the congress	Hamid Saeidi Saedi (scientific secretary)
Day 1, 08:30–08:45	Breast — Lecture	ADC Integration in MBC: Patient Selection, Sequencing and Toxicity Management	Speaker: Maedeh Barhaman
Day 1, 08:45–09:45	Breast — Panel	Triple-Positive Metastatic Breast Cancer: Road to Changing the Practice	Chair: Fatemeh Homayi; panel: Anita Al-Nabi, Maryam Kadivar, Zahra Kermani, Ahmad Mafi, Mona Malekzadeh, Nahid Nafissi
Day 1, 09:50–10:25	Breast — Debate	Management of Endocrine-Resistant MBC	Moderator: Pedram Fadavi; presenters: Marzieh Lashkari, Shiva Moghadam
Day 1, 11:00–11:20	Gynecologic oncology — Lecture	Novel Immunotherapy Approaches in Platinum-Resistant Ovarian Cancer	Speaker: Behzad Alian
Day 1, 11:20–12:20	Gynecologic oncology — Panel	Treatment Strategies for Endometrial Cancer: How to Treat pMMR and TMB-Low Endometrial Cancer?	Chair: Afshin Rakhsha; panel: Reza Eghdam Zamiri, Seyed Morteza Tabatabaeifar, Mozhgan Karimi Zarchi, Fatemeh Nili Ahmadabadi
Day 1, 12:20–12:30	Gynecologic oncology — Q&A	Question-and-answer session	Session faculty
Day 1, 12:30–13:05	Gynecologic oncology — Debate	Ovarian Cancer and Ascites: Upfront Surgery or Chemotherapy?	Moderator: Samira Azghandi; presenters: Afshin Saadipour, Sharareh Yazdanfar
Day 1, 14:00–14:20	Gastrointestinal — Lecture	MSI-H Colorectal Cancer: Immunotherapy Combinations Beyond PD-1 Blockade	Speaker: Amin Shafizad
Day 1, 14:20–15:20	Gastrointestinal — Panel	Rectal Cancer Management in Young Women	Chair: Roham Salek; panel: Payam Izadpanahi, Maliheh Amirian, Ali Taghizadeh, Seyed Mohsen Toliat Kashani, Babak Salvatipour
Day 1, 15:20–15:30	Gastrointestinal — Q&A	Question-and-answer session	Session faculty
Day 1, 15:30–16:05	Gastrointestinal — Debate	Immunotherapy in Gastric Cancer: Standard Treatment versus Biomarker-Driven Precision	Moderator: Ali Yaghoubi Jouibari; presenters: Ania Jafari, Nima Mousavi
Day 1, 16:30–17:30	Dermato-oncology — Panel	Role of Immunotherapy in Combination with Other Treatment Modalities in Melanoma Management	Chair: Kambiz Novin; panel: Seyed Amir Al-Davood, Vahideh Sadat Azhari, Pegah Sasanpour, Mohammad Gandomkar, Farid Mohammadi
Day 2, 08:10–08:30	Prostate — Lecture	SBRT for Oligorecurrent Prostate Cancer: Indications and Structure	Speaker: Hamid Nasrollahi
Day 2, 08:30–09:30	Prostate — Panel	SBRT versus Radical Prostatectomy for Localized Prostate Cancer: What Do You Prefer?	Chair: Hamidreza Mirzaei; panel: Hamid Haghighatkhah, Ghasem Rezaei, Mohammad Soleimani, Amir Mohammad Arefpour, Farzad Allameh, Mohammad Hassan Larizadeh
Day 2, 10:00–10:20	Central nervous system — Lecture	Integration of Molecular Biology into Personalized Care for Pediatric Medulloblastoma	Speaker: Mitra Ghalibafian
Day 2, 10:20–11:20	Central nervous system — Panel	Recurrent High-Grade Glioma Treatment Strategies	Chair: Kazem Anvari; panel: Ali Akhavan, Ehsan Saraei, Giv Sharifi, Mohammad Samadian, Yalda Nili Pour, Helen Nayri
Day 2, 11:20–11:40	Head and neck — Lecture	Individualization of Elective Nodal Irradiation in Head and Neck Cancers	Speaker: Maryam Feli
Day 2, 11:40–12:40	Head and neck — Panel	Combining Immunotherapy and RT: A Real Synergy or an Illusion in Head and Neck Cancers?	Chair: Farshid Farhan; panel: Amir Mohsen Jalali Far, Peyman Dabirmoghadam, Hashem Sharifian, Moeinoddin Safavi, Ahmad Ameri, Mehdi Aghili

Abbreviations: ADC, antibody–drug conjugate; CNS, central nervous system; GI, gastrointestinal; MBC, metastatic breast cancer; MSI-H, microsatellite instability-high; PD-1, programmed cell death protein 1; pMMR, proficient mismatch repair; Q&A, question-and-answer; RT, radiotherapy; SBRT, stereotactic body radiotherapy; TMB, tumor mutational burden.

(MSI-H) colorectal cancer, a panel chaired by Roham Salek on rectal cancer management in young women, and a debate moderated by Ali Yaghoubi Jouibari comparing standard treatment approaches with biomarker-driven precision therapy in gastric cancer.

The program addressed the integration of molecular biomarkers into treatment planning while retaining the importance of conventional clinical assessment. In colorectal and gastric cancers, treatment decisions may depend on molecular characteristics, disease stage, resectability, previous treatment, performance status, and the anticipated benefits and toxicities of available options.

The session on rectal cancer in young women also drew attention to age-related and reproductive considerations that may influence treatment planning. Where relevant, fertility preservation, long-term functional outcomes, and the patient's treatment priorities should be incorporated into multidisciplinary decision-making. Molecular information can refine treatment selection, but it should be interpreted alongside clinical findings and patient-specific considerations.

Dermato-Oncology and Melanoma

The dermato-oncology program included a

Table 4. Session Presidia Listed in the Final Congress Agenda.

Session	Presidium members
Breast	Farhad Samiei; Mohammadreza Ghavam Nasiri; Khosrow Mojir Sheibani; Simin Hemati
Gynecologic oncology	Saeed Almasi; Seyed Mohammad Hosseini; Yasha Makhdoumi; Seyed Hossein Yahyazadeh
Gastrointestinal	Shapour Omidvari; Ataollah Jahangir Rad; Farnaz Amoozgar Hashemi
Prostate / Day 2 opening	Hadi Molana; Farhad Ghadiri; Pouria Adeli
Central nervous system	Alireza Amouheidari; Hossein Fodazi; Alireza Nikoufar
Head and neck	Jamshid Ansari; Alireza Naseri; Dariush Moslemi

multidisciplinary panel chaired by Kambiz Novin on the role of immunotherapy in combination with other treatment modalities in melanoma management.

The session addressed the integration of systemic immunotherapy with local and other treatment approaches. Relevant clinical considerations included disease stage, tumor characteristics, previous treatment, patient eligibility, anticipated treatment benefit, and the potential for treatment-related toxicity.

The broader clinical perspective is that multimodality treatment requires careful coordination among relevant specialties. The choice and sequence of systemic and local therapies should be guided by disease-specific evidence and individualized assessment rather than by the assumption that combining modalities necessarily improves outcomes.

Prostate Cancer

The prostate cancer program included Hamid Nasrollahi's lecture on the indications and structure of SBRT for oligorecurrent prostate cancer, followed by a panel chaired by Hamidreza Mirzaei comparing SBRT with radical prostatectomy for localized prostate cancer.

The program addressed the selection of local treatment strategies in different prostate cancer settings. Relevant considerations included disease extent, lesion location, imaging findings, previous treatment, treatment intent, expected disease control, and potential adverse effects.

Importantly, SBRT and radical prostatectomy should not be regarded as interchangeable treatments across all clinical settings. Their appropriateness depends on the disease state and the specific clinical question under consideration. For patients with oligorecurrent disease, the role of SBRT requires assessment within the context of previous treatment, the distribution of recurrent lesions, and the broader management plan. Multidisciplinary evaluation can help ensure that treatment recommendations reflect both the available evidence and individual patient circumstances.

Central Nervous System Tumors and Pediatric Malignancies

The central nervous system program included Mitra Ghalibafian's lecture on integrating molecular biology into personalized care for pediatric medulloblastoma and a panel chaired by Kazem Anvari on treatment strategies for recurrent high-grade glioma.

The program highlighted the growing role of molecular classification in the assessment and management of central nervous system tumors. In pediatric medulloblastoma, molecular characterization can contribute to disease classification, risk assessment, and treatment planning. Its clinical application must nevertheless be considered alongside established prognostic factors, treatment protocols, and the potential long-term consequences of treatment.

For recurrent high-grade glioma, treatment planning is particularly challenging because therapeutic options may be influenced by previous treatment, tumor characteristics, functional status, disease progression, and the feasibility of further local or systemic interventions. The session topics therefore underscored the importance of individualized assessment and coordination among relevant specialties when considering treatment options for recurrent disease.

Head and Neck Cancers

The head and neck program included Maryam Feli's lecture on individualizing elective nodal irradiation and a panel chaired by Farshid Farhan examining the potential interaction between immunotherapy and radiotherapy in head and neck cancers.

The program addressed two clinically important questions: how radiation treatment volumes can be tailored to individual disease characteristics and how immunotherapy may be integrated into multimodality treatment. Decisions about elective nodal irradiation require careful evaluation of disease extent, patterns of spread, relevant imaging and pathological findings, and the balance between disease control and treatment-related toxicity.

The discussion of combined immunotherapy and radiotherapy also highlighted the need to distinguish biological rationale from demonstrated clinical benefit. Although combining treatment modalities may be promising in selected settings, evidence of therapeutic synergy should be established for the relevant disease population, treatment regimen, and clinical outcome before the combination is adopted as a routine standard of care.

Overall, the head and neck program illustrated the importance of integrating advances in systemic therapy and radiotherapy with careful patient selection, evidence-based treatment planning, and multidisciplinary review.

Clinical Implications and Practice-Relevant Messages

The scientific program highlighted several themes relevant to contemporary oncology practice.

Individualized care. Across disease sites, the program emphasized tailoring treatment decisions to tumor biology, disease stage, previous treatment, patient characteristics, and therapeutic goals rather than applying uniform approaches to all patients.

Biomarker-informed decision-making. Molecular classification and biomarker assessment were recurring topics, particularly in gastrointestinal, gynecologic, breast, and central nervous system malignancies. Their clinical value depends on the specific disease setting, the validity of the biomarker, and the availability of evidence supporting its use in treatment selection.

Integration rather than substitution. ADCs, immunotherapy, SBRT, surgery, chemotherapy, and biomarker-directed treatments were discussed in the context of treatment sequencing and multimodality care. The program highlighted the importance of determining how emerging interventions can be integrated into established treatment pathways rather than assuming that they universally replace existing approaches.

Multidisciplinary decision-making. The range of professional expertise represented in the scientific program and the use of multidisciplinary panels and debates highlighted the relevance of collaboration among radiation oncologists, medical oncologists, surgeons, radiologists, pathologists, nuclear medicine physicians, medical physicists, and other relevant professionals. Such collaboration can support the integration of clinical, pathological, imaging, and technical information into treatment planning.

Evidence-based adoption of new interventions. The scientific themes underscored the need to evaluate emerging treatments in relation to patient eligibility, anticipated clinical benefit, toxicity, previous treatment, and the strength of supporting evidence. These considerations are particularly important when evidence is evolving or when the applicability of clinical trial findings to individual patients remains uncertain.

Consensus Statements and Guideline Updates

No formal consensus statement or national guideline update was documented in the available congress materials. Accordingly, the clinical messages presented in this article should be interpreted as a descriptive synthesis of educational themes and professional discussions rather than as official recommendations endorsed by the organizing society.

Future congresses could strengthen the translational value of scientific discussions by incorporating predefined consensus-development methods, documenting areas of agreement and disagreement, and submitting proposed recommendations for subsequent review by the relevant professional society. Any resulting guidance should clearly identify its evidence base, the participants involved in its development, and the procedures used to establish agreement.

Educational Activities

The educational program included seven multidisciplinary panels, three scientific debates, and two dedicated question-and-answer sessions. These formats provided opportunities to examine clinical questions, compare treatment approaches, and discuss areas of uncertainty across different disease sites.

According to the available agenda, no separate workshop, dedicated resident course, or formal multidisciplinary tumor-board session was listed. In addition, participant-satisfaction survey results and a summary of continuing medical education (CME) credits were not available for this review. Consequently, the educational effectiveness of the congress cannot be quantified from the available information.

Future meetings could incorporate structured educational assessments, including pre- and post-event knowledge evaluations, participant feedback, and follow-up surveys to examine the application of acquired knowledge in clinical practice. Such measures would provide a more systematic basis for evaluating educational outcomes.

Research Priorities and Future Directions

The scientific themes represented in the congress program suggest several priorities for future oncology research and professional collaboration.

1.Metastatic breast cancer: Prospective studies should investigate the optimal sequencing of ADCs, endocrine therapies, immunotherapy, and other systemic agents in relevant clinical settings, with particular attention to patient selection, treatment-related toxicity, and clinically meaningful outcomes.

2.Biomarker-directed treatment: Further validation is needed to clarify the clinical utility of biomarker strategies in pMMR/TMB-low endometrial cancer, platinum-resistant ovarian cancer, MSI-H colorectal cancer, and gastric cancer. Research should distinguish biomarkers that support treatment selection from those that primarily provide prognostic information.

3.Prostate cancer and local treatment: Comparative-effectiveness studies should clarify the role of SBRT relative to surgery and other local treatment approaches in appropriately defined populations with localized or oligorecurrent prostate cancer. Studies should account for differences in disease setting, treatment intent, patient eligibility, toxicity, and long-term outcomes.

4.Central nervous system tumors: Further research should evaluate the contribution of molecular classification to risk stratification and treatment selection in pediatric medulloblastoma and recurrent high-grade glioma. Studies should consider disease-specific outcomes, functional status, treatment-related morbidity, and long-term quality of life where relevant.

5.Combined immunotherapy and radiotherapy: Multicenter studies should investigate the clinical value of combining immunotherapy with radiotherapy in melanoma and head and neck cancers. Important questions include treatment sequencing, radiation dose and target volumes, toxicity, patient selection, predictive biomarkers,

and the durability of treatment response.

6.Context-specific oncology research in Iran: National and multicenter collaborations should prioritize pragmatic research addressing treatment availability, resource constraints, multidisciplinary implementation, patient-reported outcomes, and the applicability of international evidence to local clinical settings.

These priorities are proposed research directions derived from the topics represented in the congress program; they should not be interpreted as formally adopted research recommendations of the organizing society.

Limitations

This article presents a descriptive synthesis based on the official congress agenda, aggregated attendance records, and available scientific session materials. Complete audiovisual recordings and verbatim session transcripts were not available for review. Consequently, the synthesis may not capture all arguments, disagreements, or clinical interpretations expressed during individual sessions, and it does not permit comprehensive attribution of specific conclusions to individual speakers.

The clinical implications discussed in this article were derived from the documented session topics and available materials. The review was not designed to independently evaluate the effectiveness of the interventions discussed, assess changes in clinical practice, or measure patient outcomes. In addition, no formal participant-satisfaction data, session-level voting results, or congress-wide consensus process were available.

The attendance data also had limitations. The reported professional categories and functional roles may overlap, and the listed category counts totaled 549, compared with the organizer-reported attendance of 559. The available records did not explain this discrepancy.

Finally, the absence of systematic educational outcome assessments limits conclusions regarding the effectiveness of the congress as a professional development intervention. These limitations should be considered when interpreting the clinical and educational implications presented in this report.

In conclusion, the 20th International Congress of Clinical Oncology provided a multidisciplinary scientific forum for oncology professionals in Iran. Its program addressed developments in immunotherapy, ADCs, precision oncology, molecular classification, and SBRT, alongside their potential integration with surgery, systemic therapy, and radiotherapy.

Across the disease sites represented, a recurring theme was the importance of individualized treatment selection, biomarker-informed decision-making, appropriate treatment sequencing, and multidisciplinary evaluation. The program also highlighted the need to interpret emerging evidence in proportion to its strength and applicability to individual clinical settings.

Although the available materials do not establish the congress's impact on clinical practice or patient outcomes, the scientific themes documented in the program provide a relevant framework for future research, professional education, and collaborative oncology care. Continued national collaboration, supported by transparent evaluation methods and context-specific research, may help translate advances in cancer treatment into clinically appropriate and evidence-based practice.

Declarations

Ethics approval

Not applicable. This article used aggregate congress information and did not include patient-level data.

Consent for publication

Not applicable.

Data availability

The official congress agenda and aggregate attendance data are held by the organizing society. Access may be available subject to the society's approval and applicable institutional requirements.

Funding and role of sponsors

Twenty-three sponsors were listed in the congress materials. Detailed information regarding the nature of their financial or other support and their involvement in the development of the scientific program or the content of individual sessions was not available. The authors should verify these details with the organizing society before submission.

Conflicts of interest

The authors should disclose any financial, professional, or other relationships that could be perceived as influencing this report. A final declaration must be confirmed by all authors before submission.

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