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ASPI names VA researcher Dr. Timothy J. Wilt recipient of 2026 Chodak Award

Landmark PIVOT trial leader recognized for research that helped reshape prostate cancer decision-making and strengthen the case for Active Surveillance

MINNEAPOLIS, Minnesota, June 17, 2026 — Active Surveillance Patients International (ASPI), a nonprofit patient education and advocacy organization, has named Dr. Timothy J. Wilt, MD, MPH, the recipient of its 2026 Chodak Award, recognizing his landmark contributions to evidence-based prostate cancer care.

Wilt, a general internist and health services researcher at the Minneapolis VA Center for Care Delivery and Outcomes Research, is best known for leading PIVOT, the Prostate Cancer Intervention Versus Observation Trial. The VA-led randomized study compared radical prostatectomy with observation in men with clinically localized prostate cancer and helped challenge the long-held assumption that immediate surgery is always the best course.

For men with low-risk prostate cancer, Wilt's work helped strengthen the evidence base for careful monitoring rather than automatic treatment — an approach now widely known as Active Surveillance.

"ASPI is proud to honor Dr. Wilt because he asked one of the most important questions in prostate cancer care and stayed with it until the evidence was clear," said Mark Lichty, board chair and co-founder of ASPI. "Dr. Wilt helped give scientific weight to what many patients hoped was true: that immediate treatment is not always the best answer. His work strengthened the case for Active Surveillance and helped spare men unnecessary harm."

A trial that challenged assumptions

Published in The New England Journal of Medicine in 2012, PIVOT found that radical prostatectomy did not significantly reduce all-cause mortality or prostate-cancer mortality compared with observation

through at least 12 years of follow-up. The study also showed that men assigned to surgery experienced substantially higher rates of urinary incontinence and erectile dysfunction, underscoring the quality-of-life trade-offs that can come with treatment.

Those findings were especially important for men with low-risk disease, because they challenged the idea that immediate treatment was always the obvious life-saving choice.

Wilt said he wanted PIVOT to compare "the left versus the right, the two extremes" — surgery on one hand and observation on the other — to determine whether aggressive treatment truly improved outcomes enough to justify its harms.

Over time, he said, the evidence showed that "any differences in mortality are small in absolute terms," particularly for men with low-risk disease.

If PIVOT became a landmark, it also became a lightning rod. Wilt recalled that critics questioned whether such a randomized trial was ethical because the answer, in their view, was already known. He also faced professional resistance from some who believed the study challenged deeply held assumptions about prostate cancer treatment.

"I was young, naive, and said, yeah, everybody's going to want to do a trial on this," Wilt recalled. "I found it a little bit different that not everybody wanted me to do it."

Complementary global evidence

PIVOT's influence became even clearer when viewed alongside the U.K.'s ProtecT study, led by Professor Freddie Hamdy of the University of Oxford. ProtecT compared active monitoring, surgery, and radiotherapy, while PIVOT compared surgery with observation.

Together, the studies helped weaken the old assumption that immediate radical treatment was automatically the best course for every man with localized prostate cancer.

"PIVOT and ProtecT were different trials, but they were complementary in a very important way," said Hamdy, co-principal investigator of ProtecT and a member of the 2026 ASPI Awards Committee. "PIVOT questioned the assumed survival benefit of immediate surgery, and ProtecT showed that prostate-cancer mortality remained low across monitoring and radical treatment approaches over long follow-up. Together, they helped move the field away from automatic intervention and toward more selective, evidence-based care."

A connection to Dr. Gerald Chodak

The Chodak Award is named for the late Dr. Gerald Chodak, a pioneering urologist, scientist, artist, and ASPI's first medical adviser. Chodak was one of the respected urologic voices willing to engage seriously with observation in localized prostate cancer at a time when aggressive treatment often dominated the conversation.

Wilt's connection to Chodak began decades earlier, during a medical school rotation at Weiss Memorial Hospital in Chicago, an affiliate of the University of Chicago.

"I did a urology rotation where Gerry was a physician," Wilt recalled.

Years later, when Wilt was developing PIVOT, he turned to Chodak for early support. Chodak helped him think through key ideas, recommended a VA urologist whose involvement helped give the study standing, and provided moral confidence at a time when the trial faced intense resistance.

"Gerry was really critical to the design and the accomplishments of PIVOT," Wilt said. "To have somebody like Gerry be able to give me that confidence and support for a young general internist was essential."

The award itself is a replica of a ceremonial bowl made by Chodak's glassblowing teacher and donated by his widow, Robin Chodak, who serves on the ASPI Awards Committee.

"Gerry believed deeply in questioning assumptions and protecting patients from unnecessary treatment," Robin Chodak said. "I think he would have been very pleased to see Dr. Wilt honored in his name, because Tim's work gave patients and physicians the evidence to choose a more thoughtful path."

A patient-centered honor

Wilt, 70, retired in April after a distinguished 40-year career with the Department of Veterans Affairs in Minneapolis. He said receiving the Chodak Award from a patient-centered organization carries special meaning.

"It means a whole lot, but it really means a lot because of what you guys from ASPI are doing," Wilt said. He called the award "a wonderful capstone to my career."

Wilt also emphasized that PIVOT was a team achievement. He credited the VA for backing a difficult study, praised the investigators who participated, and reserved his deepest gratitude for the veterans who agreed to enroll and be randomized in service of a larger truth.

“VA has always had a rich history of veterans being willing to give back not only for the good of themselves, but for the good of others,” he said. “Of course, I owe it mostly to the patients.”

ASPI’s Chodak Award has previously honored Dr. Laurence Klotz of the University of Toronto, Dr. Peter Albertsen of the University of Connecticut, Dr. Peter Carroll of the University of California, San Francisco, and Dr. Mark Scholz, co-founder of the Prostate Cancer Research Institute.

Each recipient has contributed to the development, acceptance, or patient understanding of Active Surveillance. Wilt’s contribution was distinctive: rigorous randomized evidence that helped patients and physicians weigh the benefits and harms of immediate treatment more carefully.

“He changed prostate cancer care not by promising certainty, but by insisting on better evidence,” Lichty said. “That is exactly the kind of work this award was created to honor.”

About Active Surveillance Patients International

Active Surveillance Patients International is a nonprofit organization dedicated to educating, supporting, and advocating for men with low-risk prostate cancer who are on or considering Active Surveillance, along with their families. Through free tools, webinars, community support, and patient resources — including its plain-language guide, The Pathway: Your Guide to Active Surveillance — ASPI helps patients understand their options, make informed decisions, and connect with evidence-based information. For more information, visit aspatients.org.

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