

# NOMINATION SIGNATURE PAGE

## 2021 Virginia Outstanding Faculty Awards

Please include this as the cover page of the nomination package PDF submission\*

Name of Applicant:	Andrew Michael David Wolf, MD
Institution:	University of Virginia
Category:	Research/Doctoral Institution
Signature of President or Chief Academic Officer:	 DocuSigned by: <i>M. Elizabeth Magill</i> 2116BCFD578A4EA...
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## **University of Virginia Mission Statement**

The University of Virginia is a public institution of higher learning guided by a founding vision of discovery, innovation, and development of the full potential of talented students from all walks of life. It serves the Commonwealth of Virginia, the nation, and the world by developing responsible citizen leaders and professionals; advancing, preserving, and disseminating knowledge; and providing world-class patient care.

We are defined by:

- Our enduring commitment to a vibrant and unique residential learning environment marked by the free and collegial exchange of ideas;
- Our unwavering support of a collaborative, diverse community bound together by distinctive foundational values of honor, integrity, trust, and respect;
- Our universal dedication to excellence and affordable access.

Source: [www.virginia.edu/statementofpurpose](http://www.virginia.edu/statementofpurpose)

## Summary of Accomplishments

Andrew M.D. Wolf, M.D. is an academic primary care physician who has gained national renown for his leadership in developing cancer screening guidelines that have saved many thousands of lives in the U.S. He is a practicing general internist overseeing the care of over a thousand patients from throughout Virginia. He is considered “the physician’s physician,” voted by peers as among the top 4% Best Doctors in America virtually every year since 2005. He is an acclaimed teacher, considered among the premier clinician educators at UVA. Dr. Wolf has won every level of teaching award offered by the School of Medicine. He has won the learner-voted Outpatient Attending of the Year award so many times that he has been barred from winning it in two consecutive years, and was recently honored with the American College of Physicians Virginia Chapter Teaching Award. In recognition of his teaching prowess, he was elected as an inaugural member of the UVA School of Medicine’s Academy of Distinguished Educators in 2003. Last year, Dr. Wolf was bestowed Mastership - the highest possible honor – by the American College of Physicians. Dr. Wolf is the rare primary care physician who bridges the gap between patient care in the clinic and patient care at the national level.

**1. Teaching.** Dr. Wolf is considered to be among the top handful of clinician-educators at the UVA School of Medicine by virtue of his unique combination of clinical competence, modeling of compassionate care, commitment to his learners, and ability to adapt his teaching to the clinical exigencies of the moment. Dr. Wolf’s professional lifeblood is the clinical teaching of primary care internal medicine, and he has championed the cause of primary care education of internal medicine residents since his arrival in Charlottesville over 25 years ago. Moreover, in keeping with UVA’s mission to “serve the Commonwealth of Virginia, the nation, and the world by developing responsible...professionals,” Dr. Wolf has directed UVA’s largest Continuing Medical Education conference annually for two decades.

At the medical student level Dr. Wolf has served for 25 years as a small group leader, equipping students with the core clinical knowledge, skills, and professional values to practice medicine in any specialty and any venue. In addition to small group teaching, Dr. Wolf for many years taught clinical epidemiology, information mastery & critical thinking, motivational interviewing, geriatrics, and clinical guideline development. For 22 years he conducted primary care workshops for UVA’s Medical Academic Advancement Program, a summer program for underrepresented pre-medical students designed to promote diversity in the health professions. Dr. Wolf also teaches medical students on their internal medicine clerkship, which he has been doing continuously since completing his own training in 1987.

The preponderance of Dr. Wolf’s teaching occurs at the postgraduate medical education level, where he leads the educational mission in all things primary care as Associate Program Director of the Internal Medicine Residency Program, overseeing the primary care and ambulatory training of ~100 residents, and as Primary Care Track Director for the residency program. He teaches mostly in the outpatient setting, where he supervises a team of ten residents throughout their 3 years of training, and he also leads an inpatient team of residents two months per year in the care of hospitalized patients. He leads outpatient “morning report” (case-based teaching) weekly, conducts office-based medicine didactic sessions several months per year, and leads annual workshops on motivational interviewing and “Difficult Doctor-Patient Interactions”. Throughout his career, he has led workshops on smoking cessation, alcohol and substance abuse, medical ethics, clinical epidemiology, and lectured regularly on clinical prevention, cancer screening, and a variety of primary care topics. What sets Dr. Wolf apart from the pack is

his remarkable ability to seamlessly integrate his teaching into the clinical care of patients, striking the balance between assuring high-quality care while fostering learner autonomy. As is made abundantly clear both in his learners' evaluations and in his plethora of teaching awards, Dr. Wolf has established himself as the premier postgraduate primary care internal medicine educator at UVA.

In recognition of his expertise and leadership in clinical education at UVA, Dr. Wolf has been given the mantle of leadership for faculty development in clinical teaching and for the continuing medical education of primary care physicians in Virginia and beyond. He has led a "Clinical Teaching on the Fly" interactive workshop for the UVA medical faculty and for the past 20 years has served as Course Director for the 3-day annual Recent Advances in Clinical Medicine Continuing Medical Education Conference, which attracts over 200 generalist physicians from across the state and country. Both within and beyond UVA, Dr. Wolf disseminates his expertise in cancer screening. He regularly lectures on cancer screening topics at the Department of Medicine Grand Rounds and at CME conferences throughout Virginia. In 2018 he was honored to be the 31<sup>st</sup> Dolan Lecturer at Virginia Hospital Center, following in the footsteps of such medical luminaries as Dr. Anthony Fauci. In light of his national prominence in cancer screening, Dr. Wolf was invited last fall as a Visiting Professor to MD Anderson, the #1 ranked cancer center in the U.S.

Dr. Wolf's teaching on the national front has centered on the development and dissemination of cancer screening educational materials for both clinicians and patients, so that both doctors and patients can make more informed cancer screening decisions. Most recently, he helped to produce educational materials to accompany the 2018 American Cancer Society colorectal cancer screening guideline on which he served as lead author. He also recently provided expert consultation for a joint project between the Centers for Disease Control and the American College of Preventive Medicine to develop educational materials for prostate cancer screening.

**2. Discovery.** Two major threads – cancer screening and patient-centered care -- have dominated Dr. Wolf's scholarly achievements, and it is their intersection that has gained him national prominence as one of the leading experts in cancer prevention and early detection. Although it is in the realm of knowledge integration that Dr. Wolf has had the greatest impact, it was his original work in informed and shared patient decision making that catapulted him onto the national stage in cancer screening. In his daily care of patients during the 1990's, Dr. Wolf became increasingly aware that the recently developed cancer blood test known as the prostate-specific antigen (PSA) had both obvious benefits but also serious harms. Then and now, the benefit-harm balance of prostate cancer screening is heavily value-dependent (primarily the benefit of early detection versus the harm to sexual and urinary function of prostate cancer treatment). Spurred on by his growing uneasiness with the status quo, Dr. Wolf conducted a randomized trial whereby half the men in the study received information about the pros and cons of prostate cancer screening and the control arm received general health information (Wolf, et al, 1996, see CV). He found that once men were better informed, they were less likely to choose to be screened than were the uninformed men. Until Dr. Wolf's work in this area, cancer screening decisions were made solely by the physician, and few had articulated the necessity of engaging patients in shared decision making, the way health care providers do routinely for surgical procedures or risky medical treatments.

With the support of an American Cancer Society (ACS) Cancer Career Development Award, Dr. Wolf broadened his scope to investigate another key question in cancer screening: when to *stop*

screening for cancer. As patients grow older and/or sicker, there comes a point when screening for cancer no longer makes sense, based on limited life expectancy, risks of screening, and shifting patient values, but when that point arrives cannot be determined entirely by hard science, hence the importance of integrating patient preferences and shared decision making into the process. Dr. Wolf conducted another randomized trial, this time with elderly patients, facing the decision of whether or not to continue colorectal cancer screening, that demonstrated two key points: first, the elderly are capable of understanding quantitative information to help them decide whether to screen; and second, many elderly patients expressed a desire to discontinue screening (Wolf & Schorling, 2000, see CV). Based in part on Dr. Wolf's work, national guidelines now include specific guidance on when to stop screening, emphasizing the role of shared patient decision making. Both for his original research contributions and his leadership in cancer screening guideline development, Dr. Wolf was honored with a UVA Department of Medicine Research Award in 2017.

**3. Knowledge Integration.** It is in the realm of knowledge integration that Dr. Wolf has truly made his mark on the health and well-being of the American public. Based on the expertise he accrued and the national recognition he received for his pioneering work in shared decision making in cancer screening, Dr. Wolf was invited to participate in the American Cancer Society's prostate cancer screening guideline in 2001, and chaired the 2010 ACS prostate cancer screening guideline (Wolf et al, 2010, see CV). At the time prostate cancer screening was highly controversial, with many experts advocating for its universal adoption and an equally vocal cohort opposing its use as a screening test, both sides represented on the expert panel that Dr. Wolf chaired. Through critical appraisal of the reams of scientific literature relevant to prostate cancer screening, utilization of outside experts, and facilitation of a consensus development process involving the multidisciplinary expert panel, Dr. Wolf was able to achieve 100% consensus on a screening guideline that featured as its centerpiece the role of informed and shared provider-patient decision making. This guideline has withstood the test of time, and is still utilized by health care practitioners throughout the U.S.

Subsequent to his leadership on the prostate guideline, Dr. Wolf has played a prominent role in the development of the ACS's lung cancer (2013), breast cancer (2015), and cervical cancer (2020) screening guidelines, assuring that the guidelines integrated patient preferences in areas of uncertainty, such as breast cancer screening in younger women. Dr. Wolf also served as co-lead on the ACS's prostate cancer survivorship care guideline, the first devoted to survivorship care developed by the ACS. (Skolarus, Wolf, et al, 2014, see CV). This guideline served as a model for the development of survivorships guidelines for other major cancers.

Continuing in his leadership role on cancer guidelines, Dr. Wolf was appointed Chair of the ACS Colorectal Cancer Screening Workgroup, culminating in the publication of the guideline in 2018 (Wolf, et al, 2018, see CV). The challenge with colorectal cancer, the #2 cause of cancer death in the U.S., was how to promote greater uptake of screening, seeing as 40% of the eligible U.S. population are not up to date with screening. After exhaustive literature review determined that each of the available screening tools has advantages and disadvantages, Dr. Wolf led his group in forging a guideline that emphasized patient choice in selecting their preferred screening test, rather than relying solely on provider recommendation, as research demonstrated that choice leads to greater screening uptake. An even greater challenge his workgroup faced was the question of when to *begin* screening for colorectal cancer. Although doctors have traditionally recommended starting screening at age 50, his workgroup realized that this cancer is being

diagnosed increasingly frequently in individuals below age 50. Modeling studies commissioned by his workgroup demonstrated that lowering the starting age from 50 to 45 years saved significantly more lives at an acceptable trade-off of additional tests. Against the headwind of all other major organizations still recommending the starting age of 50, the ACS adopted and promulgated the new guideline recommended by Dr. Wolf and his workgroup. The guideline received tremendous worldwide attention in the media and professional communities (<https://www.usatoday.com/story/news/2018/05/30/american-cancer-society-colon-cancer-screening-45/651959002/>; <https://www.altmetric.com/details/42992471/google>). More important, practitioners espoused the new starting age recommendation at an unprecedented rate: one week after publication, a national poll of primary care physicians reported that 44% were going to start recommending the younger starting age immediately. Given that most new medical information often takes years to effect practice change, this uptake was remarkable.

**4. Service.** At the institutional level Dr. Wolf has devoted himself to leadership in the education of future physicians and the training of future internists. For the UVA School of Medicine and Health System, Dr. Wolf has served on numerous committees related to primary care, cancer screening, and leadership searches. For the past 7 years, he has served on the committee responsible for developing Objective Structured Clinical Exercises for the School of Medicine, a key method for determining clinical competency. For the Internal Medicine Residency Program, Dr. Wolf has served for 23 years as the Director of the Primary Care Track, and for the past 17 years as Associate Program Director, responsible for oversight of the outpatient training and education of the ~100 internal medicine residents. Among many other responsibilities for the program, he chairs the Program Evaluation Committee, responsible for oversight of the training experience and recommending changes to the Program Director.

At the community level Dr. Wolf supervises and provides care to over 1000 patients, most of whom are medically indigent and many of whom are uninsured, non-English-speaking, undocumented immigrants. Many of his patients come from hundreds of miles away, including the furthest reaches of southwestern Virginia to receive the discounted care available at UVA. Dr. Wolf considers it a core element of his professional identity to serve this patient population. Dr. Wolf has been rated among the finest clinicians in the country: based on patient satisfaction surveys, Dr. Wolf annually has received the UVA Health System Outstanding Patient Experience Recognition (99<sup>th</sup> percentile for patient satisfaction). He has been listed among the Best Doctors in America virtually every year since 2005, and in 2019 was listed as a Virginia Top Doctor by *Virginia Living* magazine, all of these accolades being peer-nominated.

At the professional and societal level Dr. Wolf has contributed thousands of hours to his work on behalf of the American Cancer Society, leading efforts to craft evidence-based guidelines that promote cancer prevention and early detection. Current estimates predict that an additional 29,400 cases of colorectal cancer and 11,100 deaths will be prevented over the next 5 years if Dr. Wolf's guideline to lower the screening starting age is widely adopted, above and beyond the many thousands of deaths that will be prevented by following the guideline in older age groups. Last year Dr. Wolf was awarded Mastership in the American College of Physicians; masters "must be highly accomplished persons demonstrating eminence in practice, leadership, or in medical research." The central tenet of the UVA Mission Statement is to "serve the Commonwealth of Virginia, the nation, and the world by developing responsible citizen leaders and professionals; advancing, preserving, and disseminating knowledge; and providing world-class patient care." There are few who exemplify this tenet more than Dr. Andrew Wolf.

## Personal Statement

**1. Teaching.** As a clinician-educator and primary care physician, my professional anima is the clinical teaching of primary care internal medicine and the promulgation of the biopsychosocial model in patient care. Although such a holistic model, which integrates biomedical, psychological, and social factors into the care of patients, should be a given in any medical community, I am realizing that as the forces of specialization intensify, the need for individuals such as myself is greater now than ever. A recent morning's "rounds" with my team of residents and students provides a poignant case in point. My team was becoming increasingly frustrated with a young transgender patient from rural Virginia admitted with chest pains and black-out spells that weren't really fitting any specific diagnosis. Only when I could help the team understand the context – ostracization, social isolation, and financial stress – could my learners both understand how her symptoms made sense and develop greater empathy for her predicament. My primary classroom is the clinic and hospital ward, my main subject is the patient in front of me, and my pupils are the medical residents and students I work with on a daily basis. My role as firm attending at University Medical Associates, UVA's principal internal medicine resident-faculty practice, comprises the largest single component of my teaching effort, as I spend half my week there working directly with the residents. In this capacity, I provide one-on-one and small group teaching in the context of concomitant patient care. My other major clinical teaching responsibility is general medicine ward attending, where I oversee a team of residents and medical students twice a year for two-week blocks.

Over the past 30 years as a medical educator, I have distilled my teaching philosophy into four simple tenets: (1) *Make teaching about the learner*: knowledge and skills are much more readily acquired and retained when the learner is at the helm – Socratic teaching, adjusting teaching to the milieu and constraints of the moment, and helping learners acquire the skills for life-long learning beyond the educational arena are critical to learner-centered teaching. (2) *Make teaching about the patient*: the renowned North American medical educator, Sir William Osler, said "It is a safe rule to have no teaching without a patient for a text, and the best teaching is that taught by the patient himself." Human beings cherish and remember human stories. There are no stories more compelling than those we physicians encounter every day of our professional lives. Our learners are much more likely to retain what we teach – even the "hard science" - if we do so in the context of the patient's story. (3) *Make teaching about the doctor-patient relationship*: what some call the "art" of medicine is really the harnessing of the power of the doctor-patient relationship to foster healing and wellness. The effective medical educator can teach this through *active* role-modeling – demonstrating to learners how their specific interactions with patients can lead to positive outcomes. (4) *Make teaching fun*: I live by the adage "humor is the best medicine." Medical teachers and learners encounter human suffering on a daily basis – injecting humor, both at the bedside and in the classroom – can be a wonderful way to mitigate suffering's impact on both patient and learner, as long as it is applied with compassion. It is a sacred privilege to be responsible for human lives and for teaching others to take the mantle – demonstrating and imparting enthusiasm for this privilege is at the heart of my teaching philosophy.

**2. Discovery.** Just as my most effective teaching has arisen directly from the care of patients, so too has my most meaningful scholarly activity. Early in my career, the first blood test to show promise as a cancer screening test – the prostate specific antigen -- was being rapidly adopted by primary care practitioners, and I was among the enthusiastic early adopters. But not long

after, one of my early “successes”, a man whose prostate cancer I had detected through routine screening, returned well after he had healed from surgery to remove his prostate gland, completely cancer free but completely incontinent of urine as a consequence of surgery. “Doc,” he said, “I wish you’d never found that cancer.” That impactful encounter led me to ponder our responsibility as primary care clinicians to ensure that our patients know what they’re getting into, even before they begin the screening process. It’s “just a blood test,” but the sequence of events it triggers can have life-altering effects, both highly positive and negative. With a small seed grant from the American Cancer Society, I conducted a randomized trial demonstrating that men who were provided with the key information about both the positive and negative implications of prostate screening were significantly less inclined to screen than men who were not. The concept of informed consent for medical treatments was by no means novel, but this was among the first studies of its kind to explore the impact of informed decision making for “routine” screening tests that can have seriously negative downstream implications. This research garnered significant attention, leading to my obtaining a Cancer Control Career Development Award with the American Cancer Society to further explore the concepts of informed and shared decision making in cancer screening, and launched my career in developing patient-centered cancer screening guidelines.

**3. Knowledge Integration.** As a leader in medical education at UVA, I emphasize in the curricula I oversee not just the requisite medical knowledge, but also the refined communication skills, the humanistic attributes, and the understanding of the social context in which we practice, all of which are necessary to become a truly great internist. Over the past 25 years, I have led efforts to craft a comprehensive curriculum in primary care medicine that all one hundred of our residents receive during their three years of training, including the majority who are destined for subspecialty careers, since one of my guiding principles is that the best subspecialist is first a great generalist.

On the national level, I have become a leader in developing cancer screening guidelines that integrate research on screening effectiveness with research that examines the balance between benefit (preventing cancer death and disability) and unintended harm (e.g. complications from further diagnostic tests and cancer treatments). My principal goal has been to forge guidelines that not only adhere to the science, but also provide practical guidance to both providers and patients with the ultimate goal of saving as many lives as possible while minimizing the “collateral damage” that can occur in cancer screening, due to false positive test results, complications of screening tests, and downstream unintended consequences.

**4. Service.** At the institutional level, in addition to serving in leadership positions on numerous UVA committees, I have been Primary Care Track Director and Associate Program Director for our Internal Medicine Residency Program for over two decades, responsible for the ambulatory and primary care training of hundreds of residents who are now practitioners and academicians. In my capacity as Course Director of the largest continuing medical education program sponsored by UVA, I have led the effort to educate over 200 practicing physicians every year for the past 20 years. At the professional level, I donate hundreds of hours per year to the American Cancer Society helping to craft national guidelines. At the community level, I care for a large population of mostly indigent patients, who travel from all over the state to UVA. And on a societal level, I sincerely hope that my service in developing cancer screening guidelines is having a tangible impact on the burden of suffering from the scourge of cancer that so many face in the U.S. and throughout the world.

**ABBREVIATED CURRICULUM VITAE**  
**Andrew Michael David Wolf, M.D.**

**I. Education**

1975-1979	A.B. (magna cum laude) History and Science	Harvard College
1980-1984	Medical Degree M.D.	University of Virginia
1984-1987	General Internal Medicine	Rhode Island Hospital/ Brown University

**Academic Appointments**

2019-present	Professor of Medicine, UVA School of Medicine
1999-2019	Associate Professor of Medicine, UVA School of Medicine
1999-2003	Associate Prof of Research in Health Evaluation Sciences, UVA
1993-1999	Assistant Professor of Medicine, UVA School of Medicine
1989-1993	Assistant Prof. of Medicine, Boston University School of Medicine

**II. Principal Professional Positions Held**

2003-present	Associate Program Director, UVA Internal Medicine Residency Program
2001-2002	Acting Section Chief, General Medicine, UVA Dept. of Medicine
1997-present	Director, Primary Care Track, UVA Int. Med. Residency Program
1987-1993	Associate Program Director, Carney Hospital Primary Care Internal Medicine Residency Program, Boston, MA
2000-present	Course Director, Recent Advances in Clinical Medicine CME Conference, Charlottesville, VA

**III. Major Honors and Awards**

<u>Year</u>	<u>Honor</u>
2019	Master, American College of Physicians
2019-20	UVA Recognition of Outstanding Patient Experience (99 <sup>th</sup> percentile)
2005-2020	Best Doctors in America
2003-2018	University of Virginia, Department of Medicine Outpatient Attending of the Year 2003, 2005, 2006, 2008, 2010, 2012, 2014, 2016, 2018
2018	American College of Physicians Virginia Chapter Teaching Award
2017	University of Virginia, Department of Medicine Research Award
2011	University of Virginia Graduate Medical Education Master Educator Award
2001-2008	University of Virginia, Department of Medicine Teaching Excellence Award 2001, 2007, 2008
2003	Lifetime Member, University of Virginia Academy of Distinguished Educators, Elected 2003 (inaugural year)
2001	University of Virginia, School of Medicine Teaching Award
1998	Award of Merit, Virginia Council of the American Cancer Society
1996-1997	Physician Volunteer of the Year, Charlottesville Free Clinic
1989-1993	Carney Hospital Teaching Award 1989, 1990, 1991, 1993
1987	Rhode Island Hospital Internal Medicine Resident Teaching Award
1984	Alpha Omega Alpha Honor Medical Society

**IV. Top-Cited Publications**

**Wolf AMD**, Fontham ETH, Church TR, Flowers CR, Guerra CE, LaMonte SJ, Etzioni R, McKenna M, Oeffinger KC, Shih YT, Walter LC, Andrews KS, Brawley OW, Brooks D,

Fedewa SA, Manassaram-Baptiste D, Siegel R, Wender RC, Smith RA. Colorectal cancer screening for average risk adults: 2018 guideline update from the American Cancer Society. *CA Cancer J Clin* 2018;68:250–81. (103 citations, top 0.1% in 2018-19)

Oeffinger KC, Fontham ETH, Etzioni R, Herzig A, Michaelson JS, Shih YT, Walter LC, Churt TR, Flowers CR, LaMonte SJ, **Wolf AMD**, DeSantis C, Lortet-Tiulent J, Andrews K, Manassaram-Baptiste D, Saslow D, Smith RA, Brawley OW, Wender R. Breast cancer screening for women at average risk: 2015 guideline update from the American Cancer Society. *JAMA* 2015;314:1599-1614. (466 citations)

Skolarus TA, **Wolf AMD**, Slovin SF, Aragon-Ching JB, Sinibaldi VJ Zelefsky MJ, Salner AL, Chodak G, Hoyt MA Rivers BM, Underwood W, Wittmann D, Brooks D, Smith R, Erb N. American Cancer Society prostate cancer survivorship care guidelines. *CA Cancer J Clin* 2014;64:225-249. (138 citations)

Wender R, Fontham ETH, Barrera E, Colditz GA, Church TR, Ettinger DS, Etzioni R, Flowers CR, Gazelle GS, Kelsey DK, LaMonte SJ, Michaelson JS, Oeffinger KC, Shih YT, Sullivan DC, Travis W, Walter L, **Wolf AMD**, Brawley OW, Smith RA. American Cancer Society lung cancer screening guidelines. *CA Cancer J Clin* 2013; 63:106-117. (359 citations)

**Wolf AMD**, Wender RC, Etzioni RB, Thompson IM, D'Amico AV, Volk RJ, Brooks DD, Dash C, Guessous I, Andrews K, DeSantis C, Smith RA. American Cancer Society guideline for the early detection of prostate cancer: update 2010. *CA Cancer J Clin* 2010;60:70-98. (505 citations)

**Wolf AMD**, Schorling JB. Does informed consent alter elderly patients' preferences for colorectal cancer screening? Results of a randomized trial. *J Gen Intern Med* 2000;15:24-30. (68 citations)

**Wolf AMD**, Nasser JF, Wolf AM, Schorling JB. The impact of informed consent on patient interest in prostate-specific antigen screening. *Arch Intern Med* 1996;156:1333-1336. (165 citations)

## V. Major National & Academic Service

2012-present Member, Guideline Development Group., American Cancer Society  
 2001-present Member, Primary Care National Advisory Committee, ACS  
 2017-2019 Expert Panelist, Centers for Disease Control – American College of Preventive Medicine. Prostate Cancer Screening Decision Aid Project  
 2013-2018 Chair, Colorectal Cancer Screening Work Group, American Cancer Society (ACS) Guideline Development Group  
 2005-2012 Chair, Prostate Cancer National Advisory Committee, ACS  
 2005-2012 Administrative Editor, *Medical Clinics of North America*

## VI. Invited Lectures

Over 50 invited lectureships and workshops, including the American College of Physicians Annual Meeting, the Society of General Internal Medicine Annual Meeting, the Prevent Cancer Foundation, the Biennial Cancer Survivorship Conference, the National Lipid association, Howard University, Georgetown University, MD Anderson Cancer Center, and numerous medical centers and continuing medical education programs throughout Virginia

## Letters of Support (Excerpted)

### **External Peer Excerpts:**

**Robert Smith, PhD**, Vice President, Cancer Screening, American Cancer Society: Dr. Wolf's enduring service to the ACS represents many, entirely unpaid hours contributing to guidance about early cancer detection to the public and health care community. The influence of his long-standing participation in this process has had a major impact on cancer control in the US.

**Richard Wender, MD**, Professor & Chair of Family Medicine, University of Pennsylvania: Dr. Wolf is one of the leading cancer screening experts in the country and in the world. Dr. Wolf chaired the ACS's prostate cancer screening guideline, widely considered the strongest guideline addressing prostate cancer. More recently, [as] first author on the ACS's colorectal cancer screening update. Dr. Wolf was a superb collaborator and leader.

**Robert Volk, PhD**, Deputy Chair, Dept of Health Services Research, MD Anderson Cancer Center: Dr. Wolf is among the finest primary care clinician-scientists I know. Having served on the ACS prostate cancer screening committee, I was able to observe Dr. Wolf's mastery of the evidence about this very sensitive and politically charged topic and his incredible skills in managing a multidisciplinary group to reach a consensus that was faithful to the evidence. My impression is the ACS has become the premier organization in trustworthy, patient-centered guideline development in large part due to Dr. Wolf's leadership.

### **Internal Supervisor/Peer Excerpts:**

**Mitchell Rosner, MD**, Chair, Dept of Medicine, UVA School of Medicine: Andy is one of the finest physicians, mentors, academicians and teachers I have ever encountered. His integrity, professionalism, kindness and focus on excellence continues to serve as a model for all of us. Watching Andy work through difficult clinical issues is a model for hundreds of residents that he has taught. Residents that Andy has trained have gone on to be local and national leaders who continue to champion primary care. Andy Wolf exemplifies what is best in an academic physician in all respects. This includes a focus on professionalism, life-long learning, questioning decisions to make all of us think deeper and a pursuit of new knowledge. Over the many years of working with Andy, several things stand out which are so special: his enthusiasm, his sense of humor, his never ending focus on what is right and needed for the patient, his patience in teaching all of us to be better doctors and his ability to do this with a relentless focus on excellence for over 30 years. Personally, he serves as a role model for me and many others.

**Brian Uthlaut, MD**, Residency Program Director: Teaching: There is not a more decorated teaching physician by the UVA Medicine residents than Dr. Andy Wolf. Andy is selected by our residents annually as the outpatient attending of the year. We actually had to institute a rule to let someone else receive the award every other year. He has achieved the highest evaluations for clinic teaching for at least the last decade. Andy has directed our primary care training track for more than 2 decades, contributing mightily as the lead educator for the development and mentorship of about a hundred residents going into primary care. Knowledge Integration: Andy has been the lead physician supervising the innovative monthly didactic content for the residency program. He helps to ensure that we are carefully covering all of the bases of knowledge, skills and attitudes necessary to produce a competent, humanistic physician. An expert communicator, Andy has taught residents and students for years on the "softer" medical topics of motivational interviewing and caring for difficult patients in addition to the "harder" medical topics of preventive care, screening, and many others. Service: Andy is the consummate professional, serving his institution and program without fail. He is always on hand to help plug holes and fill gaps. He is completely others-oriented with service at the heart of what he does for his patients, learners and colleagues - always. Andy leads in serving and serves in his leading and is the role model for how to be and teach physicians.

**Daniel Becker, MD**, Prof Emeritus, Former Div. Chief: As a teacher he has a gift that combines a deep understanding of his subject, empathy for an audience of learners who have less and less time to learn more and more, and a warm and abiding sense of humor. Dr. Wolf, more than

any other teacher I have ever learned from, makes learning fun and easy. His achievement as an educator goes beyond UVA's classrooms and hospital wards. He has helped to translate the dry clinical science of cancer screening into policies that affect hundreds of millions of lives. We all worry about cancer. Dr. Wolf's career has made it possible to worry less while understanding more. He does what all our best teachers do. As understanding grows fear shrinks.

**Former Residents:**

**Sumit Agarwal, MD**, General Internal Medicine Fellow, Harvard Medical School: Dr. Wolf is an exceptional educator, clinician, and mentor. He maintains a perfect balance between giving trainees autonomy and offering them supervision. These are no easy tasks, but Dr. Wolf manages it with incredible humility, grace and purpose. As a mentor, he is approachable and generous with his time. His enthusiasm for training the next generation is palpable. He leads by example and is the kind of physician that I and so many other trainees aspire to be.

**John Melson, MD**, Assist. Prof. of Medicine (UVA): I have spent the past 11 years as a student or trainee in higher education. Dr. Wolf is the finest educator and individual with whom I have crossed paths. His ability to provide exceptional care for each patient is only matched by his ability to inspire his trainees and colleagues. He is kind, endlessly patient, and generous towards learners with his hard-earned clinical knowledge. An hour working alongside him is invaluable. Every physician should seek to attain the balance between humility and excellence which he exemplifies.

**Current residents (de-identified):**

- Dr. Wolf stands out as the most effective bedside teacher I have worked with. Every patient encounter with him is a learning opportunity. He brings a unique joy and sense of humor as well as practical common sense to the practice of medicine. He has guided me through many patient care conundrums in his kind way and empowered me to be more autonomous at each step. He cares deeply for his patients and learners. He shares his love of the art and science of medicine with his patients and learners each day in his work here at UVA.

- While presenting a patient, he teaches in a fluid way. He does not interrupt. Sometimes, the teaching may be as subtle as an enthusiastic nod [or] raised eyebrows. If you have veered off a good thought process, he will often say 'that is not a bad idea, but have you considered...' to make you take the plan further. If you are stumped, he reframes your presentation, bringing in the key one liner to make you re-evaluate your main question. This way as the learner you get to the plan without him having to tell you. When you finally figure it out with his help, there is usually a definitive nod with a smile that affirms you have now thought this through.

**Current students (de-identified):**

- The 4 hours per week I spent with Dr. Wolf have been the most informative, educational, and inspirational hours of my training. He always created a great learning environment that allowed us to all feel comfortable sharing our ideas. I always walked away feeling excited about the medical career I had chosen. He provided the most fantastic critical feedback- he was always thoughtful about how we could improve but always provided this insight in a way that affirmed my confidence in my abilities. He has been an integral part of my development as a clinician.

- Dr. Wolf truly exemplifies UVA's mission of not only providing empathetic and excellent patient care, but also through his clear calling to be an educator and mentor. He truly made me involved in the care of my patient's, took time to teach us each and every day, and pushed us to be accountable for our patients and our education, making us better future physicians in the process. By the end of my time with him, I had learned more, done more, and felt more connected with my medical team than I have throughout other rotations. As I move through my medical career, I will always try to model my teaching strategies after those of Dr. Wolf's.

**Community Leader: Samuel LaMonte**, Patient Advocate, ACS Guideline Development Group: Dr. Wolf's style, organizational skills, professionalism, and friendliness, even with a difficult subject, allowed the group to work together extremely well. It takes a great leader to attain the most out of such a diverse group to accomplish a common goal.