

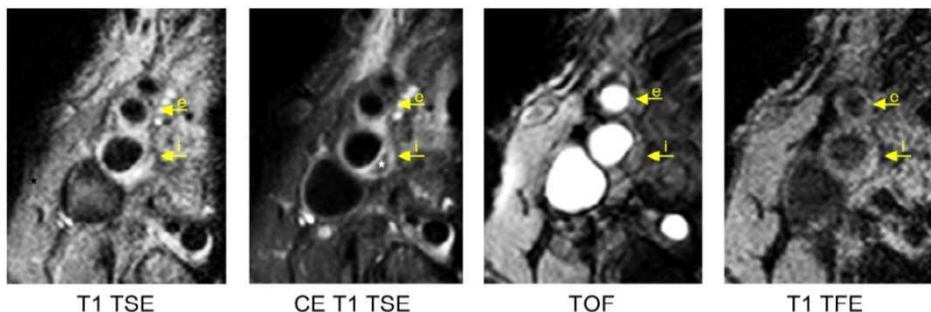
Welcome to the August 2015 NEWSLETTER

THE 2nd EUROPEAN
ECST-2
CAROTID SURGERY TRIAL

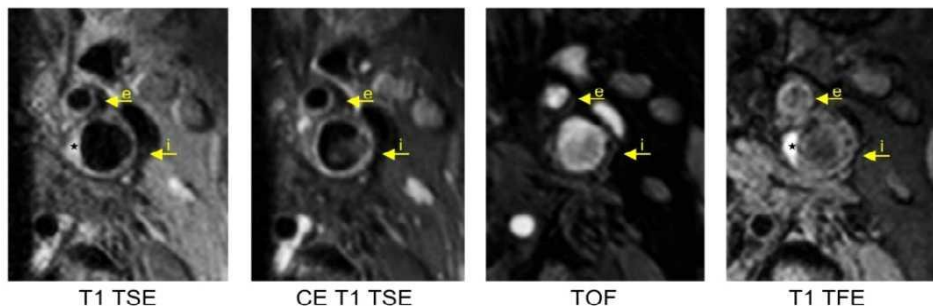
Thank to our collaborators Paul Nederkoorn and Leo Bonati for this article on plaque imaging analysis

With novel MRI techniques we are able to identify different components of the so called 'vulnerable' carotid plaque, such as intra-plaque hemorrhage (IPH), a lipid rich necrotic core (LRNC), or a thin fibrous cap (TFC). From cohort studies we know that these characteristics strongly predict the risk of recurrent stroke. ECST-2 now offers a unique opportunity to investigate the predictive value of MRI plaque imaging with regard to the effect of treatment, CEA plus optimized medical therapy (OMT), or OMT alone. We hypothesize that patients with IPH may do better with surgery, whereas patients with stable plaques may very well do as well or better on OMT alone. MRI plaque imaging holds promise to become an important risk predictor and decision tool in the future, helping select individual patients who benefit from CEA. We have secured separate funding for a plaque-imaging substudy in ECST-2 and are pleased that the first centers (London, Amsterdam, Basel) have started to add MRI plaque imaging to the study. We encourage other centers to follow and are happy to help you with setting up the substudy. Contact the trials office (office@ecst2.com) in the first instance.

A



B



Example of multisequence carotid 3 Tesla MRI. Co-registered T1-w turbo spin echo (TSE), contrast-enhanced (CE) T1-w TSE, time-of-flight (TOF), and T1-w transient field echo (TFE). External carotid artery (e) and internal carotid artery (i). A. The CE T1-TSE shows a lipid rich necrotic core (*), demarcated by a fibrous cap. B. The hyperintense area in the wall of the internal carotid artery (*) on the T1-TFE weighted image represents intraplaque haemorrhage (AMC 2014).

RECRUITMENT UPDATE:

**Randomisations up to
date – 95**

**Randomise one or
more of the next 5
patients to bring total
recruitment up to
#100 before 31st
August 2015 and win
a bottle of wine!**



REMINDER:

When filling out the stroke or TIA report please ensure when answering question 34 that you describe the **TIME COURSE** of the symptoms – particularly the onset and whether the symptoms progressed or improved over time. The important issue here is the timing – do not simply recapitulate the symptom description.