Institution letterhead/logo here

**The European Carotid Surgery Trial-2 (ECST-2)**

Date

Dr ……

Address

Dear Dr.

Re: Your patient ……………. [name]

Your patient has recently agreed to participate in the above study which is taking place at ……………………[name of hospital]. The study is investigating whether patients with carotid atherosclerosis at moderate to low risk of stroke are better treated by immediate revascularization (by surgery or stenting) with optimized modern medical therapy (OMT) (group A) or by OMT alone until such time, if ever, as revascularization becomes more clearly indicated (group B).

Your patient has been randomised to be treated by…………..

OMT will be applied to both treatment groups starting immediately after randomization. This will include:

1) Optimal antiplatelet therapy [details of antiplatelet therapy prescribed].

2) Treatment to lower cholesterol, to maintain a target total cholesterol <4.0mmol/l, and an LDL cholesterol level <2.0mmol/L (or >40% reduction in non-HDL cholesterol if greater) [details of therapy prescribed]

3) Treatment to lower blood pressure (BP), adjusted to maintain a target BP of 135/85 mmHg or less,[details of therapy prescribed]

4) Patients will also undergo targeted risk factor modification [details of therapy prescribed e.g smoking cessation/weight reduction plan]

The trial will last up to ten years and the patient will be evaluated during their annual clinic visits.

Details of the study are outlined in the enclosed patient information sheet.

If you have any concerns about your patient participation in the trial or require any further information about the study please do not hesitate to contact me …………………………..……………………………………………………..

[local principal investigator name, contact details and phone number]

Yours sincerely

Local Principal Investigator’s name and title

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