Maine Medical Center
MaineHealth

NEWS RELEASE

Date: Monday, November 2, 2015
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MMC Recruiting Candidates for NIH Study on Preventing Strokes

CREST-2 to include up to 120 medical centers and 2480 participants nationwide

PORTLAND, Maine — The first patients are now being enrolled here in a major national study comparing intensive medical management to carotid endarterectomy, a common operation to prevent stroke and to carotid artery stenting. The Carotid Revascularization and Medical Management for Asymptomatic Carotid Stenosis Study (CREST-2), is supported by the National Institute of Neurological Disorders and Stroke of the National Institutes of Health.

Maine Medical Center (MMC) is one of up to 120 medical centers that will be participating in the study that is seeking 2,480 participants across the United States and Canada.

Qualified participants are needed at MMC over the next five years, according to Dr. Robert Ecker, MMC Director of Neurosciences and Endovascular Neurosurgery and the local principal investigator for the study. To qualify, participants must be at least 35 years old, have a significant narrowing of one carotid artery with at least 70 percent blockage, and have no history of stroke or transient ischemic attack (TIA) within the last six months. Ideally, potential candidates live in southern or central Maine, so they may have easier access to the study site.

Those interested in participating in the study should contact local Principal Investigator Dr. Robert Ecker at 207-885-0011, or Research Coordinator Debbie Cushing, RN at 207-885-4438.

Buildup of atherosclerosis or plaque, commonly known as hardening of the arteries, occurs at the point where the carotid artery divides into the internal and external arteries. Patients with carotid artery disease may be at risk for stroke if clots or debris from the plaque are dislodged from the carotid artery wall. As this material travels through blood vessels it can interrupt blood flow to the brain resulting in stroke.

"Physicians want to identify the best way to prevent strokes in people who have a narrowing in their carotid artery," states Dr. Ecker. CREST-2 is designed to compare three different methods of stroke prevention to find the safest and most effective treatment for patients with carotid artery narrowing. The stroke prevention methods include intensive medical management or intensive medical management combined with carotid endarterectomy (en-dar-ter-EK-ta-mee) or carotid stenting. Carotid endarterectomy is an operation in which surgeons clean out and repair a main artery supplying blood to the brain. Carotid stenting is a procedure where a metal device called a stent is placed in a narrowed part of the carotid artery to cover the plaque and hold the vessel open. During the procedure, a small umbrella-like instrument called an embolic protection device is placed above the stent to catch any particles that might break away.

There are several risk factors for stroke, including high blood pressure, high cholesterol, diabetes, tobacco use, excess body weight, and physical inactivity. These risk factors can be modified through intensive medical management and lifestyle modification. In CREST-2 this stroke prevention method includes using aspirin to prevent blood clot formation, drugs to reduce blood pressure and bad cholesterol (LDL cholesterol), and a personal risk-modification coach to review ways to quit tobacco, manage weight, and increase physical activity.

The carotid surgery and carotid stenting procedures in CREST-2 will only be performed by doctors who have demonstrated safety and expertise in the procedures. Of the study participants assigned to carotid revascularization, about half will receive carotid endarterectomy and about half will receive a carotid stent. All participants will receive intensive medical management. Dr. Ellis Johnson heads the medical management team, and other participating doctors at MMC include Dr. Christopher Baker, Dr. Paul Bloch, Dr. Christopher Healey and Dr. John Belden.

Stroke is the fifth most common cause of death in the U.S. and the leading cause of disability in adults. Over the past 20 years, medical management of stroke risk factors

has improved such that risk of stroke from asymptomatic carotid stenosis has been significantly reduced. Carotid endarterectomy and carotid stenting (both revascularization procedures) have also improved. To date, no research has been conducted to compare the treatment differences between medical management and these two procedures. CREST-2 is intended to compare the two procedures to intensive medical management in patients without recent stroke and without stroke warning signs. "The information from this study will help us learn more about the best treatment for stroke prevention," said Dr. Ecker.

About Maine Medical Center

Maine Medical Center (MMC), recognized as the number-one ranked hospital in Maine by *U.S. News and World Report for 2015-2016,* is a complete health care resource for the people of Greater Portland and the entire state, as well as northern New England. Incorporated in 1864, MMC is the state's largest medical center, licensed for 637 beds and employing nearly 6,500 people. MMC's unique role as both a community hospital and a referral center requires an unparalleled depth and breadth of services, including an active educational program and a world-class biomedical research center. As a nonprofit institution, Maine Medical Center provides nearly 23 percent of all the charity care delivered in Maine. MMC is a member of the MaineHealth system, a growing family of health care services in northern New England. For more information, visit www.mmc.org.

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