

With an accurate utility score, PFO closure will be one of the new potential components of a cardiovascular disease prevention strategy for the Japanese population. Our cost-effectiveness analysis of PFO closure supports this and can serve as a reference to consider whether a political resource of the basic act on stroke and cardiovascular disease countermeasures should be allocated or not.

### Conclusion

From a healthcare payer perspective, PFO closure is cost-effective compared with medical therapy in patients with cryptogenic stroke probably attributable to PFO aged 60 years or younger.

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