## PFO CLOSURE META-ANALYSIS

"Meta-analysis comparing patent foramen ovale (PFO) closure versus medical therapy to prevent recurrent cryptogenic stroke" as published in the *American Journal of Cardiology* 

Meta-analysis of five randomized controlled trials (RCTs) found PFO closure plus medical management significantly reduces the risk of recurrent stroke compared to medical management alone.<sup>1</sup>



Relative recurrent stroke risk reduction with PFO closure plus medical therapy versus medical therapy alone<sup>1</sup>

Stroke events (p = .03)	Closure (N = 1829) 37 (2%)	Medical (N = 1611) 72 (4.5%)	
Major bleeding (p = .93) No increased risk of major bleeding with PFO closure <sup>1</sup>	Closure (N = 1760) 24 (1.4%)	Medical (N = 1523) 19 (1.2%)	-
Atrial fibrillation (AF) (p = .0001) Increased risk of AF with PFO closure <sup>1</sup>	Closure (N = 1784) 76 (4.3%)*	Medical (N = 1607) 12 (.7%)*	71% (54 / 76) of AF events were considered transient <sup>1</sup>

## 3,440 Patients

- Cryptogenic stroke<sup>+</sup> and PFO<sup>+</sup>
- Mean age range: 43–50
- Mean follow-up: 4.1 years

## 1,829 PFO closure group

- Devices varied
- Medical therapy regimen: Varied per study Antiplatelet, anticoagulation or both

## 1,611 Medical therapy group

- Medical therapy regimen: Varied per study Antiplatelet, anticoagulation or both
- + Variable rates of cardiovascular risk factors.
- + Variable rates of high-risk PFO features.
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RCTs: Closure 1-2012<sup>2</sup>, PC Trial-2013<sup>3</sup>, REDUCE-2017<sup>4</sup>, RESPECT-2017<sup>5</sup> and CLOSE-2017<sup>6</sup>