Transcript Details
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Finerenone Subgroup Analyses in Patients With Glomerulonephritis

Dr. Neuen:
Hi everyone. We're here in Glasgow in the United Kingdom at the European Renal Association Congress. My name is Brendon Neuen. I'm a nephrologist and Associate Professor of Medicine at the George Institute for Global Health in Sydney, Australia, and I'm a practicing nephrologist at Royal North Shore Hospital, also in Sydney, Australia.

We're here today to talk about the results of the FIND-CKD trial, specifically the effects of finerenone in patients with glomerular diseases. Patients with glomerular disease in the FIND-CKD trial were a prespecified subgroup of interest. Today we're going to talk about the effects of finerenone in this population, and including by glomerular disease subtype. We're going to go through the main primary outcome in this population, as well as a range of prespecified exploratory outcomes, including chronic eGFR slope, albuminuria, and the composite kidney outcome of kidney failure or 40% decline in GFR, as well as safety outcomes.

One of the unique aspects of the trial was that it enrolled a large proportion of patients with glomerular diseases, approximately 60% of the overall trial population, or 903 participants. Of these individuals, IgA nephropathy was the most common glomerular disease, with 413 patients. There were 256 individuals with FSGS and 80 with membranous, and a range of other less common glomerular diseases.

In terms of the effect on the primary outcome in this population, finerenone substantially attenuated the rate of decline over time. In the placebo arm, patients lost approximately 4.2 mL per minute per year of GFR. In the finerenone arm, this was reduced to 3.5 mL per minute per year, resulting in an absolute treatment effect or an improvement of 0.7 mL per minute per year, which was highly statistically significant. In addition to this, finerenone reduced albuminuria by 42% compared to placebo from baseline to 12 months. In terms of the prespecified exploratory outcome of kidney failure or 40% decline in GFR, finerenone reduced this composite outcome by 26% overall in patients with glomerular diseases.

Importantly, these effects were entirely consistent, irrespective of GN subtype, and were also consistent in analyses restricted to biopsy-proven cases. The safety of finerenone in patients with glomerular diseases was also good overall and consistent with the overall trial population. Taken together, these data suggest that finerenone may play an important role in slowing kidney disease progression in patients with glomerular diseases.

So, thanks very much for joining us here at the European Renal Association Congress in Glasgow in the United Kingdom.

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