

FIGARO-DKD

Cardiovascular Events with Finerenone in Kidney Disease and Type 2 Diabetes

Purpose: To evaluate whether oral finerenone, in addition to standard daily therapy, is effective and safe in treating patients with type 2 diabetes mellitus and diabetic kidney disease, when compared to a placebo.

Trial Design: N=7437. A Randomized, Double-blind, Placebo-controlled, Parallel-group, Multicenter, Event-driven Phase 3 Study.

Primary Endpoints: Time to the first occurrence of the composite endpoint of CV death and non-fatal CV events (MI, stroke, or hospitalization for heart failure)

Secondary Endpoints: Time to: 1) first occurrence of onset of kidney failure, a sustained decrease in eGFR of $\geq 40\%$ from baseline over >4 weeks and renal death; 2) all-cause mortality; 3) all-cause hospitalization; 4) change in urinary albumin-to-creatinine ratio from baseline to 4 months; 5) onset of kidney failure, a sustained decrease in eGFR of $\geq 57\%$ from baseline over at least 4 weeks or renal death.

	Finerenone (N=3686) n (%)	Placebo (N=3666) n (%)	Hazard ratio (95% CI)	p-value*
Primary outcome#	458 (12.4)	519 (14.2)	0.87 (0.76-0.98)	0.026
Hospitalization for HF	117 (3.2)	163 (4.4)	0.71 (0.56-0.90)	0.004
CV death	194 (5.3)	214 (5.8)	0.90 (0.74-1.09)	0.274
Non-fatal MI	103 (2.8)	102 (2.8)	0.99 (0.76-1.31)	0.963
Non-fatal stroke	108 (2.9)	111 (3.0)	0.97 (0.74-1.26)	0.793

Results: Finerenone significantly reduced the risk of CV morbidity and mortality by 13%. Finerenone provides kidney and CV benefits across the spectrum of patients with CKD and T2D.

* p-values for components are exploratory; #composite of CV death, non-fatal MI, non-fatal stroke, or HHF



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Results reflect the data available at the time of presentation.