

CONFIDENCE STUDY

Extracorporeal Nephrology group

Journal Review

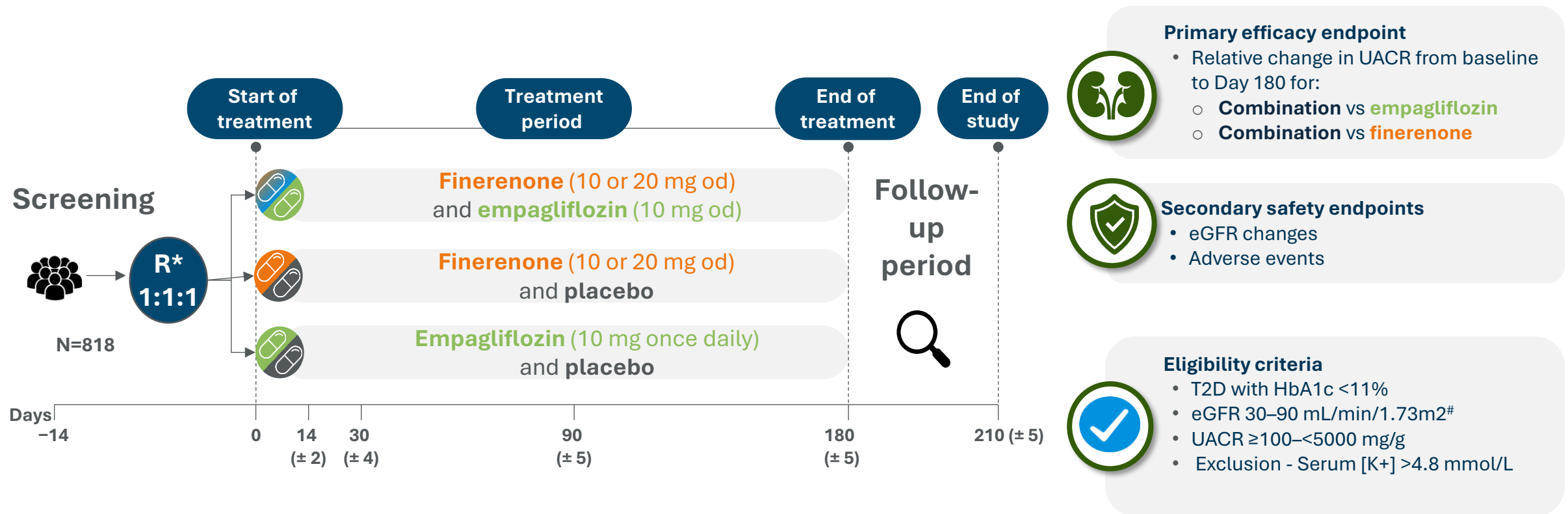
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CONFIDENCE investigates efficacy and safety of simultaneous initiation of finerenone and SGLT2i in CKD and T2D

Randomized, double-blind, double-dummy, multicenter, three-armed, parallel-group, phase II study

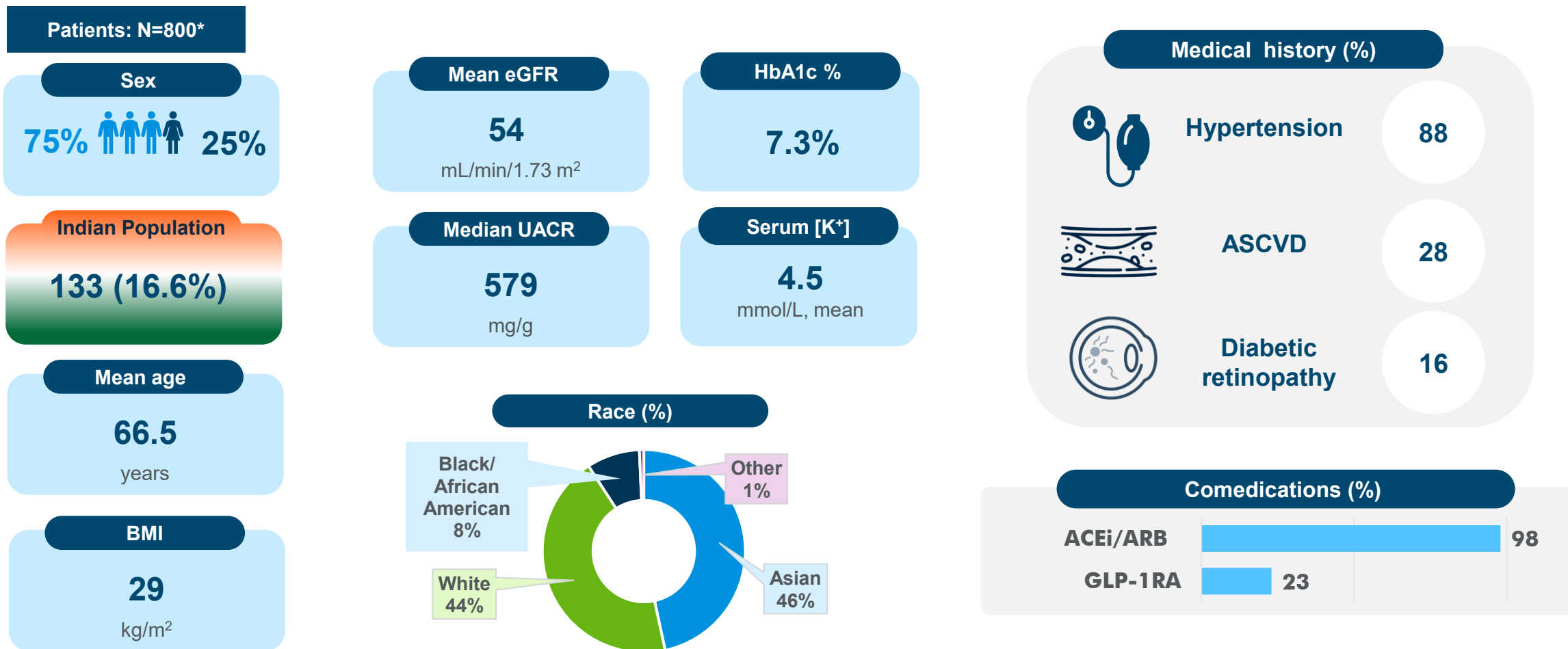


*10 mg OD: eGFR ≥25 to <60 mL/min/1.73 m²; 20 mg OD: eGFR ≥60 mL/min/1.73 m².

Patients will require at least one value of eGFR <60 mL/min/1.73 m² within the previous 3 months or have registered diagnosis of CKD. Patients with an eGFR >75–90 mL/min/1.73 m² will be capped at 20%. Patients in Part A required to have eGFR 40–90 mL/min/1.73 m², expanded to 30–90 mL/min/1.73 m² in Part B following feedback from DMC and safety analysis.

Agarwal R, et al. *N Eng J Med*. 2025; <https://doi.org/10.1056/NEJMoa2410659>.

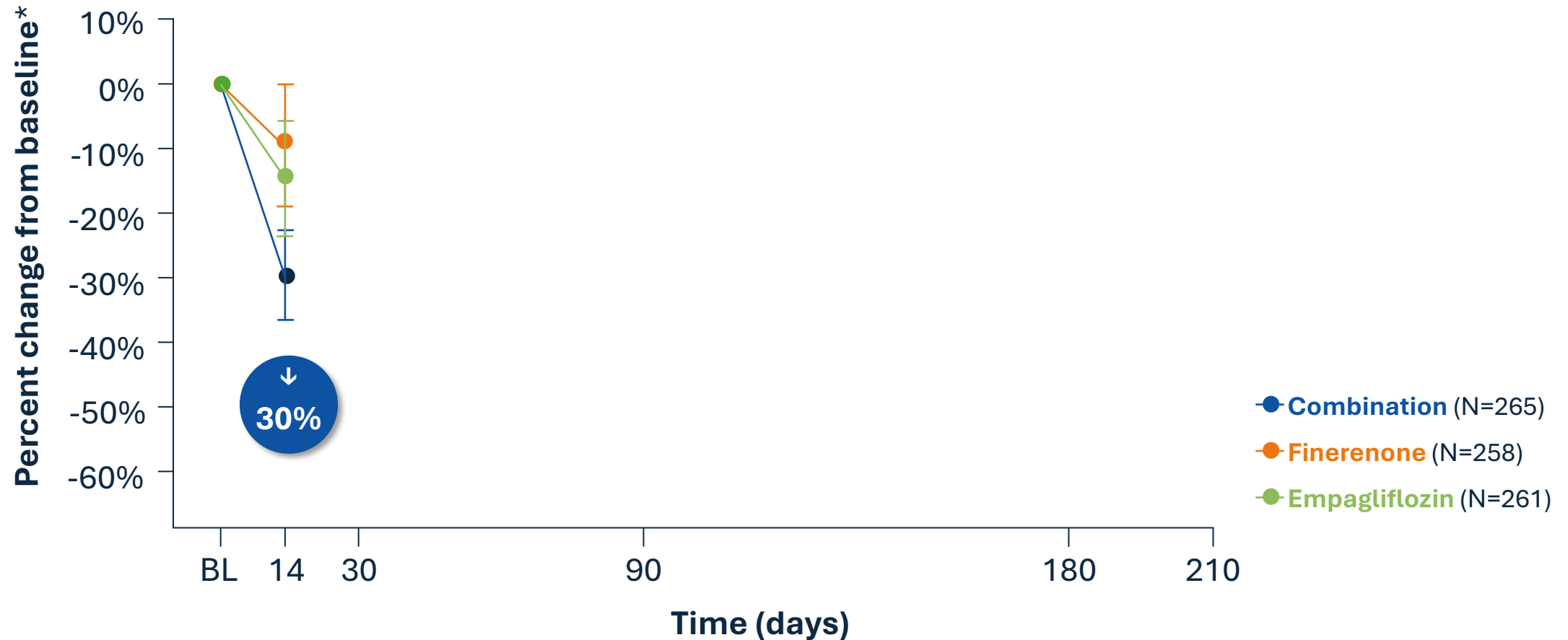
CONFIDENCE included a diverse range of patients with CKD and T2D with a high comorbidity burden



*Full analysis set.

ACEi, angiotensin-converting enzyme inhibitor; ARB, angiotensin receptor blocker; ASCVD, atherosclerotic cardiovascular disease; BMI, body mass index; CKD, chronic kidney disease; eGFR, estimated glomerular filtration rate; GLP-1 RA, glucagon-like peptide-1 receptor agonist; HbA1c, glycated hemoglobin; [K⁺], potassium concentration; Agarwal R, et al. *N Engl J Med*. 2025; doi:10.1056/NEJMoa2410659 (including supplement).

Simultaneous initiation of finerenone and SGLT2i led to reduction of UACR by 30% at Day 14

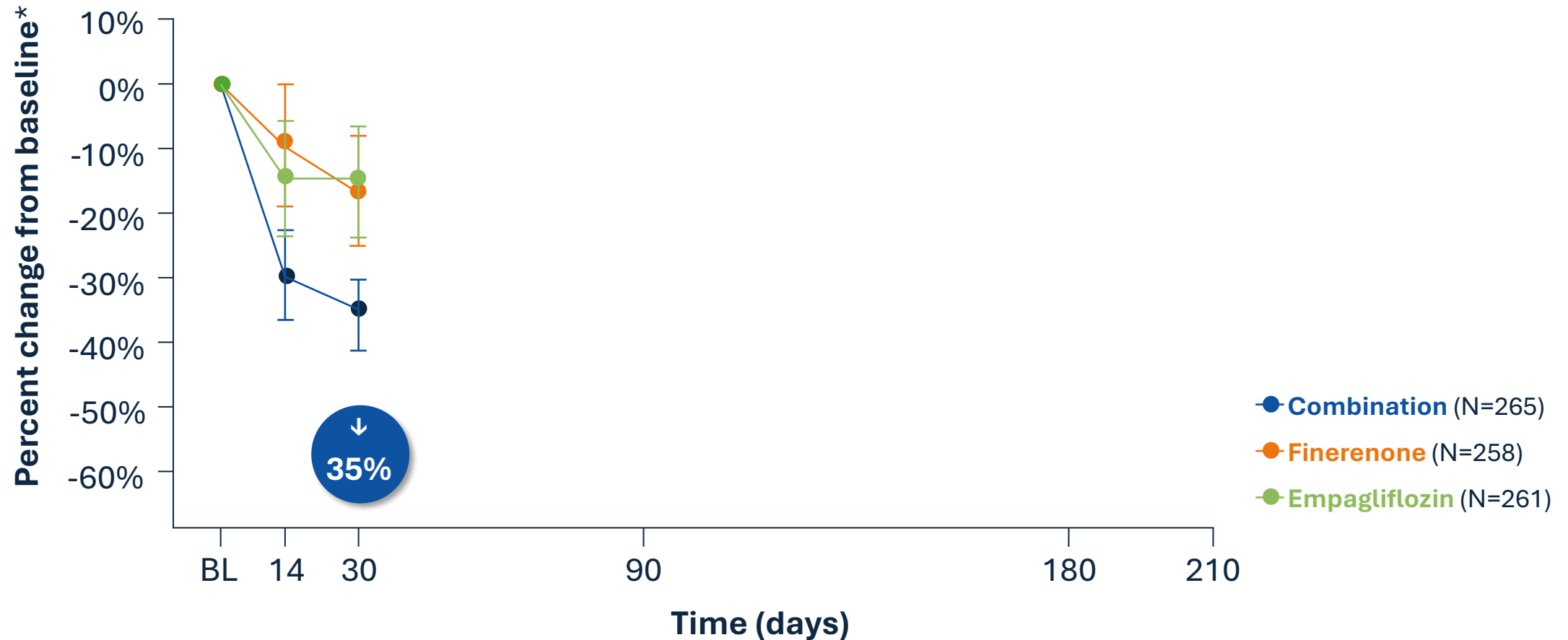


* Percent change calculation = (least squares mean - 1)X100

BL, baseline; SGLT2i, sodium-glucose co-transporter-2 inhibitor; UACR, urine albumin-creatinine ratio.

Agarwal R, et al. *N Eng J Med*. 2025; <https://doi.org/10.1056/NEJMoa2410659>

Simultaneous initiation of finerenone and SGLT2i led to early and additive reduction of UACR

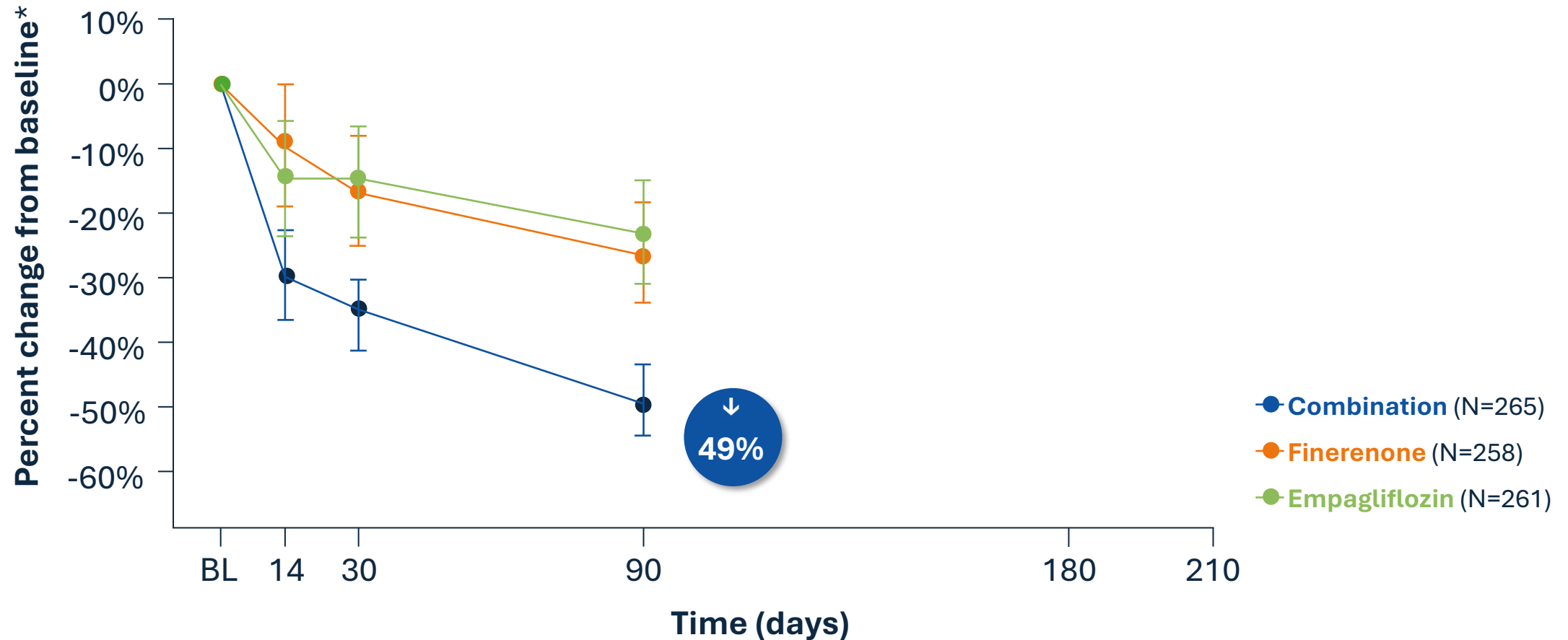


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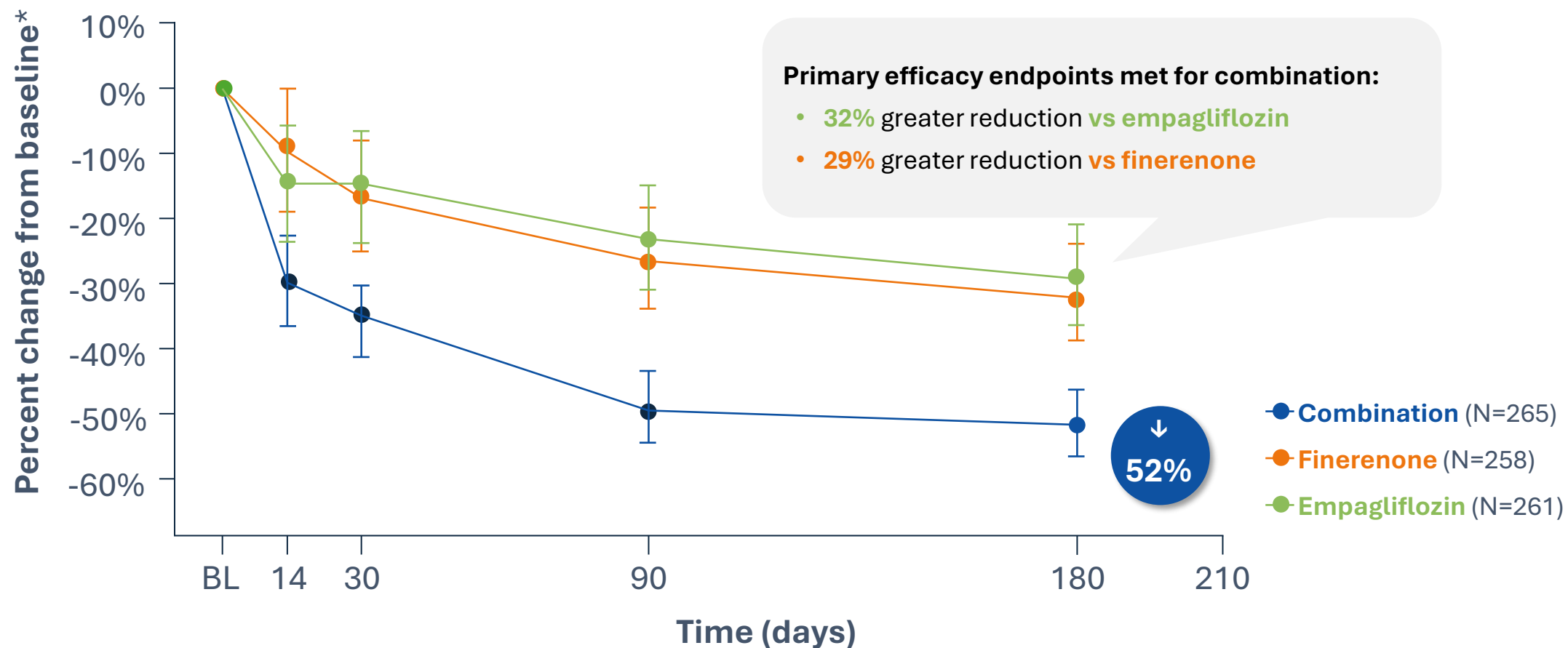


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Simultaneous initiation of finerenone and SGLT2i led to early and additive reduction of UACR by 52%

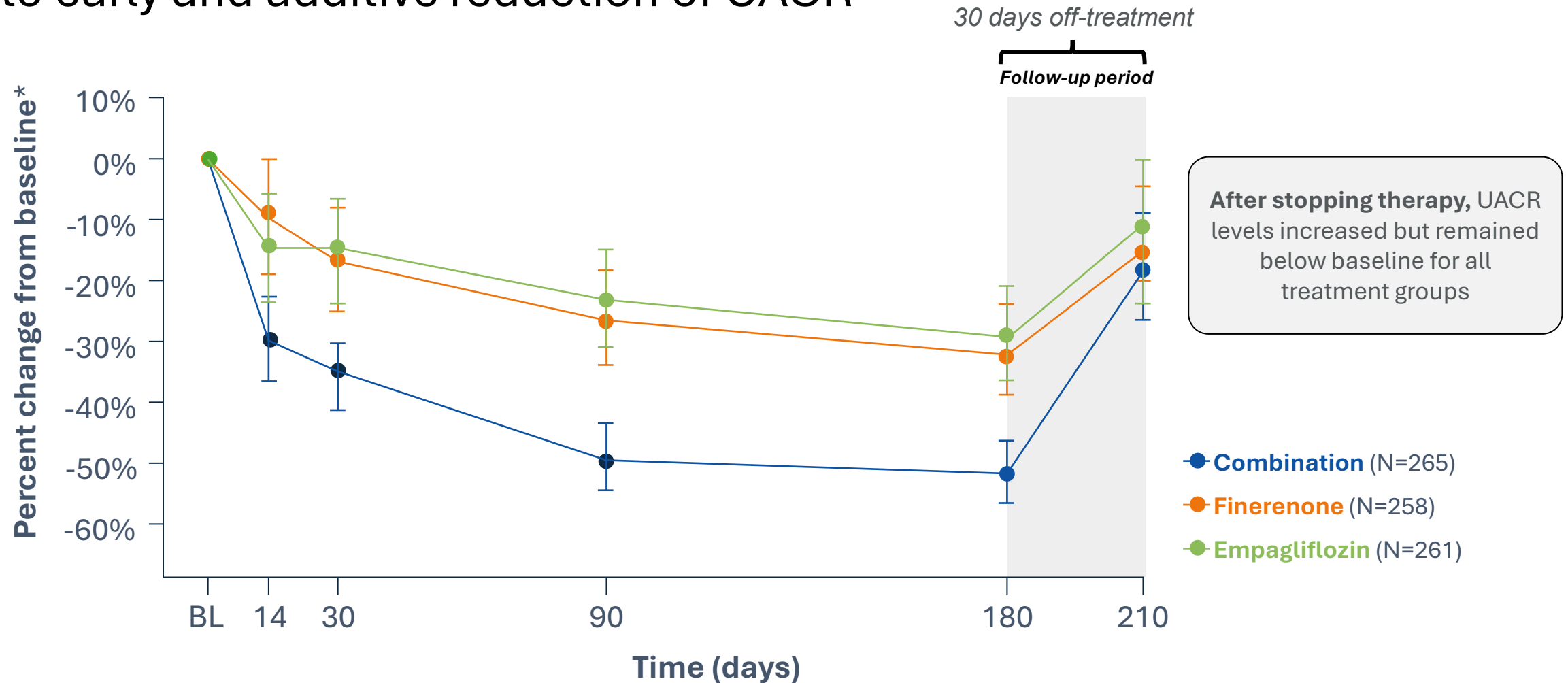


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Simultaneous initiation of finerenone and SGLT2i led to early and additive reduction of UACR

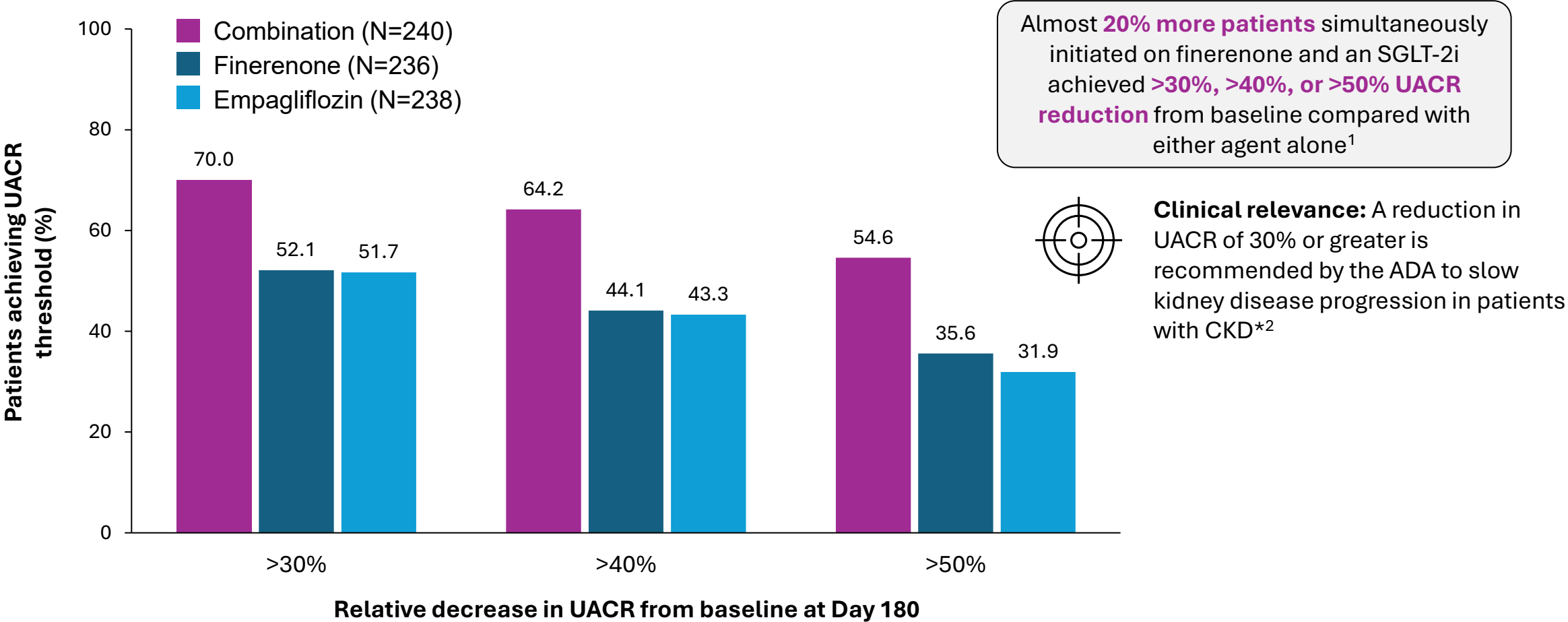


* Percent change calculation = (least squares mean - 1)X100

BL, baseline; SGLT2i, sodium-glucose co-transporter-2 inhibitor; UACR, urine albumin-creatinine ratio.

Agarwal R, et al. *N Eng J Med*. 2025; <https://doi.org/10.1056/NEJMoa2410659>.

70% of patients simultaneously initiated on finerenone and an SGLT2i achieved the ADA-recommended target of >30% reduction in UACR^{1,2}

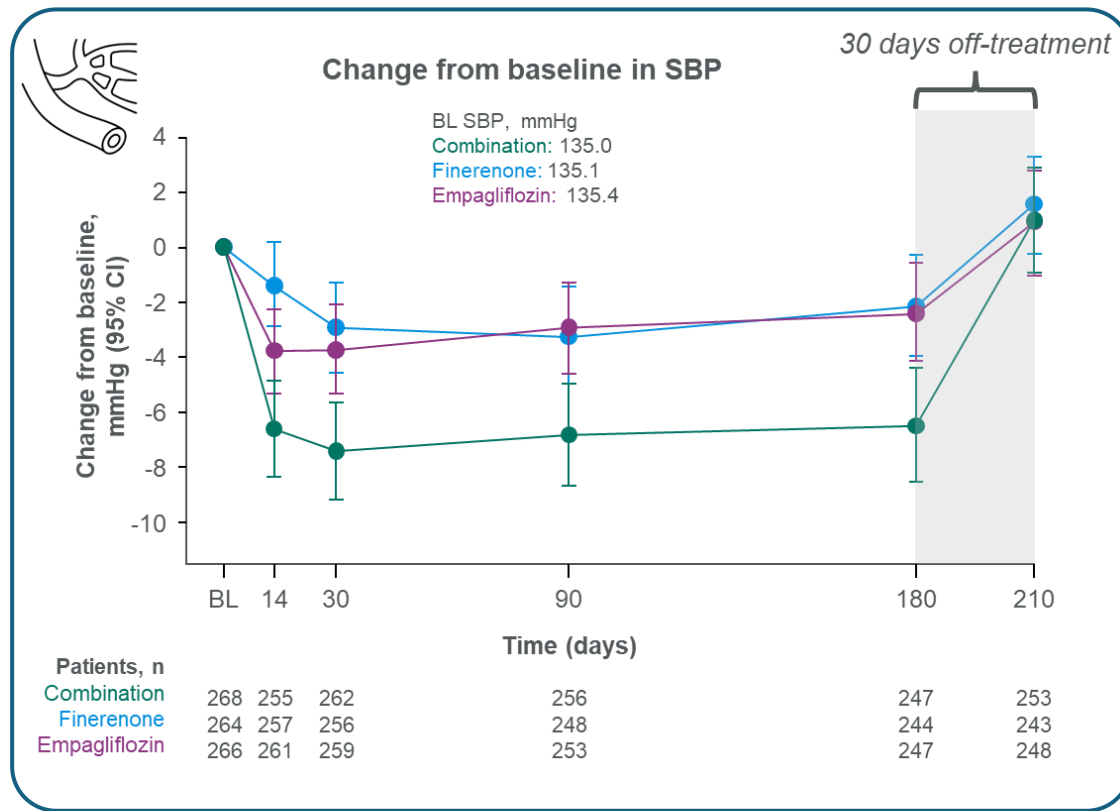


*For patients with UACR ≥300 mg/g.

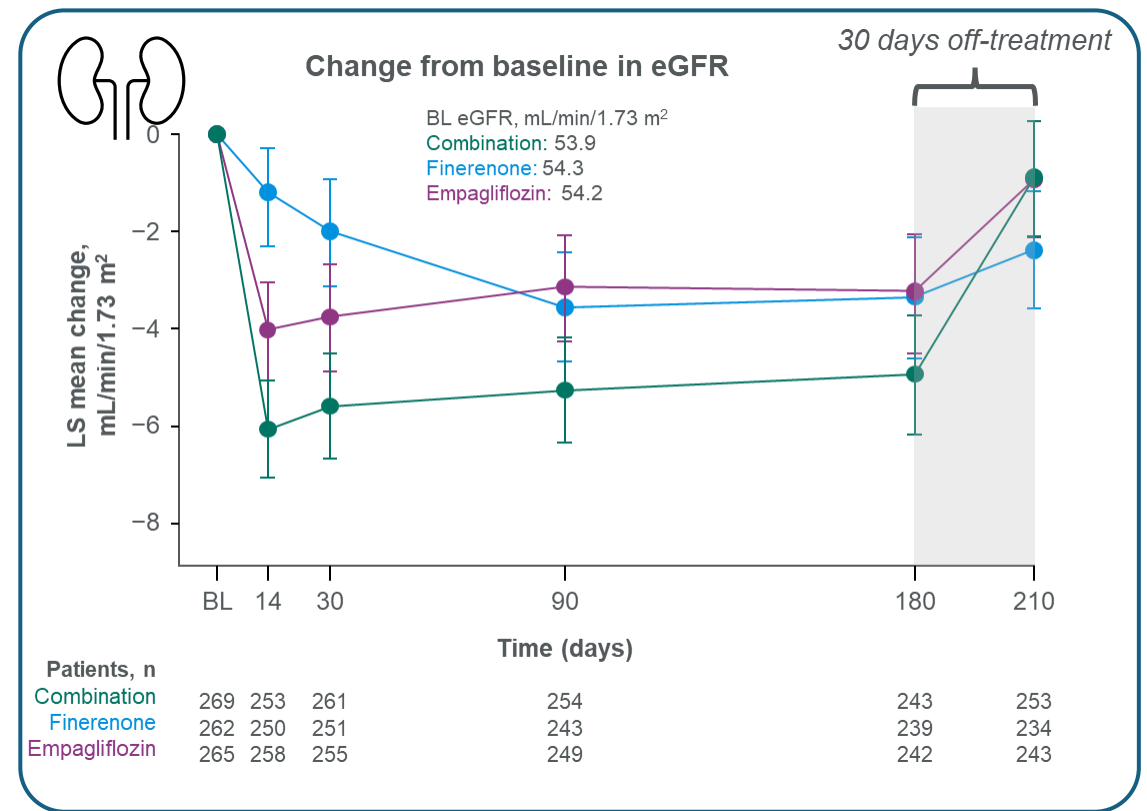
1. Agarwal R, et al. *N Engl J Med.* 2025; doi:10.1056/NEJMoa2410659. 2. Draznin B, et al. *Diabetes Care.* 2022;45:S175–S184.

Simultaneous initiation of finerenone & an SGLT2i was associated with a reversible reduction in SBP and initial eGFR decline however was not associated with serious kidney-related adverse events

The initial SBP decline returned to near baseline levels* after stopping therapy



The initial eGFR decline returned to near baseline levels* after stopping therapy, suggesting the changes seen were **likely hemodynamic**^{1,2}

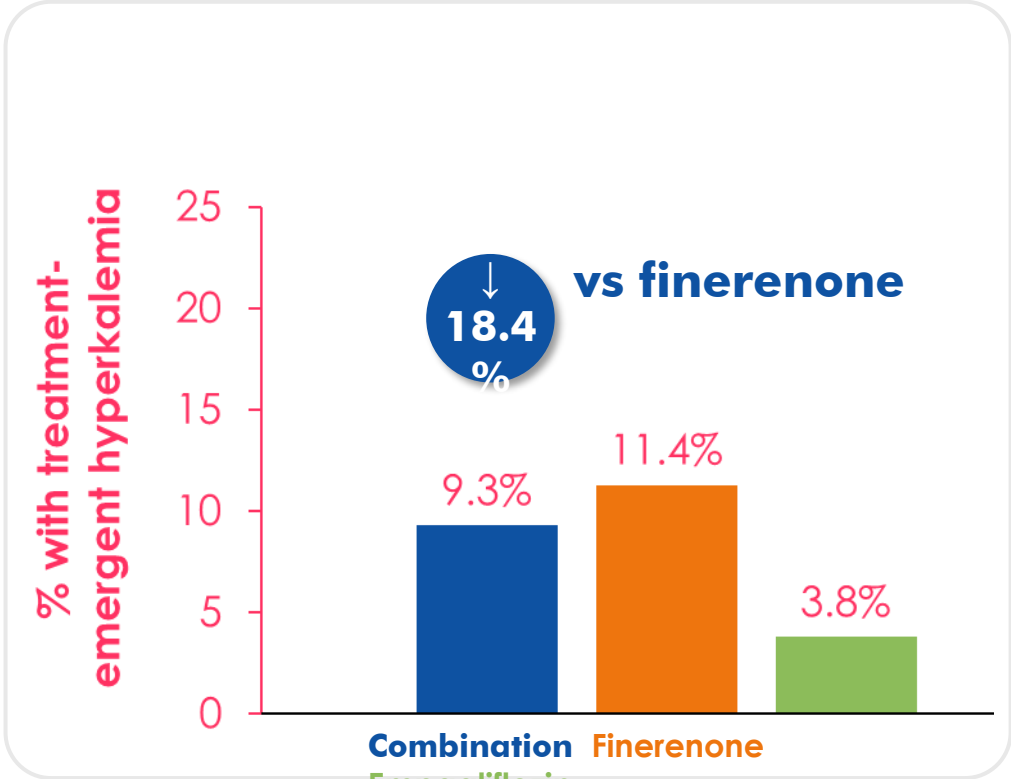


*At day 210 (30 days after end of treatment), there was no significant difference in mean SBP change from baseline between the combination group and either monotherapy group.

*At day 210 (30 days after end of treatment), there was no significant difference in mean eGFR change from baseline between the combination group and either monotherapy group.

1. Agarwal R, et al. *N Engl J Med.* 2025; doi:10.1056/NEJMoa2410659 (including supplement); 2. Agarwal R, et al. *ERA* 2025; LBCT oral presentation.

Numerically lower incidence of treatment-emergent hyperkalemia with combination therapy compared with finerenone

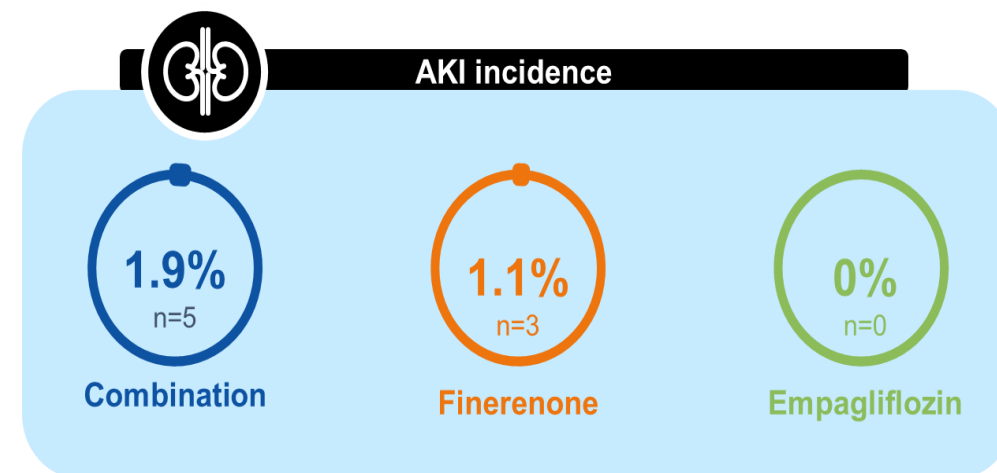
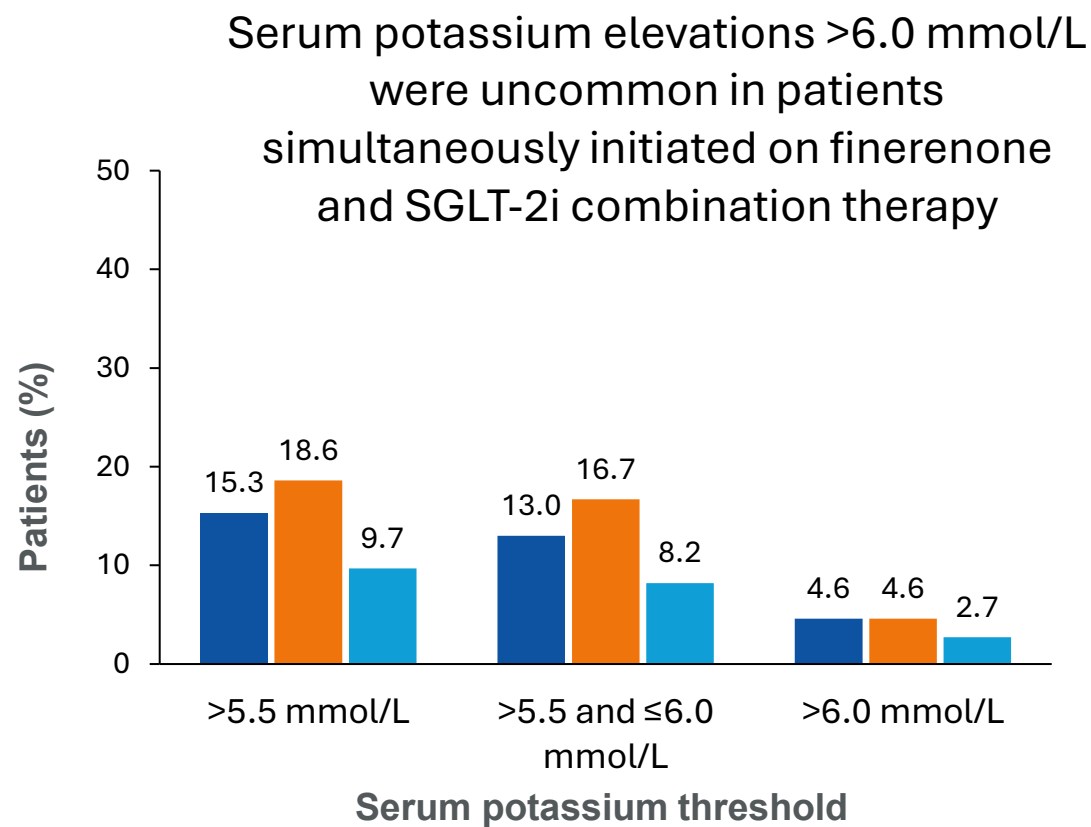


	Combination n N=268*	Finerenone N=264*	Empagliflozin in N=266*
Treatment-emergent hyperkalemia,† n			
Leading to hospitalization	0	0	0
Leading to discontinuation of study drug	1	1	1
Serious adverse event	0	0	0
Leading to death	0	0	0

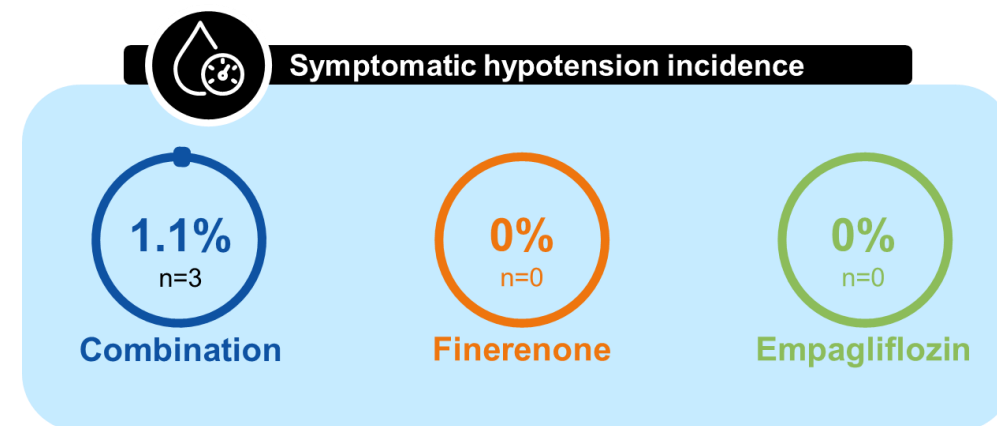
No cases of hyperkalemia led to hospitalization, SAE or death in any treatment group, and discontinuation rates due to hyperkalemia were low (<1%) across all treatment groups

*SAS comprised all participants receiving at least one dose of study medication. †Adverse events were defined as TEAEs if they occurred in patients who had received at least one dose of study treatment and that started or worsened after the first dose of study treatment and up to 3 days after any temporary or permanent interruption of study treatment. Agarwal R, et al. *N Engl J Med*. 2025; doi:10.1056/NEJMoa2410659.

Overall adverse event profile for the combination was similar to that of either agent alone



Incidence of AEs leading to drug discontinuation was low



Incidence of symptomatic hypotension was low

CONFIDENCE summary

Simultaneous initiation of finerenone and an SGLT2i in patients with CKD and T2D led to...



...an early reduction in UACR, which was significantly greater than with either agent alone.

...an additive reduction in UACR up to 52%.



...70% of patients achieving the ADA-recommended target of >30% UACR reduction



...Overall adverse event profile for the combination was similar to that of either agent alone