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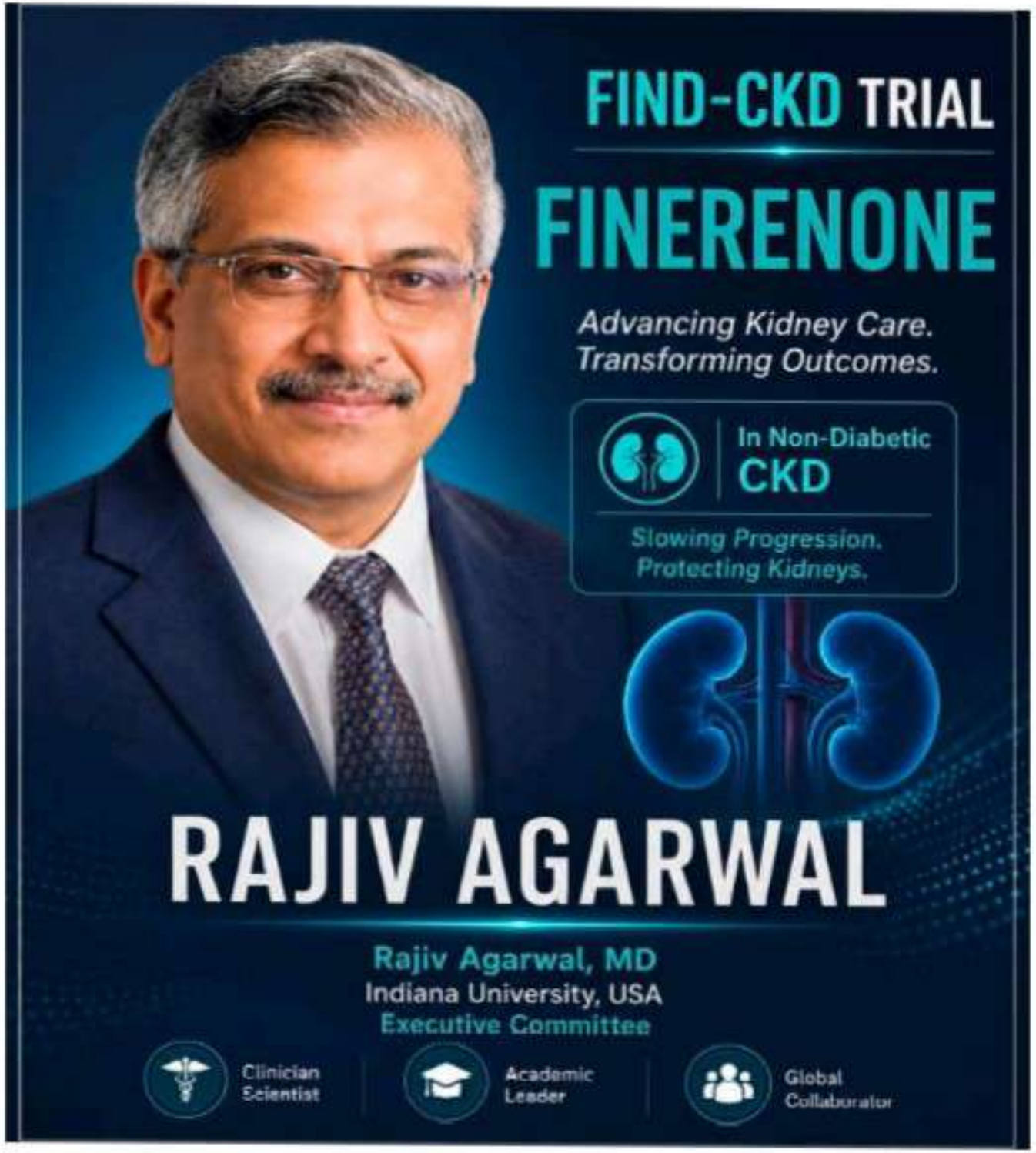
History in Nephrology

True Legends will be immortal through their deeds !

Finerenone in non –Diabetic CKD

Dr. Rajiv Agarwal

Living Legend


FIND-CKD TRIAL
FINERENONE
Advancing Kidney Care.
Transforming Outcomes.
In Non-Diabetic
CKD
Slowing Progression.
Protecting Kidneys.
RAJIV AGARWAL
Rajiv Agarwal, MD
Indiana University, USA
Executive Committee
Clinician Scientist
Academic Leader
Global Collaborator

FINERENONE
IN NON-DIABETIC CKD

Non-steroidal mineralocorticoid receptor antagonist

Finerenone as a new era in NON-DIABETIC CKD care

CLINICAL IMPLICATION

- Slows CKD progression
- Reduces cardiovascular risk
- Meaningful albuminuria reduction
- Effective across various non-diabetic CKD causes

WHO CAN BENEFIT?

- CKD with albuminuria (UACR ≥200 mg/g)
- With or without hypertension
- Despite optimized RASi therapy (ACEi/ARB)
- Across many non-diabetic kidney diseases

KEY INVESTIGATORS OF THE FIND-CKD TRIAL

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FIND-CKD will benefit in protecting kidneys and hearts and improve outcomes.

FIND-CKD
Finerenone in Non-diabetic Chronic Kidney Disease

Randomized, double-blind, placebo-controlled trial across multiple countries.

RASi: Renin-Angiotensin System inhibitor (ACEi: Angiotensin-Converting Enzyme Inhibitor; ARB: Angiotensin Receptor Blocker)

FINERENONE
IN NON DIABETIC CKD

Beyond Diabetes. Kidney Protection for All.

A selective, non-steroidal mineralocorticoid receptor antagonist (nsMRA)

Protects the Kidneys. Preserves the Future.

MECHANISM OF ACTION

- ✓ Selectively blocks MR in the kidneys and heart
- ✓ Reduces inflammation and fibrosis
- ✓ Reduces albuminuria and slows CKD progression
- ✓ Cardio-renal protection

WHO CAN BENEFIT?

ADULTS WITH CHRONIC KIDNEY DISEASE (NON DIABETIC)

With albuminuria (UACR ≥ 30 mg/g) despite maximum tolerated ACEi or ARB therapy

eGFR down to **25** ml/min/1.73 m²

POTENTIAL BENEFITS IN NON DIABETIC CKD

SLOWS CKD PROGRESSION
Reduces risk of sustained eGFR decline, kidney failure and need for dialysis

REDUCES ALBUMINURIA
Significant reduction in proteinuria independent of eGFR effect

CARDIOVASCULAR PROTECTION
Reduces risk of cardiovascular events and hospitalization

WELL TOLERATED
Lower risk of hyperkalemia compared to steroidal MRAs*

*Compared to spironolactone

EVIDENCE BEYOND DIABETES

FIDELIO-DKD (Non-diabetic subgroup)

18% risk reduction in kidney composite outcome

14% risk reduction in major cardiovascular events

Benefits consistent across levels of albuminuria and eGFR

Finerenone benefits are consistent in diabetic and non-diabetic CKD.

DOSING & MONITORING

STARTING DOSE

eGFR ≥ 60 ml/min/1.73 m² — 20 mg once daily

eGFR 25 – 59 ml/min/1.73 m² — 10 mg once daily

Titrate to 20 mg once daily as tolerated

MONITOR

- Serum Potassium — Baseline, 4 weeks, then periodically
- eGFR — Baseline and periodically
- Albuminuria — Periodically

KEY TAKEAWAYS

- Finerenone is effective in non diabetic CKD with albuminuria.
- Reduces risk of CKD progression and cardiovascular events.
- Use in addition to ACEi or ARB for optimal benefit.
- Individualize dose and monitor regularly.

FINERENONE –
Expanding Renal Protection Beyond Diabetes

Kidney Protection · Heart Protection · Evidence Based · For Non Diabetic CKD Patients

FIND-CKD TRIAL

Finerenone in Non-diabetic CKD

A Landmark Trial for Kidney Protection Beyond Diabetes

FIND-CKD
Finerenone in Non-diabetic CKD

WHAT IS FINERENONE?

A selective, non-steroidal mineralocorticoid receptor antagonist (nsMRA)

WHY THIS TRIAL MATTERS?

CKD is not only due to diabetes. FIND-CKD evaluated whether finerenone can slow CKD progression in non-diabetic kidney disease.

TRIAL DESIGN

- Phase 3, Randomized, Double-blind, Placebo-controlled
- Multinational: 370+ sites in 13 countries
- Participants: Adults with CKD and albuminuria (UACR ≥ 200 mg/g), without diabetes
- Randomized 1:1: Finerenone vs Placebo, on top of standard of care (ACEi/ARB unless not tolerated)
- Median follow-up: 3.0 years

PRIMARY OUTCOME

Time to kidney failure*, sustained ≥57% decline in eGFR from baseline, or renal death.

Kidney failure (eGFR <15 ml/min/1.73 m²) or dialysis or transplant or renal death

KEY RESULT

Finerenone significantly reduced the risk of the primary outcome by

23%

vs placebo

(HR 0.77; 95% CI 0.67–0.88; p=0.0002)

KEY SECONDARY OUTCOMES

Slowed rate of eGFR decline
↓ 2.66 ml/min/1.73 m² per year

Reduced albuminuria
↓ 31% reduction in UACR

Fewer cardiovascular events
↓ 14% reduction in major CV events

SAFETY

Higher risk of hyperkalemia, but discontinuation due to hyperkalemia was low and manageable.

WHO BENEFITED?

Benefits were consistent across prespecified subgroups

eGFR	UACR	Age	Underlying CKD causes
<45 or ≥45 ml/min/1.73 m²	<1000 or ≥1000 mg/g	<65 or ≥65 years	GN, IgAN, ADPKD, other causes

BOTTOM LINE

FIND-CKD demonstrates that finerenone provides significant kidney and cardiovascular protection in patients with non-diabetic CKD.

A new horizon in CKD care.

PRACTICAL IMPLICATIONS

- Consider finerenone in adults with non-diabetic CKD with albuminuria despite standard therapy
- Monitor serum potassium and kidney function
- Add-on therapy for cardiorenal protection

DOSING

10 mg	eGFR ≥ 60 ml/min/1.73 m² — Start 10 mg once daily
20 mg	eGFR 25–59 ml/min/1.73 m² — Start 20 mg once daily

Titrate to 20 mg once daily as tolerated

MONITORING

- Serum potassium: Baseline, 4 weeks, then periodically
- eGFR: Baseline and periodically
- Albuminuria: Periodically

TRIAL NAME
FIND-CKD
Finerenone in Non-diabetic CKD

Remember
Finerenone targets MR activation – reduces inflammation and fibrosis – protects kidneys and heart

Reference
Pitt B, et al. N Engl J Med. 2021; 385:2252–2263.