ECNG
Extracorporeal Nephrology Group
An Academic Forum for Nephrologists, DM Trainees, Physicians, and Healthcare Professionals

FIND-CKD TRIAL (2026)

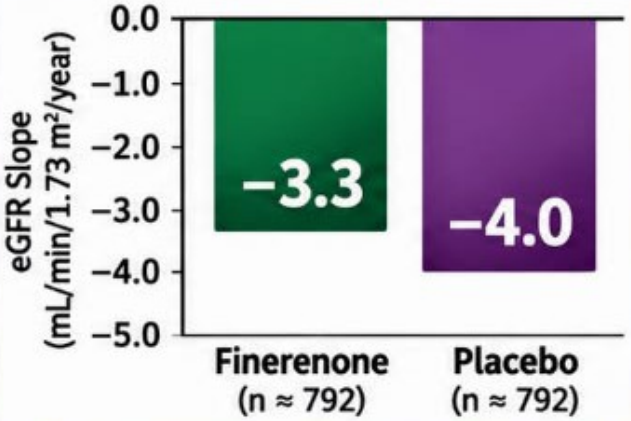
FINERENONE IN NON-DIABETIC CKD

Study Design

- Phase 3, randomized, double-blind, placebo-controlled study
- n = **1,584** adults without diabetes
- eGFR **25 to <90** mL/min/1.73 m²
- **UACR 200 to 3500 mg/g**
- Background therapy: ACE inhibitor or ARB
- **Finerenone 10 or 20 mg once daily** vs **Placebo**
- **Primary endpoint:** Total eGFR slope to month 32

Primary Endpoint

Mean Annual eGFR Slope
(mL/min/1.73 m²/year)



Between-group difference:
+0.7 mL/min/1.73 m²/year
(95% CI 0.3–1.1), $P < 0.001$

Outcomes

Kidney/CV composite:
HR 0.77
(95% CI 0.60–0.99), $P = 0.04$

- **Composite includes:** ≥57% sustained eGFR decline, kidney failure, HF hospitalization or cardiovascular death.

Safety

Event	Finerenone (n ≈ 792)	Placebo (n ≈ 792)
Hyperkalemia	17.0%	13.3%
Discontinuation due to hyperkalemia	1.5%	0.1%

Clinical Takeaway

Finerenone slowed eGFR decline in non-diabetic albuminuric CKD; monitor potassium.

Heerspink et al. *N Engl J Med* 2026;395:533–545.
DOI: 10.1056/NEJMoa2604625.