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# Effects Of Finerenone On Individual Components Of The Kansas City Cardiomyopathy Questionnaire In Heart Failure With Mildly Reduced Or Preserved Ejection Fraction



American  
Heart  
Association.

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#AHA25

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# BACKGROUNDS

- ❑ **Patients with heart failure (HF) experience an impaired health status, such as a high symptom burden and activity limitations.**

*Lewis EF, et al. Eur J Heart Fail. 2007;9:83-91.*

*Chandra A, et al. JACC Heart Fail. 2019;7:862-74.*

- ❑ **In the FINEARTS-HF trial, finerenone improved health status assessed by the aggregated 23-item Kansas City Cardiomyopathy Questionnaire (KCCQ) total symptom score in HFmrEF/HFpEF.**

*Solomon SD, et al. N Engl J Med. 2024;391:1475-85.*

*Yang M, et al. J Am Coll Cardiol. 2025;85:120-36.*

- ❑ **However, which of the 23 individual KCCQ components benefit most from finerenone remains insufficiently understood.**

# AIMS

This *prespecified* analysis sought to investigate the association of finerenone with changes in the individual 23-item KCCQ components in the FINEARTS-HF trial.

## Key Inclusion Criteria

- // Symptomatic HF (NYHA class II -V) with LVEF  $\geq 40\%$
- // Hospitalized, Recently Hospitalized, or Ambulatory
- // Elevated Natriuretic Peptide Levels
- // Structural Heart Disease (LA Enlargement or LVH)
- // Diuretics in the 30d prior to randomization

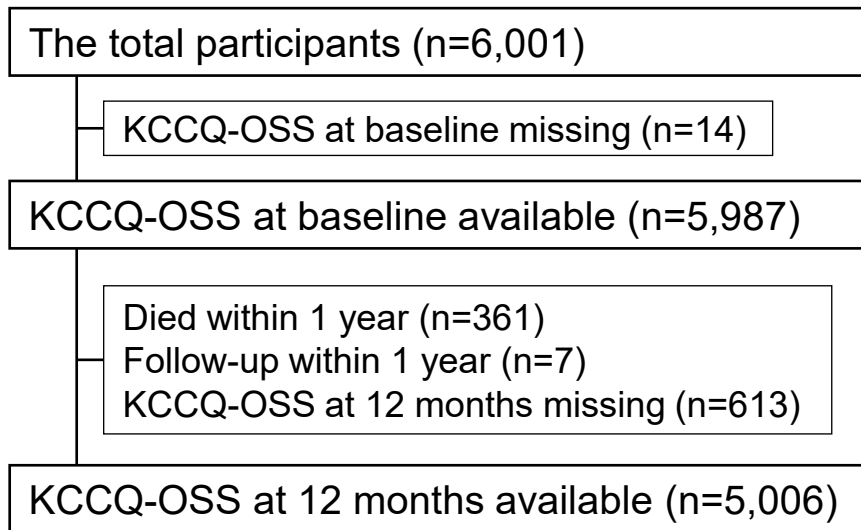
The FINEARTS-HF trial was a multicenter, double-blind, randomized clinical trial comparing finerenone with placebo in adults  $\geq 40$  years with HFmrEF or HFpEF.

KCCQ was one of the secondary endpoints

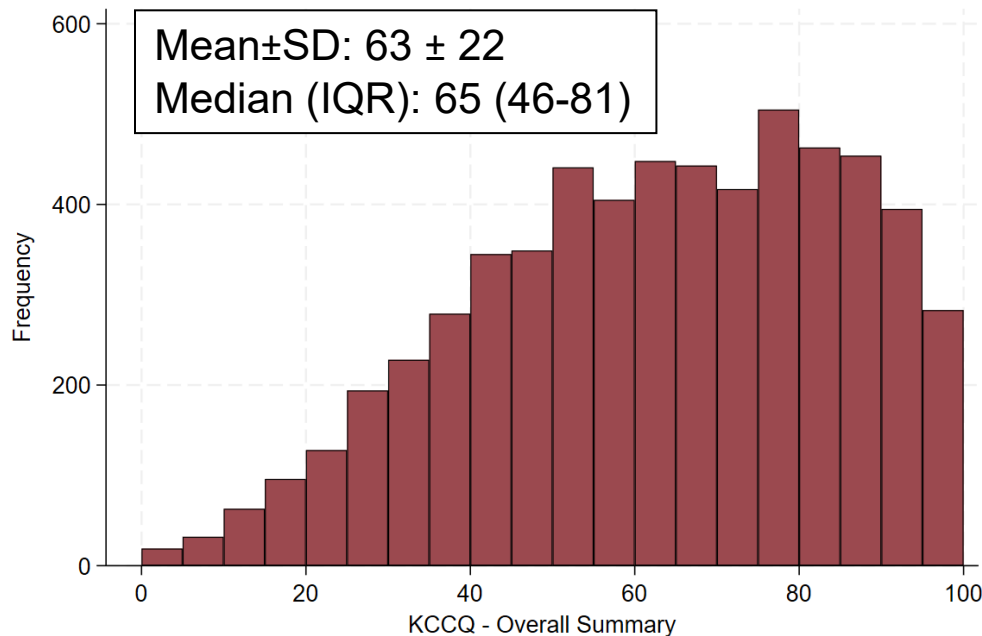
# STUDY POPULATION

Of the 6,001 patients, the KCCQ-OSS (overall summary score) was available for 5,987 at baseline, of whom 5,006 completed the assessment at 12 months.

## Study flowchart



## KCCQ-OSS at baseline



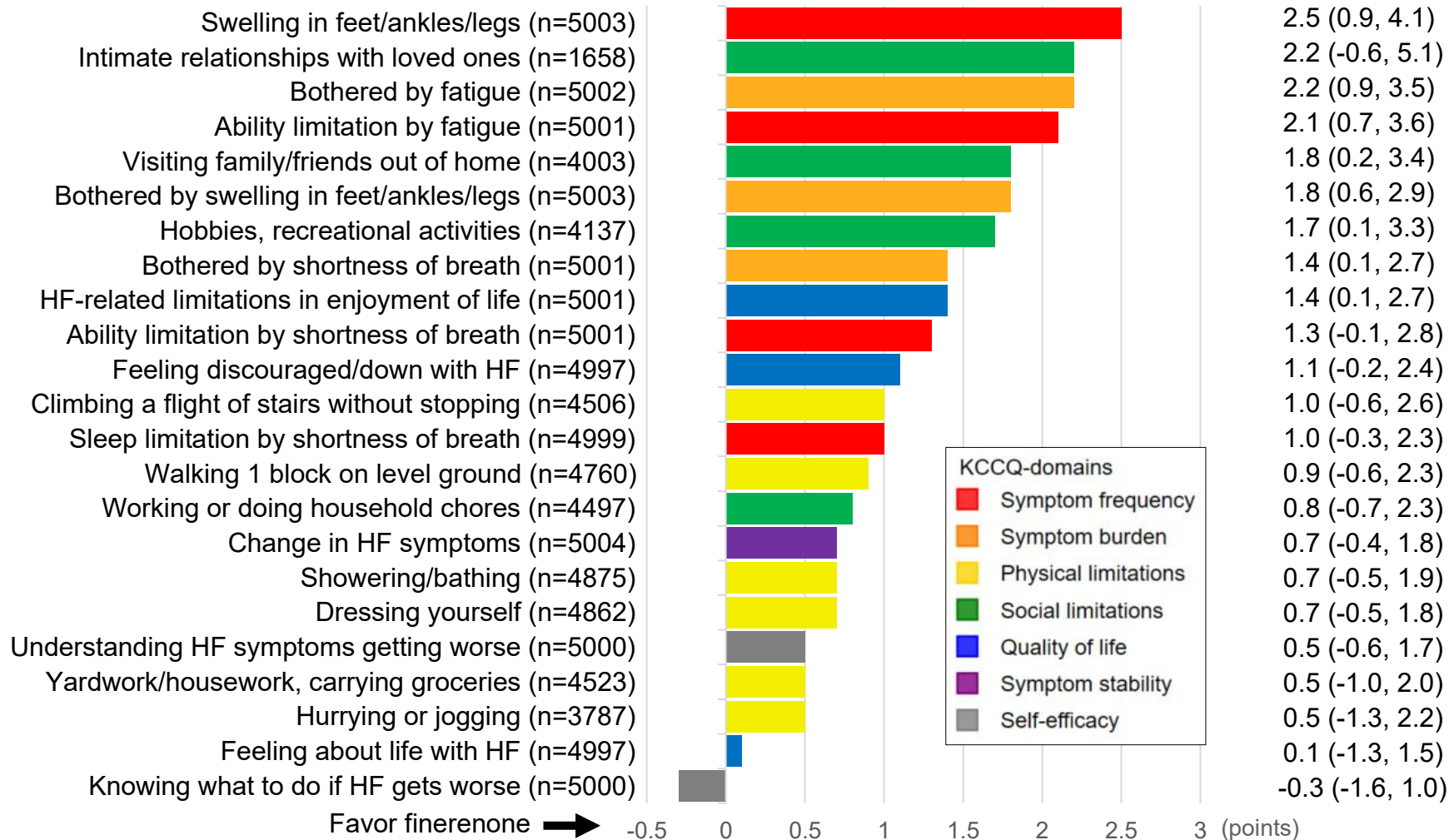
# BASELINE CHARACTERISTICS

	Low tertile (0≤ KCCQ-OSS ≤53) n=2,013	Middle tertile (53< KCCQ-OSS ≤76) n=1,992	High tertile (76< KCCQ-OSS ≤100) n=1,982	P for trend
Age (years)	73 ± 10	72 ± 10	71 ± 10	<0.001
Female	58%	44%	34%	<0.001
BMI (kg/m²)	31.6 ± 6.5	30.0 ± 5.8	28.3 ± 5.6	<0.001
NYHA III/IV	53%	28%	11%	<0.001
Systolic BP, mmHg	129 ± 15	130 ± 15	130 ± 16	0.08
LVEF (%)	52.9 ± 7.7	52.6 ± 7.7	52.2 ± 8.0	0.005
NT-proBNP (pg/mL)	1201 [516, 2339]	1019 [430, 1937]	918 [408, 1692]	<0.001
eGFR (mL/min/1.73m²)	60 ± 20	63 ± 20	64 ± 20	<0.001
Prior HF hospitalization	69%	57%	55%	<0.001
Hypertension	92%	89%	86%	<0.001
Diabetes mellitus	45%	39%	38%	<0.001
AF on ECG	43%	37%	35%	<0.001
Baseline KCCQ-OSS	37 ± 12	65 ± 7	87 ± 7	<0.001

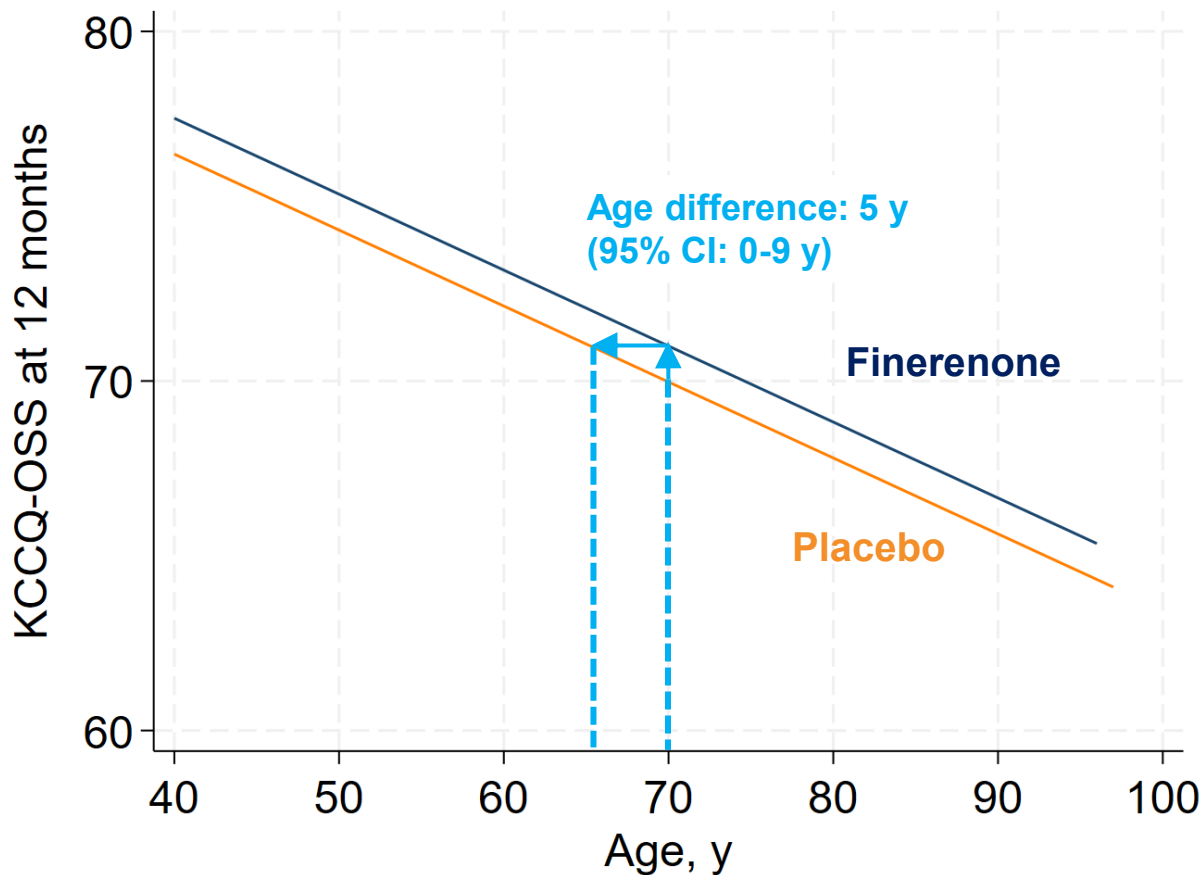
# FINERENONE EFFECT ON BROAD SPECTRUM OF KCCQ

Difference in change

Individual 23 KCCQ components



# FINERENONE A 5-YEARS ADVANTAGE IN HEALTH STATUS



- ✓ Predicted mean KCCQ-OSS at 12 months was plotted against age for both treatment arms.
- ✓ KCCQ-OSS was inversely related to age, with finerenone shifting this relationship toward approximately 5 years younger.

## SUMMARY OF THE RESULTS

- ✓ Nominal improvements with finerenone compared to placebo at 12 months were observed across the range of nearly all 23 KCCQ components.
- ✓ The greatest significant improvements with finerenone were observed in the items related to swelling and fatigue.
- ✓ The average magnitude of health status benefit with finerenone was equivalent to about 5 years of age.

**Finerenone treatment was associated with broad favorable effects, especially on symptom burden and frequency, in HFmrEF/HFpEF.**

# THANK YOU

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