

Finerenone with Empagliflozin According to Body Mass Index in Chronic Kidney Disease and Type 2 Diabetes

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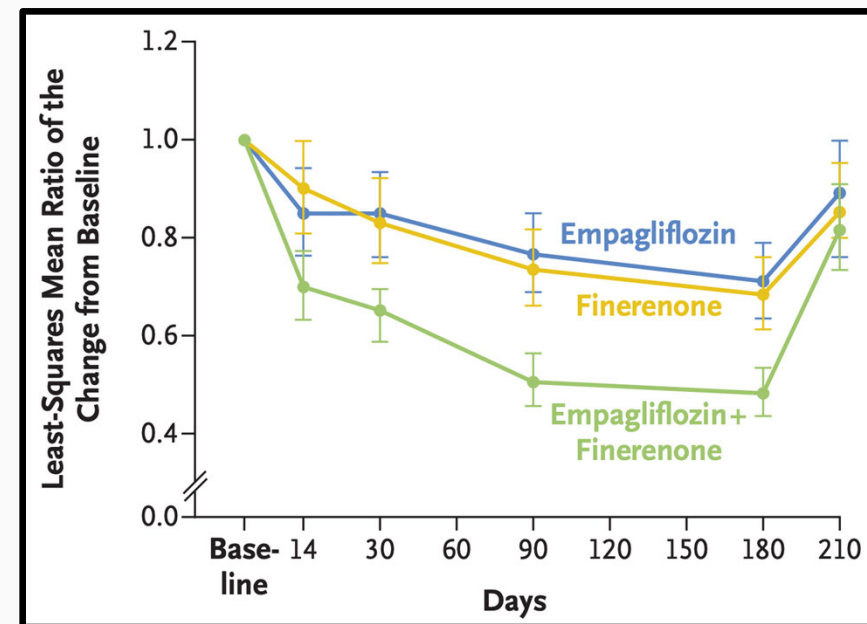
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Background

- Obesity is an important driver of CKD and type 2 diabetes (T2D)
- Obesity and body weight change can influence the effects of CKD therapies on glomerular filtration and damage
- Empagliflozin and finerenone have been shown to provide additive benefits on UACR in CKD and T2D
- *However, whether these effects vary according to obesity status is uncertain*

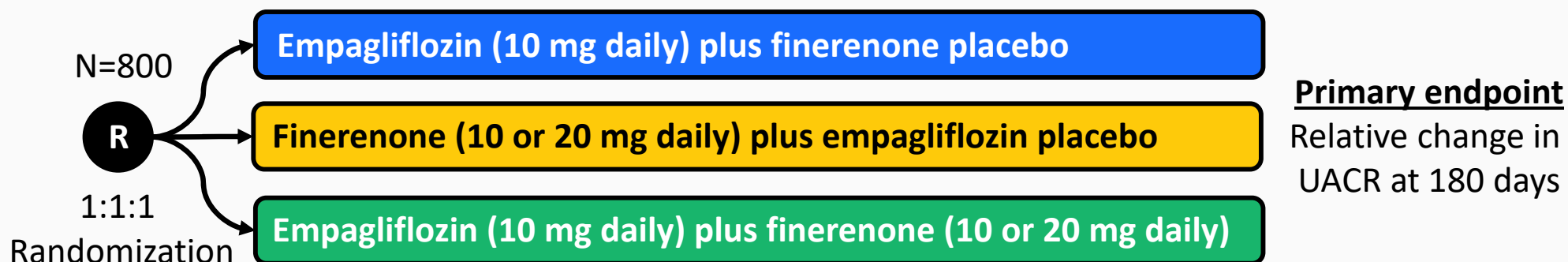
Temporal Change in UACR, by Assigned Treatment in the CONFIDENCE Trial



Agarwal R, et al. NEJM 2025

The CONFIDENCE Trial

CONFIDENCE was designed to evaluate whether empagliflozin (SGLT2i) plus finerenone (nsMRA) would reduce UACR more than either therapy alone



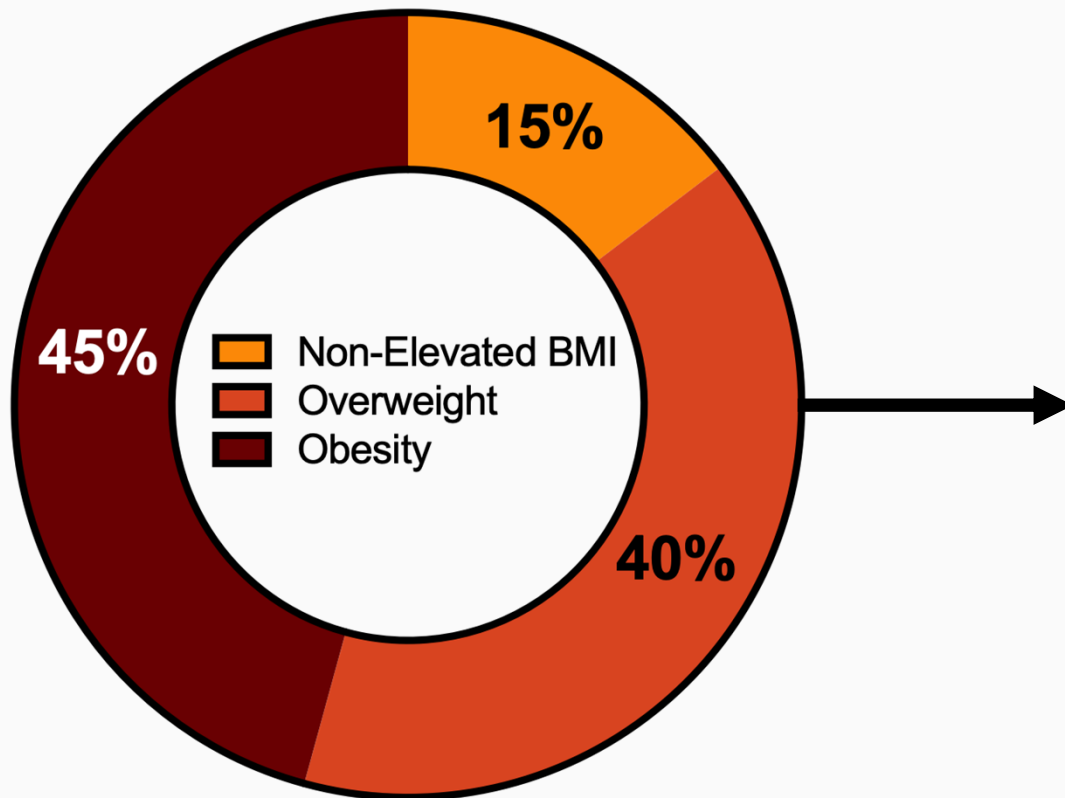
Key Inclusion Criteria

- Chronic kidney disease
- eGFR 30-90 mL/min/1.73 m²
- UACR 100 to ≤5000 mg/g
- Type 2 diabetes
- Maximally tolerated ACEi/ARB

Key Exclusion Criteria

- HbA_{1c} ≥11% at screening
- Uncontrolled blood pressure
- Symptomatic (NYHA II-IV) HFrEF
- CV events within 90 days of screening
- Serum potassium >4.8 mmol/L at screening

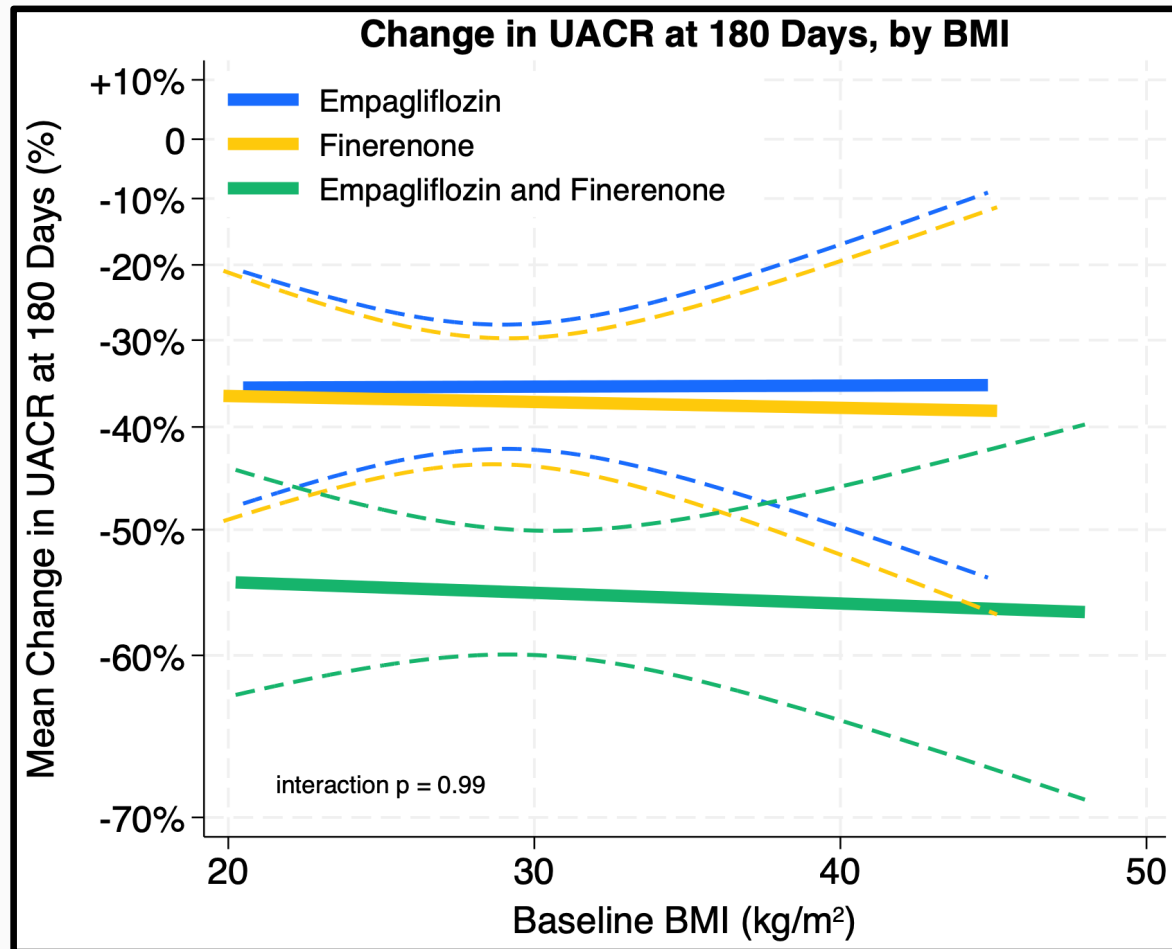
Baseline Characteristics in CONFIDENCE, by BMI



Higher baseline BMI in CONFIDENCE associated with:

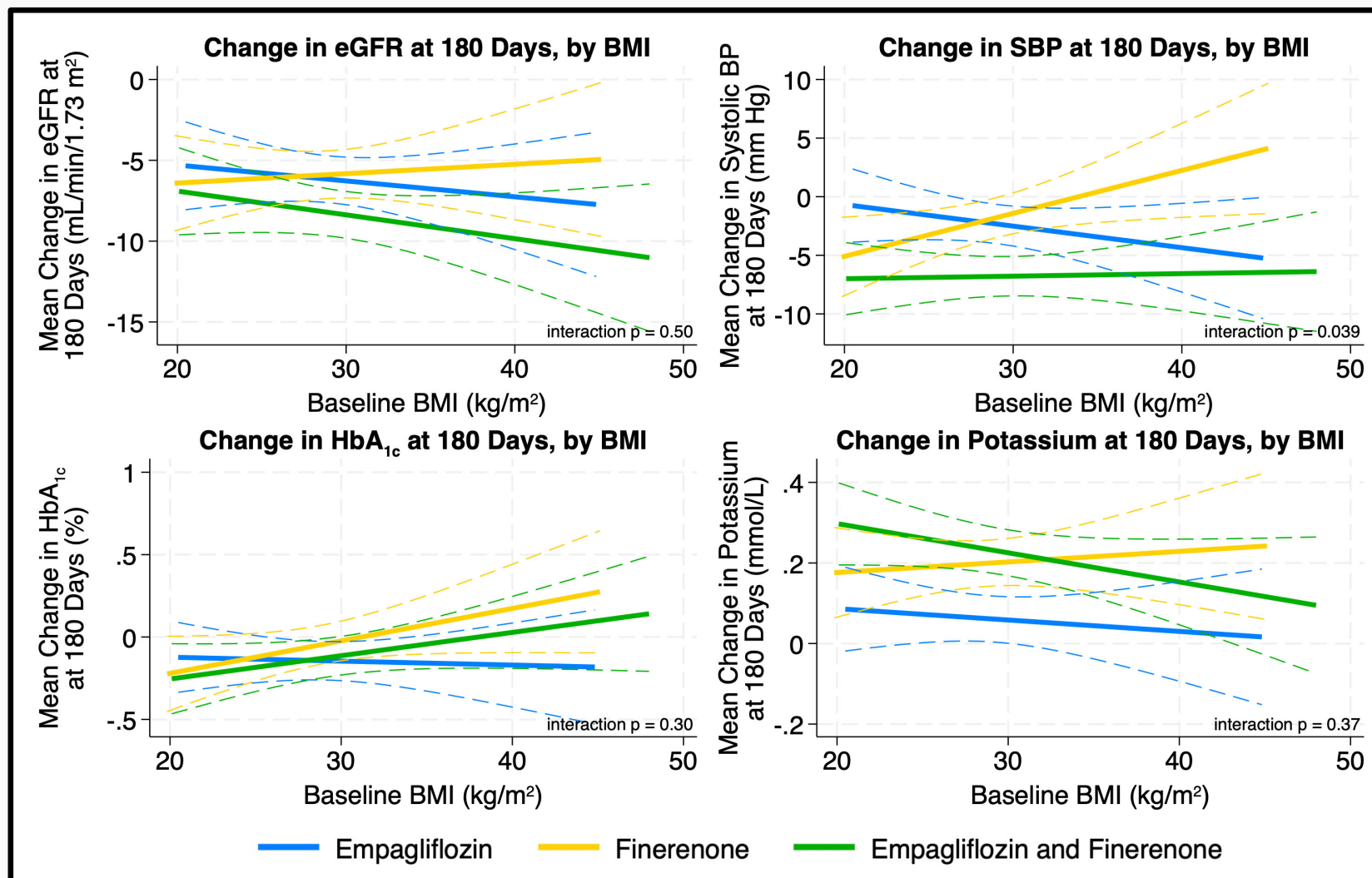
- ↑ Self-reported Black or White race
- ↑ Systolic blood pressure, UACR, HbA1c, and history of ASCVD
- ↓ Serum potassium and self-reported Asian race
- ↑ Background treatment with diuretics, insulin, and GLP-1RA

Benefits of Empagliflozin + Finerenone on UACR, vs. Monotherapy, were Consistent Across the BMI Spectrum



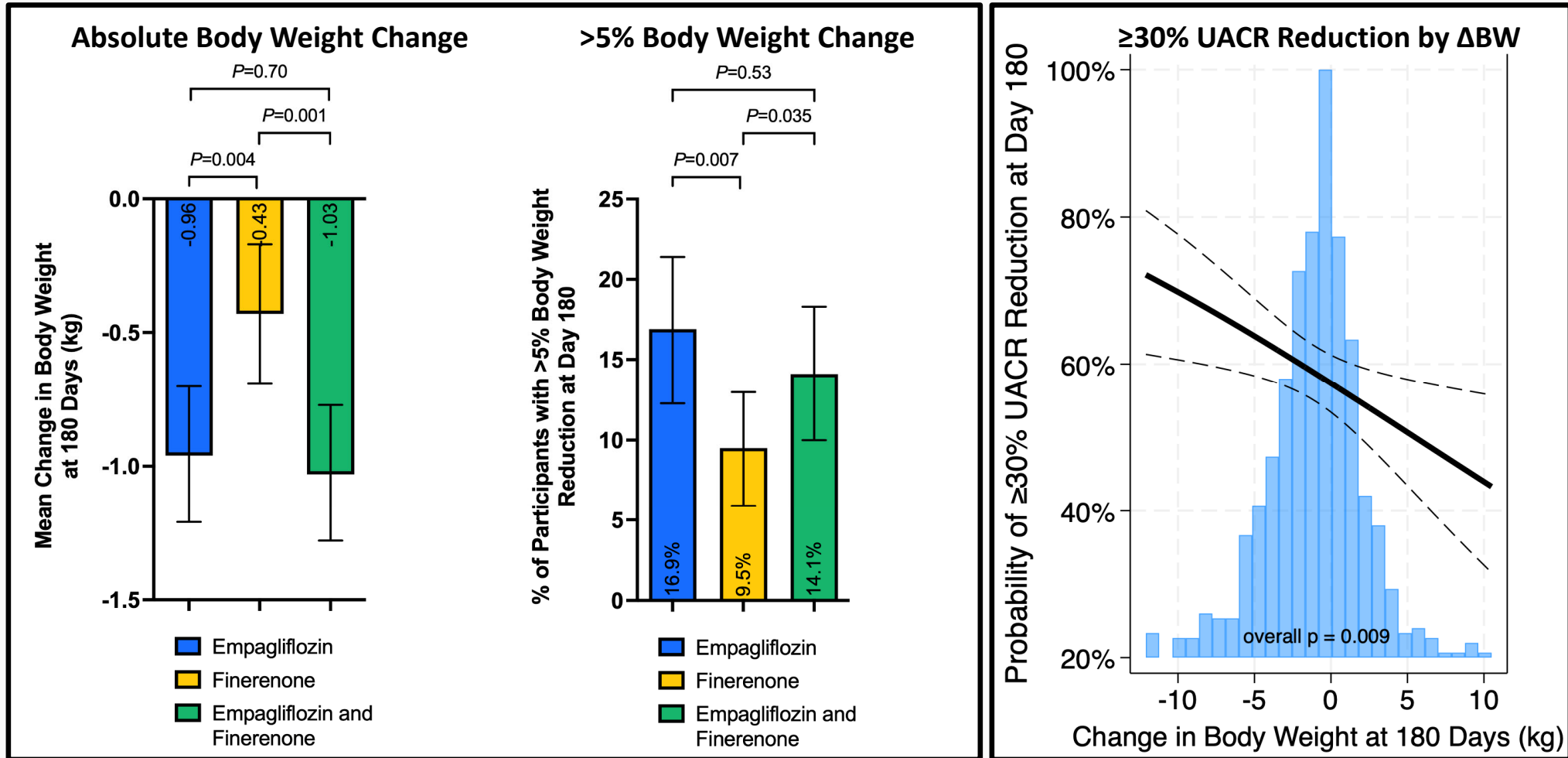
Mean change in UACR at day 180, according to baseline BMI within each treatment arm, estimated through linear regression adjusted for baseline UACR, age, sex, race, and protocol-specified stratification factors.

Treatment Effects on CKM Risk Factors, by BMI



Mean change in each CKM parameter at day 180, according to baseline BMI within each treatment arm, estimated through linear regression adjusted for baseline parameter values, age, sex, race, and protocol-specified stratification factors.

Body Weight Effects & UACR Change vs. Body Weight



Key Findings and Conclusions

- Benefits of empagliflozin + finerenone on UACR reduction, versus each therapy individually, were consistent irrespective of BMI
- Modest reductions in body weight were observed with all treatments, and may be an important ancillary benefit in this population
- Greater reductions in body weight were associated with a higher probability of achieving a $\geq 30\%$ UACR reduction by Day 180

These findings support the use of empagliflozin and finerenone to maximize UACR lowering in persons with CKD and T2D, irrespective of BMI.