Brigham and Women's Hospital
Founding Member, Mass General Brigham

HARVARD MEDICAL SCHOOL
TEACHING HOSPITAL

Cardiovascular-Kidney-Liver-Metabolic Overlap and Finerenone in Heart Failure with Preserved Ejection Fraction

John W. Ostrominski; Brian L. Claggett; Akshay S. Desai; Pardeep S. Jhund; Alasdair Henderson; Carolyn S.P. Lam; Michele Senni; Sanjiv J. Shah; Adriaan A. Voors; Faiez Zannad; Bertram Pitt; Flaviana Amarante; Patrick Schloemer; Lucas Hofmeister; Meike Brinker; John J.V. McMurray; Scott D. Solomon; Muthiah Vaduganathan

August 31st, 2026

FINEARTS-HF was sponsored by Bayer AG

Background

- HFpEF has become widely appreciated as a clinical syndrome characterized by multisystem dysfunction, ***especially along cardiovascular-kidney-liver-metabolic (CKLM) axes of risk***
- Clinical practice guidelines are increasingly constructed to provide more individualized, phenotype-oriented recommendations for HF care
- These shifts underscore the importance of understanding how benefits and risks of new HF therapies vary in relation to CKM profiles
- In this prespecified FINEARTS-HF analysis, we examined whether CKLM status influences the effect of finerenone in HFmrEF/HFpEF

FINEARTS-HF

FINEARTS-HF was designed to evaluate the efficacy and safety of finerenone in people with HF and LVEF ≥40%, with or without diabetes, with or without chronic kidney disease

Key Inclusion Criteria

- // Symptomatic HF (NYHA class II-V) with LVEF ≥40%
- // Hospitalized, recently hospitalized, or ambulatory
- // Elevated natriuretic peptide levels
- // Structural heart disease (LA enlargement or LVH)
- // Diuretics in the 30d prior to randomization

Key Exclusion Criteria

- // Potassium >5.0 mmol/L
- // eGFR <25 mL/min/1.73 m²
- // MRA use 30d prior to randomization
- // Alternative causes of signs or symptoms

Methods – CKLM Domains and Conditions

Primary Exposure: # of CKLM Domains at Baseline

Cardiovascular

- ASCVD
  - Prior MI
  - Prior PCI
  - Prior CABG
  - Stroke
  - PAD
- Atrial fibrillation
- Hypertension

Kidney

- History of chronic kidney disease

OR

- Baseline eGFR <60 mL/min/1.73 m^2

OR

- Baseline UACR >30 mg/g

Liver

- History of MASLD or MASH

OR

- Elevated liver fibrosis risk (MAF-5 score ≥1)

**MAF-5 is a validated risk algorithm incorporating BMI, waist circumference, diabetes, AST levels, and platelet count*

Metabolic

- History of type 2 diabetes

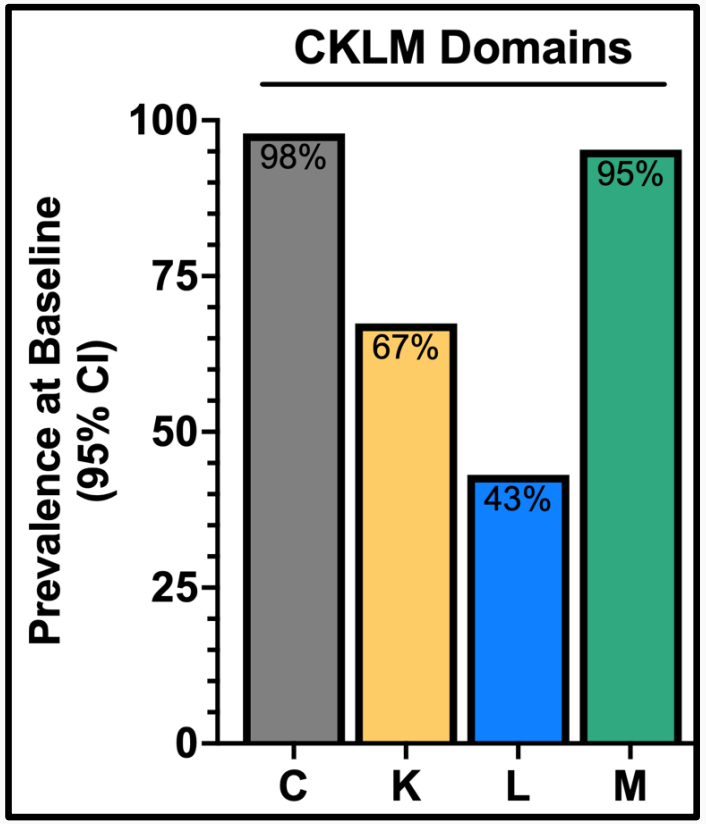
OR

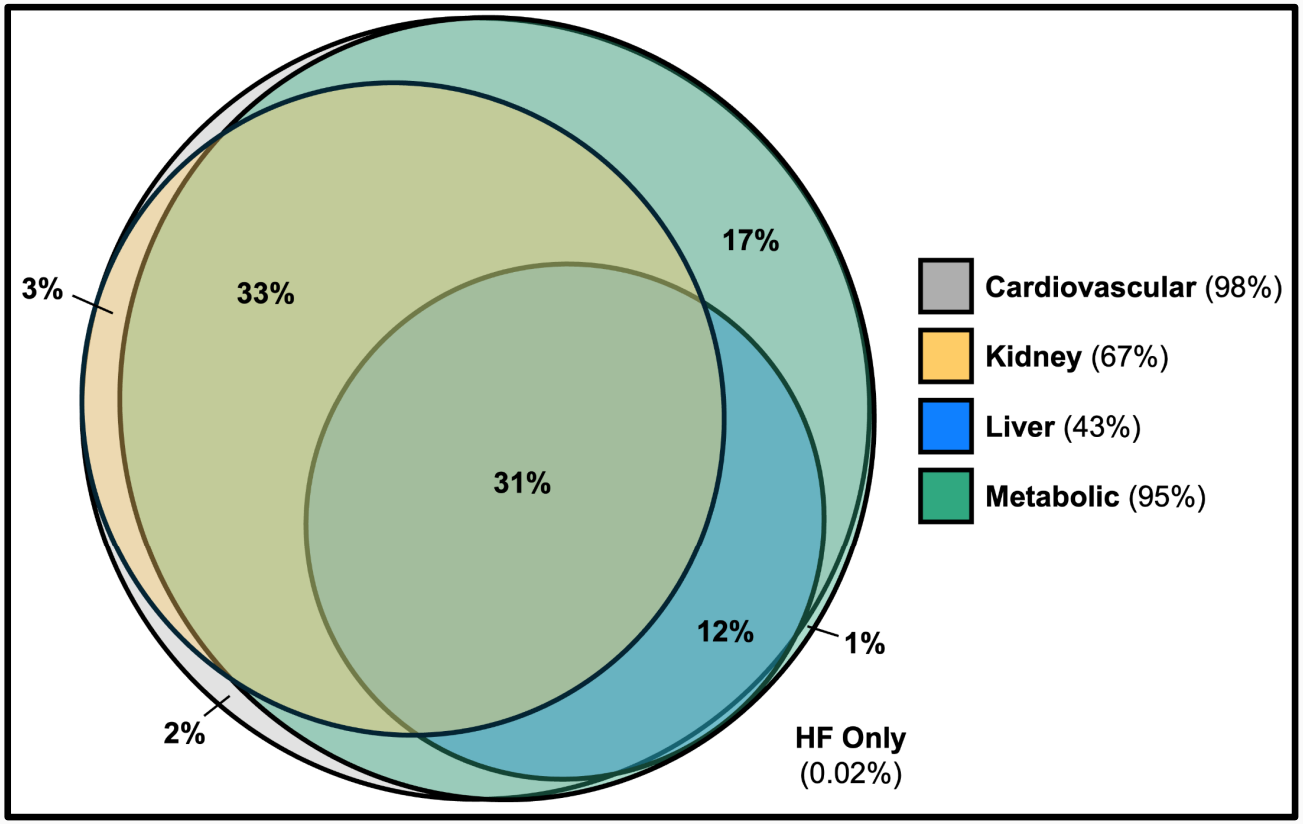
- Excess adiposity
  - BMI-defined obesity

  OR

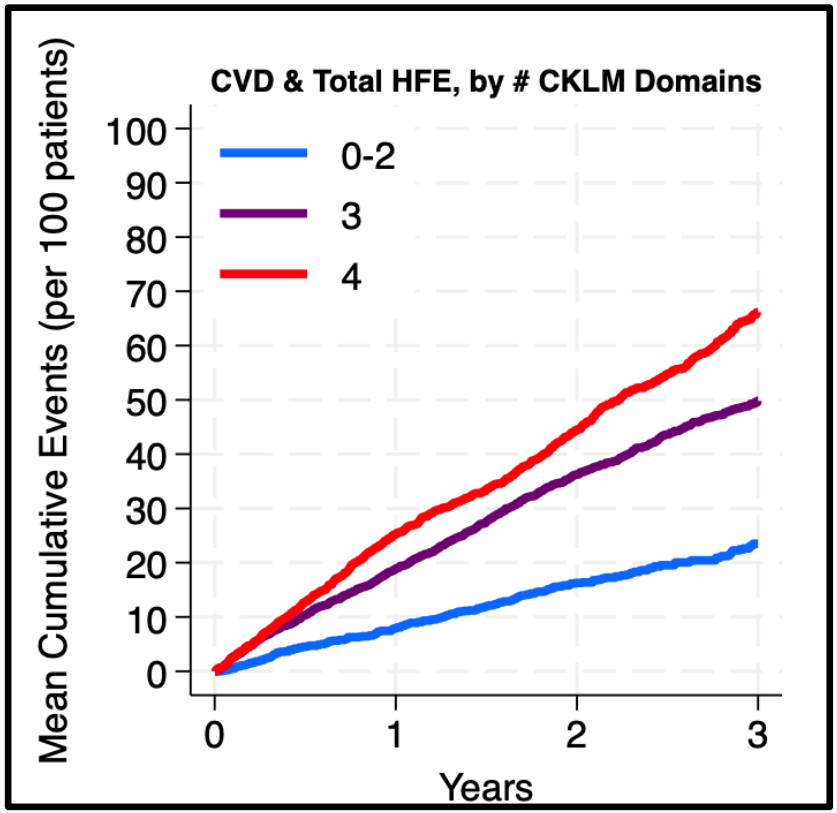
  - Waist-to-height ratio ≥0.5

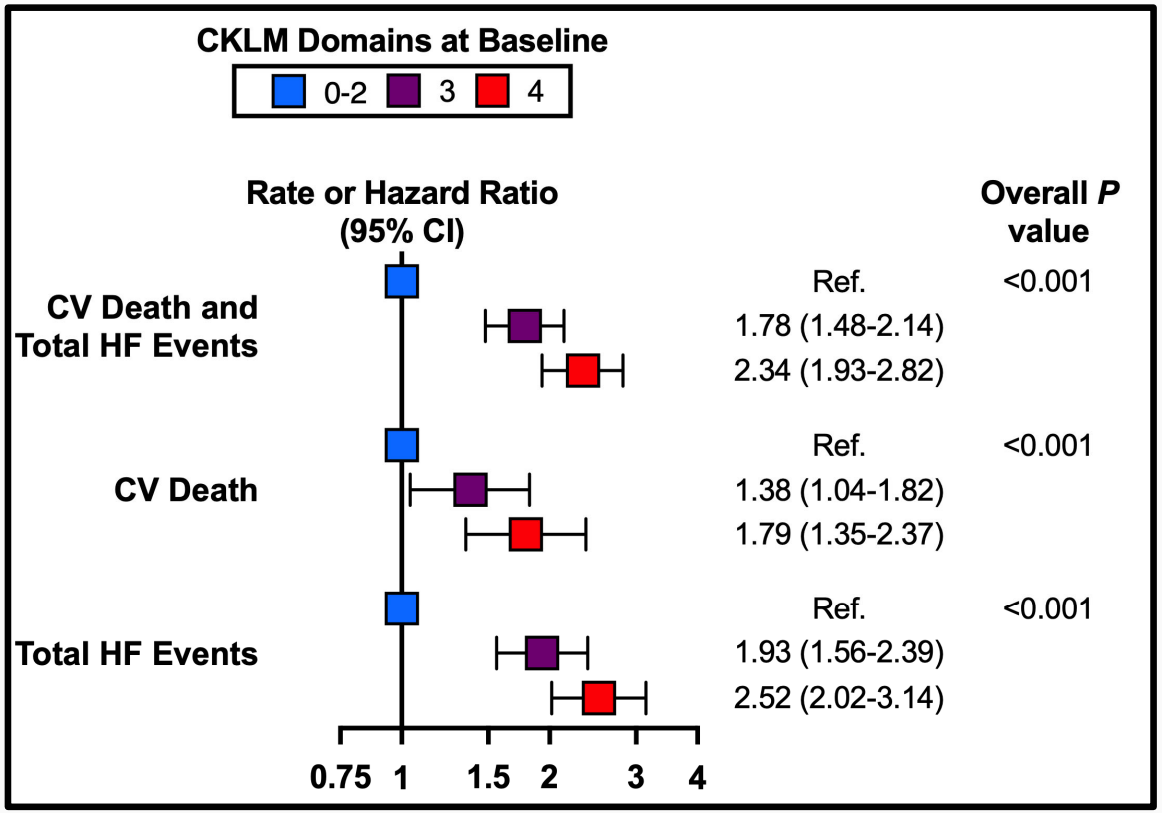
>99.9% of FINEARTS-HF Participants had ≥1 CKLM Domain Beyond HF





A Higher Number of CKLM Domains was Associated with Incremental Risk of CV Death & Total HF Events

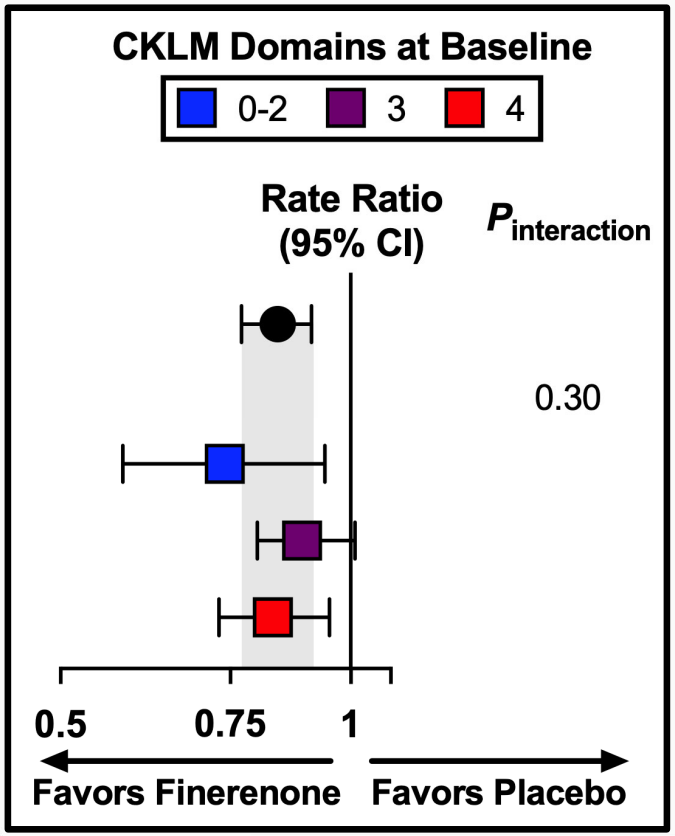




Models adjusted for age, sex, self-reported race, smoking status, LVEF, recency of qualifying HF event prior to randomization, and log-transformed NT-proBNP

Relative Benefits of Finerenone Appeared Consistent, Irrespective of Baseline CKLM Status

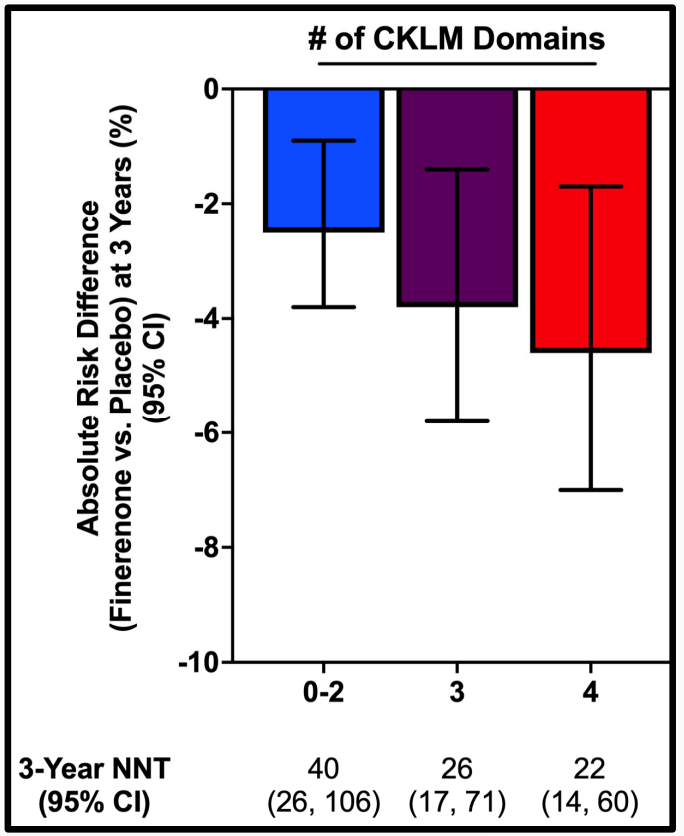
Relative Effects



Overall Treatment Effect Estimate
0.84 (0.77-0.91)

CKLM Subgroups
0.74 (0.58-0.94)
0.89 (0.80-1.01)
0.83 (0.73-0.95)

Estimated Absolute Effects (3 Years)



Key Findings and Conclusions

- Coexistence between HFmrEF/HFpEF and other CKLM domains was effectively universal in FINEARTS-HF, globally and in all age groups
- Higher CKLM overlap was incrementally associated with higher rates of adverse cardiovascular, kidney, metabolic, and mortality outcomes.
- CKLM status did not appear to modify the benefits of finerenone on CV death and total HF events

These findings underscore the importance of integrative approaches to screening and management of CKLM conditions in HFmrEF/HFpEF, and the potential of finerenone to reduce adverse outcomes across this spectrum.