FIND-CKD

ESC European Society of Cardiology

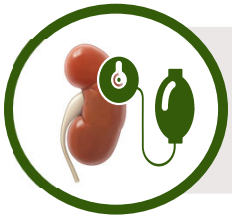
Effects of finerenone in patients with hypertensive nephropathy

Hiddo J.L. Heerspink

On behalf of Jelle M. Beernink, Rajiv Agarwal, David Z.I. Cherney, Carolyn S.P. Lam, Brendon L. Neuen, Vlado Perkovic, Katherine R. Tuttle, Pantelis Sarafidis, Niels Jongs, J. David Smeijer, Meike Brinker, Juliana D. Reis, Christoph Wanner and the FIND-CKD Investigators

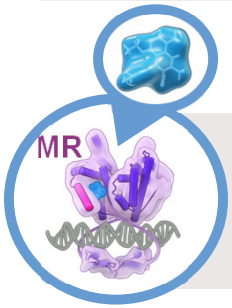
Introduction

FIND-CKD



Hypertensive nephropathy is a common cause of CKD and is associated with substantial **residual risk** of kidney function decline despite treatment with contemporary guideline-directed therapies*,[1–3]

Overactivation of the mineralocorticoid receptor is implicated in the pathophysiology of hypertensive nephropathy[4–6]



Finerenone is a **selective, nonsteroidal mineralocorticoid receptor antagonist** that targets inflammatory and fibrotic pathways mediated by mineralocorticoid receptor overactivation in the heart and kidney[7]

ESC CONGRESS 2026 MUNICH

*Renin–angiotensin system inhibitors, sodium-glucose co-transporter-2 inhibitors, lifestyle modifications, blood pressure control (diuretics, calcium antagonists) and lipid-lowering therapies
CKD, chronic kidney disease; MR, mineralocorticoid receptor

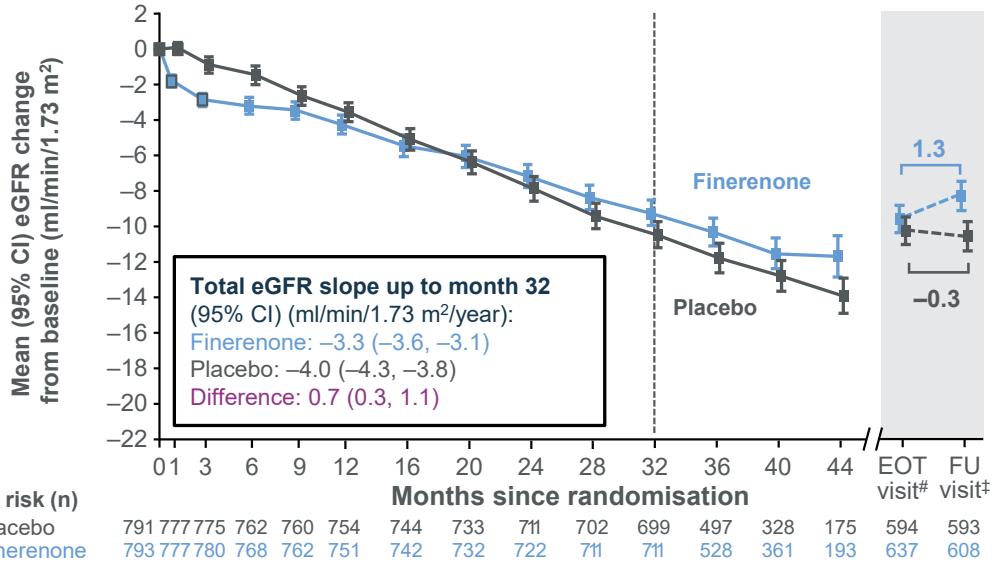
1. Burnier M, *et al. Circ Res* 2023;132:1050–1063; 2. Theodorakopoulou M, *et al. Clin Kidney J* 2024;17:36–50; 3. Textor SC, *et al. J Am Soc Nephrol* 2004;15:1974–1982; 4. Bauersachs J, *et al. Hypertension* 2015;65:25763; 5. Jeong GH, *et al. Diabetology* 2026;7:1–17; 6. El Mouhayyar C, *et al. Clin Kidney J* 2025;18:sfae346; 7. Kintscher U, *et al. Br J Pharmacol* 2022;179:3220–3234

Introduction

FIND-CKD

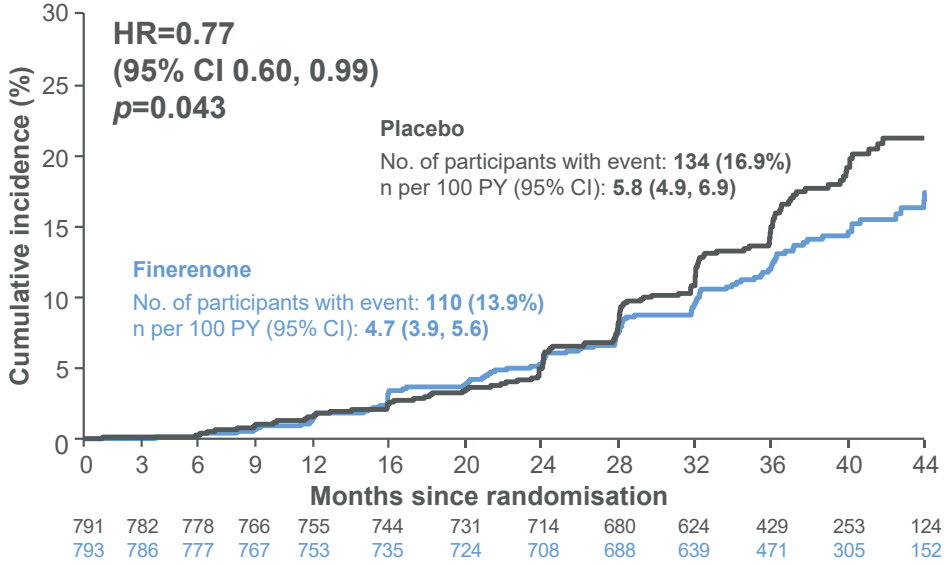
The FIND-CKD trial demonstrated that finerenone slows CKD progression in participants with CKD without diabetes[1]

Total eGFR slope*



At risk (n)																
Placebo	791	777	775	762	760	754	744	733	711	702	699	497	328	175	594	593
Finerenone	793	777	780	768	762	751	742	732	722	711	711	528	361	193	637	608

Kidney–cardiovascular composite§



Placebo	791	782	778	766	755	744	731	714	680	624	429	253	124
Finerenone	793	786	777	767	753	735	724	708	688	639	471	305	152

This prespecified analysis assessed the efficacy and safety of finerenone in FIND-CKD participants with non-diabetic CKD due to hypertensive nephropathy

ESC CONGRESS 2026 MUNICH

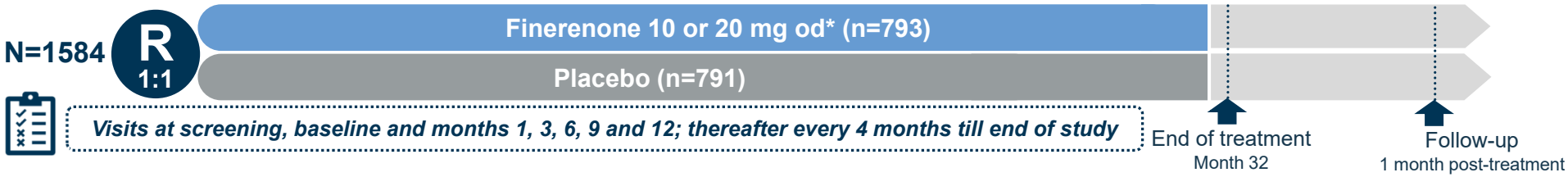
*Mean annualised change in eGFR from baseline to month 32; #took place when the last randomised participant reached 32 months of treatment; ‡took place approximately 1 month after last administration of study drug; § kidney failure (defined as an eGFR <15 ml/min/1.73 m², initiation of chronic dialysis or kidney transplantation), sustained ≥57% eGFR decrease, HHF or CV death

CI, confidence interval; CKD, chronic kidney disease; CV, cardiovascular; eGFR, estimated glomerular filtration rate; EOT, end of treatment; FU, follow-up; HHF, hospitalisation for heart failure; HR, hazard ratio; PY, patient-years

1. Heerspink HJL, *et al. N Engl J Med* 2026; doi: 10.1056/NEJMoa2604625

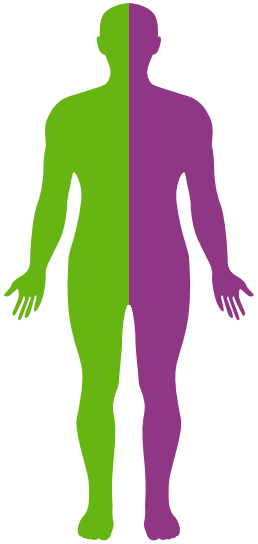
FIND-CKD study design[1,2]

FIND-CKD



Key inclusion criteria

- Age ≥18 years
- UACR ≥200 to <500 mg/g and eGFR ≥25 to <60 ml/min/1.73 m^2 **OR** UACR ≥500 to ≤3500 mg/g and eGFR ≥25 to <90 ml/min/1.73 m^2
- **Stable maximal tolerated labelled dose of ACEi/ARB for ≥4 weeks**
- Serum potassium ≤4.8 mmol/l



Key exclusion criteria

- **T1D or T2D, or HbA1c ≥6.5%** (≥48 mmol/mol)
- Kidney disease requiring immunosuppressive therapy[#]
- Other kidney disease[‡]
- SBP ≥160 mmHg or DBP ≥100 mmHg
- Symptomatic HFrEF with Class IA indication for MRAs

*10 mg od: eGFR ≥25 to <60 ml/min/1.73 m^2; 20 mg od: eGFR ≥60 ml/min/1.73 m^2; [#]lupus nephritis or anti-neutrophil cytoplasmic antibody–associated vasculitis within 6 months prior to screening; [‡]known autosomal recessive or dominant polycystic kidney disease

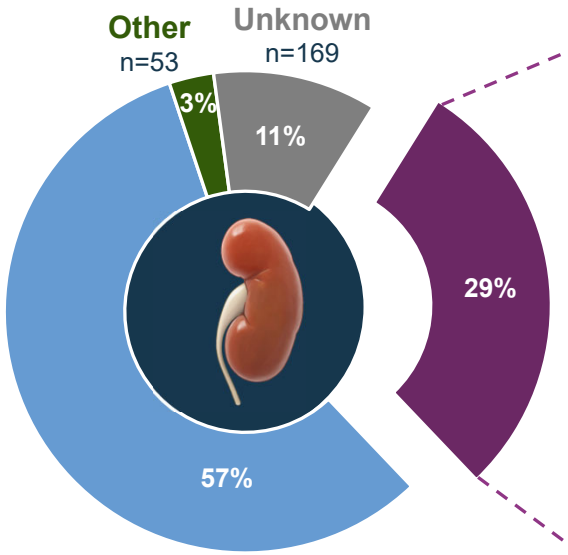
ACEi, angiotensin-converting enzyme inhibitor; ARB, angiotensin receptor blocker; DBP, diastolic blood pressure; eGFR, estimated glomerular filtration rate; HbA1c, glycated haemoglobin; HFrEF, heart failure with reduced ejection fraction; MRA, mineralocorticoid receptor antagonist; od, once daily; R, randomised; SBP, systolic blood pressure; T1D, type 1 diabetes; T2D, type 2 diabetes; UACR, urine albumin-to-creatinine ratio

1. Heerspink HJL, *et al. Nephrol Dial Transplant* 2025;40:308–319; 2. Heerspink HJL, *et al. N Engl J Med* 2026; doi: 10.1056/NEJMoa2604625

FIND-CKD hypertensive nephropathy subgroup analysis

FIND-CKD

FIND-CKD included a broad population with common non-diabetic CKD aetiologies well represented[1]



Outcomes assessed in the overall FIND-CKD population were evaluated for participants with investigator-reported hypertensive nephropathy at baseline

Primary outcome* – total eGFR slope
- Mean annual rate of change in eGFR from baseline to month 32

Secondary efficacy outcomes*
- **Kidney–CV composite:** kidney failure,[#] sustained ≥57% eGFR decline, HHF or CV death
- **Kidney composite:** kidney failure or sustained ≥57% eGFR decline
- **CV composite:** HHF or CV death

Exploratory outcomes
- Chronic eGFR slope[‡]
- Change from baseline in **UACR** and **SBP**

Safety outcomes
- Treatment-emergent adverse events
- Serious adverse events
- Hyperkalaemia

Outcomes were stratified by a subgroup of interest: participants with SBP above or below 130 mmHg

ESC CONGRESS 2026 MUNICH

*The primary and key secondary endpoints were evaluated using a confirmatory hierarchical testing procedure in the following order: total eGFR slope, kidney–CV composite, kidney composite, and CV composite; [#]kidney failure was defined as an eGFR <15 ml/min/1.73 m^2, initiation of chronic dialysis or kidney transplantation; [‡]mean annualised change in eGFR from month 3 to end of treatment
CKD, chronic kidney disease; CV, cardiovascular; eGFR, estimated glomerular filtration rate; HHF, hospitalisation for heart failure; SBP, systolic blood pressure; UACR, urine albumin-to-creatinine ratio

1. Heerspink HJL, *et al. N Engl J Med* 2026; doi: 10.1056/NEJMoa2604625

Baseline characteristics

FIND-CKD

Characteristic	Finerenone (n=234)	Placebo (n=225)	Overall HTN (N=459)
Age, years, mean (SD)	61.2 (12.8)	61.3 (13.6)	61.2 (13.2)
Sex, female, n (%)	51 (21.8)	56 (24.9)	107 (23.3)
Race, n (%)			
White	125 (53.4)	121 (53.8)	246 (53.6)
Asian	93 (39.7)	95 (42.2)	188 (41.0)
Black	14 (6.0)	6 (2.7)	20 (4.4)
Other*	2 (0.9)	3 (1.3)	5 (1.1)
Body weight, kg, mean (SD)	84.0 (19.7)	82.2 (19.1)	83.1 (19.4)
HbA1c, %, mean (SD)[#]	5.6 (0.4)	5.6 (0.4)	5.6 (0.4)
Serum potassium, mmol/l, mean (SD)	4.4 (0.5)	4.5 (0.5)	4.4 (0.5)
SBP, mmHg, mean (SD)	134 (13)	134 (14)	134 (14)
<130 mmHg	88 (37.6)	80 (35.6)	168 (36.6)
≥130 mmHg	146 (62.4)	145 (64.4)	291 (63.4)
DBP, mmHg, mean (SD)	80 (9)	81 (11)	80 (10)

Characteristic	Finerenone (n=234)	Placebo (n=225)	Overall HTN (N=459)
Medical history, n (%)			
Atherosclerotic CVD	49 (20.9)	57 (25.3)	106 (23.1)
Heart failure	10 (4.3)	12 (5.3)	22 (4.8)
eGFR, ml/min/1.73 m^2, mean (SD)	44 (15)	44 (15)	44 (15)
<45 ml/min/1.73 m^2, n (%)	144 (61.5)	136 (60.4)	280 (61.0)
≥45 ml/min/1.73 m^2, n (%)	90 (38.5)	89 (39.6)	179 (39.0)
UACR, mg/g, median (Q1, Q3)	778 (553, 1231)	844 (575, 1266)	797 (566, 1247)
≤1000 mg/g, n (%)	152 (65.0)	142 (63.1)	294 (64.1)
>1000 mg/g, n (%)	82 (35.0)	83 (36.9)	165 (35.9)
Medication use, n (%)			
SGLT-2i	30 (12.8)	25 (11.1)	55 (12.0)
ACE inhibitor	73 (31.2)	54 (24.0)	127 (27.7)
ARB	160 (68.4)	171 (76.0)	331 (72.1)
Diuretics	64 (27.4)	64 (28.4)	128 (27.9)
Beta blocker	88 (37.6)	95 (42.2)	183 (39.9)
Calcium antagonist	149 (63.7)	153 (68.0)	302 (65.8)

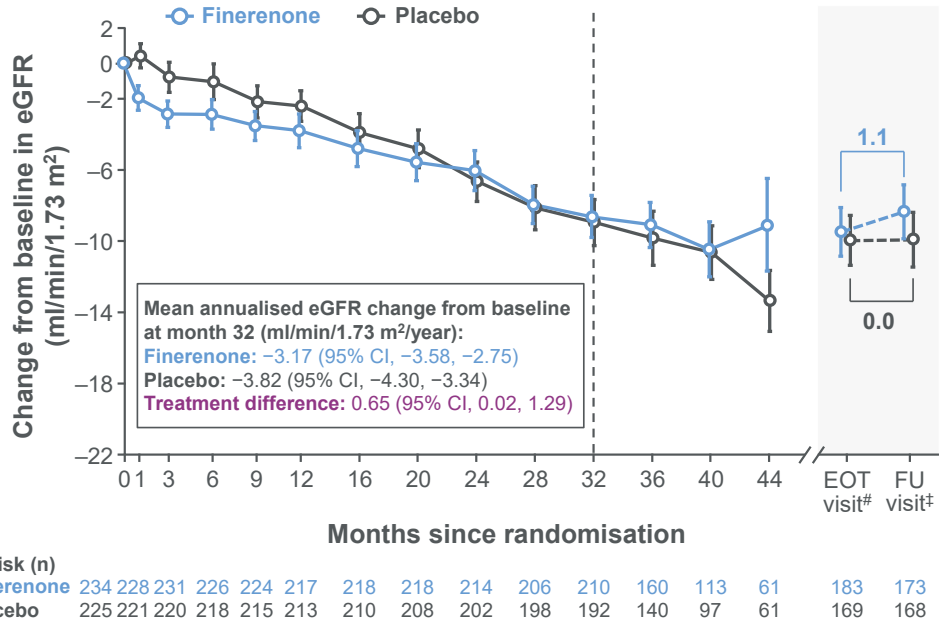
Baseline characteristics in participants with hypertensive nephropathy were broadly consistent with the overall FIND-CKD population

*American Indian or Alaska native, Hawaiian or other Pacific Islander, not reported, or multiple; [#]data missing from 1 individual in the placebo group
ACE, angiotensin-converting enzyme; ARB, angiotensin receptor blocker; CVD, cardiovascular disease; DBP, diastolic blood pressure; eGFR, estimated glomerular filtration rate; HbA1c, glycated haemoglobin; HTN, hypertensive nephropathy; Q, quartile; SBP, systolic blood pressure; SD, standard deviation; SGLT-2i, sodium-glucose co-transporter-2 inhibitor; UACR, urine albumin-to-creatinine ratio

eGFR slope

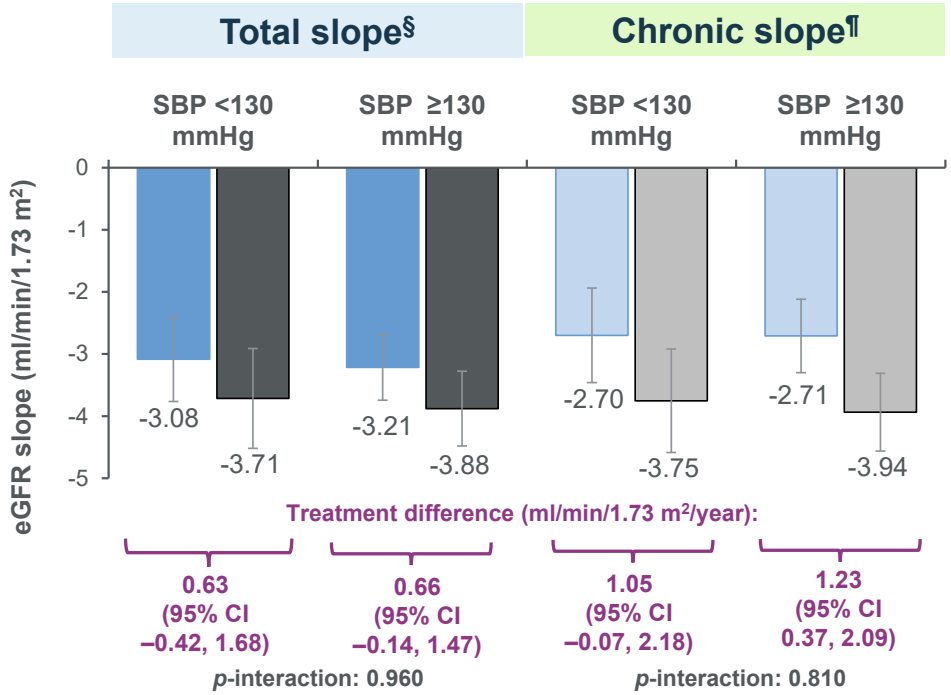
FIND-CKD

Change in eGFR from baseline over time*



At risk (n)															
Finerenone	234	228	231	226	224	217	218	218	214	206	210	160	113	61	183	173
Placebo	225	221	220	218	215	213	210	208	202	198	192	140	97	61	169	168

eGFR slopes stratified by baseline SBP

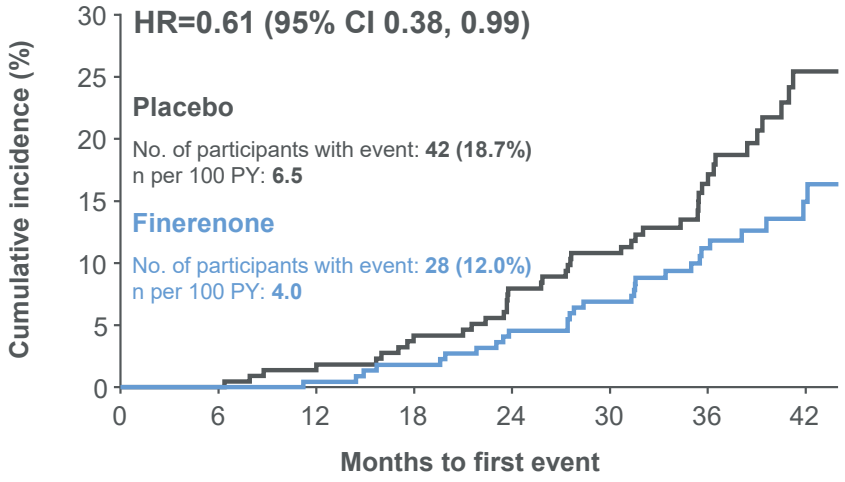


*Analysed using a two-slope linear spline mixed-effects model in accordance with Vonesh E, *et al*. 2019 with fixed change point at month 3 to characterise acute and chronic eGFR slopes. The model included fixed effects for treatment, time, treatment-by-time interaction, baseline eGFR, screening UACR stratum, and baseline SGLT-2i use, with random effects for intercept, acute slope and chronic slope; ; #took place when the last randomised participant reached 32 months of treatment; ‡took place approximately 1 month after last administration of study drug; § mean annualised change in eGFR from baseline to month 32; ¶mean annualised change in eGFR from month 3 to end of treatment. CI, confidence interval; eGFR, estimated glomerular filtration rate; EOT, end of treatment; FU, follow-up; SBP, systolic blood pressure; SGLT-2i, sodium-glucose co-transporter-2 inhibitor; UACR, urine albumin-to-creatinine ratio

Secondary efficacy outcomes

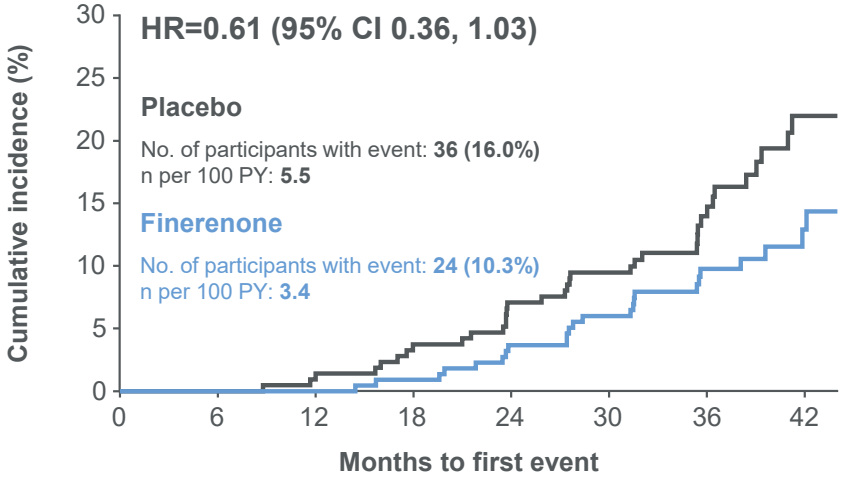
FIND-CKD

Composite kidney–CV outcome*



At risk (n)								
Finerenone	234	228	222	217	205	199	142	62
Placebo	225	219	211	205	194	185	110	57

Kidney failure# or sustained ≥57% eGFR decrease



At risk (n)								
Finerenone	234	228	223	219	207	201	143	62
Placebo	225	219	211	205	195	186	112	58

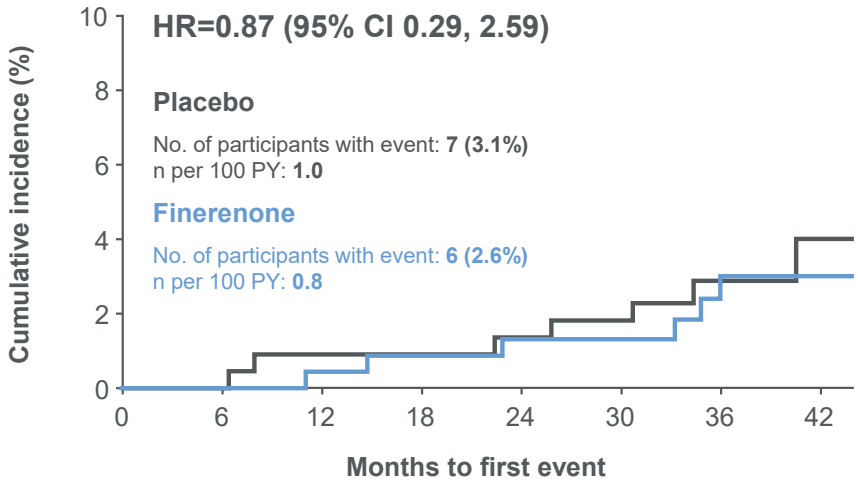
ESC CONGRESS 2026 MUNICH

*Composite of kidney failure, sustained ≥57% decrease in eGFR from baseline, hospitalisation for heart failure, or CV death; #kidney failure defined as an eGFR <15 ml/min/1.73 m², initiation of chronic dialysis or kidney transplantation
CI, confidence interval; CV, cardiovascular; eGFR, estimated glomerular filtration rate; HR, hazard ratio; PY, patient-years

Secondary efficacy outcomes

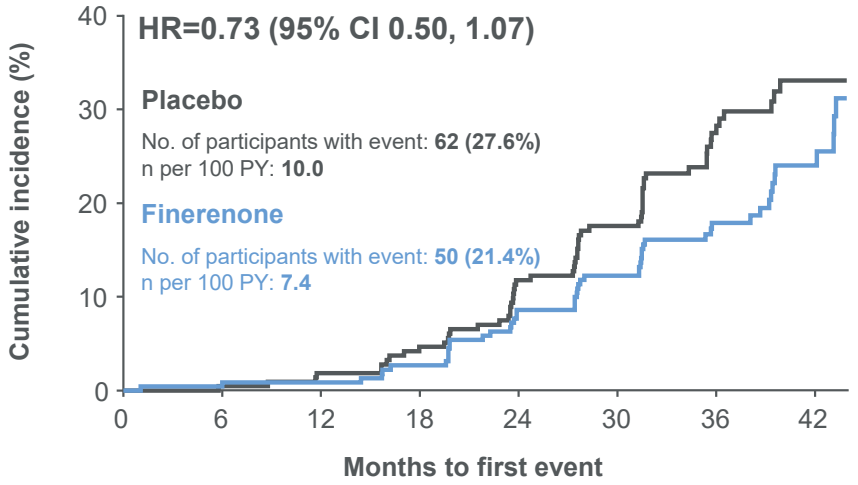
FIND-CKD

HHF or CV death



At risk (n)								
Finerenone	234	233	229	228	226	224	163	74
Placebo	225	223	219	218	216	214	142	72

Kidney failure* or sustained ≥40% eGFR decrease



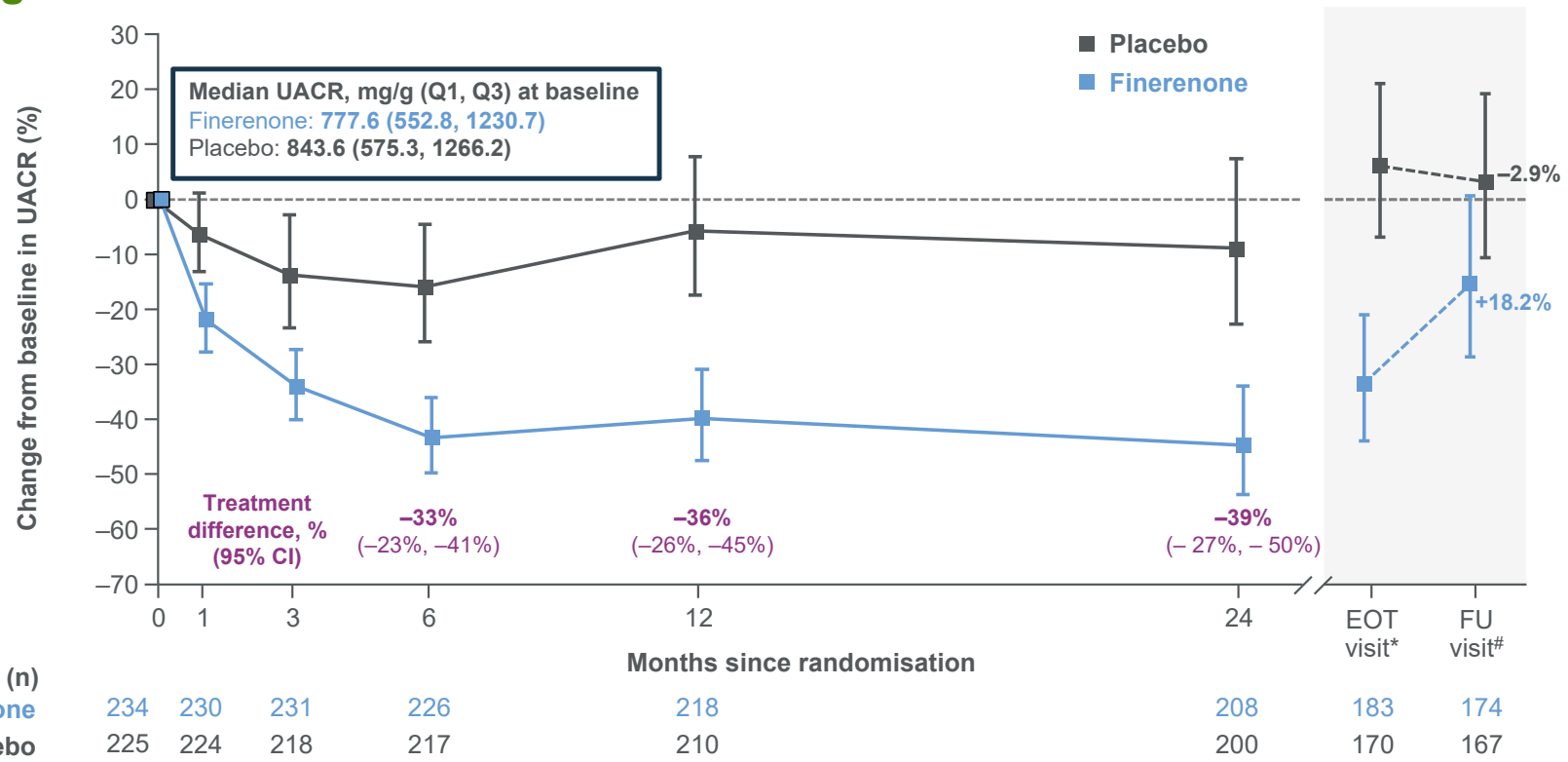
At risk (n)								
Finerenone	234	228	222	216	199	190	132	53
Placebo	225	218	210	203	185	170	96	49

*Kidney failure defined as an eGFR <15 ml/min/1.73 m^2, initiation of chronic dialysis or kidney transplantation
CI, confidence interval; CV, cardiovascular; eGFR, estimated glomerular filtration rate; HHF, hospitalisation for heart failure; HR, hazard ratio; PY, patient-years

Exploratory outcome

FIND-CKD

Change from baseline in UACR over time



At risk (n)								
Finerenone	234	230	231	226	218	208	183	174
Placebo	225	224	218	217	210	200	170	167

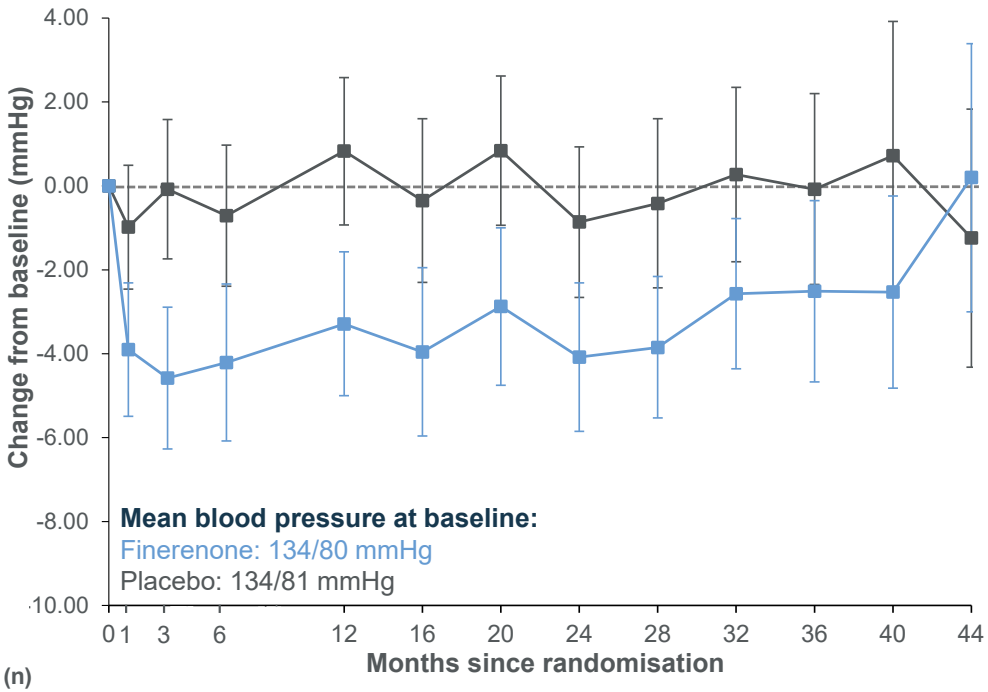
ESC CONGRESS 2026 MUNICH

Change from baseline calculated using MMRM
*Took place when the last randomised participant reached 32 months of treatment; #took place approximately 1 month after last administration of study drug;
CI, confidence interval; EOT, end of treatment; FU, follow-up; MMRM, mixed model for repeated measures; Q, quartile; UACR, urine albumin-to--creatinine ratio

Exploratory outcomes

FIND-CKD

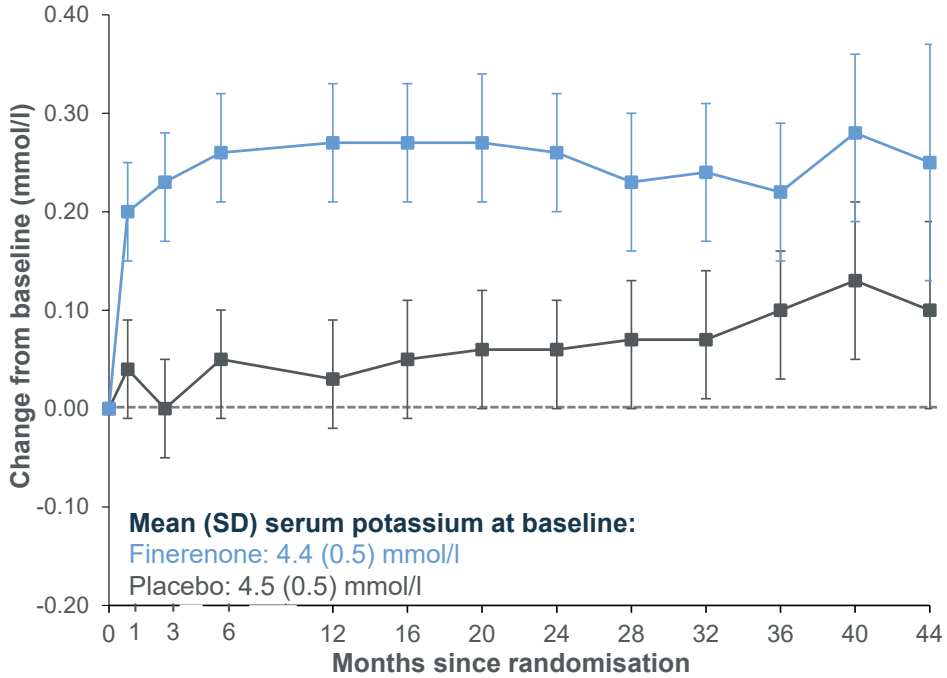
Change from baseline in systolic blood pressure



At risk (n)													
Finerenone	234	230	229	226	220	220	217	211	208	197	153	96	44
Placebo	225	224	221	220	213	212	207	206	200	184	129	82	43

Difference at month 6: –3.50 (95% CI –6.01, –0.99)

Change from baseline in serum potassium



	234	225	227	223	212	216	214	212	204	207	160	112	60
	225	219	218	217	210	207	208	202	196	198	142	98	61

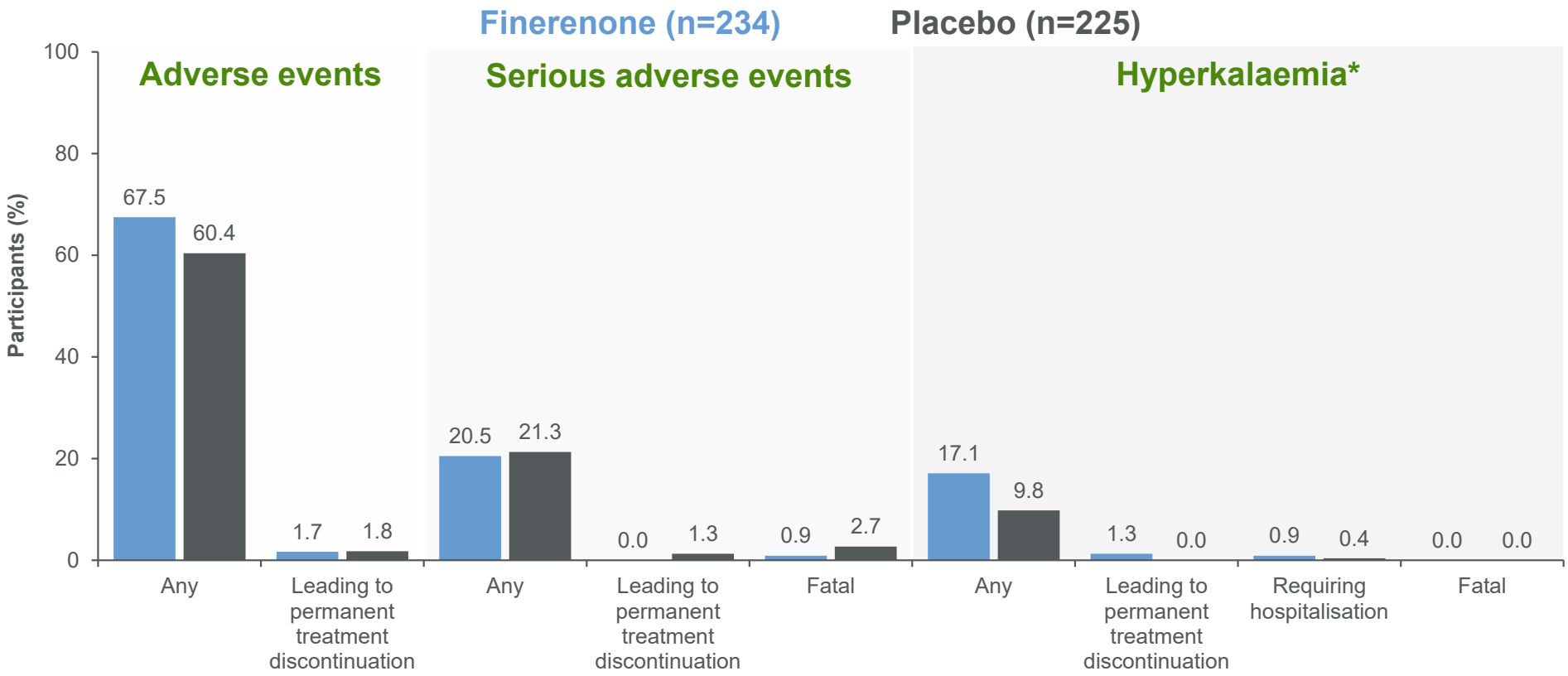
Difference at month 1: 0.16 (95% CI 0.09, 0.23)

ESC CONGRESS 2026 MUNICH

Change from baseline calculated using MMRM
CI, confidence interval; MMRM, mixed model for repeated measures; SD, standard deviation

Investigator-reported adverse events

FIND-CKD



ESC CONGRESS 2026 MUNICH

*Includes adverse events with the MedDRA codes 10020646 (Hyperkalaemia) and 10005725 (Blood potassium increased)
MedDRA, Medical Dictionary for Regulatory Activities

Summary

FIND-CKD

In FIND-CKD participants with hypertensive nephropathy, finerenone versus placebo:

- Slowed CKD progression defined by total eGFR slope
- Reduced the risk of the composite kidney–CV outcome
- Reduced systolic blood pressure and albuminuria at 6 months, an effect sustained throughout the treatment period

Safety events were consistent with the overall trial population

Hyperkalaemia occurred more frequently with finerenone than with placebo, but hospitalisation and permanent treatment discontinuation due to hyperkalaemia were uncommon

This prespecified subgroup analysis supports **blockade of mineralocorticoid receptor overactivation** as a therapeutically relevant treatment pathway in individuals with **non-diabetic CKD due to hypertensive nephropathy**

CKD, chronic kidney disease; CV, cardiovascular; eGFR, estimated glomerular filtration rate