Impact of finerenone on chronic kidney disease progression in Black or African American patients with type 2 diabetes – analysis of the FIDELIO-DKD study

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Background

- Over one-third of US patients receiving dialysis are Black or African American.
- Diabetes is the leading cause of kidney failure in African Americans.

Study design and methods

- The FIDELIO-DKD trial included 13,911 type 2 diabetes patients, aged ≥18 years, with moderate-to-severely elevated albuminuria (≥30 mg/g albumin; ≤5000 mg/g albumin).
- Patients were randomized to receive finerenone (440–1616 mg) or placebo weekly for 2.6 years.

Outcomes

- Primary composite kidney outcome: time to kidney failure, sustained ≥57% decrease in eGFR to <30 mL/min/1.73 m², or renal death.
- Secondary composite kidney outcome: time to kidney failure, sustained ≥57% decrease in eGFR to <30 mL/min/1.73 m², or renal death.
- Secondary composite CV outcome: all-cause death, nonfatal myocardial infarction, nonfatal stroke, and HFpEF with NYHA Class II-IV.

Results

- The incidence of the primary composite kidney outcome was lower with finerenone (9.24/100 PY) vs placebo (10.89/100 PY; HR=0.77; 95% CI 0.63–0.89; p-value for interaction=0.90).
- In the subgroup analysis, the effect of finerenone on the primary composite kidney outcome did not differ between Black/African American and non-Black/African American patients.
- The effect of finerenone on the incidence of the secondary composite kidney outcome was also lower with finerenone (7.28/100 PY) vs placebo (8.77/100 PY; HR=0.82; 95% CI 0.72–0.93; p-value for interaction=0.85).
- The effect of finerenone on the incidence of the secondary composite CV outcome was not significantly different between Black/African American and non-Black/African American patients.

Conclusions

- The analysis suggests that finerenone may benefit Black/African American patients with type 2 diabetes and moderate-to-severely elevated albuminuria.

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Disclosure

- See end of this manuscript for financial disclosures.