Medical Xpress

Albuminuria reduction accounts for much of finerenone effect on CKD

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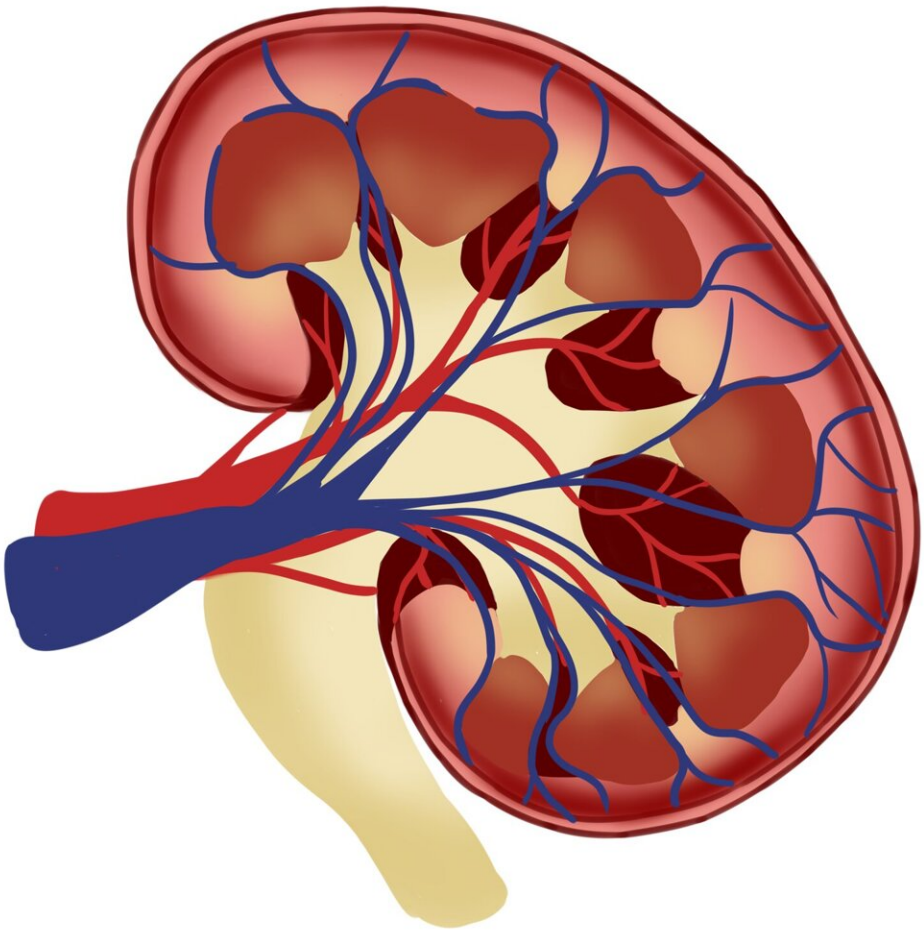

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For patients with chronic kidney disease (CKD) and type 2 diabetes, early albuminuria reduction accounts for a large proportion of the treatment effect of finerenone against CKD progression, according to a study published online Dec. 5 in the *Annals of Internal Medicine*.

Rajiv Agarwal, M.D., from Indiana University in Indianapolis, and colleagues quantified the proportion of kidney and cardiovascular risk reductions seen during a four-year period mediated by a change in kidney injury in a post-hoc analysis using pooled data from two phase 3 trials of finerenone. Data were included for 12,512 patients with CKD and type 2 diabetes who received finerenone and placebo (1:1 ratio).

The researchers found that the median urine albumin-to-creatinine ratio (UACR) was 514 mg/g at baseline. Overall, 53.2 and 27.0 percent of patients in the finerenone and placebo groups, respectively, had a 30 percent or greater reduction in UACR. Eighty-four and 37 percent of the treatment effect on the kidney and cardiovascular outcomes, respectively, was mediated by a reduction in UACR (analyzed as a continuous variable). The corresponding proportions mediated were 64 and 26 percent when change in UACR was assessed as a binary variable (whether the 30 percent reduction threshold was met).

"The current results emphasize the importance of monitoring UACR after initiating treatment, as it can serve as a valuable surrogate indicator of the early treatment efficacy and offer insights into potential long-term kidney and cardiovascular benefits," the authors write.

More information: Rajiv Agarwal et al, Impact of Finerenone-Induced Albuminuria Reduction on Chronic Kidney Disease Outcomes in Type 2 Diabetes, *Annals of Internal Medicine* (2023). DOI: 10.7326/M23-1023