Finerenone in Heart Failure with Mildly Reduced or Preserved Ejection Fraction: FINEARTS-HF

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Declaration of interest

- I have nothing to declare

FINEARTS-HF: Take Home Messages

- Heart failure with mildly reduced or preserved ejection fraction accounts for about half of the patients living with heart failure. Despite the recent availability of therapeutic options in these patients, there remains enormous unmet need
- In the FINEARTS-HF trial, Finerenone, a non-steroidal MRA, reduced cardiovascular vascular death and total worsening heart failure events in patients with heart failure and mildly reduced or preserved ejection fraction
- This benefit was accompanied by improvement in health status, as assessed by the Kansas City Cardiomyopathy Questionnaire Total Symptom Score, was observed in all pre-specified subgroups, including across the spectrum of LVEF and in patients on SLGT2 inhibitors
- These data support the use of the non-steroidal MRA finerenone as a new therapy to be added to the armamentarium in patients with HFmrEF and HFpEF, a population with enormous unmet need

Rationale

- Over 64 million people live with heart failure worldwide and approximately half of these have mildly reduced or preserved ejection fraction (LVEF greater than 40%)
- Currently, SGLT2 inhibitors are the only Class I indicated therapy for these patients
- Steroidal MRAs have been shown to reduce morbidity and mortality in patients with HFrEF, but the data are not definitive in HFpEF where the TOPCAT trial did not show a significant benefit with spironolactone, but post-hoc analyses suggest potential benefit in some patients
- Finerenone is a non-steroidal MRA with distinct physiochemical properties compared with steroidal MRAs, and has been shown to reduce kidney and cardiovascular outcomes in patients with diabetes and CKD

Study Design and Methods

FINEARTS-HF Study Design

Randomized, double-blind, placebo-controlled trial testing the hypothesis that finerenone would reduce cardiovascular death and total worsening heart failure events in patients with heart failure and mildly reduced or preserved ejection fraction

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**
- **History of peripartum, chemotherapy induced, or infiltrative cardiomyopathy (e.g., amyloidosis)**
- **Alternative causes of signs or symptoms**

1:1 Randomization

Finerenone 10, 20 or 20, 40 mg *dosing based on eGFR: ≤60 max dose 20 mg, >60, max dose 40 mg*

Matching Placebo

N = 6,001 randomized

Uptitrate to maximally tolerated dose if K+<5.0mmol/L and eGFR decrease <30%

Visits: Month 1, then 3-monthly for first 12 months, 4-monthly visits thereafter with telephone contact in between

Study Endpoints

Primary Endpoint

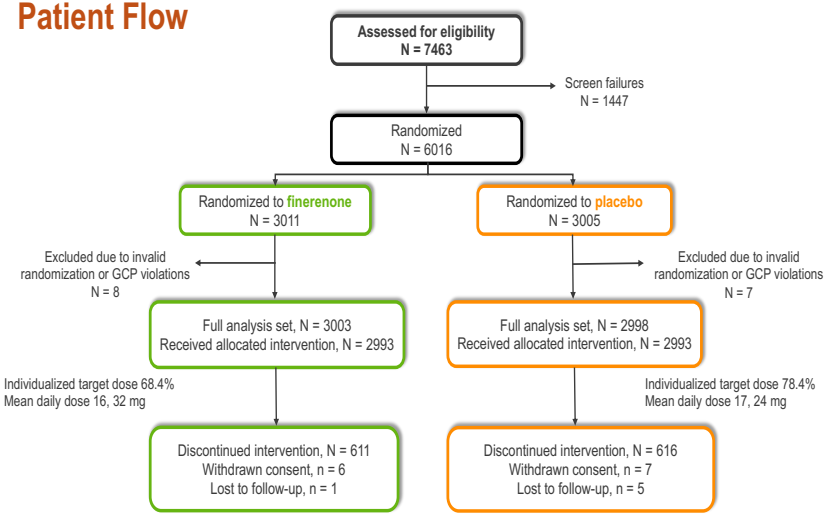
- CV death and total HF events (hospitalizations/urgent visits)

Secondary Endpoints

- Total HF events
- NYHA class at 12 months
- KCCQ-TSS at 6,9, and 12 months
- Renal composite endpoint
- All-cause mortality

FINEARTS-HF
FInerenone trial to investigate Efficacy and safety superior to placebo in patients with Heart Failure

Patient Flow



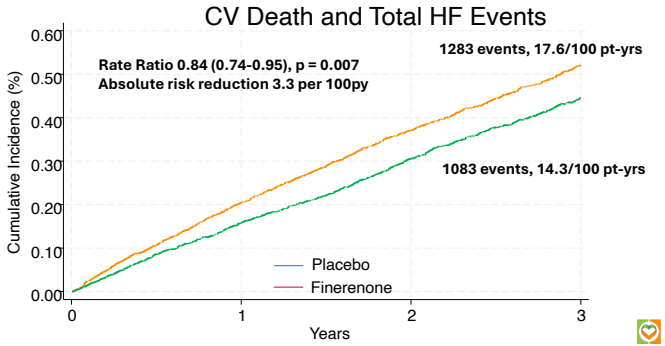
GCP, good clinical practice

FINEARTS-HF
FInerenone trial to investigate Efficacy and safety superior to placebo in patients with Heart Failure

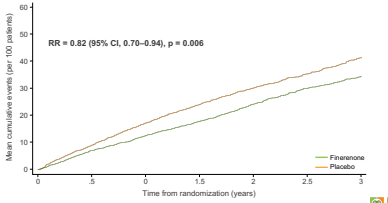
Results

Primary Endpoint: CV Events and Total HF Events

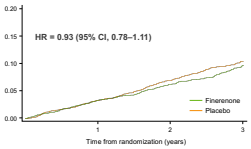
Finerenone reduced cardiovascular death and total worsening heart failure events over median follow-up of 32 months



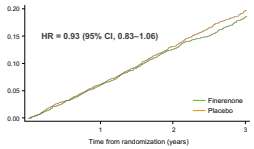
Secondary Endpoint: Total HF Events



Cardiovascular Death



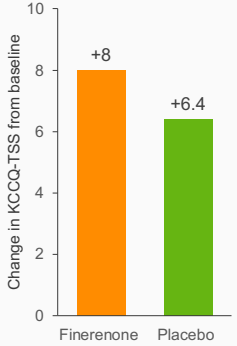
All-Cause Death



Change in KCCQ-TSS

Improvement in Symptom Burden

Between-arm difference:
+1.6 (0.8–2.3)
P<0.001



- **Consistency across all pre-specified subgroups, including based on LVEF and in patients who were taking SGLT2 inhibitors at baseline**

Safety

Treatment Emergent Safety Outcome	Finerenone (N=2993)	Placebo (N=2993)
Any Serious Adverse Event (SAE)	38.7%	40.5%
Serum creatinine ≥3.0 mg/dl	2.0%	2.1%
Serum potassium		
>5.5 mmol/l	14.3%	6.9 %
>6.0 mmol/l	3.0 %	1.4 %
<3.5 mmol/l	4.4 %	9.7 %
Investigator-reported hyperkalemia	9.7%	4.2%
Leading to hospitalization	0.5%	0.2%
Leading to death	0%	0%
Systolic blood pressure <100 mmHg	18.5%	12.4%

Key messages

- Among patients with heart failure and a mildly reduced or preserved ejection fraction, finerenone reduced the risk of cardiovascular death and total heart failure events, reduced total heart failure events, and improved overall health status
- These findings were consistent across prespecified subgroups, including across LVEF and in those on SGLT2 inhibitors
- Hyperkalemia was more common, and hypokalemia less common, in those receiving finerenone
- These data support the use of finerenone in patients with heart failure with mildly reduced or preserved ejection fraction, and offer a new option for treating patients with this disease