

NEWSLETTER 9

Finerenone Across the CKM Spectrum: FINE-HEART

A participant-level pooled analysis of 18,991 adults with CKM conditions

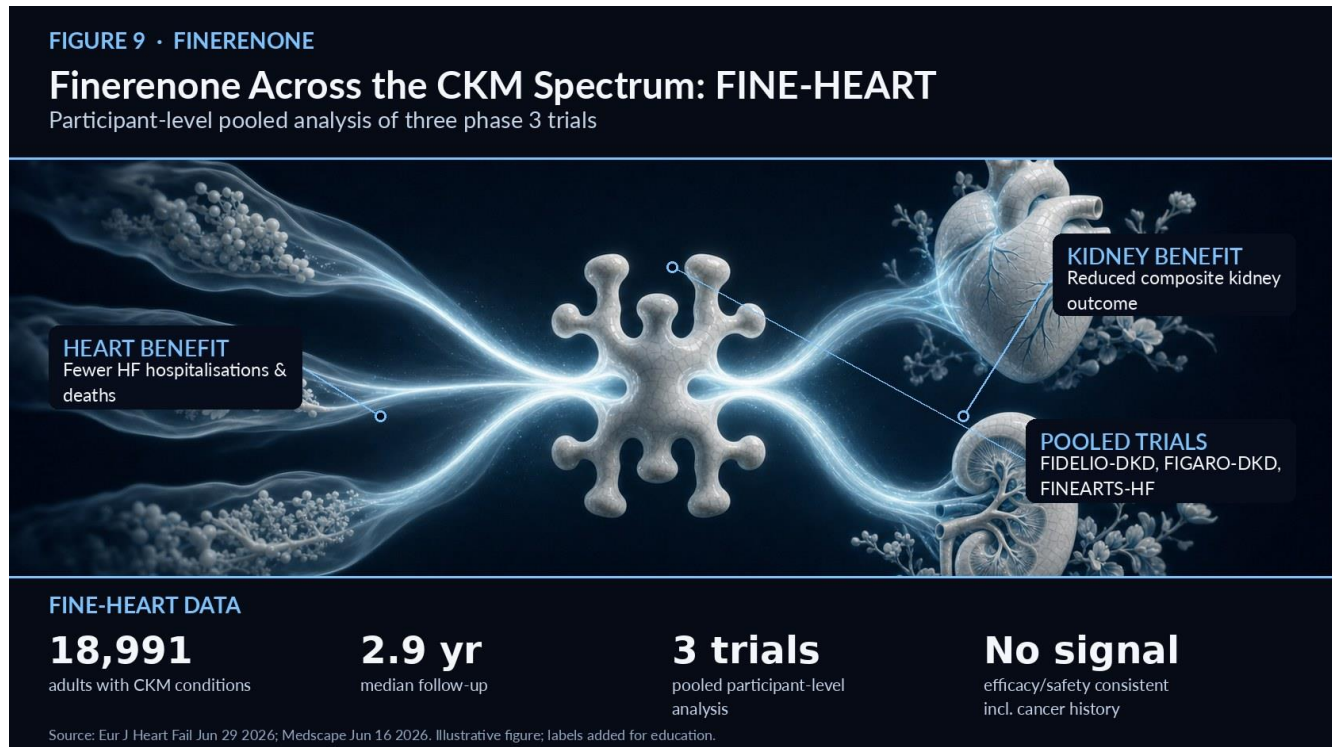


Figure 9. Finerenone Across the CKM Spectrum: FINE-HEART — mechanism overview (illustrative; labels added for education).

FINE-HEART is a participant-level pooled analysis combining three phase 3 trials—FIDELIO-DKD, FIGARO-DKD, and FINEARTS-HF—totalling 18,991 adults with CKM conditions, and it has become a reference dataset for understanding finerenone across the syndrome.¹ Over a median follow-up of 2.9 years, finerenone reduced the risk of all-cause mortality, all-cause hospitalisation, heart-failure hospitalisation, the composite kidney outcome, and new-onset atrial fibrillation.¹

The breadth of those endpoints is important: a single nonsteroidal mineralocorticoid receptor antagonist shows benefit across all three CKM axes, supporting its guideline role as add-on therapy when albuminuria persists.⁶

A 2026 cancer-history subanalysis addressed a common real-world concern. Among the 18,991 participants, 1,389 (7.3%) had a baseline history of cancer, and finerenone's efficacy and safety were consistent regardless of cancer history.¹ Reassuringly, the treatment effect on cancer death (subdistribution HR 0.81, 95% CI 0.64–1.03) and on de novo cancer incidence (HR 0.92, 95% CI 0.79–1.06) showed no adverse cancer signal.¹ For clinicians managing patients with prior malignancy—an increasingly common scenario—this removes a potential barrier to prescribing.

The population is well characterised across the syndrome. FINE-HEART participants were classified into CKM Stages 2–4 using an adapted 2023 AHA framework, with mean age ranging 67.0–69.3 years and 34.2–35.1% women.² This staging allows the benefits to be interpreted stage by stage rather than as a single averaged effect.

The pooled design is itself a strength. By combining three large trials that spanned diabetic kidney disease and heart failure, FINE-HEART assembled enough events to examine outcomes—such as new-onset atrial fibrillation and the composite kidney endpoint—that individual trials were underpowered to resolve.¹ Interpreting those results through CKM Stages 2–4 rather than as a single averaged effect lets clinicians see how benefit tracks with disease severity, and corroborating datasets like INFINITY and the Lancet CKD pooled analysis reinforce the consistency of finerenone’s effect.^{3,4}

Finerenone is one of the nonsteroidal MRA therapies highlighted in the 2026 CKM guideline for combined kidney and cardiovascular protection, and FINE-HEART supplies the pooled, participant-level evidence underpinning that recommendation.⁶ For practitioners, the analysis reinforces finerenone as a versatile agent whose benefits—and reassuring safety—extend across the diverse patients who define CKM syndrome.

References

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