NEWSLETTER 11

FIND-CKD: Finerenone in Non-Diabetic CKD

Extending kidney and cardiovascular protection beyond diabetic kidney disease

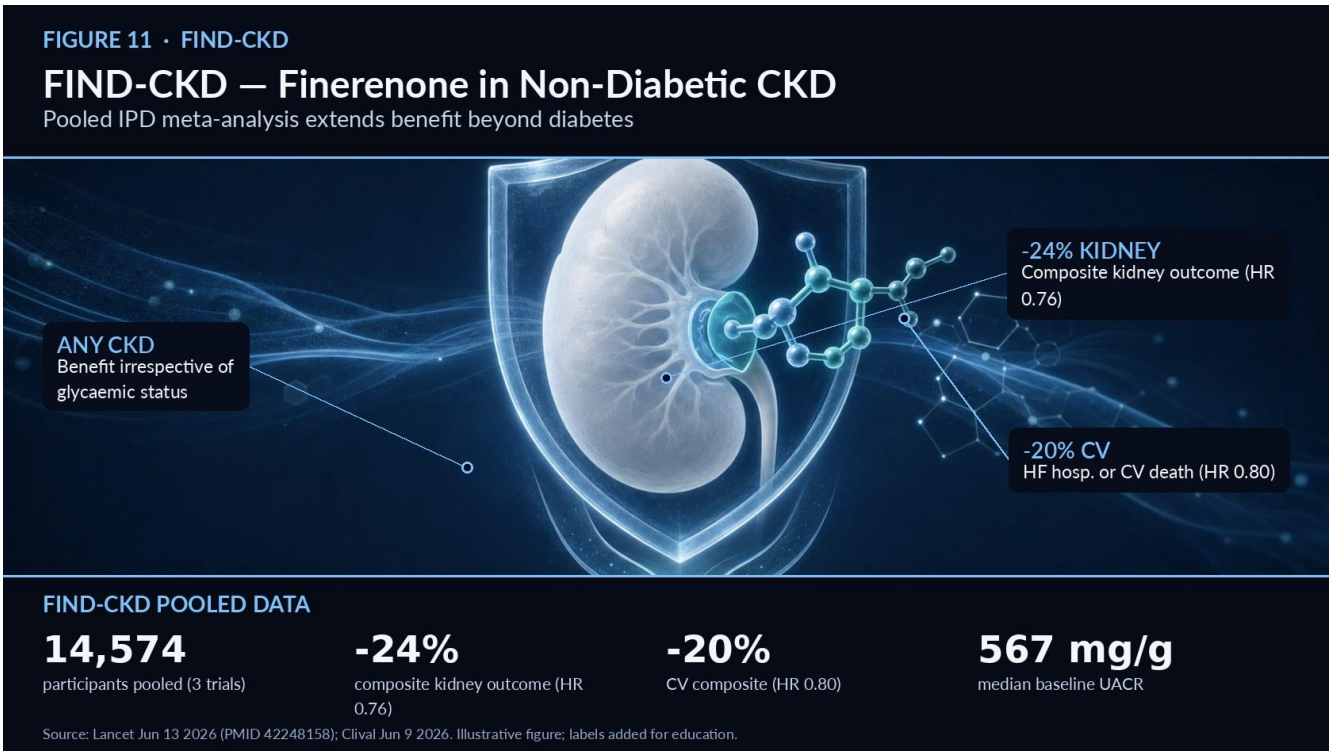

Figure 11. FIND-CKD: Finerenone in Non-Diabetic CKD — mechanism overview (illustrative; labels added for education).

FIND-CKD (NCT05047263) was a randomised, double-blind, placebo-controlled trial of finerenone in chronic kidney disease conducted from September 21, 2021 to February 2, 2026, and it was included in an individual participant-data meta-analysis published in *The Lancet* on June 13, 2026 by Neuen and colleagues.[1] Its central contribution is evidence for finerenone in non-diabetic CKD—a population historically underserved by cardiorenal trials.

The pooled analysis combined FIND-CKD with FIDELIO-DKD and FIGARO-DKD, enrolling 14,574 participants with a mean age of 63.7 years, 30.7% female, a mean eGFR of 56.4 mL/min/1.73 m², and a median UACR of 567.4 mg/g—reflecting a substantially albuminuric, at-risk cohort.[1]

Efficacy was robust. Finerenone reduced the composite kidney outcome—kidney failure or a sustained ≥57% decline in eGFR—by 24% (HR 0.76, 95% CI 0.68–0.86).[1] The composite cardiovascular outcome of heart-failure hospitalisation or cardiovascular death was reduced by 20% (HR 0.80, 95% CI 0.70–0.91), with heart-failure hospitalisation at HR 0.78 and all-cause death at HR 0.88.[1]

Crucially, the kidney benefit was consistent irrespective of glycaemic status, CKD aetiology, baseline eGFR, albuminuria, and SGLT2-inhibitor use—the key finding supporting use in non-diabetic CKD.[1] This consistency means clinicians need not withhold finerenone simply because a patient does not have diabetes, provided albuminuria and appropriate potassium monitoring are in place.

The trial's recruitment window is worth noting: FIND-CKD ran from September 2021 to February 2026, making it one of the most contemporary datasets informing the 2026 guidelines.[1] Its cohort was substantially albuminuric, with a median UACR of 567.4 mg/g and mean eGFR of 56.4 mL/min/1.73 m²—precisely the high-risk phenotype in which residual albuminuria persists despite RAS and SGLT2 blockade, and in which the guideline positions a nonsteroidal MRA as the logical next step.[1,5]

These results align with the broader INFINITY pooled analysis, which likewise found finerenone's benefits held regardless of diabetic versus non-diabetic CKD.[2] Together, FIND-CKD and INFINITY broaden the evidence-based indication for finerenone and reinforce the 2026 guideline's positioning of nonsteroidal MRAs as add-on kidney- and heart-protective therapy when albuminuria persists on RAS inhibitors plus SGLT2 inhibitors.[5] For nephrology and endocrinology practice, this expands the toolkit for a large and previously under-treated CKD population.

References

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