NEWSLETTER 12

INFINITY: Long-Term Kidney and Heart Protection

The largest pooled analysis of finerenone in chronic kidney disease

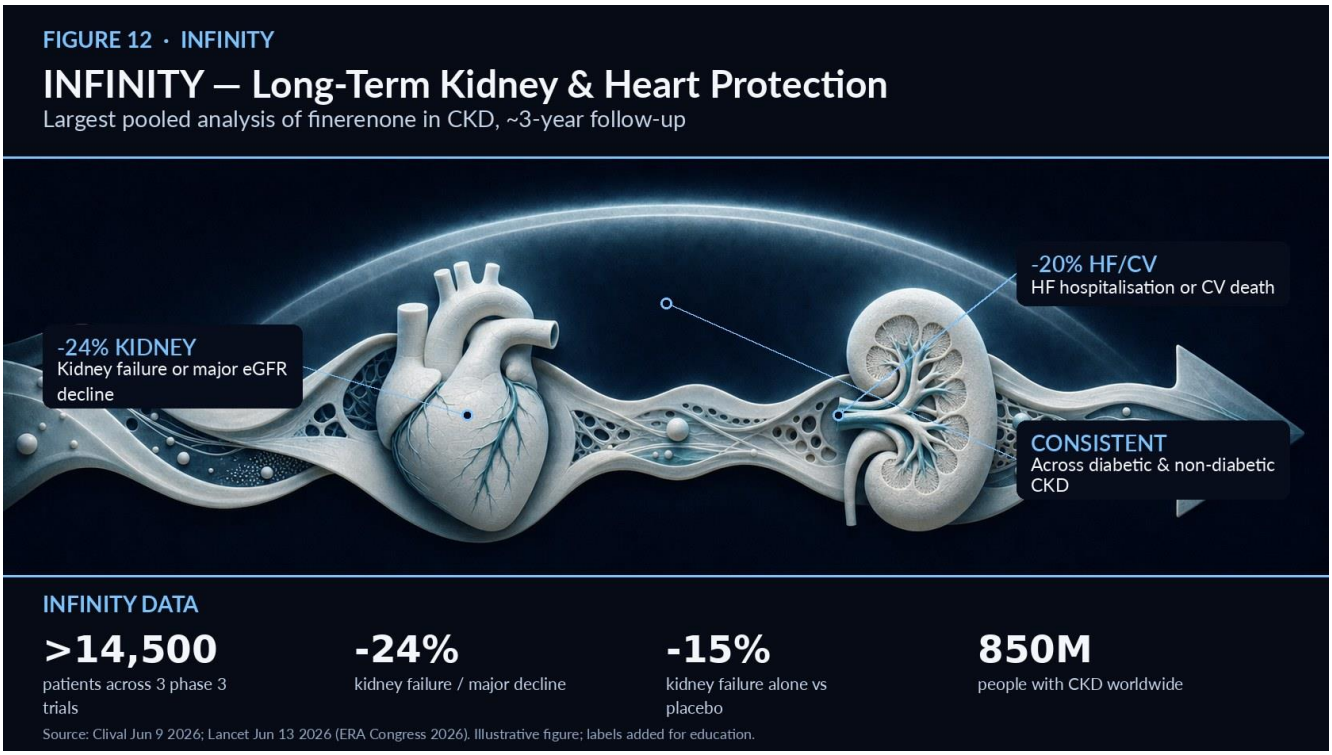

Figure 12. INFINITY: Long-Term Kidney and Heart Protection — mechanism overview (illustrative; labels added for education).

The INFINITY analysis pooled three completed phase 3 finerenone trials—FIDELIO-DKD, FIGARO-DKD, and FIND-CKD—encompassing more than 14,500 patients with a median follow-up of about three years.[1] Described as the largest pooled analysis of finerenone in CKD, it was presented at the ERA Congress 2026 and simultaneously published in *The Lancet*.[1]

The kidney findings were clinically meaningful. Finerenone produced a 24% lower risk of kidney failure or a major decline in kidney function, and a 15% lower risk of kidney failure alone, versus placebo.[1] These reductions matter in a disease where progression to dialysis carries enormous human and economic cost.

Cardiovascular protection paralleled the renal benefit: a 20% lower risk of heart-failure hospitalisation or cardiovascular death, together with reductions in all-cause mortality and in the need for dialysis or transplantation.[1] The simultaneous kidney and heart benefit is precisely the dual protection the CKM framework seeks.

Consistency across subgroups strengthens the case for broad applicability. Benefits were maintained across diabetic and non-diabetic CKD, underlying cause, baseline kidney function, albuminuria level, and SGLT2-inhibitor use.[2] This means finerenone can be considered as add-on therapy in a wide range of CKD phenotypes rather than a narrow subset.

The dual endpoint pattern is the analysis's central message: finerenone slowed kidney-function decline and reduced heart-failure hospitalisation or cardiovascular death in the same population, alongside reductions in all-

cause mortality and the need for dialysis or transplantation.[1] Presenting the results at the ERA Congress with simultaneous Lancet publication signalled their weight to the nephrology community, and the consistency of benefit across diabetic and non-diabetic CKD makes the findings broadly generalisable rather than confined to a narrow trial subset.[2]

The population that stands to benefit is vast. CKD affects an estimated 850 million people worldwide and causes roughly 1.5 million deaths annually, a burden that is growing fastest in low- and middle-income countries.[1] For clinicians in high-prevalence regions such as India, INFINITY supplies durable, long-term evidence that finerenone—layered onto RAS inhibitors and SGLT2 inhibitors—can slow the twin trajectories of kidney failure and cardiovascular death. It thereby anchors the 2026 guideline's recommendation for nonsteroidal MRAs when residual albuminuria persists.[5]

References

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