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Finerenone slows kidney function decline and reduces cardiovascular-kidney risk in non-diabetic chronic kidney disease, major trial shows

(Glasgow, Scotland) Finerenone significantly slowed kidney function decline and reduced the risk of cardiovascular-kidney outcomes in adults with non-diabetic chronic kidney disease (CKD), according to late-breaking results from the Phase III FIND-CKD trial presented at the 63rd ERA Congress and published in the *New England Journal of Medicine*.[1]

CKD affects approximately 850 million people worldwide.[2] While diabetes is a major cause of CKD, many patients still develop the condition in its absence. Despite currently available therapies, these individuals remain at risk of progressive kidney function decline, kidney failure and cardiovascular complications.[3,4]

FIND-CKD is the largest Phase III study to date focused on non-diabetic CKD. The trial enrolled more than 1,500 patients with a range of underlying causes of kidney disease, including hypertension-associated kidney disease and glomerular diseases. Participants were randomised to receive finerenone or placebo in addition to standard of care, including maximally tolerated renin-angiotensin system (RAS)-blocking therapy.

The study met its primary endpoint, showing that finerenone significantly slowed the annual rate of decline in estimated glomerular filtration rate (eGFR), a standard measure of kidney function. Compared with placebo, finerenone reduced the rate of kidney function decline by 0.7 mL/min/1.73 m²/year (95% CI 0.3 to 1.1; p<0.001).

Finerenone also significantly reduced the risk of the key secondary composite cardiovascular-kidney outcome by 23% compared with placebo (HR 0.77; 95% CI 0.60 to 0.99; p=0.043). This outcome included kidney failure, sustained ≥57% decline in eGFR, hospitalisation for heart failure or cardiovascular death.

Lead author Professor Hiddo Lambers Heerspink, University Medical Center Groningen, the Netherlands, and Co-Chair of the study's Executive Committee, said: “FIND-CKD is a large, rigorously conducted study in non-diabetic CKD across multiple etiologies. The results show that finerenone significantly preserved kidney function and reduced the risk of cardiovascular-kidney outcomes with a consistent effect across prespecified subgroups, supporting a broad applicability in these patients.”

Finerenone was also well tolerated, with a safety profile consistent with previous studies and no new safety signals identified. Hyperkalaemia-related adverse events occurred more frequently with finerenone than placebo, but few events led to treatment discontinuation or hospitalisation. Acute kidney injury occurred at similar rates in both groups.

ENDS

Notes to editors:

A reference to the ERA Congress must be included in all coverage and/or articles associated with this study. For more information or to arrange an expert interview, please contact press@era-online.org

About the lead study author:

Hiddo Lambers Heerspink is Professor of Clinical Trials and Personalized Medicine and a clinical trialist at the Department of Clinical Pharmacy and Pharmacology at the University Medical Center Groningen. He is also visiting professor at the University of New South Wales in Sydney. He studied pharmacy at the University of Groningen and received his PhD from the University Medical Center Groningen.

About the European Renal Association (ERA):

With more than 30,000 active members, ERA is the biggest nephrology association worldwide, leading European nephrology, and one of the most important European medical associations. It organises annual congresses and several educational and scientific activities. The ERA also collects data and performs epidemiological studies through its Registry. The Society supports fellowships and educational/research projects through its committees and working groups. Its publications are *NDT*, *CKJ* (Open Access journal), and the *ERA Neph-Manual*, an e-book hosted on the ERA e-learning platform.

Website: www.era-online.org

The 63rd ERA Congress takes place between June 3-6, 2026, both virtually and live in Glasgow, Scotland.

References:

1. Heerspink H.J.L., Tuttle, K.R., Perkovic, V. (2026). Finerenone in patients with chronic kidney disease. Presented at the 63rd ERA Congress, Glasgow, Scotland, June 2026, and published simultaneously in the *New England Journal of Medicine*: Heerspink HJL, et al. *N Eng J Med*. 2026; doi: 10.1056/NEJMoa2604625.
2. Jager, K. J., Kovesdy, C., Langham, R. et al. (2019). A single number for advocacy and communication-worldwide more than 850 million individuals have kidney diseases. *Kidney International*, 96(5), 1048–1050.
3. Heerspink HJL, et al. *Nephrol Dial Transplant.* 2025;40:308–319.
4. The Nuffield Department of Population Health Renal Studies Group & the SGLT2 inhibitor Meta-Analysis Cardio-Renal Trialists' Consortium.*Lancet.*2022;400:1788–1801.