

Efficacy and Safety of Finerenone in Patients with Cardio-Kidney-Metabolic Syndrome and History of Cancer: the FINE-HEART Pooled Analysis

Mihály Ruppert^{1,2}, Muthiah Vaduganathan¹, Brian L. Claggett¹, Akshay S. Desai¹, Pardeep S. Jhund³, Alasdair Henderson³, James Lay-Flurrie⁴, Meike Brinker⁴, Lucas Hofmeister⁴, Markus S. Anker^{5,6}, Carolyn S.P. Lam⁷, Michele Senni⁸, Sanjiv J. Shah⁹, Adriaan A. Voors¹⁰, Faiez Zannad¹¹, Peter Rossing¹², Luis M. Ruilope^{13,14,15}, Bertram Pitt¹⁶, Rajiv Agarwal¹⁷, John J.V. McMurray³, Scott D. Solomon¹, Stefan D. Anker¹⁸, Gerasimos Filippatos¹⁹

¹Brigham and Women's Hospital, Boston, Massachusetts, United State, ²The Heart and Vascular Center of Semmelweis University, Budapest, Hungary, ³BHF Cardiovascular Research Centre, University of Glasgow, Glasgow, UK, ⁴Research & Development, Pharmaceuticals, Bayer, Berlin, Germany ⁵Department of Cardiology, Angiology and Intensive Care Medicine (CBF) of German Heart Center Charité; German Centre for Cardiovascular Research (DZHK) partner site Berlin, Charité Universitätsmedizin, Berlin, Germany, ⁶School of Cardiovascular and Metabolic Health, University of Glasgow, UK, ⁷National Heart Centre Singapore & Duke-National University of Singapore, Singapore, Singapore, ⁸University of Milano-Bicocca, Papa Giovanni XXIII Hospital, Bergamo, Italy, ⁹Northwestern University Feinberg School of Medicine, Chicago, Illinois, USA, ¹⁰University of Groningen, Groningen, the Netherlands, ¹¹University of Lorraine, Nancy, France, ¹²Clinical Research, Steno Diabetes Center Copenhagen, Herlev, Denmark, ¹³Cardiorenal Translational Laboratory and Hypertension Unit, Institute of Research, ¹⁴CIBER-CV, Hospital Universitario 12 de Octubre, Madrid, ¹⁵Spain, Faculty of Sport Sciences, European University of Madrid, Madrid, Spain, ¹⁶Department of Medicine, University of Michigan School of Medicine, Ann Arbor, Michigan, USA, ¹⁷Richard L. Roudebush VA Medical Center and Indiana University School of Medicine, Indianapolis, Indiana, USA, ¹⁸Department of Cardiology (CVK) of German Heart Center Charité; German Centre for Cardiovascular Research (DZHK) partner site Berlin, Charité Universitätsmedizin, Berlin, Germany, ¹⁹National and Kapodistrian University of Athens, School of Medicine, Department of Cardiology, Attikon University Hospital, Athens, Greece.

Introduction

Background

- Cardiovascular-kidney-metabolic (CKM) syndrome reflects the interrelated effects of metabolic risk factors, including obesity and diabetes, chronic kidney disease and cardiovascular disease¹
- CKM syndrome and cancer often coexist due to shared risk factors and overlapping pathophysiologic mechanisms²
- The non-steroidal mineralocorticoid receptor antagonist finerenone showed clinical benefit in a broad CKM population³
- Whether finerenone influences cancer outcomes, or whether comorbid cancer modifies its effects in CKM, remains unknown

Objectives

- To describe clinical features, outcomes, and treatment responses to finerenone in patients with CKM conditions and history of cancer

Study Design & Methods

The FINE-HEART Pooled Dataset¹

- **FIDELIO-DKD** (N=5,674) : Patients with CKD and T2DM²
- **FIGARO-DKD** (N=7,437) : Patients with CKD and T2DM³
- **FINEARTS-HF** (N=6,001) : Patients with HFmrEF/HFpEF^{4*}

Participant-level pooled analysis of 3 Global trials covering the full spectrum of CKM syndrome (N=18,991)

History of Cancer and De novo Cancer

- Ascertained from medical history/adverse event records using predefined high level term codes and preferred term codes (pre-cancerous/benign lesions were not considered).
- Patients with active malignancy with a life expectancy of less than 12 months were excluded

* Left ventricular ejection fraction $\geq 40\%$

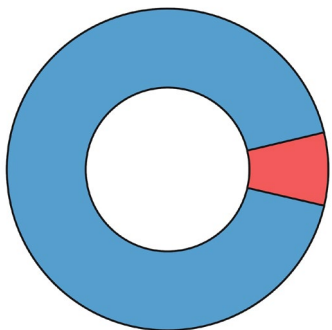
Clinical Outcomes

- CV death, all-cause death, HF hospitalization, all-cause hospitalization, composite kidney outcome, new-onset atrial fibrillation, cancer-related death, incident cancer

Statistics

- Survival Analysis: Cox Proportional hazard models; Fine-Gray Competing Risk analysis

Characteristics of Patients with a History of Cancer

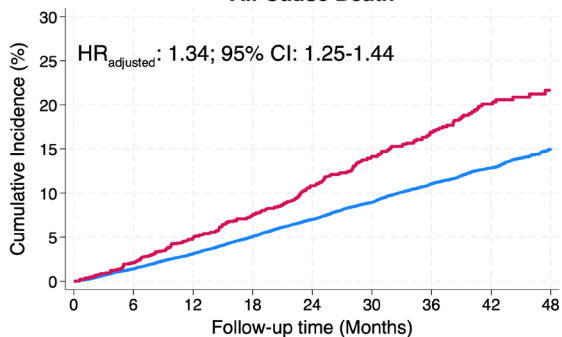


History of Cancer: 1,389/18,991 (7.3%)

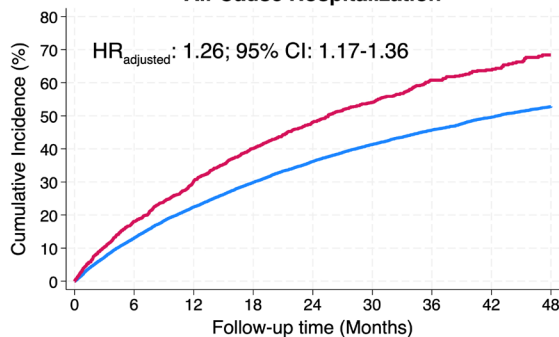
Most common malignancies:

- *Gastrointestinal* (18.3%)
- *Male Reproductive* (17.1%)
- *Renal and Urinary Tract* (13.3%)
- *Haematopoetic* (11.1%)
- *Breast* (10.9%)

All-Cause Death



All-Cause Hospitalization



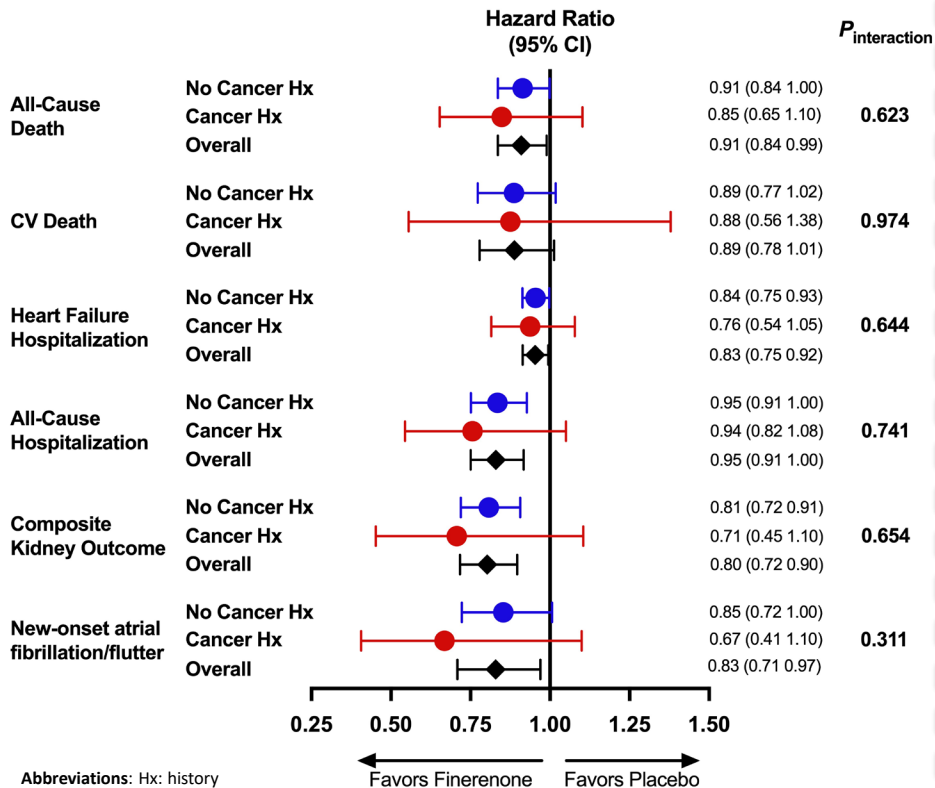
— Patients without History of Cancer
— Patients with History of Cancer

Predictors of Incident Cancer

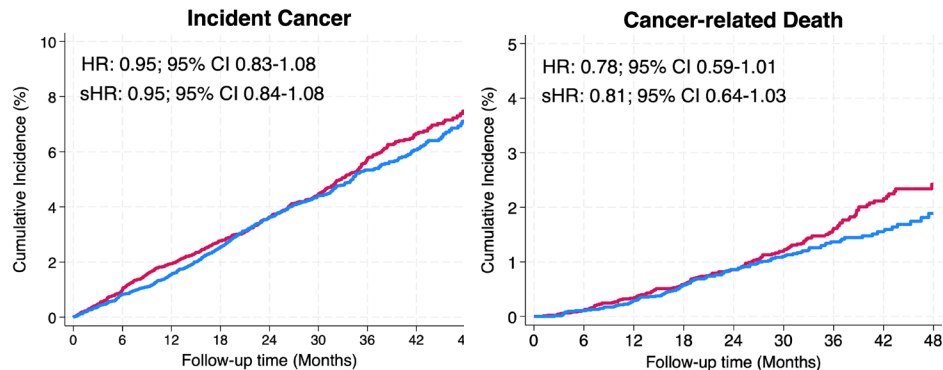
915/17,602 (5.2%)

Variables	HR (95% CI)	Z	P
Age (per 10 year)	1.56 (1.44-1.68)	11.6	<0.001
Smoking			
<i>Never</i>		Reference	
<i>Former</i>	1.49 (1.28-1.74)	5.03	<0.001
<i>Current</i>	1.69 (1.38-2.08)	5.07	<0.001
Female sex	0.71 (0.61-0.84)	-3.97	<0.001
Region			
<i>Asia</i>		Reference	
<i>Eastern Europe</i>	0.90 (0.72-1.12)	-0.97	0.330
<i>Latin America</i>	0.71 (0.52-0.97)	-2.14	0.033
<i>North America</i>	1.06 (0.83-1.37)	0.47	0.635
<i>Western Europe /Oceania/Others</i>	1.29 (1.05-1.59)	2.42	0.016
Waist Circumference (per 10cm)	1.05 (1.00-1.10)	2.07	0.038

Efficacy of Finerenone in patients with CKM and a history of Cancer



Finerenone did not influence Cancer Outcomes



Effect of Finerenone on Selected Safety Outcomes

	No History of Cancer		History of Cancer	
	Placebo (N=8780)	Finerenone (N=8787)	Placebo (N=687)	Finerenone (N=695)
Any serious adverse event	3,147 (35.8%)	2,963 (33.7%)	316 (46.0%)	320 (46.0%)
Any serious adverse event leading to treatment discontinuation	389 (4.4 %)	445 (5.1 %)	45 (6.6 %)	70 (10.1%)
Any potassium > 5.5mmol/L	682 (7.9 %)	1427 (16.5%)	32 (4.8 %)	108 (15.9%)
Hyperkalemia	544 (6.2 %)	1116 (12.7%)	42 (6.1 %)	100 (14.4%)
Any potassium < 3.5mmol/L	878 (10.2%)	411 (4.8 %)	60 (9.0 %)	37 (5.5 %)
Acute kidney injury	283 (3.2 %)	297 (3.4 %)	33 (4.8 %)	48 (6.9 %)
Systolic blood pressure <100mmHg	600 (6.9 %)	935 (10.8%)	51 (7.6 %)	105 (15.4%)

Conclusions

- 1 In FINE-HEART, comorbid cancer was common: 1,389 (7.3%) patients had a history of cancer, while 915 developed de novo malignancies during the 2.9 years follow-up
- 2 Individuals with history of cancer had higher rates of all-cause death and all-cause hospitalization
- 3 Finerenone did not influence cancer outcomes
- 4 Finerenone conferred clinically meaningful benefit irrespective of comorbid cancer

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