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Finerenone and Chronic Kidney Disease Outcomes in Type 2 Diabetes

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Concerns about finerenone's safety in diabetic patients

We congratulate Bakris et al. for their compelling work showing the protective effect of finerenone in diabetic patients.¹ We want to point out important limitations to its clinical relevance in the moving field of diabetic kidney disease:

a) finerenone's effect might be non-specific, depending on blood pressure improvement in a population with a large proportion of patients remaining above therapeutic goals throughout the study (mean systolic blood pressure stable at 138mmHg in control patients).

b) the safety data concerning hyperkalemia from this phase 3 clinical trial should be interpreted with caution before extrapolating it to everyday practice.²

c) we disagree with the interpretation that the effect of finerenone might be underestimated because of the 4.6% of patients with concurrent SGLT2 inhibitor (SGLT2i) treatment. On the contrary, based on the provided data from this subgroup, one cannot exclude a deleterious effect of combining finerenone and SGLT2i (both diuretic molecules). This contingency will need cautious evaluation in the context of increasing use of SGLT2i.

Sincerely,

Arriel Makembi Bunkete
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Pierre Galichon

1. Bakris GL, Agarwal R, Anker SD et al. Effect of Finerenone on Chronic Kidney Disease Outcomes in Type 2 Diabetes. *N Engl J Med* 2020; 383, 2219-2229.
2. Juurlink DN, Mamdani MM, Lee DS et al. Rates of hyperkalemia after publication of the Randomized Aldactone Evaluation Study. *N Engl J Med* 2004; 351, 543-551.