#AHA24

EFFICACY AND SAFETY OF FINERENONE IN PATIENTS WITH HEART FAILURE AND MILDLY REDUCED OR PRESERVED EJECTION FRACTION: A PRE-SPECIFIED, SEX-SPECIFIC ANALYSIS OF FINEARTS-HF

Misato Chimura | University of Glasgow, Glasgow, United Kingdom

American Heart Association.

University of Glasgow

Brigham and Women's Hospital
Founding Member, Mass General Brigham

American Heart Association. 100 YEARS Bold Hearts

DISCLOSURES

I have received research grants and personal fees from Otsuka Pharma, the Daiwa Foundation and the Japan Research Foundation for Clinical Pharmacology.

The FINEARTS-HF trial was sponsored by Bayer AG

SEX-SPECIFIC ANALYSIS OF FINEARTS-HF: BACKGROUND

- There are well recognized differences in the presentation, severity of symptoms, prognosis, and treatment response in HF according to sex. Leading societies and journals have emphasized the need for sex-specific evaluation, especially in HFmrEF/HFpEF.

- In HFmrEF/HFpEF, women seem to benefit from sacubitril/valsartan (ARNI) at higher LVEF levels compared to men, based on sex-specific analyses.[1]

- A somewhat similar finding was reported with the steroidal mineralocorticoid receptor antagonist (MRA) spironolactone compared to placebo in the TOPCAT trial although the test for interaction between sex, LVEF, and treatment was not statistically significant (P-interaction=0.08).[2]

[1]Circulation. 2020;141:338-351; [2]Eur Heart J. 2016;37:455-462

SEX-SPECIFIC ANALYSIS OF FINEARTS-HF: OBJECTIVE

To examine the efficacy and safety of the non-steroidal MRA finerenone in women and men with HFmrEF/HFpEF enrolled in the FINEARTS-HF trial.

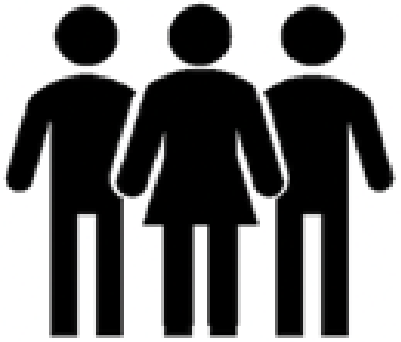
Chimura M, Wang X, Jhund PS et al , JAMA Cardiol. 2024 published online Sun, Nov 17

SEX-SPECIFIC ANALYSIS OF FINEARTS-HF: TRIAL DESIGN

Key Inclusion Criteria

- LVEF ≥ 40%
- NYHA functional class II-IV
- Elevated natriuretic peptide levels
- Structural heart disease (LA Enlargement or LVH)
- Hospitalized, recently hospitalized, or ambulatory
- Diuretics in the 30 day prior to randomization

N=6001



Double-blind treatment period

Finerenone dosing: 10, 20, or 20, 40mg based on eGFR

Placebo

Primary endpoint:
total (first and recurrent) HF events (unplanned HF hospitalizations or urgent HF visits) and CV death

Chimura M, Wang X, Jhund PS et al , JAMA Cardiol. 2024 published online Sun, Nov 17

SEX-SPECIFIC ANALYSIS OF FINEARTS-HF: SELECTED BASELINE CHARACTERISTICS

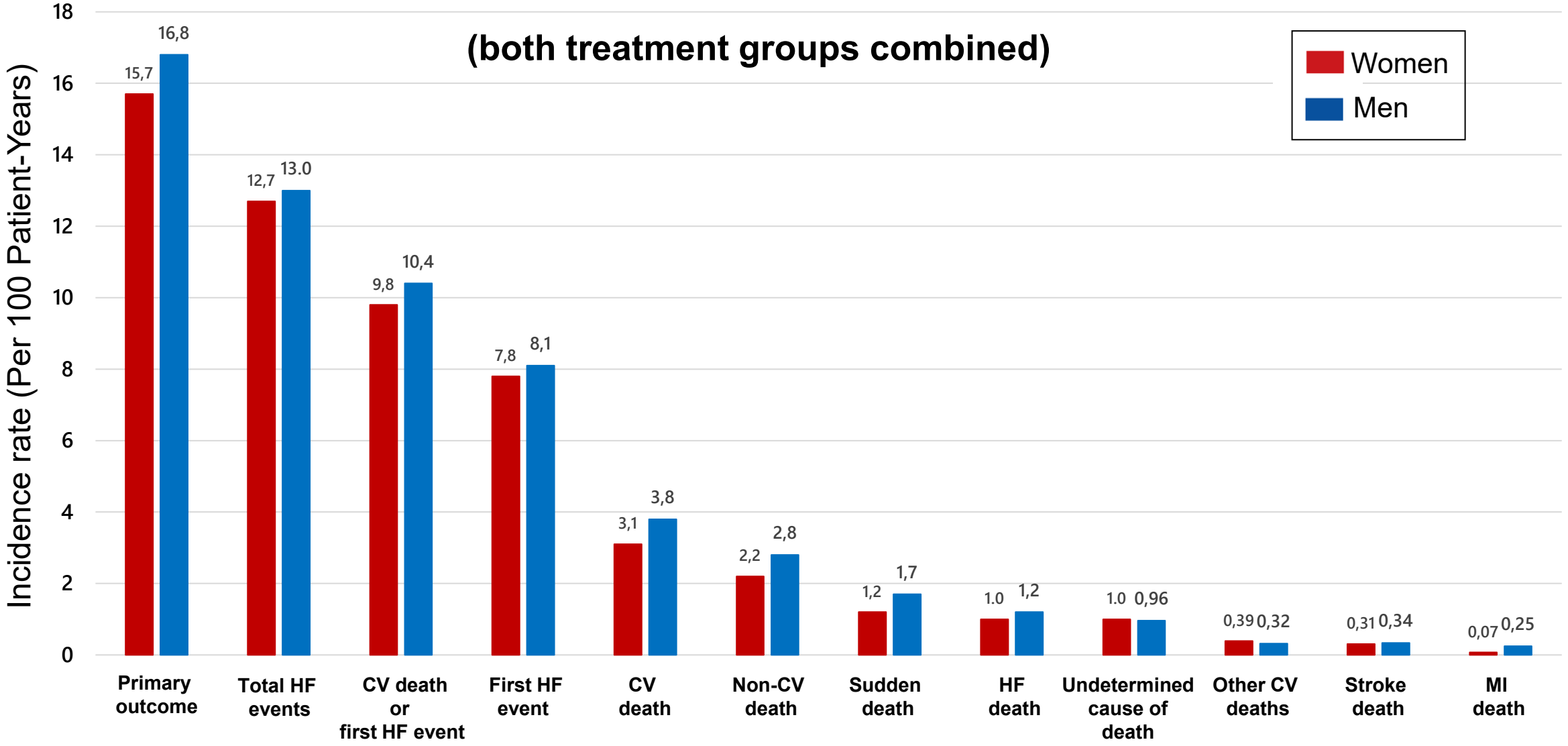
	Women (n = 2732)	Men (n = 3269)
Age (years),	74	71
NYHA class II/III (%)	65 /34	73 /27
KCCQ-TSS (out of 100)	62	71
LVEF (%)	55	51
Systolic BP (mmHg)	130	129
BMI (kg/m^2)	31	29
NT-proBNP (pg/mL)*	1074	1014
eGFR (ml/min/1.73m^2)	60	64
Hypertension (%)	90	88
Diabetes mellitus (%)	38	43
Atrial fibrillation (%)	56	53
COPD (%)	11	15

	Women (n = 2732)	Men (n = 3269)
Beta-blocker (%)	85	85
ACE inhibitor (%)	32	39
ARB (%)	40	31
ARNI (%)	6	11
SGLT2 inhibitor (%)	12	15
Loop diuretic	86	88
Thiazide/thiazide-like diuretic (%)	16	12

*median – other values mean

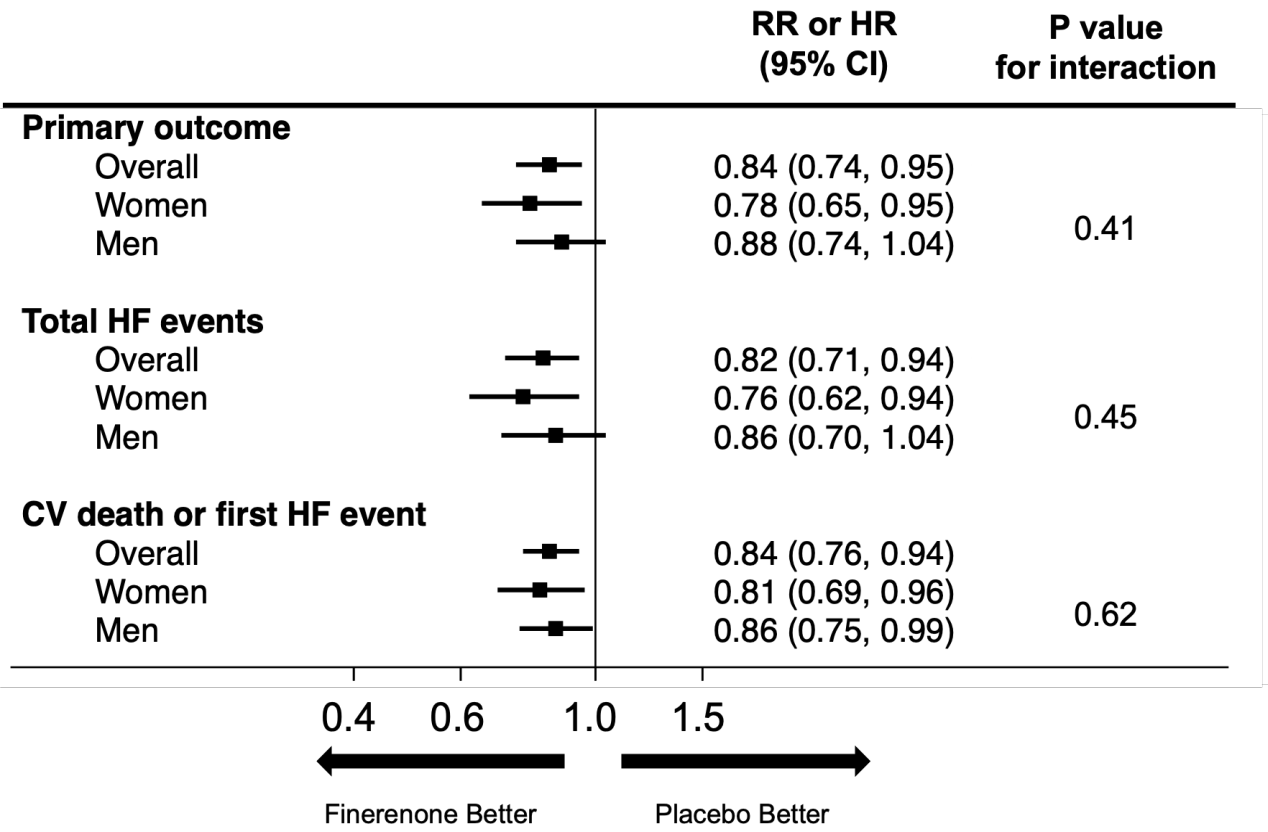
Chimura M, Wang X, Jhund PS et al , JAMA Cardiol. 2024 published online Sun, Nov 17

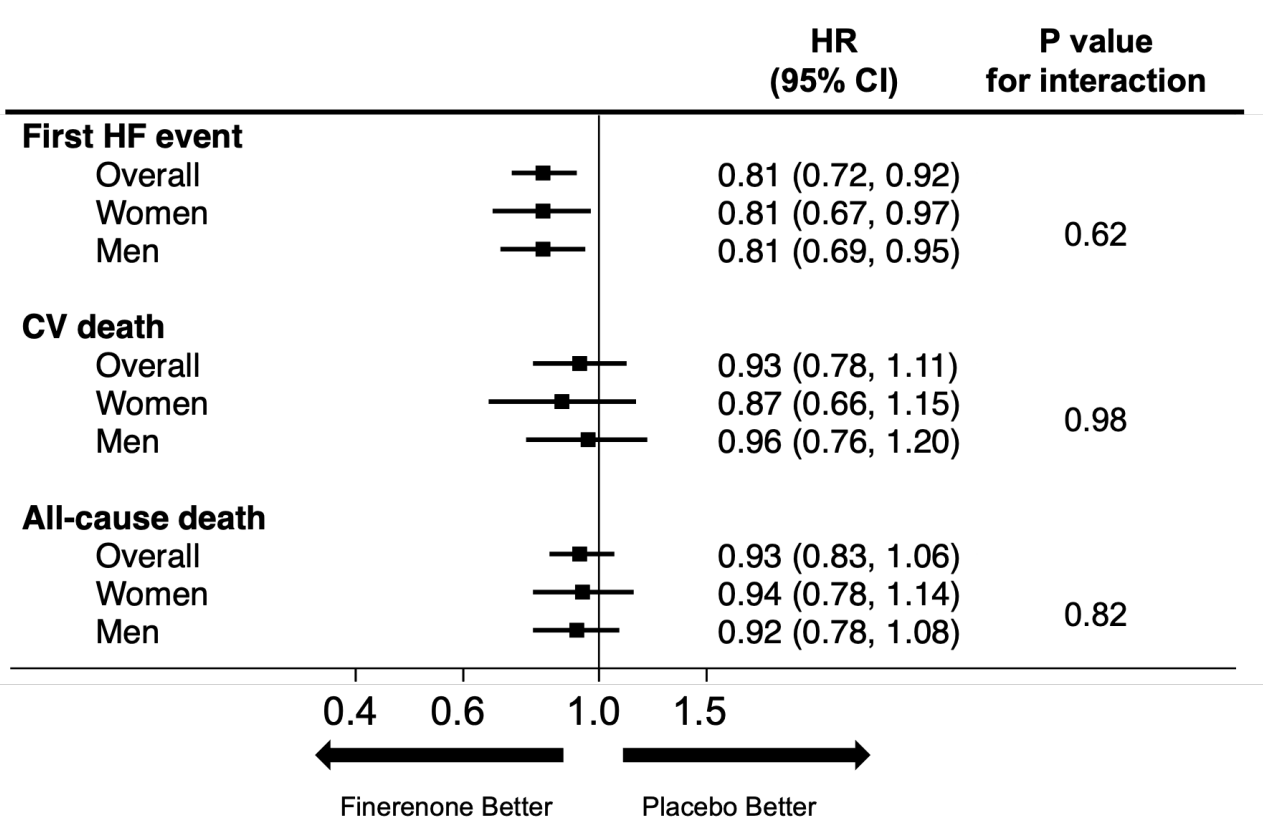
SEX-SPECIFIC ANALYSIS OF FINEARTS-HF: CLINICAL OUTCOMES



Chimura M, Wang X, Jhund PS et al , JAMA Cardiol. 2024 published online Sun, Nov 17

SEX-SPECIFIC ANALYSIS OF FINEARTS-HF: TREATMENT EFFECT



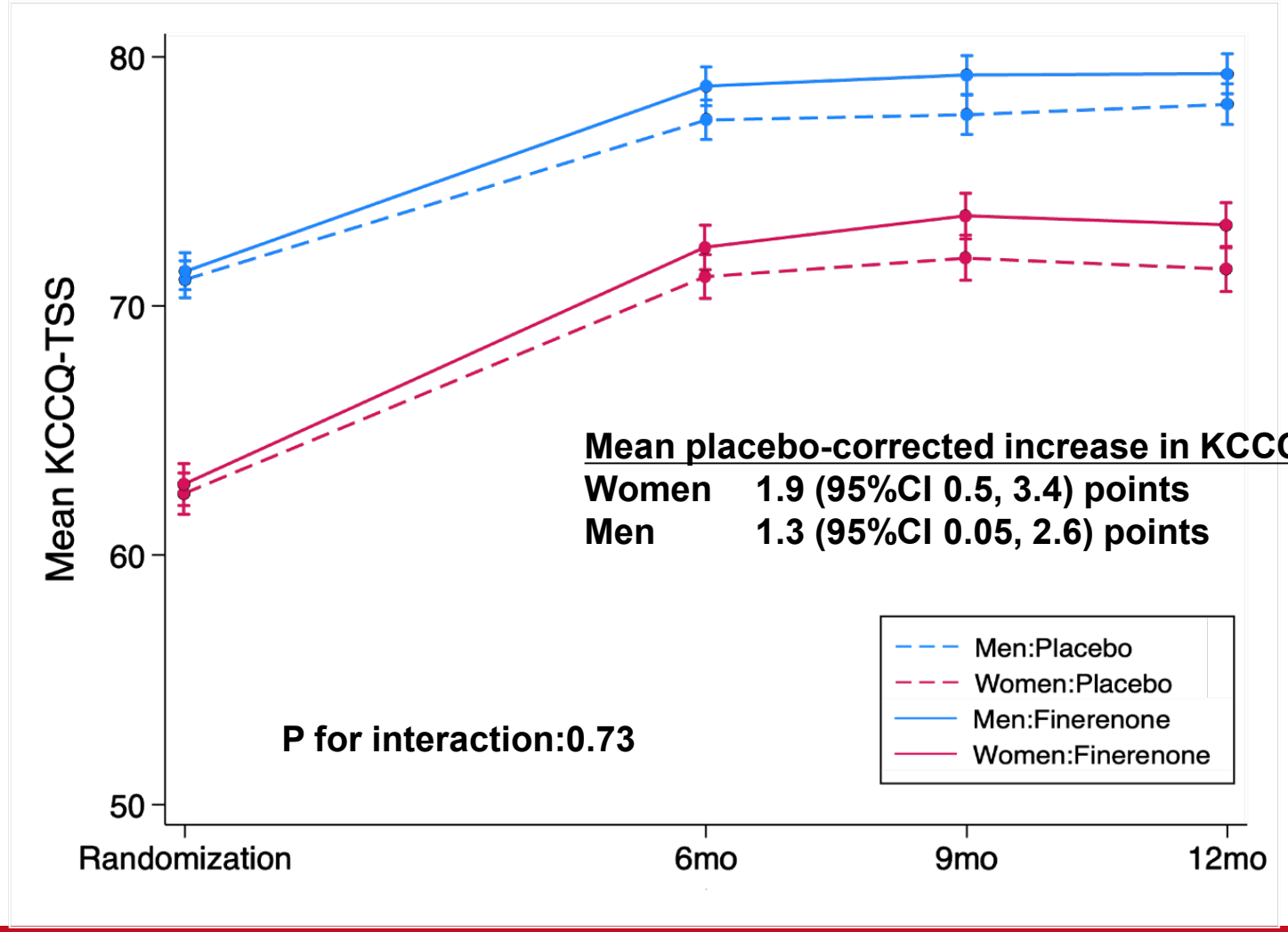


No test for sex-by-treatment interaction was significant

Models were stratified by region and baseline LVEF (< 60% or ≥ 60%) and adjusted for treatment assignment.

Chimura M, Wang X, Jhund PS et al , JAMA Cardiol. 2024 published online Sun, Nov 17

SEX-SPECIFIC ANALYSIS OF FINEARTS-HF: CHANGE FROM BASELINE IN KCCQ-TSS



Mean placebo-corrected increase in KCCQ-TSS from baseline

Women 1.9 (95%CI 0.5, 3.4) points

Men 1.3 (95%CI 0.05, 2.6) points

Chimura M, Wang X, Jhund PS et al , JAMA Cardiol. 2024 published online Sun, Nov 17

SEX-SPECIFIC ANALYSIS OF FINEARTS-HF: TREATMENT TOLERABILTY

	Women		Men	
	Placebo	Finerenone	Placebo	Finerenone
Serum creatinine ≥ 3.0 mg/dl	0.7%	0.9%	1.6%	2.8%
Serum potassium				
>5.5 mmol/l	6.0%	13.2%	7.6%	15.1%
>6.0 mmol/l	1.1%	2.9%	1.7%	3.1%
<3.5 mmol/l	11.2%	4.7%	8.5%	4.1%
Systolic blood pressure < 100 mmHg	11.6%	16.1%	13.1%	20.4%
Potential anti-androgen adverse effects				
Breast pain	0.0%	0.0%	0.3%	0.2%
Gynecomastia/breast swelling	0.1%	0.0%	0.2%	0.7%
Metrorrhagia (only women)	0.6%	0.4%	-	-
Erectile dysfunction (only men)	-	-	0.6%	0.4%
Decreased libido/sexual dysfunction	0.0%	0.0%	0.1%	0.1%

Chimura M, Wang X, Jhund PS et al , JAMA Cardiol. 2024 published online Sun, Nov 17

SEX-SPECIFIC ANALYSIS OF FINEARTS-HF: SUMMARY AND CONCLUSIONS

- Half of the patients in the FINEARTS-HF trial were women, making it one of the few cardiovascular trials with a substantial representation of women.
- Finerenone reduced the risk of the primary composite endpoint of total (first and recurrent) HF events and cardiovascular death, to a similar extent in both women and men and improved symptoms, as evidenced by the KCCQ-TSS, in both women and men.
- Finerenone increased the risk of hyperkalemia and hypotension, and reduced the risk of hypokalemia, compared to placebo, with similar effects in both women and men. Potential antiandrogen side effects were rare in both groups, with no difference between finerenone and placebo.
- Finerenone is an effective and well tolerated treatment for both women and men with HFmrEF/HFpEF.

Chimura M, Wang X, Jhund PS et al , JAMA Cardiol. 2024 published online Sun, Nov 17

JAMA Cardiology

Chimura M, Wang X, Jhund P, et al.

Finerenone in Women and Men With Heart Failure With Mildly Reduced or Preserved Ejection Fraction

A Secondary Analysis of the FINEARTS-HF Randomized Clinical Trial

Published Online November 17, 2024

American Heart Association (AHA) Scientific Sessions 2024

Available at jamacardiology.com

Scan to learn more

THANK YOU

Scientific Sessions

American Heart Association. 100 YEARS Bold Hearts

#AHA24