

#0071

FIGARO-BM, a Biomarker Study of FIGARO-DKD, Reveals New Insights Into the Mode-of-Action of Finerenone

Author/s:

Mario Berger, PhD¹ Tram Knecht, PharmD² Lydia Christopher,³ Laura Goea, PhD¹ Peter Kolkhof, PhD¹ Aidan MacNamara, PhD¹ Richard Nkulikiyinka, MD¹ Andrea Scalise, MD⁴ Adam Skubala, PhD¹ Sebastian Voss, PhD⁵ Katja Rohwedder, MD⁶ Joachim H. Ix, MD⁷ Faiez Zannad, MD, PhD⁸ Peter Rossing, MD, DMSc⁹ Hiddo J. L. Heerspink, PhD¹⁰

Organizations/Affiliations:

¹Bayer AG, Pharmaceuticals, R&D, Wuppertal/Berlin, Germany

² Bayer US LLC, Cardiovascular and Renal United States Medical Affairs, Whippany, New Jersey, USA

³Bayer UK, Cardiology, Reading, UK

⁴Bayer Hispania SL, Pharmaceutical Development, Barcelona, Spain

⁵CHRESTOS Concept GmbH & Co. KG, Essen, Germany

⁶Bayer AG, Pharmaceuticals, Medical Affairs, Berlin, Germany

⁷UCSD, Department of Medicine, San Diego, California, USA

⁸Université de Lorraine, Nancy, France

⁹Steno Diabetes Center Copenhagen, Herlev, and University of Copenhagen, Copenhagen, Denmark

¹⁰University Medical Center Groningen, Department of Clinical Pharmacy and Pharmacology, Groningen, The Netherlands

Abstract

Background: Mineralocorticoid receptor (MR) overactivation contributes to tissue fibrosis and end-organ damage found in cardiorenal disease.

Objective: The exploratory biomarker study, FIGARO-BM, aims to advance the understanding of the longitudinal pharmacodynamic response to finerenone, a non-steroidal, selective MR antagonist.

Methods: Samples were derived from the phase III parent trial FIGARO-DKD, which investigated finerenone's efficacy on cardiorenal outcomes and safety in patients with CKD and T2D. This substudy included 945 subjects from 21 countries, overall comparable to the total population; 2941 biomarkers in >4000 longitudinal post-randomization plasma samples were analyzed using Olink EXPLORE proteomics. Eligible subjects were on treatment with either placebo or finerenone for ≥ 24 months. Biomarkers with a significant difference ($p \leq 0.05$) between treatment arms at ≥ 1 study visit and with effect estimates above threshold were used for gene set enrichment analysis. Enriched terms were grouped into clusters based on membership similarities.

Results: 373 plasma protein biomarkers were modulated by finerenone treatment. Two clusters of extracellular matrix (ECM)-related pathways were identified, involving inflammation and fibrosis markers, e.g. fibronectin, osteopontin, and interleukin-17 family members, along with novel ECM remodeling markers. Other clusters linked directly to mineralocorticoid/aldosterone biology reflecting target modulation.

Conclusion: For the first time, FIGARO-BM provides human biomarker evidence that finerenone acts on inflammation and fibrosis pathways, one key driver of cardiorenal disease progression in T2D. The study supports preclinical findings from animal models and provides insights to mechanisms leading to clinical benefits in a broad cardiorenal patient population. Future studies are needed to validate these findings.

Key words: Biomarker, Finerenone, Inflammation, Fibrosis, Mineralocorticoid receptor

Abbreviations: Extracellular matrix (ECM), mineralocorticoid receptor (MR)

Funding: The study and this analysis were funded by Bayer AG, Wuppertal, Germany.

Ethical approval:

FIGARO-BM was approved by ethical committees and regulatory authorities and complied with the Declaration of Helsinki. All patients provided written informed consent to the biomarker study.

Disclosures/Conflict of Interest:

This study was first presented on November 2nd 2023 at the American Society of Nephrology's (ASN) Kidney Week in Philadelphia, U.S.A.

MB is an employee of Bayer AG, Germany.

LC is an employee of Bayer UK, Great Britain.

LG is an employee of Bayer AG, Germany.

PK is an employee of Bayer AG, Germany.

AM is an employee of Bayer AG, Germany.

RN is a former employee of Bayer AG, Germany.

AS is an employee of Bayer Hispania, Spain.

ASk is an employee of Bayer AG, Germany.

SV is an employee of CHRESTOS Concept GmbH & Co. KG, Germany, a contract partner of Bayer.

KR is an employee of Bayer AG, Germany.

JHI has served on advisory boards for Bayer, AstraZeneca, Akebia, and AlphaYoung, has served as a member of a DSMB for Sanifit International, and has received grants support from Bayer International and the Juvenile Diabetes Research Foundation

FZ has received personal fees from Boehringer Ingelheim during the conduct of the study; has received personal fees from Janssen, Novartis, Boston Scientific, Amgen, CVRx, AstraZeneca, Vifor Fresenius, Cardior, Cereno Pharmaceutical, Applied Therapeutics, Merck, Bayer, and Cellprothera; and is cofounder of CVCT and Cardiorenal, outside the submitted work.

PR has received grants from AstraZeneca, Bayer, Novo Nordisk A/S, as well as consulting fees from AstraZeneca, Astellas, Bayer, Boehringer Ingelheim, Gilead, Merck, Mundipharma, Novo Nordisk A/S and Sanofi. All fees to Steno Diabetes Center Copenhagen

HJLH is a consultant for AstraZeneca, Bayer, Boehringer Ingelheim, Chinook, CSL Behring, Dimerix, Eli Lilly, Gilead, Janssen, Merck, Mitsubishi Tanabe, Novartis, Novo Nordisk and Traverre. He received research support from AstraZeneca, Boehringer Ingelheim, Janssen and Novo Nordisk.

TK is a Bayer employee.