

Supplementary Online Content

Vaduganathan M, Claggett BL, Desai AS, et al. Estimated long-term benefits of finerenone in heart failure: a prespecified secondary analysis of the FINEARTS-HF randomized clinical trial. *JAMA Cardiology*. Published online September 27, 2024. doi:10.1001/jamacardio.2024.3782

eTable. Baseline Characteristics

eFigure 1. FINEARTS-HF Consort Diagram

eFigure 2. Distribution of Age at Randomization in FINEARTS-HF

eFigure 3. Projected Overall Survival in the FINEARTS-HF Trial

eFigure 4. Projected Event-Free Survival Among Participants With and Without Baseline Use of an SGLT2 Inhibitor

This supplementary material has been provided by the authors to give readers additional information about their work.

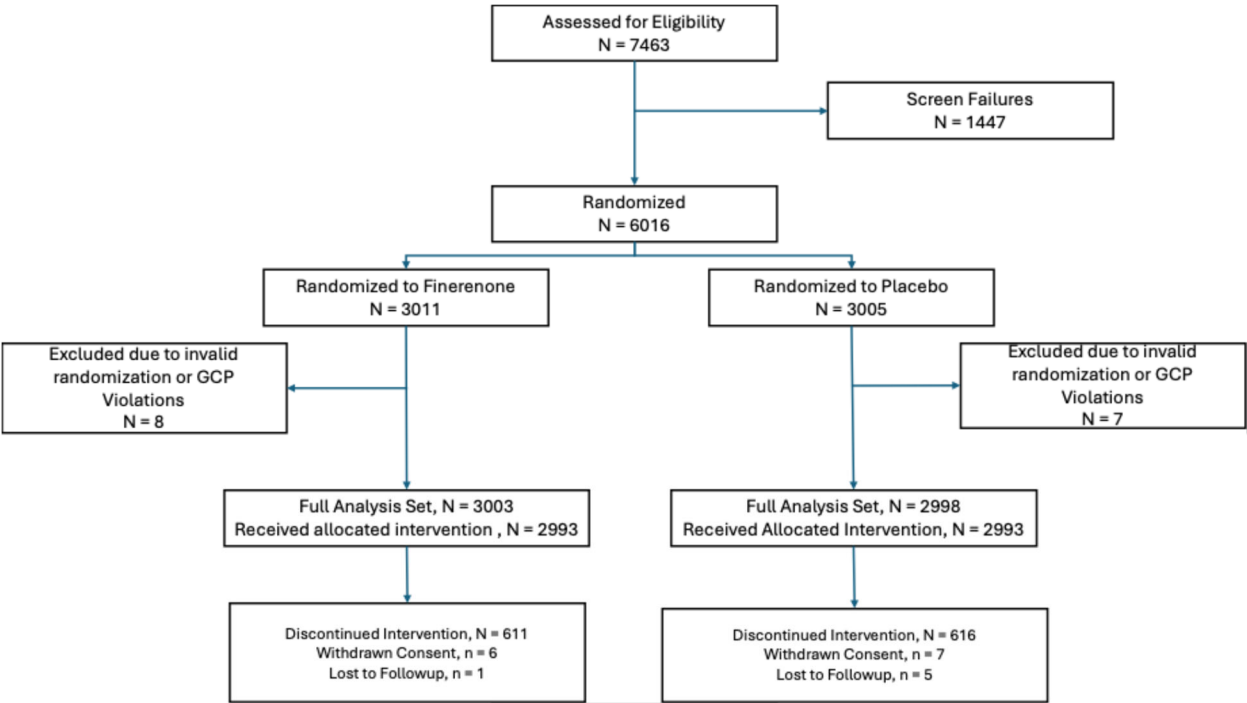
eTable. Baseline Characteristics

	Finerenone (n=3,003)	Placebo (n=2,998)
Age (years)	71.9 ± 9.6	72.0 ± 9.7
Women	1355 (45.1%)	1377 (45.9%)
<u>Race</u>		
Asian	497 (16.6%)	499 (16.6%)
Black	49 (1.6 %)	39 (1.3 %)
Other	91 (3.0 %)	91 (3.0 %)
White	2366 (78.8%)	2369 (79.0%)
<u>Region</u>		
Asia	493 (16.4%)	490 (16.3%)
Eastern Europe	1329 (44.3%)	1321 (44.1%)
Latin America	322 (10.7%)	319 (10.6%)
North America	235 (7.8 %)	236 (7.9 %)
Western Europe, Oceania and Others	624 (20.8%)	632 (21.1%)
Any Prior HF Hospitalization	1797 (59.8%)	1822 (60.8%)
<u>Recency of Heart Failure Event from Randomization</u>		
≤7 days	609 (20.3%)	610 (20.3%)
>7 days to ≤3 months	1030 (34.3%)	998 (33.3%)
>3 months or no index HF event	1364 (45.4%)	1390 (46.4%)
Systolic Blood Pressure (mmHg)	129.5 ± 15.3	129.3 ± 15.3
Body Mass Index (kg/m ²)	29.9 ± 6.1	30.0 ± 6.1
Serum Creatinine (mg/dL)	1.1 ± 0.3	1.1 ± 0.4
Estimated Glomerular Filtration Rate (mL/min/1.73m ²)	61.9 ± 19.4	62.3 ± 20.0
Estimated Glomerular Filtration Rate <60 mL/min/1.73m ²	1451 (48.3%)	1437 (47.9%)
Urine Albumin Creatinine Ratio (mg/g), (median, IQR)	18 [7,67]	19 [7,66]
Serum/Plasma Potassium (mmol/L)	4.4 ± 0.5	4.4 ± 0.5
Left Ventricular Ejection Fraction (%)	52.6 ± 7.8	52.5 ± 7.8
Left Ventricular Ejection Fraction < 50%	1093 (36%)	1079 (36%)
Left Ventricular Ejection Fraction ≥ 50% and <60%	1329 (44%)	1345 (45%)
Left Ventricular Ejection Fraction ≥ 60%	575 (19%)	572 (19%)
N-terminal pro-B-type Natriuretic Peptide (pg/mL), (median, IQR)	1052 [467,1937]	1028 [433,1963]
<u>New York Heart Association Class</u>		
Missing	1 (<0.1 %)	0 (0.0 %)
Class II	2081 (69.3%)	2065 (68.9%)
Class III	903 (30.1%)	910 (30.4%)
Class IV	18 (0.6 %)	23 (0.8 %)
<u>Medical History</u>		
Hypertension	2640 (87.9%)	2685 (89.6%)
Type 2 Diabetes Mellitus*	1217 (40.5%)	1222 (40.8%)
Atrial Fibrillation on Electrocardiogram at Baseline	1165 (38.8%)	1128 (37.6%)
Stroke	355 (11.8%)	353 (11.8%)
Myocardial Infarction	784 (26.1%)	757 (25.3%)
Prior Left Ventricular Ejection Fraction < 40%	147 (4.9%)	146 (4.9%)
<u>Medication Use</u>		
β-blocker	2541 (84.6%)	2554 (85.2%)
Angiotensin Converting Enzyme Inhibitor	1083 (36.1%)	1072 (35.8%)
Angiotensin Receptor Blocker	1047 (34.9%)	1055 (35.2%)
Angiotensin Receptor Neprilysin Inhibitor	256 (8.5 %)	257 (8.6 %)

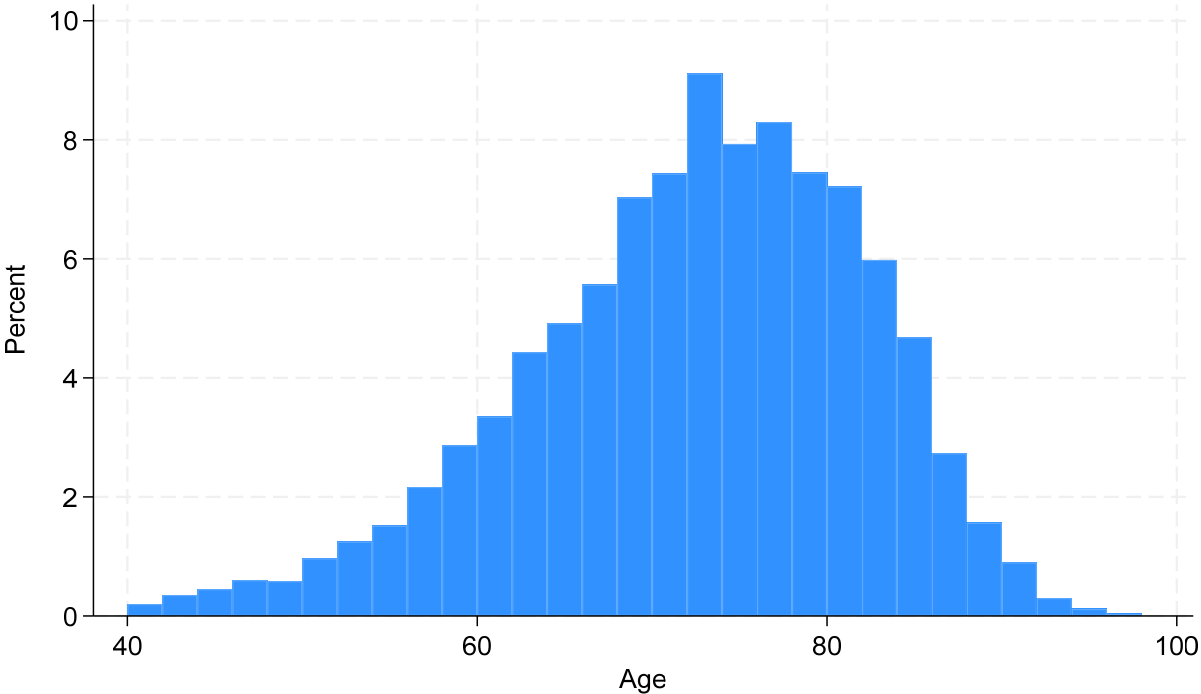
Calcium Channel Blocker	958 (31.9%)	1010 (33.7%)
Sodium-Glucose-Co-Transporter-2 Inhibitor	393 (13.1%)	424 (14.1%)
Loop Diuretic	2618 (87.2%)	2621 (87.4%)
Thiazide Diuretic	429 (14.3%)	402 (13.4%)
Potassium Supplementation	349 (11.6%)	365 (12.2%)
Glucagon-Like Peptide-1 Receptor Agonist	79 (2.6%)	88 (2.9%)

* A total of 8 additional patients in the finerenone group and 7 patients in the placebo group were reported to have type 1 diabetes mellitus.

eFigure 1. FINEARTS-HF Consort Diagram



eFigure 2. Distribution of Age at Randomization in FINEARTS-HF



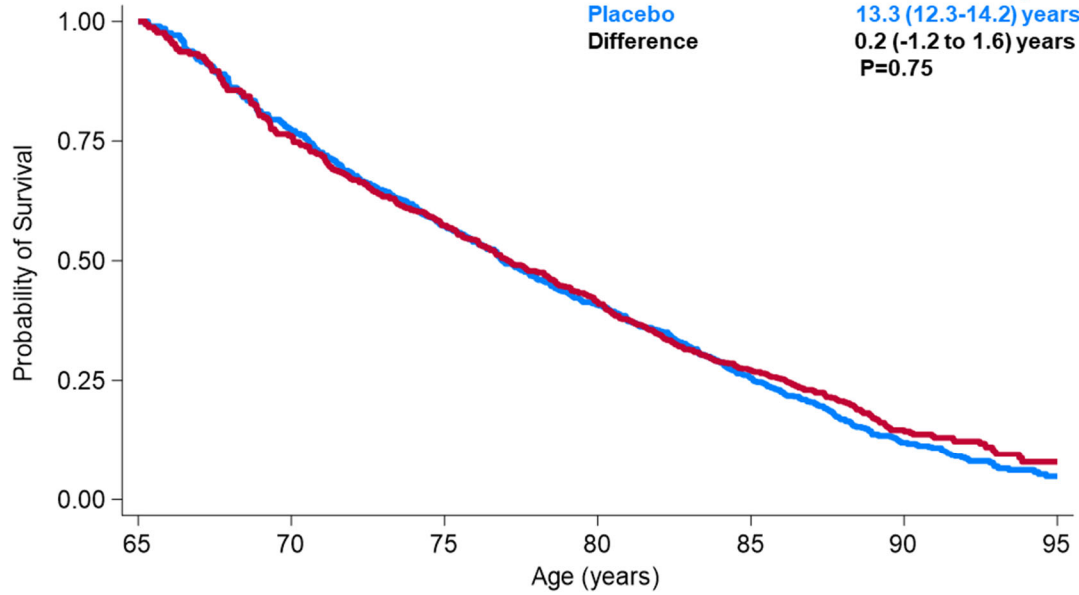
eFigure 3. Projected Overall Survival in the FINEARTS-HF Trial

Overall survival is displayed in the finerenone and placebo arms after age 65 years

Overall Survival after 65 Years

Mean Overall Survival Time (yr)

Finerenone 13.5 (12.5-14.5) years
Placebo 13.3 (12.3-14.2) years
Difference 0.2 (-1.2 to 1.6) years
P=0.75

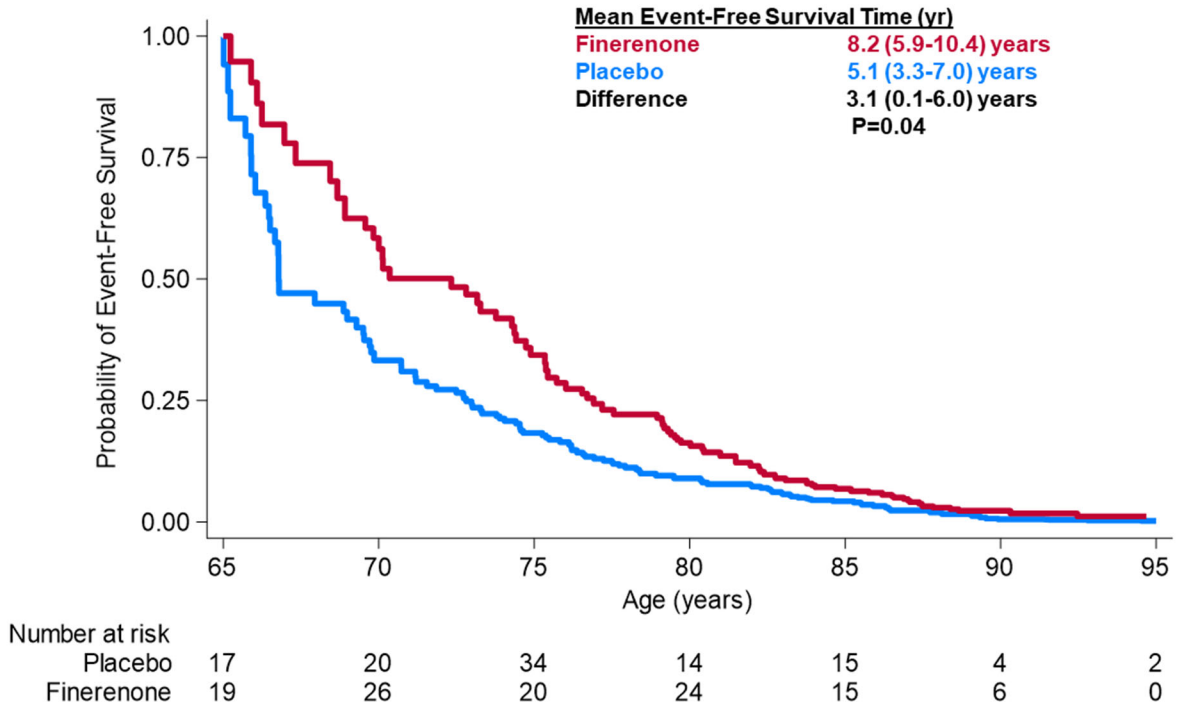


Number at risk		65	70	75	80	85	90	95
Placebo		179	249	319	261	177	50	8
Finerenone		157	226	315	267	197	53	2

eFigure 4. Projected Event-Free Survival Among Participants with and without Baseline Use of an SGLT2i

Survival free from the primary endpoint (cardiovascular death or worsening heart failure event) is displayed in the finerenone and placebo arms after age 65 years

A. Survival Free from Primary Endpoint after 65 Years among Participants Treated with an SGLT2i (n=817)



B. Survival Free from Primary Endpoint after 65 Years among Participants not Treated with an SGLT2i (n=5,184)

