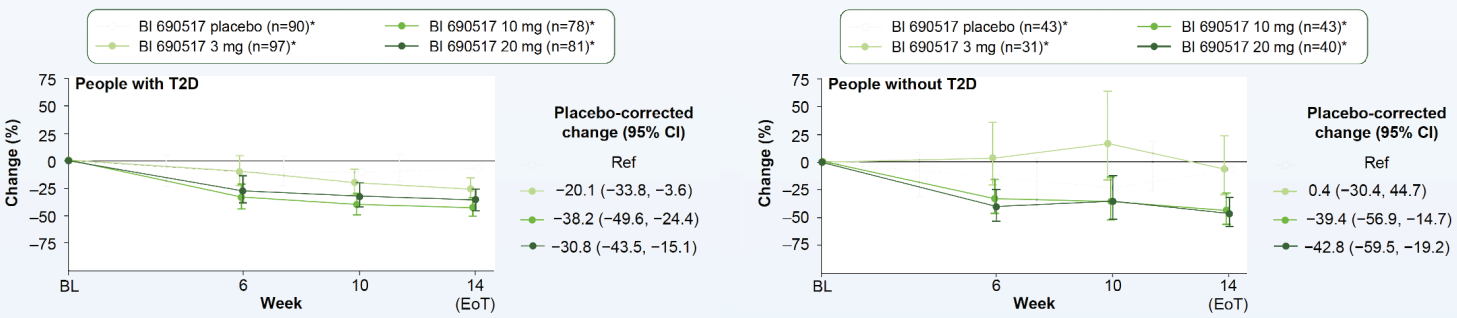
ASi Vicadrostat With or Without Empagliflozin in CKD

- In a Phase 2 trial of people with CKD with or without T2D, the ASi vicadrostat (BI 690517) consistently reduced UACR in a dose-dependent manner irrespective of presence of T2D and SGLT2 inhibition.
- Vicadrostat was generally well tolerated with no unexpected safety findings.
- Aldosterone synthase inhibition is a promising novel therapy that may add clinically meaningful benefits to SGLT2 inhibition for patients with CKD with or without T2D.
- This therapeutic strategy will be tested further in a Phase 3 clinical trial across a broad range of other cardiovascular-kidney outcomes, including kidney disease.

FIGURE 1
Median (95% CI) change in UACR (R2 to Week 14)



N is number of patients in the FAS.

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FIGURE 2
Placebo-corrected SBP change (R2 BL to Week 14)

Decreases in SBP in response to BI 690517 were observed across all doses in people with and without T2D.

Analyzed ASi dose groups are pooled for EMPA background therapy.

FIGURE 3
Placebo-corrected eGFR change (R2 baseline to Week 14)

An eGFR dip occurred in those with and without T2D in response to BI 690517 10 mg and 20 mg.

Analyzed ASi dose groups are pooled for EMPA background therapy.

- Vicadrostat was generally well tolerated with no unexpected safety findings.

ASi, aldosterone synthase inhibitor; BL, baseline; CKD, chronic kidney disease; eGFR, estimated glomerular filtration rate; EoT, end of treatment; FAS, full analysis set; R2, randomization 2 ; SGLT2, sodium-glucose co-transporter-2; SBP, systolic blood pressure; T2D, type 2 diabetes; UACR, urinary albumin-to-creatinine ratio.

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