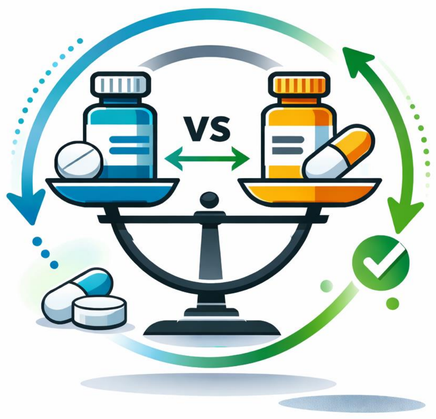
PIECES OF THE WHOLE: AN INDIRECT COMPARISON OF FINERENONE AND SPIRONOLACTONE

A. POUSADA FONSECA[1], J. PEDREIRA BOUZAS[2], D. GARCÍA MARTINEZ[1],
[1]HOSPITAL UNIVERSITARIO DE MÓSTOLES, HOSPITAL PHARMACY. MÓSTOLES. [2]HOSPITAL UNIVERSITARIO DE FUENLABRADA, HOSPITAL PHARAMCY.

BACKGROUND & OBJECTIVES



Finerenone reduced the composite of worsening heart failure and cardiovascular death (RR 0.84, 95% CI 0.74–0.95) in FINEARTS-HF. **Spironolactone did not improve the composite outcome (HR 0.89, 95% CI 0.77–1.04)** in TOPCAT. **These differences may reflect trial design and endpoint definitions rather than true pharmacologic differences.**

To compare the efficacy of finerenone and spironolactone using indirect adjusted comparisons (ICs) of the individual components of the primary composite outcomes from FINEARTS-HF and TOPCAT.

MATERIALS & METHODS

Clinical Trial > N Engl J Med. 2024 Oct 24;391(16):1475-1485. doi: 10.1056/NEJMoa2407107. Epub 2024 Sep 1.

Finerenone in Heart Failure with Mildly Reduced or Preserved Ejection Fraction

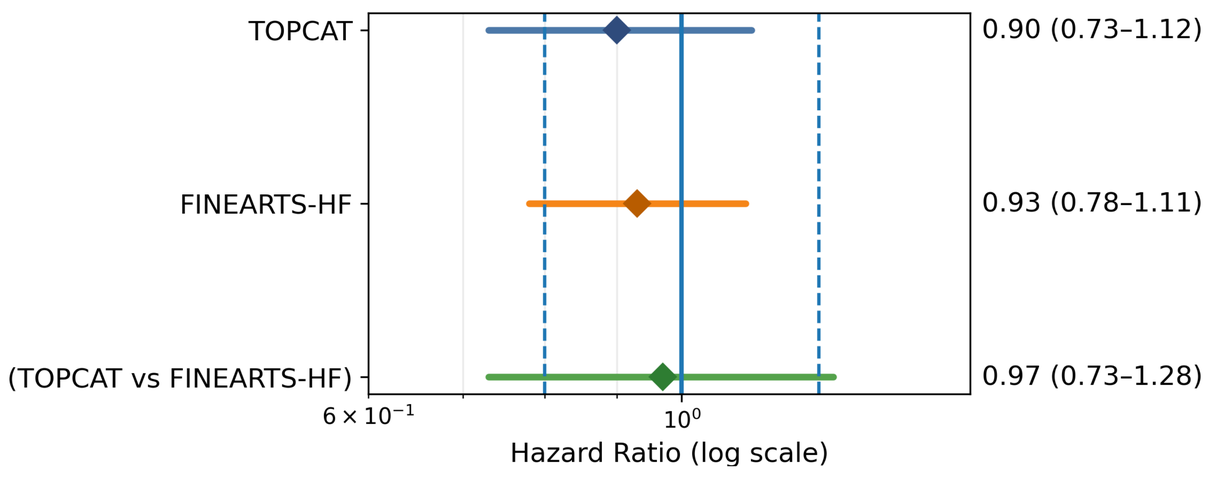
Randomized Controlled Trial > N Engl J Med. 2014 Apr 10;370(15):1383-92. doi: 10.1056/NEJMoa1313731.

Spironolactone for heart failure with preser ejection fraction

Outcomes analysed	heart failure hospitalisation/events and cardiovascular death.
Method	Indirect comparisons were performed using the Bucher method, with finerenone as the reference.
Irrelevance margin	Δ = 0.80 (inverse 1.25), based on the margins used in both trials for sample size assumptions
Equivalence	Clinical equivalence was defined when the 95% confidence interval was entirely within 0.80–1.25
Adjustments	When effect measures differed, a rate ratio was derived from published trial data using the comparator trial's analytic approach.

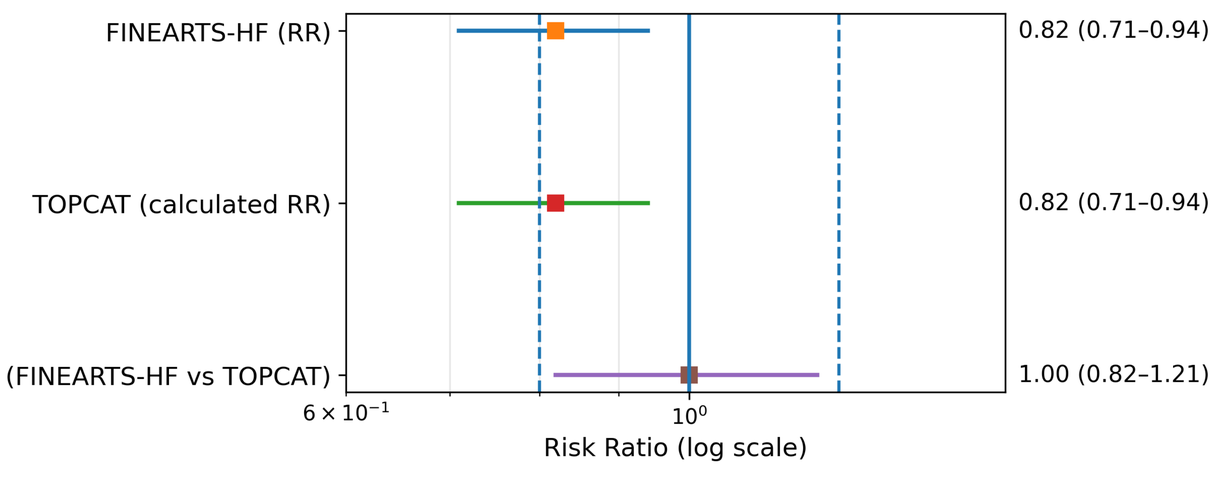
RESULTS

Cardiovascular death



The indirect HR was 0.97 (0.73–1.28), outside the 0.80–1.25 equivalence bounds on both sides.

Hospitalizations/events



The indirect RR was 1.00 (0.82–1.21), within equivalence.

CONCLUSIONS

- ❑ **Both drugs were clinically equivalent for HF hospitalisation/events, the main driver of outcomes.**
- ❑ **Both were neutral for cardiovascular death**, with both equivalence margins exceeded, indicating **no benefit in favour of either drug.**
- ❑ This supports the view that **discrepancies in the composite endpoint are due to trial design** (higher power, larger sample, and fewer patients with LVEF ≥60% in FINEARTS-HF).
- ❑ Limitations include discordant primary outcomes, population differences, and geographic and temporal variability.

Contact: alvarobenito.pousada@salud.madrid.org

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Hospital Universitario de Móstoles
SaludMadrid

eahp european association of hospital pharmacists