

Letter to  
Editor

## Response to the Letter to the Editor Entitled “What’s Missing in Diabetes Treatment? A Novel Agent, Finerenone?”

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For further details and updates, [www.jeimp.com](http://www.jeimp.com), [www.hdtv.info](http://www.hdtv.info), and [www.digitalmkd.com](http://www.digitalmkd.com)**Submitted at:** 09.11.2025, **Accepted at:** 26.12.2025, **Published at:** 01.02.2026*Dear Editor,*

I would like to thank Akgul and Aylı for their insightful comments and for highlighting the potential therapeutic benefits of finerenone beyond diabetic kidney disease, thereby contributing to our previous article (1,2). The findings from the FINEARTS-HF and CONFIDENCE trials indeed provide important perspectives on the cardiovascular and metabolic benefits of non-steroidal mineralocorticoid receptor antagonists (MRAs).

Furthermore, a recent article published in *Nephrology Dialysis Transplantation* in September 2025 has attracted attention by suggesting that these agents might also have potential therapeutic roles in a new patient population (3). This publication serves as a preliminary introduction to the ongoing phase 3 FINE-ONE trial, which explores the efficacy and safety of finerenone in patients with type 1 diabetes (T1DM) and chronic kidney disease (CKD). It is well known that both the FIDELIO-DKD and FIGARO-DKD trials were conducted in patients with type 2 diabetes (T2DM) and CKD, excluding those with T1DM.

Nevertheless, the prevalence of diabetic nephropathy among individuals with T1DM remains substantial. A recent study from the United States reported a prevalence of 27.1% (4). The use of sodium-glucose cotransporter-2 (SGLT2) inhibitors and glucagon-like peptide-1 (GLP-1) receptor agonists in this population is still controversial. This is because the available data in this population are limited, routine clinical use is not supported by sufficient evidence, and safety concerns limit their widespread use in T1D patients (5). Consequently, beyond renin-angiotensin-aldosterone system (RAAS) blockade and glycemic control with insulin, there are no proven therapeutic options for managing CKD in patients with T1DM.

Given the similar pathophysiological basis of CKD in T1DM and T2DM, the hypothesis that finerenone may offer renal protection in T1DM is biologically plausible. The ongoing FINE-ONE phase 3 trial aims to investigate this potential. Although the results have not yet been published, they are eagerly awaited by the nephrology community.

I would like to thank the authors and the editor for providing an opportunity to discuss these evolving therapeutic strategies in nephrology. Hopefully, we will have the chance to revisit this important topic once the FINE-ONE trial results become available.

**DECLARATIONS****Ethics committee approval:** None**Financial Disclosure:** The author declare that they received no financial support for the research, authorship, and/or publication of this article.**REFERENCES**

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