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# Comment on "New therapeutic agents in diabetic nephropathy"

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We have read with great interest the article "New therapeutic agents in diabetic nephropathy" Korean J Intern Med 2017;32:11-25 by Yaeni Kim and Cheol Whee Park [1]. The authors stated that 'the Proteomic prediction and Renin angiotensin aldosterone system Inhibition prevention Of early diabetic nephRopathy in TYpe 2 diabetic patients with normoalbuminuria (PRIORITY) trial using mineralocorticoid receptor blockers (MT-3995, BAY 94-3995, and BAY 94-8862) has shown limited efficacy in the early stages of diabetic nephropathy and concerns regarding the development of hyperkalemia need to be addressed.

This statement is not correct because: (1) the PRIORITY study is still ongoing, the results have not been reported yet [2]; (2) secondly the drug being tested is this research is spironolactone and not MT-3995, BAY 94-3995, and BAY 94-8862; and (3) BAY 94-3995 does not exist.

If the authors would rather refer to BAY 94-8862 then we would like to underline the following: BAY 94-8862 has now an INN (international nonproprietary name) which is finerenone. Finerenone has shown in a phase IIb study in patients with diabetic kidney disease (DKD) a significant and dose-dependent reduction of urine albumin-to-creatinine ratio after 90 days. Hyperkalemia leading to discontinuation was not observed in the placebo and finerenone 10 mg groups; the incidence was 3.2% in the 15 mg group and  $\leq 2.2\%$  in all other finerenone groups. Therefore, the risk of hyperkalaemia was low in patients with DKD who received finerenone for 90 days in addition to standard of care [3].

We hope that the authors will correct their publication accordingly.

### **Conflict of interest**

Alain Gay and Peter Kolkhof work for Bayer AG; however, no potential conflict of interest relevant to this article was reported.

## REFERENCES

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