

# Lorundrostat for Hypertension in CKD: Results From the LAUNCH-HTN Trial

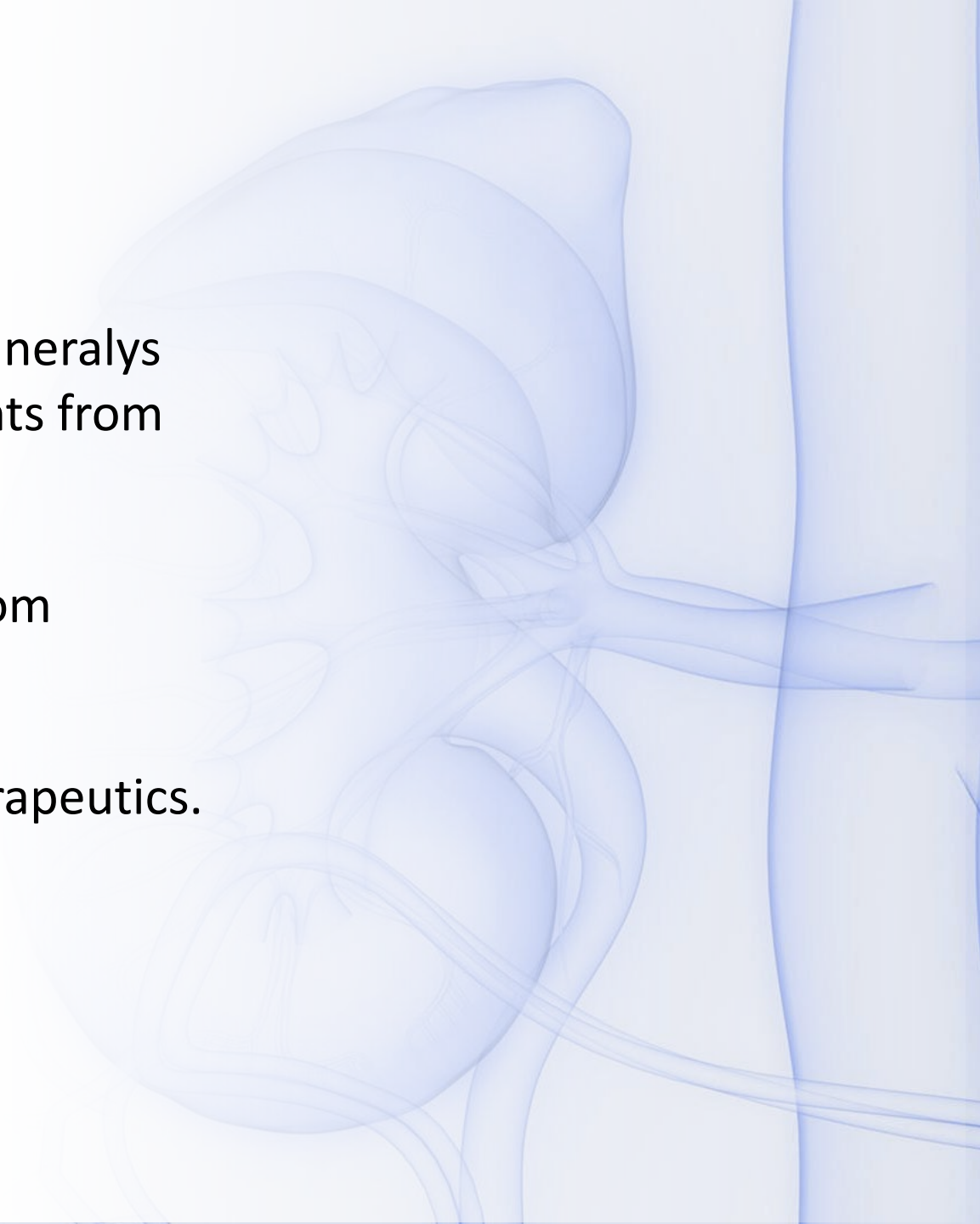
**Liffert Vogt, MD, PhD<sup>1</sup>; Patrick Heagerty, PhD<sup>2</sup>; Sarbani Bhaduri, MD<sup>3</sup>**

<sup>1</sup>Nephrology and Renal Transplantation, Amsterdam UMC and University of Amsterdam, Amsterdam, the Netherlands; <sup>2</sup>Biostatistics, University of Washington, Seattle, WA, USA; <sup>3</sup>Mineralys Therapeutics, Radnor, PA, USA



# Disclosures

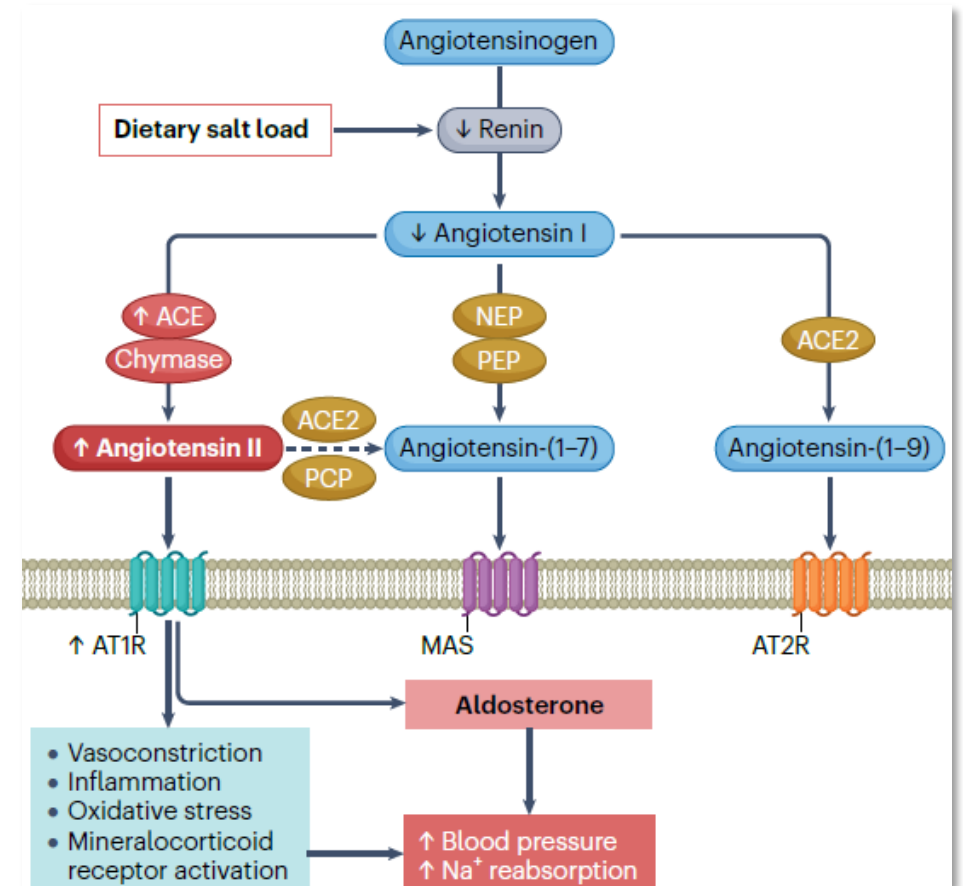
- Liffert Vogt: Personal consulting fees from Mineralys Therapeutics and Boehringer Ingelheim; grants from CSL Vifor, Bayer, and AstraZeneca.
- Patrick Heagerty: Personal consulting fees from Mineralys Therapeutics.
- Sarbani Bhaduri: Employee at Mineralys Therapeutics.



# Introduction

- In patients with CKD, HTN and albuminuria are the leading modifiable risk factors for cardiorenal morbidity and mortality
  - Up to ~75% of CKD patients have uncontrolled BP<sup>1,2</sup>
- Dysregulated aldosterone is associated with increased risk of HTN and adverse cardiorenal outcomes
- Lorundrostat is a highly selective ASI that offers a novel, mechanism-based approach to improve BP control and cardiorenal outcomes<sup>3,4</sup>

## CKD Kidney<sup>6</sup>

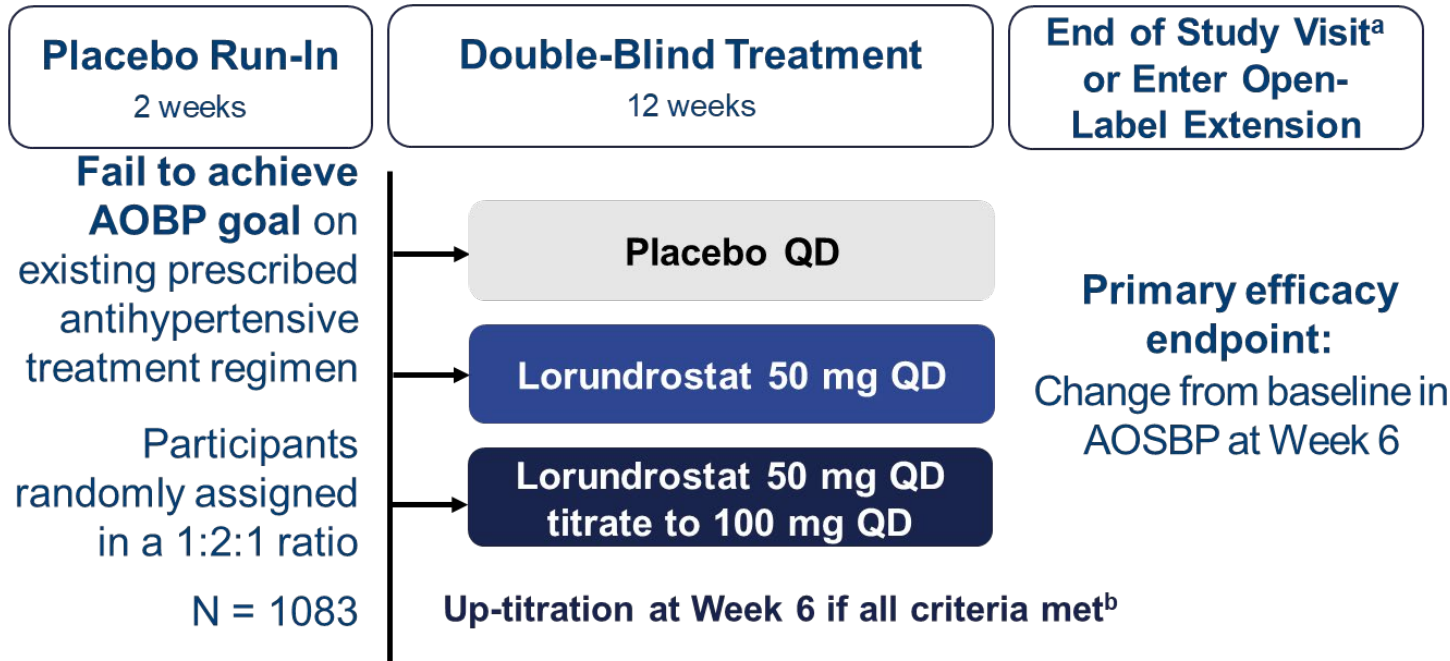


ACE, angiotensin converting enzyme; ACE2, angiotensin converting enzyme 2; ASI, aldosterone synthase inhibitor; AT1R, angiotensin II receptor type 1; AT2R, angiotensin II receptor type 2; BP, blood pressure; CKD, chronic kidney disease; CTGF, connective tissue growth factor; ET-1, endothelin-1; HTN, hypertension; MAS, angiotensin-converting enzyme 2 (ACE2)-angiotensin-(1-7)-Mas receptor; MMP, matrix metalloproteinase; MR, mineralocorticoid receptor; NEP, neprilysin; PCP, prolyl-carboxypeptidase; PEP, prolylendopeptidase; TGF- $\beta$ , transforming growth factor- $\beta$ .

1. Burnier M, Damianaki A. *Circ Res*. 2023;132(8):1050-1063. 2. de Beus E, et al. *Hypertension*. 2015;66(5):998-1005. 3. Shimizu H, et al. *Clin Transl Sci*. 2024;17(8):e70000. 4. Verma S, et al. *Am J Physiol Heart Circ Physiol*. 2024;326(3):H670-H688. 5. Saxena M, et al. *JAMA*. 2025;334(5):409-18. 6. Murray J, et al. *Nat Rev Nephrol*. 2026; <https://doi.org/10.1038/s41581-026-01076-y>. Permission granted from Murray J, et al. *Nat Rev Nephrol*. 2026 Apr 20. doi: [10.1038/s41581-026-01076-y](https://doi.org/10.1038/s41581-026-01076-y), Springer Nature.

# LAUNCH-HTN Trial

Existing prescribed antihypertensive treatment (2 to 5 medications)



 AOSBP was measured 24 hours following administration of the previous dose.

- **Change in AOSBP with lorundrostat 50 mg at 6 weeks primary endpoint:**
  - -16.9 mmHg (placebo-adjusted -9.1 mmHg, -13.3 to -4.9: P<0.0001)
- **Change in AOSBP with lorundrostat 50 mg at 12 weeks predefined endpoint:**
  - -19.0 mmHg (placebo-adjusted -11.6 mmHg, -16.3 to -7.0: P<0.0001)

<sup>a</sup>Participants who do not enter the OLE attend a 2-week End of Study safety follow-up visit. <sup>b</sup>Up-titration at Week 6 if AOSBP ≥130 mmHg, serum potassium ≤4.8 mmol/L, serum sodium ≥135 mmol/L, eGFR >45 mL/min/1.73 m<sup>2</sup>, and <25% reduction in eGFR from baseline. AOBP, ambulatory office blood pressure; AOSBP, ambulatory office systolic blood pressure; HTN, hypertension; QD, once daily. Saxena M, et al. *JAMA*. 2025;334(5):409-18.

# LAUNCH-HTN CKD Subgroup Analysis



**CKD Subgroup Analysis**  
(N=800, Including Placebo or Lorundrostat 50 mg arm, with Baseline Renal Data<sup>a</sup>)



**CKD Participants with eGFR <60 mL/min/1.73m<sup>2</sup> or UACR ≥30 mg/g at baseline (n=192; 24.0%)**  
CKD Stage 1: 88 (45.8%)  
CKD Stage 2: 56 (29.2%)  
CKD Stage 3: 48 (25.0%)<sup>b</sup>



**Non-CKD Participants (n=608; 76.0%)**

## Prognosis of CKD by GFR and Albuminuria Categories: KDIGO 2012

GFR categories (mL/min/1.73 m<sup>2</sup>)  
Description and range

			Persistent albuminuria categories Description and range		
			A1	A2	A3
			Normal to mildly increased	Moderately increased	Severely increased
			<30 mg/g <3 mg/mmol	30-300 mg/g 3-30 mg/mmol	>300 mg/g >30 mg/mmol
G1	Normal or high	≥90	Non-CKD (n=608)	Stage 1 (n=88)	
G2	Mildly decreased	60-89		Stage 2 (n=56)	
G3a	Mildly to moderately decreased	45-59		Stage 3 (n=48)	
G3b	Moderately to severely decreased	30-44			
G4	Severely decreased	15-29			
G5	Kidney failure	<15			

Light Blue: low risk (if no other markers of kidney disease, no CKD);  
Medium Blue: moderately increased risk;  
Dark Blue: high risk; Navy Blue: very high risk.

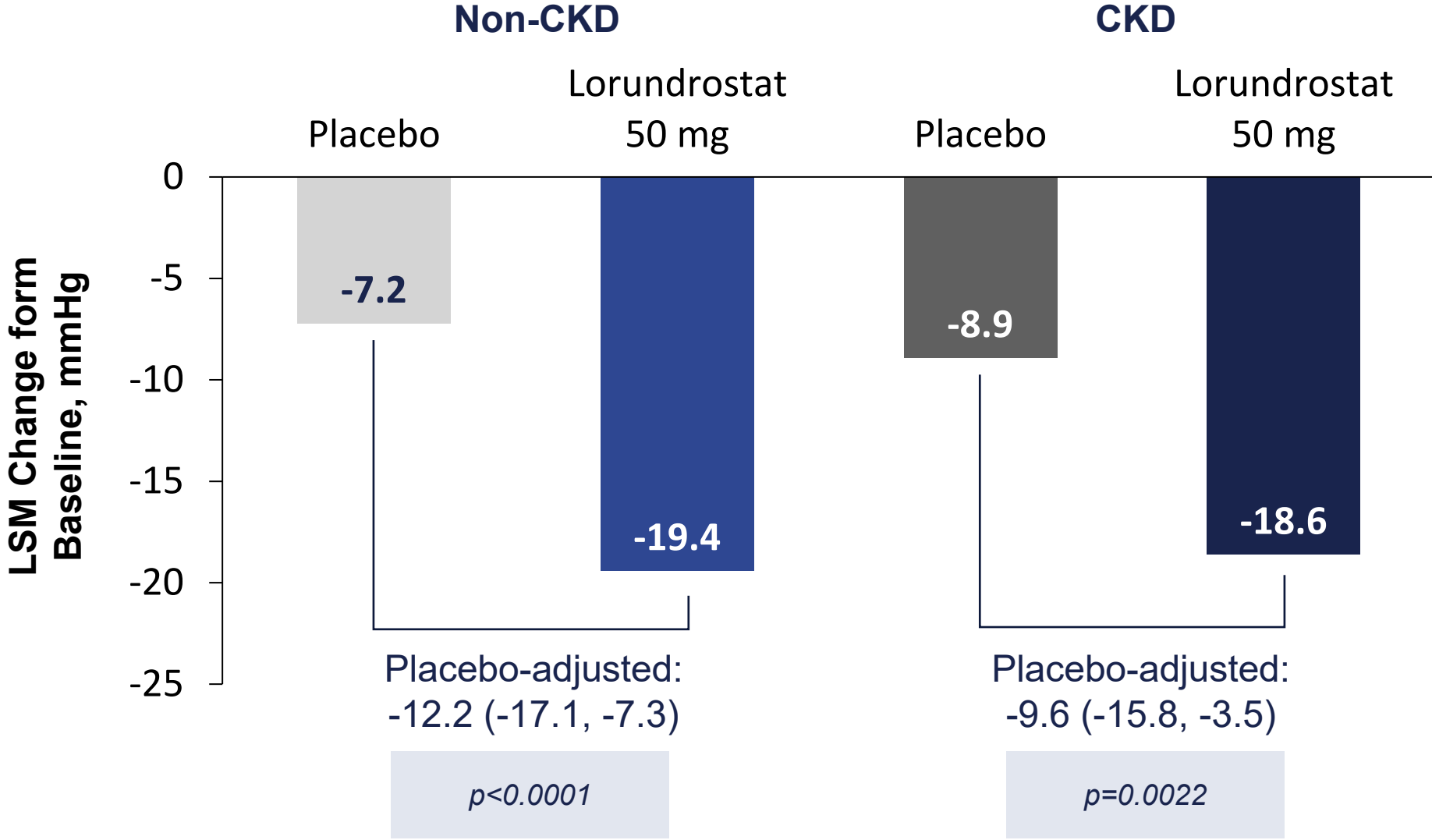
<sup>a</sup>N=808 including placebo arm and lorundrostat 50 mg arm. N=8 missing UACR at baseline were excluded from the analyses. <sup>b</sup>Includes stage 3a (n=43), stage 3b (n=5).  
CKD, chronic kidney disease; eGFR, estimated glomerular filtration rate; UACR, urinary albumin-to-creatinine ratio.  
KDIGO 2012. *Kidney International Supplements*. 2013;3(1):136-150.

# Baseline Demographics & Characteristics

n (%)	Non-CKD (n=608)	CKD (n=192)
<b>Treatment group</b>		
Placebo	202 (33%)	65 (34%)
Lorundrostat 50 mg	406 (67%)	127 (66%)
<b>BASELINE DEMOGRAPHICS</b>		
Age ≥65 years	229 (38%)	103 (54%)
Female	287 (47%)	88 (46%)
Black or African American	174 (29%)	61 (32%)
Hispanic	230 (38%)	59 (31%)
BMI ≥30 kg/m <sup>2</sup>	384 (63%)	124 (65%)
Mean±SD eGFR, mL/min/1.73 m <sup>2</sup>	94.0±14.4	81.9±22.1
Diabetes	169 (28%)	91 (47%)
GLP-1 receptor agonist	26 (4.3%)	11 (5.7%)
SGLT2i	15 (2.5%)	18 (9.4%)

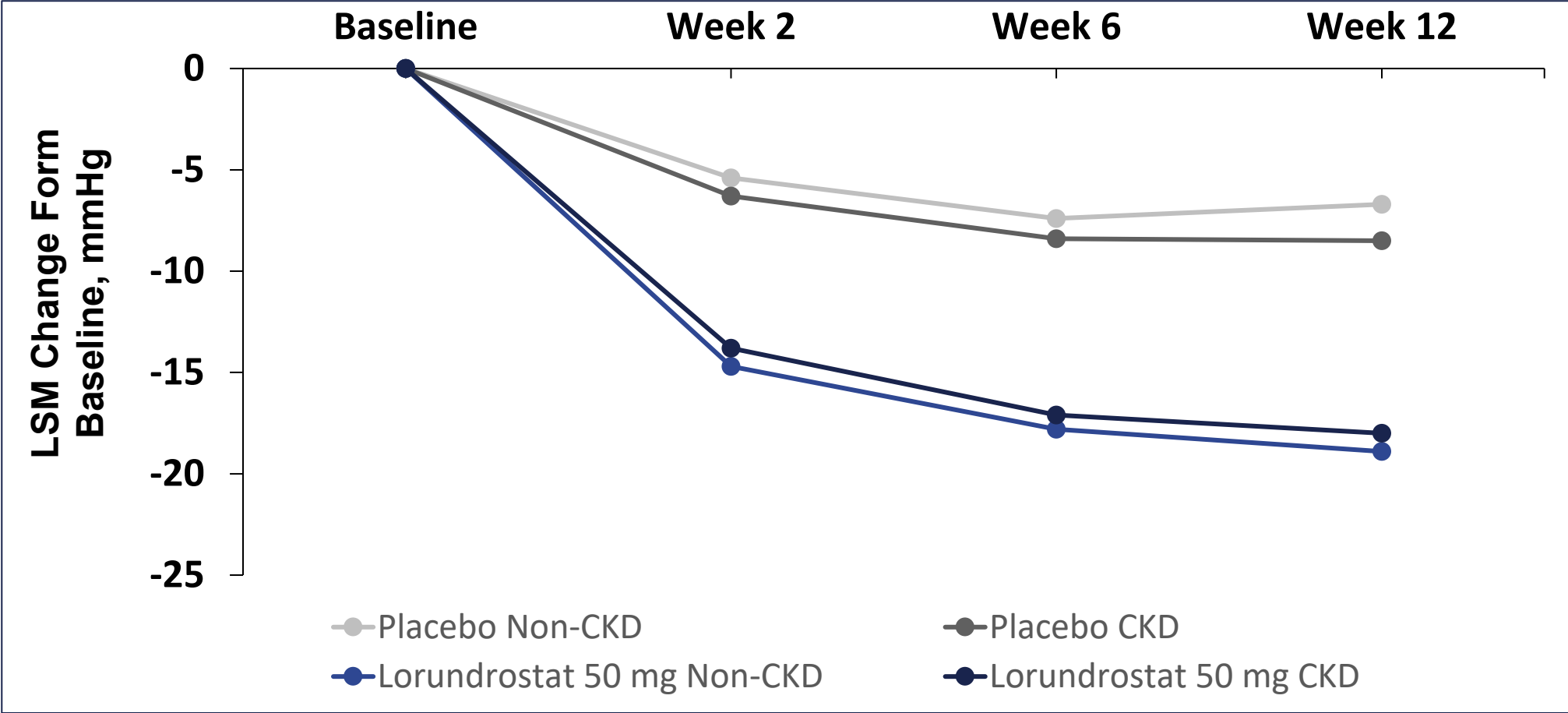
n (%)	Non-CKD (n=608)	CKD (n=192)
<b>Mean±SD AOSBP at randomization, mmHg</b>	147.9±11.6	152.0±13.4
AOSBP <140 mmHg	167 (27%)	40 (21%)
AOSBP 140-159 mmHg	340 (56%)	92 (48%)
AOSBP ≥160 mmHg	101 (17%)	60 (31%)
<b>UACR ≥ 30 mg/g</b>	0	160 (83%)
<b>BASELINE AHT MEDICATIONS</b>		
<b>2 prescribed AHTs</b>	269 (44%)	55 (29%)
<b>≥3 prescribed AHTs</b>	339 (56%)	137 (71%)
Antihypertensive drug class		
Thiazide/thiazide-like diuretics	573 (94%)	180 (94%)
ACE inhibitor or ARB	509 (84%)	171 (89%)
Calcium channel blocker	274 (45%)	111 (58%)

# AOSBP Change From Baseline at Week 12



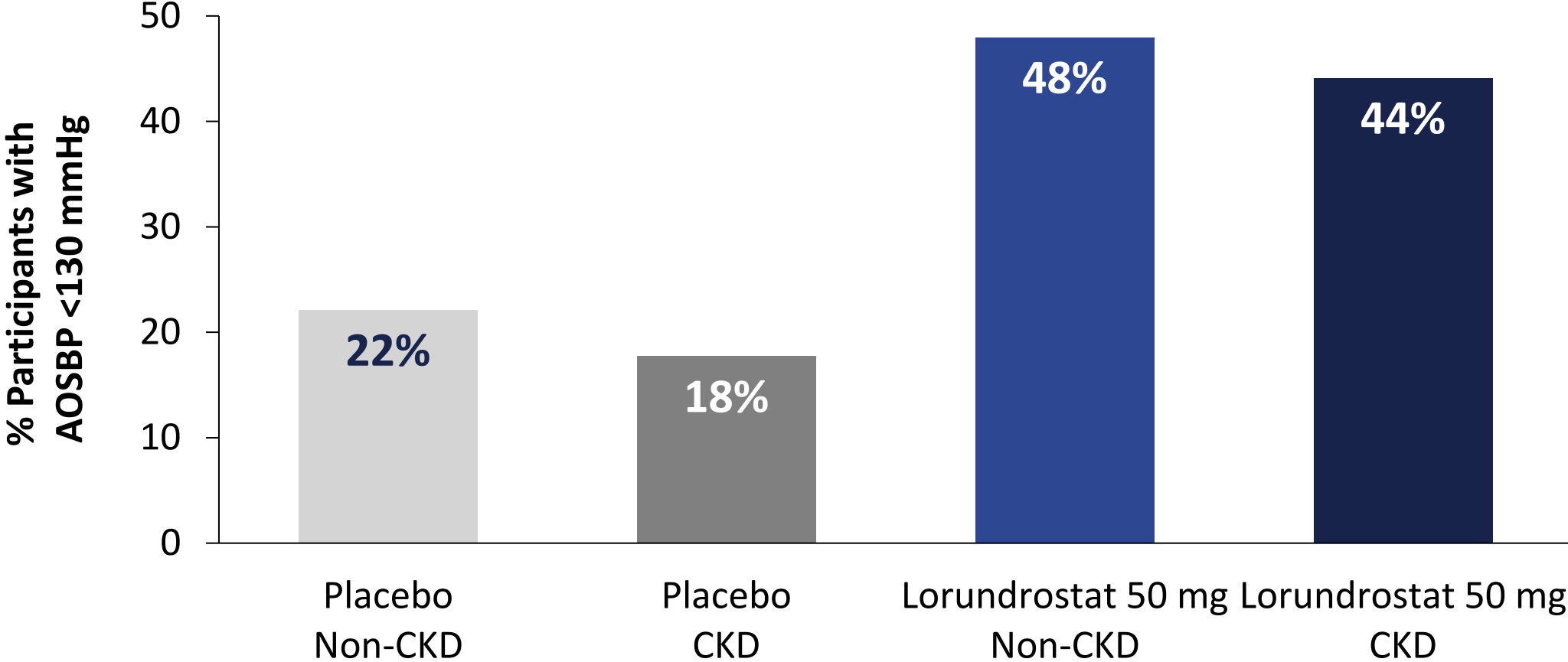
AOSBP, automated office systolic blood pressure; CKD, chronic kidney disease; LSM, least squares mean.

# AOSBP Change From Baseline at Weeks 2, 6, and 12



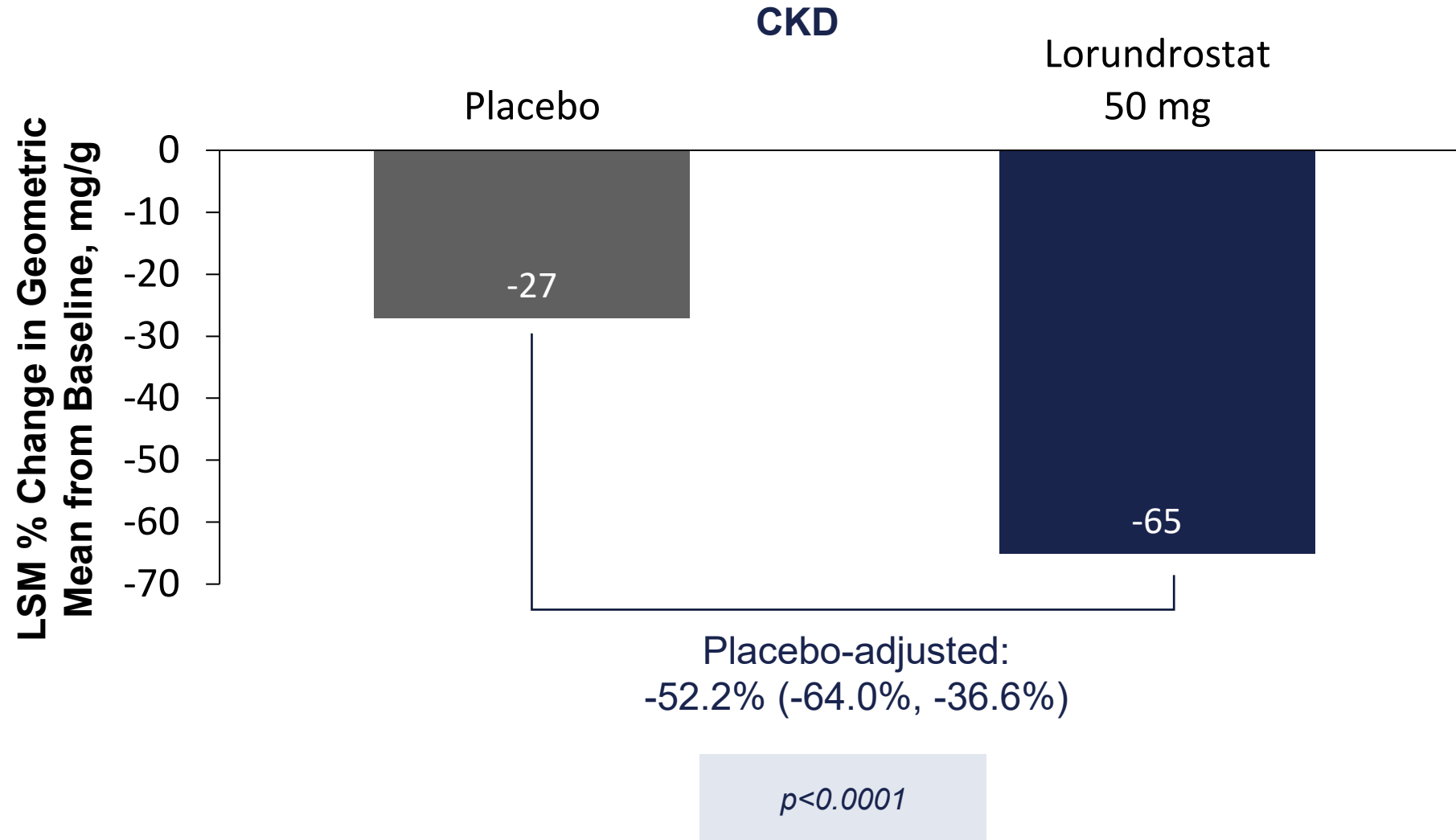
Repeated measures analysis with multiple imputation.  
AOSBP, automated office systolic blood pressure; CKD, chronic kidney disease; LSM, least squares mean.

# Percent of Participants Who Achieved AOSBP <130 mmHg at Week 12



AOSBP, automated office systolic blood pressure; CKD, chronic kidney disease.

# UACR Percent Change in Geometric Mean at Week 12



Statistical analysis used logarithm transformed values to produce ratios. The ratios were converted into percent change. Data shown include CKD participants with baseline UACR  $\geq 30$  mg/g; n=84 patients receiving lorundrostat 50 mg and n=54 patients receiving placebo.

CKD, chronic kidney disease; LSM, least squares mean; UACR, urinary albumin-to-creatinine ratio.

# Adverse Events of Special Interest

AESIs, n (%)	Placebo Non-CKD (n=202)	Placebo CKD (n=65)	Lorundrostat 50 mg Non-CKD (n=406)	Lorundrostat 50 mg CKD (n=127)
Severely elevated BP	5 (2.5)	5 (7.7)	5 (1.2)	4 (3.1)
Symptomatic hypotension	1 (0.5)	0	8 (2.0)	3 (2.4)
Hyperkalemia <sup>a</sup>	1 (0.5)	0	5 (1.2)	6 (4.7)
Hyponatremia <sup>a</sup>	4 (2.0)	4 (6.2)	24 (5.9)	12 (9.4)
Glucocorticoid deficiency <sup>b</sup>	2 (1.0)	1 (1.5)	0	0
Reduction in eGFR <sup>a</sup>	1 (0.5)	1 (1.5)	9 (2.2)	7 (5.5)

<sup>a</sup>Trial drug had to be modified due to the adverse event (dose reduction, interruption, or discontinuation). <sup>b</sup>Confirmed by ACTH stimulation test and required discontinuation of trial drug. ACTH, adrenocorticotropic hormone; BP, blood pressure; CKD, chronic kidney disease; eGFR, estimated glomerular filtration rate.

# Serum Sodium, Serum Potassium, and eGFR at Week 12

Lab values, mmol/L n (%)	Placebo Non-CKD (n=202)	Placebo CKD (n=65)	Lorundrostat 50 mg Non-CKD (n=406)	Lorundrostat 50 mg CKD (n=127)
Serum sodium 125 to <130 <sup>a</sup>	0	1 (1.5)	4 (1.0)	2 (1.6)
Serum sodium <125 <sup>a</sup>	1 (0.5)	0	1 (0.2)	1 (0.8)
Serum potassium >6.0 (Confirmed per protocol repeat testing)	1 (0.5)	0	0	3 (2.4)
<b>Change from Baseline, mean (SD)</b>				
Cystatin C-based eGFR <sup>b</sup>	2.6 (9.7)	-0.8 (9.9)	-2.1 (10.9)	-5.6 (10.3)

<sup>a</sup>Serum sodium corrected for hyperglycemia. <sup>b</sup>Data includes N=174 in the Placebo Non-CKD group, N=61 in the Placebo CKD group, N=356 in the Lorundrostat 50 mg Non-CKD, and N=114 in the Lorundrostat 50 mg CKD group. CKD, chronic kidney disease; eGFR, estimated glomerular filtration rate.

# Conclusions

Dysregulated aldosterone is an important target for therapy in CKD with hypertension

---

In LAUNCH-HTN, lorundrostat achieved comparable and clinically meaningful systolic BP reduction and had a favorable safety profile in both CKD and non-CKD participants

---

Lorundrostat significantly reduced UACR in CKD participants with albuminuria

---

The findings support lorundrostat as a potential therapeutic strategy for uncontrolled/resistant hypertension in CKD patients who are often maintained on 3 or more AHTs without adequate BP reduction

---

These data taken together suggest the potential for cardiorenal risk reduction for CKD patients with stages 1-3 disease

# Acknowledgements



**Participants**



**Investigators and  
Site Staff**

**159** Global Sites



**Mineralys  
Therapeutics**