

Blood Pressure and Albuminuria Reduction with Lorundrostat in CKD Stages 1 to 3 in the Launch-HTN trial

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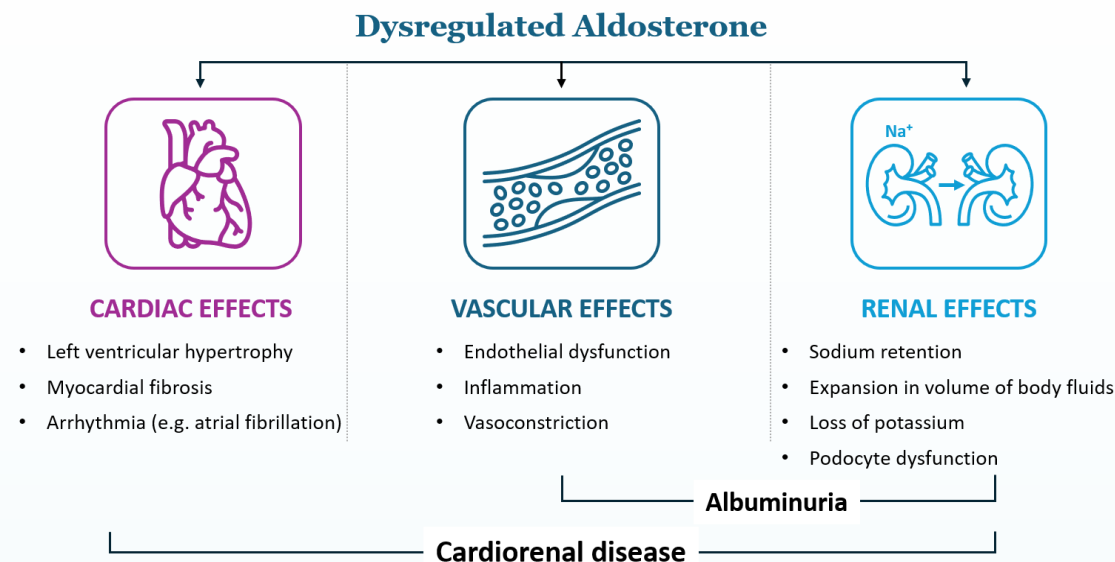
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Introduction

- In uncontrolled HTN with CKD, BP and albuminuria are key modifiable cardiorenal risk factors
 - Up to ~75% of patients with CKD have uncontrolled BP^{1,2}
- Dysregulated aldosterone raises the risk of HTN, albuminuria, and adverse cardiorenal outcomes^{1,3,4}
 - ~30% of patients with uncontrolled (SBP >140 mmHg) and resistant HTN have dysregulated aldosterone⁵

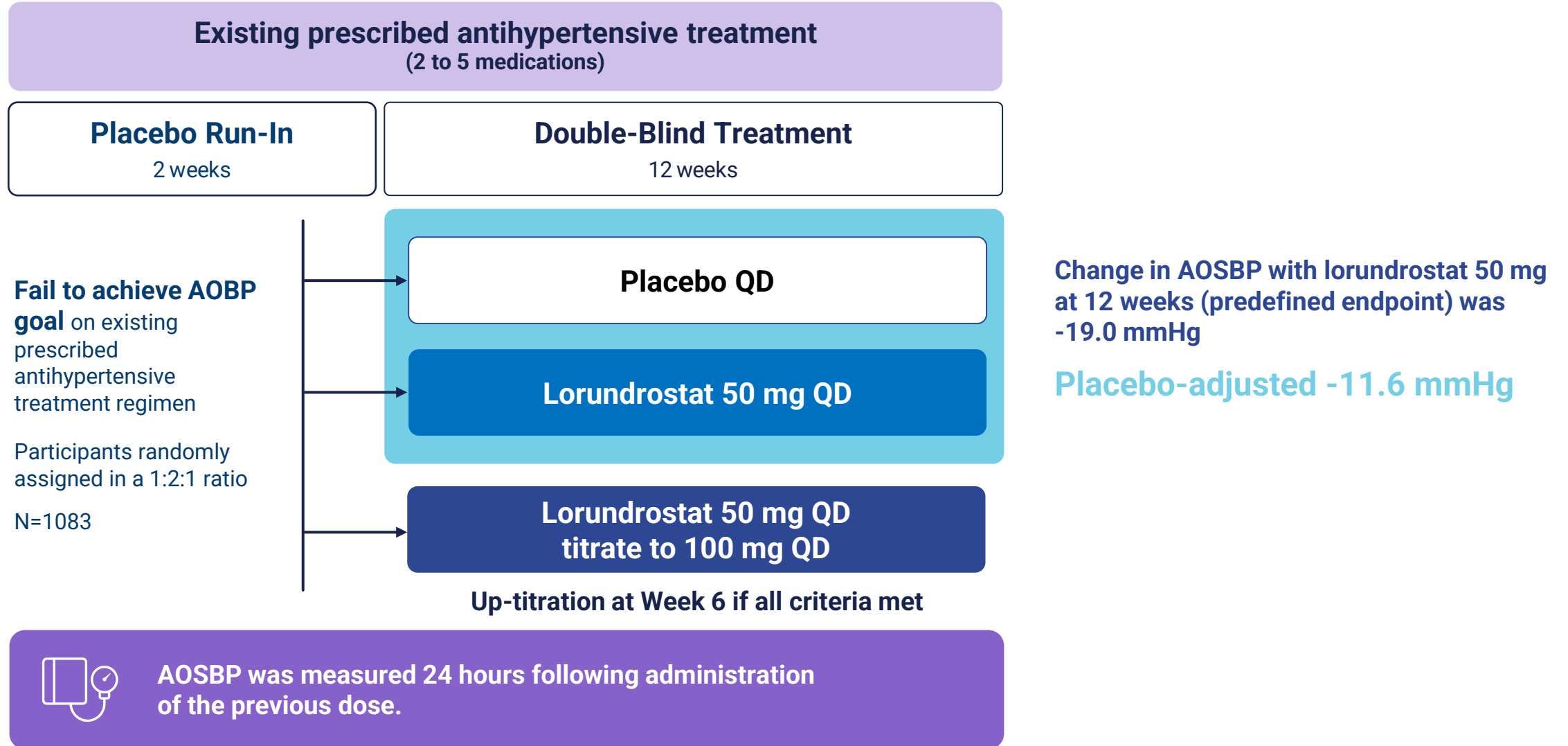


- Lorundrostat, a highly selective Aldosterone Synthase Inhibitor (ASI), is an investigational therapeutic to control u/r HTN^{6,7}
- In the phase 2 Explore-CKD trial (N=59), adding lorundrostat 25 mg daily to ACEi/ARB plus SGLT2i lowered AOSBP and UACR⁸
- This CKD subgroup analysis of Launch-HTN⁷ assessed the BP and albuminuria response to lorundrostat 50 mg daily in participants with CKD

ACEi, angiotensin converting enzyme inhibitor; AOSBP, ambulatory office systolic blood pressure; ARB, angiotensin II receptor blocker; BP, blood pressure; CKD, chronic kidney disease; HTN, hypertension; SGLT2i, sodium- glucose co-transporter 2 inhibitor; UACR, urinary albumin-to-creatinine ratio; u/rHTN, uncontrolled and resistant hypertension.

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. Verma S, et al. *Am J Physiol Heart Circ Physiol.* 2024;326(3):H670-H688. 4. Butler MJ, et al. *Kidney Int.* 2019;95(1):94-107. 5. Brown JM, et al. *Ann Int Med.* 2020;173(1):10-20. 6. Laffin LJ, et al. *New Engl J Med.* 2025;392(18):1813-1823. 7. Saxena M, et al. *JAMA.* 2025;334(5):409-18. 8. Weir MR, et al. *Kidney Int.* 2026; in press.

The Launch-HTN Global Phase 3 Trial



Launch-HTN CKD Subgroup Analysis



N=800 ^a	Placebo (N=267)	Lorundrostat 50 mg (N=533)
Total Non-CKD, n (%)	202 (75.7)	406 (76.2)
Total CKD, n (%) (eGFR <60 mL/min/1.73m ² or UACR ≥30 mg/g at baseline)	65 (24.3)	127 (23.8)
CKD Stage 1, n (% of CKD)	30 (46.1)	58 (45.7)
CKD Stage 2, n (% of CKD)	25 (38.5)	31 (24.4)
CKD Stage 3^b, n (% of CKD)	10 (15.4)	38 (29.9)

In participants with UACR ≥30 mg/g at baseline^c:

- 86.4% receiving placebo and 89.1% receiving lorundrostat 50 mg met KDIGO UACR A2 criteria
- 13.6% receiving placebo and 10.9% receiving lorundrostat 50 mg met KDIGO UACR A3 criteria

^an=8 with eGFR ≥60 and missing UACR at baseline were excluded from the analyses. ^bUACR missing in n=6 placebo and n=26 lorundrostat 50 mg participants.

^cCKD Stage 3a n=43 and Stage 3b n=5.

CKD, chronic kidney disease; eGFR, estimated glomerular filtration rate; HTN, hypertension; KDIGO, Kidney Disease: Improving Global Outcomes; UACR, urinary albumin-to-creatinine ratio.

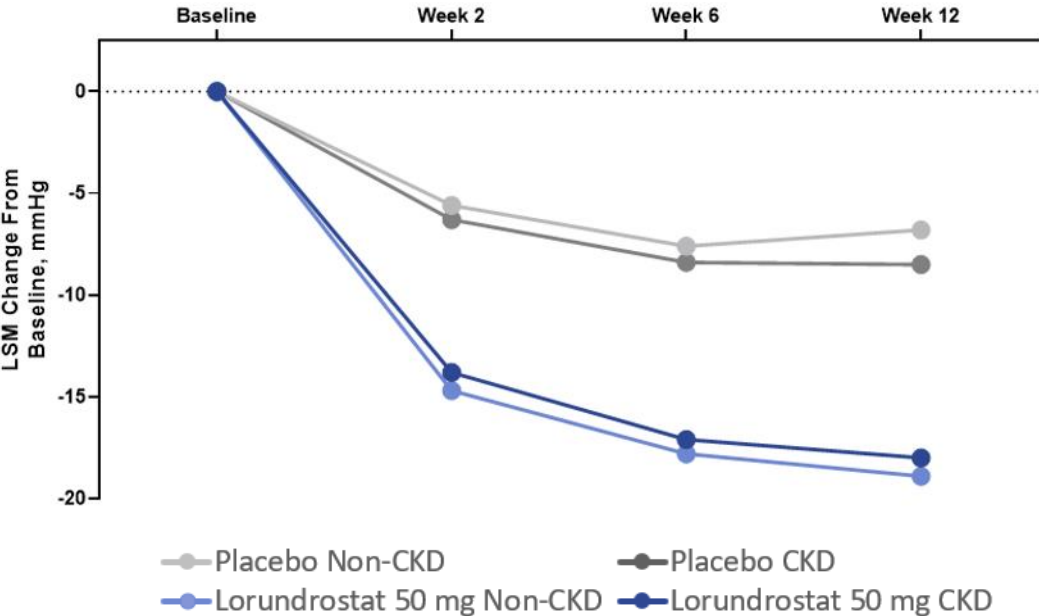
Launch-HTN Total CKD Subgroup Analysis



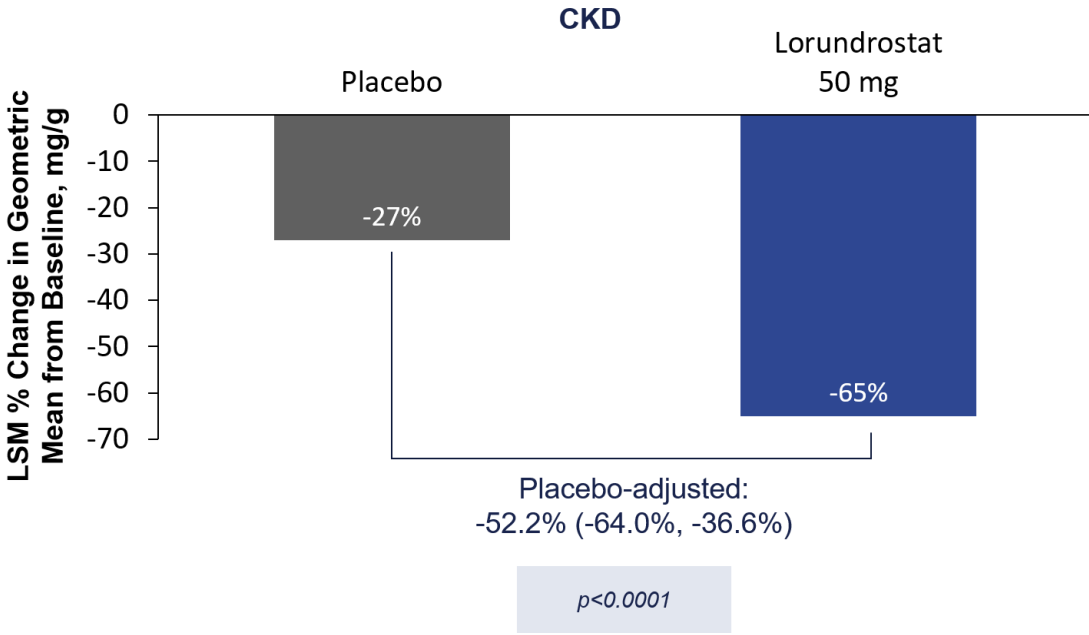
Statistically significant and clinically meaningful reduction in AOSBP and UACR in the total CKD group

AOSBP Change From Baseline at Weeks 2, 6, and 12^a

Lorundrostat 50 mg Non-CKD and CKD groups did not significantly differ in their AOSBP response.



UACR Percent Change at Week 12^b



^aRepeated measures analysis with multiple imputation. ^bIn participants with albuminuria at baseline.
Vogt L. Lorundrostat for Hypertension in CKD: Results from the Launch-HTN Trial. Presented at the 35th European Meeting on Hypertension and Cardiovascular Protection; May 30, 2026; Gdansk, Poland. AOSBP, automated office systolic blood pressure; CKD, chronic kidney disease; HTN, hypertension; LSM, least squares mean; UACR, urinary albumin-to-creatinine ratio.

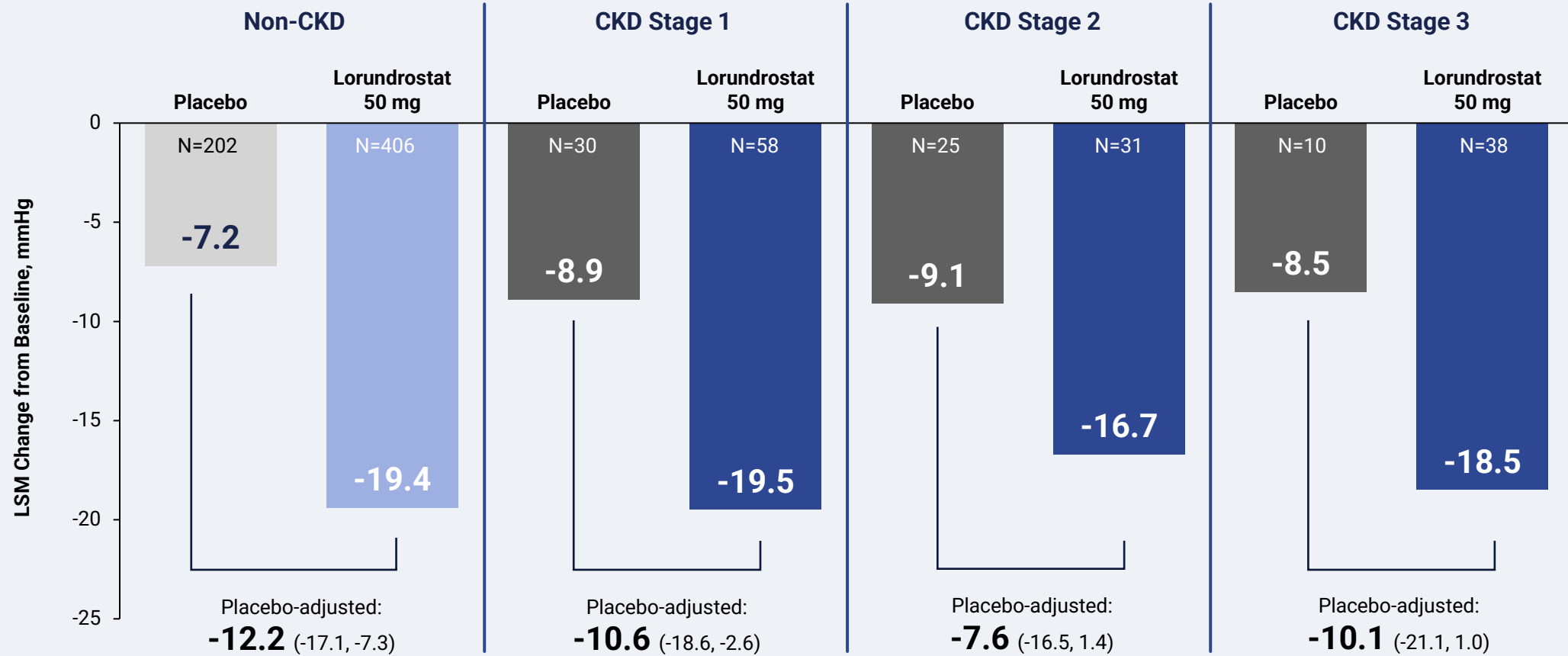
Baseline Demographics & Characteristics by CKD Stage



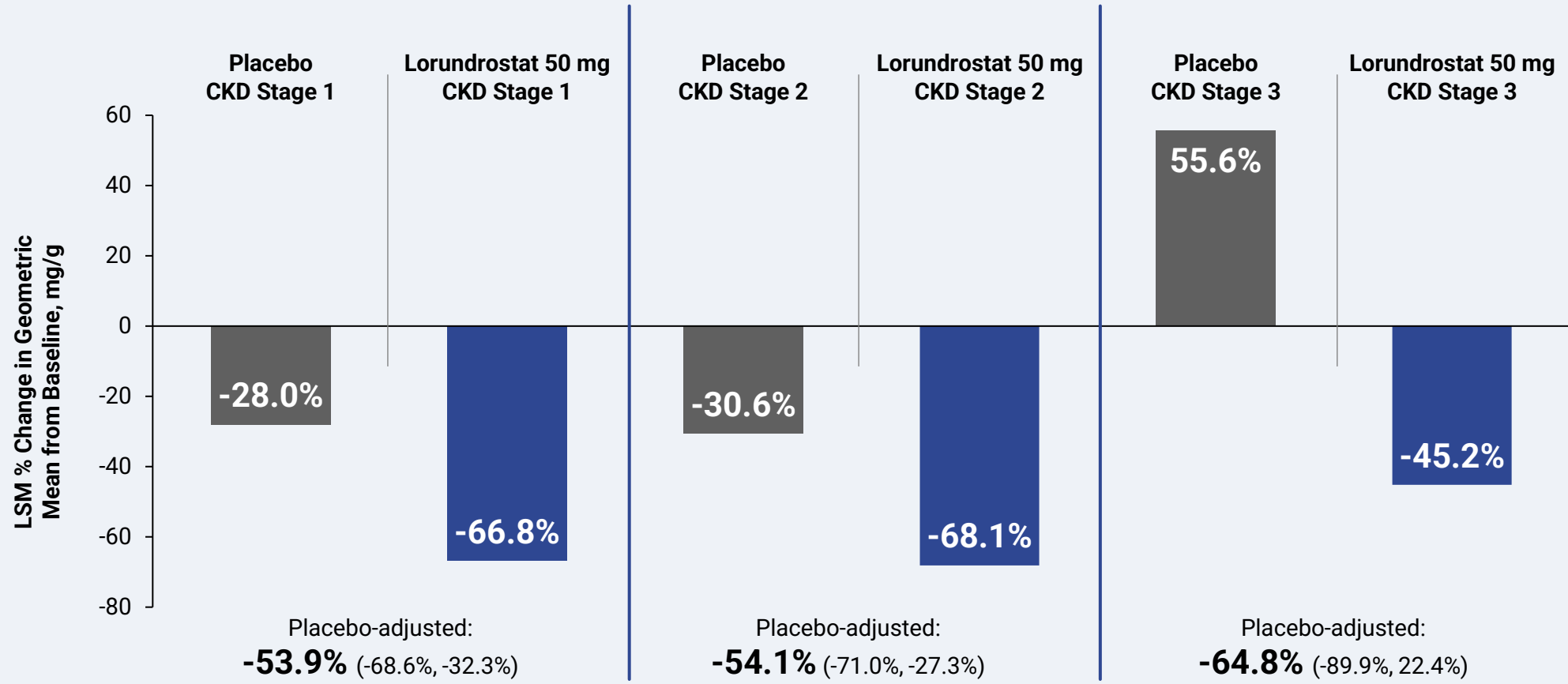
Parameter	Non-CKD		CKD					
			CKD Stage 1		CKD Stage 2		CKD Stage 3	
	Placebo (N=202)	Lorundrostat 50 mg (N=406)	Placebo (N=30)	Lorundrostat 50 mg (N=58)	Placebo (N=25)	Lorundrostat 50 mg (N=31)	Placebo (N=10)	Lorundrostat 50 mg (N=38)
Age ≥65 years, n (%)	73 (36.1)	156 (38.4)	12 (40.0)	22 (37.9)	15 (60.0)	16 (51.6)	8 (80.0)	30 (78.9)
Female, n (%)	103 (51.0)	184 (45.3)	14 (46.7)	29 (50.0)	11 (44.0)	12 (38.7)	4 (40.0)	18 (47.4)
Black, n (%)	65 (32.2)	109 (26.8)	7 (23.3)	14 (24.1)	11 (44.0)	13 (41.9)	3 (30.0)	13 (34.2)
Hispanic, n (%)	74 (37.6)	156 (38.9)	14 (50.0)	19 (32.8)	9 (36.0)	5 (16.1)	3 (30.0)	9 (23.7)
BMI, mean (SD), kg/m ²	32.8 (7.8)	32.9 (6.9)	33.0 (6.3)	33.6 (6.9)	31.8 (7.1)	34.1 (6.9)	29.6 (4.1)	32.3 (6.2)
Mean±SD eGFR, mL/min/1.73 m ²	93.5 (14.2)	94.2 (14.5)	102.3 (9.9)	102.3 (9.1)	75.4 (8.3)	75.3 (7.5)	51.9 (5.5)	52.4 (5.0)
Diabetes, n (%)	72 (35.6)	136 (33.5)	13 (43.3)	30 (51.7)	12 (48.0)	19 (61.3)	3 (30.0)	21 (55.3)
SGLT2i, n (%)	7 (3.5)	8 (2.0)	1 (3.3)	5 (8.6)	5 (20.0)	5 (16.1)	0 (0.0)	2 (5.3)
AOSBP, mean (SD), mmHg	146.8 (10.6)	148.5 (12.0)	155.3 (16.2)	150.6 (12.3)	155.1 (13.1)	153.0 (14.7)	151.6 (12.3)	148.7 (11.2)
Baseline UACR, geometric mean (SE), mg/g	10.3 (0.4)	9.8 (0.3)	69.9 (12.5)	71.3 (8.2)	99.4 (19.6)	98.3 (18.3)	24.0 (9.0)	19.9 (3.7)
2 prescribed AHTs, n (%)	93 (46.0)	176 (43.3)	10 (33.3)	19 (32.8)	4 (16.0)	7 (22.6)	5 (50.0)	10 (26.3)
≥3 prescribed AHTs, n (%)	109 (54.0)	230 (56.7)	20 (66.7)	39 (67.2)	21 (84.0)	24 (77.4)	5 (50.0)	28 (73.7)
ACEi or ARB, n (%)	161 (79.7)	348 (85.7)	28 (93.3)	52 (89.7)	21 (84.0)	26 (83.9)	10 (100)	34 (89.5)

ACEi, angiotensin-converting enzyme inhibitor; AHT, antihypertensive; AOSBP, automated office systolic blood pressure; ARB, angiotensin II receptor blocker; BMI, body mass index; CKD, chronic kidney disease; eGFR, estimated glomerular filtration rate; SD, standard deviation; SE, standard error; UACR, urinary albumin-to-creatinine ratio.

AOSBP Change From Baseline at Week 12 by CKD Stage



UACR Percent Change in Geometric Mean by CKD Stage at Week 12



Statistical analysis used logarithm transformed values to produce ratios. The ratios were converted into percent change; LSM (95% CI). Data shown include CKD participants with baseline UACR ≥ 30 mg/g.
CKD, chronic kidney disease; LSM, least squares mean; UACR, urinary albumin-to-creatinine ratio.

Adverse Events of Special Interest, Serum Potassium, and eGFR by CKD Stage



AESI, n (%)	Non-CKD		CKD					
			CKD Stage 1		CKD Stage 2		CKD Stage 3	
	Placebo (N=202)	Lorundrostat 50 mg (N=406)	Placebo (N=30)	Lorundrostat 50 mg (N=58)	Placebo (N=25)	Lorundrostat 50 mg (N=31)	Placebo (N=10)	Lorundrostat 50 mg (N=38)
Symptomatic hypotension	1 (0.5)	8 (2.0)	0 (0.0)	0 (0.0)	0 (0.0)	1 (3.2)	0 (0.0)	2 (5.3)
Hyperkalemia ^a	1 (0.5)	5 (1.2)	0 (0.0)	1 (1.7)	0 (0.0)	2 (6.5)	0 (0.0)	3 (7.9)
Hyponatremia ^{a,b}	4 (2.0)	24 (5.9)	1 (3.3)	8 (13.8)	1 (4.0)	1 (3.2)	2 (20.0)	3 (7.9)
Reduction in eGFR ^a	1 (0.5)	9 (2.2)	1 (3.3)	1 (1.7)	0 (0.0)	1 (3.2)	0 (0.0)	5 (13.2)
Lab values								
Serum potassium >6.0 (confirmed), mmol/L, n (%) ^c	1 (0.5)	0 (0.0)	0 (0.0)	1 (1.7)	0 (0.0)	0 (0.0)	0 (0.0)	2 (5.3)
Serum sodium <130 mmol/L, n (%) ^d	1 (0.5)	6 (1.5)	2 (6.7)	1 (1.7)	0 (0.0)	0 (0.0)	0 (0.0)	2 (5.3)
Cystatin C-based eGFR change at 12 weeks, mean (SD), mL/min/1.73 m ²	2.6 (9.7)	-2.1 (10.9)	-2.4 (10.4)	-7.3 (11.0)	-0.9 (10.7)	-4.0 (10.8)	3.7 (4.0)	-4.2 (8.5)

^aTrial drug had to be modified due to the adverse event (dose reduction, interruption, or discontinuation). ^bParticipants were receiving thiazides or thiazide-like diuretics. ^cNo participant had serum potassium >6.5 mmol/L. ^dSerum sodium corrected for hyperglycemia.
 AESI, adverse events of special interest; CKD, chronic kidney disease; eGFR, estimated glomerular filtration rate.

Conclusions



Lorundrostat, an investigational ASI, produced **clinically meaningful systolic BP reduction** in participants with CKD stages 1-3 and uncontrolled HTN, comparable to that seen in non-CKD participants



52% placebo-adjusted UACR reduction with lorundrostat was observed in participants with moderately increased albuminuria (89% were KDIGO A2), a biomarker of CKD progression and CV risk



Extends lorundrostat benefit from severely increased albuminuria (KDIGO A3 in the Explore-CKD trial) to the **moderately increased albuminuria (A2) range**



Acceptable safety profile in both CKD and non-CKD participants



Concurrent reduction of systolic BP and UACR – two independent, modifiable determinants of cardiorenal risk – **supports further evaluation of lorundrostat in early-stage CKD**, a disease that affects >1 in 7 US adults¹

1. Centers for Disease Control and Prevention. Chronic Kidney Disease in the United States, 2023. Atlanta, GA: US Department of Health and Human Services, CDC; 2023. ASI, aldosterone synthase inhibitor; BP, blood pressure; CKD, chronic kidney disease; CV, cardiovascular; HTN, hypertension; KDIGO, Kidney Disease: Improving Global Outcomes; UACR, urinary albumin-to-creatinine ratio.

Acknowledgements



Participants



**Investigators
and site staff**

159 global sites



**Mineralys
Therapeutics**

Baseline Demographics & Characteristics by CKD Stage

Parameter	Non-CKD		CKD					
			CKD Stage 1		CKD Stage 2		CKD Stage 3	
	Placebo (N=202)	Lorundrostat 50 mg (N=406)	Placebo (N=30)	Lorundrostat 50 mg (N=58)	Placebo (N=25)	Lorundrostat 50 mg (N=31)	Placebo (N=10)	Lorundrostat 50 mg (N=38)
Age ≥65 years, n (%)	73 (36.1)	156 (38.4)	12 (40.0)	22 (37.9)	15 (60.0)	16 (51.6)	8 (80.0)	30 (78.9)
Female, n (%)	103 (51.0)	184 (45.3)	14 (46.7)	29 (50.0)	11 (44.0)	12 (38.7)	4 (40.0)	18 (47.4)
Black, n (%)	65 (32.2)	109 (26.8)	7 (23.3)	14 (24.1)	11 (44.0)	13 (41.9)	3 (30.0)	13 (34.2)
Hispanic, n (%)	74 (37.6)	156 (38.9)	14 (50.0)	19 (32.8)	9 (36.0)	5 (16.1)	3 (30.0)	9 (23.7)
BMI, mean (SD), kg/m ²	32.8 (7.8)	32.9 (6.9)	33.0 (6.3)	33.6 (6.9)	31.8 (7.1)	34.1 (6.9)	29.6 (4.1)	32.3 (6.2)
Mean±SD eGFR, mL/min/1.73 m ²	93.5 (14.2)	94.2 (14.5)	102.3 (9.9)	102.3 (9.1)	75.4 (8.3)	75.3 (7.5)	51.9 (5.5)	52.4 (5.0)
Diabetes, n (%)	72 (35.6)	136 (33.5)	13 (43.3)	30 (51.7)	12 (48.0)	19 (61.3)	3 (30.0)	21 (55.3)
GLP-1 receptor agonist, n (%)	6 (3.0)	20 (4.9)	2 (6.7)	6 (10.3)	1 (4.0)	1 (3.2)	0 (0.0)	1 (2.6)
SGLT2i, n (%)	7 (3.5)	8 (2.0)	1 (3.3)	5 (8.6)	5 (20.0)	5 (16.1)	0 (0.0)	2 (5.3)
AOSBP, mean (SD), mmHg	146.8 (10.6)	148.5 (12.0)	155.3 (16.2)	150.6 (12.3)	155.1 (13.1)	153.0 (14.7)	151.6 (12.3)	148.7 (11.2)
AOSBP <140 mmHg, N (%)	61 (30.2)	106 (26.1)	6 (20.0)	15 (25.9)	4 (16.0)	8 (25.8)	1 (10.0)	6 (15.8)
AOSBP 140-159 mmHg, N (%)	114 (56.4)	226 (55.7)	11 (36.7)	29 (50.0)	10 (40.0)	10 (32.3)	7 (70.0)	25 (65.8)
AOSBP ≥160 mmHg, N (%)	27 (13.4)	74 (18.2)	13 (43.3)	14 (24.1)	11 (44.0)	13 (41.9)	2 (20.0)	7 (18.4)
Baseline UACR, geometric mean (SE), mg/g	10.3 (0.4)	9.8 (0.3)	69.9 (12.5)	71.3 (8.2)	99.4 (19.6)	98.3 (18.3)	24.0 (9.0)	19.9 (3.7)

Baseline Antihypertensive Medications by CKD Stage

Parameter	Non-CKD		CKD					
			CKD Stage 1		CKD Stage 2		CKD Stage 3	
	Placebo (N=202)	Lorundrostat 50 mg (N=406)	Placebo (N=30)	Lorundrostat 50 mg (N=58)	Placebo (N=25)	Lorundrostat 50 mg (N=31)	Placebo (N=10)	Lorundrostat 50 mg (N=38)
2 prescribed AHTs, n (%)	93 (46.0)	176 (43.3)	10 (33.3)	19 (32.8)	4 (16.0)	7 (22.6)	5 (50.0)	10 (26.3)
≥3 prescribed AHTs, n (%)	109 (54.0)	230 (56.7)	20 (66.7)	39 (67.2)	21 (84.0)	24 (77.4)	5 (50.0)	28 (73.7)
THZ/THZ-like diuretics, n (%)	188 (93.1)	381 (93.8)	28 (93.3)	56 (96.6)	23 (92.0)	28 (90.3)	9 (90.0)	36 (94.7)
ACEi or ARB, n (%)	161 (79.7)	348 (85.7)	28 (93.3)	52 (89.7)	21 (84.0)	26 (83.9)	10 (100)	34 (89.5)
CCB, n (%)	91 (45.0)	183 (45.1)	15 (50.0)	38 (65.5)	14 (56.0)	21 (67.7)	5 (50.0)	18 (47.4)
BB, n (%)	56 (27.7)	124 (30.5)	9 (30.0)	20 (34.5)	11 (44.0)	13 (41.9)	3 (30.0)	17 (44.7)

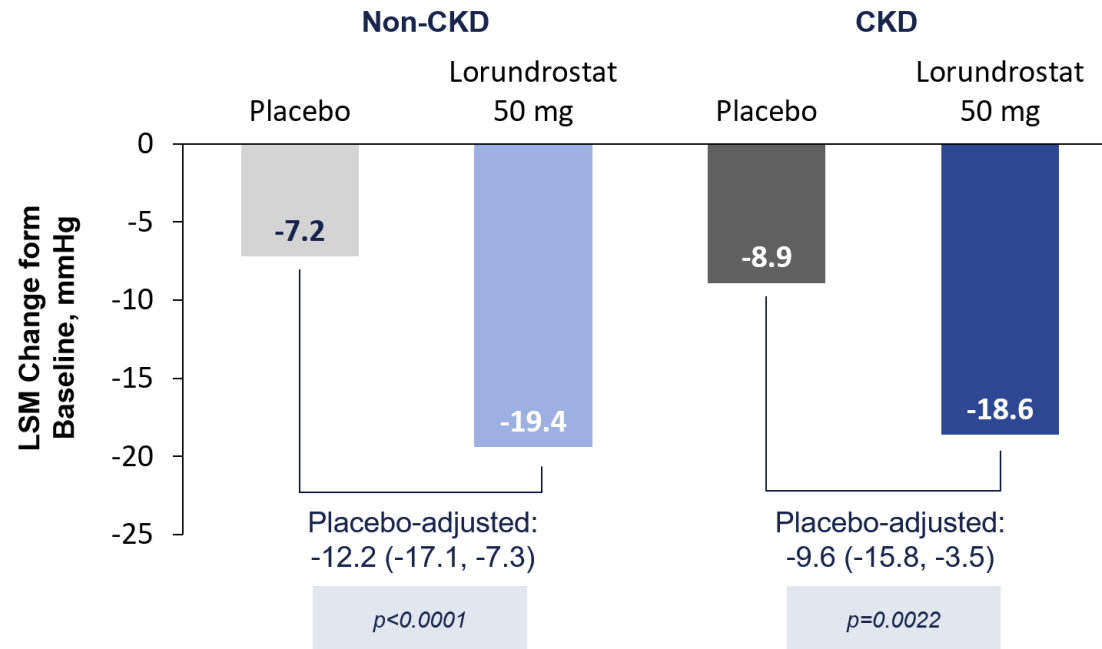
ACEi, angiotensin-converting enzyme inhibitor; AHT, antihypertensive; ARB, angiotensin receptor blocker; BB, beta blockers; CCB, calcium channel blocker; CKD, chronic kidney disease; THZ, thiazide; THZ-like, thiazide-like.

Launch-HTN Total CKD Subgroup Analysis

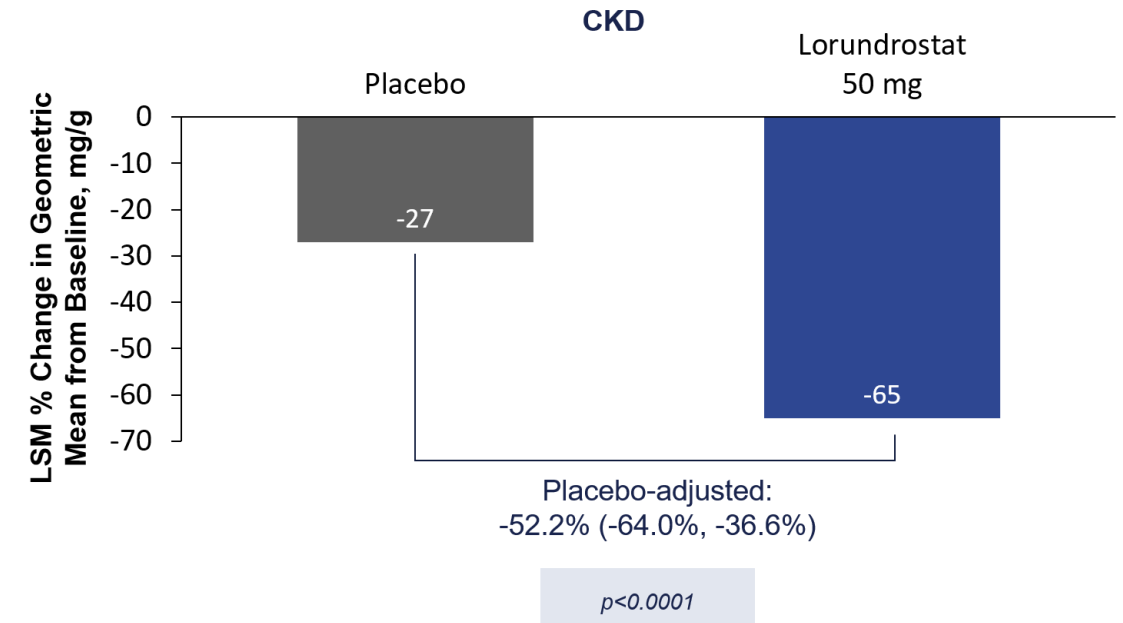


Statistically significant and clinically meaningful reduction in AOSBP and UACR in the total CKD group

AOSBP Change at Week 12



UACR Percent Change at Week 12^a



^aIn participants with albuminuria at baseline.

Vogt L. Lorundrostat for Hypertension in CKD: Results from the Launch-HTN Trial. Presented at the 35th European Meeting on Hypertension and Cardiovascular Protection; May 30, 2026; Gdansk, Poland.

AOSBP, automated office systolic blood pressure; CKD, chronic kidney disease; HTN, hypertension; LSM, least squares mean; UACR, urinary albumin-to-creatinine ratio.

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

