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Selective ETA blockade represents a potential approach to reduce proteinuria and preserve kidney function in proteinuric glomerular diseases.

### Study Background

**Atrasentan**

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- Atrasentan has been studied extensively in more than 5,300 patients with type 2 diabetes and chronic kidney disease (DKD), demonstrating clinically significant and sustained reductions in proteinuria when administered on top of a maximum tolerated dose of a RAS inhibitor (RASI).1, 2
- In a Phase 2 study in DKD (RADAR), atrasentan reduced urine albumin-creatinine ratios by an average of 35% (95% confidence interval [CI]: 24, 45; P = 0.001).3
- In a global Phase 3 study in DKD (SONAR), the atrasentan treatment group demonstrated a 35% reduced risk of the primary composite renal outcome of doubling serum creatinine or end-stage kidney disease (95% CI: 0.49, 0.8; P < 0.005).4

### References