CLAIMS:

1. Use of atrasentan, or a pharmaceutically acceptable salt thereof, and a SGLT-2 inhibitor in the manufacture of a medicament for treating diabetic kidney disease, or chronic kidney disease associate with diabetes, wherein fluid retention is reduced after administration of a therapeutically effective amount of atrasentan, or a pharmaceutically acceptable salt thereof, and a therapeutically effective amount of a SGLT-2 inhibitor to a subject in need thereof.

2. The use of claim 1, wherein said administration delays progressive renal function decline in the subject.

3. The use of claim 1, wherein treatment outcome in the subject is improved relative to the treatment outcome in a subject not administered atrasentan, or a pharmaceutically acceptable salt thereof, and the SGLT-2 inhibitor.

4. The use of claim 1, wherein the urine albumin to creatinine ratio (UACR) of the subject is reduced after administration of atrasentan, or a pharmaceutically acceptable salt thereof, and the SGLT-2 inhibitor.

5. The use of claim 1, wherein body weight of the subject is reduced after administration of atrasentan, or a pharmaceutically acceptable salt thereof, and the SGLT-2 inhibitor.

6. The use of claim 1, wherein B-type natriuretic peptide (BNP) levels in the subject is reduced after administration of atrasentan, or a pharmaceutically acceptable salt thereof, and the SGLT-2 inhibitor.

7. The use of claim 1, wherein estimated glomerular filtration rate (eGFR) of the subject is stabilized after administration of atrasentan, or a pharmaceutically acceptable salt thereof, and the SGLT-2 inhibitor.

8. The use of any one of claims 1-7, wherein the subject’s UACR, body weight or fluid retention, BNP level, rate of decrease of eGFR, or a combination of any of the foregoing are reduced after administration of atrasentan, or a pharmaceutically acceptable salt thereof, and the SGLT-2 inhibitor.

9. The use of claim 8, wherein at least two or three of the subject's UACR, body weight or fluid retention, BNP level, and rate of decrease of eGFR, are reduced after administration of atrasentan, or a pharmaceutically acceptable salt thereof, and the SGLT-2 inhibitor.

10. The use of any one of claims 1-9, wherein the subject has Type 1 diabetes or Type 2 diabetes.

11. The use of any one of claims 1 to 10, further comprising administering an Angiotensin-Converting Enzyme (ACE) inhibitor, an Angiotensin II Receptor Blocker (ARB), a diuretic, or a combination thereof to the subject.

12. The use of claim 11, wherein an ACE inhibitor and a diuretic are administered to the subject.

13. The use of claim 11, wherein an ARB and a diuretic are administered to the subject.

14. The use of claim 11, wherein an ACE inhibitor and an ARB are administered to the subject.

15. The use of claim 11, wherein an ACE inhibitor, an ARB, and a diuretic are administered to the subject.

16. The use of claim 11, wherein the subject has been administered a maximally tolerated stable dose of an ACE inhibitor or an ARB, for example, for at least 4 weeks, 10 weeks or 12 weeks prior to the first administration of atrasentan, or a pharmaceutically acceptable salt thereof.

17. The use of claim 16, wherein the subject has also been administered a diuretic prior to the first administration of atrasentan, or a pharmaceutically acceptable salt thereof.

18. The use of claim 17, wherein the diuretic is selected from the group consisting of hydrochlorothiazide, trichlormethiazide, hydroflumethiazide, quinethazone, metolazone, chlorothiazide, chlorthalidone, indapamide, methyclothiazide bemetanide, torsemide, piretanide, ethacrynic acid, bumetanide, furosemide, triamterene, spironolactone, eplerenone, and amiloride.

19. The use of claim 11, wherein the ACE inhibitor is selected from the group consisting of quinapril, fosinopril perindopril, captopril, enalapril, enalaprilat, ramipril, cilazapril, delapril, fosenopril, zofenopril, indolapril, benazepril, lisinopril, spirapril, trandolapril, perindep, pentopril, moexipril, rescinnamine, and pivopril.

20. The use of claim 11, wherein the ARB is selected from the group consisting of candesartan, candesartan cilexetil, eprosartan, irbesartan, losartan, olmesartan, olmesartan medoxomil, telmisartan, valsartan, azilsartan medoxomil, and BRA-657.

21. The use of any one of claims 1-20, wherein the subject has been administered a SGLT-2 inhibitor for at least 12 weeks prior to the first administration of atrasentan, or a pharmaceutically acceptable salt thereof.

22. The use of any one of claims 1-21, wherein the SGLT-2 inhibitor is selected from the group consisting of dapagliflozin, canagliflozin, ipragliflozin, empagliflozin, bexagliflozin, licogliflozin, janagliflozin (XZP-5695), tofogliflozin, ertugliflozin, henagliflozin (SHR-3824), enavogliflozin (DWP-16001), TA-1887 (3-(4-cyclopropylbenzyl)-4-fluoro-1-(β-D-glucopyranosyl)-1H-indole), indole-N-glycoside 18 (3-(4-ethylbenzyl)-1-(β-D-glucopyranosyl)-1H-indole), sotagliflozin, luseogliflozin, sergliflozin etabonate, remogliflozin, remogliflozin etabonate, and T-1095 (((2R,3S,4S,5R,6S)-6-(2-(3-(benzofuran-5-yl)propanoyl)-3-hydroxy-5-methylphenoxy)-3,4,5-trihydroxytetrahydro-2H-pyran-2-yl) etabonate).

23. The use of any one of claims 1-22, wherein the SGLT-2 inhibitor is selected from the group consisting of bexagliflozin, canagliflozin, dapagliflozin, empagliflozin, ertugliflozin, ipragliflozin, luseogliflozin, remogliflozin, sergliflozin, licogliglozin, sotagliflozin, and tofogliflozin.

24. The use of any one of claims 1-23, wherein the SGLT-2 inhibitor is canagliflozin, dapagliflozin, empagliflozin, or ertugliflozin.

25. The use of any one of claims 1-24, wherein atrasentan is administered as a pharmaceutically acceptable salt.

26. The use of any one of claims 1-25, wherein atrasentan is administered as atrasentan hydrochloride.

27. The use of any one of claims 1-26, wherein the therapeutically effective amount of atrasentan, or a pharmaceutically acceptable salt thereof, is from 0.20 mg to 1.5 mg of atrasentan, or an equivalent amount of a pharmaceutically acceptable salt thereof.

28. The use of any one of claims 1-27, wherein the therapeutically effective amount of atrasentan, or a pharmaceutically acceptable salt thereof, is from 0.25 mg to 1.25 mg of atrasentan, or an equivalent amount of a pharmaceutically acceptable salt thereof.

29. The use of any one of claims 1-28, wherein the therapeutically effective amount of atrasentan, or a pharmaceutically acceptable salt thereof, is from 0.40 mg to 0.85 mg of atrasentan, or an equivalent amount of a pharmaceutically acceptable salt thereof.

30. The use of any one of claims 1-29, wherein the therapeutically effective amount of atrasentan, or a pharmaceutically acceptable salt thereof, is about 0.75 mg of atrasentan, or an equivalent amount of a pharmaceutically acceptable salt thereof.

31. The use of any one claims 1-30, wherein (i) the subject has a UACR of 300 mg/g to 5000 mg/g, 300 mg/g to 2000 mg/g, 300 mg/g to 1000 mg/g, or 300 mg/g to 500 mg/g prior to the first administration of atrasentan, or a pharmaceutically acceptable salt thereof, (ii) the subject has a brain natriuretic peptide (BNP) concentration of 200 pg/mL or less, or 20 pg/mL to 100 pg/mL prior to the first administration of atrasentan, or a pharmaceutically acceptable salt thereof, (iii) the subject has a serum potassium level of at least about 3.5 mmol/L prior to the first administration of atrasentan, or a pharmaceutically acceptable salt thereof, and the SGLT-2 inhibitor, (iv) the subject has systolic blood pressure of 110 mm Hg to 180 mm Hg prior to the first administration of atrasentan, or a pharmaceutically acceptable salt thereof, (v) the subject has been determined to have controlled serum

glucose levels prior to the first administration of atrasentan, or a pharmaceutically acceptable salt thereof, (vi) the subject has an estimated glomerular filtration rate (eGFR) of 75 mL/min/1.73 m^2 to 25 mL/min/1.73 m^2, 60 mL/min/1.73 m^2 to 25 mL/min/1.73 m^2, or 75 mL/min/1.73 m^2 to 25 mL/min/1.73 m^2 prior to the first administration of atrasentan, or a pharmaceutically acceptable salt thereof, and/or (vi) the subject has a serum albumin level of at least 25 g/L prior to the first administration of atrasentan, or a pharmaceutically acceptable salt thereof.

32. The use of any one of claims 1-31, wherein (i) the subject maintains a potassium level within the normal physiologic range during treatment, (ii) the subject maintains a sodium level within the normal physiologic range during treatment, (iii) the fluid retention in the subject is reduced by at least about 1 kg, by at least about 2 kg, by at least about 3 kg or by about 4 kg after treatment with the atrasentan, or a pharmaceutically acceptable salt thereof, and the SGLT-2 inhibitor, for at least 15 to 30 days, (iv) the average rate of decrease in eGFR is reduced by from 15% to 30% after 1 month to 12 months of treatment with atrasentan, or a pharmaceutically acceptable salt thereof, and the SGLT-2 inhibitor, (v) the UACR of the subject is reduced by from 10% to 30% after 1 month to 12 months of treatment with atrasentan, or a pharmaceutically acceptable salt thereof, and the SGLT-2 inhibitor, and/or (vi) the BNP level of the subject is reduced by from 1% to 10% after 1 month to 12 months of treatment with atrasentan, or a pharmaceutically acceptable salt thereof, and the SGLT-2 inhibitor.

33. The use of any one of claims 1-32, wherein the subject is concomitantly receiving a statin, a calcium channel blocker, a beta blocker, an aldosterone antagonist, fish oil, or a combination of any of the foregoing.

34. The use of claim 33, wherein the statin is selected from the group consisting of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin, and pitavastatin.

35. The use of any one of claims 1-34, wherein (i) the subject has not been previously diagnosed with one or more of IgA nephropathy, HIV/AIDS, HIV-related nephropathy or acute kidney failure, (ii) the subject is not currently being treated for one or more of IgA nephropathy, HIV/AIDS, HIV-related nephropathy or acute kidney failure, (iii) the subject is not currently diagnosed with cancer, for example, lung cancer or prostate cancer, and/or (iv) the subject is not currently being treated for cancer, for example, lung cancer or prostate cancer.