You are invited to an MSD educational webinar for New Zealand healthcare professionals.

You're invited to a webinar: Belzutifan in VHL Disease and Advanced Clear Cell RCC

Mechanism, Evidence and Safety

Thursday 20th August 2026
7:00 – 8:30 pm (NZST, Auckland)

MSD invites you to attend a virtual educational webinar for New Zealand healthcare professionals.

FACULTY

Dr. Simon Fu
MBChB, FRACP

Consultant Medical Oncologist
Te Whatu Ora - Te Toka Tumai Auckland
Sr. Lecturer, University of Auckland

Auckland, New Zealand

Dr. Lewis Au
MBBS, PhD

Medical Oncologist
The Peter MacCallum Cancer Centre

Melbourne, Australia

PROGRAMME

7:00 pm	Welcome & introductions
7:05 pm	Presentation: belzutifan in VHL disease and advanced ccRCC
7:50 pm	Panel discussions and Q&As

8:30 pm Close

Register to secure your place

Register now ›

This educational meeting is organised and funded by MSD.

This online meeting is being hosted by Merck Sharp & Dohme (New Zealand) Limited (“MSD”) on an online meeting platform and is intended for use by healthcare professionals in New Zealand only.

This program is not intended for healthcare professionals who practice in, are licensed to practice in, or reside in the U.S., its territories, or Puerto Rico. As such, its contents have been designed to comply with New Zealand laws and regulations only.

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Kind regards,

Bassem Akladios – B.Pharm, MSc, PhD
GU Medical Advisor – MSD Oncology

Merck Sharp & Dohme (Australia) Pty Ltd
Building A, Level 1/26 Talavera Road, Macquarie Park NSW 2113
M: +61 417 261 900
E-mail: Bassem.Akladios@MSD.com

MSD

WELIREG (belzutifan) is a Prescription-only Medicine available as 40mg tablets.

Indications:

von Hippel-Lindau (VHL) disease associated tumours
WELIREG (belzutifan) is indicated for the treatment of adult patients with von-Hippel-Lindau (VHL) disease who require therapy for associated renal cell carcinoma (RCC), central nervous system (CNS) haemangioblastomas, or pancreatic neuroendocrine tumours (pNET), not requiring immediate surgery.

Advanced Renal Cell Carcinoma (RCC)
WELIREG (belzutifan) is indicated for the treatment of adult patients with advanced renal cell carcinoma (RCC) following immune checkpoint and antiangiogenic therapies.

Contraindications: None.

Precautions: WELIREG can cause severe anaemia that can require blood transfusion. Monitor for anaemia before initiation of and periodically throughout treatment. WELIREG can cause severe hypoxia that may require discontinuations, supplemental oxygen, or hospitalisation. Monitor oxygen saturation with pulse oximetry before initiation of and periodically throughout treatment. Advise patients to report signs and symptoms of hypoxia immediately to a healthcare provider. WELIREG may cause embryo-fetal harm, including fetal loss, when administered to a pregnant woman; advise pregnant women of this potential risk. Verify the pregnancy status of females of reproductive potential prior to initiating treatment with WELIREG. Advise females of

reproductive potential: of the potential risk to the fetus; to use highly effective contraception during treatment and for 1 week after the last dose as WELIREG may reduce the efficacy of hormonal contraceptives. Advise male patients with female partners of reproductive potential to use highly effective contraception during treatment with WELIREG and for 1 week after the last dose. It is not known whether belzutifan is excreted in human milk; a risk to the breastfed infant cannot be excluded. Advise women not to breastfeed during treatment with WELIREG and for at least 1 week after the last dose. Closely monitor patients who are dual UGT2B17 and CYP2C19 poor metabolisers due to potential increases in exposure that may increase the incidence or severity of adverse reactions, such as anaemia. WELIREG can cause dizziness and fatigue. Patients should be advised not to drive and use machines until they are reasonably certain WELIREG does not affect them adversely. See full Data Sheet for further information.

Interactions: Belzutifan is metabolised by UGT2B17 and CYP2C19 and induces CYP3A4. WELIREG can decrease plasma concentrations of CYP3A4 substrates (including hormonal contraceptives), which may reduce their efficacy; this effect may be greater in dual UGT2B17/CYP2C19 poor metabolisers. Inhibitors of UGT2B17 or CYP2C19 may increase, and CYP2C19 inducers may decrease, belzutifan exposure. In patients with reduced activity of both UGT2B17 and CYP2C19, coadministration of WELIREG with CYP3A4 inhibitors is expected to increase plasma exposure of belzutifan, which may increase the risk of adverse reactions of WELIREG. Monitor for anaemia and hypoxia and reduce the dose of WELIREG as recommended. Coadministration of WELIREG with hormonal contraceptives may lead to contraceptive failure or an increase in breakthrough bleeding. See full Data Sheet for further information.

Adverse effects: Common adverse reactions that occurred in patients treated with WELIREG were anaemia, fatigue, dyspnoea, nausea, dizziness, hypoxia. See full Data Sheet for further information.

Dosage: The recommended dose of WELIREG is 120 mg (three 40 mg tablets) administered orally once daily, with or without food. Swallow tablets whole. If a dose is missed, it may be taken as soon as possible on the same day with resumption of the usual once daily schedule the following day, and additional tablets should not be taken or repeated after vomiting.

Please review the WELIREG Data Sheet before prescribing. The Data Sheet is available at www.medsafe.govt.nz.

WELIREG (belzutifan) is not funded for any indication – charges will apply.

Merck Sharp & Dohme (New Zealand) Limited. Level 3, 123 Carlton Gore Road, Newmarket, Auckland.
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