Systemic Anti Cancer Treatment Protocol

DACARBAZINE

21 day cycles max. 6 cycles

PROTOCOL REF: MPHAMMEDAC
(Version No: 1.0)

Approved for use in:

Malignant Melanoma

Dosage:

Day	Drug	Daily dosage	Route	Schedule
1	Dacarbazine	850mg/m²	IV	21 day cycles max. 6 cycles

Supportive treatments:
Dexamethasone 4mg oral tablets twice daily for 3 days
Domperidone 10mg oral tablets maximum 3 times a day or as required

Extravasation risk:

VESICANT

Administration:

Day	Drug	Dose	Route	Diluent and rate
1	**Ondansetron** 30mins before chemotherapy	24mg	oral	
	Dexamethasone 30mins before chemotherapy	12mg	Oral	
1	**Dacarbazine**	850mg/m²	IV Infusion	500ml sodium chloride 0.9% Over 15 to 30 minutes in an opaque non-pyrogenic line – store in a fridge and protect from light (especially direct sunlight)

Storage instructions
Store in a fridge and protect from light and an opaque infusion line used

Flushes
Flush the line with sodium chloride 0.9% or glucose 5% at the end of the infusion.

Main Toxicities:

Dacarbazine
Gastrointestinal disorders anorexia, nausea and vomiting, diarrhoea, sore mouth, taste changes Heamatological anemia, leukopenia and thrombocytopenia (nadirs often only occurring after 3 to 4 weeks) Addition side effects pain on injection site, chemical phlebitis, facial flushing especially in sunlight, photosensitivity, hair thinning Flu-like symptoms with exhaustion, chills, fever and muscular pain are occasionally observed during or often only days after dacarbazine administration. Liver necrosis due to occlusion of intrahepatic veins

Investigations:

Regular FBC day 1
U&Es & LFTs and LDH day 1
CT scan 8 weeks after cycle 1, day 1 and upon completion of treatment

Dose Modifications:

Dacarbazine dose reduction	
First dose reduction	20%
Second dose reduction	Review by oncologist

Haematological toxicity

Proceed on day 1 if:-

WCC ≥ 3.0	Platelets ≥ 100	Neutrophil ≥ 1.0

Delay 1 week on day 1 if:-

WCC ≤ 2.9	Platelets ≤ 99	Neutrophil ≤ 0.9

If treatment is delayed for a second week, as a result of white cell count, platelets or neutrophils remaining below the required levels, the patient must be assessed by a oncologist for a review of the treatment plan.

Hepatic impairment

If there is mild to moderate renal or hepatic insufficiency alone, a dose reduction is not usually required. In patients with combined renal and hepatic impairment elimination of dacarbazine is prolonged. However, no validated recommendations on dose reductions can be given currently

Dacarbazine
Activated and metabolised in the liver. Can be hepatotoxic. Consider dose reduction.

Renal impairment

If there is mild to moderate renal or hepatic insufficiency alone, a dose reduction is not usually required. In patients with combined renal and hepatic impairment elimination of dacarbazine is prolonged. However, no validated recommendations on dose reductions can be given currently

GFR (ml/min)	Dacarbazine dose reduction
Approximately 20 – 50 % of the drug is excreted unmodified by the kidney.	
45-60	20%
30-45	25%
<30	30%

References:

Dacarbazine 100mg, 200mg, 500mg, 1000mg. Summary of Product Characteristics. medac GmbH 28/11/1997. Available from www.medicines.org.uk/emc/medicine last updated 01/06/2011.

Dosage Adjustment for Cytotoxics in Renal Impairment University college London Hospital NHS Foundation trust. January 2009.

Dosage Adjustment for Cytotoxics in Hepatic Impairment University college London Hospital NHS Foundation trust. January 2009.