

# FLUOROURACIL CYCLOPHOSPHAMIDE DACARBAZINE

## INDICATION (ICD10) C75, D44.2

1. Locally advanced or metastatic parathyroid cancer

## REGIMEN

Days 1 to 4

DACARBAZINE 200mg/m<sup>2</sup> in 1000ml sodium chloride 0.9% IV infusion over 60 minutes

CYCLOPHOSPHAMIDE 500mg/m<sup>2</sup> IV bolus

FLUOROURACIL 500mg/m<sup>2</sup>/day continuous IV infusion over 96 hours

## CYCLE FREQUENCY AND NUMBER OF CYCLES

Every 21 days for 6 cycles

## ANTI-EMETICS

High emetic risk days 1 to 4

## CONCURRENT MEDICATION REQUIRED

Dacarbazine	Anaphylaxis treatment should be prescribed if the patient has had an anaphylactic episode previously. Dexamethasone 20mg IV bolus Chlorphenamine 10mg IV bolus H <sub>2</sub> antagonist
Fluorouracil	Mouth and bowel support eg Loperamide, benzydamine mouthwash

## EXTRAVASATION AND TYPE OF LINE / FILTERS

Cyclophosphamide - neutral

Dacarbazine – vesicant

Fluorouracil - inflammitant

Central line

## INVESTIGATIONS

Blood results required before SACT administration

FBC, U&E and LFTs every week

Neutrophils x 10<sup>9</sup>/L ≥1.5

Platelets x 10<sup>9</sup>/L ≥100

ECG (possible ECHO) required if patient has preexisting cardiac disease

Creatinine clearance (GFR) calculated, at the Consultants discretion

Serum creatinine

DPD test

Baseline weight and every cycle

## MAIN TOXICITIES AND ADVERSE REACTIONS

Cyclophosphamide	may irritate bladder, drink copious volumes of water.
Dacarbazine	An influenza type syndrome of fever, myalgias and malaise usually occurring after large single doses and approximately seven days after treatment lasting 7 to 21 days. Anaphylaxis can occur very rarely following administration of Dacarbazine. Photosensitivity reactions may occur rarely. Increases in AST, ALT, alk phos, LDH. Levels usually return to normal within two weeks
Fluorouracil	Palmar plantar (handfoot syndrome) causing red palms and soles – treat with pyridoxine 50mg tds Diarrhoea – treat with loperamide or codeine Cardiotoxicity – monitor cardiac function. Special attention is advisable in treating patients with a history of heart disease, arrhythmias or angina pectoris or those who develop chest pain during treatment with fluorouracil. Stomatitis

## INTERACTIONS WHICH MAY REQUIRE DOSE MODIFICATIONS

(not exhaustive list check SPC/BNF/Stockleys)

Fluorouracil	Cimetidine slightly increases exposure to fluorouracil Metronidazole increased toxicity Phenytoin concentration increased Warfarin
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## DOSE MODIFICATIONS

### Hepatic impairment

Dacarbazine

Mild and moderate without renal impairment: no dose adjustment

Severe: not recommended

Fluorouracil

Bilirubin >85micromol/L	Not recommended
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### Renal impairment

Cyclophosphamide

CrCl 10-29ml/min	give 75% dose
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Dacarbazine

CrCl ≥30ml/min without hepatic impairment	give 100% dose
CrCl <30ml/min	give 70% dose

## REFERENCES

1. Arch Intern Med. 1984 Feb; 144(2): 399-400.