DACARBAZINE

INDICATION (ICD10) C49
1. Second or third line metastatic soft tissue sarcoma. PS 0, 1, 2

REGIMEN
Day 1 DACARBAZINE 600mg/m^2 in 1000ml sodium chloride 0.9% IV infusion over 60 minutes
Day 2 DACARBAZINE 600mg/m^2 in 1000ml sodium chloride 0.9% IV infusion over 60 minutes

CYCLE FREQUENCY AND NUMBER OF CYCLES
Every 21 days for up to 6 cycles

ANTI-EMETICS
High emetic risk days 1 and 2

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_2 antagonist

EXTRAVASATION AND TYPE OF LINE / FILTERS
Dacarbazine – vesicant

Peripheral or central line. Peripheral line needs UV resistant cover or wrapped in foil as light sensitive

INVESTIGATIONS
Blood results required before SACT administration
FBC, U&E and LFTs every cycle
Neutrophils x 10^9/L ≥1.5
Platelets x 10^9/L ≥100
Serum creatinine - GFR each cycle

MAIN TOXICITES AND ADVERSE REACTIONS

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.

INTERACTIONS WHICH MAY REQUIRE DOSE MODIFICATIONS (not exhaustive list check SPC/BNF/Stockleys)

Dacarbazine	Reduce absorption phenytoin increase risk of convulsions.

DOSE MODIFICATIONS

Haematological

Dacarbazine

If blood counts unsatisfactory treatment is to be delayed by one week.

Grade 3 or 4 thrombocytopenia, grade 4 neutropenia or febrile neutropenia the dose is to be reduced to 500mg/m^2 days 1 and 2, and then 400mg/m^2 days 1 and 2.

GCSF to be considered if grade 3 or 4 neutropenia

Hepatic impairment

Dacarbazine

Mild and moderate without renal impairment: no dose adjustment

Severe: not recommended

Renal impairment

Dacarbazine

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

REFERENCES

1. Randomized Phase II Study Comparing Gemcitabine Plus Dacarbazine Versus Dacarbazine Alone in Patients With Previously Treated Soft Tissue Sarcoma: A Spanish Group for Research on Sarcomas Study JOURNAL OF CLINICAL ONCOLOGY VOLUME 29 _ NUMBER 18 _ JUNE 20 2011
2. Dacarbazine in Solitary Fibrous Tumor: A Case Series Analysis and Preclinical Evidence vis-_a-vis Temozolomide and Antiangiogenics S. Stacchiotti1, M. Tortoreto2, F. Bozzi3, E. Tamborini3, C. Morosi4, A. Messina4, M. Libertini1, E. Palassini1, D. Cominetti2, T. Negri3, A. Gronchi5, S. Pilotti3, N. Zaffaroni2, and P.G. Casali1Clin Cancer Res; 19(18) September 15, 2013