

DACARBAZINE

INDICATION (ICD10) C43

1. Malignant melanoma PS 0, 1, 2

REGIMEN

Day 1 DACARBAZINE 1000mg/m² in #ml sodium chloride 0.9% IV infusion over 60 minutes

diluent volume for dose prescribed as per national standardised product specification

CYCLE FREQUENCY AND NUMBER OF CYCLES

Every 21 days for 6 cycles

ANTI-EMETICS

High emetic risk

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
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EXTRAVASATION AND TYPE OF LINE / FILTERS

Dacarbazine – vesicant

Central line, infusion bag 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 10⁹/L ≥1.5

Platelets x 10⁹/L ≥100

Serum creatinine - GFR each cycle

MAIN TOXICITIES 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
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INTERACTIONS WHICH MAY REQUIRE DOSE MODIFICATIONS

(not exhaustive list check SPC/BNF/Stockleys)

Dacarbazine	Reduce absorption phenytoin increase risk of convulsions
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DOSE MODIFICATIONS

Haematological

Neutrophil $<1.5 \times 10^9/L$ delay until recovery, then consider dose reduction

Hepatic impairment

Dacarbazine

Mild and moderate without renal impairment: no dose adjustment

Severe: not recommended

Renal impairment

Dacarbazine

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

REFERENCES

1. Chapman, PB et al; JCO 1999; 17 (9): 2745-2751