

DACARBAZINE GEMCITABINE

INDICATION (ICD10) C49

1. Second or third line metastatic soft tissue sarcoma. PS 0, 1, 2

REGIMEN

Day 1 DACARBAZINE 500mg/m² in #ml sodium chloride 0.9% IV infusion over 60 minutes
GEMCITABINE 1800mg/m² in #ml sodium chloride 0.9% IV infusion over 3 hours

diluent and diluent volume for dose prescribed as per national standardised product specification or licensed dose

CYCLE FREQUENCY AND NUMBER OF CYCLES

Every 14 days for 12 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

Gemcitabine – neutral

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 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.
Gemcitabine	Diarrhoea – see dose modifications, treat with loperamide or codeine Mucositis – see dose modifications, use routine mouthcare

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

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/m² days 1 and 2, and then 400mg/m² days 1 and 2.

GCSF to be considered if grade 3 or 4 neutropenia.

Gemcitabine

Neutrophils >1.5x10 ⁹ /L and platelets >100x10 ⁹ /L	give 100% dose
Neutrophils <1.5x10 ⁹ /L or platelets <100x10 ⁹ /L	delay treatment (day 1)

Hepatic impairment

Dacarbazine

Mild and moderate without renal impairment: no dose adjustment

Severe: not recommended

Gemcitabine

Bilirubin >27µmol/L	initiate treatment with 80% dose
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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. Casali¹ Clin Cancer Res; 19(18) September 15, 2013