Dacarbazine (skin)

Indication
Palliative therapy for unresectable Stage III and IV malignant melanoma.

ICD-10 codes
Codes prefixed with C43

Regimen details

Day	Drug	Dose	Route
1	Dacarbazine	1000mg/m^2	IV infusion

Cycle frequency
21 days

Number of cycles
6 cycles

Administration
Dacarbazine is administered in 500-1000mL sodium chloride 0.9% over 60 minutes.
Dacarbazine is sensitive to light exposure. All reconstituted solutions should be suitably protected from light including during administration, using a light-resistant infusion set.

Pre-medication
Antiemetics as per local policy

Emetogenicity
This regimen has high emetogenic potential

Additional supportive medication
Antiemetics as per local policy.
Mouthwashes if required.

Extravasation
Vesicant (Group 5)

Investigations – pre first cycle

Investigation	**Validity period** (or as per local policy)
FBC	14 days
U+E (including creatinine)	14 days
LFT	14 days

Investigations - pre subsequent cycles

Investigation	**Validity period** (or as per local policy)
FBC	96 hours
U+E (including creatinine)	7 days
LFT	7 days

Standard limits for administration to go ahead

If blood results not within range, authorisation to administer **must** be given by prescriber/ consultant.

Investigation	Limit
Neutrophils	≥1.5 x 10^9/L
Platelets	≥100 x 10^9/L
Creatinine Clearance (CrCl)	> 60ml/min
Bilirubin	<1.5 x ULN

Dose modifications

- **Haematological toxicity**

If neutrophils <1.5 x 10^9/L and/or platelets <100 x 10^9/L delay treatment for 1 week. Repeat FBC and resume treatment at 100% dose if within normal limits.
Consider dose reduction if more than 1 weeks delay due to myelosuppression.

Toxicity	Definition	Dose
Febrile neutropenia	Neutrophils < 1.0 x 10^9/L and fever (temperature ≥ 38°C) requiring antibiotics and/or hospitalisation	Delay until FBC recovers Recommence with 50 - 75% dose (consultant decision)

- **Renal impairment**

Creatinine Clearance (mL/min)	Dacarbazine dose
>60	100%
45-60	80%
30-45	75%
<30	70% and use with caution (consultant decision)

- **Hepatic impairment**

No dose modifications required for mild to moderate hepatic impairment. In patients with combined renal and hepatic impairment elimination of dacarbazine is prolonged, however there are no current recommendations on dose reductions. Consider dose reduction if moderate to severe hepatic impairment (consultant decision).

- **Other toxicities**

No dose modification for other toxicities.

Adverse effects - for full details consult product literature/ reference texts

- **Serious side effects**

Myelosuppression
Hepatic necrosis

- **Frequently occurring side effects**

Myelosuppression
Nausea and vomiting
Flu-like symptoms
Diarrhoea
Fatigue
Alopecia
Phlebitis
Bone pain
Liver enzyme elevation

- **Other side effects**

Headache
Anorexia
Confusion

Significant drug interactions – for full details consult product literature/ reference texts

CYP1A2 and 2E1 inhibitors: may enhance toxicity of dacarbazine.

CYP1A2 inducers: may reduce effect of dacarbazine.

Additional comments

Nil

References

- Summary of Product Characteristics. Dacarbazine (Medac). accessed 7 May 2014 via http://emc.medicines.org.uk
- Allwood M, Stanley A, Wright P, editors. The cytotoxics handbook. 4th ed. Radcliffe Medical Press. 2002.

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