Dacarbazine Therapy

INDICATIONS FOR USE:

INDICATION	ICD10	Regimen Code	HSE approved reimbursement status
Treatment of metastatic malignant melanoma	C43	00464a	N/A

* This applies to post 2012 indications.

TREATMENT:

The starting dose of the drugs detailed below may be adjusted downward by the prescribing clinician, using their independent medical judgement, to consider each patients individual clinical circumstances.

Dacarbazine is administered on day 1 of a 21 day cycle for 6 cycles or until disease progression or unacceptable toxicity develops, whichever is first.

Facilities to treat anaphylaxis MUST be present when systemic anti-cancer therapy (SACT) is administered.

Day	Drug	Dose	Route	Diluent & Rate	Cycle
1	Dacarbazine	850mg/m^2	IV infusion	1000mL NaCl 0.9% over 1 hour	Every 21 days
Dacarbazine is sensitive to light exposure. All reconstituted solutions should be suitably protected from light also during administration (light-resistant infusion set)					

Note: Administration volumes and fluids have been standardised to facilitate electronic prescribing system builds.

ELIGIBILITY:

- Indications as above

EXCLUSIONS:

- Hypersensitivity to dacarbazine or to any of the excipients
- Pregnancy or breastfeeding
- Leukopenia and/or thrombocytopenia
- Severe liver or kidney diseases.

PRESCRIPTIVE AUTHORITY:

The treatment plan must be initiated by a Consultant Medical Oncologist.

TESTS:

Baseline tests:

- FBC, renal and liver profile

Regular tests:

- FBC, renal and liver profile prior to each cycle

Disease monitoring:

Disease monitoring should be in line with the patient's treatment plan and any other test/s as directed by the supervising Consultant.

DOSE MODIFICATIONS:

- Any dose modification should be discussed with a Consultant.

Haematological:

Table 1: Dose modification of dacarbazine in haematological toxicity

ANC ($x10^9$/L)		Platelets ($x10^9$/L)	Dose
<1.5	or	<100	Delay for 1 week. Repeat FBC, if within normal parameters resume treatment with 100% dose.

Renal and Hepatic Impairment:

Table 2: Dose modifications in renal and hepatic impairment

Renal Impairment		Hepatic Impairment
CrCl (mL/min)	Dose	Can be hepatotoxic. Consider dose reduction.
45-60	80%	
30-45	75%	
<30	70%	
Renal and hepatic dose modifications taken from North London Cancer Network		

SUPPORTIVE CARE:

EMETOGENIC POTENTIAL

- As outlined in NCCP Classification Document for Systemic Anti-Cancer Therapy (SACT) Induced Nausea and Vomiting - Available on the NCCP website

Dacarbazine: High (**Refer to local policy).**

For information:
Within NCIS regimens, antiemetics have been standardised by Medical Oncologists and Haemato-oncologists and information is available in the following documents:

- NCCP Supportive Care Antiemetic Medicines for **Inclusion in NCIS** (Medical Oncology) - Available on the NCCP website
- NCCP Supportive Care Antiemetic Medicines for **Inclusion in NCIS** (Haemato-oncology) - Available on the NCCP website

PREMEDICATIONS: None usually required

OTHER SUPPORTIVE CARE: No specific recommendations

ADVERSE EFFECTS:

- Please refer to the relevant Summary of Product Characteristics for details.

DRUG INTERACTIONS:

- Current SmPC and drug interaction databases should be consulted for information.

REFERENCES:

1. Chapman PB, Einhorn LH, Meyers ML, et al. Phase III multicenter randomized trial of the Dartmouth regimen versus dacarbazine in patients with metastatic melanoma. J Clin Oncol 1999;2745-51.
2. Dosage Adjustment for Cytotoxics in Renal Impairment January 2009; North London Cancer Network.
3. Dosage Adjustment for Cytotoxics in Hepatic Impairment January 2009; North London Cancer Network.
4. NCCP Classification Document for Systemic AntiCancer Therapy (SACT) Induced Nausea and Vomiting. V6 2025. Available at: https://www.hse.ie/eng/services/list/5/cancer/profinfo/chemoprotocols/nccp-classification-document-for-systemic-anti-cancer-therapy-sact-induced-nausea-and-vomiting.pdf
5. Dacarbazine (medac®)100mg powder for solution Summary of Product Characteristics. Accessed April 2025. Available at: https://assets.hpra.ie/products/Human/19326/LicenseSPC_PA0623-003-001_25052012160128.pdf

Version	Date	Amendment	Approved By
1	16/02/2018		Dr Fergal Kelleher
2	01/05/2020	Reviewed.	Dr Fergal Kelleher
3	15/04/2025	Regimen reviewed.Regimen updated in line with NCCP standardisation.	Dr Fergal Kelleher

Comments and feedback welcome at oncologydrugs@cancercontrol.ie.