Dacarbazine Therapy

INDICATIONS FOR USE:

<table>
<thead>
<tr>
<th>INDICATION</th>
<th>ICD10</th>
<th>Regimen Code</th>
<th>*Reimbursement Indicator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment of metastatic malignant melanoma</td>
<td>C43</td>
<td>00464a</td>
<td>Hospital</td>
</tr>
</tbody>
</table>

*If the reimbursement status is not defined, the indication has yet to be assessed through the formal HSE reimbursement process.

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 patient's 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.

<table>
<thead>
<tr>
<th>Day</th>
<th>Drug</th>
<th>Dose</th>
<th>Route</th>
<th>Diluent &amp; Rate</th>
<th>Cycle</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Dacarbazine</td>
<td>850mg/m²</td>
<td>IV infusion</td>
<td>1000ml NaCl 0.9% over 1 hour</td>
<td>Every 21 days</td>
</tr>
</tbody>
</table>

Dacarbazine is sensitive to light exposure. All reconstituted solutions should be suitably protected from light also during administration (light-resistant infusion set).

ELIGIBILITY:
- Indications as above

EXCLUSIONS:
- Hypersensitivity to the active substance 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 treatment

**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**

<table>
<thead>
<tr>
<th>ANC (x10^9/L)</th>
<th>Platelets (x10^9/L)</th>
<th>Dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;1.5 or &lt;100</td>
<td>Delay for 1 week. Repeat FBC, if within normal parameters resume treatment with 100% dose.</td>
<td></td>
</tr>
</tbody>
</table>

Renal and Hepatic Impairment:
**Table 2: Dose modifications in renal and hepatic impairment**

<table>
<thead>
<tr>
<th>Renal Impairment</th>
<th>Dose</th>
<th>Hepatic Impairment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cr Cl (ml/min)</td>
<td>Can be hepatotoxic. Consider dose reduction.</td>
<td></td>
</tr>
<tr>
<td>45-60</td>
<td>80%</td>
<td></td>
</tr>
<tr>
<td>30-45</td>
<td>75%</td>
<td></td>
</tr>
<tr>
<td>&lt;30</td>
<td>70%</td>
<td></td>
</tr>
</tbody>
</table>

SUPPORTIVE CARE:

**EMETOGENIC POTENTIAL:** High (Refer to local policy).

**PREMEDICATIONS:** None usually required

**OTHER SUPPORTIVE CARE:** No specific recommendations

**ADVERSE EFFECTS / REGIMEN SPECIFIC COMPLICATIONS**

The adverse effects listed are not exhaustive. Please refer to the relevant Summary of Product Characteristics for full details.

- **Neutropenia:** Fever or other evidence of infection must be assessed promptly and treated appropriately.
- **Vein Irritation:** Dacarbazine often causes pain during administration that usually responds to slowing the infusion rate.
- **Hepatotoxic drugs** and alcohol should be avoided during chemotherapy.

**DRUG INTERACTIONS:**

- Dacarbazine is metabolised by cytochrome P450 (CYP1A1, CYP1A2, and CYP2E1). This has to be taken into account if other medicinal products are co-administered which are metabolised by the same hepatic enzymes.
- Concomitant use of phenytoin and dacarbazine should be avoided since there is a risk of exacerbation of convulsions resulting from the decrease of phenytoin digestive absorption.
- Current drug interaction databases should be consulted for more information.
NCCP Chemotherapy Regimen

ATC CODE:
Dacarbazine - L01AX04

REFERENCES:

<table>
<thead>
<tr>
<th>Version</th>
<th>Date</th>
<th>Amendment</th>
<th>Approved By</th>
</tr>
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<tbody>
<tr>
<td>1</td>
<td>16/02/2018</td>
<td></td>
<td>Dr Fergal Kelleher</td>
</tr>
</tbody>
</table>

Comments and feedback welcome at oncologydrugs@cancercontrol.ie.

1 ODMS – Oncology Drug Management System
CDS – Community Drug Schemes (CDS) including the High Tech arrangements of the PCRS community drug schemes
Further details on the Cancer Drug Management Programme is available at; http://www.hse.ie/eng/services/list/5/cancer/proinfo/medonc/cdmp/