**NCCP Chemotherapy Regimen**

**Dacarbazine (1.2 g/m²) Therapy – 21 day**

**INDICATIONS FOR USE:**

<table>
<thead>
<tr>
<th>INDICATION</th>
<th>ICD10</th>
<th>Regimen Code</th>
<th>*Reimbursement status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment of metastatic soft tissue sarcoma</td>
<td>C43</td>
<td>00511</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 4 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>1.2 g/m²</td>
<td>IV infusion</td>
<td>1000mls 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
- ECOG 0-2

**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.

---

NCCP Regimen: Dacarbazine 1.2mg/m² Therapy

Published: 10/10/2018
Review: 10/10/2020
Version number: 1

Tumour Group: Sarcoma

NCCP Regimen Code: 00511

ISMO Contributor: Prof Maccon Keane

Page 1 of 3

The information contained in this document is a statement of consensus of NCCP and ISMO or IHS professionals regarding their views of currently accepted approaches to treatment. Any clinician seeking to apply or consult these documents is expected to use independent medical judgement in the context of individual clinical circumstances to determine any patient's care or treatment. Use of these documents is the responsibility of the prescribing clinician. and is subject to HSE’s terms of use available at [http://www.hse.ie/eng/Disclaimer](http://www.hse.ie/eng/Disclaimer)

This information is valid only on the day of printing, for any updates please check [www.hse.ie/NCCPchemoregimens](http://www.hse.ie/NCCPchemoregimens)
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>&gt;1.5 and</td>
<td>&gt;100</td>
<td>100%</td>
</tr>
<tr>
<td>1–1.5 or</td>
<td>70 – 100</td>
<td>80 %</td>
</tr>
<tr>
<td>&lt;1 or &lt;70</td>
<td></td>
<td>Delay one week</td>
</tr>
</tbody>
</table>

If the patient was admitted with an episode of neutropenic sepsis during the interval, give 80% of the previous dose.

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

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

**ATC CODE:**
Dacarbazine - L01AX04

**REFERENCES:**
2. BCCA Protocol Summary for High Dose Single Agent Dacarbazine (DTIC) for Metastatic Soft Tissue Sarcoma SADTIC Revised 1 May 2016

<table>
<thead>
<tr>
<th>Version</th>
<th>Date</th>
<th>Amendment</th>
<th>Approved By</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>10/10/2018</td>
<td></td>
<td>Prof Maccon Keane</td>
</tr>
</tbody>
</table>

Comments and feedback welcome at oncologydrugs@cancercontrol.ie.

---

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;