

## Chemotherapy Protocol

### SKIN CANCER

### DACARBAZINE

#### Regimen

- Skin – Dacarbazine

#### Indication

- Dacarbazine is recommended as a first line option for unresectable stage IIIC or IV melanoma in those unsuitable for ipilimumab.
- Dacarbazine is recommended as an option for the second line treatment of unresectable stage IIIC or IV melanoma of cutaneous, ocular or mucosal origin following treatment with ipilimumab.
- Dacarbazine is recommended as an option for the third line treatment of unresectable stage IIIC or IV melanoma of cutaneous, ocular or mucosal origin.
- WHO performance status 0, 1

#### Toxicity

Drug	Adverse Effect
Dacarbazine	Influenza type syndrome starting up to 7 days after treatment and lasting up to 21 days, photosensitivity, anaphylaxis, vein pain, myelosuppression

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

#### Monitoring

#### *Regimen*

- FBC, LFT's and U&E's prior to day one of each cycle

#### Dose Modifications

The dose modifications listed are for haematological, liver and renal function only. Dose adjustments may be necessary for other toxicities as well.

In principle all dose reductions due to adverse drug reactions should not be re-escalated in subsequent cycles without consultant approval. It is also a general rule for chemotherapy that if a third dose reduction is necessary treatment should be stopped.

Please discuss all dose reductions / delays with the relevant consultant before prescribing if appropriate. The approach may be different depending on the clinical circumstances. The following is a general guide only.

### [Haematological](#)

Prior to prescribing the following criteria must be met.

Criteria	Eligible Level
Neutrophil	equal to or more than $1.5 \times 10^9/L$
Platelets	equal to or more than $100 \times 10^9/L$

If the platelets are less than  $100 \times 10^9/L$  and the neutrophils are less than  $1.5 \times 10^9/L$  then delay treatment for seven days. Repeat the full blood count at this time. If the counts have returned to the eligible levels treatment may continue at 100% of the last dose.

Consider blood transfusion or erythropoietin if patient symptomatic of anaemia or has a haemoglobin of less than 8g/dL

### [Hepatic Impairment](#)

Dacarbazine is activated and metabolised in the liver. It can be hepatotoxic. Consider a dose reduction or stopping therapy if the baseline liver function tests double during therapy

### [Renal Impairment](#)

Drug	Creatinine Clearance (ml/min)	Dose (% of original dose)
Dacarbazine	45 - 60	80%
	30 - 45	75%
	less than 30	70%

### [Other](#)

Dose reductions or interruptions in therapy are not necessary for those toxicities that are considered unlikely to be serious or life threatening. For example, alopecia, altered taste or nail changes.

### [Regimen](#)

#### **21 day cycle for 6 cycles**

Drug	Dose	Days	Route
Dacarbazine	1000mg/m <sup>2</sup>	1	Intravenous infusion in 500ml sodium chloride 0.9% over 60 minutes

### [Dose Information](#)

- Dacarbazine will be dose banded as per the CSCCN agreed bands

## Administration Information

### *Extravasation*

- Dacarbazine – vesicant

### *Other*

- Dacarbazine is light sensitive. The infusion should be protected from light during administration. Do not use if the solution has a pink or red discolouration.

## Additional Therapy

- Antiemetics

15-30 minutes before chemotherapy

- dexamethasone 8mg oral or intravenous
- ondansetron 8mg oral or intravenous

As take home medication

- dexamethasone 4mg twice a day for three days starting the day after chemotherapy
- metoclopramide 10mg three times a day for three days and then 10mg three times a day when required oral

Gastric protection with a proton pump inhibitor or a H<sub>2</sub> antagonist may be considered in patients considered at high risk of GI ulceration or bleed

## Coding

- Procurement – X70.1
- Delivery – X72.3

## References

1. Huncharek M, Caubert JF, McGarry R. Single agent DTIC versus combination chemotherapy with or without immunotherapy in metastatic melanoma: a meta-analysis of 3273 patients from 20 randomised trials. *Melanoma Research* 2001; 11 (1): 75-81.

## REGIMEN SUMMARY

### Dacarbazine

#### Day One

1. Dexamethasone 8mg oral or intravenous
2. Ondansetron 8mg oral or intravenous
3. Dacarbazine 1000mg/m<sup>2</sup> intravenous infusion in 500ml sodium chloride 0.9% over 60 minutes

#### Administration Instructions

Dacarbazine is light sensitive. The infusion should be protected from light during administration. Do not use if the solution has a pink or red discolouration

#### Take Home Medicines

4. Dexamethasone 4mg twice a day for 3 days starting the day after chemotherapy oral
5. Metoclopramide 10mg three times a day for three days starting on the day of chemotherapy and then 10mg three times a day when required oral

## DOCUMENT CONTROL

Version	Date	Amendment	Written By	Approved By
1	February 2015	None	Dr Deborah Wright Pharmacist	Prof C Ottensmeier Consultant Medical Oncologist  Dr M Wheeler Consultant Medical Oncologist

This chemotherapy protocol has been developed as part of the chemotherapy electronic prescribing project. This was and remains a collaborative project that originated from the former CSCCN. These documents have been approved on behalf of the following Trusts;

Hampshire Hospitals NHS Foundation Trust  
 NHS Isle of Wight  
 Portsmouth Hospitals NHS Trust  
 Salisbury Hospital NHS Foundation Trust  
 University Hospital Southampton NHS Foundation Trust  
 Western Sussex Hospitals NHS Foundation Trust

All actions have been taken to ensure these protocols are correct. However, no responsibility can be taken for errors which occur as a result of following these guidelines.