LONDON CANCER ALLIANCE West and South

Skin Pathway Group – Dacarbazine in Advanced Malignant Melanoma

Indication:	Palliative therapy for unresectable Malignant Melanoma Stage III and Stage IV
Regimen details:	Dacarbazine 850mg/m^2 (*) IV Day 1 (*) Consider Dacarbazine 1000mg/m^2 for younger, fit patients
Administration:	Dacarbazine given as IV infusion in 500mls Sodium Chloride 0.9% over 1 hour, with an additional 500ml Sodium Chloride 0.9% run at the same time by piggyback, to reduce vein irritation. Dacarbazine infusion rate can be decreased and volume can be increased to avoid venous pain during infusion. Dacarbazine is light-sensitive. It is likely that pain during the infusion may be caused by degradation products on exposure to light. Use light protective giving set or cover the line with aluminium foil, protect the infusion bag from light. Solution turns pink on exposure to light.
Frequency:	Every 21 days, up to 8 cycles
Pre-medication:	Not routinely given
Anti- emetics:	Very High emetogenicity Follow Local Anti-emetic Policy
Supportive medication:	Not routinely required
Extravasation:	Vesicant Dacarbazine should be administered with appropriate precautions to prevent extravasation

Version: 1.0 Supersedes: all other versions	Approved by LCA Skin Pathway Chemotherapy Lead: Mark Harries
Reason for Update: LCA Protocol Development	Approved by LCA Joint Delivery Subgroup Co-Chairs: Pauline McCalla & Rebecca Johl
Prepared by: Ravi Shaunak	Approved by LCA Medicines & Chemotherapy Steering Group Chair:
Second check by: Sanna Eestila	Date prepared: January 2015 Review Date: January 2017

If there is any possibility that extravasation has occurred, contact a senior member of the medical team and follow local protocol for dealing with cytotoxic extravasation

Regular investigations:

Prior to Cycle 1:

FBC	Day 1 (within 14 days)
LFTs	Day 1 (within 14 days)
U&Es	Day 1 (within 14 days)

Prior to Day 1 (cycle 2 onwards):

FBC	Day 1 (within 72 hours)
LFTs	Day 1 (within 72 hours)
U&Es	Day 1 (within 72 hours)
Re-staging	Every 2-3 cycles

Toxicities: Anaemia, leucopenia, thrombocytopenia, nausea, vomiting, anorexia

DOSE MODIFICATIONS

Haematological Toxicity

Neutrophils (x 10^9/L)		Platelets (x 10^9/L)	Dose
≥ 1.5	**&**	≥ 100	100% dose
< 1.5	**or**	< 100	Delay for 1 week Repeat FBC, if recovered to above these levels give 100% dose. If not recovered to above these levels, continue to delay until recovered and reduced the next dose by 25%

Non-haematological Toxicities

Renal Impairment

Creatinine Clearance (ml/min)	Dacarbazine Dose
45 - 60	80%
30 - 45	75%
< 30	70%

Hepatic Impairment Dacarbazine is activated and metabolised in the liver, therefore, can be hepatotoxic
Discuss with Consultant and consider dose reduction

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Location of regimen delivery:	Day case setting
Drug interactions:	Hepatotoxic drugs and alcohol should be avoided during chemotherapy Dacarbazine is metabolised by cytochrome P450, therefore the co-administration of other drugs which are metabolised by the same hepatic enzymes can present a theoretical interaction Anti-epileptics: - reduced absorption of phenytoin
References:	www.medicines.org.uk Chapman PB et al. JCO (1999); 17 (9): 2745-2751 Stockley's Drug Interactions. Interactions search: Dacarbazine: January 2009

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