DACARBAZINE

Unresectable Stage III and Stage IV Malignant Melanoma

Drug / Dosage: Dacarbazine 850 – 1000mg/m^2 IV Day 1

Administration: To minimise pain on administration, give over at least 1 hour in 500ml 0.9% sodium chloride and ensure that the bag and giving set are protected from exposure to UV light.

Frequency: 3 weekly cycle for 6 cycles (if responding)
Continuation beyond 6 cycles in the event of continuing clinical benefit and minimal toxicity may be considered – this is a Consultant only decision

Main Toxicities: myelosuppression; alopecia; flu-like syndrome (see below); ovarian failure/infertility

Anti-emetics: highly emetogenic

Extravasation: Dacarbazine is a vesicant
N.B. It may cause intense venous pain if administered too rapidly and this must be distinguished from extravasation.

Regular Investigations:
FBC Day 1
LFTs Day 1
U&Es Day 1

Comments: Occasionally a flu-like syndrome may develop about 7 days following administration of dacarbazine, which can last for up to 21 days – most likely to occur with high single dosage.

Dose Modifications

Haematological Toxicity:
WBC < 3.0 x 10^9/l
or
Neutrophils < 1.0 x 10^9/l
or
Platelets < 100 x 10^9/l

Delay for 1 week.
Repeat FBC and resume treatment if within normal parameters. Dose reduction should be considered if more than one delay from myelosuppression.

Renal Impairment: The Cockcroft and Gault formula may be used to predict CrCl. If borderline, an EDTA may be requested.

CrCl (ml/min)	Dacarbazine Dose
60	Give 80%
45	Give 75%
30	Give 70%

Hepatic Impairment: Consider a dose reduction, but note that dacarbazine can rarely be hepatotoxic. If in doubt, contact the Consultant.

Reference: Chapman, PB et al; JCO 1999; 17 (9): 2745 - 2751

Reason for Update: max no of cycles reviewed; indication updated	Approved by Consultant: Dr M Ajaz
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