Systemic Anti Cancer Treatment Protocol

Dacarbazine
Sarcoma

PROTOCOL REF: MPHADACAR
(Version No. _1.0)

Approved for use in:

Soft tissue sarcoma – 3rd line onwards
Leiomyosarcoma – 2nd line onwards

Dosage:

Drug	Dosage	Route	Frequency
Dacarbazine	800mg/m^2	IV	Every 21 days

Repeat every 21 days for 6 cycles

Supportive treatments:
Anti-emetic risk - high
Dexamethasone tablets 4mg twice daily for 3 days
Domperidone 10mg oral tablets, up to 3 times a day or as required

Extravasation risk:

Irritant

Administration:

Day	Drug	Dosage	Route	Diluent and Rate
1	Dexamethasone	12mg	Oral	
1	Ondansetron	24mg	Oral	
1	Dacarbazine	800mg/m^2	IV	500ml 0.9% sodium chloride over 30 to 60 minutes

Notes:
Dacarbazine infusions are light sensitive, **protect bag and line from light at all times**

Vein irritation may occur – slow down the infusion and make sure light is completely excluded

Main Toxicities:

Myelosuppression, nausea, vomiting, flu like symptoms (after the infusion lasting 3-5 days)

Investigations and treatment plan

	Pre	Cycle 1	Cycle 2	Cycle 3	Cycle 4	Cycle 5	Cycle 6	Comments
Medical Assessment	X	X	X	X	X	X	X	Every cycle
Nursing Assessment	X	X	X	X	X	X	X	Every cycle
FBC	X	X	X	X	X	X	X	Every cycle
U&E & LFT	X	X	X	X	X	X	X	Every cycle
CT scan	X							After 3 cycles then as clinically indicated
Informed Consent	X							
PS recorded	X	X	X	X	X	X	X	Every cycle
Toxicities documented	X	X	X	X	X	X	X	Every cycle
Weight recorded	X	X	X	X	X	X	X	Every cycle

Dose Modifications and Toxicity Management:

Haematological toxicity

Proceed on day 1 if all apply:-

ANC ≥ 1.0 x 10^9/L	Platelets ≥ 100 x 10^9/L

Delay 1 week on day 1 if any apply:-

ANC ≤ 0.9 x 10^9/L	Platelets ≤ 99 x 10^9/L

If platelets or ANC still below required levels for treatment at week 2, delay treatment again and patient will need assessment and chemotherapy dose reduction.

Non-haematological toxicity

Renal	Mild to moderate impairment – no dose adjustment needed If both renal and hepatic impairment is present monitor closely and be aware that elimination of dacarbazine may be prolonged. Note baseline values of renal indices and discuss with consultant if baseline values double during treatment. There are no dose adjustment recommendations Severe disease - contraindicated
Hepatic	Mild to moderate impairment – no dose adjustment needed If both renal and hepatic impairment is present monitor closely and be aware that elimination of dacarbazine may be prolonged. Note baseline values of hepatic indices and discuss with consultant if baseline values double during treatment. There are no dose adjustment recommendations Severe disease - contraindicated
Liver necrosis	This is a rare but potentially serious complication caused by occlusion of the intrahepatic veins. Discontinue treatment at once.

References:

Dacarbazine SPC, Electronic Medicines Compendium https://www.medicines.org.uk/emc/medicine/1088

BC Cancer Agency,http://www.bccancer.bc.ca/drug-database-site/Drug%20Index/Dacarbazine_monograph_1June2013_formatted.pdf

Garcia-Del-Muro X, Lopez-Pousa A, Maurel J, Martin J, Martinez-Trufero J, Casado A, et al. Randomized phase II study comparing gemcitabine plus dacarbazine versus dacarbazine alone in patients with previously treated soft tissue sarcoma: a Spanish Group for Research on Sarcomas study. J Clin Oncol. 2011;29(18):2528-33.