

Dacarbazine (Sarcoma)

Indication

Previously treated advanced soft tissue sarcoma. Performance status 0-2.

ICD-10 codes

C49

Regimen details

Days	Drug	Dose	Route
1	Dacarbazine	1200mg/m ² *	IV infusion

*Consider starting at 1000mg/m² in older patients or in those with co-morbidities.

Cycle frequency

21 days

Number of cycles

Up to 8 cycles

Administration

Dacarbazine is administered in 500-1000mL sodium chloride 0.9% over 60 minutes.

Dacarbazine is sensitive to light exposure. All reconstituted solutions should be suitably protected from light including during administration using a light resistant giving set.

Pre-medication

Antiemetics as per local policy.

Emetogenicity

This regimen has high emetic potential

Additional supportive medication

Anti-emetics as per local policy

Proton pump inhibitor whilst on dexamethasone, and additionally if required

Benzydamine mouthwash as required

Extravasation

Dacarbazine is a vesicant (Group 5)

Investigations – pre first cycle

Investigation	Validity period
FBC	14 days
U+E (including creatinine)	14 days
LFT	14 days

Investigations – pre subsequent cycles

Investigation	Validity period
FBC	96 hours
U+E (including creatinine)	7 days
LFT	7 days

Standard limits for administration to go ahead

If blood results not within range, authorisation to administer **must** be given by prescriber/ consultant

Investigation	Limit
Neutrophils	$\geq 1.0 \times 10^9/L$
Platelets	$\geq 100 \times 10^9/L$
Creatinine clearance	≥ 60 ml/min (See renal impairment section below)
Bilirubin	$\leq 3 \times$ ULN

Dose modifications

- Haematological toxicity**

If neutrophils $< 1.0 \times 10^9/L$ or platelets $< 100 \times 10^9/L$ delay 1 week

If platelets $< 50 \times 10^9/L$, neutrophils $< 0.5 \times 10^9/L$ or febrile neutropenia, delay 1 week and reduce dose for future cycles by 20%.

Consider GCSF for grade 3 or 4 neutropenia.

- Renal impairment**

CrCl (mL/min)	Dacarbazine dose
>60 mL/min	$1200\text{mg}/\text{m}^2$
30-60 mL/min	$1000\text{mg}/\text{m}^2$
15-30 mL/min	$700\text{mg}/\text{m}^2$
<15 mL/min or dialysis	Not recommended

- Hepatic impairment**

Mild to moderate hepatic impairment with no concomitant renal impairment – no dose adjustment needed. If concomitant renal impairment elimination of dacarbazine may be prolonged.

Severe: not recommended

- Other toxicities**

Toxicity	Definition	Action/Dose adjustment
Emesis	\geq grade 3	Optimise anti-emetics. If persists despite optimal therapy consider stopping dacarbazine – consultant decision
Other non-haematological toxicities	\geq grade 3	Omit until \leq grade 1 then reduce dose by 20% for future cycles.

Liver necrosis is a rare but serious potential complication caused by occlusion of the intrahepatic veins. If this occurs, discontinue treatment.

Adverse effects - for full details consult product literature/ reference texts

- Serious side effects**

Myelosuppression

Hepatic necrosis

- **Frequently occurring side effects**

Myelosuppression
Nausea and vomiting
Flu-like symptoms
Diarrhoea
Fatigue
Alopecia
Phlebitis
Bone pain
Liver enzyme elevation

- **Other side effects**

Headache
Anorexia
Confusion

Significant drug interactions – for full details consult product literature/ reference texts

CYP1A2 and 2E1 inhibitors: may enhance toxicity of dacarbazine.

CYP1A2 inducers: may reduce effect of dacarbazine.

Phenytoin: reduced absorption of phenytoin from GI tract, avoid concomitant use.

Coumarin anticoagulants (e.g. Warfarin): monitor INR closely

Additional comments

Nil

References

- Stachhiotti, S. et al. Dacarbazine in Solitary Fibrous Tumor: A Case Series Analysis and Preclinical Evidence vis-à-vis Temozolomide and Antiangiogenics. Clin Cancer Res; 2013; 19(18) 5192-5201.
- Garcia-del-Muro X et al. Randomised 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; 29:2528-2533
- Demetri et al. Efficacy and Safety of Trabectedin or Dacarbazine for Metastatic Liposarcoma or Leiomyosarcoma After Failure of Conventional Chemotherapy: Results of a Phase III Randomized Multicenter Clinical Trial. J Clin Oncol. 2016 Mar 10;34(8):786-93
- Summary of Product Characteristics – Dacarbazine (Medac) accessed 19 June 2025 via www.medicines.org.uk

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