BCCA Protocol Summary for Palliative Therapy for Metastatic Malignant Melanoma Using High Dose Dacarbazine (DTIC)

Protocol Code: SMDTIC
Tumour Group: Melanoma
Contact Physician: Dr. Kenneth Wilson

ELIGIBILITY:
- Metastatic malignant melanoma
- Life expectancy greater than 12 weeks
- Performance status ECOG 0-2

EXCLUSIONS:
- Renal or hepatic dysfunction

TESTS:
- Baseline: CBC and differential, platelets, BUN, serum creatinine, liver enzymes (AST, GGT, alkaline phosphatase, LDH), chest x-ray, CT scan, tumour measurements (excluding lesions only seen on chest x-ray and CT scan)
- Before each treatment: CBC and differential, platelets, BUN, serum creatinine, liver enzymes (AST, GGT, alkaline phosphatase, LDH), tumour measurements
- Every 2nd treatment: chest x-ray, CT scan

PREMEDICATIONS:
- Antiemetic protocol for highly emetogenic chemotherapy protocols (see SCNAUSEA)

TREATMENT:

<table>
<thead>
<tr>
<th>Drug</th>
<th>Dose</th>
<th>BCCA Administration Guideline</th>
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</thead>
</table>
| Dacarbazine (DTIC)| 1,100 mg/m² | IV in 500 to 1,000 mL NS or D5W over 1 to 2 hours  
* Protect the container from light during administration.  
* Do not use if the colour of the solution changed to pink or red. |

Repeat every 21 days until stable disease for four treatments, or disease progression (greater than or equal to 50% increase), or intolerable side effects.
DOSE MODIFICATIONS:

1. **Hematological**

<table>
<thead>
<tr>
<th>ANC (x10^9/L)</th>
<th>Platelets (x10^9/L)</th>
<th>Dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>greater than 2 and greater than 100</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>1.5-2 or 70-100</td>
<td>80%</td>
<td></td>
</tr>
<tr>
<td>less than 1.5 or less than 70</td>
<td>delay</td>
<td></td>
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</tbody>
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2. **Neutropenic sepsis requiring hospital admission:** Give 80% of previous dose.

3. **Renal dysfunction:** Dose modification required for dacarbazine. Consult with contact physician. See also Precaution 3 (renal toxicity).

PRECAUTIONS:

1. **Neutropenia:** Fever or other evidence of infection must be assessed promptly and treated aggressively.

2. **Vein Irritation:** Dacarbazine often causes pain during administration that usually responds to slowing the infusion rate.

3. **Renal Toxicity:** Nephrotoxicity may occur with dacarbazine. Avoid nephrotoxic drugs such as aminoglycoside. Consult with contact physician if baseline values double.

4. **Hepatic Toxicity:** Hepatic toxicity may occur with dacarbazine. Consult with contact physician if baseline values double.

Call Dr. Kenneth Wilson or tumour group delegate at (250) 519 5572 or 1-800-670-3322 local 5572 with any problems or questions regarding this treatment program.

Date activated: N/A

Date revised: 1 June 2011 (Infusion section revised)