

BC Cancer Protocol Summary for High Dose Single Agent Dacarbazine (DTIC) for Metastatic Soft Tissue Sarcoma

Protocol Code *SADTIC*

Tumour Group *Sarcoma*

Contact Physician *Dr. Christine Simmons*

ELIGIBILITY:

- diagnosis of metastatic SOFT TISSUE SARCOMA
- adequate bone marrow, renal, and liver function
- life expectancy greater than 12 weeks/ECOG less than 3 Standard Therapy

TESTS:

Evaluation of the patient before every treatment:

- CBC, diff, platelet count, BUN, serum creatinine, LDH, alk phos, SGOT (AAT), gamma GT
- Measurement of measurable lesions excluding those only seen on CXR and CT scans***.

*** CXR's and CT scans should be repeated every second course.

DISCONTINUE TREATMENT IF:

- Stable disease for four treatments
- Progression of disease (greater than or = 50% increase)
- Intolerable side effects

SUPPORT MEDICATIONS:

- ondansetron 8 mg PO/IV pre-chemo and continue every 8 hours for 3 doses regularly then prn
- dexamethasone 10 mg PO/IV 30 minutes before and repeat every 8-12 hours with ondansetron
- LORazepam 1 mg SL and prochlorperazine 10 mg PO/IV every 4-6 hours PRN for nausea
- Give nabilone if severe nausea despite above: 1 mg 2 hours before the infusion and 1 mg at start of the infusion and/or metoclopramide 1 mg/kg with 25-50 mg of diphenhydrAMINE IV before chemo and repeat every 4 hours prn
- additional antiemetics as required for highly emetogenic chemotherapy (see SCNAUSEA protocol)
- DISCHARGE with prochlorperazine 10 mg every 4-6 hours or dimenhydrINATE 50 to 100 mg PO/PR every 4-6 hours

TREATMENT:

Drug	Dose	BC Cancer Administration Guidelines
dacarbazine	1.2 g/m ²	IV in 500 to 1000 mL NS over 1 to 2 hours

- Repeat every three or four weeks

DOSE MODIFICATIONS:

1. Hematological:

ANC (x 10 ⁹ /L)		Platelets (x 10 ⁹ /L)	Dose
greater than or equal to 1.5	and	greater than or equal to 100	100 %
1.0 to less than 1.5	or	70 to less than 100	80 %
less than 1.0	or	less than 70	Delay one week

If the patient was admitted with an episode of neutropenic sepsis during the interval, give 80% of the previous dose.

PRECAUTIONS:

- **Vein irritation during infusion:** SLOW DOWN THE RATE.
- **Nausea and vomiting:** may be marked during the infusion
- **Flu-like syndrome:** may occur after infusion and commonly lasting 3-5 days
- **Myelosuppression:** This is usually maximum in the second week, but may be delayed until the third week. Patients therefore require careful evaluation before restarting treatment in 21 days. Neutropenic sepsis can occur and should be suspected when a patient develops fever and/or chills +/- malaise in the interval between treatments. Routine monitoring of interval counts is probably not necessary, but if patient should develop signs of infection a CBC with differential white count and platelet count should be performed.
- **Renal toxicity:** indices should be monitored prior to each course. Please call if baseline values double and cannot be explained by progression of disease.
- **Hepatic toxicity:** indices should be monitored prior to each course. Please call if baseline values double and cannot be explained by progression of disease.

Call Dr. **Christine Simmons** or tumour group delegate at (604) 877-6000 or 1-800-663-3333 with any problems or questions regarding this treatment program.

Reference:

Buesa JM, M., van Oosterom AT, Verweij J, et al. High-dose DTIC in advanced soft-tissue sarcomas in the adult. A phase II study of the E.O.R.T.C Soft Tissue and Bone Sarcoma Group. Ann Oncol 1991;2:307-9.