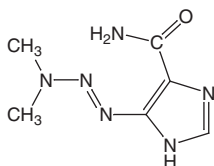


Dacarbazine

CAS No. 4342-03-4

Reasonably anticipated to be a human carcinogen
First Listed in the *Fourth Annual Report on Carcinogens* (1985)



Carcinogenicity

Dacarbazine is *reasonably anticipated to be a human carcinogen* based on sufficient evidence of carcinogenicity in experimental animals (IARC 1981, 1982, 1987). When administered orally in the diet, dacarbazine induced thymic and splenic lymphosarcomas and mammary adenocarcinomas in rats of both sexes, and cerebral ependymomas and pulmonary alveolar carcinomas in female rats. When administered by intraperitoneal injection, dacarbazine induced lung tumors, lymphomas, and splenic hemangiomas in male mice, and lung tumors and uterine tumors in female mice. In a separate study, intraperitoneal injection of dacarbazine induced mammary adenocarcinomas and adenofibromas, thymic and splenic lymphosarcomas, leiomyosarcomas of the uterus, cerebral ependymomas, ependymoblastomas, embryonal adenocarcinomas, adrenal cortical adenomas, bronchogenic adenocarcinomas, and renal cortical adenocarcinomas in female rats. Intraperitoneal injection of dacarbazine in another study involving rats induced lymphomas and heart tumors in both sexes, renal tumors in males, and breast carcinomas in females (IARC 1981).

There is inadequate evidence for the carcinogenicity of dacarbazine in humans (IARC 1982, 1987). A single case of acute leukemia after treatment with dacarbazine in combination with other cytotoxic agents has been reported (IARC 1981).

Properties

Dacarbazine occurs as white to ivory-colored microcrystals that are soluble in water. Dacarbazine is extremely light sensitive and rapidly undergoes photodecomposition. Dacarbazine is sensitive to oxidation, but is stable in neutral solutions in the absence of light. This chemical decomposes explosively at its melting point of 250 to 255°C (HSDB 2001).

Use

Dacarbazine is used as an antineoplastic agent in the treatment of diseases such as malignant melanomas, Hodgkin's disease, soft-tissue sarcomas, osteogenic sarcomas, and neuroblastomas. It is occasionally used in the therapy of other neoplastic diseases that have become resistant to alternative treatment. Dacarbazine is available as a powder for preparing injections in vials containing 100 and 200 mg with mannitol and citric acid (IARC 1981).

Production

Dacarbazine is not currently produced domestically, but it is imported (IARC 1981). Import volumes, however, have not been reported. The 1998 *Chemical Buyers Directory* named one U.S. supplier of the compound (Tilton 1997). Three domestic suppliers of dacarbazine were identified in 2001 (Chem Sources 2001).

Exposure

The primary routes of potential human exposure to dacarbazine are injection, inhalation, and dermal contact. For patients receiving

dacarbazine, the typical initial dose is 2 to 4.5 mg/kg b.w. intravenously or intra-arterially daily for 10 days and repeated after intervals of 4 weeks, or 100 to 250 mg/m² of body surface for 5 days and repeated after intervals of 3 weeks (IARC 1981). Potential exposure of health professionals who handle this drug such as pharmacists, nurses, and physicians may occur during drug preparation, administration, or cleanup; however, the risks can be avoided through use of appropriate containment equipment and work practices (Zimmerman *et al.* 1981). Potential occupational exposure may also occur for workers involved in the formulation or packaging of the pharmaceuticals.

Regulations

FDA

Dacarbazine is a prescription drug subject to labeling and other requirements

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