

• **Hyperglycemia:** Monitor serum glucose levels at baseline and as clinically indicated

• **Uveitis, iritis, and iridocyclitis:** steroid and mydriatic ophthalmic drops may provide symptomatic relief for these conditions. Monitor for visual signs and symptoms of uveitis (blurred vision, photophobia, and eye pain). Continue at the same dose in iritis. Hold for mild or moderate uveitis that does not respond to ocular therapy, severe uveitis, or iridocyclitis; initiate treatment as indicated. Permanently discontinue in those who develop persistent grade 2 or higher uveitis that lasts longer than 6 wk

• **Bleeding:** major intracranial bleeding/GI bleeding can occur when used in combination with trametinib. Monitor for signs of bleeding (frank blood, blood in stools, urine, vomit); evaluate any unexplained fall in hematocrit, hypotension, grade 3 bleeding hold product, grade 4 discontinue

• **Cardiomyopathy:** a decrease in left ventricular ejection fraction (LVEF) of 10% or greater from baseline and below the lower limit of normal (LLN) may occur and was higher when given in combination with trametinib. Obtain an echocardiogram or multigated acquisition (MUGA) scan prior to starting combination therapy, 1 mo after starting dabrafenib, and then q2-3mo during treatment. Hold dabrafenib for symptomatic congestive heart failure or LVEF below the LLN with an absolute decrease of greater than 20% from baseline. Resume dabrafenib at the same dose if LVEF improves to the institutional LLN and an absolute decrease of 10% or less from baseline

• **Palmar-plantar erythrodysesthesia syndrome (hand and foot syndrome):** may occur when given in combination with trametinib, usually within 37 days; hospitalization may be required due to a secondary infection of the skin. Interruption of therapy, a dose reduction, or permanent therapy discontinuation may be needed in those who develop severe skin toxicity

### Evaluate:

• Therapeutic response: decrease in melanoma progression

### Teach patient/family:

- To notify prescriber of new lesions
- To notify providers of all OTC, Rx, herbal products taken
- To take as prescribed 1 hr prior to or 2 hr after meals, to take a missed dose at least 6 hr before next dose
- To report adverse reactions immediately
- About reason for treatment, expected results
- Advise patients to report symptoms of severe hyperglycemia (excessive thirst, increased urinary frequency)
- Advise that other malignancies are possible
- **Pregnancy:** to use effective nonhormonal contraception during treatment and for at least 30 days after discontinuing treatment; not to breastfeed

## HIGH ALERT

### dacarbazine (Rx)

(da-kar'ba-zeen)

*Func. class.:* Antineoplastic alkylating agent

*Chem. class.:* Cytotoxic triazine

**ACTION:** Alkylates DNA, RNA; inhibits DNA, RNA synthesis; also responsible for breakage, cross-linking of DNA strands; activity is not cell-cycle–phase specific

**USES:** Hodgkin's disease, malignant melanoma

**Unlabeled uses:** Metastatic soft-tissue sarcoma in combination with other agents

**CONTRAINDICATIONS:** Breast-feeding, hypersensitivity

**Precautions:** Renal disease, infection

**Black Box Warning:** Pregnancy 1st trimester, radiation therapy, hepatic disease, bone marrow suppression, secondary malignancy, requires an experienced clinician