is associated with greater toxicity may be more desirable than long-term therapy with INH IL-2 that is less toxic but that can more severely impact patients' home life. For other patients, particularly those with a poorer overall performance status, the converse may be true. Thus, the IL-2 treatment modality should be tailored to the individual patient based on the patient's medical, psychological and emotional needs.

In summary, the results of the current analyses show that INH IL-2 and SYST IL-2 are comparably effective in promoting the survival of patients with mRCC. However, treatment with INH IL-2 is associated with considerably lower toxicity and fewer complications than SYST IL-2 treatment, thus providing a therapeutic option for otherwise untreatable patients, offering patients a relatively good quality of life (including the ability to maintain active social and professional roles), and requiring fewer co-medications. Nonetheless, one IL-2 treatment modality should not be considered to be superior to the other, but should be selected for a patient based on several patient-related considerations. Moreover, the two IL-2 treatment modalities need not be mutually exclusive. INH IL-2 treatment may be combined with SYST IL-2 therapy to potentially increase clinical benefit without augmenting toxicity.

Acknowledgement

We would like to acknowledge Susanne Wittneben and Barbara Kherad for their very valuable assistance with patient care and medical documentation.

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