Melanoma is the most serious form of skin cancer. Since the early 1970s, its incidence rate has increased by about 6% per year; about 7,400 deaths will be attributed to melanoma in 2002 (American Cancer Society, 2002). Most cases of early primary melanoma are highly curable. However, once the disease metastasizes to multiple body organs, it is associated with a poor prognosis and a mortality rate of more than 95% (Anderson, Buzaid, Ali-Osman, Braunschweiger, & Grimm, 1997; Atkins et al., 1999). The survival time for patients with multiple organ metastases ranges from 6–9 months (Anderson, Buzaid, & Legha, 1995). Several treatment modalities are available for patients with metastatic melanoma, including single-agent and combination chemotherapy regimens, biologic agents (interleukin-2 [IL-2] and interferon-alpha [IFN-a]), vaccines, and biochemotherapy (Anderson et al., 1995, 1997; Atkins et al.; Cohen & Falkson, 1998; Haigh, Difronzo, Gammon, & Morton, 1999). However, the treatment of metastatic melanoma remains less than satisfactory. A single-agent cytotoxic drug (i.e., dacarbazine) has produced response rates of less than 20% (Anderson et al., 1995; Cohen & Falkson). Combination chemotherapy regimens have response rates of...