Kidney and renal pelvic cancers have increased in incidence in the United States since the 1970s (Chow, Gridley, Fraumeni, & Jarvholm, 2000; Hock, Lynch, & Balaji, 2002). A projected 54,390 new cases are expected in 2008, roughly 85% of which will be renal cell carcinoma (RCC), and 13,010 deaths are expected (Jemal et al., 2008). RCC cases account for only 3% of patients diagnosed with cancer in the United States, but RCC is resistant to conventional chemotherapy (Motzer, 2003; Motzer, Michaelson, et al., 2006) and therefore is associated with poor prognosis. Patients diagnosed with early-stage disease have a five-year survival rate of 90%. However, about 30% of patients present with metastatic disease (Donskov & von der Maase, 2006) and 20%–30% of patients are likely to develop metastases after surgery (National Cancer Institute [NCI], 2006). The most common sites for metastases are lung, bone, brain, liver, and adrenal glands (NCI); breast metastases are uncommon (McLaughlin, Thiel, Smith, Wehle, & Menke, 2006). Patients presenting with distant metastases have about a 10% five-year survival rate. Durable responses, with survival greater than 39 months (Rosenberg, Yang, White, & Steinberg, 1998), have been achieved with high-dose interleukin-2 (IL-2) therapy, but only in a small percentage of patients (Fisher, Rosenberg, & Fyfe, 2000; Motzer, Michaelson, et al.).