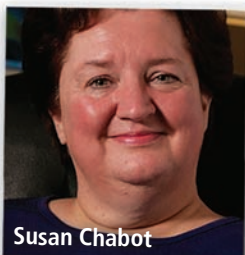


For adult patients with **metastatic renal cell carcinoma**

Proleukin® (aldesleukin) is indicated for the treatment of adults with metastatic renal cell carcinoma or metastatic melanoma



Jacques Thibodeau

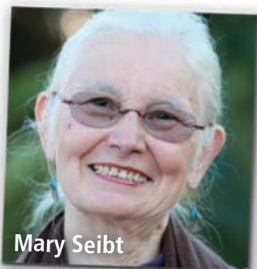


Susan Chabot

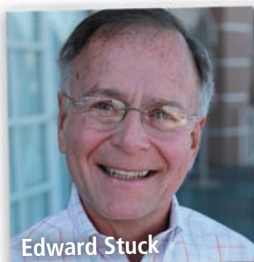


Pat Howard

## Finding Answers



Mary Seibt



Edward Stuck



Bob Gallner

Your Cancer  
Your Goals  
Your Decisions

Complete plus partial response rates were 15% in metastatic renal cell carcinoma patients and 16% in metastatic melanoma patients.

Careful patient selection is mandatory prior to the administration of Proleukin.

Please see accompanying full Prescribing Information including **Boxed Warning** on page 14.



**PROMETHEUS**  
Therapeutics & Diagnostics

# Explore Every Option

You are most likely reading this brochure because you have been diagnosed with the metastatic form of renal cell carcinoma, or kidney cancer. Naturally, you have many questions you want and need answered.

When considering treatment for metastatic kidney cancer, it is extremely important to consider every option. While surgery is the most common treatment for early disease, metastatic kidney cancer usually cannot be treated effectively by surgery alone and often requires the addition of drug therapy. You may also receive radiation treatment for the cancer that has spread to other areas of your body.

This brochure will provide you with some helpful information about the different kinds of drug therapies commonly used in the treatment of metastatic kidney cancer.

## There is information about:

- Immunotherapy
- Targeted therapy
- Chemotherapy
- Clinical trials

Proleukin® (aldesleukin) is indicated for the treatment of adults with metastatic renal cell carcinoma or metastatic melanoma.

Please see accompanying full Prescribing Information including **Boxed Warning**. Please see pages 14 and 15 for Important Safety Information and additional side effect information.

Receiving the diagnosis of metastatic kidney cancer can be overwhelming and frightening. There is a lot of information to take in and options to consider. While some of the information may be discouraging, there are also many inspirational stories that give hope to patients everywhere. There are treatments that can have a significant impact on the disease, and there are people still alive years after their diagnosis of metastatic kidney disease.

The information in this brochure is intended to give you an overview of your options and start you on a path of learning, but there is a lot more to learn before you can make a decision. If there is any drug, any topic, any issue that you do not fully understand, ask again and again until you get a satisfactory answer. You have a right to be – **AND YOU DESERVE TO BE** – fully informed so you can make the right decision.

"Thanks to my wife,  
my physicians, and  
my faith, I feel like I  
have a second chance  
at life."



-Gustavo Perez, Kidney Cancer Survivor

Read my story and more stories on [Proleukin.com](http://Proleukin.com)

Complete response rate was 7% in  
metastatic renal cell carcinoma patients.

# Kidney Cancer 101

Kidney cancer is commonly called “renal cell carcinoma” in the medical community. Renal comes from the Latin word for kidneys, and “carcinoma” is another word for cancer.

## Basic facts about kidney cancer:

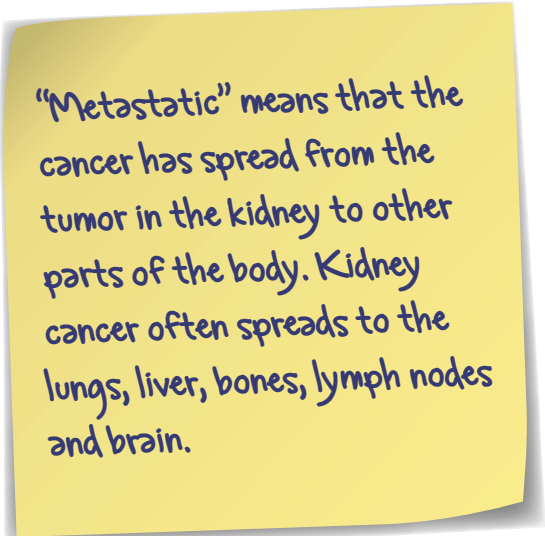
- More than 50,000 Americans will be diagnosed with kidney cancer in 2010
- Kidney cancer occurs roughly twice as often in males as in females and most often in men between the ages of 40 and 60
- Kidney cancer has few symptoms in its early stages so it often goes undiagnosed or misdiagnosed until the tumor is fairly large
- Kidney cancer has several types, including clear cell, papillary, sarcomatoid, transitional cell, and others

## Symptoms of Kidney Cancer:

- Blood in the urine (also known as “hematuria”) is the most common symptom of kidney cancer – seen in 40-50% of patients
- Other symptoms include a hard lump or a bulging under the skin in the stomach region or back or side pain or pressure
- Once the cancer has spread, patients may experience other symptoms; some of those symptoms may include unexplained weight loss, fevers, anemia, or high blood pressure

## Diagnosis of “Metastatic” Renal Cell Carcinoma

- Some patients are diagnosed in early phases before the cancer has spread (metastasized) to other parts of the body
- 15-25% of patients have metastatic disease at the time of their diagnosis
- Many tumors are found accidentally on x-rays or ultrasounds being conducted for unrelated reasons



“Metastatic” means that the cancer has spread from the tumor in the kidney to other parts of the body. Kidney cancer often spreads to the lungs, liver, bones, lymph nodes and brain.

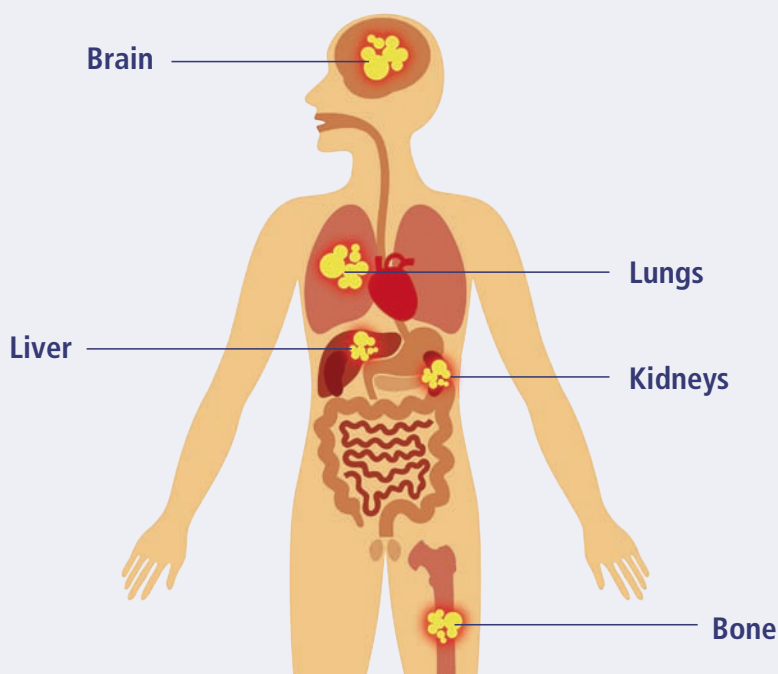
There is excellent, detailed information about kidney cancer and the different types, symptoms, diagnosis and treatment available to you. When you are ready, there is a list of resources on the back cover of this brochure that you can visit for more information, in addition to your consultation with your healthcare team.

# Overview of Treatment in Kidney Cancer

Some patients are diagnosed with kidney cancer before it has spread to other parts of the body, while others have metastatic disease when their cancer is initially diagnosed.

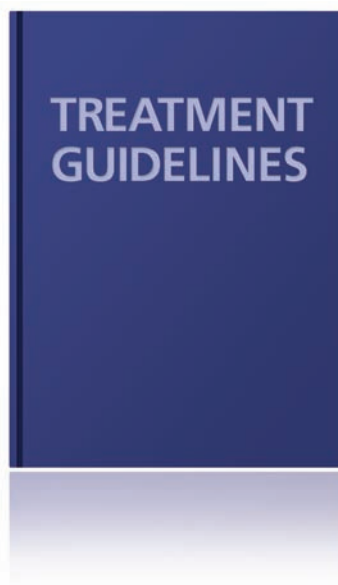
In most cases, surgery is considered the primary treatment. A variety of surgical procedures are available, depending on the type, size of tumor, extent of disease, and your overall physical condition. Your doctor will discuss with you the surgical options that are most appropriate, and which drug therapies should be considered.

## Common Sites of Spread of Renal Cell Carcinoma



## Consulting the guidelines

Once your specific information is gathered, your doctor may review one of the highly regarded treatment guidelines that exist. These guidelines are written by kidney cancer experts who come together every few years to determine which treatment options may be appropriate for each patient type. The guidelines cover when surgeries are appropriate, which drug therapies are appropriate as a first treatment, and which therapies might best be given after a first choice.



Most doctors use these guidelines as the foundation for making treatment decisions, but your input is also of great importance. The choice of treatment, where treatment is administered, the frequency of check-ups, and many other aspects of your treatment should be determined by your doctor with input from you.

It is very important to agree on a treatment plan in advance. You and your treatment team should discuss first therapy options, and try to plan ahead by also deciding what therapy options you'd be comfortable with should you require additional therapy.

# Your treatment team

It is your responsibility and right to empower yourself by discussing treatment goals with your treatment team. You have many treatment options to explore, and new information to learn about the risks and potential benefits of each therapy.

You are not alone in this process. Your “treatment team” should be a diverse set of people that bring different perspectives and knowledge to bear. Critical members of your team should include:



## Your oncologist

Your oncologist can be a great source of information to help you sort through the pros and cons of various therapies. It is very important for you and your treatment team to perform a meaningful and realistic assessment of the different treatment options available to you. It’s virtually impossible to make an “apples to apples” comparison of treatment options (they all work differently, and have different outcomes). So, you’ll want to learn about all of the drugs with which your oncologist is familiar.



## Family members, loved ones, friends

These people should have your priorities, your goals and your interests at heart. They can help advocate for you, help you learn and remember all the information, sort through your emotions, and help to weigh your options.



## Oncologists with specialized experience

Talk to and learn from healthcare professionals who have first-hand experience with certain specialized therapies with which your oncologist may not be as familiar. It helps to speak with these professionals, and understand the pros/cons of the treatments they specialize in, directly.





## Nurses

Your nurses will be there for you throughout the process, from pre-treatment to treatment, and treatment to home care. They will answer questions, provide information for you and your family, ease your pain, reduce anxiety, and keep your medical team informed every step of the way.



## Care Coordinators and Navigators

They may be described by various titles, but their value is clear: these team members coordinate people, information, schedules and support, to help you make sense of treatment choices and the challenges you're facing.



## Others who have had personal experience with your type of cancer

Many patients find it helpful to share thoughts, fears and experiences with others who have had a similar experience. See the Resources section in this brochure for information about advocacy groups that can help you find them.

When you combine the knowledge of your treatment team with all of the information you will soon discover, you will be better prepared to make sound decisions based on your treatment goals and feel confident in your choices.

# Treatments: Immunotherapy

Immunotherapy, sometimes called biologic therapy, is a form of treatment that boosts the body's own immune defenses. It is considered one of the standard treatment options for kidney cancer patients with advanced metastatic disease.

The cytokines are an important family of immunotherapy drugs that include interferons and interleukin-2 (IL-2). These drugs have represented the standard in the treatment of kidney cancer.

Interferons are widely used to treat kidney cancer, alone or in combination with other drugs. Interferon therapy is typically self-administered by injection under the skin several times per week. Interferons work by "interfering" with the life processes within the cancer cell, preventing its growth and making the cell more open to attack by the body's immune system.

There are three major types of interferons - alfa, beta, and gamma - interferon alfa has been most widely studied in the treatment of kidney cancer. Several interferon alfa products are available in the United States. Response to interferon alfa is characterized by slow shrinking of tumors; the average time from start of treatment to noticeable tumor shrinkage is three to four months.

The most common side effects of interferon therapy are flu-like symptoms including fever, chills, muscle aches, headache, loss of appetite and fatigue. Generally, these symptoms become less severe with continued therapy.

*Treatment with immunotherapy does not prevent you from being treated with other therapies later if the immunotherapy doesn't work. For these reasons, it is important that you consider treatment with immunotherapy early on, and discuss with your treatment team whether it may be the right choice for you.*

IL-2 is also available for the treatment of metastatic kidney cancer. It stimulates the growth of two types of white blood cells: T cells and “natural killer” (NK) cells. T cells are very important in your body’s fight against cancer because they recognize cancer cells and set off an alarm to the body. The NK cells respond to this alarm and are transformed into lymphokine-activated killer (LAK) cells, which are capable of destroying cancer cells.

Serious side effects are known to occur with IL-2 treatment, and include nausea, vomiting, hypertension, cardiac arrhythmias, diarrhea, loss of appetite, gastrointestinal bleeding, rashes, disorientation, hallucinations, fever, and chills. Most are completely reversible once you stop taking the drug but they can be severe. Therapy with IL-2 requires that the treating doctor be experienced in its use and that diligent clinical monitoring of the patient takes place throughout treatment.



Meeting specialists is a good idea and does not mean you cannot continue to work with your existing healthcare team. These teams are happy to meet with you to discuss your treatment plan.

# Treatments: Proleukin® (aldesleukin): High-Dose Interleukin-2 (HD IL-2) Immunotherapy

Proleukin® (aldesleukin) is FDA-approved and available as an immunotherapy treatment for metastatic renal cell carcinoma and metastatic melanoma. Proleukin is an important option to discuss with your oncologist and treatment team because it is the only therapy available that has demonstrated a complete and durable response in some patients with metastatic melanoma or metastatic renal cell carcinoma. This means that in some patients who took Proleukin, their tumors disappeared completely and did not return.

## Results seen with Proleukin

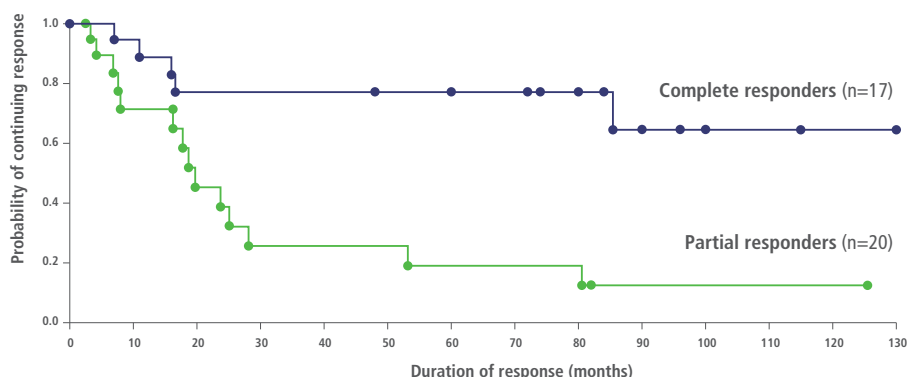
In clinical studies including 255 patients with metastatic renal cell carcinoma,

- 7% of patients taking Proleukin saw their tumors disappear completely; this is known as a “complete response.” Among those who had a complete response, the average amount of time it took for tumors to begin growing again is estimated to be almost 7 years (about 80 months). The shortest response lasted 7 months, and the longest has lasted more than 10 years so far.
- There were also another 8% of people in the studies who experienced a “partial response.” (A person was considered to have had a partial response only if the combined size of all their tumors shrank to at least half, and none of their tumor sites increased in size.)

Please see accompanying full Prescribing Information including **Boxed Warning**. Please see pages 14 and 15 for Important Safety Information and additional side effect information.

- Proleukin has been associated with serious side effects such as low blood pressure, diarrhea, decreased urine, chills, and vomiting. You should only receive Proleukin from a skilled physician with experience administering anticancer drugs, in a facility with equipment and staff trained to manage intensive care situations.

### Proleukin Clinical Response Duration: Metastatic Renal Cell Carcinoma (N=255)



People have benefited from Proleukin therapy. Success stories began with a patient who asked a doctor to tell them everything there is to know about all of their options, including Proleukin.

Other Proleukin stories began when a doctor recommended it without the patient even asking about it.

Be sure to ask your oncologist for a detailed explanation of Proleukin, and speak to a specialist who is experienced in administering Proleukin.

While Proleukin is not right for every patient, it is the only therapy that has been shown to make metastatic renal cell carcinoma tumors disappear completely in a small group of patients.

Proleukin® (aldesleukin) is indicated for the treatment of adults with metastatic renal cell carcinoma or metastatic melanoma.

## IMPORTANT Safety Information

Therapy with Proleukin® (aldesleukin) should be restricted to patients with normal cardiac and pulmonary functions as defined by thallium stress testing and formal pulmonary function testing. Extreme caution should be used in patients with a normal thallium stress test and a normal pulmonary function test who have a history of cardiac or pulmonary disease.

Proleukin should be administered in a hospital setting under the supervision of a qualified physician experienced in the use of anticancer agents. An intensive care facility and specialists skilled in cardiopulmonary or intensive care medicine must be available.

Proleukin administration has been associated with capillary leak syndrome (CLS) which is characterized by a loss of vascular tone and extravasation of plasma proteins and fluid into the extravascular space. CLS results in hypotension and reduced organ perfusion which may be severe and can result in death. CLS may be associated with cardiac arrhythmias (supraventricular and ventricular), angina, myocardial infarction, respiratory insufficiency requiring intubation, gastrointestinal bleeding or infarction, renal insufficiency, edema, and mental status changes.

Proleukin treatment is associated with impaired neutrophil function (reduced chemotaxis) and with an increased risk of disseminated infection, including sepsis and bacterial endocarditis. Consequently, preexisting bacterial infections should be adequately treated prior to initiation of Proleukin therapy. Patients with indwelling central lines are particularly at risk for infection with gram positive microorganisms. Antibiotic prophylaxis with oxacillin, nafcillin, ciprofloxacin, or vancomycin has been associated with a reduced incidence of staphylococcal infections.

Proleukin administration should be withheld in patients developing moderate to severe lethargy or somnolence; continued administration may result in coma.

Please see full Prescribing Information in the back pocket of this brochure.

# Proleukin® (aldesleukin) Side Effects

In clinical studies, the following side effects whose severity was life threatening were seen in >1% of 525 patients (255 with metastatic renal cell cancer and 270 with metastatic melanoma) treated with Proleukin were: decreased urine (6%), stopping of all urine (5%), low blood pressure (3%), breathing problems (3%), abnormal blood test (high bilirubin) for how the liver works (2%), coma (2%), diarrhea (2%), too many acid chemicals in the blood (1%), sudden kidney failure (1%), stopping breathing (1%), heart problems (1%), clotting problems (1%), confusion (1%), abnormal blood test (high creatinine) for how the kidney works (1%), shortness of breath (1%), fever (1%), heart attack (1%), infection (1%), severe mental illness (1%), infection in the blood (1%), abnormal blood test (high SGOT) for how the liver works (1%), severe sleepiness (1%), fast heartbeat (2%), low blood platelet count increasing the chance of bleeding (1%), and vomiting (1%).

From the same studies, the most common side effects of any severity were seen in >30% of 525 patients (255 with metastatic renal cell cancer and 270 with metastatic melanoma) treated with Proleukin were: low blood pressure (71%), diarrhea (67%), decreased urine (63%), chills (52%), vomiting (50%), shortness of breath (43%), rash (42%), abnormal blood test (high bilirubin) for how the liver works (40%), low blood platelet count increasing the chance of bleeding (37%), nausea (35%), confusion (34%), and abnormal blood test (high creatinine) for how the kidney works (33%).

In patients receiving Proleukin in these studies (255 with metastatic renal cell carcinoma and 270 with metastatic melanoma), 4% (11/255) of patients with metastatic renal cell cancer and 2% (6/270) of patients with metastatic melanoma died from treatment-related side effects of Proleukin.

Proleukin, in the process of stimulating the immune system, produces a number of side effects. The most serious are experienced while the drug is being given at the hospital and are carefully monitored and managed by the treatment team. Different patients experience different side effects, some being mild and some more severe. Every patient has a unique experience. Talk to the Proleukin treatment team to learn about what you should expect and how they will help manage the side effects.

# How Proleukin® (aldesleukin) is administered

Proleukin® (aldesleukin) is administered via an intravenous line 3 times a day for 5 days (cycle 1), followed by 9 days of rest, then followed by a second 5-day cycle.



Patients receiving Proleukin will be admitted into the hospital where the treatment center is located.

Enclosed is a list of treatment centers experienced in administering immunotherapy treatment. **You can call these centers anytime** and make an appointment if you're interested in learning more about immunotherapy.

Proleukin therapy has been available since 1998 for the treatment of metastatic melanoma, and since 1992 for metastatic renal cell carcinoma. Since its FDA approval, there have been many oncology centers that have developed a great deal of experience administering this therapy. While the dosing schedule described above is the standard approach, not all physicians use this exact sequence of timing and not all patients receive every dose. Speak with the physicians at your treatment center to learn about the approach they will use.

Please see accompanying full Prescribing Information including **Boxed Warning**. Please see pages 14 and 15 for Important Safety Information and additional side effect information.



# If you want to know more about Proleukin (HD IL-2)

Proleukin (HD IL-2) is a specialized immunotherapy that most oncologists are familiar with by name. Most have seen the clinical results showing complete and partial responses in some patients, and they've also heard about the serious side effects and serious risks.

It is important to remember that most oncologists have never administered Proleukin themselves, even though it has been around for many years. The initial experiences with Proleukin led to the creation of specialized treatment centers where doctors and staff are trained and experienced in the administration of Proleukin. They are skilled at recognizing and managing the expected side effects.

"Seven years have passed since I've been cancer free and not much has changed."



—Jacques Thibodeau, Kidney Cancer Survivor  
Read my story and more stories on [Proleukin.com](http://Proleukin.com)

Complete response rate was 7% in metastatic renal cell carcinoma patients.

When you and your oncologist discuss Proleukin, remember that there are nurses, physicians and counselors with first-hand experience administering Proleukin at a treatment center who are available to answer any specific questions you may have. There is a list of treatment centers that accompanies this brochure; it lists the location and contact information for each treatment center. You can call any one of these centers any time and make a consultation appointment if you're interested in meeting the treatment team and learning more about if Proleukin is right for you.

Proleukin® (aldesleukin) is indicated for the treatment of adults with metastatic renal cell carcinoma or metastatic melanoma.

If you want to know more about Proleukin

# Proleukin® (aldesleukin) Reimbursement and Patient Assistance Solutions

Prometheus is committed to helping all eligible patients gain access to the therapies they need.

The Proleukin® (aldesleukin) Patient Access Program is a service that assists patients in obtaining reimbursement for Proleukin.

To learn more about Proleukin Reimbursement and Patient Assistance Solutions, and how we might be able to help you or a loved one, call toll-free 1-877-776-5385.

*As you consider your options, remember you can reach out to a treatment team with training and first-hand experience administering Proleukin. Team members are always available at the treatment centers to answer any specific questions you may have.*

Specialists are available to answer your questions about health insurance plans and coverage, as well as to help you obtain "prior authorization." They can also assist you with claims denials, and locate other sources of support for which you may qualify.

You may call to inquire even if you have not yet selected or started Proleukin as your treatment choice.

Please see accompanying full Prescribing Information including **Boxed Warning**. Please see pages 14 and 15 for Important Safety Information and additional side effect information.

# Is Proleukin right for you?

Always work with your doctor and treatment team to make certain they are aware of your goals. While Proleukin is not right for every patient, 7% of patients with metastatic renal cell carcinoma who took Proleukin in clinical studies saw their tumors disappear completely. No other therapy has been proven to make tumors disappear.

Treatment with Proleukin leaves other options open if Proleukin therapy is not successful for you. Because patients in good overall health have a better chance to respond, have the discussion with your doctor to determine whether Proleukin is right for you. As you plan your treatment, consider which options would make the best early treatment, and which would make more sense as second-line and third-line therapies.

A graphic of a spiral-bound notebook with a dark blue cover and white pages. The spiral binding is on the left side. The text "Key Points to Remember:" is written in white on the dark blue cover.

## Key Points to Remember:

- Proleukin is the only therapy that offers appropriate patients the possibility of a complete and long-lasting remission. (This does not always mean the cancer has been cured)
- Proleukin therapy is given only for a limited period of time. The side effects are serious and potentially life threatening, but are usually limited to the duration of time you are taking the drug
- Prior treatment with Proleukin does not generally exclude patients from later treatment options
- Proleukin is not for every patient — only those determined by a physician to be healthy enough to receive treatment
- Patients may have to travel to another city or state to receive therapy
- It is not possible to identify in advance which patients will have a response to treatment

Proleukin® (aldesleukin) is indicated for the treatment of adults with metastatic renal cell carcinoma or metastatic melanoma.

# Treatments: Targeted Therapy

Researchers have been able to develop newer drugs that target some of the molecular and genetic changes that cause cancer cells to grow. These “targeted” drugs can attack specific cancer cells with minimal damage to normal cells. They work through mechanisms of action different from other available cancer treatments and, like all the treatments, can cause various side effects.

Several of these targeted drugs have been approved by the FDA for use against advanced kidney cancer. These include drugs that stop angiogenesis (growth of the new blood vessels that nourish cancers) and drugs that target other important cell growth factors. Targeted therapies have been shown to shrink or slow the growth of kidney cancer.

## Clinical data in patients who took targeted therapies

Studies have shown that targeted therapies can slow the progression of kidney cancer or shrink the size of tumors to help patients live longer. Some patients may experience long periods of progression-free survival.

There are several targeted therapies available. Ask your oncologist to tell you more about the results seen with targeted therapies, and when in your treatment plan they make sense for you.



# Facts about Targeted Therapy

Discuss the following information with your treatment team and compare with other types of treatment:

- Targeted therapy has the potential to shrink tumors by blocking the growth of new blood vessels that feed the cancer or by blocking other important cell growth factors
- Targeted therapy is usually given in a doctor's office or other outpatient setting, either orally or by injection of a solution into a vein
- Targeted therapy can produce unpleasant side effects, though they are generally well tolerated and are rarely life threatening
- Targeted therapy may shrink or slow the growth of the cancer, but it's not yet clear if any of these drugs can cause the tumors to disappear
- It is not possible to identify in advance which patients will have a response to treatment

## Other Treatment Options

# Treatments: Chemotherapy

“Chemotherapy” is the name given to a group of drugs that act on cancer cells to kill or slow the growth of the tumor(s). When chemotherapy is taken by mouth or injected into a vein or muscle, the drugs enter the bloodstream and can reach cancer cells throughout the body (systemic therapy).

Chemotherapy has been shown to help a small number of patients, and it is often reserved for people in whom immunotherapy or targeted drugs are not effective. Chemotherapy is usually given in an outpatient clinic or in a doctor’s office, where side effects can be monitored and managed. In some cases, you may be admitted to a hospital to receive chemotherapy if you are weak or show symptoms of other disease.

## Chemotherapy results in studies

The percentage of people whose tumors respond to chemotherapy in metastatic renal cell carcinoma is about 5% to 8%. In most people, those responses are “partial” which means the tumors shrink, but do not disappear completely. With chemotherapy, responses usually last only weeks or months before the tumors begin growing again. Ask your oncologist to explain the outcomes seen with the different kinds of chemotherapy you may be considering.

## Other Treatment Options

### Treatments: Clinical trials

Clinical trials are carefully designed research studies that answer specific questions about the effectiveness and safety of new drugs, combinations of drugs, treatments, surgical techniques, or medical devices. People with kidney cancer may volunteer to be studied during a clinical trial, to help leading doctors determine the efficacy of the new approaches being tested. Often, trials offer access to promising new treatment options before they are generally available.

Before the FDA approves any medicine, it must be tested in humans who have the disease the medicine is intended to treat. Some trials compare a test drug to a standard (comparator) drug used to treat a disease. Patients are assigned by chance to receive the test drug or the comparator drug. By comparing the responses in patients who get the new drug to those who get the comparator drug, researchers can determine how effective the new drug is.

If you are considering a clinical trial, make sure you understand what treatment(s) you're receiving, what data already exists about the therapy, and how advanced the trial is. Also be sure you do a pros/cons assessment of the drug versus other options before you decide.

# Discussion Guide

Kidney cancer is a very serious disease, but the treatment options described in this brochure are available to help. There are also professionals and other people on your treatment team who can help you learn and understand as much information as possible about potential therapies, as well as the benefits and risks associated with each of them.

Now is the time for you to take an active role in your treatment. It is your right and responsibility to know about every option, from the most common to the most rarely used, from the safest to the most risky, from the least effective to the most effective, so you and the members of your treatment team can make informed decisions based on your goals.

"These days I feel fantastic. I know that I have been fortunate and every day is exceptional."



-Susan Chabot, Kidney Cancer Survivor  
Read my story and more stories on [Proleukin.com](http://Proleukin.com)

Complete response rate was 7% in metastatic renal cell carcinoma patients.



The following questions can help you and your team to decide which therapy is best for you:



## Discussion Guide

- For which therapies am I a good candidate?
- Which therapies match up with my goals for therapy?
- For my specific diagnosis (stage, cell type, and overall condition), how do the different types of treatment options compare? (eg, immunotherapy, targeted therapy, chemotherapy, etc)
  - What are the potential benefits for each type of therapy?
  - How long do the benefits last?
  - What are the potential risks?
  - What is the risk/benefit ratio of each therapy?
- For my specific diagnosis, what are the potential benefits for choosing a clinical trial? What are the potential risks?
- Who else should I speak with to ensure I understand all my options?
- Does anyone on my treatment team and/or the institution at which I am considering treatment have any experience with each therapeutic option?
- Is there any benefit to treating with certain drugs in a specific order?
- Do any therapies, if used first, prevent me from using any of the others later?
- What experimental therapies are available and what are the associated risks?

Proleukin® (aldesleukin) is indicated for the treatment of adults with metastatic renal cell carcinoma or metastatic melanoma.

Please see accompanying full Prescribing Information including **Boxed Warning**. Please see pages 14 and 15 for Important Safety Information and additional side effect information.

# Glossary

**Angiogenesis:** Blood vessel formation. Tumor angiogenesis is the growth of new blood vessels that tumors need to grow. This is caused by the release of chemicals by the tumor.

**Angiogenesis inhibitor:** A substance that may prevent the formation of blood vessels. In anticancer therapy, an angiogenesis inhibitor may prevent the growth of new blood vessels that tumors need to grow.

**Carcinoma:** Cancer that begins in the skin or in tissues that line or cover internal organs.

**Chemotherapy:** Treatment with drugs that kill cancer cells.

**Clinical trial:** A type of research study that tests how well new medical approaches work in people. These studies test new methods of screening, prevention, diagnosis, or treatment of a disease. Also called clinical study.

**Complete response:** The disappearance of all signs of cancer in response to treatment. This does not always mean the cancer has been cured. Also called complete remission.

**Immunotherapy:** Treatment to boost or restore the ability of the immune system to fight cancer, infections, and other diseases. Also used to lessen certain side effects that may be caused by some cancer treatments. Agents used in biological therapy include monoclonal antibodies, growth factors, and vaccines. These agents may also have a direct antitumor effect. Also called biological response modifier (BRM) therapy, biotherapy.

**Lymph node:** A rounded mass of lymphatic tissue that is surrounded by a capsule of connective tissue. Lymph nodes filter lymph (lymphatic fluid), and they store lymphocytes (white blood cells). They are located along lymphatic vessels. Also called lymph gland.

**Metastasis:** The spread of cancer from one part of the body to another. A tumor formed by cells that have spread is called a "metastatic tumor" or a "metastasis." The metastatic tumor contains cells that are like those in the original (primary) tumor. The plural form of metastasis is metastases.

**Outcome:** A specific result or effect that can be measured. Examples of outcomes include decreased pain, reduced tumor size, and improvement of disease.

**Outpatient:** A patient who visits a healthcare facility for diagnosis or treatment without spending the night. Sometimes called a “day patient.”

**Partial response:** A decrease in the size of a tumor, or in the extent of cancer in the body, in response to treatment.

**Primary tumor:** The original tumor.

**Progression:** In medicine, the course of a disease, such as cancer, as it becomes worse or spreads in the body.

**Progression-free survival:** The length of time during and after treatment in which a patient is living with a disease that does not get worse. Progression-free survival may be used in a clinical study or trial to help find out how well a new treatment works. Also called PFS.

**Response rate:** The percentage of patients whose cancer shrinks or disappears after treatment.

**Stage:** The extent of a cancer within the body. If the cancer has spread, the stage describes how far it has spread from the original site to other parts of the body.

**Systemic therapy:** Treatment using substances that travel through the bloodstream, reaching and affecting cells all over the body.

**Targeted therapy:** A type of treatment that uses drugs or other substances, such as monoclonal antibodies, to identify and attack specific cancer cells. Targeted therapy may have fewer side effects than other types of cancer treatments.

**Tumor:** An abnormal mass of tissue that results when cells divide more than they should or do not die when they should. Tumors may be benign (not cancerous), or malignant. Also called “neoplasm.”

Proleukin® (aldesleukin) is indicated for the treatment of adults with metastatic renal cell carcinoma or metastatic melanoma.

## Resources

You may also wish to consult the following organizations for additional information, support, and services:

### **Proleukin Product Information Line**

**1-877-378-4919**

**[www.Proleukin.com](http://www.Proleukin.com)**

The following resources refer to Web sites maintained by third parties over whom Prometheus has no control. As such, Prometheus makes no representation as to the accuracy, completeness, adequacy, or any other aspect of the information contained on such Web sites.

#### **Association of Cancer Online Resources (ACOR)**

<http://www.acor.org>

#### **National Cancer Institute**

1-800-4-CANCER (422-6237)

[www.cancer.gov](http://www.cancer.gov)

#### **American Cancer Society**

1-800-ACS-2345 (227-2345)

[www.cancer.org](http://www.cancer.org)

#### **Kidney Cancer Association**

1-800-850-9132

[www.kidneycancer.org](http://www.kidneycancer.org)

#### **Cancer.net**

[www.cancer.net](http://www.cancer.net)

#### **American Urological Association**

[www.auanet.org](http://www.auanet.org)

#### **Cancer Care**

1-800-813-HOPE (4673)

[www.cancercare.org](http://www.cancercare.org)

#### **Cancer Education**

[www.cancereducation.com](http://www.cancereducation.com)

#### **Cancer Guide**

[www.cancerguide.org](http://www.cancerguide.org)

#### **U.S. Food and Drug Administration**

[www.fda.gov](http://www.fda.gov)

#### **National Coalition for Cancer Survivorship**

1-877-NCCS-YES (622-7937)

[www.canceradvocacy.org](http://www.canceradvocacy.org)

#### **National Kidney Foundation (NKF)**

1-800-622-9010

[www.kidney.org](http://www.kidney.org)

#### **Prevent Cancer Foundation**

[www.preventcancer.org](http://www.preventcancer.org)



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