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(54) Titre : MOLECULES D'ANTICORPS ANTI-PD-1 ET LEURS UTILISATIONS
(54) Title: ANTIBODY MOLECULES TO PD-1 AND USES THEREOF

(57) Abrégé/Abstract:

Antibody molecules that specifically bind to PD-1 are disclosed. The antibody molecules can be used to treat or prevent cancerous or infectious conditions and disorders.

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(54) Title: ANTIBODY MOLECULES TO PD-1 AND USES THEREOF

(57) Abstract: Antibody molecules that specifically bind to PD-1 are disclosed. The antibody molecules can be used to treat or prevent cancerous or infectious conditions and disorders.

DEMANDE OU BREVET VOLUMINEUX

LA PRÉSENTE PARTIE DE CETTE DEMANDE OU CE BREVET COMPREND PLUS D'UN TOME.

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JUMBO APPLICATIONS/PATENTS

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ANTIBODY MOLECULES TO PD-1 AND USES THEREOF**CROSS REFERENCE TO RELATED APPLICATIONS**

This application claims the benefit of U.S. Provisional Application No. 62/269,044, filed December 17, 2015, U.S. Provisional Application No. 62/331,371, filed May 3, 2016, U.S. Provisional Application No. 62/344,784, filed June 2, 2016, U.S. Provisional Application No. 62/347,331, filed June 8, 2016, U.S. Provisional Application No. 62/359,781, filed July 8, 2016, U.S. Provisional Application No. 62/381,384, filed August 30, 2016, U.S. Provisional Application No. 62/400,787, filed September 28, 2016, U.S. Provisional Application No. 62/414,128, filed October 28, 2016, and U.S. Provisional Application No. 62/431,846, filed December 9, 2016. The contents of the
 15 aforementioned applications are hereby incorporated by reference in their entirety.

SEQUENCE LISTING

The instant application contains a Sequence Listing which has been submitted electronically in ASCII format and is hereby incorporated by reference in its entirety. Said ASCII copy, created on,
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BACKGROUND

The ability of T cells to mediate an immune response against an antigen requires two distinct signaling interactions (Viglietta, V. *et al.* (2007) *Neurotherapeutics* 4:666-675; Korman, A. J. *et al.* (2007) *Adv. Immunol.* 90:297-339). First, an antigen that has been arrayed on the surface of antigen-presenting cells (APC) is presented to an antigen-specific naive CD4⁺ T cell. Such presentation
 25 delivers a signal via the T cell receptor (TCR) that directs the T cell to initiate an immune response specific to the presented antigen. Second, various co-stimulatory and inhibitory signals mediated through interactions between the APC and distinct T cell surface molecules trigger the activation and
 30 proliferation of the T cells and ultimately their inhibition.

The immune system is tightly controlled by a network of costimulatory and co-inhibitory ligands and receptors. These molecules provide the second signal for T cell activation and provide a balanced network of positive and negative signals to maximize immune responses against infection, while limiting immunity to self (Wang, L. *et al.* (Epub Mar. 7, 2011) *J. Exp. Med.* 208(3):577-92;
 35 Lepenies, B. *et al.* (2008) *Endocrine, Metabolic & Immune Disorders--Drug Targets* 8:279-288). Examples of costimulatory signals include the binding between the B7.1 (CD80) and B7.2 (CD86) ligands of the APC and the CD28 and CTLA-4 receptors of the CD4⁺ T-lymphocyte (Sharpe, A. H. *et al.* (2002) *Nature Rev. Immunol.* 2:116-126; Lindley, P. S. *et al.* (2009) *Immunol. Rev.* 229:307-321). Binding of B7.1 or B7.2 to CD28 stimulates T cell activation, whereas binding of B7.1 or B7.2 to
 40 CTLA-4 inhibits such activation (Dong, C. *et al.* (2003) *Immunolog. Res.* 28(1):39-48; Greenwald, R. J. *et al.* (2005) *Ann. Rev. Immunol.* 23:515-548). CD28 is constitutively expressed on the surface of T

5 cells (Gross, J., *et al.* (1992) *J. Immunol.* 149:380-388), whereas CTLA-4 expression is rapidly up-regulated following T-cell activation (Linsley, P. *et al.* (1996) *Immunity* 4:535-543).

Other ligands of the CD28 receptor include a group of related B7 molecules, also known as the "B7 Superfamily" (Coyle, A. J. *et al.* (2001) *Nature Immunol.* 2(3):203-209; Sharpe, A. H. *et al.* (2002) *Nature Rev. Immunol.* 2:116-126; Collins, M. *et al.* (2005) *Genome Biol.* 6:223.1-223.7;
 10 Korman, A. J. *et al.* (2007) *Adv. Immunol.* 90:297-339). Several members of the B7 Superfamily are known, including B7.1 (CD80), B7.2 (CD86), the inducible co-stimulator ligand (ICOS-L), the programmed death-1 ligand (PD-L1; B7-H1), the programmed death-2 ligand (PD-L2; B7-DC), B7-H3, B7-H4 and B7-H6 (Collins, M. *et al.* (2005) *Genome Biol.* 6:223.1-223.7).

The Programmed Death 1 (PD-1) protein is an inhibitory member of the extended
 15 CD28/CTLA-4 family of T cell regulators (Okazaki *et al.* (2002) *Curr Opin Immunol* 14: 391779-82; Bennett *et al.* (2003) *J. Immunol.* 170:711-8). Other members of the CD28 family include CD28, CTLA-4, ICOS and BTLA. PD-1 is suggested to exist as a monomer, lacking the unpaired cysteine residue characteristic of other CD28 family members. PD-1 is expressed on activated B cells, T cells, and monocytes.

20 The PD-1 gene encodes a 55 kDa type I transmembrane protein (Agata *et al.* (1996) *Int Immunol.* 8:765-72). Although structurally similar to CTLA-4, PD-1 lacks the MYPPY motif (SEQ ID NO: 236) that is important for B7-1 and B7-2 binding. Two ligands for PD-1 have been identified, PD-L1 (B7-H1) and PD-L2 (B7-DC), that have been shown to downregulate T cell activation upon binding to PD-1 (Freeman *et al.* (2000) *J. Exp. Med.* 192:1027-34; Carter *et al.* (2002) *Eur. J.*
 25 *Immunol.* 32:634-43). Both PD-L1 and PD-L2 are B7 homologs that bind to PD-1, but do not bind to other CD28 family members. PD-L1 is abundant in a variety of human cancers (Dong *et al.* (2002) *Nat. Med.* 8:787-9).

PD-1 is known as an immunoinhibitory protein that negatively regulates TCR signals (Ishida, Y. *et al.* (1992) *EMBO J.* 11:3887-3895; Blank, C. *et al.* (Epub 2006 Dec. 29) *Immunol. Immunother.*
 30 56(5):739-745). The interaction between PD-1 and PD-L1 can act as an immune checkpoint, which can lead to, *e.g.*, a decrease in tumor infiltrating lymphocytes, a decrease in T-cell receptor mediated proliferation, and/or immune evasion by cancerous cells (Dong *et al.* (2003) *J. Mol. Med.* 81:281-7; Blank *et al.* (2005) *Cancer Immunol. Immunother.* 54:307-314; Konishi *et al.* (2004) *Clin. Cancer Res.* 10:5094-100). Immune suppression can be reversed by inhibiting the local interaction of PD-1
 35 with PD-L1 or PD-L2; the effect is additive when the interaction of PD-1 with PD-L2 is blocked as well (Iwai *et al.* (2002) *Proc. Nat'l. Acad. Sci. USA* 99:12293-7; Brown *et al.* (2003) *J. Immunol.* 170:1257-66).

Given the importance of immune checkpoint pathways in regulating an immune response, the need exists for developing novel combination therapies that modulate the activity of
 40 immunoinhibitory proteins, such as PD-1, thus leading to activation of the immune system. Such

5 agents can be used, *e.g.*, for cancer immunotherapy and treatment of other conditions, such as chronic infection.

SUMMARY

Disclosed herein, at least in part, are antibody molecules (*e.g.*, humanized antibody
10 molecules) that bind to Programmed Death 1 (PD-1) with high affinity and specificity. Nucleic acid molecules encoding the antibody molecules, expression vectors, host cells and methods for making the antibody molecules are also provided. Pharmaceutical compositions and dose formulations comprising the antibody molecules are also provided. The anti-PD-1 antibody molecules disclosed herein can be used (alone or in combination with other agents or therapeutic modalities) to treat,
15 prevent and/or diagnose disorders, such as cancerous disorders (*e.g.*, solid and soft-tissue tumors), as well as infectious diseases (*e.g.*, chronic infectious disorders or sepsis). Thus, compositions and methods for detecting PD-1, as well as methods for treating various disorders including cancer and/or infectious diseases, using the anti-PD-1 antibody molecules are disclosed herein. In certain embodiments, the anti-PD-1 antibody molecule is administered or used at a flat or fixed dose.

20

Accordingly, in one aspect, the invention features a method of treating (*e.g.*, inhibiting, reducing, ameliorating, or preventing) a disorder, *e.g.*, a hyperproliferative condition or disorder (*e.g.*, a cancer) in a subject. The method includes administering to the subject an anti-PD-1 antibody molecule, *e.g.*, an anti-PD-1 antibody molecule described herein, at a dose of about 300 mg to 400 mg
25 once every three weeks or once every four weeks. In certain embodiments, the anti-PD-1 antibody molecule is administered at a dose of about 300 mg once every three weeks. In other embodiments, the anti-PD-1 antibody molecule is administered at a dose of about 400 mg once every four weeks. In some embodiments, the disorder is a cancer, *e.g.*, a cancer described herein. In certain embodiments, the cancer is a skin cancer, *e.g.*, a Merkel cell carcinoma or a melanoma. In one embodiment, the
30 cancer is a Merkel cell carcinoma. In other embodiments, the cancer is a melanoma. In other embodiments, the cancer is a breast cancer, *e.g.*, a triple negative breast cancer (TNBC) or a HER2-negative breast cancer. In other embodiments, the cancer is kidney cancer, *e.g.*, a renal cell carcinoma (*e.g.*, a clear cell renal cell carcinoma (CCRCC) or a non-clear cell renal cell carcinoma (nccRCC)). In other embodiments, the cancer is a thyroid cancer, *e.g.*, an anaplastic thyroid carcinoma (ATC). In
35 other embodiments, the cancer is a neuroendocrine tumor (NET), *e.g.*, an atypical pulmonary carcinoid tumor or an NET in pancreas, gastrointestinal (GI) tract, or lung. In certain embodiments, the cancer is a lung cancer, *e.g.*, a non-small cell lung cancer (NSCLC) (*e.g.*, a squamous NSCLC or a non-squamous NSCLC). In certain embodiments, the cancer is an ovarian cancer. In certain
40 embodiments, the cancer is a fallopian tube cancer. In certain embodiments, the cancer is a colorectal cancer (CRC) (*e.g.*, a microsatellite instability-high colorectal cancer (MSI-high CRC) or a microsatellite stable colorectal cancer (MSS CRC)). In certain embodiments, the cancer is a leukemia

5 (e.g., an acute myeloid leukemia (AML), e.g., a relapsed or refractory AML or a *de novo* AML). In certain embodiments, the cancer is a myelodysplastic syndrome (MDS) (e.g., a high risk MDS).

In some embodiments, the anti-PD-1 antibody molecule is administered at a dose of about 400 mg once every four weeks or about 300 mg once every three weeks to treat a lung cancer, e.g., a non-small cell lung cancer (NSCLC) (e.g., a squamous NSCLC or a non-squamous NSCLC). In some
 10 embodiments, the anti-PD-1 antibody molecule is administered at a dose of about 300 mg once every three weeks to treat a lung cancer, e.g., a non-small cell lung cancer (NSCLC) (e.g., a squamous NSCLC or a non-squamous NSCLC). In some embodiments, the anti-PD-1 antibody molecule is administered at a dose of about 400 mg once every four weeks to treat a skin cancer, e.g., a Merkel cell carcinoma or a melanoma. In certain embodiments, the anti-PD-1 antibody molecule is
 15 administered at a dose of about 400 mg once every four weeks to treat a Merkel cell carcinoma. In other embodiments, the anti-PD-1 antibody molecule is administered at a dose of about 400 mg once every four weeks to treat a melanoma. In some embodiments, the anti-PD-1 antibody molecule is administered at a dose of about 400 mg once every four weeks to treat a breast cancer, e.g., a triple negative breast cancer (TNBC) or a HER2-negative breast cancer. In some embodiments, the anti-
 20 PD-1 antibody molecule is administered at a dose of about 400 mg once every four weeks to treat a thyroid cancer, e.g., an anaplastic thyroid carcinoma (ATC). In some embodiments, the anti-PD-1 antibody molecule is administered at a dose of about 400 mg once every four weeks to treat a neuroendocrine tumor (NET), e.g., an atypical pulmonary carcinoid tumor or an NET in pancreas, gastrointestinal (GI) tract, or lung. In some embodiments, the anti-PD-1 antibody molecule is
 25 administered at a dose of about 400 mg once every four weeks to treat a kidney cancer, e.g., a renal cell carcinoma (e.g., a clear cell renal cell carcinoma (CCRCC) or a non-clear cell renal cell carcinoma (nccRCC)). In some embodiments, the anti-PD-1 antibody molecule is administered at a dose of about 400 mg once every four weeks to treat an ovarian cancer. In some embodiments, the anti-PD-1 antibody molecule is administered at a dose of about 400 mg once every four weeks to treat
 30 a fallopian tube cancer. In some embodiments, the anti-PD-1 antibody molecule is administered at a dose of about 400 mg once every four weeks to treat a colorectal cancer (e.g., a microsatellite instability-high colorectal cancer (MSI-high CRC) or a microsatellite stable colorectal cancer (MSS CRC)). In some embodiments, the anti-PD-1 antibody molecule is administered at a dose of about 400 mg once every four weeks to treat a leukemia (e.g., an AML, e.g., a relapsed or refractory AML or a *de novo* AML). In some embodiments, the anti-PD-1 antibody molecule is administered at a dose
 35 of about 400 mg once every four weeks to treat a myelodysplastic syndrome (MDS) (e.g., a high risk MDS).

In some embodiments, the anti-PD-1 antibody molecule is administered by injection (e.g., subcutaneously or intravenously) at a dose (e.g., a flat dose) of about 100 mg to 600 mg, e.g., about
 40 200 mg to 500 mg, e.g., about 100 mg to 300 mg, about 250 mg to 450 mg, about 300 mg to 400 mg, about 250 mg to 350 mg, about 350 mg to 450 mg, or about 100 mg, about 200 mg, about 300 mg, or

5 about 400 mg. The dosing schedule (*e.g.*, flat dosing schedule) can vary from *e.g.*, once a week to once every 2, 3, 4, 5, or 6 weeks. In one embodiment, the anti-PD-1 antibody molecule is administered at a dose from about 300 mg to 400 mg once every three weeks or once every four weeks. In one embodiment, the anti-PD-1 antibody molecule is administered at a dose from about 300 mg once every three weeks. In one embodiment, the anti-PD-1 antibody molecule is
 10 administered at a dose from about 400 mg once every four weeks. In one embodiment, the anti-PD-1 antibody molecule is administered at a dose from about 300 mg once every four weeks. In one embodiment, the anti-PD-1 antibody molecule is administered at a dose from about 400 mg once every three weeks.

15 In another aspect, the invention features a method of reducing an activity (*e.g.*, growth, survival, or viability, or all), of a hyperproliferative (*e.g.*, a cancer) cell. The method includes contacting the cell with an anti-PD-1 antibody molecule, *e.g.*, an anti-PD-1 antibody molecule described herein. The method can be performed in a subject, *e.g.*, as part of a therapeutic protocol, *e.g.*, at a dose of about 300 mg to 400 mg of an anti-PD-1 antibody molecule once every three weeks
 20 or once every four weeks. In certain embodiments, the dose is about 300 mg of an anti-PD-1 antibody molecule once every three weeks. In other embodiments, the dose is about 400 mg of an anti-PD-1 antibody molecule once every four weeks. The cancer cell can be, *e.g.*, a cell from a cancer described herein, such as lung cancer (squamous), lung cancer (adenocarcinoma), head and neck cancer, cervical cancer (squamous), stomach cancer, thyroid cancer, skin cancer, melanoma, nasopharyngeal
 25 cancer (*e.g.*, differentiated or undifferentiated metastatic or locally recurrent nasopharyngeal carcinoma), kidney cancer, neuroendocrine tumor (NET), ovarian cancer, fallopian tube cancer, colorectal cancer, or breast cancer. In certain embodiments, the cancer is a skin cancer, *e.g.*, a Merkel cell carcinoma or a melanoma. In one embodiment, the cancer is a Merkel cell carcinoma. In other embodiments, the cancer is a melanoma. In other embodiments, the cancer is a breast cancer, *e.g.*, a
 30 triple negative breast cancer (TNBC) or a HER2-negative breast cancer. In other embodiments, the cancer is a kidney cancer, *e.g.*, a renal cell carcinoma (*e.g.*, clear cell renal cell carcinoma (CCRCC) or a non-clear cell renal cell carcinoma (nccRCC)). In other embodiments, the cancer is a thyroid cancer, *e.g.*, an anaplastic thyroid carcinoma (ATC). In other embodiments, the cancer is a neuroendocrine tumor (NET), *e.g.*, an atypical pulmonary carcinoid tumor or an NET in pancreas,
 35 gastrointestinal (GI) tract, or lung. In certain embodiments, the cancer is a lung cancer, *e.g.*, a non-small cell lung cancer (NSCLC) (*e.g.*, a squamous NSCLC or a non-squamous NSCLC). In certain embodiments, the cancer is an ovarian cancer. In certain embodiments, the cancer is a fallopian tube cancer. In certain embodiments, the cancer is a colorectal cancer (CRC) (*e.g.*, a microsatellite instability-high colorectal cancer (MSI-high CRC) or a microsatellite stable colorectal cancer (MSS
 40 CRC)). In certain embodiments, the cancer is a leukemia (*e.g.*, an acute myeloid leukemia (AML),

5 *e.g.*, a relapsed or refractory AML or a *de novo* AML). In certain embodiments, the cancer is a myelodysplastic syndrome (MDS) (*e.g.*, a high risk MDS).

In another aspect, the invention features a composition (*e.g.*, one or more compositions or dosage forms), that includes an anti-PD-1 antibody molecule (*e.g.*, an anti-PD-1 antibody molecule as
10 described herein). Formulations, *e.g.*, dosage formulations, and kits, *e.g.*, therapeutic kits, that include an anti-PD-1 antibody molecule (*e.g.*, an anti-PD-1 antibody molecule as described herein), are also described herein. In certain embodiments, the composition or formulation comprises 300 mg or 400 mg of an anti-PD-1 antibody molecule (*e.g.*, an anti-PD-1 antibody molecule as described herein). In some embodiments, the composition of formulation is administered or used once every three weeks or
15 once every four weeks.

Also disclosed herein are methods and compositions comprising a combination of two, three or more therapeutic agents chosen from one, two, or all of the following categories (i)-(iii): (i) an agent that enhances antigen presentation (*e.g.*, tumor antigen presentation); (ii) an agent that enhances
20 an effector cell response (*e.g.*, B cell and/or T cell activation and/or mobilization); or (iii) an agent that decreases tumor immunosuppression. In some embodiments, the combination includes an inhibitor of PD-1 (*e.g.*, an anti-PD-1 antibody molecule as described herein). In certain embodiments, the anti-PD-1 antibody molecule is administered or used at a flat or fixed dose.

Without wishing to be bound by theory, it is believed that therapeutic approaches that
25 enhance anti-tumor immunity work more effectively when the immune response is optimized by targeting multiple components at one or more stages of an immune response, *e.g.*, an anti-tumor immune response. For example, approaches that enhance antigen presentation, *e.g.*, by activation and/or maturation of dendritic cells, combined with approaches that enhance cellular and humoral immune responses (*e.g.*, by stimulating, *e.g.*, disinhibiting, phagocytes and/or tumor infiltrating
30 lymphocytes (*e.g.*, NK cells and T cells)), while blocking tumor immunosuppressive signaling (*e.g.*, by increasing macrophage polarization, increasing T_{reg} depletion and/or decreasing myeloid-derived suppressive cells (MDSCs)) can result in a more effective and/or prolonged therapeutic response. Accordingly, disclosed herein are combination therapies that optimize one, two, or all of: (i) antigen presentation, *e.g.*, increasing antigen presentation (*e.g.*, by enhancing one or more of dendritic cell
35 activity or maturation, antigen uptake, or antigen processing); (ii) effector cell response, *e.g.*, increasing effector cell response (*e.g.*, enhancing B cell and/or T cell activation and/or mobilization, *e.g.*, in the lymph node); or (iii) tumor immunosuppression, *e.g.*, decreasing tumor immunosuppression (*e.g.*, increasing T cell infiltration and tumor cell killing). The combinations described herein can provide a superior beneficial effect, *e.g.*, in the treatment of a disorder, such as
40 an enhanced anti-cancer effect, reduced toxicity and/or reduced side effects, compared to monotherapy administration of the therapeutic agents in the combination. For example, one or more

5 of the therapeutic agents in the combination can be administered at a lower dosage, or for a shorter period of administration, than would be required to achieve the same therapeutic effect compared to the monotherapy administration. Thus, compositions and methods for treating cancer and other immune disorders using the aforesaid combination therapies are disclosed.

10 Accordingly, in one aspect, the invention features a method of treating (*e.g.*, inhibiting, reducing, ameliorating, or preventing) a disorder, *e.g.*, a hyperproliferative condition or disorder (*e.g.*, a cancer) in a subject. The method includes administering to the subject a combination of two, three or more therapeutic agents chosen from one, two or all of the following categories (i)-(iii): (i) an agent that enhances antigen (*e.g.*, tumor antigen) presentation; (ii) an agent that enhances an effector
 15 cell response (*e.g.*, B cell and/or T cell activation and/or mobilization); or (iii) an agent that decreases tumor immunosuppression, thereby treating the disorder, *e.g.*, the hyperproliferative condition or disorder (*e.g.*, the cancer). In some embodiments, the combination includes a PD-1 inhibitor (*e.g.*, an anti-PD-1 antibody molecule as described herein). The cancer treated can be, *e.g.*, a cancer described herein, such as lung cancer (squamous), lung cancer (adenocarcinoma), head and neck cancer,
 20 cervical cancer (squamous), stomach cancer, thyroid cancer, skin cancer, melanoma, nasopharyngeal cancer (*e.g.*, differentiated or undifferentiated metastatic or locally recurrent nasopharyngeal carcinoma), kidney cancer, neuroendocrine tumor (NET), or breast cancer. In certain embodiments, the cancer is a skin cancer, *e.g.*, a Merkel cell carcinoma or a melanoma. In one embodiment, the cancer is a Merkel cell carcinoma. In other embodiments, the cancer is a melanoma. In other
 25 embodiments, the cancer is a breast cancer, *e.g.*, a triple negative breast cancer (TNBC) or a HER2-negative breast cancer. In other embodiments, the cancer is kidney cancer, *e.g.*, a renal cell carcinoma (*e.g.*, clear cell renal cell carcinoma (CCRCC) or a non-clear cell renal cell carcinoma (nccRCC)). In other embodiments, the cancer is a thyroid cancer, *e.g.*, an anaplastic thyroid carcinoma (ATC). In other embodiments, the cancer is a neuroendocrine tumor (NET), *e.g.*, an atypical pulmonary
 30 carcinoid tumor or an NET in pancreas, gastrointestinal (GI) tract, or lung. In certain embodiments, the cancer is a lung cancer, *e.g.*, a non-small cell lung cancer (NSCLC) (*e.g.*, a squamous NSCLC or a non-squamous NSCLC). In certain embodiments, the cancer is an ovarian cancer. In certain embodiments, the cancer is a fallopian tube cancer. In certain embodiments, the cancer is a colorectal cancer (CRC) (*e.g.*, a microsatellite instability-high colorectal cancer (MSI-high CRC) or a
 35 microsatellite stable colorectal cancer (MSS CRC)). In certain embodiments, the cancer is a leukemia (*e.g.*, an acute myeloid leukemia (AML), *e.g.*, a relapsed or refractory AML or a *de novo* AML). In certain embodiments, the cancer is a myelodysplastic syndrome (MDS) (*e.g.*, a high risk MDS).

In another aspect, the invention features a method of reducing an activity (*e.g.*, growth,
 40 survival, or viability, or all), of a hyperproliferative (*e.g.*, a cancer) cell. The method includes contacting the cell with a combination of two, three or more therapeutic agents chosen from one, two

5 or all of the following categories (i)-(iii): (i) an agent that enhances antigen (*e.g.*, tumor antigen) presentation; (ii) an agent that enhances an effector cell response (*e.g.*, B cell and/or T cell activation and/or mobilization); or (iii) an agent that decreases tumor immunosuppression, thereby reducing an activity in the hyperproliferative cell. In some embodiments, the combination includes a PD-1 inhibitor (*e.g.*, an anti-PD-1 antibody molecule as described herein). The method can be performed in
10 a subject, *e.g.*, as part of a therapeutic protocol. The cancer cell can be, *e.g.*, a cell from a cancer described herein, such as lung cancer (squamous), lung cancer (adenocarcinoma), head and neck cancer, cervical cancer (squamous), stomach cancer, thyroid cancer, skin cancer, melanoma, nasopharyngeal cancer (*e.g.*, differentiated or undifferentiated metastatic or locally recurrent nasopharyngeal carcinoma), kidney cancer, neuroendocrine tumor (NET), ovarian cancer, fallopian
15 tube cancer, colorectal cancer, or breast cancer. In certain embodiments, the cancer is a skin cancer, *e.g.*, a Merkel cell carcinoma or a melanoma. In one embodiment, the cancer is a Merkel cell carcinoma. In other embodiments, the cancer is a melanoma. In other embodiments, the cancer is a breast cancer, *e.g.*, a triple negative breast cancer (TNBC) or a HER2-negative breast cancer. In other embodiments, the cancer is kidney cancer, *e.g.*, a renal cell carcinoma (*e.g.*, clear cell renal cell
20 carcinoma (CCRCC) or a non-clear cell renal cell carcinoma (nccRCC)). In other embodiments, the cancer is a thyroid cancer, *e.g.*, an anaplastic thyroid carcinoma (ATC). In other embodiments, the cancer is a neuroendocrine tumor (NET), *e.g.*, an atypical pulmonary carcinoid tumor, or an NET in pancreas, gastrointestinal (GI) tract, or lung. In certain embodiments, the cancer is a lung cancer, *e.g.*, a non-small cell lung cancer (NSCLC) (*e.g.*, a squamous NSCLC or a non-squamous NSCLC). In
25 certain embodiments, the cancer is an ovarian cancer. In certain embodiments, the cancer is a fallopian tube cancer. In certain embodiments, the cancer is a colorectal cancer (CRC) (*e.g.*, a microsatellite instability-high colorectal cancer (MSI-high CRC) or a microsatellite stable colorectal cancer (MSS CRC)). In certain embodiments, the cancer is a leukemia (*e.g.*, an acute myeloid leukemia (AML), *e.g.*, a relapsed or refractory AML or a *de novo* AML). In certain embodiments, the
30 cancer is a myelodysplastic syndrome (MDS) (*e.g.*, a high risk MDS).

In certain embodiments of the methods disclosed herein, the method further includes determining the level of an immune cell (*e.g.*, a T cell) infiltrate (*e.g.*, the level of tumor infiltrating lymphocytes (TIL)) in the subject. In one embodiment, the level of the immune cell infiltrate is
35 determined *in vivo*, *e.g.*, non-invasively (*e.g.*, by detecting an antibody to a T cell marker detectably labeled using a suitable imaging technique, *e.g.*, positron emission tomography (PET) scan). In other embodiments, the level of the immune cell infiltrate is determined in a sample (*e.g.*, a tumor biopsy) acquired from the subject (*e.g.*, using immunohistochemical techniques). In embodiments, responsive to a low level of, or no detectable, tumor infiltrate in the subject, one or more agents of categories (i)
40 or (ii), or both (i) and (ii), is/are administered. In other embodiments, responsive to a detectable level, or an elevated level, of tumor infiltrate in the subject, one or more agents of category (iii) is/are

5 administered. The detection steps can also be used, *e.g.*, to monitor the effectiveness of a therapeutic agent described herein. For example, the detection step can be used to monitor the effectiveness of therapeutic agents of categories (i), (ii) and/or (iii).

10 In another aspect, the invention features a composition (*e.g.*, one or more compositions or dosage forms), that includes a combination of two, three or more therapeutic agents chosen from one, two or all of the following categories (i)-(iii): (i) an agent that enhances antigen (*e.g.*, tumor antigen) presentation; (ii) an agent that enhances an effector cell response (*e.g.*, activation and/or mobilization of B cell and/or T cell); or (iii) an agent that decreases tumor immunosuppression. In some
15 embodiments, the combination includes a PD-1 inhibitor (*e.g.*, an anti-PD-1 antibody molecule as described herein).

In yet another aspect, the invention features a composition (*e.g.*, one or more compositions or dosage forms as described herein), for use in treating a disorder, *e.g.*, a cancer. In embodiments, the composition for use includes a combination of two, three or more therapeutic agents chosen from one,
20 two or all of the following categories (i)-(iii): (i) an agent that enhances antigen (*e.g.*, tumor antigen) presentation; (ii) an agent that enhances an effector cell response (*e.g.*, activation and/or mobilization of B cell and/or T cell); or (iii) an agent that decreases tumor immunosuppression. In some embodiments, the combination used includes a PD-1 inhibitor (*e.g.*, an anti-PD-1 antibody molecule as described herein). The cancer can be, *e.g.*, a cancer described herein, such as lung cancer
25 (squamous), lung cancer (adenocarcinoma), head and neck cancer, cervical cancer (squamous), stomach cancer, thyroid cancer, skin cancer, melanoma, nasopharyngeal cancer (*e.g.*, differentiated or undifferentiated metastatic or locally recurrent nasopharyngeal carcinoma), kidney cancer, neuroendocrine tumor (NET), ovarian cancer, fallopian tube cancer, colorectal cancer, or breast cancer. In certain embodiments, the cancer is a skin cancer, *e.g.*, a Merkel cell carcinoma or a
30 melanoma. In one embodiment, the cancer is a Merkel cell carcinoma. In other embodiments, the cancer is a melanoma. In other embodiments, the cancer is a breast cancer, *e.g.*, a triple negative breast cancer (TNBC) or a HER2-negative breast cancer. In other embodiments, the cancer is kidney cancer, *e.g.*, a renal cell carcinoma (*e.g.*, clear cell renal cell carcinoma (CCRCC) or a non-clear cell renal cell carcinoma (nccRCC)). In other embodiments, the cancer is a thyroid cancer, *e.g.*, an
35 anaplastic thyroid carcinoma (ATC). In other embodiments, the cancer is a neuroendocrine tumor (NET), *e.g.*, an atypical pulmonary carcinoid tumor, or an NET in pancreas, gastrointestinal (GI) tract, or lung. In certain embodiments, the cancer is a lung cancer, *e.g.*, a non-small cell lung cancer (NSCLC) (*e.g.*, a squamous NSCLC or a non-squamous NSCLC). In certain embodiments, the cancer is an ovarian cancer. In certain embodiments, the cancer is a fallopian tube cancer. In certain
40 embodiments, the cancer is a colorectal cancer (CRC) (*e.g.*, a microsatellite instability-high colorectal cancer (MSI-high CRC) or a microsatellite stable colorectal cancer (MSS CRC)). In certain

5 embodiments, the cancer is a leukemia (*e.g.*, an acute myeloid leukemia (AML), *e.g.*, a relapsed or refractory AML or a *de novo* AML). In certain embodiments, the cancer is a myelodysplastic syndrome (MDS) (*e.g.*, a high risk MDS).

10 Formulations, *e.g.*, dosage formulations, and kits, *e.g.*, therapeutic kits, that include a combination of two, three or more therapeutic agents chosen from one, two or all of the following categories (i)-(iii): (i) an agent that enhances antigen (*e.g.*, tumor antigen) presentation; (ii) an agent that enhances an effector cell response (*e.g.*, activation and/or mobilization of B cell and/or T cell); or (iii) an agent that decreases tumor immunosuppression, thereby reducing an activity in the cell, and (optionally) instructions for use, are also disclosed. In some embodiments, the combination includes a
15 PD-1 inhibitor (*e.g.*, an anti-PD-1 antibody molecule as described herein).

20 The combinations of therapeutic agents disclosed herein include two or more therapeutic agents described herein. The therapeutic agents in the combination can belong to the same category, *e.g.*, two or more therapeutic agents of category (i), or can include at least one agent of two or more categories (*e.g.*, a therapeutic agent of category (i) combined with a therapeutic agent of category (ii)), as described below. Certain therapeutic agents can belong to two or more categories of categories (i)-(iii). For example, a therapeutic agent (*e.g.*, a GITR agonist, an IDO antagonist, a TGF- β inhibitor, among others) can act as a therapeutic agent in multiple categories.

25 Additional features or embodiments of the methods, compositions, dosage formulations, and kits described herein include one or more of the following:

Combinations

30 In certain embodiments, the combination includes one, two, three, four or more therapeutic agents that enhance antigen (*e.g.*, tumor antigen) presentation (referred to herein as an “antigen-presentation combination”). In certain embodiments, the antigen presentation combination includes one or more of: an agent that enhances antigen presentation (*e.g.*, a vaccine, *e.g.*, a cell- or antigen-based vaccine); an agent that enhances lysis of tumor cells (*e.g.*, an oncolytic virus); an agent that stimulates (*e.g.*, disinhibits) a phagocyte, *e.g.*, a Type I interferon (IFN) activator (*e.g.*, a TLR agonist, a RIG-I-like receptor agonist (RLRs)), and/or an agent that activates and/or recruits a dendritic cell or
35 a macrophage (*e.g.*, a macrophage I), *e.g.*, a bi- or tri-specific cell engager.

40 In some embodiments, the antigen-presentation combination includes one, two, three, four, five or more therapeutic agents chosen from: (i) an agonist of Stimulator of Interferon Genes (a STING agonist), (ii) an agonist of a Toll-like receptor (TLR) (*e.g.*, an agonist of TLR-3, -4, -5, -7, -8, or -9), (iii) a TIM-3 modulator (*e.g.*, an anti-TIM-3 antibody molecule), (iv) a vascular endothelial growth factor receptor (VEGFR) inhibitor, (v) a c-Met inhibitor, (vi) a TGF β inhibitor (*e.g.*, an anti-

5 TGFb antibody), (vii) an IDO/TDO inhibitor, (viii) an A2AR antagonist, (ix) an oncolytic virus, (x) a vaccine (*e.g.*, a scaffold vaccine), or (xi) a bi- or tri-specific cell engager. Any combination of the aforesaid agents (i)-(xi) can be used in the antigen-presentation combination. In one exemplary embodiment, the antigen-presentation combination includes a STING agonist. In another exemplary embodiment, the antigen-presentation combination includes a TLR agonist (*e.g.*, a TLR7 agonist). In
 10 another exemplary embodiment, the antigen-presentation combination includes a STING agonist and a TLR agonist (*e.g.*, a TLR7 agonist). In some embodiments, the antigen presentation combination is chosen from a STING agonist, a TLR agonist, an A2AR antagonist, or an oncolytic virus or a combination thereof, and optionally, one or more of (iii)-(vii) or (x)-(xi). In some embodiments, the antigen presentation combination is chosen from a STING agonist or a TLR agonist, or a combination
 15 of both, and optionally, one or more of (iii)-(xi). In another embodiment, the antigen-presentation combination includes a STING agonist, a TLR agonist (*e.g.*, a TLR7 agonist) and a TIM-3 modulator (*e.g.*, an anti-TIM-3 inhibitor). In another embodiment, the antigen-presentation combination includes a STING agonist, a TLR agonist (*e.g.*, a TLR7 agonist) and a VEGFR inhibitor. In another embodiment, the antigen-presentation combination includes a STING agonist, a TLR agonist (*e.g.*, a
 20 TLR7 agonist) and a c-MET inhibitor. In yet other embodiments, the antigen-presenting combination includes an oncolytic virus. In other embodiments, the antigen-presenting combination includes an oncolytic virus and a cytokine, *e.g.*, an oncolytic virus expressing one or more of GM-CSF, or a CSF (*e.g.*, CSF1, or CSF2). In some embodiments, the antigen-presenting combination includes a bi- or tri-specific cell engager, *e.g.*, a bi- or tri-specific antibody molecule to CD47 and CD19, with or
 25 without an Fc domain. In some embodiments, the antigen-presenting combination includes a TGFb inhibitor (*e.g.*, an anti-TGFb antibody). In other embodiments, the antigen-presenting combination includes an IDO/TDO inhibitor. In yet other embodiments, the antigen-presenting combination includes an A2AR antagonist. In yet other embodiments, the antigen-presenting combination includes a vaccine (*e.g.*, IL-2 in combination with MUC1, or a dendritic cell based vaccine (*e.g.*, Provenge®)).
 30 In yet other embodiments, the antigen-presenting combination includes a vaccine and a TLR agonist (*e.g.*, a TLR agonist as described herein). In certain embodiment, the antigen-presentation combination includes a vaccine and a STING agonist. In certain embodiment, the antigen-presentation combination includes a vaccine, a STING agonist and a TLR agonist.

In certain embodiments, the combination includes one, two, three, four, five or more
 35 therapeutic agents that enhance an effector cell response (referred to herein as an “effector cell combination”). In some embodiments, the effector cell combination includes a lymphocyte activator, *e.g.*, an NK cell activator and/or a T cell activator. In some embodiments, the effector cell combination activates (*e.g.*, disinhibits) a tumor infiltrating lymphocyte (TIL), *e.g.*, an NK cell or a T cell. In some embodiments, the effector cell combination includes an NK cell modulator chosen from
 40 a modulator (*e.g.*, an antibody molecule) of an NK receptor (*e.g.*, a modulator of one or more of NKG2A, KIR3DL, NKp46, MICA or CEACAM1); an interleukin or an interleukin variant (*e.g.*, IL-2,

5 IL-15, IL-21, IL-13R or IL-12 cytokine or variant thereof, or a combination thereof); a bi- or tri-specific cell engager (*e.g.*, a bispecific antibody molecule of NKG2A and CD138, or a bispecific antibody molecule of CD3 and TCR); an NK cell therapy; or a vaccine that includes NK cells and an antigen/immune stimulant. In some embodiments, the effector cell combination includes an immunomodulator (*e.g.*, one or more of: an activator of a costimulatory molecule or an inhibitor of an immune checkpoint molecule as described herein). In some embodiments, the effector cell combination includes a T cell modulator chosen from an inhibitor of a checkpoint inhibitor (*e.g.*, an inhibitor of one or more of: PD-1, PD-L1, TIM-3, LAG-3, VISTA, DKG- α , B7-H3, B7-H4, TIGIT, CTLA-4, BTLA, CD160, TIM1, IDO, LAIR1, IL-12, or a combination thereof, *e.g.*, an inhibitor of PD-1 and TIM-3, or an inhibitor of PD-1 and LAG-3). In one embodiment, the inhibitor of the checkpoint inhibitor is an antibody molecule (*e.g.*, a mono- or bispecific antibody or fragment thereof as described herein). For example, the inhibitor of the checkpoint inhibitor is an antibody molecule against PD-1, PD-L1, TIM-3, LAG-3, VISTA, B7-H4, CTLA-4 or TIGIT, or any combination thereof (*e.g.* a combination as described herein). In some embodiments, the effector cell combination includes a T cell modulator chosen from an agonist or an activator of a costimulatory molecule. In one embodiment, the agonist of the costimulatory molecule is chosen from an agonist (*e.g.*, an agonistic antibody or antigen-binding fragment thereof, or a soluble fusion) of GITR, OX40, ICOS, SLAM (*e.g.*, SLAMF7), HVEM, LIGHT, CD2, CD27, CD28, CD30, ICAM-1, LFA-1 (CD11a/CD18), ICOS (CD278), 4-1BB (CD137), CD30, CD40, BAFFR, CD7, NKG2C, NKp80, CD160, B7-H3, or CD83 ligand. In other embodiments, the effector cell combination includes a bispecific T cell engager (*e.g.*, a bispecific antibody molecule that binds to CD3 and a tumor antigen (*e.g.*, EGFR, PSCA, PSMA, EpCAM, HER2 among others).

In some embodiments, the effector cell combination includes one, two, three, four, five or more therapeutic agents chosen from: (i) a GITR modulator (*e.g.*, a GITR agonist), (ii) a PD-1 inhibitor (*e.g.*, an anti-PD-1 antibody molecule as described herein), (iii) a PD-L1 inhibitor, (iv) an inhibitor of IAP (Inhibitor of Apoptosis Protein), (v) an inhibitor of EGFR (Epidermal Growth Factor Receptor), (vi) an inhibitor of target of rapamycin (mTOR), (vii) IL-15 or a variant thereof, (viii) a CTLA-4 inhibitor, (ix) a bispecific T cell engager (*e.g.*, a bispecific antibody molecule that binds to CD3 and a tumor antigen (*e.g.*, EGFR, PSCA, PSMA, EpCAM, HER2 among others), (x) a CD40 agonist (*e.g.*, an anti-CD40 antibody molecule), (xi) an OX40 agonist (*e.g.*, an anti-OX40 antibody molecule), or (xii) a CD27 agonist (*e.g.*, an anti-CD27 antibody molecule). Any combination of the aforesaid agents can be used in the effector cell combination. In one exemplary embodiment, the effector cell combination includes a GITR agonist. In another embodiment, the effector cell combination includes a PD-1 inhibitor (*e.g.*, an anti-PD-1 antibody molecule as described herein). In another embodiment, the effector cell combination includes a PD-L1 inhibitor. In other embodiments, the effector cell combination includes a GITR agonist and a PD-1 inhibitor (*e.g.*, an anti-PD-1 antibody molecule as described herein). In other embodiments, the effector cell combination includes

5 a GITR agonist and a PD-L1 inhibitor. In other embodiments, the effector cell combination includes a GITR agonist, a PD-1 inhibitor (*e.g.*, an anti-PD-1 antibody molecule as described herein), and a PD-L1 inhibitor. In other embodiments, the effector cell combination includes a PD-1 inhibitor (*e.g.*, an anti-PD-1 antibody molecule as described herein), and a PD-L1 inhibitor. In one embodiment, the effector cell combination includes a GITR agonist and an inhibitor of IAP. In another embodiment, the effector cell combination includes a GITR agonist and an inhibitor of an EGFR inhibitor. In yet another embodiment, the effector cell combination includes a GITR agonist and an inhibitor of an mTOR inhibitor. In one embodiment, the effector cell combination includes IL-15 or a variant thereof. In one embodiment, the effector cell combination includes a CTLA-4 inhibitor. In one embodiment, the effector cell combination includes a bispecific T cell engager (*e.g.*, a bispecific antibody molecule that binds to CD3 and a tumor antigen (*e.g.*, EGFR, PSCA, PSMA, EpCAM, HER2 among others). In one embodiment, the effector cell combination includes a CD40 agonist (*e.g.*, an anti-CD40 antibody molecule). In one embodiment, the effector cell combination includes an OX40 agonist (*e.g.*, an anti-OX40 antibody molecule). In one embodiment, the effector cell combination includes a CD27 agonist (*e.g.*, an anti-CD27 antibody molecule).

20 In certain embodiments, the combination includes one, two, three, four, five or more therapeutic agents that decrease tumor immunosuppression (referred to herein as an “anti-tumor immunosuppression combination”). In some embodiments, the combination modulates the activity or level of one or more of T_{reg} , macrophage 2 or MDSCs. In some embodiments, the combination increases one or more of M2 polarization, T_{reg} depletion, or T cell recruitment. In some embodiments, the anti-tumor immunosuppression combination includes one, two, three, four, five or more therapeutic agents chosen from: (i) an immunomodulator (*e.g.*, one or more of: an activator of a costimulatory molecule (*e.g.*, a GITR agonist), or an inhibitor of an immune checkpoint molecule (*e.g.*, one or more of PD-1, PD-L1, LAG-3, TIM-3 or CTLA-4), as described herein), (ii) a CSF-1/1R inhibitor (*e.g.*, an inhibitor of macrophage colony-stimulating factor (M-CSF)), (iii) an IL-17 inhibitor, (iv) an IL-1 β inhibitor, (v) a CXCR2 inhibitor, (vi) an inhibitor of a phosphoinositide 3-kinase (PI3K, *e.g.*, PI3K γ or PI3K δ), (vii) a BAFF-R inhibitor, (viii) a MALT-1/BTK inhibitor, (ix) a JAK inhibitor, (x) a CRTH2 inhibitor, (xi) a VEGFR inhibitor, (xiii) an IL-15 or a variant thereof, (xiv) a CTLA-4 inhibitor, (xv) an IDO/TDO inhibitor, (xvi) an A2AR antagonist, (xvii) a TGF β inhibitor, or (xviii) a PFKFB3 inhibitor. In certain embodiments, the immunomodulator is an inhibitor of an immune checkpoint molecule (*e.g.*, an inhibitor of PD-1, PD-L1, LAG-3, TIM-3, CEACAM (*e.g.*, CEACAM-1, -3 and/or -5), or CTLA-4, or any combination thereof). Any combination of the aforesaid agents can be used in the tumor immunosuppression combination. In one exemplary embodiment, the anti-tumor immunosuppression combination includes one, two, three, four, five or more therapeutic agents chosen from a PD-1 inhibitor (*e.g.*, an anti-PD-1 antibody molecule as described herein), a PD-L1 inhibitor, a LAG-3 inhibitor, a TIM-3 modulator (*e.g.*, an

5 anti-TIM-3 inhibitor), a GITR agonist, a CSF-1/1R inhibitor (*e.g.*, an M-CSF inhibitor), an IL-17 inhibitor, an IL-1 β inhibitor, or a CXCR2 inhibitor. In one embodiment, the anti-tumor immunosuppression combination includes one, two, or all of a CSF-1/1R inhibitor (*e.g.*, an M-CSF inhibitor), an IL-17 inhibitor, an IL-1 β inhibitor. In one embodiment, the anti-tumor immunosuppression combination includes an IL-17 inhibitor, a CXCR2 inhibitor, a CRTH2 inhibitor,
 10 an A2AR antagonist, or a PFKFB3 inhibitor, or a combination thereof.

In some embodiments, the combination includes one or more therapeutic agents of the antigen-presentation combination. In other embodiments, the combination includes one or more therapeutic agents of the effector cell combination. In yet other embodiments, the combination includes one or more therapeutic agents of the anti-tumor immunosuppression combination. In other
 15 embodiments, the combination includes one or more therapeutic agents of the antigen-presentation combination and one or more therapeutic agents of the effector cell combination. In other embodiments, the combination includes one or more therapeutic agents of the antigen-presentation combination and one or more therapeutic agents of the anti-tumor immunosuppression combination. In other embodiments, the combination includes one or more therapeutic agents of the antigen-
 20 presentation combination, one or more therapeutic agents of the effector cell combination and one or more therapeutic agents of the anti-tumor immunosuppression combination. In other embodiments, the combination includes one or more therapeutic agents of the antigen-presentation combination, one or more therapeutic agents of the effector cell combination and one or more therapeutic agents of the anti-tumor immunosuppression combination.

25 In certain embodiments, the combination includes:

(i) one or more therapeutic agents of the antigen-presentation combination chosen from one, two or all of a STING agonist, a TLR agonist (*e.g.*, a TLR7 agonist), or a TIM-3 modulator (*e.g.*, a TIM-3 inhibitor);

(ii) one or more therapeutic agents of the effector cell combination chosen from one, two or
 30 all of a GITR modulator (*e.g.*, a GITR agonist), a PD-1 inhibitor (*e.g.*, an anti-PD-1 antibody molecule as described herein), or a PD-L1 inhibitor;

(iii) one or more therapeutic agents of the anti-tumor immunosuppression combination chosen from one, two or all of a CSF-1/1R inhibitor (*e.g.*, an M-CSF inhibitor), an IL-17 inhibitor, or an IL-1 β inhibitor:

35 (iv) a combination of (i) and (ii);
 (v) a combination of (i) and (iii);
 (vi) a combination of (ii) and (iii); or
 (vii) a combination of (i), (ii) and (iii).

The combination can be used to treat a cancer as described herein, such as lung cancer
 40 (squamous), lung cancer (adenocarcinoma), head and neck cancer, cervical cancer (squamous),

5 stomach cancer, thyroid cancer, skin cancer, melanoma (*e.g.*, advanced melanoma), nasopharyngeal cancer, kidney cancer, neuroendocrine tumor (NET), ovarian cancer, fallopian tube cancer, colorectal cancer, or breast cancer. In certain embodiments, the cancer is a skin cancer, *e.g.*, a Merkel cell carcinoma or a melanoma. In one embodiment, the cancer is a Merkel cell carcinoma. In other
 10 embodiments, the cancer is a melanoma. In other embodiments, the cancer is a breast cancer, *e.g.*, a triple negative breast cancer (TNBC) or a HER2-negative breast cancer. In other embodiments, the cancer is kidney cancer, *e.g.*, a renal cell carcinoma (*e.g.*, clear cell renal cell carcinoma (CCRCC) or a non-clear cell renal cell carcinoma (nccRCC)). In other embodiments, the cancer is a thyroid cancer, *e.g.*, an anaplastic thyroid carcinoma (ATC). In other embodiments, the cancer is a neuroendocrine tumor (NET), *e.g.*, an atypical pulmonary carcinoid tumor or an NET in pancreas,
 15 gastrointestinal (GI) tract, or lung. In certain embodiments, the cancer is a lung cancer, *e.g.*, a non-small cell lung cancer (NSCLC) (*e.g.*, a squamous NSCLC or a non-squamous NSCLC). In certain embodiments, the cancer is an ovarian cancer. In certain embodiments, the cancer is a fallopian tube cancer. In certain embodiments, the cancer is a colorectal cancer (CRC) (*e.g.*, a microsatellite instability-high colorectal cancer (MSI-high CRC) or a microsatellite stable colorectal cancer (MSS
 20 CRC)). In certain embodiments, the cancer is a leukemia (*e.g.*, an acute myeloid leukemia (AML), *e.g.*, a relapsed or refractory AML or a *de novo* AML). In certain embodiments, the cancer is a myelodysplastic syndrome (MDS) (*e.g.*, a high risk MDS).

In other embodiments, the combination includes a therapeutic agent from the antigen-presentation combination (*e.g.*, one or more of a STING agonist, a TLR agonist, a vaccine or an
 25 oncolytic virus) in combination with a therapeutic agent from the effector cell and/or anti-tumor immunosuppression combination (*e.g.*, an inhibitor of a checkpoint inhibitor, *e.g.*, an inhibitor of PD-1, PD-L1, LAG-3, TIM-3, CEACAM (*e.g.*, CEACAM-1, -3 and/or -5), or CTLA-4, or any combination thereof. In one embodiment, one or more of a STING agonist, a TLR agonist, a vaccine or an oncolytic virus is administered in combination with an anti-PD-1 antibody molecule as
 30 described herein. In one embodiment, a STING agonist and/or a vaccine is administered in combination with an anti-PD-1 antibody molecule as described herein. In one embodiment, an oncolytic virus is administered in combination with an anti-PD-1 antibody molecule as described herein. The combination can be used to treat a cancer as described herein, such as lung cancer (squamous), lung cancer (adenocarcinoma), head and neck cancer, cervical cancer (squamous),
 35 stomach cancer, thyroid cancer, skin cancer, melanoma (*e.g.*, advanced melanoma), nasopharyngeal cancer, kidney cancer, neuroendocrine tumor (NET), ovarian cancer, fallopian tube cancer, colorectal cancer, or breast cancer. In certain embodiments, the cancer is a skin cancer, *e.g.*, a Merkel cell carcinoma or a melanoma. In one embodiment, the cancer is a Merkel cell carcinoma. In other embodiments, the cancer is a melanoma. In other embodiments, the cancer is a breast cancer, *e.g.*, a
 40 triple negative breast cancer (TNBC) or a HER2-negative breast cancer. In other embodiments, the cancer is kidney cancer, *e.g.*, a renal cell carcinoma (*e.g.*, clear cell renal cell carcinoma (CCRCC) or

5 a non-clear cell renal cell carcinoma (nccRCC)). In other embodiments, the cancer is a thyroid cancer, *e.g.*, an anaplastic thyroid carcinoma (ATC). In other embodiments, the cancer is a neuroendocrine tumor (NET), *e.g.*, an atypical pulmonary carcinoid tumor or an NET in pancreas, gastrointestinal (GI) tract, or lung. In certain embodiments, the cancer is a lung cancer, *e.g.*, a non-small cell lung cancer (NSCLC) (*e.g.*, a squamous NSCLC or a non-squamous NSCLC). In certain
10 embodiments, the cancer is an ovarian cancer. In certain embodiments, the cancer is a fallopian tube cancer. In certain embodiments, the cancer is a colorectal cancer (CRC) (*e.g.*, a microsatellite instability-high colorectal cancer (MSI-high CRC) or a microsatellite stable colorectal cancer (MSS CRC)). In certain embodiments, the cancer is a leukemia (*e.g.*, an acute myeloid leukemia (AML), *e.g.*, a relapsed or refractory AML or a *de novo* AML). In certain embodiments, the cancer is a
15 myelodysplastic syndrome (MDS) (*e.g.*, a high risk MDS).

In certain embodiments, the combination includes a combination of therapeutic agents as provided in the section entitled “Exemplary Combinations of Antigen-Presentation Combinations, Effector Cell Combinations and Anti-tumor Immunosuppression Combinations” provided in the Detailed Description.

20 In certain embodiments, the combination includes an inhibitor of an immune checkpoint molecule, *e.g.*, an inhibitor of PD-1 (*e.g.*, an anti-PD-1 antibody molecule described herein), and an IAP inhibitor, (S)-N-((S)-1-cyclohexyl-2-((S)-2-(4-(4-fluorobenzoyl)thiazol-2-yl)pyrrolidin-1-yl)-2-oxoethyl)-2-(methylamino)propanamide (Compound A21), or a compound disclosed in U.S. Patent No. 8,552,003. In some embodiments, the inhibitor of an immune checkpoint molecule, *e.g.*, the
25 inhibitor of PD-1 (*e.g.*, the anti-PD-1 antibody molecule), is administered at a dose between 200 mg and 600 mg (*e.g.*, at a dose of 400 mg), *e.g.*, once every 4 weeks, *e.g.*, intravenously. In some embodiments, the IAP inhibitor, (S)-N-((S)-1-cyclohexyl-2-((S)-2-(4-(4-fluorobenzoyl)thiazol-2-yl)pyrrolidin-1-yl)-2-oxoethyl)-2-(methylamino)propanamide (Compound A21), or a compound disclosed in U.S. Patent No. 8,552,003, is administered at a dose between 200 mg and 400 mg (*e.g.*, at
30 a dose of 300 mg), *e.g.*, once every week, *e.g.*, orally. In certain embodiments, the combination is used to treat a cancer described herein, *e.g.*, a colorectal cancer, a lung cancer (*e.g.*, a non-small cell lung cancer (NSCLC)), or a breast cancer (*e.g.*, a triple-negative breast cancer (*e.g.*, NTBC)).

In other embodiments, the combination includes an inhibitor of an immune checkpoint molecule, *e.g.*, an inhibitor of PD-1 (*e.g.*, an anti-PD-1 antibody molecule described herein), and an
35 mTOR inhibitor, Everolimus (Compound A36), or a compound disclosed in PCT Publication No. WO 2014/085318. In some embodiments, the inhibitor of an immune checkpoint molecule, *e.g.*, the inhibitor of PD-1 (*e.g.*, the anti-PD-1 antibody molecule), is administered at a dose between 200 mg and 600 mg (*e.g.*, at a dose of 400 mg), *e.g.*, once every 4 weeks, *e.g.*, intravenously. In some embodiments, the mTOR inhibitor, Everolimus (Compound A36), or a compound disclosed in PCT
40 Publication No. WO 2014/085318, is administered at a dose between 2 mg and 8 mg (*e.g.*, at a dose of 5 mg), *e.g.*, once every week, *e.g.*, orally. In certain embodiments, the combination is used to treat a

5 cancer described herein, *e.g.*, a colorectal cancer, a lung cancer (*e.g.*, a non-small cell lung cancer (NSCLC)), or a breast cancer (*e.g.*, a triple-negative breast cancer (*e.g.*, NTBC)).

In other embodiments, the combination includes an inhibitor of an immune checkpoint molecule, *e.g.*, an inhibitor of PD-1 (*e.g.*, an anti-PD-1 antibody molecule described herein), and a DAC inhibitor, Panobinostat (Compound A19), or a compound disclosed in PCT Publication No. WO
10 2014/072493. In some embodiments, the inhibitor of an immune checkpoint molecule, *e.g.*, the inhibitor of PD-1 (*e.g.*, the anti-PD-1 antibody molecule), is administered at a dose between 200 mg and 600 mg (*e.g.*, at a dose of 400 mg), *e.g.*, once every 4 weeks, *e.g.*, intravenously. In some embodiments, the DAC inhibitor, Panobinostat (Compound A19), or a compound disclosed in PCT Publication No. WO 2014/072493, is administered at a dose between 5 mg and 15 mg (*e.g.*, at a dose
15 of 10 mg), *e.g.*, three times in a week (*e.g.*, on the schedule of one week on/one week off), *e.g.*, orally. In certain embodiments, the combination is used to treat a cancer described herein, *e.g.*, a colorectal cancer, a lung cancer (*e.g.*, a non-small cell lung cancer (NSCLC)), or a breast cancer (*e.g.*, a triple-negative breast cancer (*e.g.*, NTBC)).

In other embodiments, the combination includes an inhibitor of an immune checkpoint
20 molecule, *e.g.*, an inhibitor of PD-1 (*e.g.*, an anti-PD-1 antibody molecule described herein), and an IL-1 β inhibitor, canakinumab, or a compound disclosed in PCT Publication No. WO 2002/16436. In some embodiments, the inhibitor of an immune checkpoint molecule, *e.g.*, the inhibitor of PD-1 (*e.g.*, the anti-PD-1 antibody molecule), is administered at a dose between 200 mg and 600 mg (*e.g.*, at a dose of 400 mg), *e.g.*, once every 4 weeks, *e.g.*, intravenously. In some embodiments, the IL-1 β
25 inhibitor, canakinumab, or a compound disclosed in PCT Publication No. WO 2002/16436, is administered at a dose between 50 mg and 150 mg (*e.g.*, at a dose of 100 mg), *e.g.*, once every eight weeks, *e.g.*, subcutaneously. In certain embodiments, the combination is used to treat a cancer described herein, *e.g.*, a colorectal cancer (*e.g.*, a microsatellite stable colorectal cancer (MSS CRC)), a lung cancer (*e.g.*, a non-small cell lung cancer (NSCLC)), or a breast cancer (*e.g.*, a triple-negative
30 breast cancer (*e.g.*, NTBC)).

In other embodiments, the combination includes an inhibitor of an immune checkpoint molecule, *e.g.*, an inhibitor of PD-1 (*e.g.*, an anti-PD-1 antibody molecule described herein), and an IL-17 inhibitor, CJM112, or a compound disclosed in PCT Publication No. WO 2014/122613. In some embodiments, the inhibitor of an immune checkpoint molecule, *e.g.*, the inhibitor of PD-1 (*e.g.*,
35 the anti-PD-1 antibody molecule), is administered at a dose between 200 mg and 600 mg (*e.g.*, at a dose of 400 mg), *e.g.*, once every 4 weeks, *e.g.*, intravenously. In some embodiments, the IL-17 inhibitor, CJM112, or a compound disclosed in PCT Publication No. WO 2014/122613, is administered at a dose between 10 mg and 50 mg (*e.g.*, at a dose of 25 mg), *e.g.*, once every four weeks, *e.g.*, intravenously. In certain embodiments, the combination is used to treat a cancer
40 described herein, *e.g.*, a colorectal cancer (*e.g.*, an MSS CRC), a lung cancer (*e.g.*, a non-small cell lung cancer (NSCLC)), or a breast cancer (*e.g.*, a triple-negative breast cancer (*e.g.*, NTBC)).

5 In other embodiments, the combination includes an inhibitor of an immune checkpoint molecule, *e.g.*, an inhibitor of PD-1 (*e.g.*, an anti-PD-1 antibody molecule described herein), and a MEK inhibitor or trametinib. In some embodiments, the inhibitor of an immune checkpoint molecule, *e.g.*, the inhibitor of PD-1 (*e.g.*, the anti-PD-1 antibody molecule), is administered at a dose between 200 mg and 600 mg (*e.g.*, at a dose of 400 mg), *e.g.*, once every 4 weeks, *e.g.*, intravenously. In some
10 embodiments, the MEK inhibitor or trametinib, is administered at a dose between 0.2 mg and 1 mg (*e.g.*, at a dose of 0.5 mg), *e.g.*, once a day, *e.g.*, orally. In certain embodiments, the combination is used to treat a cancer described herein, *e.g.*, a colorectal cancer, a lung cancer (*e.g.*, a non-small cell lung cancer (NSCLC)), or a breast cancer (*e.g.*, a triple-negative breast cancer (*e.g.*, NTBC)).

In certain embodiments, the combination includes an inhibitor of an immune checkpoint
15 molecule, *e.g.*, an inhibitor of PD-1 (*e.g.*, an anti-PD-1 antibody molecule described herein), a BRAF inhibitor or dabrafenib, and a MEK inhibitor or trametinib. In some embodiments, the inhibitor of an immune checkpoint molecule, *e.g.*, the inhibitor of PD-1 (*e.g.*, the anti-PD-1 antibody molecule), is administered at a dose between 200 mg and 600 mg (*e.g.*, at a dose of 400 mg), *e.g.*, once every 4 weeks, *e.g.*, intravenously. In some embodiments, the inhibitor of an immune checkpoint molecule,
20 *e.g.*, the inhibitor of PD-1 (*e.g.*, the anti-PD-1 antibody molecule), is administered at a dose between 200 mg and 600 mg (*e.g.*, at a dose of 400 mg), *e.g.*, once every 8 weeks, *e.g.*, intravenously. In some embodiments, the BRAF inhibitor or dabrafenib, is administered at a dose between 50 mg and 250 mg (*e.g.*, at a dose of 150 mg) twice a day, *e.g.*, orally. In some embodiments, the MEK inhibitor or trametinib, is administered at a dose between 1 mg and 3 mg (*e.g.*, at a dose of 2 mg), *e.g.*, once a day,
25 *e.g.*, orally. In certain embodiments, the inhibitor of an immune checkpoint molecule, *e.g.*, the inhibitor of PD-1 (*e.g.*, the anti-PD-1 antibody molecule), is administered, *e.g.*, at a dose between 200 mg and 600 mg (*e.g.*, at a dose of 400 mg), *e.g.*, once every 4 weeks, after the BRAF inhibitor or dabrafenib, the MEK inhibitor or trametinib, or both, is administered, *e.g.*, for a period of 2 to 8 weeks, *e.g.*, 4 weeks. In certain embodiments, the combination is used to treat a cancer described
30 herein, *e.g.*, a skin cancer (*e.g.*, a melanoma, *e.g.*, an unresectable or metastatic melanoma). In some embodiments, the combination is used to treat a cancer that has a BRAF mutation, *e.g.*, a BRAF V600 mutation. In other embodiments, the combination is used to treat a cancer in a subject having an elevated level of serum lactate dehydrogenase (LDH), compared to a reference LDH level. In certain embodiments, the combination is used to treat a subject who has an unresectable or metastatic
35 melanoma having a BRAF mutation (*e.g.*, a BRAF V600 mutation) and has an elevated level of LDH in serum, compared to a reference serum LDH level.

In other embodiments, the combination includes an inhibitor of an immune checkpoint molecule, *e.g.*, an inhibitor of PD-1 (*e.g.*, an anti-PD-1 antibody molecule described herein), and an EGFR inhibitor, (R,E)-N-(7-chloro-1-(1-(4-(dimethylamino)but-2-enoyl)azepan-3-yl)-1H-
40 benzo[d]imidazol-2-yl)-2-methylisonicotinamide (Compound A40), or a compound disclosed in PCT Publication No. WO 2013/184757. In some embodiments, the inhibitor of an immune checkpoint

5 molecule, *e.g.*, the inhibitor of PD-1 (*e.g.*, the anti-PD-1 antibody molecule), is administered at a dose between 200 mg and 600 mg (*e.g.*, at a dose of 400 mg), *e.g.*, once every 4 weeks, *e.g.*, intravenously. In some embodiments, the EGFR inhibitor, (R,E)-N-(7-chloro-1-(1-(4-(dimethylamino)but-2-enoyl)azepan-3-yl)-1H-benzo[d]imidazol-2-yl)-2-methylisonicotinamide (Compound A40), or a
 10 compound disclosed in PCT Publication No. WO 2013/184757, is administered at a dose between 10 mg and 50 mg (*e.g.*, at a dose of 25 mg), *e.g.*, once a day (*e.g.*, on day 1 to day 10 of a first dosing cycle), *e.g.*, orally. In certain embodiments, the combination is used to treat a cancer described herein, *e.g.*, a colorectal cancer, a lung cancer (*e.g.*, a non-small cell lung cancer (NSCLC)), or a breast cancer (*e.g.*, a triple-negative breast cancer (*e.g.*, NTBC)).

In other embodiments, the combination includes an inhibitor of an immune checkpoint
 15 molecule, *e.g.*, an inhibitor of PD-1 (*e.g.*, an anti-PD-1 antibody molecule described herein), and a CSF-1/1R binding agent (*e.g.*, a CSF-1R tyrosine kinase inhibitor), 4-((2-(((1R,2R)-2-hydroxycyclohexyl)amino)benzo[d]thiazol-6-yl)oxy)-N-methylpicolinamide (Compound A15), or a compound disclosed in PCT Publication No. WO 2005/073224. In some embodiments, the inhibitor of an immune checkpoint molecule, *e.g.*, the inhibitor of PD-1 (*e.g.*, the anti-PD-1 antibody
 20 molecule), is administered at a dose between 200 mg and 600 mg (*e.g.*, at a dose of 400 mg), *e.g.*, once every 4 weeks, *e.g.*, intravenously. In some embodiments, the CSF-1/1R binding agent (*e.g.*, a CSF-1R tyrosine kinase inhibitor), 4-((2-(((1R,2R)-2-hydroxycyclohexyl)amino)benzo[d]thiazol-6-yl)oxy)-N-methylpicolinamide (Compound A15), or a compound disclosed in PCT Publication No. WO 2005/073224, is administered at a dose between 50 mg and 1000 mg (*e.g.*, at a dose of 100 mg,
 25 150 mg, 300 mg, 600 mg, 900 mg), *e.g.*, daily according to a 7 days on/7 days off schedule or once a week, *e.g.*, orally. In certain embodiments, the combination is used to treat a cancer described herein, *e.g.*, a brain cancer (*e.g.*, a glioblastoma multiforme (GBM)), a breast cancer (*e.g.*, a triple-negative breast cancer (*e.g.*, NTBC)), or a pancreatic cancer.

In other embodiments, the combination includes an inhibitor of an immune checkpoint
 30 molecule, *e.g.*, an inhibitor of PD-1 (*e.g.*, an anti-PD-1 antibody molecule described herein), and an inhibitor of 6-phosphofructo-2-kinase/fructose-2,6-biphosphatase 3 (PFKFB3), PFK-158, or a compound disclosed in PCT Publication No. WO 2013/148228. In some embodiments, the inhibitor of an immune checkpoint molecule, *e.g.*, the inhibitor of PD-1 (*e.g.*, the anti-PD-1 antibody molecule), is administered at a dose between 200 mg and 600 mg (*e.g.*, at a dose of 400 mg), *e.g.*,
 35 once every 4 weeks, *e.g.*, intravenously. In certain embodiments, the combination is used to treat a cancer described herein, *e.g.*, an ovarian cancer, a fallopian tube cancer, or a colorectal cancer (CRC).

In one embodiment, a combination includes an inhibitor of an immune checkpoint molecule, *e.g.*, an inhibitor of PD-1 (*e.g.*, an anti-PD-1 antibody molecule described herein), and a chemotherapeutic agent, *e.g.*, a paclitaxel (*e.g.*, a nab-paclitaxel). In some embodiments, the inhibitor
 40 of an immune checkpoint molecule, *e.g.*, the inhibitor of PD-1 (*e.g.*, the anti-PD-1 antibody molecule), is administered at a dose between 200 mg and 600 mg (*e.g.*, at a dose of 400 mg), *e.g.*,

5 once every 4 weeks, *e.g.*, intravenously. In some embodiment, the chemotherapeutic agent, *e.g.*, a paclitaxel (*e.g.*, a nab-paclitaxel), is administered at a dose between 50 mg/m² and 200 mg/m² (*e.g.*, at a dose of 100 mg/m²), *e.g.*, weekly at Day 1, Day 8, and Day 15 every four weeks (qw3/4), *e.g.*, intravenously. In certain embodiments, the combination is used to treat a cancer described herein, *e.g.*, a breast cancer (*e.g.*, a HER2-negative breast cancer).

10 In other embodiments, the combination includes an inhibitor of an immune checkpoint molecule, *e.g.*, an inhibitor of PD-1 (*e.g.*, an anti-PD-1 antibody molecule described herein), and a TGF- β inhibitor, XOMA 089, or a compound disclosed in PCT Publication No. WO 2012/167143. In some embodiments, the inhibitor of an immune checkpoint molecule, *e.g.*, the inhibitor of PD-1 (*e.g.*, the anti-PD-1 antibody molecule), is administered at a dose between 100 mg and 600 mg (*e.g.*, at a
15 dose of 100 mg or 300 mg), *e.g.*, once every 3 weeks, *e.g.*, intravenously. In some embodiments, the TGF- β inhibitor, XOMA 089, or a compound disclosed in PCT Publication No. WO 2012/167143 is administered at a dose between 0.1 mg/kg and 15 mg/kg, *e.g.*, between 0.1 mg/kg and 6 mg/kg or between 0.3 mg/kg and 3 mg/kg (*e.g.*, at a dose of 0.1 mg/kg, 0.3 mg/kg, 1 mg/kg, 3 mg/kg, 6 mg/kg, 10 mg/kg, or 15 mg/kg), *e.g.*, once every three weeks, *e.g.*, intravenously. In some embodiments, the
20 combination is used to treat a cancer described herein, *e.g.*, a pancreatic cancer, a colorectal cancer (*e.g.*, a microsatellite stable colorectal cancer (MSS-CRC)), a lung cancer (*e.g.*, a non-small cell lung cancer), a breast cancer (*e.g.*, a triple negative breast cancer), a liver cancer (*e.g.*, a hepatocellular carcinoma), a prostate cancer, or a renal cancer (*e.g.*, a clear cell renal cell carcinoma).

In other embodiments, the combination includes an inhibitor of an immune checkpoint
25 molecule, *e.g.*, an inhibitor of PD-1 (*e.g.*, an anti-PD-1 antibody molecule described herein), and an inhibitor of PD-L1 or an anti-PD-L1 antibody molecule disclosed in U.S. Patent Application Publication No. 2016/0108123. In some embodiments, the inhibitor of an immune checkpoint molecule, *e.g.*, the inhibitor of PD-1 (*e.g.*, the anti-PD-1 antibody molecule), is administered at a dose between 100 mg and 600 mg (*e.g.*, at a dose of 100 mg or 300 mg), *e.g.*, once every 3 weeks, *e.g.*,
30 intravenously. In some embodiments, the inhibitor of PD-L1 or an anti-PD-L1 antibody molecule disclosed in U.S. Patent Application Publication No. 2016/0108123 is administered at a dose between 10 mg and 2000 mg (*e.g.*, between 20 mg and 1600 mg or between 80 mg and 1200 mg (*e.g.*, at a dose of 20 mg, 80 mg, 240 mg, 800 mg, or 1200 mg), *e.g.*, once every three weeks or once every six weeks, *e.g.*, intravenously. In some embodiments, the combination is used to treat a cancer described
35 herein, *e.g.*, a solid tumor, *e.g.*, a lung cancer (*e.g.*, a non-small cell lung cancer), a breast cancer (*e.g.*, a triple negative breast cancer), a uterine cancer (*e.g.*, an endometrial carcinoma), or a thyroid cancer (*e.g.*, an anaplastic thyroid carcinoma).

In other embodiments, the combination includes an inhibitor of an immune checkpoint molecule, *e.g.*, an inhibitor of PD-1 (*e.g.*, an anti-PD-1 antibody molecule described herein), and a
40 chemotherapeutic agent (*e.g.*, a hypomethylating agent, *e.g.*, decitabine). In some embodiments, the inhibitor of an immune checkpoint molecule, *e.g.*, the inhibitor of PD-1 (*e.g.*, the anti-PD-1 antibody

5 molecule), is administered at a dose between 200 mg and 600 mg (*e.g.*, between 300 mg and 500 mg, *e.g.*, at a dose of 400 mg), *e.g.*, once every 4 weeks, *e.g.*, intravenously. In some embodiments, the chemotherapeutic agent (*e.g.*, a hypomethylating agent, *e.g.*, decitabine) is administered at a dose between 5 mg/m² and 50 mg/m² (*e.g.*, between 10 mg/m² and 30 mg/m², *e.g.*, at a dose of 20 mg/m²), *e.g.*, daily, *e.g.*, for 1, 2, 3, 4, 5, 6, 7, 8, or more days, *e.g.*, intravenously. In certain embodiments, the
 10 inhibitor of an immune checkpoint molecule, *e.g.*, the inhibitor of PD-1 (*e.g.*, the anti-PD-1 antibody molecule), is administered on day 8 of a 28-day cycle, and the chemotherapeutic agent (*e.g.*, a hypomethylating agent, *e.g.*, decitabine) is administered on days 1, 2, 3, 4, and 5 of the 28-day cycle. In some embodiments, the combination is used to treat a cancer described herein, *e.g.*, a hematological cancer, *e.g.*, a leukemia (*e.g.*, an acute myeloid leukemia (AML), *e.g.*, a relapsed or
 15 refractory AML or a *de novo* AML), or a myelodysplastic syndrome (MDS) (*e.g.*, a high risk MDS).

In other embodiments, the combination includes an inhibitor of an immune checkpoint molecule, *e.g.*, an inhibitor of TIM-3 or an anti-TIM-3 antibody molecule disclosed in U.S. Patent Application Publication No. 2015/0218274, and a chemotherapeutic agent (*e.g.*, a hypomethylating agent, *e.g.*, decitabine). In some embodiments, the inhibitor of an immune checkpoint molecule, *e.g.*,
 20 the inhibitor of TIM-3 or an anti-TIM-3 antibody molecule disclosed in U.S. Patent Application Publication No. 2015/0218274, is administered at a dose between 50 mg and 500 mg (*e.g.*, between 100 mg and 400 mg, *e.g.*, at a dose of 240 mg), *e.g.*, once every 2 weeks, *e.g.*, intravenously. In some embodiments, the chemotherapeutic agent (*e.g.*, a hypomethylating agent, *e.g.*, decitabine) is administered at a dose between 5 mg/m² and 50 mg/m² (*e.g.*, between 10 mg/m² and 30 mg/m², *e.g.*, at
 25 a dose of 20 mg/m²), *e.g.*, daily, *e.g.*, for 1, 2, 3, 4, 5, 6, 7, 8, or more days, *e.g.*, intravenously. In certain embodiments, the inhibitor of an immune checkpoint molecule, *e.g.*, the inhibitor of TIM-3 or an anti-TIM-3 antibody molecule disclosed in U.S. Patent Application Publication No. 2015/0218274, is administered on days 8 and 22 of a 28-day cycle, and the chemotherapeutic agent (*e.g.*, a hypomethylating agent, *e.g.*, decitabine) is administered on days 1, 2, 3, 4, and 5 of the 28-day cycle.
 30 In some embodiments, the combination is used to treat a cancer described herein, *e.g.*, a hematological cancer, *e.g.*, a leukemia (*e.g.*, an acute myeloid leukemia (AML), *e.g.*, a relapsed or refractory AML or a *de novo* AML), or a myelodysplastic syndrome (MDS) (*e.g.*, a high risk MDS).

In other embodiments, the combination includes an inhibitor of PD-1 (*e.g.*, an anti-PD-1 antibody molecule described herein), an inhibitor of TIM-3 (*e.g.*, an anti-TIM-3 antibody molecule disclosed in U.S. Patent Application Publication No. 2015/0218274), and a chemotherapeutic agent (*e.g.*, a hypomethylating agent, *e.g.*, decitabine). In some embodiments, the inhibitor of PD-1 (*e.g.*, the anti-PD-1 antibody molecule), is administered at a dose between 200 mg and 600 mg (*e.g.*, between 300 mg and 500 mg, *e.g.*, at a dose of 400 mg), *e.g.*, once every 4 weeks, *e.g.*, intravenously. In some embodiments, the inhibitor of TIM-3 (*e.g.*, an anti-TIM-3 antibody molecule disclosed in
 40 U.S. Patent Application Publication No. 2015/0218274) is administered at a dose between 20 mg and 400 mg (*e.g.*, between 40 mg and 200 mg or between 50 mg and 100 mg, *e.g.*, at a dose of 80 mg),

5 *e.g.*, once every 2 weeks, *e.g.*, intravenously. In some embodiments, the chemotherapeutic agent
 (e.g., a hypomethylating agent, *e.g.*, decitabine) is administered at a dose between 5 mg/m² and 50
 mg/m² (e.g., between 10 mg/m² and 30 mg/m², *e.g.*, at a dose of 20 mg/m²), *e.g.*, daily, *e.g.*, for 1, 2,
 3, 4, 5, 6, 7, 8, or more days, *e.g.*, intravenously. In certain embodiments, the inhibitor of PD-1 (e.g.,
 the anti-PD-1 antibody molecule) is administered on day 8 of a 28-day cycle, the inhibitor of TIM-3
 10 (e.g., an anti-TIM-3 antibody molecule disclosed in U.S. Patent Application Publication No.
 2015/0218274) is administered on days 8 and 22 of a 28-day cycle, and the chemotherapeutic agent
 (e.g., decitabine) is administered on days 1, 2, 3, 4, and 5 of the 28-day cycle. In some embodiments,
 the combination is used to treat a cancer described herein, *e.g.*, a hematological cancer, *e.g.*, a
 leukemia (e.g., an acute myeloid leukemia (AML), *e.g.*, a relapsed or refractory AML or a *de novo*
 15 AML), or a myelodysplastic syndrome (MDS) (e.g., a high risk MDS).

The combinations disclosed herein can be administered together in a single composition or
 administered separately in two or more different compositions, *e.g.*, compositions or dosage forms as
 described herein. The administration of the therapeutic agents can be in any order. The first agent
 and the additional agents (e.g., second, third agents) can be administered via the same administration
 20 route or via different administration routes. For example, a first therapeutic agent can be administered
 concurrently with, prior to, or subsequent to, the additional agent. In certain embodiments, a first
 agent is administered locally, *e.g.*, a therapeutic agent of any of categories (i)-(iii) can be coupled to a
 tumor targeting agent, *e.g.*, a tumor-targeting antibody (e.g., to form an antibody-drug conjugate), or
 any other delivery agent (e.g., a formulation such as a targeted formulation) such that administration
 25 of the first agent is localized to a desired site, *e.g.*, a tumor site (e.g., a dendritic cell-enriched site). In
 one embodiment, the therapeutic agent is an antigen (e.g., a vaccine, *e.g.*, an *in situ* cancer vaccine),
 which is targeted to the tumor environment, thus resulting in activation of dendritic cells. The
 therapeutic agent also can be locally administered, *e.g.*, injected, at a tumor site (e.g., intratumoral or
 peritumoral administration). Localized delivery or administration of the therapeutic agent can reduce
 30 one or more side effects or toxicities that would otherwise be associated with systemic administration
 of the therapeutic agent. In one exemplary embodiment, a therapeutic agent (e.g., STING or a TLR)
 can be conjugated to a tumor-binding antibody (e.g., an antibody that binds to HER2), thereby
 delivering the therapeutic agent to a HER-2-expressing cell.

When administered in combination, the first agent, the additional agent (e.g., second or third
 35 agent), or all, can be administered in an amount or dose that is higher, lower or the same than the
 amount or dosage of each agent used individually, *e.g.*, as a monotherapy. In certain embodiments,
 the administered amount or dosage of the first agent, the additional agent (e.g., second or third agent),
 or all, is lower (e.g., at least 20%, at least 30%, at least 40%, or at least 50%) than the amount or
 dosage of each agent used individually, *e.g.*, as a monotherapy. In other embodiments, the amount or
 40 dosage of the first agent, the additional agent (e.g., second or third agent), or all, that results in a

5 desired effect (*e.g.*, treatment of cancer) is lower (*e.g.*, at least 20%, at least 30%, at least 40%, or at least 50% lower).

In certain embodiments, the combinations can be in the form of an antibody molecule, *e.g.*, a bi- or tri-specific molecule, against one or more therapeutic agents chosen from the antigen-presentation combination, the effector cell combination, or the anti-tumor immunosuppression
 10 combination, or any combination thereof. For example, a bispecific molecule against two or more checkpoint inhibitors (*e.g.*, an anti-PD-1 and an anti-LAG-3 antibody molecule). In other embodiments, the combinations can be in the form of an antibody molecule, *e.g.*, a bi- or tri-specific molecule, against one or more therapeutic agents chosen from two or all of the antigen-presentation combination, the effector cell combination, and/or the anti-tumor immunosuppression combination.
 15 In one embodiment, the antibody molecule is a full antibody or fragment thereof (*e.g.*, a Fab, F(ab')₂, Fv, or a single chain Fv fragment (scFv)). In yet other embodiments, the antibody molecule has a heavy chain constant region (Fc) chosen from, *e.g.*, the heavy chain constant regions of IgG1, IgG2, IgG3, IgG4, IgM, IgA1, IgA2, IgD, and IgE; particularly, chosen from, *e.g.*, the heavy chain constant regions of IgG1, IgG2, IgG3, and IgG4, more particularly, the heavy chain constant region of IgG1 or
 20 IgG4 (*e.g.*, human IgG1 or IgG4). In one embodiment, the heavy chain constant region is human IgG1 or human IgG4. In one embodiment, the constant region is altered, *e.g.*, mutated, to modify the properties of the antibody molecule (*e.g.*, to increase or decrease one or more of: Fc receptor binding, antibody glycosylation, the number of cysteine residues, effector cell function, or complement function). In certain embodiments, the antibody molecule is in the form of a bispecific or
 25 multispecific antibody molecule, *e.g.*, a bispecific, trispecific antibody molecule as described herein.

Certain exemplary therapeutic agents and combinations thereof are provided herein below. A more detailed description of the therapeutic agents used in the combinations is provided in the Detailed Description.

30 *Immunomodulators*

In certain embodiments, the immunomodulator used in the combinations disclosed herein (*e.g.*, in combination with a therapeutic agent chosen from an antigen-presentation combination) is an inhibitor of an immune checkpoint molecule. In one embodiment, the immunomodulator is an inhibitor of PD-1, PD-L1, PD-L2, CTLA-4, TIM-3, LAG-3, CEACAM (*e.g.*, CEACAM-1, -3 and/or -
 35 5), VISTA, BTLA, TIGIT, LAIR1, CD160, 2B4 and/or TGF beta. In one embodiment, the inhibitor of an immune checkpoint molecule inhibits PD-1, PD-L1, LAG-3, TIM-3, CEACAM (*e.g.*, CEACAM-1, -3 and/or -5), CTLA-4, or any combination thereof.

Inhibition of an inhibitory molecule can be performed at the DNA, RNA or protein level. In embodiments, an inhibitory nucleic acid (*e.g.*, a dsRNA, siRNA or shRNA), can be used to inhibit
 40 expression of an inhibitory molecule. In other embodiments, the inhibitor of an inhibitory signal is, a polypeptide *e.g.*, a soluble ligand (*e.g.*, PD-1-Ig or CTLA-4 Ig), or an antibody or antigen-binding

5 fragment thereof, that binds to the inhibitory molecule; *e.g.*, an antibody or fragment thereof (also referred to herein as “an antibody molecule”) that binds to PD-1, PD-L1, PD-L2, CEACAM (*e.g.*, CEACAM-1, -3 and/or -5), CTLA-4, TIM-3, LAG-3, VISTA, BTLA, TIGIT, LAIR1, CD160, 2B4 and/or TGF beta, or a combination thereof.

In certain embodiments, the antibody molecule is in the form of a bispecific or multispecific
 10 antibody molecule. In one embodiment, the bispecific antibody molecule has a first binding specificity to PD-1 or PD-L1 and a second binding specificity, *e.g.*, a second binding specificity to TIM-3, CEACAM (*e.g.*, CEACAM-1, -3 and/or -5), LAG-3, or PD-L2. In one embodiment, the bispecific antibody molecule binds to PD-1 or PD-L1 and TIM-3. In another embodiment, the bispecific antibody molecule binds to PD-1 or PD-L1 and LAG-3. In another embodiment, the
 15 bispecific antibody molecule binds to PD-1 or PD-L1 and CEACAM (*e.g.*, CEACAM-1, -3 and/or -5). In another embodiment, the bispecific antibody molecule binds to PD-1 or PD-L1 and CEACAM-1. In still another embodiment, the bispecific antibody molecule binds to PD-1 or PD-L1 and CEACAM-3. In yet another embodiment, the bispecific antibody molecule binds to PD-1 or PD-L1 and CEACAM-5. In another embodiment, the bispecific antibody molecule binds to PD-1 or PD-L1.
 20 In yet another embodiment, the bispecific antibody molecule binds to PD-1 and PD-L2. In another embodiment, the bispecific antibody molecule binds to TIM-3 and LAG-3. In another embodiment, the bispecific antibody molecule binds to CEACAM (*e.g.*, CEACAM-1, -3 and/or -5) and LAG-3. In another embodiment, the bispecific antibody molecule binds to CEACAM (*e.g.*, CEACAM-1, -3 and/or -5) and TIM-3. Any combination of the aforesaid molecules can be made in a multispecific
 25 antibody molecule, *e.g.*, a trispecific antibody that includes a first binding specificity to PD-1 or PD-L1, and a second and third binding specificities to two or more of: TIM-3, CEACAM (*e.g.*, CEACAM-1, -3 and/or -5), LAG-3, or PD-L2.

In certain embodiments, the immunomodulator is an inhibitor of PD-1, *e.g.*, human PD-1 (*e.g.*, an antibody molecule as described herein). In another embodiment, the immunomodulator is an
 30 inhibitor of PD-L1, *e.g.*, human PD-L1. In one embodiment, the inhibitor of PD-1 or PD-L1 is an antibody molecule to PD-1 or PD-L1. The PD-1 or PD-L1 inhibitor can be administered alone, or in combination with other immunomodulators, *e.g.*, in combination with an inhibitor of LAG-3, TIM-3, CEACAM (*e.g.*, CEACAM-1, -3 and/or -5) or CTLA-4. In an exemplary embodiment, the inhibitor of PD-1 or PD-L1, *e.g.*, the anti-PD-1 or PD-L1 antibody molecule, is administered in combination
 35 with a LAG-3 inhibitor, *e.g.*, an anti-LAG-3 antibody molecule. In another embodiment, the inhibitor of PD-1 or PD-L1, *e.g.*, the anti-PD-1 or PD-L1 antibody molecule, is administered in combination with a TIM-3 inhibitor, *e.g.*, an anti-TIM-3 antibody molecule. In another embodiment, the inhibitor of PD-1 or PD-L1, *e.g.*, the anti-PD-1 or PD-L1 antibody molecule, is administered in combination with a CEACAM inhibitor (*e.g.*, CEACAM-1, -3 and/or -5 inhibitor), *e.g.*, an anti-CEACAM
 40 antibody molecule. In another embodiment, the inhibitor of PD-1 or PD-L1, *e.g.*, the anti-PD-1 or PD-L1 antibody molecule, is administered in combination with a CEACAM-1 inhibitor, *e.g.*, an anti-

CEACAM-1 antibody molecule. In another embodiment, the inhibitor of PD-1 or PD-L1, *e.g.*, the anti-PD-1 or PD-L1 antibody molecule, is administered in combination with a CEACAM-5 inhibitor, *e.g.*, an anti-CEACAM-5 antibody molecule. In yet other embodiments, the inhibitor of PD-1 or PD-L1, *e.g.*, the anti-PD-1 antibody molecule, is administered in combination with a LAG-3 inhibitor, *e.g.*, an anti-LAG-3 antibody molecule, and a TIM-3 inhibitor, *e.g.*, an anti-TIM-3 antibody molecule. Other combinations of immunomodulators with a PD-1 inhibitor (*e.g.*, one or more of PD-L2, CTLA-4, TIM-3, LAG-3, CEACAM (*e.g.*, CEACAM-1, -3 and/or -5), VISTA, BTLA, TIGIT, LAIR1, CD160, 2B4 and/or TGF beta) are also within the present invention. Any of the antibody molecules known in the art or disclosed herein can be used in the aforesaid combinations of inhibitors of checkpoint molecule.

In other embodiments, the immunomodulator is an inhibitor of CEACAM (*e.g.*, CEACAM-1, -3 and/or -5), *e.g.*, human CEACAM (*e.g.*, CEACAM-1, -3 and/or -5). In one embodiment, the immunomodulator is an inhibitor of CEACAM-1, *e.g.*, human CEACAM-1. In another embodiment, the immunomodulator is an inhibitor of CEACAM-3, *e.g.*, human CEACAM-3. In another embodiment, the immunomodulator is an inhibitor of CEACAM-5, *e.g.*, human CEACAM-5. In one embodiment, the inhibitor of CEACAM (*e.g.*, CEACAM-1, -3 and/or -5) is an antibody molecule to CEACAM (*e.g.*, CEACAM-1, -3 and/or -5). The CEACAM (*e.g.*, CEACAM-1, -3 and/or -5) inhibitor can be administered alone, or in combination with other immunomodulators, *e.g.*, in combination with an inhibitor of LAG-3, TIM-3, PD-1, PD-L1 or CTLA-4.

In other embodiments, the immunomodulator is an inhibitor of LAG-3, *e.g.*, human LAG-3. In one embodiment, the inhibitor of LAG-3 is an antibody molecule to LAG-3. The LAG-3 inhibitor can be administered alone, or in combination with other immunomodulators, *e.g.*, in combination with an inhibitor of CEACAM (*e.g.*, CEACAM-1, -3 and/or -5), TIM-3, PD-1, PD-L1 or CTLA-4.

In other embodiments, the immunomodulator is an inhibitor of TIM-3, *e.g.*, human TIM-3. In one embodiment, the inhibitor of TIM-3 is an antibody molecule to TIM-3. The TIM-3 inhibitor can be administered alone, or in combination with other immunomodulators, *e.g.*, in combination with an inhibitor of CEACAM (*e.g.*, CEACAM-1, -3 and/or -5), LAG-3, PD-1, PD-L1 or CTLA-4.

In certain embodiments, the immunomodulator used in the combinations disclosed herein (*e.g.*, in combination with a therapeutic agent chosen from an antigen-presentation combination) is an activator or agonist of a costimulatory molecule. In one embodiment, the agonist of the costimulatory molecule is chosen from an agonist (*e.g.*, an agonistic antibody or antigen-binding fragment thereof, or a soluble fusion) of OX40, CD2, CD27, CD28, CDS, ICAM-1, LFA-1 (CD11a/CD18), ICOS (CD278), 4-1BB (CD137), GITR, CD30, CD40, BAFFR, HVEM, CD7, LIGHT, NKG2C, SLAMF7, NKp80, CD160, B7-H3, or CD83 ligand.

In other embodiments, the immunomodulator is a GITR agonist. In one embodiment, the GITR agonist is an antibody molecule to GITR. The GITR agonist can be administered alone, or in combination with other immunomodulators, *e.g.*, in combination with an inhibitor of PD-1, PD-L1,

5 CTLA-4, CEACAM (*e.g.*, CEACAM-1, -3 and/or -5), TIM-3 or LAG-3. In some embodiments, the anti-GITR antibody molecule is a bispecific antibody that binds to GITR and PD-1, PD-L1, CTLA-4, CEACAM (*e.g.*, CEACAM-1, -3 and/or -5), TIM-3 or LAG-3. In one exemplary embodiment, the anti-GITR antibody molecule is administered in combination with an anti-PD-1 antibody molecule (*e.g.*, an anti-PD-1 molecule as described herein). The GITR antibody molecule and the anti-PD-1 antibody molecule may be in the form of separate antibody composition, or as a bispecific antibody molecule. In other embodiments, a GITR agonist can be administered in combination with other costimulatory molecule, *e.g.*, an agonist of OX40, CD2, CD27, CD28, CDS, ICAM-1, LFA-1 (CD11a/CD18), ICOS (CD278), 4-1BB (CD137), CD30, CD40, BAFFR, HVEM, CD7, LIGHT, NKG2C, SLAMF7, NKp80, CD160, B7-H3, or CD83 ligand.

15 In other embodiments, the immunomodulator is an activator of a costimulatory molecule (*e.g.*, an OX40 agonist). In one embodiment, the OX40 agonist is an antibody molecule to OX40. The OX40 agonist can be administered alone, or in combination with other immunomodulators, *e.g.*, in combination with an inhibitor of PD-1, PD-L1, CTLA-4, CEACAM (*e.g.*, CEACAM-1, -3 and/or -5), TIM-3 or LAG-3. In some embodiments, the anti-OX40 antibody molecule is a bispecific antibody that binds to GITR and PD-1, PD-L1, CTLA-4, CEACAM (*e.g.*, CEACAM-1, -3 and/or -5), TIM-3 or LAG-3. In one exemplary embodiment, an OX40 antibody molecule is administered in combination with an anti-PD-1 antibody molecule (*e.g.*, an anti-PD-1 molecule as described herein). The OX40 antibody molecule and the anti-PD-1 antibody molecule may be in the form of separate antibody composition, or as a bispecific antibody molecule. In other embodiments, the OX40 agonist can be administered in combination with other costimulatory molecule, *e.g.*, an agonist of GITR, CD2, CD27, CD28, CDS, ICAM-1, LFA-1 (CD11a/CD18), ICOS (CD278), 4-1BB (CD137), CD30, CD40, BAFFR, HVEM, CD7, LIGHT, NKG2C, SLAMF7, NKp80, CD160, B7-H3, or CD83 ligand.

25 It is noted that only exemplary combinations of inhibitors of checkpoint inhibitors or agonists of costimulatory molecules are provided herein. Additional combinations of these agents are within the scope of the present invention.

Antibody Molecules to PD-1

35 In one embodiment, the PD-1 inhibitor is an anti-PD-1 antibody molecule as described in U.S. Patent Application Publication No. 2015/0210769 (USSN 14/604,415), entitled "Antibody Molecules to PD-1 and Uses Thereof," incorporated by reference in its entirety. In one embodiment, the anti-PD-1 antibody molecule comprises at least one antigen-binding region, *e.g.*, a variable region or an antigen-binding fragment thereof, from an antibody described herein, *e.g.*, an antibody chosen from any of BAP049-hum01, BAP049-hum02, BAP049-hum03, BAP049-hum04, BAP049-hum05, BAP049-hum06, BAP049-hum07, BAP049-hum08, BAP049-hum09, BAP049-hum10, BAP049-hum11, BAP049-hum12, BAP049-hum13, BAP049-hum14, BAP049-hum15, BAP049-hum16, BAP049-Clone-A, BAP049-Clone-B, BAP049-Clone-C, BAP049-Clone-D, or BAP049-Clone-E; or

5 as described in Table 1, or encoded by the nucleotide sequence in Table 1; or a sequence substantially identical (*e.g.*, at least 80%, 85%, 90%, 92%, 95%, 97%, 98%, 99% or higher identical) to any of the aforesaid sequences.

In yet another embodiment, the anti-PD-1 antibody molecule comprises at least one, two, three or four variable regions from an antibody described herein, *e.g.*, an antibody chosen from any of
 10 BAP049-hum01, BAP049-hum02, BAP049-hum03, BAP049-hum04, BAP049-hum05, BAP049-hum06, BAP049-hum07, BAP049-hum08, BAP049-hum09, BAP049-hum10, BAP049-hum11, BAP049-hum12, BAP049-hum13, BAP049-hum14, BAP049-hum15, BAP049-hum16, BAP049-Clone-A, BAP049-Clone-B, BAP049-Clone-C, BAP049-Clone-D, or BAP049-Clone-E; or as described in Table 1, or encoded by the nucleotide sequence in Table 1; or a sequence substantially
 15 identical (*e.g.*, at least 80%, 85%, 90%, 92%, 95%, 97%, 98%, 99% or higher identical) to any of the aforesaid sequences.

In yet another embodiment, the anti-PD-1 antibody molecule comprises at least one or two heavy chain variable regions from an antibody described herein, *e.g.*, an antibody chosen from any of BAP049-hum01, BAP049-hum02, BAP049-hum03, BAP049-hum04, BAP049-hum05, BAP049-
 20 hum06, BAP049-hum07, BAP049-hum08, BAP049-hum09, BAP049-hum10, BAP049-hum11, BAP049-hum12, BAP049-hum13, BAP049-hum14, BAP049-hum15, BAP049-hum16, BAP049-Clone-A, BAP049-Clone-B, BAP049-Clone-C, BAP049-Clone-D, or BAP049-Clone-E; or as described in Table 1, or encoded by the nucleotide sequence in Table 1; or a sequence substantially identical (*e.g.*, at least 80%, 85%, 90%, 92%, 95%, 97%, 98%, 99% or higher identical) to any of the
 25 aforesaid sequences.

In yet another embodiment, the anti-PD-1 antibody molecule comprises at least one or two light chain variable regions from an antibody described herein, *e.g.*, an antibody chosen from any of BAP049-hum01, BAP049-hum02, BAP049-hum03, BAP049-hum04, BAP049-hum05, BAP049-
 hum06, BAP049-hum07, BAP049-hum08, BAP049-hum09, BAP049-hum10, BAP049-hum11, BAP049-hum12, BAP049-hum13, BAP049-hum14, BAP049-hum15, BAP049-hum16, BAP049-
 30 Clone-A, BAP049-Clone-B, BAP049-Clone-C, BAP049-Clone-D, or BAP049-Clone-E; or as described in Table 1, or encoded by the nucleotide sequence in Table 1; or a sequence substantially identical (*e.g.*, at least 80%, 85%, 90%, 92%, 95%, 97%, 98%, 99% or higher identical) to any of the aforesaid sequences.

35 In yet another embodiment, the anti-PD-1 antibody molecule includes a heavy chain constant region for an IgG4, *e.g.*, a human IgG4. In one embodiment, the human IgG4 includes a substitution at position 228 according to EU numbering (*e.g.*, a Ser to Pro substitution). In still another embodiment, the anti-PD-1 antibody molecule includes a heavy chain constant region for an IgG1, *e.g.*, a human IgG1. In one embodiment, the human IgG1 includes a substitution at position 297
 40 according to EU numbering (*e.g.*, an Asn to Ala substitution). In one embodiment, the human IgG1 includes a substitution at position 265 according to EU numbering, a substitution at position 329

5 according to EU numbering, or both (*e.g.*, an Asp to Ala substitution at position 265 and/or a Pro to Ala substitution at position 329). In one embodiment, the human IgG1 includes a substitution at position 234 according to EU numbering, a substitution at position 235 according to EU numbering, or both (*e.g.*, a Leu to Ala substitution at position 234 and/or a Leu to Ala substitution at position 235). In one embodiment, the heavy chain constant region comprises an amino sequence set forth in
10 Table 3, or a sequence substantially identical (*e.g.*, at least 80%, 85%, 90%, 92%, 95%, 97%, 98%, 99% or higher identical) thereto.

In yet another embodiment, the anti-PD-1 antibody molecule includes a kappa light chain constant region, *e.g.*, a human kappa light chain constant region. In one embodiment, the light chain constant region comprises an amino sequence set forth in Table 3, or a sequence substantially
15 identical (*e.g.*, at least 80%, 85%, 90%, 92%, 95%, 97%, 98%, 99% or higher identical) thereto.

In another embodiment, the anti-PD-1 antibody molecule includes a heavy chain constant region for an IgG4, *e.g.*, a human IgG4, and a kappa light chain constant region, *e.g.*, a human kappa light chain constant region, *e.g.*, a heavy and light chain constant region comprising an amino sequence set forth in Table 3, or a sequence substantially identical (*e.g.*, at least 80%, 85%, 90%,
20 92%, 95%, 97%, 98%, 99% or higher identical) thereto. In one embodiment, the human IgG4 includes a substitution at position 228 according to EU numbering (*e.g.*, a Ser to Pro substitution). In yet another embodiment, the anti-PD-1 antibody molecule includes a heavy chain constant region for an IgG1, *e.g.*, a human IgG1, and a kappa light chain constant region, *e.g.*, a human kappa light chain constant region, *e.g.*, a heavy and light chain constant region comprising an amino sequence set forth
25 in Table 3, or a sequence substantially identical (*e.g.*, at least 80%, 85%, 90%, 92%, 95%, 97%, 98%, 99% or higher identical) thereto. In one embodiment, the human IgG1 includes a substitution at position 297 according to EU numbering (*e.g.*, an Asn to Ala substitution). In one embodiment, the human IgG1 includes a substitution at position 265 according to EU numbering, a substitution at position 329 according to EU numbering, or both (*e.g.*, an Asp to Ala substitution at position 265
30 and/or a Pro to Ala substitution at position 329). In one embodiment, the human IgG1 includes a substitution at position 234 according to EU numbering, a substitution at position 235 according to EU numbering, or both (*e.g.*, a Leu to Ala substitution at position 234 and/or a Leu to Ala substitution at position 235).

In another embodiment, the anti-PD-1 antibody molecule includes a heavy chain variable
35 domain and a constant region, a light chain variable domain and a constant region, or both, comprising the amino acid sequence of BAP049-Clone-A, BAP049-Clone-B, BAP049-Clone-C, BAP049-Clone-D, or BAP049-Clone-E; or as described in Table 1, or encoded by the nucleotide sequence in Table 1; or a sequence substantially identical (*e.g.*, at least 80%, 85%, 90%, 92%, 95%, 97%, 98%, 99% or higher identical) to any of the aforesaid sequences. The anti-PD-1 antibody
40 molecule, optionally, comprises a leader sequence from a heavy chain, a light chain, or both, as shown in Table 4; or a sequence substantially identical thereto.

5 In yet another embodiment, the anti-PD-1 antibody molecule includes at least one, two, or three complementarity determining regions (CDRs) from a heavy chain variable region of an antibody described herein, *e.g.*, an antibody chosen from any of BAP049-hum01, BAP049-hum02, BAP049-hum03, BAP049-hum04, BAP049-hum05, BAP049-hum06, BAP049-hum07, BAP049-hum08, BAP049-hum09, BAP049-hum10, BAP049-hum11, BAP049-hum12, BAP049-hum13, BAP049-hum14, BAP049-hum15, BAP049-hum16, BAP049-Clone-A, BAP049-Clone-B, BAP049-Clone-C, BAP049-Clone-D, or BAP049-Clone-E; or as described in Table 1, or encoded by the nucleotide sequence in Table 1; or a sequence substantially identical (*e.g.*, at least 80%, 85%, 90%, 92%, 95%, 97%, 98%, 99% or higher identical) to any of the aforesaid sequences.

15 In yet another embodiment, the anti-PD-1 antibody molecule includes at least one, two, or three CDRs (or collectively all of the CDRs) from a heavy chain variable region comprising an amino acid sequence shown in Table 1, or encoded by a nucleotide sequence shown in Table 1. In one embodiment, one or more of the CDRs (or collectively all of the CDRs) have one, two, three, four, five, six or more changes, *e.g.*, amino acid substitutions or deletions, relative to the amino acid sequence shown in Table 1, or encoded by a nucleotide sequence shown in Table 1.

20 In yet another embodiment, the anti-PD-1 antibody molecule includes at least one, two, or three CDRs from a light chain variable region of an antibody described herein, *e.g.*, an antibody chosen from any of BAP049-hum01, BAP049-hum02, BAP049-hum03, BAP049-hum04, BAP049-hum05, BAP049-hum06, BAP049-hum07, BAP049-hum08, BAP049-hum09, BAP049-hum10, BAP049-hum11, BAP049-hum12, BAP049-hum13, BAP049-hum14, BAP049-hum15, BAP049-hum16, BAP049-Clone-A, BAP049-Clone-B, BAP049-Clone-C, BAP049-Clone-D, or BAP049-Clone-E; or as described in Table 1, or encoded by the nucleotide sequence in Table 1; or a sequence substantially identical (*e.g.*, at least 80%, 85%, 90%, 92%, 95%, 97%, 98%, 99% or higher identical) to any of the aforesaid sequence.

30 In yet another embodiment, the anti-PD-1 antibody molecule includes at least one, two, or three CDRs (or collectively all of the CDRs) from a light chain variable region comprising an amino acid sequence shown in Table 1, or encoded by a nucleotide sequence shown in Table 1. In one embodiment, one or more of the CDRs (or collectively all of the CDRs) have one, two, three, four, five, six or more changes, *e.g.*, amino acid substitutions or deletions, relative to the amino acid sequence shown in Table 1, or encoded by a nucleotide sequence shown in Table 1. In certain embodiments, the anti-PD-1 antibody molecule includes a substitution in a light chain CDR, *e.g.*, one or more substitutions in a CDR1, CDR2 and/or CDR3 of the light chain. In one embodiment, the anti-PD-1 antibody molecule includes a substitution in the light chain CDR3 at position 102 of the light variable region, *e.g.*, a substitution of a cysteine to tyrosine, or a cysteine to serine residue, at position 102 of the light variable region according to Table 1 (*e.g.*, SEQ ID NO: 16 or 24 for murine or chimeric, unmodified; or any of SEQ ID NOs: 34, 42, 46, 54, 58, 62, 66, 70, 74, or 78 for a modified sequence).

5 In another embodiment, the anti-PD-1 antibody molecule includes at least one, two, three, four, five or six CDRs (or collectively all of the CDRs) from a heavy and light chain variable region comprising an amino acid sequence shown in Table 1, or encoded by a nucleotide sequence shown in Table 1. In one embodiment, one or more of the CDRs (or collectively all of the CDRs) have one, two, three, four, five, six or more changes, *e.g.*, amino acid substitutions or deletions, relative to the
10 amino acid sequence shown in Table 1, or encoded by a nucleotide sequence shown in Table 1.

In one embodiment, the anti-PD-1 antibody molecule includes all six CDRs from an antibody described herein, *e.g.*, an antibody chosen from any of BAP049-hum01, BAP049-hum02, BAP049-hum03, BAP049-hum04, BAP049-hum05, BAP049-hum06, BAP049-hum07, BAP049-hum08, BAP049-hum09, BAP049-hum10, BAP049-hum11, BAP049-hum12, BAP049-hum13, BAP049-hum14, BAP049-hum15, BAP049-hum16, BAP049-Clone-A, BAP049-Clone-B, BAP049-Clone-C, BAP049-Clone-D, or BAP049-Clone-E; or as described in Table 1, or encoded by the nucleotide sequence in Table 1, or closely related CDRs, *e.g.*, CDRs which are identical or which have at least one amino acid alteration, but not more than two, three or four alterations (*e.g.*, substitutions, deletions, or insertions, *e.g.*, conservative substitutions). In one embodiment, the anti-PD-1 antibody molecule may include any CDR described herein. In certain embodiments, the anti-PD-1 antibody molecule includes a substitution in a light chain CDR, *e.g.*, one or more substitutions in a CDR1, CDR2 and/or CDR3 of the light chain. In one embodiment, the anti-PD-1 antibody molecule includes a substitution in the light chain CDR3 at position 102 of the light variable region, *e.g.*, a substitution of a cysteine to tyrosine, or a cysteine to serine residue, at position 102 of the light variable region according to Table 1 (*e.g.*, SEQ ID NO: 16 or 24 for murine or chimeric, unmodified; or any of SEQ ID NOs: 34, 42, 46, 54, 58, 62, 66, 70, 74, or 78 for a modified sequence).
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In another embodiment, the anti-PD-1 antibody molecule includes at least one, two, or three CDRs according to Kabat *et al.* (*e.g.*, at least one, two, or three CDRs according to the Kabat definition as set out in Table 1) from a heavy chain variable region of an antibody described herein, *e.g.*, an antibody chosen from any of BAP049-hum01, BAP049-hum02, BAP049-hum03, BAP049-hum04, BAP049-hum05, BAP049-hum06, BAP049-hum07, BAP049-hum08, BAP049-hum09, BAP049-hum10, BAP049-hum11, BAP049-hum12, BAP049-hum13, BAP049-hum14, BAP049-hum15, BAP049-hum16, BAP049-Clone-A, BAP049-Clone-B, BAP049-Clone-C, BAP049-Clone-D, or BAP049-Clone-E; or as described in Table 1, or encoded by the nucleotide sequence in Table 1; or a sequence substantially identical (*e.g.*, at least 80%, 85%, 90%, 92%, 95%, 97%, 98%, 99% or higher identical) to any of the aforesaid sequences; or which have at least one amino acid alteration, but not more than two, three or four alterations (*e.g.*, substitutions, deletions, or insertions, *e.g.*, conservative substitutions) relative to one, two, or three CDRs according to Kabat *et al.* shown in Table 1.
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In another embodiment, the anti-PD-1 antibody molecule includes at least one, two, or three CDRs according to Kabat *et al.* (*e.g.*, at least one, two, or three CDRs according to the Kabat definition as set out in Table 1) from a light chain variable region of an antibody described herein,
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5 *e.g.*, an antibody chosen from any of BAP049-hum01, BAP049-hum02, BAP049-hum03, BAP049-hum04, BAP049-hum05, BAP049-hum06, BAP049-hum07, BAP049-hum08, BAP049-hum09, BAP049-hum10, BAP049-hum11, BAP049-hum12, BAP049-hum13, BAP049-hum14, BAP049-hum15, BAP049-hum16, BAP049-Clone-A, BAP049-Clone-B, BAP049-Clone-C, BAP049-Clone-D, or BAP049-Clone-E; or as described in Table 1, or encoded by the nucleotide sequence in Table 1; or
 10 a sequence substantially identical (*e.g.*, at least 80%, 85%, 90%, 92%, 95%, 97%, 98%, 99% or higher identical) to any of the aforesaid sequences; or which have at least one amino acid alteration, but not more than two, three or four alterations (*e.g.*, substitutions, deletions, or insertions, *e.g.*, conservative substitutions) relative to one, two, or three CDRs according to Kabat *et al.* shown in Table 1.

In yet another embodiment, the anti-PD-1 antibody molecule includes at least one, two, three,
 15 four, five, or six CDRs according to Kabat *et al.* (*e.g.*, at least one, two, three, four, five, or six CDRs according to the Kabat definition as set out in Table 1) from the heavy and light chain variable regions of an antibody described herein, *e.g.*, an antibody chosen from any of BAP049-hum01, BAP049-hum02, BAP049-hum03, BAP049-hum04, BAP049-hum05, BAP049-hum06, BAP049-hum07, BAP049-hum08, BAP049-hum09, BAP049-hum10, BAP049-hum11, BAP049-hum12, BAP049-hum13, BAP049-hum14, BAP049-hum15, BAP049-hum16, BAP049-Clone-A, BAP049-Clone-B, BAP049-Clone-C, BAP049-Clone-D, or BAP049-Clone-E; or as described in Table 1, or encoded by
 20 the nucleotide sequence in Table 1; or a sequence substantially identical (*e.g.*, at least 80%, 85%, 90%, 92%, 95%, 97%, 98%, 99% or higher identical) to any of the aforesaid sequences; or which have at least one amino acid alteration, but not more than two, three or four alterations (*e.g.*,
 25 substitutions, deletions, or insertions, *e.g.*, conservative substitutions) relative to one, two, three, four, five, or six CDRs according to Kabat *et al.* shown in Table 1.

In yet another embodiment, the anti-PD-1 antibody molecule includes all six CDRs according to Kabat *et al.* (*e.g.*, all six CDRs according to the Kabat definition as set out in Table 1) from the heavy and light chain variable regions of an antibody described herein, *e.g.*, an antibody chosen from
 30 any of BAP049-hum01, BAP049-hum02, BAP049-hum03, BAP049-hum04, BAP049-hum05, BAP049-hum06, BAP049-hum07, BAP049-hum08, BAP049-hum09, BAP049-hum10, BAP049-hum11, BAP049-hum12, BAP049-hum13, BAP049-hum14, BAP049-hum15, BAP049-hum16, BAP049-Clone-A, BAP049-Clone-B, BAP049-Clone-C, BAP049-Clone-D, or BAP049-Clone-E; or as described in Table 1, or encoded by the nucleotide sequence in Table 1; or a sequence substantially
 35 identical (*e.g.*, at least 80%, 85%, 90%, 92%, 95%, 97%, 98%, 99% or higher identical) to any of the aforesaid sequences; or which have at least one amino acid alteration, but not more than two, three or four alterations (*e.g.*, substitutions, deletions, or insertions, *e.g.*, conservative substitutions) relative to all six CDRs according to Kabat *et al.* shown in Table 1. In one embodiment, the anti-PD-1 antibody molecule may include any CDR described herein.

40 In another embodiment, the anti-PD-1 antibody molecule includes at least one, two, or three Chothia hypervariable loops (*e.g.*, at least one, two, or three hypervariable loops according to the

Chothia definition as set out in Table 1) from a heavy chain variable region of an antibody described herein, *e.g.*, an antibody chosen from any of BAP049-hum01, BAP049-hum02, BAP049-hum03, BAP049-hum04, BAP049-hum05, BAP049-hum06, BAP049-hum07, BAP049-hum08, BAP049-hum09, BAP049-hum10, BAP049-hum11, BAP049-hum12, BAP049-hum13, BAP049-hum14, BAP049-hum15, BAP049-hum16, BAP049-Clone-A, BAP049-Clone-B, BAP049-Clone-C, BAP049-Clone-D, or BAP049-Clone-E; or as described in Table 1, or encoded by the nucleotide sequence in Table 1; or at least the amino acids from those hypervariable loops that contact PD-1; or which have at least one amino acid alteration, but not more than two, three or four alterations (*e.g.*, substitutions, deletions, or insertions, *e.g.*, conservative substitutions) relative to one, two, or three hypervariable loops according to Chothia *et al.* shown in Table 1.

In another embodiment, the anti-PD-1 antibody molecule includes at least one, two, or three Chothia hypervariable loops (*e.g.*, at least one, two, or three hypervariable loops according to the Chothia definition as set out in Table 1) of a light chain variable region of an antibody described herein, *e.g.*, an antibody chosen from any of BAP049-hum01, BAP049-hum02, BAP049-hum03, BAP049-hum04, BAP049-hum05, BAP049-hum06, BAP049-hum07, BAP049-hum08, BAP049-hum09, BAP049-hum10, BAP049-hum11, BAP049-hum12, BAP049-hum13, BAP049-hum14, BAP049-hum15, BAP049-hum16, BAP049-Clone-A, BAP049-Clone-B, BAP049-Clone-C, BAP049-Clone-D, or BAP049-Clone-E; or as described in Table 1, or encoded by the nucleotide sequence in Table 1; or at least the amino acids from those hypervariable loops that contact PD-1; or which have at least one amino acid alteration, but not more than two, three or four alterations (*e.g.*, substitutions, deletions, or insertions, *e.g.*, conservative substitutions) relative to one, two, or three hypervariable loops according to Chothia *et al.* shown in Table 1.

In yet another embodiment, the anti-PD-1 antibody molecule includes at least one, two, three, four, five, or six hypervariable loops (*e.g.*, at least one, two, three, four, five, or six hypervariable loops according to the Chothia definition as set out in Table 1) from the heavy and light chain variable regions of an antibody described herein, *e.g.*, an antibody chosen from any of BAP049-hum01, BAP049-hum02, BAP049-hum03, BAP049-hum04, BAP049-hum05, BAP049-hum06, BAP049-hum07, BAP049-hum08, BAP049-hum09, BAP049-hum10, BAP049-hum11, BAP049-hum12, BAP049-hum13, BAP049-hum14, BAP049-hum15, BAP049-hum16, BAP049-Clone-A, BAP049-Clone-B, BAP049-Clone-C, BAP049-Clone-D, or BAP049-Clone-E; or as described in Table 1, or encoded by the nucleotide sequence in Table 1; or at least the amino acids from those hypervariable loops that contact PD-1; or which have at least one amino acid alteration, but not more than two, three or four alterations (*e.g.*, substitutions, deletions, or insertions, *e.g.*, conservative substitutions) relative to one, two, three, four, five or six hypervariable loops according to Chothia *et al.* shown in Table 1.

In one embodiment, the anti-PD-1 antibody molecule includes all six hypervariable loops (*e.g.*, all six hypervariable loops according to the Chothia definition as set out in Table 1) of an antibody described herein, *e.g.*, an antibody chosen from any of BAP049-hum01, BAP049-hum02,

5 BAP049-hum03, BAP049-hum04, BAP049-hum05, BAP049-hum06, BAP049-hum07, BAP049-hum08, BAP049-hum09, BAP049-hum10, BAP049-hum11, BAP049-hum12, BAP049-hum13, BAP049-hum14, BAP049-hum15, BAP049-hum16, BAP049-Clone-A, BAP049-Clone-B, BAP049-Clone-C, BAP049-Clone-D, or BAP049-Clone-E, or closely related hypervariable loops, *e.g.*, hypervariable loops which are identical or which have at least one amino acid alteration, but not more
 10 than two, three or four alterations (*e.g.*, substitutions, deletions, or insertions, *e.g.*, conservative substitutions); or which have at least one amino acid alteration, but not more than two, three or four alterations (*e.g.*, substitutions, deletions, or insertions, *e.g.*, conservative substitutions) relative to all six hypervariable loops according to Chothia *et al.* shown in Table 1. In one embodiment, the anti-PD-1 antibody molecule may include any hypervariable loop described herein.

15 In still another embodiment, the anti-PD-1 antibody molecule includes at least one, two, or three hypervariable loops that have the same canonical structures as the corresponding hypervariable loop of an antibody described herein, *e.g.*, an antibody chosen from any of BAP049-hum01, BAP049-hum02, BAP049-hum03, BAP049-hum04, BAP049-hum05, BAP049-hum06, BAP049-hum07, BAP049-hum08, BAP049-hum09, BAP049-hum10, BAP049-hum11, BAP049-hum12, BAP049-hum13, BAP049-hum14, BAP049-hum15, BAP049-hum16, BAP049-Clone-A, BAP049-Clone-B, BAP049-Clone-C, BAP049-Clone-D, or BAP049-Clone-E, *e.g.*, the same canonical structures as at
 20 least loop 1 and/or loop 2 of the heavy and/or light chain variable domains of an antibody described herein. *See, e.g.*, Chothia *et al.*, (1992) *J. Mol. Biol.* 227:799-817; Tomlinson *et al.*, (1992) *J. Mol. Biol.* 227:776-798 for descriptions of hypervariable loop canonical structures. These structures can be
 25 determined by inspection of the tables described in these references.

In certain embodiments, the anti-PD-1 antibody molecule includes a combination of CDRs or hypervariable loops defined according to the Kabat *et al.* and Chothia *et al.*

In one embodiment, the anti-PD-1 antibody molecule includes at least one, two or three CDRs or hypervariable loops from a heavy chain variable region of an antibody described herein, *e.g.*, an
 30 antibody chosen from any of BAP049-hum01, BAP049-hum02, BAP049-hum03, BAP049-hum04, BAP049-hum05, BAP049-hum06, BAP049-hum07, BAP049-hum08, BAP049-hum09, BAP049-hum10, BAP049-hum11, BAP049-hum12, BAP049-hum13, BAP049-hum14, BAP049-hum15, BAP049-hum16, BAP049-Clone-A, BAP049-Clone-B, BAP049-Clone-C, BAP049-Clone-D, or BAP049-Clone-E, according to the Kabat and Chothia definition (*e.g.*, at least one, two, or three
 35 CDRs or hypervariable loops according to the Kabat and Chothia definition as set out in Table 1); or encoded by the nucleotide sequence in Table 1; or a sequence substantially identical (*e.g.*, at least 80%, 85%, 90%, 92%, 95%, 97%, 98%, 99% or higher identical) to any of the aforesaid sequences; or which have at least one amino acid alteration, but not more than two, three or four alterations (*e.g.*, substitutions, deletions, or insertions, *e.g.*, conservative substitutions) relative to one, two, or three
 40 CDRs or hypervariable loops according to Kabat and/or Chothia shown in Table 1.

5 For example, the anti-PD-1 antibody molecule can include VH CDR1 according to Kabat *et al.* or VH hypervariable loop 1 according to Chothia *et al.*, or a combination thereof, *e.g.*, as shown in Table 1. In one embodiment, the combination of Kabat and Chothia CDR of VH CDR1 comprises the amino acid sequence GYTFTTYWMH (SEQ ID NO: 224), or an amino acid sequence substantially identical thereto (*e.g.*, having at least one amino acid alteration, but not more than two, three or four alterations (*e.g.*, substitutions, deletions, or insertions, *e.g.*, conservative substitutions)). The anti-PD-1 antibody molecule can further include, *e.g.*, VH CDRs 2-3 according to Kabat *et al.* and VL CDRs 1-3 according to Kabat *et al.*, *e.g.*, as shown in Table 1. Accordingly, in some embodiments, framework regions are defined based on a combination of CDRs defined according to Kabat *et al.* and hypervariable loops defined according to Chothia *et al.* For example, the anti-PD-1 antibody molecule can include VH FR1 defined based on VH hypervariable loop 1 according to Chothia *et al.* and VH FR2 defined based on VH CDRs 1-2 according to Kabat *et al.*, *e.g.*, as shown in Table 1. The anti-PD-1 antibody molecule can further include, *e.g.*, VH FRs 3-4 defined based on VH CDRs 2-3 according to Kabat *et al.* and VL FRs 1-4 defined based on VL CDRs 1-3 according to Kabat *et al.*

The anti-PD-1 antibody molecule can contain any combination of CDRs or hypervariable loops according to the Kabat and Chothia definitions. In one embodiment, the anti-PD-1 antibody molecule includes at least one, two or three CDRs from a light chain variable region of an antibody described herein, *e.g.*, an antibody chosen from any of BAP049-hum01, BAP049-hum02, BAP049-hum03, BAP049-hum04, BAP049-hum05, BAP049-hum06, BAP049-hum07, BAP049-hum08, BAP049-hum09, BAP049-hum10, BAP049-hum11, BAP049-hum12, BAP049-hum13, BAP049-hum14, BAP049-hum15, BAP049-hum16, BAP049-Clone-A, BAP049-Clone-B, BAP049-Clone-C, BAP049-Clone-D, or BAP049-Clone-E, according to the Kabat and Chothia definition (*e.g.*, at least one, two, or three CDRs according to the Kabat and Chothia definition as set out in Table 1).

In one embodiment, the anti-PD-1 antibody molecule includes:

(a) a heavy chain variable region (VH) comprising a VHCDR1 amino acid sequence of SEQ ID NO: 4, a VHCDR2 amino acid sequence of SEQ ID NO: 5, and a VHCDR3 amino acid sequence of SEQ ID NO: 3; and a light chain variable region (VL) comprising a VLCDR1 amino acid sequence of SEQ ID NO: 13, a VLCDR2 amino acid sequence of SEQ ID NO: 14, and a VLCDR3 amino acid sequence of SEQ ID NO: 33;

(b) a VH comprising a VHCDR1 amino acid sequence chosen from SEQ ID NO: 1; a VHCDR2 amino acid sequence of SEQ ID NO: 2; and a VHCDR3 amino acid sequence of SEQ ID NO: 3; and a VL comprising a VLCDR1 amino acid sequence of SEQ ID NO: 10, a VLCDR2 amino acid sequence of SEQ ID NO: 11, and a VLCDR3 amino acid sequence of SEQ ID NO: 32;

(c) a VH comprising a VHCDR1 amino acid sequence of SEQ ID NO: 224, a VHCDR2 amino acid sequence of SEQ ID NO: 5, and a VHCDR3 amino acid sequence of SEQ ID NO: 3; and a VL comprising a VLCDR1 amino acid sequence of SEQ ID NO: 13, a VLCDR2 amino acid sequence of SEQ ID NO: 14, and a VLCDR3 amino acid sequence of SEQ ID NO: 33; or

5 (d) a VH comprising a VHCDR1 amino acid sequence of SEQ ID NO: 224; a VHCDR2 amino acid sequence of SEQ ID NO: 2; and a VHCDR3 amino acid sequence of SEQ ID NO: 3; and a VL comprising a VLCDR1 amino acid sequence of SEQ ID NO: 10, a VLCDR2 amino acid sequence of SEQ ID NO: 11, and a VLCDR3 amino acid sequence of SEQ ID NO: 32.

10 In the combinations herein, in another embodiment, the anti-PD-1 antibody molecule comprises (i) a heavy chain variable region (VH) comprising a VHCDR1 amino acid sequence chosen from SEQ ID NO: 1, SEQ ID NO: 4, or SEQ ID NO: 224; a VHCDR2 amino acid sequence of SEQ ID NO: 2 or SEQ ID NO: 5; and a VHCDR3 amino acid sequence of SEQ ID NO: 3; and (ii) a light chain variable region (VL) comprising a VLCDR1 amino acid sequence of SEQ ID NO: 10 or SEQ ID NO: 13, a VLCDR2 amino acid sequence of SEQ ID NO: 11 or SEQ ID NO: 14, and a VLCDR3 amino acid sequence of SEQ ID NO: 32 or SEQ ID NO: 33.

15 In an embodiment, *e.g.*, an embodiment comprising a variable region, a CDR (*e.g.*, Chothia CDR or Kabat CDR), or other sequence referred to herein, *e.g.*, in Table 1, the antibody molecule is a monospecific antibody molecule, a bispecific antibody molecule, or is an antibody molecule that comprises an antigen binding fragment of an antibody, *e.g.*, a half antibody or antigen binding
20 fragment of a half antibody. In certain embodiments the antibody molecule is a bispecific antibody molecule having a first binding specificity for PD-1 and a second binding specificity for TIM-3, LAG-3, CEACAM (*e.g.*, CEACAM-1, CEACAM-3, and/or CEACAM-5), PD-L1 or PD-L2. In one embodiment, the bispecific antibody molecule binds to PD-1 and TIM-3. In another embodiment, the bispecific antibody molecule binds to PD-1 and LAG-3. In another embodiment, the bispecific
25 antibody molecule binds to PD-1 and CEACAM (*e.g.*, CEACAM-1, CEACAM-3, and/or CEACAM-5). In another embodiment, the bispecific antibody molecule binds to PD-1 and CEACAM-1. In yet another embodiment, the bispecific antibody molecule binds to PD-1 and CEACAM-5. In another embodiment, the bispecific antibody molecule binds to PD-1 and PD-L1. In yet another embodiment, the bispecific antibody molecule binds to PD-1 and PD-L2. Any combination of the aforesaid
30 molecules can be made in a multispecific antibody molecule, *e.g.*, a trispecific antibody that includes a first binding specificity to PD-1, and a second and third binding specificity to one or more of: TIM-3, LAG-3, CEACAM (*e.g.*, CEACAM-1, CEACAM-3, or CEACAM-5), PD-L1 or PD-L2.

35 In other embodiments, the anti-PD-1 antibody molecule is used in combination with a bispecific molecule comprising one or more of: TIM-3, LAG-3, CEACAM (*e.g.*, CEACAM-1, CEACAM-3, or CEACAM-5), PD-L1 or PD-L2. In one embodiment, the bispecific antibody molecule used in combination binds to CEACAM (*e.g.*, CEACAM-1, CEACAM-3, and/or CEACAM-5) and LAG-3. In another embodiment, the bispecific antibody molecule used in combination binds to CEACAM (*e.g.*, CEACAM-1, CEACAM-3, and/or CEACAM-5) and TIM-3. In another embodiment, the bispecific antibody molecule used in combination binds to LAG-3 and
40 TIM-3.

5 *Uses of the Combination Therapies*

The combinations disclosed herein can result in one or more of: an increase in antigen presentation, an increase in effector cell function (*e.g.*, one or more of T cell proliferation, IFN- γ secretion or cytolytic function), inhibition of regulatory T cell function, an effect on the activity of multiple cell types, such as regulatory T cell, effector T cells and NK cells), an increase in tumor
 10 infiltrating lymphocytes, an increase in T-cell receptor mediated proliferation, and a decrease in immune evasion by cancerous cells. In one embodiment, the use of a PD-1 inhibitor in the combinations inhibits, reduces or neutralizes one or more activities of PD-1, resulting in blockade or reduction of an immune checkpoint. Thus, such combinations can be used to treat or prevent disorders where enhancing an immune response in a subject is desired.

15 Accordingly, in another aspect, a method of modulating an immune response in a subject is provided. The method comprises administering to the subject a combination disclosed herein (*e.g.*, a combination comprising a therapeutically effective amount of an anti-PD-1 antibody molecule), alone or in combination with one or more agents or procedures, such that the immune response in the subject is modulated. In one embodiment, the antibody molecule enhances, stimulates or increases
 20 the immune response in the subject. The subject can be a mammal, *e.g.*, a primate, preferably a higher primate, *e.g.*, a human (*e.g.*, a patient having, or at risk of having, a disorder described herein). In one embodiment, the subject is in need of enhancing an immune response. In one embodiment, the subject has, or is at risk of, having a disorder described herein, *e.g.*, a cancer or an infectious disorder as described herein. In certain embodiments, the subject is, or is at risk of being,
 25 immunocompromised. For example, the subject is undergoing or has undergone a chemotherapeutic treatment and/or radiation therapy. Alternatively, or in combination, the subject is, or is at risk of being, immunocompromised as a result of an infection.

In one aspect, a method of treating (*e.g.*, one or more of reducing, inhibiting, or delaying progression) a cancer or a tumor in a subject is provided. The method comprises administering to the
 30 subject a combination disclosed herein (*e.g.*, a combination comprising a therapeutically effective amount of an anti-PD-1 antibody molecule).

In certain embodiments, the cancer treated with the combination, includes but is not limited to, a solid tumor, a hematological cancer (*e.g.*, leukemia, lymphoma, myeloma, *e.g.*, multiple myeloma), and a metastatic lesion. In one embodiment, the cancer is a solid tumor. Examples of
 35 solid tumors include malignancies, *e.g.*, sarcomas and carcinomas, *e.g.*, adenocarcinomas of the various organ systems, such as those affecting the lung, breast, ovarian, lymphoid, gastrointestinal (*e.g.*, colon), anal, genitals and genitourinary tract (*e.g.*, renal, urothelial, bladder cells, prostate), pharynx, CNS (*e.g.*, brain, neural or glial cells), head and neck, skin (*e.g.*, melanoma), and pancreas, as well as adenocarcinomas which include malignancies such as colon cancers, rectal cancer, renal
 40 cancer (*e.g.*, renal-cell carcinoma (clear cell or non-clear cell renal cell carcinoma), liver cancer, lung cancer (*e.g.*, non-small cell lung cancer (squamous or non-squamous non-small cell lung cancer)),

5 cancer of the small intestine and cancer of the esophagus. The cancer may be at an early, intermediate, late stage or metastatic cancer.

In one embodiment, the cancer is chosen from a lung cancer (*e.g.*, a non-small cell lung cancer (NSCLC) (*e.g.*, a NSCLC with squamous and/or non-squamous histology, or a NSCLC adenocarcinoma)), a skin cancer (*e.g.*, a Merkel cell carcinoma or a melanoma (*e.g.*, an advanced
10 melanoma)), a kidney cancer (*e.g.*, a renal cancer (*e.g.*, a renal cell carcinoma)), a liver cancer, a myeloma (*e.g.*, a multiple myeloma), a prostate cancer, a breast cancer (*e.g.*, a breast cancer that does not express one, two or all of estrogen receptor, progesterone receptor, or Her2/neu, *e.g.*, a triple negative breast cancer), a colorectal cancer, a pancreatic cancer, a head and neck cancer (*e.g.*, head and neck squamous cell carcinoma (HNSCC), anal cancer, gastro-esophageal cancer, thyroid cancer
15 (*e.g.*, anaplastic thyroid carcinoma), cervical cancer, a neuroendocrine tumor (NET) (*e.g.*, an atypical pulmonary carcinoid tumor), a lymphoproliferative disease (*e.g.*, a post-transplant lymphoproliferative disease) or a hematological cancer, T-cell lymphoma, B-cell lymphoma, a non-Hodgkin lymphoma, or a leukemia (*e.g.*, a myeloid leukemia or a lymphoid leukemia).

In another embodiment, the cancer is chosen from a carcinoma (*e.g.*, advanced or metastatic
20 carcinoma), melanoma or a lung carcinoma, *e.g.*, a non-small cell lung carcinoma.

In one embodiment, the cancer is a lung cancer, *e.g.*, a non-small cell lung cancer or small cell lung cancer. In some embodiments, the non-small cell lung cancer is a stage I (*e.g.*, stage Ia or Ib), stage II (*e.g.*, stage IIa or IIb), stage III (*e.g.*, stage IIIa or IIIb), or stage IV, non-small cell lung cancer.

25 In one embodiment, the cancer is a melanoma, *e.g.*, an advanced melanoma. In one embodiment, the cancer is an advanced or unresectable melanoma that does not respond to other therapies. In other embodiments, the cancer is a melanoma with a BRAF mutation (*e.g.*, a BRAF V600 mutation). In yet other embodiments, the combination disclosed herein (*e.g.*, the combination comprising the anti-PD-1 antibody molecule) is administered after treatment with an anti-CTLA-4
30 antibody (*e.g.*, ipilimumab) with or without a BRAF inhibitor (*e.g.*, vemurafenib or dabrafenib).

In another embodiment, the cancer is a hepatocarcinoma, *e.g.*, an advanced hepatocarcinoma, with or without a viral infection, *e.g.*, a chronic viral hepatitis.

In another embodiment, the cancer is a prostate cancer, *e.g.*, an advanced prostate cancer.

In yet another embodiment, the cancer is a myeloma, *e.g.*, multiple myeloma.

35 In yet another embodiment, the cancer is a renal cancer, *e.g.*, a renal cell carcinoma (RCC) (*e.g.*, a metastatic RCC, a non-clear cell renal cell carcinoma (nccRCC), or clear cell renal cell carcinoma (CCRCC)).

In one embodiment, the cancer microenvironment has an elevated level of PD-L1 expression. Alternatively, or in combination, the cancer microenvironment can have increased IFN γ and/or CD8
40 expression.

5 In some embodiments, the subject has, or is identified as having, a tumor that has one or more of high PD-L1 level or expression, or as being Tumor Infiltrating Lymphocyte (TIL)+ (*e.g.*, as having an increased number of TILs), or both. In certain embodiments, the subject has, or is identified as having, a tumor that has high PD-L1 level or expression and that is TIL+. In some embodiments, the methods described herein further include identifying a subject based on having a tumor that has one or
10 more of high PD-L1 level or expression, or as being TIL+, or both. In certain embodiments, the methods described herein further include identifying a subject based on having a tumor that has high PD-L1 level or expression and as being TIL+. In some embodiments, tumors that are TIL+ are positive for CD8 and IFN γ . In some embodiments, the subject has, or is identified as having, a high percentage of cells that are positive for one, two or more of PD-L1, CD8, and/or IFN γ . In certain
15 embodiments, the subject has or is identified as having a high percentage of cells that are positive for all of PD-L1, CD8, and IFN γ .

In some embodiments, the methods described herein further include identifying a subject based on having a high percentage of cells that are positive for one, two or more of PD-L1, CD8, and/or IFN γ . In certain embodiments, the methods described herein further include identifying a
20 subject based on having a high percentage of cells that are positive for all of PD-L1, CD8, and IFN γ . In some embodiments, the subject has, or is identified as having, one, two or more of PD-L1, CD8, and/or IFN γ , and one or more of a lung cancer, *e.g.*, squamous cell lung cancer or lung adenocarcinoma (*e.g.*, an NSCLC); a head and neck cancer; a squamous cell cervical cancer; a stomach cancer; an esophageal cancer; a thyroid cancer (*e.g.*, anaplastic thyroid carcinoma); a skin
25 cancer (*e.g.*, a Merkel cell carcinoma or a melanoma), a breast cancer (*e.g.*, an NTBC), and/or a nasopharyngeal cancer (NPC). In certain embodiments, the methods described herein further describe identifying a subject based on having one, two or more of PD-L1, CD8, and/or IFN γ , and one or more of a lung cancer, *e.g.*, squamous cell lung cancer or lung adenocarcinoma (*e.g.*, an NSCLC); a head and neck cancer; a squamous cell cervical cancer; a stomach cancer; a thyroid cancer (*e.g.*, anaplastic
30 thyroid carcinoma); a skin cancer (*e.g.*, a Merkel cell carcinoma or a melanoma), an neuroendocrine tumor, a breast cancer (*e.g.*, an NTBC), and/or a nasopharyngeal cancer.

Methods and compositions disclosed herein are useful for treating metastatic lesions associated with the aforementioned cancers.

In a further aspect, the invention provides a method of treating an infectious disease in a
35 subject, comprising administering to a subject a combination as described herein, *e.g.*, a combination comprising a therapeutically effective amount of an anti-PD-1 antibody molecule described herein. In one embodiment, the infection disease is chosen from hepatitis (*e.g.*, hepatitis C infection), or sepsis.

Still further, the invention provides a method of enhancing an immune response to an antigen in a subject, comprising administering to the subject: (i) the antigen; and (ii) a combination as
40 described herein, *e.g.*, a combination comprising a therapeutically effective amount of an anti-PD-1 antibody molecule described herein, such that an immune response to the antigen in the subject is

5 enhanced. The antigen can be, for example, a tumor antigen, a viral antigen, a bacterial antigen or an antigen from a pathogen.

The combinations as described herein can be administered to the subject systemically (*e.g.*, orally, parenterally, subcutaneously, intravenously, rectally, intramuscularly, intraperitoneally, intranasally, transdermally, or by inhalation or intracavitary installation), topically, or by application
10 to mucous membranes, such as the nose, throat and bronchial tubes.

Dosages and therapeutic regimens of the therapeutic agents disclosed herein can be determined by a skilled artisan. In certain embodiments, the anti-PD-1 antibody molecule is administered by injection (*e.g.*, subcutaneously or intravenously) at a dose of about 1 to 30 mg/kg, *e.g.*, about 5 to 25 mg/kg, about 10 to 20 mg/kg, about 1 to 5 mg/kg, or about 3 mg/kg. The dosing
15 schedule can vary from *e.g.*, once a week to once every 2, 3, or 4 weeks. In one embodiment, the anti-PD-1 antibody molecule is administered at a dose from about 10 to 20 mg/kg every other week.

In some embodiments, the anti-PD-1 antibody molecule is administered by injection (*e.g.*, subcutaneously or intravenously) at a dose (*e.g.*, a flat dose) of about 100 mg to 600 mg, *e.g.*, about 200 mg to 500 mg, *e.g.*, about 250 mg to 450 mg, about 300 mg to 400 mg, about 250 mg to 350 mg,
20 about 350 mg to 450 mg, or about 100 mg, about 200 mg, about 300 mg, or about 400 mg. The dosing schedule (*e.g.*, flat dosing schedule) can vary from *e.g.*, once a week to once every 2, 3, 4, 5, or 6 weeks. In one embodiment, the anti-PD-1 antibody molecule is administered at a dose from about 300 mg to 400 mg once every three weeks or once every four weeks. In one embodiment, the anti-PD-1 antibody molecule is administered at a dose from about 300 mg once every three weeks. In one
25 embodiment, the anti-PD-1 antibody molecule is administered at a dose from about 400 mg once every four weeks. In one embodiment, the anti-PD-1 antibody molecule is administered at a dose from about 300 mg once every four weeks. In one embodiment, the anti-PD-1 antibody molecule is administered at a dose from about 400 mg once every three weeks.

In one embodiment, the anti-PD-1 antibody molecule is administered, alone or in combination
30 (*e.g.*, in combination with an anti-LAG-3 antibody molecule), at a dose of less than, or about, 5 mg/kg; less than, or about, 4 mg/kg; less than, or about, 3 mg/kg; less than, or about, 2 mg/kg; less than, or about, 1 mg/kg, every other week. In one embodiment, the anti-PD-1 antibody molecule is administered at a dose of 1 to 5 mg/kg every other week; 1 to 4 mg/kg every other week, 1 to 3 mg/kg every other week, or 1 to 2 mg/kg every other week. In one embodiment, the anti-LAG-3 antibody
35 molecule is administered, alone or in combination (*e.g.*, in combination with an anti-PD-1 antibody molecule) at a dose of 1 to 5 mg/kg every other week; 1 to 4 mg/kg every other week, 1 to 3 mg/kg every other week, or 1 to 2 mg/kg every other week.

The antibody molecules described herein are preferred for use in the methods described herein, although other anti-PD-1 antibodies can be used instead, or in combination with an anti-PD-1
40 antibody molecule of the invention.

5 *Further Combination Therapies*

The methods and combinations described herein can include, or be used in combination with, other agents or therapeutic modalities. In one embodiment, the methods described herein include administering to the subject a combination comprising an anti-PD-1 antibody molecule as described herein, in combination with an agent or therapeutic procedure or modality, in an amount effective to
 10 treat or prevent a disorder. The anti-PD-1 antibody molecule and the agent or therapeutic procedure or modality can be administered simultaneously or sequentially in any order. Any combination and sequence of the anti-PD-1 antibody molecules and other therapeutic agents, procedures or modalities (*e.g.*, as described herein) can be used. The antibody molecule and/or other therapeutic agents, procedures or modalities can be administered during periods of active disorder, or during a period of
 15 remission or less active disease. The antibody molecule can be administered before the other treatment, concurrently with the treatment, post-treatment, or during remission of the disorder.

In certain embodiments, the methods and compositions described herein are administered in combination with one or more of other antibody molecules, chemotherapy, other anti-cancer therapy (*e.g.*, targeted anti-cancer therapies, gene therapy, viral therapy, RNA therapy bone marrow
 20 transplantation, nanotherapy, or oncolytic drugs), cytotoxic agents, immune-based therapies (*e.g.*, cytokines or cell-based immune therapies), surgical procedures (*e.g.*, lumpectomy or mastectomy) or radiation procedures, or a combination of any of the foregoing. The additional therapy may be in the form of adjuvant or neoadjuvant therapy. In some embodiments, the additional therapy is an enzymatic inhibitor (*e.g.*, a small molecule enzymatic inhibitor) or a metastatic inhibitor. Exemplary
 25 cytotoxic agents that can be administered in combination with include antimicrotubule agents, topoisomerase inhibitors, anti-metabolites, mitotic inhibitors, alkylating agents, anthracyclines, vinca alkaloids, intercalating agents, agents capable of interfering with a signal transduction pathway, agents that promote apoptosis, proteasome inhibitors, and radiation (*e.g.*, local or whole body irradiation (*e.g.*, gamma irradiation)). In other embodiments, the additional therapy is surgery or
 30 radiation, or a combination thereof. In other embodiments, the additional therapy is a therapy targeting one or more of PI3K/AKT/mTOR pathway, an HSP90 inhibitor, or a tubulin inhibitor.

Alternatively, or in combination with the aforesaid combinations, the methods and compositions described herein can include, be administered in combination with, one or more of: an immunomodulator (*e.g.*, an activator of a costimulatory molecule or an inhibitor of an inhibitory
 35 molecule, *e.g.*, an immune checkpoint molecule); a vaccine, *e.g.*, a therapeutic cancer vaccine; or other forms of cellular immunotherapy.

Exemplary non-limiting combinations and uses of the combinations disclosed herein, *e.g.*, a combination comprising an anti-PD-1 antibody molecule, include the following.

In certain embodiments, the combination disclosed herein, *e.g.*, a combination comprising an
 40 anti-PD-1 antibody molecule, includes or is administered in combination with a modulator of a costimulatory molecule or an inhibitory molecule, *e.g.*, a co-inhibitory ligand or receptor.

5 In one embodiment, the combination disclosed herein, *e.g.*, a combination comprising an anti-PD-1 antibody molecule, includes or is administered in combination with a modulator, *e.g.*, agonist, of a costimulatory molecule. In one embodiment, the agonist of the costimulatory molecule is chosen from an agonist (*e.g.*, an agonistic antibody or antigen-binding fragment thereof, or a soluble fusion) of OX40, CD2, CD27, CDS, ICAM-1, LFA-1 (CD11a/CD18), ICOS (CD278), 4-1BB (CD137),
 10 GITR, CD30, CD40, BAFFR, HVEM, CD7, LIGHT, NKG2C, SLAMF7, NKp80, CD160, B7-H3 or CD83 ligand.

In one embodiment, the combination disclosed herein, *e.g.*, a combination comprising an anti-PD-1 antibody molecule, includes or is administered in combination with an inhibitor of an inhibitory (or immune checkpoint) molecule chosen from PD-L1, PD-L2, CTLA-4, TIM-3, LAG-3, CEACAM
 15 (*e.g.*, CEACAM-1, CEACAM-3, and/or CEACAM-5), VISTA, BTLA, TIGIT, LAIR1, CD160, 2B4 and/or TGF beta. In one embodiment, the inhibitor is a soluble ligand (*e.g.*, a CTLA-4-Ig), or an antibody or antibody fragment that binds to PD-L1, PD-L2 or CTLA-4. For example, the anti-PD-1 antibody molecule can be administered in combination with an anti-CTLA-4 antibody, *e.g.*,
 20 ipilimumab, for example, to treat a cancer (*e.g.*, a cancer chosen from: a melanoma, *e.g.*, a metastatic melanoma; a lung cancer, *e.g.*, a non-small cell lung carcinoma; or a prostate cancer). In one embodiment, the anti-PD-1 antibody molecule is administered after treatment with an anti-CTLA-4 antibody (*e.g.*, ipilimumab) with or without a BRAF inhibitor (*e.g.*, vemurafenib or dabrafenib).

In another embodiment, the combination disclosed herein, *e.g.*, a combination comprising an anti-PD-1 antibody molecule, includes or is administered in combination with an anti-LAG-3
 25 antibody or antigen-binding fragment thereof.

In another embodiment, the combination disclosed herein, *e.g.*, a combination comprising an anti-PD-1 antibody molecule, includes or is administered in combination with an anti-TIM-3 antibody or antigen-binding fragment thereof.

In yet other embodiments, the combination disclosed herein, *e.g.*, a combination comprising
 30 an anti-PD-1 antibody molecule, includes or is administered in combination with an anti-LAG-3 antibody and an anti-TIM-3 antibody (or antigen-binding fragments thereof).

In another embodiment, the combination disclosed herein, *e.g.*, a combination comprising an anti-PD-1 antibody molecule, includes or is administered in combination with a CEACAM inhibitor (*e.g.*, CEACAM-1 and/or CEACAM-5 inhibitor), *e.g.*, an anti-CEACAM antibody molecule. In
 35 another embodiment, the anti-PD-1 antibody molecule is administered in combination with a CEACAM-1 inhibitor, *e.g.*, an anti-CEACAM-1 antibody molecule. In another embodiment, the anti-PD-1 antibody molecule is administered in combination with a CEACAM-5 inhibitor, *e.g.*, an anti-CEACAM-5 antibody molecule.

The combination of antibodies recited herein can be administered separately, *e.g.*, as separate
 40 antibodies or antigen-binding fragments thereof, or linked, *e.g.*, as a bispecific or trispecific antibody molecule. In one embodiment, a bispecific antibody that includes an anti-PD-1 antibody molecule

5 and an anti-TIM-3, anti-CEACAM (*e.g.*, anti-CEACAM-1, CEACAM-3, and/or anti-CEACAM-5), or anti-LAG-3 antibody, or an antigen-binding fragment thereof, is administered. In certain embodiments, the combination of antibodies recited herein is used to treat a cancer, *e.g.*, a cancer as described herein (*e.g.*, a solid tumor or a hematologic malignancy).

10 In other embodiments, the combination disclosed herein, *e.g.*, a combination comprising an anti-PD-1 antibody molecule, includes or is administered in combination with a cytokine. The cytokine can be administered as a fusion molecule to the anti-PD-1 antibody molecule, or as separate compositions. In one embodiment, the anti-PD-1 antibody is administered in combination with one, two, three or more cytokines, *e.g.*, as a fusion molecule or as separate compositions. In one
15 12, IL-15 or IL-21. In one embodiment, a bispecific antibody molecule has a first binding specificity to a first target (*e.g.*, to PD-1), a second binding specificity to a second target (*e.g.*, LAG-3 or TIM-3), and is optionally linked to an interleukin (*e.g.*, IL-12) domain *e.g.*, full length IL-12 or a portion thereof. In certain embodiments, the combination of anti-PD-1 antibody molecule and the cytokine described herein is used to treat a cancer, *e.g.*, a cancer as described herein (*e.g.*, a solid tumor).

20 In certain embodiments, the combination disclosed herein, *e.g.*, a combination comprising an anti-PD-1 antibody molecule, includes or is administered in combination with an antibody specific against an HLA C, *e.g.*, an antibody specific to Killer-cell Immunoglobulin-like Receptors (also referred to herein as an “anti-KIR antibody”). In certain embodiments, the combination of anti-PD-1 antibody molecule and anti-KIR antibody is used to treat a cancer, *e.g.*, a cancer as described herein
25 (*e.g.*, a solid tumor, *e.g.*, an advanced solid tumor).

In one embodiment, the combination disclosed herein, *e.g.*, a combination comprising an anti-PD-1 antibody molecule, includes or is administered in combination with a cellular immunotherapy (*e.g.*, Provenge® (*e.g.*, Sipuleucel-T)), and optionally in combination with cyclophosphamide. In certain embodiments, the combination of anti-PD-1 antibody molecule, Provenge® and/or
30 cyclophosphamide is used to treat a cancer, *e.g.*, a cancer as described herein (*e.g.*, a prostate cancer, *e.g.*, an advanced prostate cancer).

In another embodiment, the combination disclosed herein, *e.g.*, a combination comprising an anti-PD-1 antibody molecule, includes or is administered in combination with a vaccine, *e.g.*, a cancer vaccine, (*e.g.*, a dendritic cell renal carcinoma (DC-RCC) vaccine). In one embodiment, the vaccine is
35 peptide-based, DNA-based, RNA-based, or antigen-based, or a combination thereof. In embodiments, the vaccine comprises one or more peptides, nucleic acids (*e.g.*, DNA or RNA), antigens, or a combination thereof. In certain embodiments, the combination of anti-PD-1 antibody molecule and the DC-RCC vaccine is used to treat a cancer, *e.g.*, a cancer as described herein (*e.g.*, a renal carcinoma, *e.g.*, metastatic renal cell carcinoma (RCC) or clear cell renal cell carcinoma (CCRCC)).

40 In another embodiment, the combination disclosed herein, *e.g.*, a combination comprising an anti-PD-1 antibody molecule, includes or is administered in combination with an adjuvant.

5 In yet another embodiment, the combination disclosed herein, *e.g.*, a combination comprising an anti-PD-1 antibody molecule, includes or is administered in combination with chemotherapy, and/or immunotherapy. For example, the anti-PD-1 antibody molecule can be used to treat a myeloma, alone or in combination with one or more of: chemotherapy or other anti-cancer agents (*e.g.*, thalidomide analogs, *e.g.*, lenalidomide), an anti-TIM-3 antibody, tumor antigen-pulsed
10 dendritic cells, fusions (*e.g.*, electrofusions) of tumor cells and dendritic cells, or vaccination with immunoglobulin idiotype produced by malignant plasma cells. In one embodiment, the anti-PD-1 antibody molecule is used in combination with an anti-TIM-3 antibody to treat a myeloma, *e.g.*, a multiple myeloma.

In one embodiment, the combination disclosed herein, *e.g.*, a combination comprising an anti-
15 PD-1 antibody molecule, includes or is used in combination with chemotherapy to treat a lung cancer, *e.g.*, non-small cell lung cancer. In one embodiment, the anti-PD-1 antibody molecule is used with standard lung, *e.g.*, NSCLC, chemotherapy, *e.g.*, platinum doublet therapy, to treat lung cancer. In yet other embodiments, the anti-PD-1 antibody molecule is used in combination with an indoleamine-pyrrole 2,3-dioxygenase (IDO) inhibitor (*e.g.*, (4E)-4-[(3-chloro-4-fluoroanilino)-
20 nitrosomethylidene]-1,2,5-oxadiazol-3-amine (also known as INCB24360), indoximod (1-methyl-D-tryptophan), α -cyclohexyl-5H-Imidazo[5,1-a]isoindole-5-ethanol (also known as NLG919), etc.) in a subject with advanced or metastatic cancer (*e.g.*, a patient with metastatic and recurrent NSCL cancer).

In yet other embodiments, the combination disclosed herein, *e.g.*, a combination comprising an anti-PD-1 antibody molecule, includes or is used in combination with one or more of: an immune-
25 based strategy (*e.g.*, interleukin-2 or interferon- α), a targeting agent (*e.g.*, a VEGF inhibitor such as a monoclonal antibody to VEGF); a VEGF tyrosine kinase inhibitor such as sunitinib, sorafenib, axitinib and pazopanib; an RNAi inhibitor; or an inhibitor of a downstream mediator of VEGF signaling, *e.g.*, an inhibitor of the mammalian target of rapamycin (mTOR), *e.g.*, everolimus and temsirolimus. Any of such combinations can be used to treat a renal cancer, *e.g.*, renal cell carcinoma
30 (RCC) (*e.g.*, clear cell renal cell carcinoma (CCRCC) or a non-clear cell renal cell carcinoma (nccRCC) or metastatic RCC, or a liver cancer (*e.g.*, a hepatocellular carcinoma).

In some embodiments, the combination disclosed herein, *e.g.*, a combination comprising an anti-PD-1 antibody molecule, includes or is used in combination with a MEK inhibitor (*e.g.*, a MEK inhibitor as described herein). In some embodiments, the combination of the anti-PD-1 antibody and
35 the MEK inhibitor is used to treat a cancer (*e.g.*, a cancer described herein). In some embodiments, the cancer treated with the combination is chosen from a melanoma, a colorectal cancer, a non-small cell lung cancer, an ovarian cancer, a breast cancer, a prostate cancer, a pancreatic cancer, a hematological malignancy or a renal cell carcinoma. In certain embodiments, the cancer includes a BRAF mutation (*e.g.*, a BRAF V600E mutation), a BRAF wildtype, a KRAS wildtype or an
40 activating KRAS mutation. The cancer may be at an early, intermediate or late stage.

5 In another embodiment, the combination disclosed herein, *e.g.*, a combination comprising an anti-PD-1 antibody molecule, includes or is used in combination with one, two or all of oxaliplatin, leucovorin or 5-FU (*e.g.*, a FOLFOX co-treatment). Alternatively or in combination, combination further includes a VEGF inhibitor (*e.g.*, a VEGF inhibitor as disclosed herein). In some
10 embodiments, the combination of the anti-PD-1 antibody, the FOLFOX co-treatment, and the VEGF inhibitor is used to treat a cancer (*e.g.*, a cancer described herein). In some embodiments, the cancer treated with the combination is chosen from a melanoma, a colorectal cancer, a non-small cell lung cancer, an ovarian cancer, a breast cancer, a prostate cancer, a pancreatic cancer, a hematological malignancy or a renal cell carcinoma. The cancer may be at an early, intermediate or late stage.

15 In other embodiments, the combination disclosed herein, *e.g.*, a combination comprising an anti-PD-1 antibody molecule, includes or is administered with a tyrosine kinase inhibitor (*e.g.*, axitinib) to treat renal cell carcinoma and other solid tumors.

In other embodiments, the combination disclosed herein, *e.g.*, a combination comprising an anti-PD-1 antibody molecule, includes or is administered with a 4-1BB receptor targeting agent (*e.g.*, an antibody that stimulates signaling through 4-1BB (CD-137), *e.g.*, PF-2566). In one embodiment,
20 the anti-PD-1 antibody molecule is administered in combination with a tyrosine kinase inhibitor (*e.g.*, axitinib) and a 4-1BB receptor targeting agent.

The anti-PD-1 antibody molecule can be bound to a substance, *e.g.*, a cytotoxic agent or moiety (*e.g.*, a therapeutic drug; a compound emitting radiation; molecules of plant, fungal, or bacterial origin; or a biological protein (*e.g.*, a protein toxin) or particle (*e.g.*, a recombinant viral
25 particle, *e.g.*, via a viral coat protein). For example, the antibody can be coupled to a radioactive isotope such as an α -, β -, or γ -emitter, or a β - and γ -emitter.

Any combination and sequence of the anti-PD-1 antibody molecules and other therapeutic agents, procedures or modalities (*e.g.*, as described herein) can be used. The antibody molecule and/or other therapeutic agents, procedures or modalities can be administered during periods of active
30 disorder, or during a period of remission or less active disease. The antibody molecule can be administered before the other treatment, concurrently with the treatment, post-treatment, or during remission of the disorder.

Additional Combination Therapies

35 In certain embodiments, any of the combinations disclosed herein, alternatively or in combination, further includes one or more of the agents described in Table 7.

In some embodiments, the additional therapeutic agent is chosen from one or more of: 1) a protein kinase C (PKC) inhibitor; 2) a heat shock protein 90 (HSP90) inhibitor; 3) an inhibitor of a phosphoinositide 3-kinase (PI3K) and/or target of rapamycin (mTOR); 4) an inhibitor of cytochrome
40 P450 (*e.g.*, a CYP17 inhibitor or a 17 α -Hydroxylase/C17-20 Lyase inhibitor); 5) an iron chelating agent; 6) an aromatase inhibitor; 7) an inhibitor of p53, *e.g.*, an inhibitor of a p53/Mdm2 interaction;

5 8) an apoptosis inducer; 9) an angiogenesis inhibitor; 10) an aldosterone synthase inhibitor; 11) a
smoothened (SMO) receptor inhibitor; 12) a prolactin receptor (PRLR) inhibitor; 13) a Wnt signaling
inhibitor; 14) a CDK4/6 inhibitor; 15) a fibroblast growth factor receptor 2 (FGFR2)/fibroblast growth
factor receptor 4 (FGFR4) inhibitor; 16) an inhibitor of macrophage colony-stimulating factor (M-
CSF); 17) an inhibitor of one or more of c-KIT, histamine release, Flt3 (*e.g.*, FLK2/STK1) or PKC;
10 18) an inhibitor of one or more of VEGFR-2 (*e.g.*, FLK-1/KDR), PDGFRbeta, c-KIT or Raf kinase C;
19) a somatostatin agonist and/or a growth hormone release inhibitor; 20) an anaplastic lymphoma
kinase (ALK) inhibitor; 21) an insulin-like growth factor 1 receptor (IGF-1R) inhibitor; 22) a P-
Glycoprotein 1 inhibitor; 23) a vascular endothelial growth factor receptor (VEGFR) inhibitor; 24) a
BCR-ABL kinase inhibitor; 25) an FGFR inhibitor; 26) an inhibitor of CYP11B2; 27) a HDM2
15 inhibitor, *e.g.*, an inhibitor of the HDM2-p53 interaction; 28) an inhibitor of a tyrosine kinase; 29) an
inhibitor of c-MET; 30) an inhibitor of JAK; 31) an inhibitor of DAC; 32) an inhibitor of 11 β -
hydroxylase; 33) an inhibitor of IAP; 34) an inhibitor of PIM kinase; 35) an inhibitor of Porcupine;
36) an inhibitor of BRAF, *e.g.*, BRAF V600E or wild-type BRAF; 37) an inhibitor of HER3; 38) an
inhibitor of MEK; or 39) an inhibitor of a lipid kinase, *e.g.*, as described herein and in Table 7.

20 In one embodiment, the additional therapeutic agent is chosen from one or more of:
Compound A8, Compound A17, Compound A23, Compound A24, Compound A27, Compound A29,
Compound A33, and Compound A13.

In other embodiments, the additional therapeutic agent is chosen from one or more of:
Compound A5, Compound A8, Compound A17, Compound A23, Compound A24, Compound A29,
25 and Compound A40.

In other embodiments, the additional therapeutic agent is chosen from one or more of:
Compound A9, Compound A16, Compound A17, Compound A21, Compound A22, Compound A25,
Compound A28, Compound A48, and Compound 49.

30 In one embodiment, the cancer is chosen from a lung cancer (*e.g.*, a non-small cell lung
cancer (NSCLC) (*e.g.*, a NSCLC with squamous and/or non-squamous histology, or a NSCLC
adenocarcinoma), or disclosed in a publication listed in Table 7.

Biomarkers

35 In another aspect, provided herein is a method of evaluating or monitoring the effectiveness
of a therapy (*e.g.*, a combination therapy) described herein, in a subject (*e.g.*, a subject having a
cancer, *e.g.*, a cancer described herein). The method includes acquiring a value of effectiveness to the
therapy, wherein said value is indicative of the effectiveness of the therapy.

In embodiments, the value of effectiveness to the therapy comprises a measure of one, two,
three, four, five, six, seven, eight, nine or more (*e.g.*, all) of the following:

- 40 (i) a parameter of a tumor infiltrating lymphocyte (TIL) phenotype;
(ii) a parameter of a myeloid cell population;

- 5 (iii) a parameter of a surface expression marker;
 (iv) a parameter of a biomarker of an immunologic response;
 (v) a parameter of a systemic cytokine modulation;
 (vi) a parameter of circulating free DNA (cfDNA);
 (vii) a parameter of systemic immune-modulation;
 10 (viii) a parameter of microbiome;
 (ix) a parameter of a marker of activation in a circulating immune cell; or
 (x) a parameter of a circulating cytokine.

In some embodiments, the parameter of a TIL phenotype comprises the level or activity of one, two, three, four or more (*e.g.*, all) of Hematoxylin and eosin (H&E) staining for TIL counts, CD8,
 15 FOXP3, CD4, or CD3, in the subject, *e.g.*, in a sample from the subject (*e.g.*, a tumor sample).

In some embodiments, the parameter of a myeloid cell population comprises the level or activity of one or both of CD68 or CD163, in the subject, *e.g.*, in a sample from the subject (*e.g.*, a tumor sample).

20 In some embodiments, the parameter of a surface expression marker comprises the level or activity of one, two or more (*e.g.*, all) of PD-L1, LAG-3, or TIM-3, in the subject, *e.g.*, in a sample from the subject (*e.g.*, a tumor sample).

In some embodiments, the parameter of a biomarker of an immunologic response comprises the level or sequence of one or more nucleic acid-based markers, in the subject, *e.g.*, in a sample from the subject (*e.g.*, a tumor sample).

25 In some embodiments, the parameter of systemic cytokine modulation comprises the level or activity of one, two, three, four, five, six, seven, eight, or more (*e.g.*, all) of IL-18, IFN- γ , ITAC (CXCL11), IL-6, IL-10, IL-4, IL-17, IL-15, or TGF-beta, in the subject, *e.g.*, in a sample from the subject (*e.g.*, a blood sample, *e.g.*, a plasma sample).

30 In some embodiments, the parameter of cfDNA comprises the sequence or level of one or more circulating tumor DNA (cfDNA) molecules, in the subject, *e.g.*, in a sample from the subject (*e.g.*, a blood sample, *e.g.*, a plasma sample).

In some embodiments, the parameter of systemic immune-modulation comprises phenotypic characterization of an activated immune cell, *e.g.*, a CD3-expressing cell, a CD8-expressing cell, or both, in the subject, *e.g.*, in a sample from the subject (*e.g.*, a blood sample, *e.g.*, a PBMC sample).

35 In some embodiments, the parameter of microbiome comprises the sequence or expression level of one or more genes in the microbiome, in the subject, *e.g.*, in a sample from the subject (*e.g.*, a stool sample).

In some embodiments, the parameter of a marker of activation in a circulating immune cell comprises the level or activity of one, two, three, four, five or more (*e.g.*, all) of circulating CD8+,
 40 HLA-DR+Ki67+, T cells, IFN- γ , IL-18, or CXCL11 (IFN- γ induced CCK) expressing cells, in a sample (*e.g.*, a blood sample, *e.g.*, a plasma sample).

5 In some embodiments, the parameter of a circulating cytokine comprises the level or activity of IL-6, in the subject, *e.g.*, in a sample from the subject (*e.g.*, a blood sample, *e.g.*, a plasma sample).

In some embodiments of any of the methods disclosed herein, the therapy comprises a combination of

(a) an inhibitor of an immune checkpoint molecule, *e.g.*, an inhibitor of PD-1 (*e.g.*, an anti-PD-1 antibody molecule); and

(b) one or more (*e.g.*, two, three, four or more) of:

(i) an IAP inhibitor, (S)-N-((S)-1-cyclohexyl-2-((S)-2-(4-(4-fluorobenzoyl)thiazol-2-yl)pyrrolidin-1-yl)-2-oxoethyl)-2-(methylamino)propanamide (Compound A21), or a compound disclosed in U.S. Patent No. 8,552,003;

(ii) an mTOR inhibitor, Everolimus (Compound A36), or a compound disclosed in PCT Publication No. WO 2014/085318;

(iii) a DAC inhibitor, Panobinostat (Compound A19), or a compound disclosed in PCT Publication No. WO 2014/072493;

(iv) an IL-1 β inhibitor, canakinumab, or a compound disclosed in PCT Publication No. WO 2002/16436;

(v) an IL-17 inhibitor, CJM112, or a compound disclosed in PCT Publication No. WO 2014/122613;

(vi) a MEK inhibitor or trametinib; or

(vii) an EGFR inhibitor, (R,E)-N-(7-chloro-1-(1-(4-(dimethylamino)but-2-enoyl)azepan-3-yl)-1H-benzo[d]imidazol-2-yl)-2-methylisonicotinamide (Compound A40), or a compound disclosed in PCT Publication No. WO 2013/184757.

In some embodiments of any of the methods disclosed herein, the measure of one or more of (i)-(x) is obtained from a sample acquired from the subject. In some embodiments, the sample is chosen from a tumor sample, a blood sample (*e.g.*, a plasma sample or a PBMC sample), or a stool sample.

In some embodiments of any of the methods disclosed herein, the subject is evaluated prior to receiving, during, or after receiving, the therapy, *e.g.*, the combination therapy.

In some embodiments of any of the methods disclosed herein, the measure of one or more of (i)-(x) evaluates a profile for one or more of gene expression, flow cytometry or protein expression.

In some embodiments of any of the methods disclosed herein, the presence of an increased level or activity of one, two, three, four, five, or more (*e.g.*, all) of circulating CD8+, HLA-DR+Ki67+, T cells, IFN- γ , IL-18, or CXCL11 (IFN- γ induced CCK) expressing cells, and/or the presence of an decreased level or activity of IL-6, in the subject or sample, is a positive predictor of the effectiveness of the therapy.

Alternatively, or in combination with the methods disclosed herein, responsive to said value, performing one, two, three, four or more (*e.g.*, all) of:

- 5 (i) administering to the subject the therapy (*e.g.*, combination therapy);
 (ii) administered an altered dosing of the therapy (*e.g.*, a combination therapy);
 (iii) altering the schedule or time course of the therapy (*e.g.*, a combination therapy);
 (iv) administering to the subject an additional agent (*e.g.*, a therapeutic agent described herein)
 in combination with the therapy (*e.g.*, a combination therapy); or
 10 (v) administering to the subject an alternative therapy (*e.g.*, a therapy described herein).

Additional embodiments

Additional embodiments provide a method of treating a cancer, comprising: identifying in a subject or a sample (*e.g.*, a subject's sample comprising cancer cells and optionally immune cells such as TILs) the presence of one, two or all of PD-L1, CD8, or IFN- γ , thereby providing a value for one, two or all of PD-L1, CD8, and IFN- γ . The method can further include comparing the PD-L1, CD8, and/or IFN- γ values to a reference value, *e.g.*, a control value. If the PD-L1, CD8, and/or IFN- γ values are greater than the reference value, *e.g.*, the control values, administering a therapeutically effective amount of a combination as described herein (*e.g.*, a combination that includes an anti-PD-1 antibody described herein) to the subject, optionally in combination with one or more other agents, thereby treating the cancer. The cancer may be, *e.g.*, a cancer described herein, such as lung cancer (squamous), lung cancer (adenocarcinoma), head and neck cancer, cervical cancer (squamous), stomach cancer, thyroid cancer (*e.g.*, anaplastic thyroid carcinoma), skin cancer (*e.g.*, Merkel cell carcinoma or melanoma), nasopharyngeal cancer, neuroendocrine tumor (*e.g.*, an atypical pulmonary carcinoid tumor), or breast cancer, *e.g.*, TN breast cancer, *e.g.*, IM-TN breast cancer. In some
 25 embodiments, the cancer is ER+ breast cancer or pancreatic cancer.

Also provided is a method of treating a cancer, comprising: testing a subject or a sample (*e.g.*, a subject's sample comprising cancer cells) for the presence of PD-L1, thereby identifying a PD-L1 value, comparing the PD-L1 value to a control value, and if the PD-L1 value is greater than the control value, administering a therapeutically effective amount of a combination as described herein (*e.g.*, a combination that includes an anti-PD-1 antibody described herein) to the subject, optionally in combination with one or more other agents, thereby treating the cancer. The cancer may be, *e.g.*, a cancer as described herein, such as cancer is non-small cell lung (NSCLC) adenocarcinoma (ACA), NSCLC squamous cell carcinoma (SCC), or hepatocellular carcinoma (HCC).
 30

35 In another aspect, the invention features diagnostic or therapeutic kits that include the antibody molecules described herein and instructions for use.

All publications, patent applications, patents, and other references mentioned herein are incorporated by reference in their entirety.

Other features, objects, and advantages of the invention will be apparent from the description and drawings, and from the claims.
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BRIEF DESCRIPTION OF THE DRAWINGS

Figure 1 depicts the amino acid sequences of the light and heavy chain variable regions of murine anti-PD-1 mAb BAP049. The upper and lower sequences were from two independent analyses. The light and heavy chain CDR sequences based on Kabat numbering are underlined. The light heavy chain CDR sequences based on Chothia numbering are shown in bold italics. The unpaired Cys residue at position 102 of the light chain sequence is boxed. Sequences are disclosed as SEQ ID NOs: 8, 228, 16 and 229, respectively, in order of appearance.

Figure 2A depicts the amino acid sequences of the light and heavy chain variable regions of murine anti-PD-1 mAb BAP049 aligned with the germline sequences. The upper and lower sequences are the germline (GL) and BAP049 (Mu mAb) sequences, respectively. The light and heavy chain CDR sequences based on Kabat numbering are underlined. The light heavy chain CDR sequences based on Chothia numbering are shown in bold italics. “-” means identical amino acid residue. Sequences disclosed as SEQ ID NOs: 230, 8, 231 and 16, respectively, in order of appearance.

Figure 2B depicts the sequence of murine κ J2 gene and the corresponding mutation in murine anti-PD-1 mAb BAP049. “-” means identical nucleotide residue. Sequences disclosed as SEQ ID NOs: 233, 232, 234 and 235, respectively, in order of appearance.

Figures 3A-3B depict the competition binding between fluorescently labeled murine anti-PD-1 mAb BAP049 (Mu mAb) and three chimeric versions of BAP049 (Chi mAb). Experiment was performed twice, and the results are shown in Figures 3A and 3B, respectively. The three chimeric BAP049 antibodies (Chi mAb (Cys), Chi mAb (Tyr) and Chi mAb (Ser)) have Cys, Tyr and Ser residue at position 102 of the light chain variable region, respectively. Chi mAb (Cys), Chi mAb (Tyr) and Chi mAb (Ser) are also known as BAP049-chi, BAP049-chi-Y, and BAP049-chi-S, respectively.

Figure 4 is a bar graph showing the results of FACS binding analysis for the sixteen humanized BAP049 clones (BAP049-hum01 to BAP049-hum16). The antibody concentrations are 200, 100, 50, 25 and 12.5 ng/ml from the leftmost bar to the rightmost bar for each tested mAb.

Figure 5 depicts the structural analysis of the humanized BAP049 clones (a, b, c, d and e represent various types of framework region sequences). The concentrations of the mAbs in the samples are also shown.

Figure 6A-6B depicts the binding affinity and specificity of humanized BAP049 mAbs measured in a competition binding assay using a constant concentration of Alexa 488-labeled murine mAb BAP049, serial dilutions of the test antibodies, and PD-1-expressing 300.19 cells. Experiment was performed twice, and the results are shown in Figures 6A and 6B, respectively.

Figure 7 depicts the ranking of humanized BAP049 clones based on FACS data, competition binding and structural analysis. The concentrations of the mAbs in the samples are also shown.

Figures 8A-8B depict blocking of ligand binding to PD-1 by selected humanized BAP049 clones. Blocking of PD-L1-Ig and PD-L2-Ig binding to PD-1 is shown in Figure 8A. Blocking of PD-L2-Ig binding to PD-1 is shown in Figure 8B. BAP049-hum01, BAP049-hum05, BAP049-hum08, BAP049-hum09, BAP049-hum10, and BAP049-hum11 were evaluated. Murine mAb BAP049 and chimeric mAb having Tyr at position 102 of the light chain variable region were also included in the analyses.

Figures 9A-9B depict the alignment of heavy chain variable domain sequences for the sixteen humanized BAP049 clones and BAP049 chimera (BAP049-chi). In Figure 9A, all of the sequences are shown (SEQ ID NOs: 22, 38, 38, 38, 38, 38, 38, 38, 38, 38, 50, 50, 50, 50, 82, 82 and 86, respectively, in order of appearance). In Figure 9B, only amino acid sequences that are different from mouse sequence are shown (SEQ ID NOs: 22, 38, 38, 38, 38, 38, 38, 38, 38, 38, 50, 50, 50, 50, 82, 82 and 86, respectively, in order of appearance).

Figures 10A-10B depict the alignment of light chain variable domain sequences for the sixteen humanized BAP049 clones and BAP049 chimera (BAP049-chi). In Figure 10A, all of the sequences are shown (SEQ ID NOs: 24, 66, 66, 66, 66, 70, 70, 70, 58, 62, 78, 74, 46, 46, 42, 54 and 54, respectively, in order of appearance). In Figure 10B, only amino acid sequences that are different from mouse sequence are shown (SEQ ID NOs: 24, 66, 66, 66, 66, 70, 70, 70, 58, 62, 78, 74, 46, 46, 42, 54 and 54, respectively, in order of appearance).

Figure 11 is a schematic diagram that outlines the antigen processing and presentation, effector cell responses and immunosuppression pathways targeted by the combination therapies disclosed herein.

Figure 12 depicts the predicted C_{trough} (C_{min}) concentrations across the different weights for patients while receiving the same dose of an exemplary anti-PD-1 antibody molecule. A comparison of predicted mean steady state C_{trough} after body weight versus flat/fixed dosing of two regimens of the anti-PD-1 antibody molecule is shown.

Figure 13 depicts observed versus model predicted (population or individual based) C_{min} concentrations.

Figures 14A-14B depict the accumulation, time course and within subject variability of the model used to analyze pharmacokinetics. The shaded areas represent 90% prediction interval; solid lines are the median of prediction at each time point; black dots represent observed pharmacokinetic data.

Figure 15 depicts the percent survival of mice implanted with MC38 cells after treatment with anti-PD-1 antibody, Compound A21, or a combination of anti-PD-1 antibody and Compound A21.

5 **Figure 16A** depicts the body weights for ten animals per group treated with vehicle, anti-mouse PD-1 antibody (10 mg/kg IV QW for four doses), panobinostat (Compound A19, 10 mg/kg QOD for five doses), or the combination of panobinostat and anti-mouse PD-1 antibody.

Figure 16B depicts the responses of individual tumors to treatment with vehicle control, anti-mouse PD-1 antibody, panobinostat (Compound A19), or the combination of panobinostat and anti-mouse PD-1 antibody.

Figure 17 depicts the percent survival of mice bearing A20 lymphoma allografts after treatment with Compound A40, ibrutinib, anti-PD-L1 antibody, a combination of Compound A40 and anti-PD-L1 antibody, or a combination of ibrutinib and anti-PD-L1 antibody (anti-PD-L1 indicated as aPD-L1).

15 **Figure 18** depicts the mean tumor volume in mice bearing A20 lymphoma allografts after treatment with Compound A40, ibrutinib, anti-PD-L1 antibody, a combination of Compound A40 and anti-PD-L1 antibody, or a combination of ibrutinib and anti-PD-L1 antibody (anti-PD-L1 indicated as aPD-L1).

Figure 19 depicts the study design of a first-in-human phase I/II study of an exemplary anti-PD-1 antibody molecule in patients with advanced solid tumors. *At least 21 patients were required to define the MTD. Tumor assessments were performed at screening, then every 2 cycles (1 cycle=28 days) $\pm$ 1 week from Cycle 3 Day 1 up to Cycle 11 Day 1, and every 3 cycles thereafter until progression of disease per irRC or patient withdrawal. irRC, immune-related Response Evaluation Criteria in Solid Tumors; MTD, maximum-tolerated dose; NSCLC, non-small cell lung cancer; RP2D, recommended phase II dose; TNBC, triple-negative breast cancer.

Figure 20 depicts the percent change in target lesions over time for each of the radiographically evaluable patients treated with the anti-PD-1 antibody molecule in the phase I/II study. Patients were treated at the following dosing schedules: 1mg/kg q2w, 3 mg/kg q2w, 10 mg/kg q2w, 3 mg/kg q4w, or 5 mg/kg q4w (exemplary lines in the figure are indicated with the dosing schedules).

Figures 21A-21C depict the tumor assessments and immunohistochemical detection of CD8+ T lymphocytes in a patient having metastatic atypical pulmonary carcinoid tumor with clinical response to the anti-PD-1 antibody molecule in the phase I/II study.

Figure 21A depicts CT scan images showing response in the patient. The left panel shows liver metastasis prior to antibody treatment. The middle panel shows pseudo-progression in the liver (accompanied by significant shrinkage of lung lesions not shown) in the first restaging. The right panel shows response in all lesions in the second restaging.

Figure 21B depicts the reduction in metastatic atypical pulmonary carcinoid tumor burden (% change from baseline) and individual lesions (lesion size (nm)) in the patient.

5 **Figure 21C** depicts the images of immunohistochemistry staining showing high levels of CD8+ T lymphocytes in a tumor sample obtained from the patient during Cycle 2, Day 1. BL, baseline; C2D1, Cycle 2, Day 1.

Figure 22A depicts the percent survival of mice implanted with MC38 cells after treatment with anti-PD-1 antibody, Compound A15 (once a week or daily), or a combination of anti-PD-1
10 antibody and Compound A15 (once a week or daily).

Figure 22B depicts the mean tumor volume in mice implanted with MC38 cells after treatment with anti-PD-1 antibody, Compound A15 (daily), or a combination of anti-PD-1 antibody and Compound A15 (daily).

Figure 22C depicts the mean tumor volume in mice implanted with MC38 cells after
15 treatment with anti-PD-1 antibody, Compound A15 (once a week), or a combination of anti-PD-1 antibody and Compound A15 (once a week).

Figure 23 depicts the enhancement in time to end point observed in animals treated with an anti-PD-L1 antibody molecule in combination with an anti-PD-1 antibody.

20 BRIEF DESCRIPTION OF THE TABLES

Table 1 is a summary of the amino acid and nucleotide sequences for the murine, chimeric and humanized anti-PD-1 antibody molecules. The antibody molecules include murine mAb BAP049, chimeric mAbs BAP049-chi and BAP049-chi-Y, and humanized mAbs BAP049-hum01 to BAP049-hum16 and BAP049-Clone-A to BAP049-Clone-E. The amino acid and nucleotide
25 sequences of the heavy and light chain CDRs, the amino acid and nucleotide sequences of the heavy and light chain variable regions, and the amino acid and nucleotide sequences of the heavy and light chains are shown in this Table.

Table 2 depicts the amino acid and nucleotide sequences of the heavy and light chain framework regions for humanized mAbs BAP049-hum01 to BAP049-hum16 and BAP049-Clone-A
30 to BAP049-Clone-E.

Table 3 depicts the constant region amino acid sequences of human IgG heavy chains and human kappa light chain.

Table 4 shows the amino acid sequences of the heavy and light chain leader sequences for humanized mAbs BAP049-Clone-A to BAP049-Clone-E.

35 **Table 5** depicts exemplary PK parameters based on flat dosing schedules.

Table 6 provides an exemplary listing of the therapeutic agents from Antigen-Presentation Combinations (Category A), Effector Cell Combinations (Category B) and Anti-tumor Immunosuppression Combinations (Category C).

Table 7 is a summary of selected therapeutic agents that can be administered in combination
40 with the anti-PD-1 antibody molecules and other immunomodulators (*e.g.*, one or more of: an

5 activator of a costimulatory molecule and/or an inhibitor of an immune checkpoint molecule) described herein. **Table 7** provides from left to right the following: the Compound Designation of the second therapeutic agent, the Compound structure, and Patent publication(s) disclosing the Compound.

Table 8 is a summary of exemplary biomarkers and sample collection, *e.g.*, for evaluation of
10 the effectiveness of the therapies (*e.g.*, combination therapies) described herein.

Table 9 is a summary of the objectives and endpoints in the phase I/II study.

Table 10 is a summary of the patient demographics and characteristics in the phase I/II study.

Table 11 shows the patient disposition in the phase I/II study.

Table 12 shows the adverse events regardless of study drug relationship in the phase I/II
15 study (any grad occurring in $\geq 20\%$ of patients – safety set).

Table 13 shows the best overall response (based on investigator's assessment of disease status using RECIST v1.1 criteria).

DETAILED DESCRIPTION

20 Disclosed herein, at least in part, are antibody molecules (*e.g.*, humanized antibody molecules) that bind to Programmed Death 1 (PD-1) with high affinity and specificity. Nucleic acid molecules encoding the antibody molecules, expression vectors, host cells and methods for making the antibody molecules are also provided. Pharmaceutical compositions and dose formulations comprising the antibody molecules are also provided. The anti-PD-1 antibody molecules disclosed
25 herein can be used (alone or in combination with other agents or therapeutic modalities) to treat, prevent and/or diagnose disorders, such as cancerous disorders (*e.g.*, solid and soft-tissue tumors), as well as infectious diseases (*e.g.*, chronic infectious disorders or sepsis). Thus, compositions and methods for detecting PD-1, as well as methods for treating various disorders including cancer and/or infectious diseases, using the anti-PD-1 antibody molecules are disclosed herein. In certain
30 embodiments, the anti-PD-1 antibody molecule is administered or used at a flat or fixed dose.

Also disclosed herein are methods and compositions comprising a combination of two, three or more therapeutic agents chosen from one, two, or all of the following categories (i)-(iii): (i) an agent that enhances antigen presentation (*e.g.*, tumor antigen presentation) (*e.g.*, by enhancing one or more of dendritic cell activity or maturation, antigen uptake, or antigen processing); (ii) an agent that
35 enhances an effector cell response (*e.g.*, an immune effector cell response, *e.g.*, B cell and/or T cell activation and/or mobilization, *e.g.*, in the lymph node); or (iii) an agent that decreases tumor immunosuppression (*e.g.*, increasing T cell infiltration and tumor cell killing). In some embodiments, the combination includes a PD-1 inhibitor (*e.g.*, an anti-PD-1 antibody molecule as described herein). Without wishing to be bound by theory, it is believed that therapeutic approaches that enhance anti-
40 tumor immunity work more effectively when the immune response is optimized via multiple targets at different stages of the immune response. Each of these stages is depicted in schematic form in Figure

- 5 21. For example, approaches that result in activation of dendritic cells combined with approaches that enhance cellular and humoral immune can result in a more effective and/or prolonged therapeutic response.

Additional terms are defined below and throughout the application.

- 10 As used herein, the articles "a" and "an" refer to one or to more than one (*e.g.*, to at least one) of the grammatical object of the article.

The term "or" is used herein to mean, and is used interchangeably with, the term "and/or", unless context clearly indicates otherwise.

- 15 "About" and "approximately" shall generally mean an acceptable degree of error for the quantity measured given the nature or precision of the measurements. Exemplary degrees of error are within 20 percent (%), typically, within 10%, and more typically, within 5% of a given value or range of values.

- 20 By "a combination" or "in combination with," it is not intended to imply that the therapy or the therapeutic agents must be administered at the same time and/or formulated for delivery together, although these methods of delivery are within the scope described herein. The therapeutic agents in the combination can be administered concurrently with, prior to, or subsequent to, one or more other additional therapies or therapeutic agents. The therapeutic agents or therapeutic protocol can be administered in any order. In general, each agent will be administered at a dose and/or on a time schedule determined for that agent. In will further be appreciated that the additional therapeutic agent
25 utilized in this combination may be administered together in a single composition or administered separately in different compositions. In general, it is expected that additional therapeutic agents utilized in combination be utilized at levels that do not exceed the levels at which they are utilized individually. In some embodiments, the levels utilized in combination will be lower than those utilized individually.

- 30 In embodiments, the additional therapeutic agent is administered at a therapeutic or lower-than therapeutic dose. In certain embodiments, the concentration of the second therapeutic agent that is required to achieve inhibition, *e.g.*, growth inhibition, is lower when the second therapeutic agent is administered in combination with the first therapeutic agent, *e.g.*, the anti-PD-1 antibody molecule, than when the second therapeutic agent is administered individually. In certain embodiments, the
35 concentration of the first therapeutic agent that is required to achieve inhibition, *e.g.*, growth inhibition, is lower when the first therapeutic agent is administered in combination with the second therapeutic agent than when the first therapeutic agent is administered individually. In certain embodiments, in a combination therapy, the concentration of the second therapeutic agent that is required to achieve inhibition, *e.g.*, growth inhibition, is lower than the therapeutic dose of the second
40 therapeutic agent as a monotherapy, *e.g.*, 10-20%, 20-30%, 30-40%, 40-50%, 50-60%, 60-70%, 70-80%, or 80-90% lower. In certain embodiments, in a combination therapy, the concentration of the

5 first therapeutic agent that is required to achieve inhibition, *e.g.*, growth inhibition, is lower than the therapeutic dose of the first therapeutic agent as a monotherapy, *e.g.*, 10-20%, 20-30%, 30-40%, 40-50%, 50-60%, 60-70%, 70-80%, or 80-90% lower.

The term “inhibition,” “inhibitor,” or “antagonist” includes a reduction in a certain parameter, *e.g.*, an activity, of a given molecule, *e.g.*, an immune checkpoint inhibitor. For example, inhibition
10 of an activity, *e.g.*, a PD-1 or PD-L1 activity, of at least 5%, 10%, 20%, 30%, 40% or more is included by this term. Thus, inhibition need not be 100%.

The term “activation,” “activator,” or “agonist” includes an increase in a certain parameter, *e.g.*, an activity, of a given molecule, *e.g.*, a costimulatory molecule. For example, increase of an activity, *e.g.*, a costimulatory activity, of at least 5%, 10%, 25%, 50%, 75% or more is included by
15 this term.

The term “anti-cancer effect” refers to a biological effect which can be manifested by various means, including but not limited to, *e.g.*, a decrease in tumor volume, a decrease in the number of cancer cells, a decrease in the number of metastases, an increase in life expectancy, decrease in cancer cell proliferation, decrease in cancer cell survival, or amelioration of various physiological symptoms
20 associated with the cancerous condition. An “anti-cancer effect” can also be manifested by the ability of the peptides, polynucleotides, cells and antibodies in prevention of the occurrence of cancer in the first place.

The term “anti-tumor effect” refers to a biological effect which can be manifested by various means, including but not limited to, *e.g.*, a decrease in tumor volume, a decrease in the number of
25 tumor cells, a decrease in tumor cell proliferation, or a decrease in tumor cell survival.

The term “cancer” refers to a disease characterized by the rapid and uncontrolled growth of aberrant cells. Cancer cells can spread locally or through the bloodstream and lymphatic system to other parts of the body. Examples of various cancers are described herein and include but are not limited to, breast cancer, prostate cancer, ovarian cancer, cervical
30 cancer, skin cancer, pancreatic cancer, colorectal cancer, renal cancer, liver cancer, brain cancer, lymphoma, leukemia, lung cancer and the like. The terms “tumor” and “cancer” are used interchangeably herein, *e.g.*, both terms encompass solid and liquid, *e.g.*, diffuse or circulating, tumors. As used herein, the term “cancer” or “tumor” includes premalignant, as well as malignant cancers and tumors.

35 The term “antigen presenting cell” or “APC” refers to an immune system cell such as an accessory cell (*e.g.*, a B-cell, a dendritic cell, and the like) that displays a foreign antigen complexed with major histocompatibility complexes (MHC's) on its surface. T-cells may recognize these complexes using their T-cell receptors (TCRs). APCs process antigens and present them to T-cells.

The term “costimulatory molecule” refers to the cognate binding partner on a T cell that
40 specifically binds with a costimulatory ligand, thereby mediating a costimulatory response by the T cell, such as, but not limited to, proliferation. Costimulatory molecules are cell surface molecules

5 other than antigen receptors or their ligands that are required for an efficient immune response. Costimulatory molecules include, but are not limited to, an MHC class I molecule, TNF receptor proteins, Immunoglobulin-like proteins, cytokine receptors, integrins, signaling lymphocytic activation molecules (SLAM proteins), activating NK cell receptors, BTLA, a Toll ligand receptor, OX40, CD2, CD7, CD27, CD28, CD30, CD40, CDS, ICAM-1, LFA-1 (CD11a/CD18), 4-1BB
 10 (CD137), B7-H3, CDS, ICAM-1, ICOS (CD278), GITR, BAFFR, LIGHT, HVEM (LIGHTR), KIRDS2, SLAMF7, NKp80 (KLRF1), NKp44, NKp30, NKp46, CD19, CD4, CD8alpha, CD8beta, IL2R beta, IL2R gamma, IL7R alpha, ITGA4, VLA1, CD49a, ITGA4, IA4, CD49D, ITGA6, VLA-6, CD49f, ITGAD, CD11d, ITGAE, CD103, ITGAL, CD11a, LFA-1, ITGAM, CD11b, ITGAX, CD11c, ITGB1, CD29, ITGB2, CD18, LFA-1, ITGB7, NKG2D, NKG2C, TNFR2, TRANCE/RANKL,
 15 DNAM1 (CD226), SLAMF4 (CD244, 2B4), CD84, CD96 (Tactile), CEACAM1, CRTAM, Ly9 (CD229), CD160 (BY55), PSGL1, CD100 (SEMA4D), CD69, SLAMF6 (NTB-A, Ly108), SLAM (SLAMF1, CD150, IPO-3), BLAME (SLAMF8), SELPLG (CD162), LTBR, LAT, GADS, SLP-76, PAG/Cbp, CD19a, and a ligand that specifically binds with CD83.

20 “Immune effector cell,” or “effector cell” as that term is used herein, refers to a cell that is involved in an immune response, *e.g.*, in the promotion of an immune effector response. Examples of immune effector cells include T cells, *e.g.*, alpha/beta T cells and gamma/delta T cells, B cells, natural killer (NK) cells, natural killer T (NKT) cells, mast cells, and myeloid-derived phagocytes.

25 “Immune effector” or “effector” “function” or “response,” as that term is used herein, refers to function or response, *e.g.*, of an immune effector cell, that enhances or promotes an immune attack of a target cell. *E.g.*, an immune effector function or response refers a property of a T or NK cell that promotes killing or the inhibition of growth or proliferation, of a target cell. In the case of a T cell, primary stimulation and co-stimulation are examples of immune effector function or response.

The term “effector function” refers to a specialized function of a cell. Effector function of a T cell, for example, may be cytolytic activity or helper activity including the secretion of cytokines.

30 As used herein, the terms “treat,” “treatment” and “treating” refer to the reduction or amelioration of the progression, severity and/or duration of a disorder, *e.g.*, a proliferative disorder, or the amelioration of one or more symptoms (preferably, one or more discernible symptoms) of the disorder resulting from the administration of one or more therapies. In specific embodiments, the terms “treat,” “treatment” and “treating” refer to the amelioration of at least one measurable physical
 35 parameter of a proliferative disorder, such as growth of a tumor, not necessarily discernible by the patient. In other embodiments the terms “treat”, “treatment” and “treating” -refer to the inhibition of the progression of a proliferative disorder, either physically by, *e.g.*, stabilization of a discernible symptom, physiologically by, *e.g.*, stabilization of a physical parameter, or both. In other embodiments the terms “treat”, “treatment” and “treating” refer to the reduction or stabilization of
 40 tumor size or cancerous cell count.

5 The compositions and methods of the present invention encompass polypeptides and nucleic acids having the sequences specified, or sequences substantially identical or similar thereto, *e.g.*, sequences at least 85%, 90%, 95% identical or higher to the sequence specified. In the context of an amino acid sequence, the term "substantially identical" is used herein to refer to a first amino acid that contains a sufficient or minimum number of amino acid residues that are i) identical to, or ii) conservative substitutions of aligned amino acid residues in a second amino acid sequence such that the first and second amino acid sequences can have a common structural domain and/or common functional activity. For example, amino acid sequences that contain a common structural domain having at least about 85%, 90%, 91%, 92%, 93%, 94%, 95%, 96%, 97%, 98% or 99% identity to a reference sequence, *e.g.*, a sequence provided herein.

10 In the context of nucleotide sequence, the term "substantially identical" is used herein to refer to a first nucleic acid sequence that contains a sufficient or minimum number of nucleotides that are identical to aligned nucleotides in a second nucleic acid sequence such that the first and second nucleotide sequences encode a polypeptide having common functional activity, or encode a common structural polypeptide domain or a common functional polypeptide activity. For example, nucleotide sequences having at least about 85%, 90%, 91%, 92%, 93%, 94%, 95%, 96%, 97%, 98% or 99% identity to a reference sequence, *e.g.*, a sequence provided herein.

20 The term "functional variant" refers to polypeptides that have a substantially identical amino acid sequence to the naturally-occurring sequence, or are encoded by a substantially identical nucleotide sequence, and are capable of having one or more activities of the naturally-occurring sequence.

25 Calculations of homology or sequence identity between sequences (the terms are used interchangeably herein) are performed as follows.

30 To determine the percent identity of two amino acid sequences, or of two nucleic acid sequences, the sequences are aligned for optimal comparison purposes (*e.g.*, gaps can be introduced in one or both of a first and a second amino acid or nucleic acid sequence for optimal alignment and non-homologous sequences can be disregarded for comparison purposes). In a preferred embodiment, the length of a reference sequence aligned for comparison purposes is at least 30%, preferably at least 40%, more preferably at least 50%, 60%, and even more preferably at least 70%, 80%, 90%, 100% of the length of the reference sequence. The amino acid residues or nucleotides at corresponding amino acid positions or nucleotide positions are then compared. When a position in the first sequence is occupied by the same amino acid residue or nucleotide as the corresponding position in the second sequence, then the molecules are identical at that position (as used herein amino acid or nucleic acid "identity" is equivalent to amino acid or nucleic acid "homology").

35 The percent identity between the two sequences is a function of the number of identical positions shared by the sequences, taking into account the number of gaps, and the length of each gap, which need to be introduced for optimal alignment of the two sequences.

5 The comparison of sequences and determination of percent identity between two sequences can be accomplished using a mathematical algorithm. In a preferred embodiment, the percent identity between two amino acid sequences is determined using the Needleman and Wunsch ((1970) *J. Mol. Biol.* 48:444-453) algorithm which has been incorporated into the GAP program in the GCG software package (available at www.gcg.com), using either a Blossum 62 matrix or a PAM250 matrix, and a
 10 gap weight of 16, 14, 12, 10, 8, 6, or 4 and a length weight of 1, 2, 3, 4, 5, or 6. In yet another preferred embodiment, the percent identity between two nucleotide sequences is determined using the GAP program in the GCG software package (available at www.gcg.com), using a NWSgapdna.CMP matrix and a gap weight of 40, 50, 60, 70, or 80 and a length weight of 1, 2, 3, 4, 5, or 6. A particularly preferred set of parameters (and the one that should be used unless otherwise specified)
 15 are a Blossum 62 scoring matrix with a gap penalty of 12, a gap extend penalty of 4, and a frameshift gap penalty of 5.

The percent identity between two amino acid or nucleotide sequences can be determined using the algorithm of E. Meyers and W. Miller ((1989) *CABIOS*, 4:11-17) which has been incorporated into the ALIGN program (version 2.0), using a PAM120 weight residue table, a gap length penalty of
 20 12 and a gap penalty of 4.

The nucleic acid and protein sequences described herein can be used as a "query sequence" to perform a search against public databases to, for example, identify other family members or related sequences. Such searches can be performed using the NBLAST and XBLAST programs (version 2.0) of Altschul, *et al.* (1990) *J. Mol. Biol.* 215:403-10. BLAST nucleotide searches can be performed
 25 with the NBLAST program, score = 100, wordlength = 12 to obtain nucleotide sequences homologous to a nucleic acid (SEQ ID NO: 1) molecules of the invention. BLAST protein searches can be performed with the XBLAST program, score = 50, wordlength = 3 to obtain amino acid sequences homologous to protein molecules of the invention. To obtain gapped alignments for comparison purposes, Gapped BLAST can be utilized as described in Altschul *et al.*, (1997) *Nucleic Acids Res.*
 30 25:3389-3402. When utilizing BLAST and Gapped BLAST programs, the default parameters of the respective programs (*e.g.*, XBLAST and NBLAST) can be used. See www.ncbi.nlm.nih.gov.

As used herein, the term "hybridizes under low stringency, medium stringency, high stringency, or very high stringency conditions" describes conditions for hybridization and washing. Guidance for performing hybridization reactions can be found in *Current Protocols in Molecular*
 35 *Biology*, John Wiley & Sons, N.Y. (1989), 6.3.1-6.3.6, which is incorporated by reference. Aqueous and nonaqueous methods are described in that reference and either can be used. Specific hybridization conditions referred to herein are as follows: 1) low stringency hybridization conditions in 6X sodium chloride/sodium citrate (SSC) at about 45°C, followed by two washes in 0.2X SSC, 0.1% SDS at least at 50°C (the temperature of the washes can be increased to 55°C for low stringency
 40 conditions); 2) medium stringency hybridization conditions in 6X SSC at about 45°C, followed by

5 one or more washes in 0.2X SSC, 0.1% SDS at 60°C; 3) high stringency hybridization conditions in
6X SSC at about 45°C, followed by one or more washes in 0.2X SSC, 0.1% SDS at 65°C; and
preferably 4) very high stringency hybridization conditions are 0.5M sodium phosphate, 7% SDS at
65°C, followed by one or more washes at 0.2X SSC, 1% SDS at 65°C. Very high stringency
conditions (4) are the preferred conditions and the ones that should be used unless otherwise
10 specified.

It is understood that the molecules of the present invention may have additional conservative
or non-essential amino acid substitutions, which do not have a substantial effect on their functions.

The term "amino acid" is intended to embrace all molecules, whether natural or synthetic,
which include both an amino functionality and an acid functionality and capable of being included in
15 a polymer of naturally-occurring amino acids. Exemplary amino acids include naturally-occurring
amino acids; analogs, derivatives and congeners thereof; amino acid analogs having variant side
chains; and all stereoisomers of any of any of the foregoing. As used herein the term "amino acid"
includes both the D- or L- optical isomers and peptidomimetics.

A "conservative amino acid substitution" is one in which the amino acid residue is replaced
20 with an amino acid residue having a similar side chain. Families of amino acid residues having
similar side chains have been defined in the art. These families include amino acids with basic side
chains (*e.g.*, lysine, arginine, histidine), acidic side chains (*e.g.*, aspartic acid, glutamic acid),
uncharged polar side chains (*e.g.*, glycine, asparagine, glutamine, serine, threonine, tyrosine,
cysteine), nonpolar side chains (*e.g.*, alanine, valine, leucine, isoleucine, proline, phenylalanine,
25 methionine, tryptophan), beta-branched side chains (*e.g.*, threonine, valine, isoleucine) and aromatic
side chains (*e.g.*, tyrosine, phenylalanine, tryptophan, histidine).

The terms "polypeptide", "peptide" and "protein" (if single chain) are used interchangeably
herein to refer to polymers of amino acids of any length. The polymer may be linear or branched, it
may comprise modified amino acids, and it may be interrupted by non-amino acids. The terms also
30 encompass an amino acid polymer that has been modified; for example, disulfide bond formation,
glycosylation, lipidation, acetylation, phosphorylation, or any other manipulation, such as conjugation
with a labeling component. The polypeptide can be isolated from natural sources, can be a produced
by recombinant techniques from a eukaryotic or prokaryotic host, or can be a product of synthetic
procedures.

35 The terms "nucleic acid," "nucleic acid sequence," "nucleotide sequence," or "polynucleotide
sequence," and "polynucleotide" are used interchangeably. They refer to a polymeric form of
nucleotides of any length, either deoxyribonucleotides or ribonucleotides, or analogs thereof. The
polynucleotide may be either single-stranded or double-stranded, and if single-stranded may be the
coding strand or non-coding (antisense) strand. A polynucleotide may comprise modified
40 nucleotides, such as methylated nucleotides and nucleotide analogs. The sequence of nucleotides may

5 be interrupted by non-nucleotide components. A polynucleotide may be further modified after polymerization, such as by conjugation with a labeling component. The nucleic acid may be a recombinant polynucleotide, or a polynucleotide of genomic, cDNA, semisynthetic, or synthetic origin which either does not occur in nature or is linked to another polynucleotide in a nonnatural arrangement.

10 The term "isolated," as used herein, refers to material that is removed from its original or native environment (*e.g.*, the natural environment if it is naturally occurring). For example, a naturally-occurring polynucleotide or polypeptide present in a living animal is not isolated, but the same polynucleotide or polypeptide, separated by human intervention from some or all of the co-existing materials in the natural system, is isolated. Such polynucleotides could be part of a vector
15 and/or such polynucleotides or polypeptides could be part of a composition, and still be isolated in that such vector or composition is not part of the environment in which it is found in nature.

Various aspects of the invention are described in further detail below. Additional definitions are set out throughout the specification.

20 *Exemplary Combinations of Antigen-Presentation Combinations, Effector Cell Combinations and Anti-tumor Immunosuppression Combinations*

Exemplary combinations of therapeutic agents from two or more of the antigen-presentation category (A), effector cell category (B), and anti-tumor immunosuppression category (C) are provided herein.

25

5

Table 6: Listing of Therapeutic Agents in Categories (A)-(C)

	<i>A = Antigen-Presentation</i>	<i>B = Effector Cell</i>	<i>C = Anti-tumor Immunosuppression</i>
1	STING agonist	GITR agonist	PD-1 inhibitor
2	TLR agonist	PD-1 inhibitor	PD-L1 inhibitor
3	TIM-3 modulator	PD-L1 inhibitor	LAG-3 inhibitor
4	VEGFR inhibitor	IAP inhibitor	TIM-3 inhibitor
5	c-MET inhibitor	EGFR inhibitor	GITR inhibitor
6	TGFb inhibitor	mTOR inhibitor	CSF-1/1R inhibitor
7	IDO/TDO inhibitor	IL-15 agonist	IL-17 inhibitor
8	A2AR antagonist	CTLA-4 inhibitor	IL-1β inhibitor
9	Oncolytic viruses	Bispecific T-cell engagers	CXCR2 inhibitor
10	Scaffold vaccines	CD40 agonist	PI3K-γ, -δ inhibitor
11	Bispecific T-cell engagers	OX40 agonist	BAFF-R inhibitor
12		CD27 agonist	MALT-1/BTK inhibitor
13			JAK inhibitor
14			CRTH2 inhibitor
15			VEGFR inhibitor
16			IL-15 agonist
17			Anti-TGFb inhibitor
18			IDO/TDO inhibitor
19			A2AR antagonist
20			CTLA-4 inhibitor
21			PFKFB3 inhibitor

In some embodiments, the combinations of the present invention include one or more of the following:

10

A1B1, A1B2, A1B3, A1B4, A1B5, A1B6, A1B7, A1B8, A1B9, A1B10, A1B11, A1B12, A2B1, A2B2, A2B3, A2B4, A2B5, A2B6, A2B7, A2B8, A2B9, A2B10, A2B11, A2B12, A3B1, A3B2, A3B3, A3B4, A3B5, A3B6, A3B7, A3B8, A3B9, A3B10, A3B11, A3B12, A4B1, A4B2, A4B3,

5 A4B4, A4B5, A4B6, A4B7, A4B8, A4B9, A4B10, A4B11, A4B12, A5B1, A5B2, A5B3, A5B4,
 A5B5, A5B6, A5B7, A5B8, A5B9, A5B10, A5B11, A5B12, A6B1, A6B2, A6B3, A6B4, A6B5,
 A6B6, A6B7, A6B8, A6B9, A6B10, A6B11, A6B12, A7B1, A7B2, A7B3, A7B4, A7B5, A7B6,
 A7B7, A7B8, A7B9, A7B10, A7B11, A7B12, A8B1, A8B2, A8B3, A8B4, A8B5, A8B6, A8B7,
 A8B8, A8B9, A8B10, A8B11, A8B12, A9B1, A9B2, A9B3, A9B4, A9B5, A9B6, A9B7, A9B8,
 10 A9B9, A9B10, A9B11, A9B12, A10B1, A10B2, A10B3, A10B4, A10B5, A10B6, A10B7, A10B8,
 A10B9, A10B10, A10B11, A10B12, A11B1, A11B2, A11B3, A11B4, A11B5, A11B6, A11B7,
 A11B8, A11B9, A11B10, A11B11, A11B12, A1C1, A1C2, A1C3, A1C4, A1C5, A1C6, A1C7,
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5 *Antibody Molecules*

In one embodiment, the antibody molecule binds to a mammalian, *e.g.*, human, PD-1. For example, the antibody molecule binds specifically to an epitope, *e.g.*, linear or conformational epitope, (*e.g.*, an epitope as described herein) on PD-1.

As used herein, the term "antibody molecule" refers to a protein, *e.g.*, an immunoglobulin chain or fragment thereof, comprising at least one immunoglobulin variable domain sequence. The term "antibody molecule" includes, for example, a monoclonal antibody (including a full length antibody which has an immunoglobulin Fc region). In an embodiment, an antibody molecule comprises a full length antibody, or a full length immunoglobulin chain. In an embodiment, an antibody molecule comprises an antigen binding or functional fragment of a full length antibody, or a full length immunoglobulin chain. In an embodiment, an antibody molecule is a multispecific antibody molecule, *e.g.*, it comprises a plurality of immunoglobulin variable domain sequences, wherein a first immunoglobulin variable domain sequence of the plurality has binding specificity for a first epitope and a second immunoglobulin variable domain sequence of the plurality has binding specificity for a second epitope. In an embodiment, a multispecific antibody molecule is a bispecific antibody molecule. A bispecific antibody has specificity for no more than two antigens. A bispecific antibody molecule is characterized by a first immunoglobulin variable domain sequence which has binding specificity for a first epitope and a second immunoglobulin variable domain sequence that has binding specificity for a second epitope.

In an embodiment, an antibody molecule is a monospecific antibody molecule and binds a single epitope. *E.g.*, a monospecific antibody molecule having a plurality of immunoglobulin variable domain sequences, each of which binds the same epitope.

In an embodiment an antibody molecule is a multispecific antibody molecule, *e.g.*, it comprises a plurality of immunoglobulin variable domains sequences, wherein a first immunoglobulin variable domain sequence of the plurality has binding specificity for a first epitope and a second immunoglobulin variable domain sequence of the plurality has binding specificity for a second epitope. In an embodiment the first and second epitopes are on the same antigen, *e.g.*, the same protein (or subunit of a multimeric protein). In an embodiment the first and second epitopes overlap. In an embodiment the first and second epitopes do not overlap. In an embodiment the first and second epitopes are on different antigens, *e.g.*, the different proteins (or different subunits of a multimeric protein). In an embodiment a multispecific antibody molecule comprises a third, fourth or fifth immunoglobulin variable domain. In an embodiment, a multispecific antibody molecule is a bispecific antibody molecule, a trispecific antibody molecule, or tetraspecific antibody molecule,

In an embodiment a multispecific antibody molecule is a bispecific antibody molecule. A bispecific antibody has specificity for no more than two antigens. A bispecific antibody molecule is characterized by a first immunoglobulin variable domain sequence which has binding specificity for a first epitope and a second immunoglobulin variable domain sequence that has binding specificity for a

5 second epitope. In an embodiment the first and second epitopes are on the same antigen, *e.g.*, the same protein (or subunit of a multimeric protein). In an embodiment the first and second epitopes overlap. In an embodiment the first and second epitopes do not overlap. In an embodiment the first and second epitopes are on different antigens, *e.g.*, the different proteins (or different subunits of a multimeric protein). In an embodiment a bispecific antibody molecule comprises a heavy chain
 10 variable domain sequence and a light chain variable domain sequence which have binding specificity for a first epitope and a heavy chain variable domain sequence and a light chain variable domain sequence which have binding specificity for a second epitope. In an embodiment a bispecific antibody molecule comprises a half antibody having binding specificity for a first epitope and a half antibody having binding specificity for a second epitope. In an embodiment a bispecific antibody
 15 molecule comprises a half antibody, or fragment thereof, having binding specificity for a first epitope and a half antibody, or fragment thereof, having binding specificity for a second epitope. In an embodiment a bispecific antibody molecule comprises a scFv, or fragment thereof, have binding specificity for a first epitope and a scFv, or fragment thereof, have binding specificity for a second epitope. In an embodiment the first epitope is located on PD-1 and the second epitope is located on a
 20 TIM-3, LAG-3, CEACAM (*e.g.*, CEACAM-1 and/or CEACAM-5), PD-L1, or PD-L2.

In an embodiment, an antibody molecule comprises a diabody, and a single-chain molecule, as well as an antigen-binding fragment of an antibody (*e.g.*, Fab, F(ab')₂, and Fv). For example, an antibody molecule can include a heavy (H) chain variable domain sequence (abbreviated herein as VH), and a light (L) chain variable domain sequence (abbreviated herein as VL). In an embodiment
 25 an antibody molecule comprises or consists of a heavy chain and a light chain (referred to herein as a half antibody). In another example, an antibody molecule includes two heavy (H) chain variable domain sequences and two light (L) chain variable domain sequence, thereby forming two antigen binding sites, such as Fab, Fab', F(ab')₂, Fc, Fd, Fd', Fv, single chain antibodies (scFv for example), single variable domain antibodies, diabodies (Dab) (bivalent and bispecific), and chimeric (*e.g.*,
 30 humanized) antibodies, which may be produced by the modification of whole antibodies or those synthesized de novo using recombinant DNA technologies. These functional antibody fragments retain the ability to selectively bind with their respective antigen or receptor. Antibodies and antibody fragments can be from any class of antibodies including, but not limited to, IgG, IgA, IgM, IgD, and IgE, and from any subclass (*e.g.*, IgG1, IgG2, IgG3, and IgG4) of antibodies. The preparation of
 35 antibody molecules can be monoclonal or polyclonal. An antibody molecule can also be a human, humanized, CDR-grafted, or *in vitro* generated antibody. The antibody can have a heavy chain constant region chosen from, *e.g.*, IgG1, IgG2, IgG3, or IgG4. The antibody can also have a light chain chosen from, *e.g.*, kappa or lambda. The term "immunoglobulin" (Ig) is used interchangeably with the term "antibody" herein.

40 Examples of antigen-binding fragments of an antibody molecule include: (i) a Fab fragment, a monovalent fragment consisting of the VL, VH, CL and CH1 domains; (ii) a F(ab')₂ fragment, a

5 bivalent fragment comprising two Fab fragments linked by a disulfide bridge at the hinge region; (iii) a Fd fragment consisting of the VH and CH1 domains; (iv) a Fv fragment consisting of the VL and VH domains of a single arm of an antibody, (v) a diabody (dAb) fragment, which consists of a VH domain; (vi) a camelid or camelized variable domain; (vii) a single chain Fv (scFv), *see e.g.*, Bird *et al.* (1988) *Science* 242:423-426; and Huston *et al.* (1988) *Proc. Natl. Acad. Sci. USA* 85:5879-5883);
 10 (viii) a single domain antibody. These antibody fragments are obtained using conventional techniques known to those with skill in the art, and the fragments are screened for utility in the same manner as are intact antibodies.

The term "antibody" includes intact molecules as well as functional fragments thereof. Constant regions of the antibodies can be altered, *e.g.*, mutated, to modify the properties of the
 15 antibody (*e.g.*, to increase or decrease one or more of: Fc receptor binding, antibody glycosylation, the number of cysteine residues, effector cell function, or complement function).

Antibody molecules can also be single domain antibodies. Single domain antibodies can include antibodies whose complementary determining regions are part of a single domain polypeptide. Examples include, but are not limited to, heavy chain antibodies, antibodies naturally devoid of light
 20 chains, single domain antibodies derived from conventional 4-chain antibodies, engineered antibodies and single domain scaffolds other than those derived from antibodies. Single domain antibodies may be any of the art, or any future single domain antibodies. Single domain antibodies may be derived from any species including, but not limited to mouse, human, camel, llama, fish, shark, goat, rabbit, and bovine. According to another aspect of the invention, a single domain antibody is a naturally
 25 occurring single domain antibody known as heavy chain antibody devoid of light chains. Such single domain antibodies are disclosed in WO 9404678, for example. For clarity reasons, this variable domain derived from a heavy chain antibody naturally devoid of light chain is known herein as a VHH or nanobody to distinguish it from the conventional VH of four chain immunoglobulins. Such a VHH molecule can be derived from antibodies raised in *Camelidae* species, for example in camel,
 30 llama, dromedary, alpaca and guanaco. Other species besides *Camelidae* may produce heavy chain antibodies naturally devoid of light chain; such VHHs are within the scope of the invention.

The VH and VL regions can be subdivided into regions of hypervariability, termed "complementarity determining regions" (CDR), interspersed with regions that are more conserved, termed "framework regions" (FR or FW).

35 The extent of the framework region and CDRs has been precisely defined by a number of methods (*see*, Kabat, E. A., *et al.* (1991) *Sequences of Proteins of Immunological Interest*, Fifth Edition, U.S. Department of Health and Human Services, NIH Publication No. 91-3242; Chothia, C. *et al.* (1987) *J. Mol. Biol.* 196:901-917; and the AbM definition used by Oxford Molecular's AbM antibody modeling software. *See*, generally, *e.g.*, *Protein Sequence and Structure Analysis of*
 40 *Antibody Variable Domains*. In: *Antibody Engineering Lab Manual* (Ed.: Duebel, S. and Kontermann, R., Springer-Verlag, Heidelberg).

5 The terms “complementarity determining region,” and “CDR,” as used herein refer to the sequences of amino acids within antibody variable regions which confer antigen specificity and binding affinity. In general, there are three CDRs in each heavy chain variable region (HCDR1, HCDR2, HCDR3) and three CDRs in each light chain variable region (LCDR1, LCDR2, LCDR3).

10 The precise amino acid sequence boundaries of a given CDR can be determined using any of a number of well-known schemes, including those described by Kabat *et al.* (1991), “Sequences of Proteins of Immunological Interest,” 5th Ed. Public Health Service, National Institutes of Health, Bethesda, MD (“Kabat” numbering scheme), Al-Lazikani *et al.*, (1997) *JMB* 273,927-948 (“Chothia” numbering scheme). As used herein, the CDRs defined according the “Chothia” number scheme are also sometimes referred to as “hypervariable loops.”

15 For example, under Kabat, the CDR amino acid residues in the heavy chain variable domain (VH) are numbered 31-35 (HCDR1), 50-65 (HCDR2), and 95-102 (HCDR3); and the CDR amino acid residues in the light chain variable domain (VL) are numbered 24-34 (LCDR1), 50-56 (LCDR2), and 89-97 (LCDR3). Under Chothia the CDR amino acids in the VH are numbered 26-32 (HCDR1), 52-56 (HCDR2), and 95-102 (HCDR3); and the amino acid residues in VL are numbered 26-32
20 (LCDR1), 50-52 (LCDR2), and 91-96 (LCDR3). By combining the CDR definitions of both Kabat and Chothia, the CDRs consist of amino acid residues 26-35 (HCDR1), 50-65 (HCDR2), and 95-102 (HCDR3) in human VH and amino acid residues 24-34 (LCDR1), 50-56 (LCDR2), and 89-97 (LCDR3) in human VL.

25 Generally, unless specifically indicated, the anti-PD-1 antibody molecules can include any combination of one or more Kabat CDRs and/or Chothia hypervariable loops, *e.g.*, described in Table 1. In one embodiment, the following definitions are used for the anti-PD-1 antibody molecules described in Table 1: HCDR1 according to the combined CDR definitions of both Kabat and Chothia, and HCCDRs 2-3 and LCCDRs 1-3 according the CDR definition of Kabat. Under all definitions, each VH and VL typically includes three CDRs and four FRs, arranged from amino-terminus to
30 carboxy-terminus in the following order: FR1, CDR1, FR2, CDR2, FR3, CDR3, FR4.

35 As used herein, an “immunoglobulin variable domain sequence” refers to an amino acid sequence which can form the structure of an immunoglobulin variable domain. For example, the sequence may include all or part of the amino acid sequence of a naturally-occurring variable domain. For example, the sequence may or may not include one, two, or more N- or C-terminal amino acids, or may include other alterations that are compatible with formation of the protein structure.

40 The term “antigen-binding site” refers to the part of an antibody molecule that comprises determinants that form an interface that binds to the PD-1 polypeptide, or an epitope thereof. With respect to proteins (or protein mimetics), the antigen-binding site typically includes one or more loops (of at least four amino acids or amino acid mimics) that form an interface that binds to the PD-1 polypeptide. Typically, the antigen-binding site of an antibody molecule includes at least one or two

5 CDRs and/or hypervariable loops, or more typically at least three, four, five or six CDRs and/or hypervariable loops.

The terms “compete” or “cross-compete” are used interchangeably herein to refer to the ability of an antibody molecule to interfere with binding of an anti-PD-1 antibody molecule, *e.g.*, an anti-PD-1 antibody molecule provided herein, to a target, *e.g.*, human PD-1. The interference with
 10 binding can be direct or indirect (*e.g.*, through an allosteric modulation of the antibody molecule or the target). The extent to which an antibody molecule is able to interfere with the binding of another antibody molecule to the target, and therefore whether it can be said to compete, can be determined using a competition binding assay, for example, a FACS assay, an ELISA or BIACORE assay. In some embodiments, a competition binding assay is a quantitative competition assay. In some
 15 embodiments, a first anti-PD-1 antibody molecule is said to compete for binding to the target with a second anti-PD-1 antibody molecule when the binding of the first antibody molecule to the target is reduced by 10% or more, *e.g.*, 20% or more, 30% or more, 40% or more, 50% or more, 55% or more, 60% or more, 65% or more, 70% or more, 75% or more, 80% or more, 85% or more, 90% or more, 95% or more, 98% or more, 99% or more in a competition binding assay (*e.g.*, a competition assay
 20 described herein).

The terms “monoclonal antibody” or “monoclonal antibody composition” as used herein refer to a preparation of antibody molecules of single molecular composition. A monoclonal antibody composition displays a single binding specificity and affinity for a particular epitope. A monoclonal antibody can be made by hybridoma technology or by methods that do not use hybridoma technology
 25 (*e.g.*, recombinant methods).

An “effectively human” protein is a protein that does not evoke a neutralizing antibody response, *e.g.*, the human anti-murine antibody (HAMA) response. HAMA can be problematic in a number of circumstances, *e.g.*, if the antibody molecule is administered repeatedly, *e.g.*, in treatment of a chronic or recurrent disease condition. A HAMA response can make repeated antibody
 30 administration potentially ineffective because of an increased antibody clearance from the serum (*see, e.g.*, Saleh *et al.*, *Cancer Immunol. Immunother.*, 32:180-190 (1990)) and also because of potential allergic reactions (*see, e.g.*, LoBuglio *et al.*, *Hybridoma*, 5:5117-5123 (1986)).

The antibody molecule can be a polyclonal or a monoclonal antibody. In other embodiments, the antibody can be recombinantly produced, *e.g.*, produced by phage display or by combinatorial
 35 methods.

Phage display and combinatorial methods for generating antibodies are known in the art (as described in, *e.g.*, Ladner *et al.* U.S. Patent No. 5,223,409; Kang *et al.* International Publication No. WO 92/18619; Dower *et al.* International Publication No. WO 91/17271; Winter *et al.* International Publication WO 92/20791; Markland *et al.* International Publication No. WO 92/15679; Breitling *et al.* International Publication WO 93/01288; McCafferty *et al.* International Publication No. WO
 40 92/01047; Garrard *et al.* International Publication No. WO 92/09690; Ladner *et al.* International

5 Publication No. WO 90/02809; Fuchs *et al.* (1991) *Bio/Technology* 9:1370-1372; Hay *et al.* (1992) *Hum Antibody Hybridomas* 3:81-85; Huse *et al.* (1989) *Science* 246:1275-1281; Griffiths *et al.* (1993) *EMBO J* 12:725-734; Hawkins *et al.* (1992) *J Mol Biol* 226:889-896; Clackson *et al.* (1991) *Nature* 352:624-628; Gram *et al.* (1992) *PNAS* 89:3576-3580; Garrad *et al.* (1991) *Bio/Technology* 9:1373-1377; Hoogenboom *et al.* (1991) *Nuc Acid Res* 19:4133-4137; and Barbas *et al.* (1991) *PNAS* 88:7978-7982, the contents of all of which are incorporated by reference herein).

10 In one embodiment, the antibody is a fully human antibody (*e.g.*, an antibody made in a mouse which has been genetically engineered to produce an antibody from a human immunoglobulin sequence), or a non-human antibody, *e.g.*, a rodent (mouse or rat), goat, primate (*e.g.*, monkey), camel antibody. Preferably, the non-human antibody is a rodent (mouse or rat antibody). Methods of
15 producing rodent antibodies are known in the art.

Human monoclonal antibodies can be generated using transgenic mice carrying the human immunoglobulin genes rather than the mouse system. Splenocytes from these transgenic mice immunized with the antigen of interest are used to produce hybridomas that secrete human mAbs with specific affinities for epitopes from a human protein (*see, e.g.*, Wood *et al.* International Application
20 WO 91/00906, Kucherlapati *et al.* PCT publication WO 91/10741; Lonberg *et al.* International Application WO 92/03918; Kay *et al.* International Application 92/03917; Lonberg, N. *et al.* 1994 *Nature* 368:856-859; Green, L.L. *et al.* 1994 *Nature Genet.* 7:13-21; Morrison, S.L. *et al.* 1994 *Proc. Natl. Acad. Sci. USA* 81:6851-6855; Bruggeman *et al.* 1993 *Year Immunol* 7:33-40; Tuailon *et al.* 1993 *PNAS* 90:3720-3724; Bruggeman *et al.* 1991 *Eur J Immunol* 21:1323-1326).

25 An antibody can be one in which the variable region, or a portion thereof, *e.g.*, the CDRs, are generated in a non-human organism, *e.g.*, a rat or mouse. Chimeric, CDR-grafted, and humanized antibodies are within the invention. Antibodies generated in a non-human organism, *e.g.*, a rat or mouse, and then modified, *e.g.*, in the variable framework or constant region, to decrease antigenicity in a human are within the invention.

30 Chimeric antibodies can be produced by recombinant DNA techniques known in the art (*see* Robinson *et al.*, International Patent Publication PCT/US86/02269; Akira, *et al.*, European Patent Application 184,187; Taniguchi, M., European Patent Application 171,496; Morrison *et al.*, European Patent Application 173,494; Neuberger *et al.*, International Application WO 86/01533; Cabilly *et al.* U.S. Patent No. 4,816,567; Cabilly *et al.*, European Patent Application 125,023; Better *et al.* (1988
35 *Science* 240:1041-1043); Liu *et al.* (1987) *PNAS* 84:3439-3443; Liu *et al.*, 1987, *J. Immunol.* 139:3521-3526; Sun *et al.* (1987) *PNAS* 84:214-218; Nishimura *et al.*, 1987, *Canc. Res.* 47:999-1005; Wood *et al.* (1985) *Nature* 314:446-449; and Shaw *et al.*, 1988, *J. Natl Cancer Inst.* 80:1553-1559).

A humanized or CDR-grafted antibody will have at least one or two but generally all three recipient CDRs (of heavy and or light immunoglobulin chains) replaced with a donor CDR. The
40 antibody may be replaced with at least a portion of a non-human CDR or only some of the CDRs may be replaced with non-human CDRs. It is only necessary to replace the number of CDRs required for

5 binding of the humanized antibody to PD-1. Preferably, the donor will be a rodent antibody, *e.g.*, a rat or mouse antibody, and the recipient will be a human framework or a human consensus framework. Typically, the immunoglobulin providing the CDRs is called the "donor" and the immunoglobulin providing the framework is called the "acceptor." In one embodiment, the donor immunoglobulin is a non-human (*e.g.*, rodent). The acceptor framework is a naturally-occurring (*e.g.*,
10 a human) framework or a consensus framework, or a sequence about 85% or higher, preferably 90%, 95%, 99% or higher identical thereto.

As used herein, the term "consensus sequence" refers to the sequence formed from the most frequently occurring amino acids (or nucleotides) in a family of related sequences (*See e.g.*, Winnaker, From Genes to Clones (Verlagsgesellschaft, Weinheim, Germany 1987). In a family of proteins, each
15 position in the consensus sequence is occupied by the amino acid occurring most frequently at that position in the family. If two amino acids occur equally frequently, either can be included in the consensus sequence. A "consensus framework" refers to the framework region in the consensus immunoglobulin sequence.

An antibody can be humanized by methods known in the art (*see e.g.*, Morrison, S. L., 1985, *Science* 229:1202-1207, by Oi *et al.*, 1986, *BioTechniques* 4:214, and by Queen *et al.* US 5,585,089, US 5,693,761 and US 5,693,762, the contents of all of which are hereby incorporated by reference).

Humanized or CDR-grafted antibodies can be produced by CDR-grafting or CDR substitution, wherein one, two, or all CDRs of an immunoglobulin chain can be replaced. *See e.g.*, U.S. Patent 5,225,539; Jones *et al.* 1986 *Nature* 321:552-525; Verhoeyan *et al.* 1988 *Science*
25 239:1534; Beidler *et al.* 1988 *J. Immunol.* 141:4053-4060; Winter US 5,225,539, the contents of all of which are hereby expressly incorporated by reference. Winter describes a CDR-grafting method which may be used to prepare the humanized antibodies of the present invention (UK Patent Application GB 2188638A, filed on March 26, 1987; Winter US 5,225,539), the contents of which is expressly incorporated by reference.

Also within the scope of the invention are humanized antibodies in which specific amino
30 acids have been substituted, deleted or added. Criteria for selecting amino acids from the donor are described in US 5,585,089, *e.g.*, columns 12-16 of US 5,585,089, *e.g.*, columns 12-16 of US 5,585,089, the contents of which are hereby incorporated by reference. Other techniques for humanizing antibodies are described in Padlan *et al.* EP 519596 A1, published on December 23, 1992.

35 The antibody molecule can be a single chain antibody. A single-chain antibody (scFV) may be engineered (*see*, for example, Colcher, D. *et al.* (1999) *Ann N Y Acad Sci* 880:263-80; and Reiter, Y. (1996) *Clin Cancer Res* 2:245-52). The single chain antibody can be dimerized or multimerized to generate multivalent antibodies having specificities for different epitopes of the same target protein.

In yet other embodiments, the antibody molecule has a heavy chain constant region chosen
40 from, *e.g.*, the heavy chain constant regions of IgG1, IgG2, IgG3, IgG4, IgM, IgA1, IgA2, IgD, and IgE; particularly, chosen from, *e.g.*, the (*e.g.*, human) heavy chain constant regions of IgG1, IgG2,

5 IgG3, and IgG4. In another embodiment, the antibody molecule has a light chain constant region chosen from, *e.g.*, the (*e.g.*, human) light chain constant regions of kappa or lambda. The constant region can be altered, *e.g.*, mutated, to modify the properties of the antibody (*e.g.*, to increase or decrease one or more of: Fc receptor binding, antibody glycosylation, the number of cysteine residues, effector cell function, and/or complement function). In one embodiment the antibody has: effector
10 function; and can fix complement. In other embodiments the antibody does not; recruit effector cells; or fix complement. In another embodiment, the antibody has reduced or no ability to bind an Fc receptor. For example, it is a isotype or subtype, fragment or other mutant, which does not support binding to an Fc receptor, *e.g.*, it has a mutagenized or deleted Fc receptor binding region.

Methods for altering an antibody constant region are known in the art. Antibodies with altered
15 function, *e.g.* altered affinity for an effector ligand, such as FcR on a cell, or the C1 component of complement can be produced by replacing at least one amino acid residue in the constant portion of the antibody with a different residue (*see e.g.*, EP 388,151 A1, U.S. Pat. No. 5,624,821 and U.S. Pat. No. 5,648,260, the contents of all of which are hereby incorporated by reference). Similar type of alterations could be described which if applied to the murine, or other species immunoglobulin would
20 reduce or eliminate these functions.

An antibody molecule can be derivatized or linked to another functional molecule (*e.g.*, another peptide or protein). As used herein, a "derivatized" antibody molecule is one that has been modified. Methods of derivatization include but are not limited to the addition of a fluorescent moiety, a radionucleotide, a toxin, an enzyme or an affinity ligand such as biotin. Accordingly, the antibody
25 molecules of the invention are intended to include derivatized and otherwise modified forms of the antibodies described herein, including immunoadhesion molecules. For example, an antibody molecule can be functionally linked (by chemical coupling, genetic fusion, noncovalent association or otherwise) to one or more other molecular entities, such as another antibody (*e.g.*, a bispecific antibody or a diabody), a detectable agent, a cytotoxic agent, a pharmaceutical agent, and/or a protein
30 or peptide that can mediate association of the antibody or antibody portion with another molecule (such as a streptavidin core region or a polyhistidine tag).

One type of derivatized antibody molecule is produced by crosslinking two or more antibodies (of the same type or of different types, *e.g.*, to create bispecific antibodies). Suitable crosslinkers include those that are heterobifunctional, having two distinctly reactive groups separated
35 by an appropriate spacer (*e.g.*, m-maleimidobenzoyl-N-hydroxysuccinimide ester) or homobifunctional (*e.g.*, disuccinimidyl suberate). Such linkers are available from Pierce Chemical Company, Rockford, Ill.

Useful detectable agents with which an antibody molecule of the invention may be derivatized (or labeled) to include fluorescent compounds, various enzymes, prosthetic groups,
40 luminescent materials, bioluminescent materials, fluorescent emitting metal atoms, *e.g.*, europium (Eu), and other anthanides, and radioactive materials (described below). Exemplary fluorescent

5 detectable agents include fluorescein, fluorescein isothiocyanate, rhodamine, 5dimethylamine-1-naphthalenesulfonyl chloride, phycoerythrin and the like. An antibody may also be derivatized with detectable enzymes, such as alkaline phosphatase, horseradish peroxidase, β -galactosidase, acetylcholinesterase, glucose oxidase and the like. When an antibody is derivatized with a detectable enzyme, it is detected by adding additional reagents that the enzyme uses to produce a detectable
 10 reaction product. For example, when the detectable agent horseradish peroxidase is present, the addition of hydrogen peroxide and diaminobenzidine leads to a colored reaction product, which is detectable. An antibody molecule may also be derivatized with a prosthetic group (*e.g.*, streptavidin/biotin and avidin/biotin). For example, an antibody may be derivatized with biotin, and detected through indirect measurement of avidin or streptavidin binding. Examples of suitable
 15 fluorescent materials include umbelliferone, fluorescein, fluorescein isothiocyanate, rhodamine, dichlorotriazinylamine fluorescein, dansyl chloride or phycoerythrin; an example of a luminescent material includes luminol; and examples of bioluminescent materials include luciferase, luciferin, and aequorin.

Labeled antibody molecule can be used, for example, diagnostically and/or experimentally in
 20 a number of contexts, including (i) to isolate a predetermined antigen by standard techniques, such as affinity chromatography or immunoprecipitation; (ii) to detect a predetermined antigen (*e.g.*, in a cellular lysate or cell supernatant) in order to evaluate the abundance and pattern of expression of the protein; (iii) to monitor protein levels in tissue as part of a clinical testing procedure, *e.g.*, to determine the efficacy of a given treatment regimen.

25 An antibody molecules may be conjugated to another molecular entity, typically a label or a therapeutic (*e.g.*, a cytotoxic or cytostatic) agent or moiety. Radioactive isotopes can be used in diagnostic or therapeutic applications.

The invention provides radiolabeled antibody molecules and methods of labeling the same. In one embodiment, a method of labeling an antibody molecule is disclosed. The method includes
 30 contacting an antibody molecule, with a chelating agent, to thereby produce a conjugated antibody.

As is discussed above, the antibody molecule can be conjugated to a therapeutic agent. Therapeutically active radioisotopes have already been mentioned. Examples of other therapeutic agents include taxol, cytochalasin B, gramicidin D, ethidium bromide, emetine, mitomycin, etoposide, tenoposide, vincristine, vinblastine, colchicine, doxorubicin, daunorubicin, dihydroxy anthracin dione,
 35 mitoxantrone, mithramycin, actinomycin D, 1-dehydrotestosterone, glucocorticoids, procaine, tetracaine, lidocaine, propranolol, puromycin, maytansinoids, *e.g.*, maytansinol (*see e.g.*, U.S. Pat. No. 5,208,020), CC-1065 (*see e.g.*, U.S. Pat. Nos. 5,475,092, 5,585,499, 5,846, 545) and analogs or homologs thereof. Therapeutic agents include, but are not limited to, antimetabolites (*e.g.*, methotrexate, 6-mercaptopurine, 6-thioguanine, cytarabine, 5-fluorouracil decarbazine), alkylating
 40 agents (*e.g.*, mechlorethamine, thioepa chlorambucil, CC-1065, melphalan, carmustine (BSNU) and lomustine (CCNU), cyclophosphamide, busulfan, dibromomannitol, streptozotocin, mitomycin C, and

5 cis-dichlorodiamine platinum (II) (DDP) cisplatin), anthracyclines (*e.g.*, daunorubicin (formerly daunomycin) and doxorubicin), antibiotics (*e.g.*, dactinomycin (formerly actinomycin), bleomycin, mithramycin, and anthramycin (AMC)), and anti-mitotic agents (*e.g.*, vincristine, vinblastine, taxol and maytansinoids).

10 In one aspect, the invention features a method of providing a target binding molecule that specifically binds to a target disclosed herein, *e.g.*, PD-1 receptor. For example, the target binding molecule is an antibody molecule. The method includes: providing a target protein that comprises at least a portion of non-human protein, the portion being homologous to (at least 70, 75, 80, 85, 87, 90, 92, 94, 95, 96, 97, 98% identical to) a corresponding portion of a human target protein, but differing by at least one amino acid (*e.g.*, at least one, two, three, four, five, six, seven, eight, or nine amino
15 acids); obtaining an antibody molecule that specifically binds to the antigen; and evaluating efficacy of the binding agent in modulating activity of the target protein. The method can further include administering the binding agent (*e.g.*, antibody molecule) or a derivative (*e.g.*, a humanized antibody molecule) to a human subject.

20 *Multispecific Antibody Molecules*

In certain embodiments, the antibody molecule is a multi-specific (*e.g.*, a bispecific or a trispecific) antibody molecule. Protocols for generating bispecific or heterodimeric antibody molecules are known in the art; including but not limited to, for example, the “knob in a hole” approach described in, *e.g.*, US5731168; the electrostatic steering Fc pairing as described in, *e.g.*, WO
25 09/089004, WO 06/106905 and WO 2010/129304; Strand Exchange Engineered Domains (SEED) heterodimer formation as described in, *e.g.*, WO 07/110205; Fab arm exchange as described in, *e.g.*, WO 08/119353, WO 2011/131746, and WO 2013/060867; double antibody conjugate, *e.g.*, by antibody cross-linking to generate a bi-specific structure using a heterobifunctional reagent having an amine-reactive group and a sulfhydryl reactive group as described in, *e.g.*, US4433059; bispecific
30 antibody determinants generated by recombining half antibodies (heavy-light chain pairs or Fabs) from different antibodies through cycle of reduction and oxidation of disulfide bonds between the two heavy chains, as described in, *e.g.*, US 4444878; trifunctional antibodies, *e.g.*, three Fab' fragments cross-linked through sulfhydryl reactive groups, as described in, *e.g.*, US5273743; biosynthetic binding proteins, *e.g.*, pair of scFvs cross-linked through C-terminal tails preferably through disulfide or
35 amine-reactive chemical cross-linking, as described in, *e.g.*, US5534254; bifunctional antibodies, *e.g.*, Fab fragments with different binding specificities dimerized through leucine zippers (*e.g.*, c-fos and c-jun) that have replaced the constant domain, as described in, *e.g.*, US5582996; bispecific and oligospecific mono-and oligovalent receptors, *e.g.*, VH-CH1 regions of two antibodies (two Fab fragments) linked through a polypeptide spacer between the CH1 region of one antibody and the VH
40 region of the other antibody typically with associated light chains, as described in, *e.g.*, US5591828; bispecific DNA-antibody conjugates, *e.g.*, crosslinking of antibodies or Fab fragments through a

5 double stranded piece of DNA, as described in, *e.g.*, US5635602; bispecific fusion proteins, *e.g.*, an expression construct containing two scFvs with a hydrophilic helical peptide linker between them and a full constant region, as described in, *e.g.*, US5637481; multivalent and multispecific binding proteins, *e.g.*, dimer of polypeptides having first domain with binding region of Ig heavy chain variable region, and second domain with binding region of Ig light chain variable region, generally

10 termed diabodies (higher order structures are also disclosed creating bispecific, trispecific, or tetraspecific molecules, as described in, *e.g.*, US5837242; minibody constructs with linked VL and VH chains further connected with peptide spacers to an antibody hinge region and CH3 region, which can be dimerized to form bispecific/multivalent molecules, as described in, *e.g.*, US5837821; VH and VL domains linked with a short peptide linker (*e.g.*, 5 or 10 amino acids) or no linker at all in either

15 orientation, which can form dimers to form bispecific diabodies; trimers and tetramers, as described in, *e.g.*, US5844094; String of VH domains (or VL domains in family members) connected by peptide linkages with crosslinkable groups at the C-terminus further associated with VL domains to form a series of FVs (or scFvs), as described in, *e.g.*, US5864019; and single chain binding polypeptides with both a VH and a VL domain linked through a peptide linker are combined into multivalent structures

20 through non-covalent or chemical crosslinking to form, *e.g.*, homobivalent, heterobivalent, trivalent, and tetravalent structures using both scFV or diabody type format, as described in, *e.g.*, US5869620. Additional exemplary multispecific and bispecific molecules and methods of making the same are found, for example, in US5910573, US5932448, US5959083, US5989830, US6005079, US6239259, US6294353, US6333396, US6476198, US6511663, US6670453, US6743896, US6809185,

25 US6833441, US7129330, US7183076, US7521056, US7527787, US7534866, US7612181, US2002/004587A1, US2002/076406A1, US2002/103345A1, US2003/207346A1, US2003/211078A1, US2004/219643A1, US2004/220388A1, US2004/242847A1, US2005/003403A1, US2005/004352A1, US2005/069552A1, US2005/079170A1, US2005/100543A1, US2005/136049A1, US2005/136051A1, US2005/163782A1,

30 US2005/266425A1, US2006/083747A1, US2006/120960A1, US2006/204493A1, US2006/263367A1, US2007/004909A1, US2007/087381A1, US2007/128150A1, US2007/141049A1, US2007/154901A1, US2007/274985A1, US2008/050370A1, US2008/069820A1, US2008/152645A1, US2008/171855A1, US2008/241884A1, US2008/254512A1, US2008/260738A1, US2009/130106A1, US2009/148905A1,

35 US2009/155275A1, US2009/162359A1, US2009/162360A1, US2009/175851A1, US2009/175867A1, US2009/232811A1, US2009/234105A1, US2009/263392A1, US2009/274649A1, EP346087A2, WO00/06605A2, WO02/072635A2, WO04/081051A1, WO06/020258A2, WO2007/044887A2, WO2007/095338A2, WO2007/137760A2, WO2008/119353A1, WO2009/021754A2, WO2009/068630A1, WO91/03493A1, WO93/23537A1,

40 WO94/09131A1, WO94/12625A2, WO95/09917A1, WO96/37621A2, WO99/64460A1. The contents of the above-referenced applications are incorporated herein by reference in their entireties.

5 In other embodiments, the anti-PD-1 antibody molecule (*e.g.*, a monospecific, bispecific, or multispecific antibody molecule) is covalently linked, *e.g.*, fused, to another partner *e.g.*, a protein *e.g.*, one, two or more cytokines, *e.g.*, as a fusion molecule for example a fusion protein. In other embodiments, the fusion molecule comprises one or more proteins, *e.g.*, one, two or more cytokines. In one embodiment, the cytokine is an interleukin (IL) chosen from one, two, three or more of IL-1, 10 IL-2, IL-12, IL-15 or IL-21. In one embodiment, a bispecific antibody molecule has a first binding specificity to a first target (*e.g.*, to PD-1), a second binding specificity to a second target (*e.g.*, LAG-3 or TIM-3), and is optionally linked to an interleukin (*e.g.*, IL-12) domain *e.g.*, full length IL-12 or a portion thereof.

A “fusion protein” and a “fusion polypeptide” refer to a polypeptide having at least two 15 portions covalently linked together, where each of the portions is a polypeptide having a different property. The property may be a biological property, such as activity *in vitro* or *in vivo*. The property can also be simple chemical or physical property, such as binding to a target molecule, catalysis of a reaction, etc. The two portions can be linked directly by a single peptide bond or through a peptide linker, but are in reading frame with each other.

20 This invention provides an isolated nucleic acid molecule encoding the above antibody molecule, vectors and host cells thereof. The nucleic acid molecule includes but is not limited to RNA, genomic DNA and cDNA.

Exemplary Agents Used in the Combinations

25 Described herein are methods and compositions that include a combination of one or more of: (i) an agent that enhances antigen (*e.g.*, tumor antigen) presentation; (ii) an agent that enhances an effector cell response (*e.g.*, B cell and/or T cell activation and/or mobilization); or (iii) an agent that decreases tumor immunosuppression, thereby treating the disorder, *e.g.*, the hyperproliferative condition or disorder (*e.g.*, the cancer). In some embodiments, the combination includes a PD-1 30 inhibitor (*e.g.*, an anti-PD-1 antibody molecule as described herein). Exemplary agents that can be used in these combinations are provided herein.

Exemplary STING Agonists

35 In an embodiment, the combination includes a STING agonist. In some embodiments, the combination is used to treat a cancer, *e.g.*, a cancer described herein *e.g.*, a solid tumor (*e.g.*, a breast cancer, a squamous cell carcinoma, a melanoma, an ovarian cancer, a fallopian tube carcinoma, a peritoneal carcinoma, a soft tissue sarcoma, an esophageal cancer, a head and neck cancer, an endometrial cancer, a cervical cancer, or a basal cell carcinoma), *e.g.*, a hematologic malignancy (*e.g.*, a leukemia (*e.g.*, a chronic lymphocytic leukemia (CLL), or a lymphoma (*e.g.*, a marginal zone B-cell 40 lymphoma, a small lymphocytic lymphoma, a follicular lymphoma, Hodgkin lymphoma, non-Hodgkin lymphoma)). In some embodiments, the cancer is chosen from a head and neck cancer (*e.g.*,

5 a head and neck squamous cell carcinoma (HNSCC), a skin cancer (*e.g.*, melanoma), a lung cancer (*e.g.*, a non-small cell lung cancer (NSCLC)), or a breast cancer (*e.g.*, a triple negative breast cancer (TNBC)).

In some embodiments, the STING agonist is cyclic dinucleotide, *e.g.*, a cyclic dinucleotide comprising purine or pyrimidine nucleobases (*e.g.*, adenosine, guanine, uracil, thymine, or cytosine
10 nucleobases). In some embodiments, the nucleobases of the cyclic dinucleotide comprise the same nucleobase or different nucleobases.

In some embodiments, the STING agonist comprises an adenosine or a guanosine nucleobase. In some embodiments, the STING agonist comprises one adenosine nucleobase and one guanosine nucleobase. In some embodiments, the STING agonist comprises two adenosine nucleobases or two
15 guanosine nucleobases.

In some embodiments, the STING agonist comprises a modified cyclic dinucleotide, *e.g.*, comprising a modified nucleobase, a modified ribose, or a modified phosphate linkage. In some embodiments, the modified cyclic dinucleotide comprises a modified phosphate linkage, *e.g.*, a thiophosphate.

20 In some embodiments, the STING agonist comprises a cyclic dinucleotide (*e.g.*, a modified cyclic dinucleotide) with 2',5' or 3',5' phosphate linkages. In some embodiments, the STING agonist comprises a cyclic dinucleotide (*e.g.*, a modified cyclic dinucleotide) with Rp or Sp stereochemistry around the phosphate linkages.

In some embodiments, the STING agonist is Rp,Rp dithio 2',3' c-di-AMP (*e.g.*, Rp,Rp-dithio
25 c-[A(2',5')pA(3',5')p]), or a cyclic dinucleotide analog thereof. In some embodiments, the STING agonist is a compound depicted in U.S. Patent Publication No. US2015/0056224 (*e.g.*, a compound in Figure 2c, *e.g.*, compound 21 or compound 22). In some embodiments, the STING agonist is c-[G(2',5')pG(3',5')p], a dithio ribose O-substituted derivative thereof, or a compound depicted in Fig. 4 of PCT Publication Nos. WO 2014/189805 and WO 2014/189806. In some embodiments, the STING
30 agonist is c-[A(2',5')pA(3',5')p] or a dithio ribose O-substituted derivative thereof, or is a compound depicted in Fig. 5 of PCT Publication Nos. WO 2014/189805 and WO 2014/189806. In some embodiments, the STING agonist is c-[G(2',5')pA(3',5')p], or a dithio ribose O-substituted derivative thereof, or is a compound depicted in Fig. 5 of PCT Publication Nos. WO 2014/189805 and WO 2014/189806. In some embodiments, the STING agonist is 2'-0-propargyl-cyclic-[A(2',5')pA(3',5')p]
35 (2'-0-propargyl- ML-CDA) or a compound depicted in Fig. 7 of PCT Publication No. WO 2014/189806.

Other exemplary STING agonists are disclosed, *e.g.*, in PCT Publication Nos. WO 2014/189805 and WO 2014/189806, and U.S. Publication No. 2015/0056225.

5 Exemplary TLR Agonists

In an embodiment, a combination described herein includes a Toll-like receptor (TLR) agonist. In some embodiments, the combination is used to treat a cancer, *e.g.*, a cancer described herein, *e.g.*, a solid tumor (*e.g.*, a breast cancer, a squamous cell carcinoma, a melanoma, an ovarian cancer, a fallopian tube carcinoma, a peritoneal carcinoma, a soft tissue sarcoma, an esophageal
 10 cancer, a head and neck cancer, an endometrial cancer, a cervical cancer, or a basal cell carcinoma), *e.g.*, a hematologic malignancy (*e.g.*, a leukemia (*e.g.*, a chronic lymphocytic leukemia (CLL), or a lymphoma (*e.g.*, a marginal zone B-cell lymphoma, a small lymphocytic lymphoma, a follicular lymphoma, Hodgkin lymphoma, non-Hodgkin lymphoma)).

TLRs are a family of pattern recognition receptors that were initially identified as sensors of
 15 the innate immune system that recognize microbial pathogens. In humans, the TLRs include TLR-1, TLR-2, TLR-3, TLR-4, TLR-5, TLR-6, TLR-7, TLR-8, TLR-9, and TLR-10. TLR-1, -2, -4, -5, and -6, are expressed on the surface of cells and TLR-3, -7/8, and -9 are expressed with the ER compartment. Human dendritic cell subsets can be identified on the basis of distinct TLR expression patterns. The myeloid or “conventional” subset of human dendritic cells express TLRs 1-8 and the
 20 plasmacytoid subset of dendritic cells express only TLR-7 and TLR-9. Ligand binding to TLRs invokes a cascade of intra-cellular signaling pathways that induce the production of factors involved in inflammation and immunity. Upon stimulation, the myeloid subset and the plasmacytoid subset of human dendritic cells result in antigen-specific CD4+ and CD8+ T cell priming and activation of NK cells and T-cells, respectively.

25 In some embodiments, the TLR agonist is chosen from one or more of a TLR-1 agonist, a TLR-2 agonist, a TLR-3 agonist, a TLR-4 agonist, a TLR-5 agonist, a TLR-6 agonist, a TLR-7 agonist, a TLR-8 agonist, a TLR-9 agonist, a TLR-10 agonist, a TLR-1/2 agonist, a TLR-2/6 agonist, or a TLR-7/8 agonist. In one embodiment, the TLR agonist is a TLR7 agonist.

In some embodiments, the TLR agonist is imiquimod or 3-(2-Methylpropyl)-3,5,8-
 30 triazatricyclo[7.4.0.0^{2,6}]trideca-1(9),2(6),4,7,10,12-hexaen-7-amine. Imiquimod or 3-(2-Methylpropyl)-3,5,8-triazatricyclo[7.4.0.0^{2,6}]trideca-1(9),2(6),4,7,10,12-hexaen-7-amine can bind to and activate TLR-7 and/or TLR-8.

In some embodiments, the TLR agonist is 852A. 852A is disclosed, *e.g.*, in Inglefield *et al. J Interferon Cytokine Res.* 2008;28(4):253-63. 852A can bind to and activate TLR-7 and/or TLR-8.

35 In some embodiments, the TLR agonist is Bacille Calmette-Guérin (BCG). BCG can bind to and activate TLR-9.

In some embodiments, the TLR agonist is EMD 120108. EMD 120108 is a synthetic oligonucleotide containing phosphorothioate oligodeoxynucleotide. EMD 1201081 can bind to and activate TLR-9, *e.g.*, in monocytes/macrophages, plasmacytoid dendritic cells (DCs) and B cells,
 40 initiating immune signaling pathways, activating B cells and inducing T-helper cell cytokine production.

5 In some embodiments, the TLR agonist is IMO-2055. IMO-2055 is a synthetic oligonucleotide containing unmethylated CpG dinucleotides. Mimicking unmethylated CpG sequences in bacterial DNA, IMO-2055 can bind to and activate TLR-9, *e.g.*, in monocytes/macrophages, plasmacytoid dendritic cells (DCs) and B cells, initiating immune signaling pathways and activating B cells and DCs and inducing T-helper cell cytokine production.

10 Other exemplary TLR agonists that can be used in the combination include, *e.g.*, TLR-1/2 agonists (*e.g.*, Pam3Cys), TLR-2 agonists (*e.g.*, CFA, MALP2, Pam2Cys, FSL-1, or Hib-OMPC), TLR-3 agonists (*e.g.*, polyribosinic:polyribocytidic acid (Poly I:C), polyadenosine-polyuridylic acid (poly AU), polyinosinic-polycytidylic acid stabilized with poly-L-lysine and carboxymethylcellulose (Hiltonol®)), TLR-4 agonists (*e.g.*, monophosphoryl lipid A (MPL), LPS, sialyl-Tn (STn)), TLR-5
15 agonists (*e.g.*, bacterial flagellin), TLR-7 agonists (*e.g.*, imiquimod), TLR-7/8 agonists (*e.g.*, resiquimod or loxoribine), and TLR-9 agonists (*e.g.*, unmethylated CpG dinucleotide (CpG-ODN)).

In another embodiment, the TLR agonist is used in combination with a GITR agonist, *e.g.*, as described in WO2004060319, and International Publication No.: WO2014012479.

20 *Exemplary VEGFR Inhibitors*

In one embodiment, a combination described herein includes a vascular endothelial growth factor (VEGF) receptor inhibitor (*e.g.*, an inhibitor of one or more of VEGFR (*e.g.*, VEGFR-1, VEGFR-2, VEGFR-3) or VEGF). In some embodiments, the combination is used to treat a cancer, *e.g.*, a cancer described herein, *e.g.*, a solid tumor (*e.g.*, a melanoma, a breast cancer, a colon cancer,
25 an esophageal cancer, a gastrointestinal stromal tumor (GIST), a kidney cancer (*e.g.*, a renal cell cancer), a liver cancer, a non-small cell lung cancer (NSCLC), an ovarian cancer, a pancreatic cancer, a prostate cancer, or a stomach cancer), *e.g.*, a hematologic malignancy (*e.g.*, a lymphoma).

In some embodiments, the VEGFR inhibitor is vatalanib succinate (Compound A47) or a compound disclosed in EP 296122.

30 In some embodiment, the VEGFR inhibitor is an inhibitor of one or more of VEGFR-2, PDGFRbeta, KIT or Raf kinase C, 1-methyl-5-((2-(5-(trifluoromethyl)-1H-imidazol-2-yl)pyridin-4-yl)oxy)-N-(4-(trifluoromethyl)phenyl)-1H-benzo[d]imidazol-2-amine (Compound A37) or a compound disclosed in PCT Publication No. WO 2007/030377.

Other exemplary VEGFR pathway inhibitors that can be used in the combinations disclosed
35 herein include, *e.g.*, bevacizumab (AVASTIN®), axitinib (INLYTA®); brivanib alaninate (BMS-582664, (S)-((R)-1-(4-(4-Fluoro-2-methyl-1H-indol-5-yloxy)-5-methylpyrrolo[2,1-f][1,2,4]triazin-6-yloxy)propan-2-yl)2-aminopropanoate); sorafenib (NEXAVAR®); pazopanib (VOTRIENT®); sunitinib malate (SUTENT®); cediranib (AZD2171, CAS 288383-20-1); vargatef (BIBF1120, CAS 928326-83-4); Foretinib (GSK1363089); telatinib (BAY57-9352, CAS 332012-40-5); apatinib
40 (YN968D1, CAS 811803-05-1); imatinib (GLEEVEC®); ponatinib (AP24534, CAS 943319-70-8); tivozanib (AV951, CAS 475108-18-0); regorafenib (BAY73-4506, CAS 755037-03-7); vatalanib

5 dihydrochloride (PTK787, CAS 212141-51-0); brivanib (BMS-540215, CAS 649735-46-6);
 vandetanib (CAPRELSA® or AZD6474); motesanib diphosphate (AMG706, CAS 857876-30-3, N-
 (2,3-dihydro-3,3-dimethyl-1H-indol-6-yl)-2-[(4-pyridinylmethyl)amino]-3-pyridinecarboxamide,
 described in PCT Publication No. WO 02/066470); dovitinib dilactic acid (TKI258, CAS 852433-84-
 2); linafianib (ABT869, CAS 796967-16-3); cabozantinib (XL184, CAS 849217-68-1); lestaurtinib
 10 (CAS 111358-88-4); N-[5-[[[5-(1,1-dimethylethyl)-2-oxazolyl]methyl]thio]-2-thiazolyl]-4-
 piperidinecarboxamide (BMS38703, CAS 345627-80-7); (3R,4R)-4-amino-1-((4-((3-
 methoxyphenyl)amino)pyrrolo[2,1-f][1,2,4]triazin-5-yl)methyl)piperidin-3-ol (BMS690514); N-(3,4-
 Dichloro-2-fluorophenyl)-6-methoxy-7-[(3 α ,5 β ,6 α)-octahydro-2-methylcyclopenta[c]pyrrol-5-
 yl]methoxy]-4-quinazolinamine (XL647, CAS 781613-23-8); 4-methyl-3-[[1-methyl-6-(3-
 15 pyridinyl)-1H-pyrazolo[3,4-d]pyrimidin-4-yl]amino]-N-[3-(trifluoromethyl)phenyl]-benzamide
 (BHG712, CAS 940310-85-0); aflibercept (EYLEA®), and endostatin (ENDOSTAR®).

Exemplary anti-VEGF antibodies that can be used in the combinations disclosed herein
 include, *e.g.*, a monoclonal antibody that binds to the same epitope as the monoclonal anti-VEGF
 antibody A4.6.1 produced by hybridoma ATCC HB 10709; a recombinant humanized anti-VEGF
 20 monoclonal antibody generated according to Presta *et al.* (1997) Cancer Res. 57:4593-4599. In one
 embodiment, the anti-VEGF antibody is Bevacizumab (BV), also known as rhuMAb VEGF or
 AVASTIN®. It comprises mutated human IgG1 framework regions and antigen-binding
 complementarity- determining regions from the murine anti-hVEGF monoclonal antibody A.4.6.1 that
 blocks binding of human VEGF to its receptors. Bevacizumab and other humanized anti-VEGF
 25 antibodies are further described in U.S. Pat. No. 6,884,879 issued Feb. 26, 2005. Additional
 antibodies include the G6 or B20 series antibodies (*e.g.*, G6-31, B20-4.1), as described in PCT
 Publication No. WO2005/012359, PCT Publication No. WO2005/044853, the contents of these patent
 applications are expressly incorporated herein by reference. For additional antibodies *see* U.S. Pat.
 Nos. 7,060,269, 6,582,959, 6,703,020, 6,054,297, WO98/45332, WO 96/30046, WO94/10202, EP
 30 0666868B1, U.S. Patent Application Publication Nos. 2006/009360, 2005/0186208, 2003/0206899,
 2003/0190317, 2003/0203409, and 2005/0112126; and Popkov *et al.*, *Journal of Immunological
 Methods* 288: 149-164 (2004). Other antibodies include those that bind to a functional epitope on
 human VEGF comprising of residues F17, M18, D19, Y21, Y25, Q89, 191, K101, E103, and C104
 or, alternatively, comprising residues F17, Y21, Q22, Y25, D63, 183 and Q89.

35

Exemplary c-MET Inhibitors

In one embodiment, a combination described herein includes an inhibitor of c-MET. In some
 embodiments, the combination is used to treat a cancer, *e.g.*, a cancer described herein, *e.g.*, a solid
 tumor (*e.g.*, a non-small cell lung cancer, a pancreatic cancer, a liver cancer, a thyroid cancer (*e.g.*,
 40 anaplastic thyroid carcinoma), a brain tumor (*e.g.*, a glioblastoma), a kidney cancer (*e.g.*, a renal cell
 carcinoma), or a head and neck cancer (*e.g.*, a head and neck squamous cell carcinoma). In certain

5 embodiments, the cancer is a liver cancer, *e.g.*, a hepatocellular carcinoma (HCC) (*e.g.*, a c-MET-expressing HCC).

 In some embodiments, the c-MET inhibitor is Compound A17 or a compound described in U.S. Patent Nos. 7,767,675 and 8,420,645). c-MET, a receptor tyrosine kinase overexpressed or mutated in many tumor cell types, plays key roles in tumor cell proliferation, survival, invasion,
10 metastasis, and tumor angiogenesis. Inhibition of c-MET may induce cell death in tumor cells overexpressing c-MET protein or expressing constitutively activated c-MET protein.

 In some embodiments, the c-MET inhibitor is JNJ-38877605. JNJ-38877605 is an orally available, small molecule inhibitor of c-Met. JNJ-38877605 selectively binds to c-MET, thereby inhibiting c-MET phosphorylation and disrupting c-Met signal transduction pathways.

15 In some embodiments, the c-Met inhibitor is AMG 208. AMG 208 is a selective small-molecule inhibitor of c-MET. AMG 208 inhibits the ligand-dependent and ligand-independent activation of c-MET, inhibiting its tyrosine kinase activity, which may result in cell growth inhibition in tumors that overexpress c-Met.

 In some embodiments, the c-Met inhibitor is AMG 337. AMG 337 is an orally bioavailable
20 inhibitor of c-Met. AMG 337 selectively binds to c-MET, thereby disrupting c-MET signal transduction pathways.

 In some embodiments, the c-Met inhibitor is LY2801653. LY2801653 is an orally available, small molecule inhibitor of c-Met. LY2801653 selectively binds to c-MET, thereby inhibiting c-MET phosphorylation and disrupting c-Met signal transduction pathways.

25 In some embodiments, c-Met inhibitor is MSC2156119J. MSC2156119J is an orally bioavailable inhibitor of c-Met. MSC2156119J selectively binds to c-MET, which inhibits c-MET phosphorylation and disrupts c-Met-mediated signal transduction pathways.

 In some embodiments, the c-MET inhibitor is capmatinib. Capmatinib is also known as INCB028060. Capmatinib is an orally bioavailable inhibitor of c-MET. Capmatinib selectively binds
30 to c-Met, thereby inhibiting c-Met phosphorylation and disrupting c-Met signal transduction pathways.

 In some embodiments, the c-MET inhibitor is crizotinib. Crizotinib is also known as PF-02341066. Crizotinib is an orally available aminopyridine-based inhibitor of the receptor tyrosine kinase anaplastic lymphoma kinase (ALK) and the c-Met/hepatocyte growth factor receptor (HGFR).
35 Crizotinib, in an ATP-competitive manner, binds to and inhibits ALK kinase and ALK fusion proteins. In addition, crizotinib inhibits c-Met kinase, and disrupts the c-Met signaling pathway. Altogether, this agent inhibits tumor cell growth.

 In some embodiments, the c-MET inhibitor is golvatinib. Golvatinib is an orally bioavailable dual kinase inhibitor of c-MET and VEGFR-2 with potential antineoplastic activity. Golvatinib binds
40 to and inhibits the activities of both c-MET and VEGFR-2, which may inhibit tumor cell growth and survival of tumor cells that overexpress these receptor tyrosine kinases.

5 In some embodiments, the c-MET inhibitor is tivantinib. Tivantinib is also known as ARQ 197. Tivantinib is an orally bioavailable small molecule inhibitor of c-MET. Tivantinib binds to the c-MET protein and disrupts c-Met signal transduction pathways, which may induce cell death in tumor cells overexpressing c-MET protein or expressing constitutively activated c-Met protein.

10 *Exemplary TGF β Inhibitors*

In one embodiment, a combination described herein includes a transforming growth factor beta (TGF- β) inhibitor. In some embodiments, the combination is used to treat a cancer, *e.g.*, a cancer described herein, *e.g.*, a solid tumor (*e.g.*, a brain cancer (*e.g.*, a glioma), a melanoma, a kidney cancer (*e.g.*, a renal cell carcinoma), a pleural malignant mesothelioma (*e.g.*, a relapsed pleural malignant mesothelioma), or a breast cancer (*e.g.*, a metastatic breast cancer)). In certain embodiments, the cancer is chosen from a colorectal cancer (*e.g.*, a microsatellite stable colorectal cancer (MSS CRC), a liver cancer (*e.g.*, a hepatocellular carcinoma), a lung cancer (*e.g.*, a non-small cell lung cancer (HNSCLC)), a breast cancer (*e.g.*, a triple negative breast cancer (TNBC)), a TGF β -expressing cancer, a pancreatic cancer, a prostate cancer, or a renal cancer (*e.g.*, a renal cell carcinoma).

20 TGF- β belongs to a large family of structurally-related cytokines including, *e.g.*, bone morphogenetic proteins (BMPs), growth and differentiation factors, activins and inhibins. In some embodiments, the TGF- β inhibitors described herein can bind and/or inhibit one or more isoforms of TGF- β (*e.g.*, one, two, or all of TGF- β 1, TGF- β 2, or TGF- β 3).

Under normal conditions, TGF- β maintains homeostasis and limits the growth of epithelial, endothelial, neuronal and hematopoietic cell lineages, *e.g.*, through the induction of anti-proliferative and apoptotic responses. Canonical and non-canonical signaling pathways are involved in cellular responses to TGF- β . Activation of the TGF- β /Smad canonical pathway can mediate the anti-proliferative effects of TGF- β . The non-canonical TGF- β pathway can activate additional intracellular pathways, *e.g.*, mitogen-activated protein kinases (MAPK), phosphatidylinositol 3 kinase/Protein Kinase B, Rho-like GTPases (Tian *et al. Cell Signal.* 2011; 23(6):951-62; Blobe *et al. N Engl J Med.* 2000; 342(18):1350-8), thus modulating epithelial to mesenchymal transition (EMT) and/or cell motility.

Alterations of TGF- β signaling pathway are associated with human diseases, *e.g.*, cancers, cardio-vascular diseases, fibrosis, reproductive disorders, and wound healing. Without wishing to be bound by theory, it is believed that in some embodiments, the role of TGF- β in cancer is dependent on the disease setting (*e.g.*, tumor stage and genetic alteration) and/or cellular context. For example, in late stages of cancer, TGF- β can modulate a cancer-related process, *e.g.*, by promoting tumor growth (*e.g.*, inducing EMT), blocking anti-tumor immune responses, increasing tumor-associated fibrosis, or enhancing angiogenesis (Wakefield and Hill *Nat Rev Cancer.* 2013; 13(5):328-41). In certain 35 40 embodiments, a combination comprising a TGF- β inhibitor described herein is used to treat a cancer in a late stage, a metastatic cancer, or an advanced cancer.

5 Preclinical evidence indicates that TGF- β plays an important role in immune regulation (Wojtowicz-Praga *Invest New Drugs*. 2003; 21(1):21-32; Yang *et al. Trends Immunol.* 2010; 31(6):220-7). TGF- β can down-regulate the host-immune response *via* several mechanisms, *e.g.*, shift of the T-helper balance toward Th2 immune phenotype; inhibition of anti-tumoral Th1 type response and M1-type macrophages; suppression of cytotoxic CD8+ T lymphocytes (CTL), NK lymphocytes
10 and dendritic cell functions, generation of CD4+CD25+ T-regulatory cells; or promotion of M2-type macrophages with pro-tumoral activity mediated by secretion of immunosuppressive cytokines (*e.g.*, IL10 or VEGF), pro-inflammatory cytokines (*e.g.*, IL6, TNF α , or IL1) and generation of reactive oxygen species (ROS) with genotoxic activity (Yang *et al. Trends Immunol.* 2010; 31(6):220-7; Truty and Urrutia *Pancreatology*. 2007; 7(5-6):423-35; Achyut *et al Gastroenterology*. 2011; 141(4):1167-
15 78).

In some embodiments, the TGF- β inhibitor is fresolimumab (CAS Registry Number: 948564-73-6). Fresolimumab is also known as GC1008. Fresolimumab is a human monoclonal antibody that binds to and inhibits TGF-beta isoforms 1, 2 and 3.

The heavy chain of fresolimumab has the amino acid sequence of:

20 QVQLVQSGAEVKKPGSSVKVSCKASGYTFSSNVISWVRQAPGQGLEWMGGVIPVDIANYA
QRFKGRVTITADESTSTTYMELSSLRSEDVAVYYCASTLGLVLDAMDYWGQGTLVTVSSAST
KGPSVFPLAPCSRSTSESTAALGCLVKDYFPEPVTVSWNSGALTSGVHTFPAVLQSSGLYSLS
SVVTVPSSSLGKTYTCNVDPKPSNTKVDKRVESKYGPPCPSCPAPEFLGGPSVFLFPPKPKD
TLMISRTPEVTCVVVDVSQEDPEVQFNWYVDGVEVHNAKTKPREEQFNSTYRVVSVLTVLH
25 QDWLNGKEYKCKVSNKGLPSSIEKTISKAKGQPREPQVYTLPPSQQEEMTKNQVSLTCLVKGF
YPSDIAVEWESNGQPENNYKTTTPVLDSDGSFFLYSRLTVDKSRWQEGNVFSCSVMHEALHN
HYTQKSLSLSLGK (SEQ ID NO: 238). The light chain of fresolimumab has the amino acid
sequence of:

ETVLTQSPGTLSLSPGERATLSCRASQSLGSSYLAWYQQKPGQAPRLLIYGASSRAPGIPDRFS
30 GSGSGTDFTLTISRLEPEDFAVYYCQQYADSPITFGQGTRLEIKRTVAAPSVFIFPPSDEQLKSG
TASVVCLLNNFYPREAKVQWKVDNALQSGNSQESVTEQDSKDSSTLSLTLSKADYEKH
KVYACEVTHQGLSSPVTKSFNRGEC (SEQ ID NO: 239).

Fresolimumab is disclosed, *e.g.*, in WO 2006/086469, US 8,383,780, and US 8,591,901.

In some embodiments, the TGF- β inhibitor is XOMA 089. XOMA 089 is also known as
35 XPA.42.089. XOMA 089 is a fully human monoclonal antibody that specifically binds and neutralizes TGF-beta 1 and 2 ligands.

The heavy chain variable region of XOMA 089 has the amino acid sequence of:

QVQLVQSGAEVKKPGSSVKVSCKASGGTFSSYAISWVRQAPGQGLEWMGGIPIFGTANYAQ
KFQGRVTITADESTSTAYMELSSLRSEDVAVYYCARGLWEVRALPSVYWGQGTLVTVSS

40 (SEQ ID NO: 240) (disclosed as SEQ ID NO: 6 in WO 2012/167143). The light chain variable region of XOMA 089 has the amino acid sequence of:

5 SYELTQPPSVSVAPGQTARITCGANDIGSKSVHWYQQKAGQAPVLVVSEDIIRPSGIPERISGS
 NSGNTATLTISRVEAGDEADYYCQVWDRSDQYVFGTGTKVTVLG (SEQ ID NO: 241)
 (disclosed as SEQ ID NO: 8 in WO 2012/167143).

XOMA 089 binds with high affinity to the human TGF- β isoforms. Generally, XOMA 089
 binds with high affinity to TGF- β 1 and TGF- β 2, and to a lesser extent to TGF- β 3. In Biacore assays,
 10 the K_D of XOMA 089 on human TGF- β is 14.6 pM for TGF- β 1, 67.3 pM for TGF- β 2, and 948 pM for
 TGF- β 3. Given the high affinity binding to all three TGF- β isoforms, in certain embodiments,
 XOMA 089 is expected to bind to TGF- β 1, 2 and 3 at a dose of XOMA 089 as described herein.
 XOMA 089 cross-reacts with rodent and cynomolgus monkey TGF- β and shows functional activity *in*
vitro and *in vivo*, making rodent and cynomolgus monkey relevant species for toxicology studies.

15 In certain embodiments, the combination includes an inhibitor of PD-1 (*e.g.*, an anti-PD-1
 antibody molecule described herein) and a TGF- β inhibitor (*e.g.*, a TGF- β inhibitor described herein).

Without wishing to be bound by theory, it is believed that in some embodiments, resistance to
 PD-1 immunotherapy is associated with the presence of a transcriptional signature which includes,
e.g., genes connected to TGF- β signaling and TGF- β -dependent processes, *e.g.*, wound healing or
 20 angiogenesis (Hugo *et al. Cell.* 2016; 165(1):35-44). In some embodiments, TGF- β blockade extends
 the therapeutic window of a therapy that inhibits the PD-1/PD-L1 axis. TGF- β inhibitors can affect
 the clinical benefits of PD-1 immunotherapy, *e.g.*, by modulating tumor microenvironment, *e.g.*,
 vasculogenesis, fibrosis, or factors that affect the recruitment of effector T cells (Yang *et al. Trends*
Immunol. 2010; 31(6):220-7; Wakefield and Hill *Nat Rev Cancer.* 2013; 13(5):328-41; Truty and
 25 Urrutia *Pancreatology.* 2007; 7(5-6):423-35).

Without wishing to be bound by theory, it is also believed that in some embodiments, a
 number of elements of the anti-tumor immunity cycle express both PD-1 and TGF- β receptors, and
 PD-1 and TGF- β receptors are likely to propagate non-redundant cellular signals. For example, in
 mouse models of autochthonous prostate cancer, the use of either a dominant-negative form of
 30 TGFBR2, or abrogation of TGF- β production in T cells delays tumor growth (Donkor *et al. Immunity.*
 2011; 35(1):123-34; Diener *et al. Lab Invest.* 2009; 89(2):142-51). Studies in the transgenic
 adenocarcinoma of the mouse prostate (TRAMP) mice showed that blocking TGF- β signaling in
 adoptively transferred T cells increases their persistence and antitumor activity (Chou *et al. J Immunol.*
 2012; 189(8):3936-46). The antitumor activity of the transferred T cells may decrease over time,
 35 partially due to PD-1 upregulation in tumor-infiltrating lymphocytes, supporting a combination of PD-
 1 and TGF- β inhibition as described herein. The use of neutralizing antibodies against either PD-1 or
 TGF- β can also affect Tregs, given their high expression levels of PD-1 and their responsiveness to
 TGF- β stimulation (Riella *et al. Am J Transplant.* 2012; 12(10):2575-87), supporting a combination
 of PD-1 and TGF- β inhibition to treat cancer, *e.g.*, by enhancing the modulation of Tregs
 40 differentiation and function.

5 Without wishing to be bound by theory, it is believed that cancers can use TGF- β to escape immune surveillance to facilitate tumor growth and metastatic progression. For example, in certain advanced cancers, high levels of TGF- β are associated with tumor aggressiveness and poor prognosis, and TGF- β pathway can promote one or more of cancer cell motility, invasion, EMT, or a stem cell phenotype. Immune regulation mediated by cancer cells and leukocyte populations (*e.g.*, through a
 10 variety of cell-expressed or secreted molecules, *e.g.*, IL-10 or TGF- β) may limit the response to checkpoint inhibitors as monotherapy in certain patients. In certain embodiments, a combined inhibition of TGF- β with a checkpoint inhibitor (*e.g.*, an inhibitor of PD-1 described herein) is used to treat a cancer that does not respond, or responds poorly, to a checkpoint inhibitor (*e.g.*, anti-PD-1) monotherapy, *e.g.*, a pancreatic cancer or a colorectal cancer (*e.g.*, a microsatellite stable colorectal cancer (MSS-CRC)). In other embodiments, a combined inhibition of TGF- β with a checkpoint
 15 inhibitor (*e.g.*, an inhibitor of PD-1 described herein) is used to treat a cancer that shows a high level of effector T cell infiltration, *e.g.*, a lung cancer (*e.g.*, a non-small cell lung cancer), a breast cancer (*e.g.*, a triple negative breast cancer), a liver cancer (*e.g.*, a hepatocellular carcinoma), a prostate cancer, or a renal cancer (*e.g.*, a clear cell renal cell carcinoma). In some embodiments, the
 20 combination of a TGF- β inhibitor and an inhibitor of PD-1 results in a synergistic effect.

In one embodiment, the TGF- β inhibitor, XOMA 089, or a compound disclosed in PCT Publication No. WO 2012/167143, is administered at a dose between 0.1 mg/kg and 20 mg/kg, *e.g.*, between 0.1 mg/kg and 15 mg/kg, between 0.1 mg/kg and 12 mg/kg, between 0.3 mg/kg and 6 mg/kg, between 1 mg/kg and 3 mg/kg, between 0.1 mg/kg and 1 mg/kg, between 0.1 mg/kg and 0.5 mg/kg,
 25 between 0.1 mg/kg and 0.3 mg/kg, between 0.3 mg/kg and 3 mg/kg, between 0.3 mg/kg and 1 mg/kg, between 3 mg/kg and 6 mg/kg, or between 6 mg/kg and 12 mg/kg, *e.g.*, at a dose of about 0.1 mg/kg, 0.3 mg/kg, 0.5 mg/kg, 1 mg/kg, 3 mg/kg, 6 mg/kg, 12 mg/kg, or 15 mg/kg, *e.g.*, once every week, once every two weeks, once every three weeks, once every four weeks, or once every six weeks.

In one embodiment, the TGF- β inhibitor, XOMA 089, or a compound disclosed in PCT Publication No. WO 2012/167143, is administered at a dose between 0.1 mg/kg and 15 mg/kg (*e.g.*, between 0.3 mg/kg and 12 mg/kg or between 1 mg/kg and 6 mg, *e.g.*, about 0.1 mg/kg, 0.3 mg/kg, 1 mg/kg, 3 mg/kg, 6 mg/kg, 12 mg/kg, or 15 mg/kg), *e.g.*, once every three weeks. For example, the TGF- β inhibitor, XOMA 089, or a compound disclosed in PCT Publication No. WO 2012/167143, can be administered at a dose between 0.1 mg/kg and 1 mg/kg (*e.g.*, between 0.1 mg/kg and 1 mg/kg, *e.g.*, 0.3 mg/kg), *e.g.*, once every three weeks. In one embodiment, the TGF- β inhibitor, XOMA 089, or a compound disclosed in PCT Publication No. WO 2012/167143, is administered intravenously.
 35

In one embodiment, the combination includes a TGF- β inhibitor, XOMA 089, or a compound disclosed in PCT Publication No. WO 2012/167143, and an inhibitor of PD-1 (*e.g.*, an anti-PD-1 antibody described herein).

40 In one embodiment, the TGF- β inhibitor, XOMA 089, or a compound disclosed in PCT Publication No. WO 2012/167143, is administered at a dose between 0.1 mg/kg and 15 mg/kg (*e.g.*,

5 between 0.3 mg/kg and 12 mg/kg or between 1 mg/kg and 6 mg, *e.g.*, about 0.1 mg/kg, 0.3 mg/kg, 1 mg/kg, 3 mg/kg, 6 mg/kg, 12 mg/kg, or 15 mg/kg), *e.g.*, once every three weeks, *e.g.*, intravenously, and the inhibitor of PD-1 (*e.g.*, the anti-PD-1 antibody molecule) is administered at a dose between 50 mg and 500 mg (*e.g.*, between 100 mg and 400 mg, *e.g.*, at a dose of about 100 mg, 200 mg, 300 mg, or 400 mg), *e.g.*, once every 3 weeks or once every 4 weeks, *e.g.*, by intravenous infusion. In some
 10 embodiments, the inhibitor of PD-1 (*e.g.*, the anti-PD-1 antibody molecule) is administered at a dose between 100 mg and 300 mg (*e.g.*, at a dose of about 100 mg, 200 mg, or 300 mg), *e.g.*, once every 3 weeks, *e.g.*, by intravenous infusion.

In some embodiments, the TGF- β inhibitor, XOMA 089, or a compound disclosed in PCT Publication No. WO 2012/167143, is administered at a dose of about 0.1 mg/kg or 0.3 mg/kg, *e.g.*,
 15 once every 3 weeks, *e.g.*, by intravenous infusion, and the inhibitor of PD-1 (*e.g.*, the anti-PD-1 antibody molecule) is administered at a dose of about 100 mg, *e.g.*, once every 3 weeks, *e.g.*, by intravenous infusion. In some embodiments, the TGF- β inhibitor, XOMA 089, or a compound disclosed in PCT Publication No. WO 2012/167143, is administered at a dose of about 0.3 mg/kg, *e.g.*, once every 3 weeks, *e.g.*, by intravenous infusion, and the inhibitor of PD-1 (*e.g.*, the anti-PD-1
 20 antibody molecule) is administered at a dose of about 100 mg or 300 mg, *e.g.*, once every 3 weeks, *e.g.*, by intravenous infusion. In some embodiments, the TGF- β inhibitor, XOMA 089, or a compound disclosed in PCT Publication No. WO 2012/167143, is administered at a dose of about 1 mg/kg, 3 mg/kg, 6 mg/kg, 12 mg/kg, or 15 mg/kg, *e.g.*, once every 3 weeks, *e.g.*, by intravenous infusion, and the inhibitor of PD-1 (*e.g.*, the anti-PD-1 antibody molecule) is administered at a dose of
 25 about 300 mg, *e.g.*, once every 3 weeks, *e.g.*, by intravenous infusion.

In some embodiments, the TGF- β inhibitor, XOMA 089, or a compound disclosed in PCT Publication No. WO 2012/167143, is administered at a dose between 0.1 mg and 0.2 mg (*e.g.*, about 0.1 mg/kg), *e.g.*, once every three weeks, *e.g.*, by intravenous infusion, and the inhibitor of PD-1 (*e.g.*, the anti-PD-1 antibody molecule) is administered at a dose between 50 mg and 200 mg (*e.g.*, about
 30 100 mg), *e.g.*, once every three weeks, *e.g.*, by intravenous infusion.

In some embodiments, the TGF- β inhibitor, XOMA 089, or a compound disclosed in PCT Publication No. WO 2012/167143, is administered at a dose between 0.2 mg and 0.5 mg (*e.g.*, about 0.3 mg/kg), *e.g.*, once every three weeks, *e.g.*, by intravenous infusion, and the inhibitor of PD-1 (*e.g.*, the anti-PD-1 antibody molecule) is administered at a dose between 50 mg and 200 mg (*e.g.*, about
 35 100 mg), *e.g.*, once every three weeks, *e.g.*, by intravenous infusion.

In some embodiments, the TGF- β inhibitor, XOMA 089, or a compound disclosed in PCT Publication No. WO 2012/167143, is administered at a dose between 0.2 mg and 0.5 mg (*e.g.*, about 0.3 mg/kg), *e.g.*, once every three weeks, *e.g.*, by intravenous infusion, and the inhibitor of PD-1 (*e.g.*, the anti-PD-1 antibody molecule) is administered at a between 200 mg and 400 mg (*e.g.*, about 300
 40 mg), *e.g.*, once every three weeks, *e.g.*, by intravenous infusion.

5 In some embodiments, the TGF- β inhibitor, XOMA 089, or a compound disclosed in PCT Publication No. WO 2012/167143, is administered at a dose between 0.5 mg and 2 mg (*e.g.*, about 1 mg/kg), *e.g.*, once every three weeks, *e.g.*, by intravenous infusion, and the inhibitor of PD-1 (*e.g.*, the anti-PD-1 antibody molecule) is administered at a between 200 mg and 400 mg (*e.g.*, about 300 mg), *e.g.*, once every three weeks, *e.g.*, by intravenous infusion.

10 In some embodiments, the TGF- β inhibitor, XOMA 089, or a compound disclosed in PCT Publication No. WO 2012/167143, is administered at a dose between 2 mg and 5 mg (*e.g.*, about 3 mg/kg), *e.g.*, once every three weeks, *e.g.*, by intravenous infusion, and the inhibitor of PD-1 (*e.g.*, the anti-PD-1 antibody molecule) is administered at a between 200 mg and 400 mg (*e.g.*, about 300 mg), *e.g.*, once every three weeks, *e.g.*, by intravenous infusion.

15 In some embodiments, the TGF- β inhibitor, XOMA 089, or a compound disclosed in PCT Publication No. WO 2012/167143, is administered at a dose between 5 mg and 10 mg (*e.g.*, about 6 mg/kg), *e.g.*, once every three weeks, *e.g.*, by intravenous infusion, and the inhibitor of PD-1 (*e.g.*, the anti-PD-1 antibody molecule) is administered at a between 200 mg and 400 mg (*e.g.*, about 300 mg), *e.g.*, once every three weeks, *e.g.*, by intravenous infusion.

20 In some embodiments, the TGF- β inhibitor, XOMA 089, or a compound disclosed in PCT Publication No. WO 2012/167143, is administered at a dose between 10 mg and 15 mg (*e.g.*, about 12 mg/kg), *e.g.*, once every three weeks, *e.g.*, by intravenous infusion, and the inhibitor of PD-1 (*e.g.*, the anti-PD-1 antibody molecule) is administered at a between 200 mg and 400 mg (*e.g.*, about 300 mg), *e.g.*, once every three weeks, *e.g.*, by intravenous infusion.

25 In some embodiments, the TGF- β inhibitor, XOMA 089, or a compound disclosed in PCT Publication No. WO 2012/167143, is administered at a dose between 10 mg and 20 mg (*e.g.*, about 15 mg/kg), *e.g.*, once every three weeks, *e.g.*, by intravenous infusion, and the inhibitor of PD-1 (*e.g.*, the anti-PD-1 antibody molecule) is administered at a between 200 mg and 400 mg (*e.g.*, about 300 mg), *e.g.*, once every three weeks, *e.g.*, by intravenous infusion.

30 In some embodiments, the TGF- β inhibitor, XOMA 089, or a compound disclosed in PCT Publication No. WO 2012/167143, is administered before the inhibitor of PD-1 (*e.g.*, the anti-PD-1 antibody molecule) is administered. In other embodiments, the TGF- β inhibitor, XOMA 089, or a compound disclosed in PCT Publication No. WO 2012/167143, is administered after the inhibitor of PD-1 (*e.g.*, the anti-PD-1 antibody molecule) is administered. In certain embodiments, the TGF- β inhibitor, XOMA 089, or a compound disclosed in PCT Publication No. WO 2012/167143, and the inhibitor of PD-1 (*e.g.*, the anti-PD-1 antibody molecule), are administered separately with at least a 30-minute (*e.g.*, at least 1, 1.5, or 2 hours) break between the two administrations.

35 In one embodiment, the TGF- β inhibitor, XOMA 089, or a compound disclosed in PCT Publication No. WO 2012/167143, is administered in combination with an inhibitor of PD-1 (*e.g.*, an anti-PD-1 antibody molecule) to treat a pancreatic cancer, a colorectal cancer (*e.g.*, a microsatellite stable colorectal cancer (MSS-CRC)), a lung cancer (*e.g.*, a non-small cell lung cancer), a breast

5 cancer (*e.g.*, a triple negative breast cancer), a liver cancer (*e.g.*, a hepatocellular carcinoma), a prostate cancer, or a renal cancer (*e.g.*, a clear cell renal cell carcinoma).

Exemplary IDO/TDO Inhibitors

10 In one embodiment, a combination described herein includes an inhibitor of indoleamine 2,3-dioxygenase (IDO) and/or tryptophan 2,3-dioxygenase (TDO). In some embodiments, the combination is used to treat a cancer, *e.g.*, a cancer described herein, *e.g.*, a solid tumor (*e.g.*, melanoma, non-small cell lung cancer, colon cancer, squamous cell head and neck cancer, ovarian cancer, peritoneal cancer, fallopian tube cancer, breast cancer (*e.g.*, metastatic or HER2-negative breast cancer)), *e.g.*, a hematologic malignancy (*e.g.*, a lymphoma, *e.g.*, a non-Hodgkin's lymphoma or a Hodgkin's lymphoma (*e.g.*, a diffuse large B-cell lymphoma (DLBCL))).

In some embodiments, the IDO/TDO inhibitor is chosen from (4E)-4-[(3-chloro-4-fluoroanilino)-nitrosomethylidene]-1,2,5-oxadiazol-3-amine (also known as INCB24360), indoximod (1-methyl-D-tryptophan), or α -cyclohexyl-5H-Imidazo[5,1-a]isoindole-5-ethanol (also known as NLG919).

20 In some embodiments, the IDO/TDO inhibitor is epacadostat (CAS Registry Number: 1204669-58-8). Epacadostat is also known as INCB24360 or INCB024360 (Incyte). Epacadostat is a potent and selective indoleamine 2,3-dioxygenase (IDO1) inhibitor with IC₅₀ of 10 nM, highly selective over other related enzymes such as IDO2 or tryptophan 2,3-dioxygenase (TDO).

In some embodiments, the IDO/TDO inhibitor is indoximod (New Link Genetics). Indoximod, 25 the D isomer of 1-methyl-tryptophan, is an orally administered small-molecule indoleamine 2,3-dioxygenase (IDO) pathway inhibitor that disrupts the mechanisms by which tumors evade immune-mediated destruction.

In some embodiments, the IDO/TDO inhibitor is NLG919 (New Link Genetics). NLG919 is a potent IDO (indoleamine-(2,3)-dioxygenase) pathway inhibitor with Ki/EC₅₀ of 7 nM/75 nM in cell-free assays.

In some embodiments, the IDO/TDO inhibitor is F001287 (Flexus/BMS). F001287 is a small molecule inhibitor of indoleamine 2,3-dioxygenase 1 (IDO1).

Exemplary A2AR Antagonists

35 In one embodiment, a combination described herein includes an adenosine A2a receptor (A2aR) antagonist (*e.g.*, an inhibitor of A2aR pathway, *e.g.*, an adenosine inhibitor, *e.g.*, an inhibitor of A2aR or CD-73). In some embodiments, the combination is used to treat a cancer, *e.g.*, a cancer described herein. In certain embodiments, the cancer is a lung cancer, *e.g.*, a non-small cell lung cancer (NSCLC).

40 In some embodiments, the A2aR antagonist is istradefylline (CAS Registry Number: 155270-99-8). Istradefylline is also known as KW-6002 or 8-[(E)-2-(3,4-dimethoxyphenyl)vinyl]-1,3-diethyl-

5 7-methyl-3,7-dihydro-1H-purine-2,6-dione. Istradefylline is disclosed, *e.g.*, in LeWitt *et al.* (2008) *Annals of Neurology* 63 (3): 295–302).

In some embodiments, the A2aR antagonist is tozadenant (Biotie). Tozadenant is also known as SYN115 or 4-hydroxy-N-(4-methoxy-7-morpholin-4-yl-1,3-benzothiazol-2-yl)-4-methylpiperidine-1-carboxamide. Tozadenant blocks the effect of endogenous adenosine at the A2a
10 receptors, resulting in the potentiation of the effect of dopamine at the D2 receptor and inhibition of the effect of glutamate at the mGluR5 receptor. In some embodiments, the A2aR antagonist is preladenant (CAS Registry Number: 377727-87-2). Preladenant is also known as SCH 420814 or 2-(2-Furanyl)-7-[2-[4-[4-(2-methoxyethoxy)phenyl]-1-piperazinyl]ethyl]7H-pyrazolo[4,3-e][1,2,4]triazolo[1,5-c]pyrimidine-5-amine. Preladenant was developed as a drug that acted as a
15 potent and selective antagonist at the adenosine A2A receptor.

In some embodiments, the A2aR antagonist is vipadenan. Vipadenan is also known as BIIB014, V2006, or 3-[(4-amino-3-methylphenyl)methyl]-7-(furan-2-yl)triazolo[4,5-d]pyrimidin-5-amine. In some embodiments, the A2aR antagonist is PBF-509 (Palobiofarma). In some
20 embodiments, the A2aR antagonist, *e.g.*, PBF-509 is administered at a daily dose of about 80 mg, 160 mg, or 240 mg.

Other exemplary A2aR antagonists include, *e.g.*, ATL-444, MSX-3, SCH-58261, SCH-412,348, SCH-442,416, VER-6623, VER-6947, VER-7835, CGS-15943, or ZM-241,385.

In some embodiments, the A2aR antagonist is an A2aR pathway antagonist (*e.g.*, a CD-73 inhibitor, *e.g.*, an anti-CD73 antibody) is MEDI9447. MEDI9447 is a monoclonal antibody specific
25 for CD73. Targeting the extracellular production of adenosine by CD73 may reduce the immunosuppressive effects of adenosine. MEDI9447 was reported to have a range of activities, *e.g.*, inhibition of CD73 ectonucleotidase activity, relief from AMP-mediated lymphocyte suppression, and inhibition of syngeneic tumor growth. MEDI9447 can drive changes in both myeloid and lymphoid infiltrating leukocyte populations within the tumor microenvironment. These changes include, *e.g.*,
30 increases in CD8 effector cells and activated macrophages, as well as a reduction in the proportions of myeloid-derived suppressor cells (MDSC) and regulatory T lymphocytes.

Exemplary Oncolytic Viruses

In some embodiments, a combination as described herein includes an oncolytic virus. In
35 embodiments, oncolytic viruses are capable of selectively replicating in and triggering the death of or slowing the growth of a cancer cell. In some cases, oncolytic viruses have no effect or a minimal effect on non-cancer cells. In some embodiments, the combination is used to treat a cancer, *e.g.*, a cancer described herein. In certain embodiments, the cancer is a brain cancer, *e.g.*, a glioblastoma (GBM). An oncolytic virus includes, but is not limited to, an oncolytic adenovirus, oncolytic Herpes
40 Simplex Viruses, oncolytic retrovirus, oncolytic parvovirus, oncolytic vaccinia virus, oncolytic Sindbis virus, oncolytic influenza virus, or oncolytic RNA virus (*e.g.*, oncolytic reovirus, oncolytic

5 Newcastle Disease Virus (NDV), oncolytic measles virus, or oncolytic vesicular stomatitis virus (VSV)).

In some embodiments, the oncolytic virus is a recombinant herpes virus, *e.g.*, a herpes simplex virus (HSV) that comprises a gene encoding GM-CSF. Without wishing to be bound by theory, it is believed that in some embodiments, insertion of GM-CSF gene can enhance an anti-tumor
 10 immune response, *e.g.*, by recruiting and stimulating dendritic cells to tumor site. Other modifications can be made to the virus, *e.g.*, to attenuate the virus and/or to increase selectivity for cancer cells. In some embodiments, the recombinant herpes virus lacks a functional ICP34.5 gene, a functional ICP47 gene, or both. In some embodiments, deletion of ICP34.5 gene prevents HSV infection of non-tumor cells or provides tumor-selective replication. In some embodiments, deletion of ICP47 gene allows
 15 for or increases antigen presentation. Deletion of ICP47 can cause increased expression of the HSV US11 gene and allows US11 to be expressed as an immediate early and not a late gene. This may further enhance the degree of viral replication and oncolysis of tumor cells. In certain embodiments, HSV-1 strain JS1 is used, *e.g.*, to improve tumor cell killing ability compared with other HSV-1 strains. In certain embodiments, the recombinant herpes virus is talimogene laherparepvec (T-VEC).
 20 T-VEC is based on herpes simplex virus type 1 (HSV-1) modified to include a gene that codes for human GM-CSF. Talimogene laherparepvec is described, *e.g.*, in International Application Publication No. WO 2014/036412. In certain embodiments, the combination is used to treat a melanoma, a head and neck cancer, a pancreatic cancer, a breast cancer, a colorectal cancer, or a renal cancer (*e.g.*, a renal cell carcinoma). In some embodiments, the oncolytic virus is recombinant herpes
 25 virus, *e.g.*, a neuroattenuated, replication-restricted herpes simplex virus type 1 (HSV-1). In some embodiments, the recombinant herpes virus is ICP34.5 gene-deleted. In some embodiments, the recombinant herpes virus is not capable of replication in non-dividing cells. In some embodiments, the recombinant herpes virus is engineered from wild-type strain 17. In certain embodiments, the recombinant herpes virus is HSV1716 (SEPREHVIR®). Without wishing to be bound by theory, it is
 30 believed that in some embodiments, upon intratumoral injection, oncolytic HSV1716 replicates in, and lyses dividing cells such as tumor cells. HSV1716 is described, *e.g.*, in International Application Publication No. WO 2003/068809. In certain embodiments, the combination is used to treat a glioma (*e.g.*, a high grade glioma), a head and neck cancer (*e.g.*, a squamous cell carcinoma of head and neck), a melanoma, a liver cancer (*e.g.*, a hepatocellular carcinoma), a pleural mesothelioma, or a
 35 non-CNS pediatric cancer.

In some embodiments, the oncolytic virus is a vaccinia virus. In some embodiments, the vaccinia virus includes a gene that activate cytotoxic T cell production (*e.g.*, a TIR-domain-containing adapter-inducing interferon- β (TRIF) gene), a gene that decreases immune blockade (*e.g.*, a hydroxyprostaglandin dehydrogenase 15-(NAD) (HPGD) gene), or both. In some embodiments, the
 40 surface of the vaccinia virus is deglycosylated. In some embodiments, the vaccinia virus has one or more (*e.g.*, two, three or all) of the properties chosen from cancer lysis, immune adaptation, T cell

5 stimulation, or removal of immune inhibition. In some embodiments, the vaccinia virus is engineered from strain Western Reserve. In certain embodiments, the oncolytic virus is WO-12 (Western Oncolytics Ltd., US). In some embodiments, the combination is used to treat a solid tumor.

In some embodiments, the oncolytic virus is a recombinant poliovirus, *e.g.*, a live attenuated, nonpathogenic oncolytic virus in which the internal ribosomal entry site (IRES) is replaced with a
 10 heterologous IRES, *e.g.*, to reduce or avoid neurovirulence. In some embodiments, the heterologous IRES is an IRES from human rhinovirus type 2 (HRV2). In some embodiments, the recombinant poliovirus is oncolytic poliovirus PVS-RIPO (also known as PVSRIPO). PVS-RIPO is a genetically modified nonpathogenic version of the oral poliovirus Sabin type 1 where the internal ribosomal entry site (IRES) on the poliovirus is replaced with the IRES from human rhinovirus type 2 (HRV2).

15 Without wishing to be bound by theory, it is believed that in some embodiments, PVS-RIPO preferentially propagates in susceptible, nonneuronal cells (*e.g.*, glioblastoma multiforme (GBM)) due to the heterologous HRV2 in this recombinant virus. Upon intratumoral administration of PVS-RIPO, the poliovirus can be selectively taken up by and replicates in tumor cells expressing CD155 (poliovirus receptor, PVR or NECL5) eventually causing tumor cell lysis. CD155, an oncofetal cell
 20 adhesion molecule and tumor antigen, is ectopically expressed in certain cancers, such as GMB, and plays a role in tumor cell migration, invasion, and metastasis. PVS-RIPO is described, *e.g.*, in International Application Publication No. WO 2014/081937. In some embodiments, the combination is used to treat a solid tumor, *e.g.*, a solid tumor expressing CD155. In other embodiments, the combination is used to treat a brain cancer, *e.g.*, a glioblastoma.

25 In some embodiments, the oncolytic virus is a virus, *e.g.*, recombinant oncolytic virus, described in US2010/0178684 A1, which is incorporated herein by reference in its entirety. In some embodiments, a recombinant oncolytic virus comprises, or comprises a nucleic acid sequence (*e.g.*, heterologous nucleic acid sequence) encoding, an inhibitor of an immune or inflammatory response, *e.g.*, as described in US2010/0178684 A1, incorporated herein by reference in its entirety. In
 30 embodiments, the recombinant oncolytic virus, *e.g.*, oncolytic NDV, comprises, or comprises a nucleic acid sequence encoding, a pro-apoptotic protein (*e.g.*, apoptin), a cytokine (*e.g.*, GM-CSF, CSF, interferon-gamma, interleukin-2 (IL-2), tumor necrosis factor-alpha), an immunoglobulin (*e.g.*, an antibody against ED-B fibronectin), a tumor associated antigen, a bispecific adapter protein (*e.g.*, bispecific antibody or antibody fragment directed against NDV HN protein and a T cell co-
 35 stimulatory receptor, such as CD3 or CD28; or a fusion protein between human IL-2 and single chain antibody directed against NDV HN protein). *See, e.g.*, Zamarin *et al.* Future Microbiol. 7.3(2012):347-67, incorporated herein by reference in its entirety. In some embodiments, the oncolytic virus is a chimeric oncolytic NDV described in US 8591881 B2, US 2012/0122185 A1, or US 2014/0271677 A1, each of which is incorporated herein by reference in their entireties.

40 In some embodiments, the oncolytic virus comprises a conditionally replicative adenovirus (CRAd), which is designed to replicate exclusively in cancer cells. *See, e.g.*, Alemany *et al.* Nature

5 *Biotechnol.* 18(2000):723-27. In some embodiments, an oncolytic adenovirus comprises one described in Table 1 on page 725 of Alemany *et al.*, incorporated herein by reference in its entirety.

Exemplary oncolytic viruses include but are not limited to the following:

Group B Oncolytic Adenovirus (ColoAd1) (PsiOxus Therapeutics Ltd.) (*see, e.g.*, Clinical Trial Identifier: NCT02053220);

10 ONCOS-102 (previously called CGTG-102), which is an adenovirus comprising granulocyte-macrophage colony stimulating factor (GM-CSF) (Oncos Therapeutics) (*see, e.g.*, Clinical Trial Identifier: NCT01598129);

VCN-01, which is a genetically modified oncolytic human adenovirus encoding human PH20 hyaluronidase (VCN Biosciences, S.L.) (*see, e.g.*, Clinical Trial Identifiers: NCT02045602 and
15 NCT02045589);

Conditionally Replicative Adenovirus ICOVIR-5, which is a virus derived from wild-type human adenovirus serotype 5 (Had5) that has been modified to selectively replicate in cancer cells with a deregulated retinoblastoma/E2F pathway (Institut Català d'Oncologia) (*see, e.g.*, Clinical Trial Identifier: NCT01864759);

20 Celyvir, which comprises bone marrow-derived autologous mesenchymal stem cells (MSCs) infected with ICOVIR5, an oncolytic adenovirus (Hospital Infantil Universitario Niño Jesús, Madrid, Spain/ Ramon Alemany) (*see, e.g.*, Clinical Trial Identifier: NCT01844661);

CG0070, which is a conditionally replicating oncolytic serotype 5 adenovirus (Ad5) in which human E2F-1 promoter drives expression of the essential E1a viral genes, thereby restricting viral
25 replication and cytotoxicity to Rb pathway-defective tumor cells (Cold Genesys, Inc.) (*see, e.g.*, Clinical Trial Identifier: NCT02143804); or

DNX-2401 (formerly named Delta-24-RGD), which is an adenovirus that has been engineered to replicate selectively in retinoblastoma (Rb)-pathway deficient cells and to infect cells that express certain RGD-binding integrins more efficiently (Clinica Universidad de Navarra,
30 Universidad de Navarra/ DNATRIX, Inc.) (*see, e.g.*, Clinical Trial Identifier: NCT01956734).

In some embodiments, an oncolytic virus described herein is administering by injection, *e.g.*, subcutaneous, intra-arterial, intravenous, intramuscular, intrathecal, or intraperitoneal injection. In
embodiments, an oncolytic virus described herein is administered intratumorally, transdermally, transmucosally, orally, intranasally, or via pulmonary administration.

35

Exemplary Vaccines, e.g., Scaffold Vaccines

In one embodiment, a combination described herein includes a vaccine, *e.g.*, a scaffold vaccine. In some embodiments, the combination is used to treat a cancer, *e.g.*, a cancer described herein.

40 Cancer vaccines are disclosed, *e.g.*, in PCT Publication Nos. WO 2007/070660 and WO 2012/167230, EP 1960009 B1, U.S. Patent Nos. US 8,067,237 and US 8,932,583, and U.S.

5 Publication No. US 2011/0020216. The components that can be used within cancer vaccines (*e.g.*, implantable scaffold materials) are disclosed, *e.g.*, in PCT Publication Nos. WO 2009/102465 and WO 2013/106852. Methods that can be used for administration of cancer vaccines are disclosed, *e.g.*, in PCT Publication Nos. WO 2013/158673, WO 2012/048165, and WO 2012/149358.

10 In some embodiments, the cancer vaccine includes a macroporous scaffold comprising (i) cells or a cell recruitment composition, and (ii) a deployment signal capable of inducing or promoting migration of cells, and (iii) a bioactive composition coated or seeded onto/into the scaffold, which causes cells recruited into the scaffold be modified. Migration of the modified cells can be promoted by the open, interconnected macropores and the deployment signal.

15 In some embodiments, the cancer vaccine induces an endogenous immune response to a cancer target via administration of a porous scaffold bearing a recruitment composition and a target antigen composition, wherein an endogenous antigen presenting cell is recruited into the scaffold to encounter antigen and where said cell resides until a deployment signal induces egress to a lymph node tissue outside the scaffold, thereby stimulating an endogenous immune response to said cancer target.

20 In some embodiments, the cancer vaccine is used to remove a target cell from a mammal using a scaffold composition.

In some embodiments, an *in situ* cancer vaccine is generated via recruitment of cancer cells to an implanted scaffold and destruction of the cells using a cytotoxic agent.

25 In some embodiments, a cytosine-guanosine oligonucleotide (CpG-ODN) is used as a component of a scaffold, which can effectively reprogram and deploy dendritic cells recruited to the scaffold, and generate an effective anti-tumor response.

In some embodiments, polyinosine-polycytidylic acid (poly I:C) and/or CpG ODN are used to exert a synergistic effect on tumor inhibition.

30 In some embodiments, porous rods comprising an immune cell recruitment compound (*e.g.* GM-CSF) and an immune cell activation compound (*e.g.* CpG ODN), and optionally comprising an antigen such as a tumor lysate, are used, *e.g.*, to elicit an immune response to a vaccine antigen. In some embodiments, pores that facilitate recruitment or release of cells are formed *in situ* within hydrogels following hydrogel injection. In some embodiments, injectable shape memory porous hydrogel polymer is used for administration.

35 In other embodiments, the combinations disclosed herein include a cancer or tumor vaccine. Non-limiting examples of tumor vaccines that can be used include peptides of melanoma antigens, such as peptides of gp100, MAGE antigens, Trp-2, MART1 and/or tyrosinase, tumor cells transfected to express the cytokine GM-CSF, DNA-based vaccines, RNA-based vaccines, and viral transduction-based vaccines. The cancer vaccine may be prophylactic or therapeutic.

40 Many experimental strategies for vaccination against tumors have been devised (*see* Rosenberg, S., 2000, Development of Cancer Vaccines, ASCO Educational Book Spring: 60-62;

5 Logothetis, C., 2000, ASCO Educational Book Spring: 300-302; Khayat, D. 2000, ASCO Educational Book Spring: 414-428; Foon, K. 2000, ASCO Educational Book Spring: 730-738; *see also* Restifo, N. and Sznol, M., *Cancer Vaccines*, Ch. 61, pp. 3023-3043 in DeVita, V. *et al.* (eds.), 1997, *Cancer: Principles and Practice of Oncology*. Fifth Edition). In one of these strategies, a vaccine is prepared using autologous or allogeneic tumor cells. These cellular vaccines have been shown to be most
10 effective when the tumor cells are transduced to express GM-CSF. GM-CSF has been shown to be a potent activator of antigen presentation for tumor vaccination (Dranoff *et al.* (1993) *Proc. Natl. Acad. Sci. U.S.A.* 90: 3539-43).

The combinations disclosed herein, *e.g.*, PD-1 blockade, can be used in conjunction with a collection of recombinant proteins and/or peptides expressed in a tumor in order to generate an
15 immune response to these proteins. These proteins are normally viewed by the immune system as self antigens and are therefore tolerant to them. The tumor antigen may also include the protein telomerase, which is required for the synthesis of telomeres of chromosomes and which is expressed in more than 85% of human cancers and in only a limited number of somatic tissues (Kim, N *et al.* (1994) *Science* 266: 2011-2013). (These somatic tissues may be protected from immune attack by
20 various means). Tumor antigen may also be "neo-antigens" expressed in cancer cells because of somatic mutations that alter protein sequence or create fusion proteins between two unrelated sequences (*e.g.*, bcr-abl in the Philadelphia chromosome), or idiotype from B cell tumors.

Other tumor vaccines may include the proteins from viruses implicated in human cancers such a Human Papilloma Viruses (HPV), Hepatitis Viruses (HBV and HCV), Kaposi's Herpes
25 Sarcoma Virus (KHSV), and Epstein-Barr virus (EBV). Another form of tumor specific antigen which may be used in conjunction with PD-1 blockade is purified heat shock proteins (HSP) isolated from the tumor tissue itself. These heat shock proteins contain fragments of proteins from the tumor cells and these HSPs are highly efficient at delivery to antigen presenting cells for eliciting tumor immunity (Suot, R & Srivastava, P (1995) *Science* 269:1585-1588; Tamura, Y. *et al.* (1997) *Science*
30 278:117-120).

Dendritic cells (DC) are potent antigen presenting cells that can be used to prime antigen-specific responses. DC's can be produced *ex vivo* and loaded with various protein and peptide antigens as well as tumor cell extracts (Nestle, F. *et al.* (1998) *Nature Medicine* 4: 328-332). DCs may also be transduced by genetic means to express these tumor antigens as well. DCs have also been fused
35 directly to tumor cells for the purposes of immunization (Kugler, A. *et al.* (2000) *Nature Medicine* 6:332-336). As a method of vaccination, DC immunization may be effectively combined with other agent, *e.g.*, PD-1 blockade, to activate more potent anti-tumor responses.

Exemplary Bispecific T-cell engagers

40 In one embodiment, a combination described herein includes a bispecific T-cell engager. In some embodiments, the combination is used to treat a cancer, *e.g.*, a cancer described herein, *e.g.*, a

5 solid tumor (*e.g.*, a gastrointestinal cancer, a melanoma, or a lung cancer) or a hematologic malignancy (*e.g.*, a lymphoma (*e.g.*, non-Hodgkin's lymphoma) or a leukemia (*e.g.*, an acute lymphoblastic leukemia).

Bi-specific T-cell engagers (BiTE®) are a class of artificial bispecific monoclonal antibodies that can direct a host's immune system, *e.g.*, the T cells' cytotoxic activity, against cancer cells. Bi-specific T-cell engagers can form a link between T cells and tumor cells, which causes T cells to exert cytotoxic activity on tumor cells by producing proteins like perforin and granzymes, independently of the presence of MHC I or co-stimulatory molecules. These proteins enter tumor cells and initiate the cell's apoptosis. This action mimics physiological processes observed during T cell attacks against tumor cells.

15 In some embodiments, the bi-specific T-cell engager is a fusion protein comprising two single-chain variable fragments (scFvs) of different antibodies. In some embodiments, one of the scFvs binds to T cells, *e.g.*, via the CD3 receptor, and the other to a tumor cell, *e.g.*, via a tumor specific molecule.

In some embodiments, the bi-specific T-cell engager is a bispecific antibody molecule of NKG2A and CD138, or a bispecific antibody molecule of CD3 and TCR. In some embodiments, the bispecific T-cell engager is a bispecific antibody molecule that binds to CD3 and a tumor antigen (*e.g.*, EGFR, PSCA, PSMA, EpCAM, HER2 among others).

In some embodiments, the bi-specific T-cell engager is blinatumomab (CAS Registry Number: 853426-35-4). Blinatumomab is also known as MT103. Blinatumomab specifically targets a CD3 site for T cells and a CD19 site for B cells.

In some embodiments, the bi-specific T-cell engager is MT110. MT110 is a single-chain antibody that targets EpCAM and CD3. MT110 is disclosed, *e.g.*, in Amann *et al. J Immunother.* 2009;32(5):452-64.

In some embodiments, the bi-specific T-cell engager targets melanoma-associated chondroitin sulfate proteoglycan (MCSP). In some embodiments, the bi-specific T-cell engager targets CD33. In some embodiments the bi-specific T-cell engager comprises trastuzumab (targeting HER2/neu), cetuximab, or panitumumab (both targeting the EGF receptor), a functional fragment thereof. In some embodiments, the bi-specific T-cell engager targets CD66e and EphA2.

35 *Exemplary GITR agonist*

In one embodiment, a combination described herein includes a GITR agonist. In some embodiments, the combination is used to treat a cancer, *e.g.*, a cancer described herein, *e.g.*, a solid tumor or a hematologic malignancy. In some embodiments, the cancer is chosen from a forkhead box P3 (FoxP3)-expressing cancer, a head and neck cancer (*e.g.*, a head and neck squamous cell carcinoma (HNSCC)), or a lung cancer (*e.g.*, a non-small cell lung cancer (NSCLC)).

5 In certain embodiments, the GITR agonist is an anti-GITR antibody molecule. Exemplary anti-GITR antibody molecules are described, *e.g.*, in International Application Publication No. WO 2016/057846 (*e.g.*, Mab7). In some embodiments, the anti-GITR antibody molecule comprises an HCDR1 sequence of GFSLSSY (SEQ ID NO: 301) (disclosed as SEQ ID NO: 84 of WO 2016/057846), an HCDR2 sequence of WGGGG (SEQ ID NO: 302) (disclosed as SEQ ID NO: 80 of
10 WO 2016/057846), an HCDR3 sequence of HAYGHDGGFAMDY (SEQ ID NO: 303) (disclosed as SEQ ID NO: 29 of WO 2016/057846), an LCDR1 of SESVSSN (SEQ ID NO: 304) (disclosed as SEQ ID NO: 85 of WO 2016/057846), an LCDR2 of GAS (SEQ ID NO: 305) (disclosed as SEQ ID NO: 82 of WO 2016/057846), and an LCDR3 of SYSYPF (SEQ ID NO: 306) (disclosed as SEQ ID NO: 83 of WO 2016/057846), all according to Chothia CDR definition. In other embodiments, the
15 anti-GITR antibody molecule comprises an HCDR1 sequence of SYGVD (SEQ ID NO: 307) (disclosed as SEQ ID NO: 22 of WO 2016/057846), an HCDR2 sequence of VIWGGGGTYTYASSLMG (SEQ ID NO: 308) (disclosed as SEQ ID NO: 25 of WO 2016/057846), an HCDR3 sequence of HAYGHDGGFAMDY (SEQ ID NO: 303) (disclosed as SEQ ID NO: 29 of WO 2016/057846), an LCDR1 of RASESVSSNVA (SEQ ID NO: 309) (disclosed as SEQ ID NO: 30
20 of WO 2016/057846), an LCDR2 of GASNRAT (SEQ ID NO: 310) (disclosed as SEQ ID NO: 33 of WO 2016/057846), and an LCDR3 of GQSYSYPFT (SEQ ID NO: 311) (disclosed as SEQ ID NO: 34 of WO 2016/057846), all according to Kabat CDR definition.

In some embodiments, the anti-GITR antibody molecule comprises a heavy chain variable region (VH) amino acid sequence of
25 EVQLVESGGGLVQSGGSLRLSCAASGFSLSYGVVDWVRQAPGKGLEWVGVIWGGGGTYTYA SSLMGRFTISRDN SKNTLYLQMNSLRAEDTAVYYCARHAYGHDGGFAMDYWGQGTLVTVS S (SEQ ID NO: 312) (disclosed as SEQ ID NO: 99 of WO 2016/057846). In some embodiments, the anti-GITR antibody molecule comprises a light chain variable region (VL) amino acid sequence of
30 EIVMTQSPATLSVSPGERATLSCRASES VSSNVAWYQQRPGQAPRLLIYGASNRATGIPARFS GSGSGTDFTLISRLEPEDFAVYYCGQSYSYPFTFGQGKLEIK (SEQ ID NO: 313) (disclosed as SEQ ID NO: 7 of WO 2016/057846).

In some embodiments, the anti-GITR antibody molecule comprises a heavy chain (HC) amino acid sequence of:
35 EVQLVESGGGLVQSGGSLRLSCAASGFSLSYGVVDWVRQAPGKGLEWVGVIWGGGGTYTYA SSLMGRFTISRDN SKNTLYLQMNSLRAEDTAVYYCARHAYGHDGGFAMDYWGQGTLVTVS SASTKGPSVFPLAPSSKSTSGGTAALGCLVKDYFPEPVTVSWNSGALTSGVHTFPAVLQSSGL YSLSSVVTVPSSSLGTQTYICNVNHKPSNTKVDKRVEPKSCDKTHTCPPCPAPELLGGPSVFLF PPKPKDTLMISRTPEVTCVVVDVSHEDPEVKFNWYVDGVEVHNAKTKPREEQYNSTYRVVS VLTVLHQDWLNGKEYKCKVSNKALPAPIEKTISKAKGQPREPQVYTLPPSREEMTKNQVSLT
40 CLVKGFYPSDIAVEWESNGQPENNYKTPPVLDSDGSFFLYSKLTVDKSRWQQGNVVFSCSV MHEALHNHYTQKSLSLSPGK (SEQ ID NO: 314) (disclosed as SEQ ID NO: 100 of WO

2016/057846). In some embodiments, the anti-GITR antibody molecule comprises a light chain (LC) amino acid sequence of

EIVMTQSPATLSVSPGERATLSCRASESVSSNVAWYQQRPGQAPRLLIYGASNRATGIPARFS
GSGSGTDFTLTISRLEPEDFAVYYCGQSYSPFTFGQGTKLEIKRTVAAPSVFIFPPSDEQLKSG
TASVVCLLNNFYPREAKVQWKVDNALQSGNSQESVTEQDSKDSSTLSSTLTLSKADYEEKH
KVYACEVTHQGLSSPVTKSFNRGEC (SEQ ID NO: 315) (disclosed as SEQ ID NO: 66 of WO
2016/057846).

Exemplary GITR agonists include, *e.g.*, GITR fusion proteins and anti-GITR antibodies (*e.g.*, bivalent anti-GITR antibodies), such as, a GITR fusion protein described in U.S. Patent No.:

6,111,090, European Patent No.: 0920505B1, U.S. Patent No.: 8,586,023, PCT Publication Nos.: WO

2010/003118 and 2011/090754, or an anti-GITR antibody described, *e.g.*, in U.S. Patent No.:

7,025,962, European Patent No.: 1947183B1, U.S. Patent No.: 7,812,135, U.S. Patent No.: 8,388,967,

U.S. Patent No.: 8,591,886, European Patent No.: EP 1866339, PCT Publication No.: WO

2011/028683, U.S. Patent No.: 8,709,424, PCT Publication No.: WO 2013/039954, International

Publication No.: WO2013/039954, U.S. Publication No.: US2014/0072566, International Publication

No.: WO2015/026684, PCT Publication No.: WO2005/007190, PCT Publication No.: WO

2007/133822, PCT Publication No.: WO2005/055808, PCT Publication No.: WO 99/40196, PCT

Publication No.: WO 2001/03720, PCT Publication No.: WO99/20758, U.S. Patent No.: 6,689,607,

PCT Publication No.: WO2006/083289, PCT Publication No.: WO 2005/115451, U.S. Patent No.:

7,618,632, PCT Publication No.: WO 2011/051726, International Publication No.: WO2004/060319,

and International Publication No.: WO2014/012479.

In one embodiment, the GITR agonist is used in combination with a PD-1 inhibitor, *e.g.*, as described in WO2015/026684.

In another embodiment, the GITR agonist is used in combination with a TLR agonist, *e.g.*, as described in WO2004/060319, and International Publication No.: WO2014/012479.

Exemplary PD-1 Inhibitors

PD-1 is a CD28/CTLA-4 family member expressed, *e.g.*, on activated CD4⁺ and CD8⁺ T cells, T_{regs}, and B cells. It negatively regulates effector T cell signaling and function. PD-1 is induced on tumor-infiltrating T cells, and can result in functional exhaustion or dysfunction (Keir *et al.* (2008)

Annu. Rev. Immunol. 26:677-704; Pardoll *et al.* (2012) *Nat Rev Cancer* 12(4):252-64). PD-1 delivers

a coinhibitory signal upon binding to either of its two ligands, Programmed Death-Ligand 1 (PD-L1)

or Programmed Death-Ligand 2 (PD-L2). PD-L1 is expressed on a number of cell types, including T

cells, natural killer (NK) cells, macrophages, dendritic cells (DCs), B cells, epithelial cells, vascular

endothelial cells, as well as many types of tumors. High expression of PD-L1 on murine and human

tumors has been linked to poor clinical outcomes in a variety of cancers (Keir *et al.* (2008) *Annu. Rev.*

Immunol. 26:677-704; Pardoll *et al.* (2012) *Nat Rev Cancer* 12(4):252-64). PD-L2 is expressed on

5 dendritic cells, macrophages, and some tumors. Blockade of the PD-1 pathway has been pre-clinically and clinically validated for cancer immunotherapy. Both preclinical and clinical studies have demonstrated that anti-PD-1 blockade can restore activity of effector T cells and results in robust anti-tumor response. For example, blockade of PD-1 pathway can restore exhausted/dysfunctional effector T cell function (*e.g.*, proliferation, IFN- γ secretion, or cytolytic function) and/or inhibit T_{reg} cell function (Keir *et al.* (2008) *Annu. Rev. Immunol.* 26:677-704; Pardoll *et al.* (2012) *Nat Rev Cancer* 12(4):252-64). Blockade of the PD-1 pathway can be effected with an antibody, an antigen binding fragment thereof, an immunoadhesin, a fusion protein, or oligopeptide of PD-1, PD-L1 and/or PD-L2.

As used herein, the term “Programmed Death 1” or “PD-1” include isoforms, mammalian, *e.g.*, human PD-1, species homologs of human PD-1, and analogs comprising at least one common epitope with PD-1. The amino acid sequence of PD-1, *e.g.*, human PD-1, is known in the art, *e.g.*, Shinohara T *et al.* (1994) *Genomics* 23(3):704-6; Finger LR, *et al.* *Gene* (1997) 197(1-2):177-87.

The anti-PD-1 antibody molecules described herein can be used alone or in combination with one or more additional agents described herein in accordance with a method described herein. In certain embodiments, the combinations described herein include a PD-1 inhibitor, *e.g.*, an anti-PD-1 antibody molecule (*e.g.*, humanized antibody molecules) as described herein.

In some embodiments, the anti-PD-1 antibody molecule (*e.g.*, an isolated or recombinant antibody molecule) has one or more of the following properties:

(i) binds to PD-1, *e.g.*, human PD-1, with high affinity, *e.g.*, with an affinity constant of at least about 10^7 M^{-1} , typically about 10^8 M^{-1} , and more typically, about 10^9 M^{-1} to 10^{10} M^{-1} or stronger;

(ii) does not substantially bind to CD28, CTLA-4, ICOS or BTLA;

(iii) inhibits or reduces binding of PD-1 to a PD-1 ligand, *e.g.*, PD-L1 or PD-L2, or both;

(iv) binds specifically to an epitope on PD-1, *e.g.*, the same or similar epitope as the epitope recognized by murine monoclonal antibody BAP049 or a chimeric antibody BAP049, *e.g.*, BAP049-chi or BAP049-chi-Y;

(v) shows the same or similar binding affinity or specificity, or both, as any of BAP049-hum01, BAP049-hum02, BAP049-hum03, BAP049-hum04, BAP049-hum05, BAP049-hum06, BAP049-hum07, BAP049-hum08, BAP049-hum09, BAP049-hum10, BAP049-hum11, BAP049-hum12, BAP049-hum13, BAP049-hum14, BAP049-hum15, BAP049-hum16, BAP049-Clone-A, BAP049-Clone-B, BAP049-Clone-C, BAP049-Clone-D, or BAP049-Clone-E;

(vi) shows the same or similar binding affinity or specificity, or both, as an antibody molecule (*e.g.*, a heavy chain variable region and light chain variable region) described in Table 1;

(vii) shows the same or similar binding affinity or specificity, or both, as an antibody molecule (*e.g.*, a heavy chain variable region and light chain variable region) having an amino acid sequence shown in Table 1;

5 (viii) shows the same or similar binding affinity or specificity, or both, as an antibody molecule (*e.g.*, a heavy chain variable region and light chain variable region) encoded by the nucleotide sequence shown in Table 1;

(ix) inhibits, *e.g.*, competitively inhibits, the binding of a second antibody molecule to PD-1, wherein the second antibody molecule is an antibody molecule described herein, *e.g.*, an antibody molecule chosen from, *e.g.*, any of BAP049-hum01, BAP049-hum02, BAP049-hum03, BAP049-hum04, BAP049-hum05, BAP049-hum06, BAP049-hum07, BAP049-hum08, BAP049-hum09, BAP049-hum10, BAP049-hum11, BAP049-hum12, BAP049-hum13, BAP049-hum14, BAP049-hum15, BAP049-hum16, BAP049-Clone-A, BAP049-Clone-B, BAP049-Clone-C, BAP049-Clone-D, or BAP049-Clone-E;

15 (x) binds the same or an overlapping epitope with a second antibody molecule to PD-1, wherein the second antibody molecule is an antibody molecule described herein, *e.g.*, an antibody molecule chosen from, *e.g.*, any of BAP049-hum01, BAP049-hum02, BAP049-hum03, BAP049-hum04, BAP049-hum05, BAP049-hum06, BAP049-hum07, BAP049-hum08, BAP049-hum09, BAP049-hum10, BAP049-hum11, BAP049-hum12, BAP049-hum13, BAP049-hum14, BAP049-hum15, BAP049-hum16, BAP049-Clone-A, BAP049-Clone-B, BAP049-Clone-C, BAP049-Clone-D, or BAP049-Clone-E;

(xi) competes for binding, and/or binds the same epitope, with a second antibody molecule to PD-1, wherein the second antibody molecule is an antibody molecule described herein, *e.g.*, an antibody molecule chosen from, *e.g.*, any of BAP049-hum01, BAP049-hum02, BAP049-hum03, BAP049-hum04, BAP049-hum05, BAP049-hum06, BAP049-hum07, BAP049-hum08, BAP049-hum09, BAP049-hum10, BAP049-hum11, BAP049-hum12, BAP049-hum13, BAP049-hum14, BAP049-hum15, BAP049-hum16, BAP049-Clone-A, BAP049-Clone-B, BAP049-Clone-C, BAP049-Clone-D, or BAP049-Clone-E;

30 (xii) has one or more biological properties of an antibody molecule described herein, *e.g.*, an antibody molecule chosen from, *e.g.*, any of BAP049-hum01, BAP049-hum02, BAP049-hum03, BAP049-hum04, BAP049-hum05, BAP049-hum06, BAP049-hum07, BAP049-hum08, BAP049-hum09, BAP049-hum10, BAP049-hum11, BAP049-hum12, BAP049-hum13, BAP049-hum14, BAP049-hum15, BAP049-hum16, BAP049-Clone-A, BAP049-Clone-B, BAP049-Clone-C, BAP049-Clone-D, or BAP049-Clone-E;

35 (xiii) has one or more pharmacokinetic properties of an antibody molecule described herein, *e.g.*, an antibody molecule chosen from, *e.g.*, any of BAP049-hum01, BAP049-hum02, BAP049-hum03, BAP049-hum04, BAP049-hum05, BAP049-hum06, BAP049-hum07, BAP049-hum08, BAP049-hum09, BAP049-hum10, BAP049-hum11, BAP049-hum12, BAP049-hum13, BAP049-hum14, BAP049-hum15, BAP049-hum16, BAP049-Clone-A, BAP049-Clone-B, BAP049-Clone-C, BAP049-Clone-D, or BAP049-Clone-E;

40

(xiv) inhibits one or more activities of PD-1, *e.g.*, results in one or more of: an increase in tumor infiltrating lymphocytes, an increase in T-cell receptor mediated proliferation, or a decrease in immune evasion by cancerous cells;

(xv) binds human PD-1 and is cross-reactive with cynomolgus PD-1;

(xvi) binds to one or more residues within the C strand, CC' loop, C' strand, or FG loop of PD-1, or a combination two, three or all of the C strand, CC' loop, C' strand or FG loop of PD-1, *e.g.*, wherein the binding is assayed using ELISA or Biacore; or

(xvii) has a VL region that contributes more to binding to PD-1 than a VH region.

In some embodiments, the antibody molecule binds to PD-1 with high affinity, *e.g.*, with a K_D that is about the same, or at least about 10%, 20%, 30%, 40%, 50%, 60%, 70%, 80% or 90% higher or lower than the K_D of a murine or chimeric anti-PD-1 antibody molecule, *e.g.*, a murine or chimeric anti-PD-1 antibody molecule described herein. In some embodiments, the K_D of the murine or chimeric anti-PD-1 antibody molecule is less than about 0.4, 0.3, 0.2, 0.1, or 0.05 nM, *e.g.*, measured by a Biacore method. In some embodiments, the K_D of the murine or chimeric anti-PD-1 antibody molecule is less than about 0.2 nM, *e.g.*, about 0.135 nM. In other embodiments, the K_D of the murine or chimeric anti PD-1 antibody molecule is less than about 10, 5, 3, 2, or 1 nM, *e.g.*, measured by binding on cells expressing PD-1 (*e.g.*, 300.19 cells). In some embodiments, the K_D of the murine or chimeric anti PD-1 antibody molecule is less than about 5 nM, *e.g.*, about 4.60 nM (or about 0.69 $\mu\text{g/mL}$).

In some embodiments, the anti-PD-1 antibody molecule binds to PD-1 with a K_{off} slower than 1×10^{-4} , 5×10^{-5} , or $1 \times 10^{-5} \text{ s}^{-1}$, *e.g.*, about $1.65 \times 10^{-5} \text{ s}^{-1}$. In some embodiments, the anti-PD-1 antibody molecule binds to PD-1 with a K_{on} faster than 1×10^4 , 5×10^4 , 1×10^5 , or $5 \times 10^5 \text{ M}^{-1} \text{ s}^{-1}$, *e.g.*, about $1.23 \times 10^5 \text{ M}^{-1} \text{ s}^{-1}$.

In some embodiments, the expression level of the antibody molecule is higher, *e.g.*, at least about 0.5, 1, 2, 3, 4, 5, 6, 7, 8, 9 or 10-fold higher, than the expression level of a murine or chimeric antibody molecule, *e.g.*, a murine or chimeric anti-PD-1 antibody molecule described herein. In some embodiments, the antibody molecule is expressed in CHO cells.

In some embodiments, the anti-PD-1 antibody molecule reduces one or more PD-1-associated activities with an IC_{50} (concentration at 50% inhibition) that is about the same or lower, *e.g.*, at least about 10%, 20%, 30%, 40%, 50%, 60%, 70%, 80% or 90% lower, than the IC_{50} of a murine or chimeric anti-PD-1 antibody molecule, *e.g.*, a murine or chimeric anti-PD-1 antibody molecule described herein. In some embodiments, the IC_{50} of the murine or chimeric anti-PD-1 antibody molecule is less than about 6, 5, 4, 3, 2, or 1 nM, *e.g.*, measured by binding on cells expressing PD-1 (*e.g.*, 300.19 cells). In some embodiments, the IC_{50} of the murine or chimeric anti-PD-1 antibody molecule is less than about 4 nM, *e.g.*, about 3.40 nM (or about 0.51 $\mu\text{g/mL}$). In some embodiments, the PD-1-associated activity reduced is the binding of PD-L1 and/or PD-L2 to PD-1. In some embodiments, the anti-PD-1 antibody molecule binds to peripheral blood mononucleated cells

5 (PBMCs) activated by Staphylococcal enterotoxin B (SEB). In other embodiments, the anti-PD-1 antibody molecule increases the expression of IL-2 on whole blood activated by SEB. For example, the anti-PD-1 antibody increases the expression of IL-2 by at least about 2, 3, 4, or 5-fold, compared to the expression of IL-2 when an isotype control (*e.g.*, IgG4) is used.

10 In some embodiments, the anti-PD-1 antibody molecule has improved stability, *e.g.*, at least about 0.5, 1, 2, 3, 4, 5, 6, 7, 8, 9 or 10-fold more stable *in vivo* or *in vitro*, than a murine or chimeric anti-PD-1 antibody molecule, *e.g.*, a murine or chimeric anti-PD-1 antibody molecule described herein.

15 In one embodiment, the anti PD-1 antibody molecule is a humanized antibody molecule and has a risk score based on T cell epitope analysis of 300 to 700, 400 to 650, 450 to 600, or a risk score as described herein.

In another embodiment, the anti-PD-1 antibody molecule comprises at least one antigen-binding region, *e.g.*, a variable region or an antigen-binding fragment thereof, from an antibody described herein, *e.g.*, an antibody chosen from any of BAP049-hum01, BAP049-hum02, BAP049-hum03, BAP049-hum04, BAP049-hum05, BAP049-hum06, BAP049-hum07, BAP049-hum08, BAP049-hum09, BAP049-hum10, BAP049-hum11, BAP049-hum12, BAP049-hum13, BAP049-hum14, BAP049-hum15, BAP049-hum16, BAP049-Clone-A, BAP049-Clone-B, BAP049-Clone-C, BAP049-Clone-D, or BAP049-Clone-E; or as described in Table 1, or encoded by the nucleotide sequence in Table 1; or a sequence substantially identical (*e.g.*, at least 80%, 85%, 90%, 92%, 95%, 97%, 98%, 99% or higher identical) to any of the aforesaid sequences.

25 In yet another embodiment, the anti-PD-1 antibody molecule comprises at least one, two, three or four variable regions from an antibody described herein, *e.g.*, an antibody chosen from any of BAP049-hum01, BAP049-hum02, BAP049-hum03, BAP049-hum04, BAP049-hum05, BAP049-hum06, BAP049-hum07, BAP049-hum08, BAP049-hum09, BAP049-hum10, BAP049-hum11, BAP049-hum12, BAP049-hum13, BAP049-hum14, BAP049-hum15, BAP049-hum16, BAP049-Clone-A, BAP049-Clone-B, BAP049-Clone-C, BAP049-Clone-D, or BAP049-Clone-E; or as described in Table 1, or encoded by the nucleotide sequence in Table 1; or a sequence substantially identical (*e.g.*, at least 80%, 85%, 90%, 92%, 95%, 97%, 98%, 99% or higher identical) to any of the aforesaid sequences.

35 In yet another embodiment, the anti-PD-1 antibody molecule comprises at least one or two heavy chain variable regions from an antibody described herein, *e.g.*, an antibody chosen from any of BAP049-hum01, BAP049-hum02, BAP049-hum03, BAP049-hum04, BAP049-hum05, BAP049-hum06, BAP049-hum07, BAP049-hum08, BAP049-hum09, BAP049-hum10, BAP049-hum11, BAP049-hum12, BAP049-hum13, BAP049-hum14, BAP049-hum15, BAP049-hum16, BAP049-Clone-A, BAP049-Clone-B, BAP049-Clone-C, BAP049-Clone-D, or BAP049-Clone-E; or as described in Table 1, or encoded by the nucleotide sequence in Table 1; or a sequence substantially

40

5 identical (*e.g.*, at least 80%, 85%, 90%, 92%, 95%, 97%, 98%, 99% or higher identical) to any of the aforesaid sequences.

In yet another embodiment, the anti-PD-1 antibody molecule comprises at least one or two light chain variable regions from an antibody described herein, *e.g.*, an antibody chosen from any of BAP049-hum01, BAP049-hum02, BAP049-hum03, BAP049-hum04, BAP049-hum05, BAP049-
 10 hum06, BAP049-hum07, BAP049-hum08, BAP049-hum09, BAP049-hum10, BAP049-hum11, BAP049-hum12, BAP049-hum13, BAP049-hum14, BAP049-hum15, BAP049-hum16, BAP049-Clone-A, BAP049-Clone-B, BAP049-Clone-C, BAP049-Clone-D, or BAP049-Clone-E; or as described in Table 1, or encoded by the nucleotide sequence in Table 1; or a sequence substantially identical (*e.g.*, at least 80%, 85%, 90%, 92%, 95%, 97%, 98%, 99% or higher identical) to any of the
 15 aforesaid sequences.

In yet another embodiment, the anti-PD-1 antibody molecule includes a heavy chain constant region for an IgG4, *e.g.*, a human IgG4. In one embodiment, the human IgG4 includes a substitution at position 228 according to EU numbering (*e.g.*, a Ser to Pro substitution). In still another embodiment, the anti-PD-1 antibody molecule includes a heavy chain constant region for an IgG1,
 20 *e.g.*, a human IgG1. In one embodiment, the human IgG1 includes a substitution at position 297 according to EU numbering (*e.g.*, an Asn to Ala substitution). In one embodiment, the human IgG1 includes a substitution at position 265 according to EU numbering, a substitution at position 329 according to EU numbering, or both (*e.g.*, an Asp to Ala substitution at position 265 and/or a Pro to Ala substitution at position 329). In one embodiment, the human IgG1 includes a substitution at
 25 position 234 according to EU numbering, a substitution at position 235 according to EU numbering, or both (*e.g.*, a Leu to Ala substitution at position 234 and/or a Leu to Ala substitution at position 235). In one embodiment, the heavy chain constant region comprises an amino sequence set forth in Table 3, or a sequence substantially identical (*e.g.*, at least 80%, 85%, 90%, 92%, 95%, 97%, 98%, 99% or higher identical) thereto.

30 In yet another embodiment, the anti-PD-1 antibody molecule includes a kappa light chain constant region, *e.g.*, a human kappa light chain constant region. In one embodiment, the light chain constant region comprises an amino sequence set forth in Table 3, or a sequence substantially identical (*e.g.*, at least 80%, 85%, 90%, 92%, 95%, 97%, 98%, 99% or higher identical) thereto.

In another embodiment, the anti-PD-1 antibody molecule includes a heavy chain constant
 35 region for an IgG4, *e.g.*, a human IgG4, and a kappa light chain constant region, *e.g.*, a human kappa light chain constant region, *e.g.*, a heavy and light chain constant region comprising an amino sequence set forth in Table 3, or a sequence substantially identical (*e.g.*, at least 80%, 85%, 90%, 92%, 95%, 97%, 98%, 99% or higher identical) thereto. In one embodiment, the human IgG4 includes a substitution at position 228 according to EU numbering (*e.g.*, a Ser to Pro substitution). In
 40 yet another embodiment, the anti-PD-1 antibody molecule includes a heavy chain constant region for an IgG1, *e.g.*, a human IgG1, and a kappa light chain constant region, *e.g.*, a human kappa light chain

constant region, *e.g.*, a heavy and light chain constant region comprising an amino sequence set forth in Table 3, or a sequence substantially identical (*e.g.*, at least 80%, 85%, 90%, 92%, 95%, 97%, 98%, 99% or higher identical) thereto. In one embodiment, the human IgG1 includes a substitution at position 297 according to EU numbering (*e.g.*, an Asn to Ala substitution). In one embodiment, the human IgG1 includes a substitution at position 265 according to EU numbering, a substitution at position 329 according to EU numbering, or both (*e.g.*, an Asp to Ala substitution at position 265 and/or a Pro to Ala substitution at position 329). In one embodiment, the human IgG1 includes a substitution at position 234 according to EU numbering, a substitution at position 235 according to EU numbering, or both (*e.g.*, a Leu to Ala substitution at position 234 and/or a Leu to Ala substitution at position 235).

In another embodiment, the anti-PD-1 antibody molecule includes a heavy chain variable domain and a constant region, a light chain variable domain and a constant region, or both, comprising the amino acid sequence of BAP049-Clone-A, BAP049-Clone-B, BAP049-Clone-C, BAP049-Clone-D, or BAP049-Clone-E; or as described in Table 1, or encoded by the nucleotide sequence in Table 1; or a sequence substantially identical (*e.g.*, at least 80%, 85%, 90%, 92%, 95%, 97%, 98%, 99% or higher identical) to any of the aforesaid sequences. The anti-PD-1 antibody molecule, optionally, comprises a leader sequence from a heavy chain, a light chain, or both, as shown in Table 4; or a sequence substantially identical thereto.

In yet another embodiment, the anti-PD-1 antibody molecule includes at least one, two, or three complementarity determining regions (CDRs) from a heavy chain variable region of an antibody described herein, *e.g.*, an antibody chosen from any of BAP049-hum01, BAP049-hum02, BAP049-hum03, BAP049-hum04, BAP049-hum05, BAP049-hum06, BAP049-hum07, BAP049-hum08, BAP049-hum09, BAP049-hum10, BAP049-hum11, BAP049-hum12, BAP049-hum13, BAP049-hum14, BAP049-hum15, BAP049-hum16, BAP049-Clone-A, BAP049-Clone-B, BAP049-Clone-C, BAP049-Clone-D, or BAP049-Clone-E; or as described in Table 1, or encoded by the nucleotide sequence in Table 1; or a sequence substantially identical (*e.g.*, at least 80%, 85%, 90%, 92%, 95%, 97%, 98%, 99% or higher identical) to any of the aforesaid sequences.

In yet another embodiment, the anti-PD-1 antibody molecule includes at least one, two, or three CDRs (or collectively all of the CDRs) from a heavy chain variable region comprising an amino acid sequence shown in Table 1, or encoded by a nucleotide sequence shown in Table 1. In one embodiment, one or more of the CDRs (or collectively all of the CDRs) have one, two, three, four, five, six or more changes, *e.g.*, amino acid substitutions or deletions, relative to the amino acid sequence shown in Table 1, or encoded by a nucleotide sequence shown in Table 1.

In yet another embodiment, the anti-PD-1 antibody molecule includes at least one, two, or three CDRs from a light chain variable region of an antibody described herein, *e.g.*, an antibody chosen from any of BAP049-hum01, BAP049-hum02, BAP049-hum03, BAP049-hum04, BAP049-hum05, BAP049-hum06, BAP049-hum07, BAP049-hum08, BAP049-hum09, BAP049-hum10,

5 BAP049-hum11, BAP049-hum12, BAP049-hum13, BAP049-hum14, BAP049-hum15, BAP049-hum16, BAP049-Clone-A, BAP049-Clone-B, BAP049-Clone-C, BAP049-Clone-D, or BAP049-Clone-E; or as described in Table 1, or encoded by the nucleotide sequence in Table 1; or a sequence substantially identical (*e.g.*, at least 80%, 85%, 90%, 92%, 95%, 97%, 98%, 99% or higher identical) to any of the aforesaid sequence.

10 In yet another embodiment, the anti-PD-1 antibody molecule includes at least one, two, or three CDRs (or collectively all of the CDRs) from a light chain variable region comprising an amino acid sequence shown in Table 1, or encoded by a nucleotide sequence shown in Table 1. In one embodiment, one or more of the CDRs (or collectively all of the CDRs) have one, two, three, four, five, six or more changes, *e.g.*, amino acid substitutions or deletions, relative to the amino acid
 15 sequence shown in Table 1, or encoded by a nucleotide sequence shown in Table 1. In certain embodiments, the anti-PD-1 antibody molecule includes a substitution in a light chain CDR, *e.g.*, one or more substitutions in a CDR1, CDR2 and/or CDR3 of the light chain. In one embodiment, the anti-PD-1 antibody molecule includes a substitution in the light chain CDR3 at position 102 of the light variable region, *e.g.*, a substitution of a cysteine to tyrosine, or a cysteine to serine residue, at position
 20 102 of the light variable region according to Table 1 (*e.g.*, SEQ ID NO: 16 or 24 for murine or chimeric, unmodified; or any of SEQ ID NOs: 34, 42, 46, 54, 58, 62, 66, 70, 74, or 78 for a modified sequence).

In another embodiment, the anti-PD-1 antibody molecule includes at least one, two, three, four, five or six CDRs (or collectively all of the CDRs) from a heavy and light chain variable region
 25 comprising an amino acid sequence shown in Table 1, or encoded by a nucleotide sequence shown in Table 1. In one embodiment, one or more of the CDRs (or collectively all of the CDRs) have one, two, three, four, five, six or more changes, *e.g.*, amino acid substitutions or deletions, relative to the amino acid sequence shown in Table 1, or encoded by a nucleotide sequence shown in Table 1.

In one embodiment, the anti-PD-1 antibody molecule includes all six CDRs from an antibody
 30 described herein, *e.g.*, an antibody chosen from any of BAP049-hum01, BAP049-hum02, BAP049-hum03, BAP049-hum04, BAP049-hum05, BAP049-hum06, BAP049-hum07, BAP049-hum08, BAP049-hum09, BAP049-hum10, BAP049-hum11, BAP049-hum12, BAP049-hum13, BAP049-hum14, BAP049-hum15, BAP049-hum16, BAP049-Clone-A, BAP049-Clone-B, BAP049-Clone-C, BAP049-Clone-D, or BAP049-Clone-E; or as described in Table 1, or encoded by the nucleotide
 35 sequence in Table 1, or closely related CDRs, *e.g.*, CDRs which are identical or which have at least one amino acid alteration, but not more than two, three or four alterations (*e.g.*, substitutions, deletions, or insertions, *e.g.*, conservative substitutions). In one embodiment, the anti-PD-1 antibody molecule may include any CDR described herein. In certain embodiments, the anti-PD-1 antibody molecule includes a substitution in a light chain CDR, *e.g.*, one or more substitutions in a CDR1,
 40 CDR2 and/or CDR3 of the light chain. In one embodiment, the anti-PD-1 antibody molecule includes a substitution in the light chain CDR3 at position 102 of the light variable region, *e.g.*, a substitution

5 of a cysteine to tyrosine, or a cysteine to serine residue, at position 102 of the light variable region according to Table 1 (*e.g.*, SEQ ID NO: 16 or 24 for murine or chimeric, unmodified; or any of SEQ ID NOs: 34, 42, 46, 54, 58, 62, 66, 70, 74, or 78 for a modified sequence).

In another embodiment, the anti-PD-1 antibody molecule includes at least one, two, or three CDRs according to Kabat *et al.* (*e.g.*, at least one, two, or three CDRs according to the Kabat
10 definition as set out in Table 1) from a heavy chain variable region of an antibody described herein, *e.g.*, an antibody chosen from any of BAP049-hum01, BAP049-hum02, BAP049-hum03, BAP049-hum04, BAP049-hum05, BAP049-hum06, BAP049-hum07, BAP049-hum08, BAP049-hum09, BAP049-hum10, BAP049-hum11, BAP049-hum12, BAP049-hum13, BAP049-hum14, BAP049-hum15, BAP049-hum16, BAP049-Clone-A, BAP049-Clone-B, BAP049-Clone-C, BAP049-Clone-D,
15 or BAP049-Clone-E; or as described in Table 1, or encoded by the nucleotide sequence in Table 1; or a sequence substantially identical (*e.g.*, at least 80%, 85%, 90%, 92%, 95%, 97%, 98%, 99% or higher identical) to any of the aforesaid sequences; or which have at least one amino acid alteration, but not more than two, three or four alterations (*e.g.*, substitutions, deletions, or insertions, *e.g.*, conservative substitutions) relative to one, two, or three CDRs according to Kabat *et al.* shown in Table 1.

20 In another embodiment, the anti-PD-1 antibody molecule includes at least one, two, or three CDRs according to Kabat *et al.* (*e.g.*, at least one, two, or three CDRs according to the Kabat definition as set out in Table 1) from a light chain variable region of an antibody described herein, *e.g.*, an antibody chosen from any of BAP049-hum01, BAP049-hum02, BAP049-hum03, BAP049-hum04, BAP049-hum05, BAP049-hum06, BAP049-hum07, BAP049-hum08, BAP049-hum09,
25 BAP049-hum10, BAP049-hum11, BAP049-hum12, BAP049-hum13, BAP049-hum14, BAP049-hum15, BAP049-hum16, BAP049-Clone-A, BAP049-Clone-B, BAP049-Clone-C, BAP049-Clone-D, or BAP049-Clone-E; or as described in Table 1, or encoded by the nucleotide sequence in Table 1; or a sequence substantially identical (*e.g.*, at least 80%, 85%, 90%, 92%, 95%, 97%, 98%, 99% or higher identical) to any of the aforesaid sequences; or which have at least one amino acid alteration, but not
30 more than two, three or four alterations (*e.g.*, substitutions, deletions, or insertions, *e.g.*, conservative substitutions) relative to one, two, or three CDRs according to Kabat *et al.* shown in Table 1.

In yet another embodiment, the anti-PD-1 antibody molecule includes at least one, two, three, four, five, or six CDRs according to Kabat *et al.* (*e.g.*, at least one, two, three, four, five, or six CDRs according to the Kabat definition as set out in Table 1) from the heavy and light chain variable regions
35 of an antibody described herein, *e.g.*, an antibody chosen from any of BAP049-hum01, BAP049-hum02, BAP049-hum03, BAP049-hum04, BAP049-hum05, BAP049-hum06, BAP049-hum07, BAP049-hum08, BAP049-hum09, BAP049-hum10, BAP049-hum11, BAP049-hum12, BAP049-hum13, BAP049-hum14, BAP049-hum15, BAP049-hum16, BAP049-Clone-A, BAP049-Clone-B, BAP049-Clone-C, BAP049-Clone-D, or BAP049-Clone-E; or as described in Table 1, or encoded by
40 the nucleotide sequence in Table 1; or a sequence substantially identical (*e.g.*, at least 80%, 85%, 90%, 92%, 95%, 97%, 98%, 99% or higher identical) to any of the aforesaid sequences; or which

5 have at least one amino acid alteration, but not more than two, three or four alterations (*e.g.*, substitutions, deletions, or insertions, *e.g.*, conservative substitutions) relative to one, two, three, four, five, or six CDRs according to Kabat *et al.* shown in Table 1.

In yet another embodiment, the anti-PD-1 antibody molecule includes all six CDRs according to Kabat *et al.* (*e.g.*, all six CDRs according to the Kabat definition as set out in Table 1) from the heavy and light chain variable regions of an antibody described herein, *e.g.*, an antibody chosen from any of BAP049-hum01, BAP049-hum02, BAP049-hum03, BAP049-hum04, BAP049-hum05, BAP049-hum06, BAP049-hum07, BAP049-hum08, BAP049-hum09, BAP049-hum10, BAP049-hum11, BAP049-hum12, BAP049-hum13, BAP049-hum14, BAP049-hum15, BAP049-hum16, BAP049-Clone-A, BAP049-Clone-B, BAP049-Clone-C, BAP049-Clone-D, or BAP049-Clone-E; or as described in Table 1, or encoded by the nucleotide sequence in Table 1; or a sequence substantially identical (*e.g.*, at least 80%, 85%, 90%, 92%, 95%, 97%, 98%, 99% or higher identical) to any of the aforesaid sequences; or which have at least one amino acid alteration, but not more than two, three or four alterations (*e.g.*, substitutions, deletions, or insertions, *e.g.*, conservative substitutions) relative to all six CDRs according to Kabat *et al.* shown in Table 1. In one embodiment, the anti-PD-1 antibody molecule may include any CDR described herein.

In another embodiment, the anti-PD-1 antibody molecule includes at least one, two, or three Chothia hypervariable loops (*e.g.*, at least one, two, or three hypervariable loops according to the Chothia definition as set out in Table 1) from a heavy chain variable region of an antibody described herein, *e.g.*, an antibody chosen from any of BAP049-hum01, BAP049-hum02, BAP049-hum03, BAP049-hum04, BAP049-hum05, BAP049-hum06, BAP049-hum07, BAP049-hum08, BAP049-hum09, BAP049-hum10, BAP049-hum11, BAP049-hum12, BAP049-hum13, BAP049-hum14, BAP049-hum15, BAP049-hum16, BAP049-Clone-A, BAP049-Clone-B, BAP049-Clone-C, BAP049-Clone-D, or BAP049-Clone-E; or as described in Table 1, or encoded by the nucleotide sequence in Table 1; or at least the amino acids from those hypervariable loops that contact PD-1; or which have at least one amino acid alteration, but not more than two, three or four alterations (*e.g.*, substitutions, deletions, or insertions, *e.g.*, conservative substitutions) relative to one, two, or three hypervariable loops according to Chothia *et al.* shown in Table 1.

In another embodiment, the anti-PD-1 antibody molecule includes at least one, two, or three Chothia hypervariable loops (*e.g.*, at least one, two, or three hypervariable loops according to the Chothia definition as set out in Table 1) of a light chain variable region of an antibody described herein, *e.g.*, an antibody chosen from any of BAP049-hum01, BAP049-hum02, BAP049-hum03, BAP049-hum04, BAP049-hum05, BAP049-hum06, BAP049-hum07, BAP049-hum08, BAP049-hum09, BAP049-hum10, BAP049-hum11, BAP049-hum12, BAP049-hum13, BAP049-hum14, BAP049-hum15, BAP049-hum16, BAP049-Clone-A, BAP049-Clone-B, BAP049-Clone-C, BAP049-Clone-D, or BAP049-Clone-E; or as described in Table 1, or encoded by the nucleotide sequence in Table 1; or at least the amino acids from those hypervariable loops that contact PD-1; or which have

5 at least one amino acid alteration, but not more than two, three or four alterations (*e.g.*, substitutions, deletions, or insertions, *e.g.*, conservative substitutions) relative to one, two, or three hypervariable loops according to Chothia *et al.* shown in Table 1.

In yet another embodiment, the anti-PD-1 antibody molecule includes at least one, two, three, four, five, or six hypervariable loops (*e.g.*, at least one, two, three, four, five, or six hypervariable
10 loops according to the Chothia definition as set out in Table 1) from the heavy and light chain variable regions of an antibody described herein, *e.g.*, an antibody chosen from any of BAP049-hum01, BAP049-hum02, BAP049-hum03, BAP049-hum04, BAP049-hum05, BAP049-hum06, BAP049-hum07, BAP049-hum08, BAP049-hum09, BAP049-hum10, BAP049-hum11, BAP049-hum12, BAP049-hum13, BAP049-hum14, BAP049-hum15, BAP049-hum16, BAP049-Clone-A, BAP049-Clone-B, BAP049-Clone-C, BAP049-Clone-D, or BAP049-Clone-E; or as described in Table 1, or
15 encoded by the nucleotide sequence in Table 1; or at least the amino acids from those hypervariable loops that contact PD-1; or which have at least one amino acid alteration, but not more than two, three or four alterations (*e.g.*, substitutions, deletions, or insertions, *e.g.*, conservative substitutions) relative to one, two, three, four, five or six hypervariable loops according to Chothia *et al.* shown in Table 1.

20 In one embodiment, the anti-PD-1 antibody molecule includes all six hypervariable loops (*e.g.*, all six hypervariable loops according to the Chothia definition as set out in Table 1) of an antibody described herein, *e.g.*, an antibody chosen from any of BAP049-hum01, BAP049-hum02, BAP049-hum03, BAP049-hum04, BAP049-hum05, BAP049-hum06, BAP049-hum07, BAP049-hum08, BAP049-hum09, BAP049-hum10, BAP049-hum11, BAP049-hum12, BAP049-hum13,
25 BAP049-hum14, BAP049-hum15, BAP049-hum16, BAP049-Clone-A, BAP049-Clone-B, BAP049-Clone-C, BAP049-Clone-D, or BAP049-Clone-E, or closely related hypervariable loops, *e.g.*, hypervariable loops which are identical or which have at least one amino acid alteration, but not more than two, three or four alterations (*e.g.*, substitutions, deletions, or insertions, *e.g.*, conservative substitutions); or which have at least one amino acid alteration, but not more than two, three or four
30 alterations (*e.g.*, substitutions, deletions, or insertions, *e.g.*, conservative substitutions) relative to all six hypervariable loops according to Chothia *et al.* shown in Table 1. In one embodiment, the anti-PD-1 antibody molecule may include any hypervariable loop described herein.

In still another embodiment, the anti-PD-1 antibody molecule includes at least one, two, or three hypervariable loops that have the same canonical structures as the corresponding hypervariable
35 loop of an antibody described herein, *e.g.*, an antibody chosen from any of BAP049-hum01, BAP049-hum02, BAP049-hum03, BAP049-hum04, BAP049-hum05, BAP049-hum06, BAP049-hum07, BAP049-hum08, BAP049-hum09, BAP049-hum10, BAP049-hum11, BAP049-hum12, BAP049-hum13, BAP049-hum14, BAP049-hum15, BAP049-hum16, BAP049-Clone-A, BAP049-Clone-B, BAP049-Clone-C, BAP049-Clone-D, or BAP049-Clone-E, *e.g.*, the same canonical structures as at
40 least loop 1 and/or loop 2 of the heavy and/or light chain variable domains of an antibody described herein. *See, e.g.*, Chothia *et al.*, (1992) *J. Mol. Biol.* 227:799-817; Tomlinson *et al.*, (1992) *J. Mol.*

5 *Biol.* 227:776-798 for descriptions of hypervariable loop canonical structures. These structures can be determined by inspection of the tables described in these references.

In certain embodiments, the anti-PD-1 antibody molecule includes a combination of CDRs or hypervariable loops defined according to the Kabat *et al.* and Chothia *et al.*

10 In one embodiment, the anti-PD-1 antibody molecule includes at least one, two or three CDRs or hypervariable loops from a heavy chain variable region of an antibody described herein, *e.g.*, an antibody chosen from any of BAP049-hum01, BAP049-hum02, BAP049-hum03, BAP049-hum04, BAP049-hum05, BAP049-hum06, BAP049-hum07, BAP049-hum08, BAP049-hum09, BAP049-hum10, BAP049-hum11, BAP049-hum12, BAP049-hum13, BAP049-hum14, BAP049-hum15, BAP049-hum16, BAP049-Clone-A, BAP049-Clone-B, BAP049-Clone-C, BAP049-Clone-D, or
15 BAP049-Clone-E, according to the Kabat and Chothia definition (*e.g.*, at least one, two, or three CDRs or hypervariable loops according to the Kabat and Chothia definition as set out in Table 1); or encoded by the nucleotide sequence in Table 1; or a sequence substantially identical (*e.g.*, at least 80%, 85%, 90%, 92%, 95%, 97%, 98%, 99% or higher identical) to any of the aforesaid sequences; or which have at least one amino acid alteration, but not more than two, three or four alterations (*e.g.*,
20 substitutions, deletions, or insertions, *e.g.*, conservative substitutions) relative to one, two, or three CDRs or hypervariable loops according to Kabat and/or Chothia shown in Table 1.

For example, the anti-PD-1 antibody molecule can include VH CDR1 according to Kabat *et al.* or VH hypervariable loop 1 according to Chothia *et al.*, or a combination thereof, *e.g.*, as shown in Table 1. In one embodiment, the combination of Kabat and Chothia CDR of VH CDR1 comprises the
25 amino acid sequence GYTFTTYWMH (SEQ ID NO: 224), or an amino acid sequence substantially identical thereto (*e.g.*, having at least one amino acid alteration, but not more than two, three or four alterations (*e.g.*, substitutions, deletions, or insertions, *e.g.*, conservative substitutions)). The anti-PD-1 antibody molecule can further include, *e.g.*, VH CDRs 2-3 according to Kabat *et al.* and VL CDRs 1-3 according to Kabat *et al.*, *e.g.*, as shown in Table 1. Accordingly, in some embodiments,
30 framework regions are defined based on a combination of CDRs defined according to Kabat *et al.* and hypervariable loops defined according to Chothia *et al.* For example, the anti-PD-1 antibody molecule can include VH FR1 defined based on VH hypervariable loop 1 according to Chothia *et al.* and VH FR2 defined based on VH CDRs 1-2 according to Kabat *et al.*, *e.g.*, as shown in Table 1. The anti-PD-1 antibody molecule can further include, *e.g.*, VH FRs 3-4 defined based on VH CDRs 2-3
35 according to Kabat *et al.* and VL FRs 1-4 defined based on VL CDRs 1-3 according to Kabat *et al.*

The anti-PD-1 antibody molecule can contain any combination of CDRs or hypervariable loops according to the Kabat and Chothia definitions. In one embodiment, the anti-PD-1 antibody molecule includes at least one, two or three CDRs from a light chain variable region of an antibody described herein, *e.g.*, an antibody chosen from any of BAP049-hum01, BAP049-hum02, BAP049-
40 hum03, BAP049-hum04, BAP049-hum05, BAP049-hum06, BAP049-hum07, BAP049-hum08, BAP049-hum09, BAP049-hum10, BAP049-hum11, BAP049-hum12, BAP049-hum13, BAP049-

5 hum14, BAP049-hum15, BAP049-hum16, BAP049-Clone-A, BAP049-Clone-B, BAP049-Clone-C, BAP049-Clone-D, or BAP049-Clone-E, according to the Kabat and Chothia definition (*e.g.*, at least one, two, or three CDRs according to the Kabat and Chothia definition as set out in Table 1).

In an embodiment, *e.g.*, an embodiment comprising a variable region, a CDR (*e.g.*, Chothia CDR or Kabat CDR), or other sequence referred to herein, *e.g.*, in Table 1, the antibody molecule is a
 10 monospecific antibody molecule, a bispecific antibody molecule, or is an antibody molecule that comprises an antigen binding fragment of an antibody, *e.g.*, a half antibody or antigen binding fragment of a half antibody. In certain embodiments the antibody molecule is a bispecific antibody molecule having a first binding specificity for PD-1 and a second binding specificity for TIM-3, LAG-3, CEACAM (*e.g.*, CEACAM-1 and/or CEACAM-5), PD-L1 or PD-L2.

15 In one embodiment, the anti-PD-1 antibody molecule includes:

(a) a heavy chain variable region (VH) comprising a VHCDR1 amino acid sequence of SEQ ID NO: 4, a VHCDR2 amino acid sequence of SEQ ID NO: 5, and a VHCDR3 amino acid sequence of SEQ ID NO: 3; and a light chain variable region (VL) comprising a VLCDR1 amino acid sequence of SEQ ID NO: 13, a VLCDR2 amino acid sequence of SEQ ID NO: 14, and a VLCDR3 amino acid
 20 sequence of SEQ ID NO: 33;

(b) a VH comprising a VHCDR1 amino acid sequence chosen from SEQ ID NO: 1; a VHCDR2 amino acid sequence of SEQ ID NO: 2; and a VHCDR3 amino acid sequence of SEQ ID NO: 3; and a VL comprising a VLCDR1 amino acid sequence of SEQ ID NO: 10, a VLCDR2 amino acid sequence of SEQ ID NO: 11, and a VLCDR3 amino acid sequence of SEQ ID NO: 32;

25 (c) a VH comprising a VHCDR1 amino acid sequence of SEQ ID NO: 224, a VHCDR2 amino acid sequence of SEQ ID NO: 5, and a VHCDR3 amino acid sequence of SEQ ID NO: 3; and a VL comprising a VLCDR1 amino acid sequence of SEQ ID NO: 13, a VLCDR2 amino acid sequence of SEQ ID NO: 14, and a VLCDR3 amino acid sequence of SEQ ID NO: 33; or

(d) a VH comprising a VHCDR1 amino acid sequence of SEQ ID NO: 224; a VHCDR2 amino acid sequence of SEQ ID NO: 2; and a VHCDR3 amino acid sequence of SEQ ID NO: 3; and a
 30 VL comprising a VLCDR1 amino acid sequence of SEQ ID NO: 10, a VLCDR2 amino acid sequence of SEQ ID NO: 11, and a VLCDR3 amino acid sequence of SEQ ID NO: 32.

In one embodiment, the anti-PD-1 antibody molecule comprises a VH comprising a VHCDR1 amino acid sequence of SEQ ID NO: 4, a VHCDR2 amino acid sequence of SEQ ID NO: 5, and a
 35 VHCDR3 amino acid sequence of SEQ ID NO: 3; and a VL comprising a VLCDR1 amino acid sequence of SEQ ID NO: 13, a VLCDR2 amino acid sequence of SEQ ID NO: 14, and a VLCDR3 amino acid sequence of SEQ ID NO: 33.

In one embodiment, the anti-PD-1 antibody molecule comprises a VH comprising a VHCDR1 amino acid sequence of SEQ ID NO: 1; a VHCDR2 amino acid sequence of SEQ ID NO: 2; and a
 40 VHCDR3 amino acid sequence of SEQ ID NO: 3; and a VL comprising a VLCDR1 amino acid

5 sequence of SEQ ID NO: 10, a VLCDR2 amino acid sequence of SEQ ID NO: 11, and a VLCDR3 amino acid sequence of SEQ ID NO: 32.

In one embodiment, the anti-PD-1 antibody molecule comprises a VH comprising a VHCDR1 amino acid sequence of SEQ ID NO: 224, a VHCDR2 amino acid sequence of SEQ ID NO: 5, and a VHCDR3 amino acid sequence of SEQ ID NO: 3; and a VL comprising a VLCDR1 amino acid
10 sequence of SEQ ID NO: 13, a VLCDR2 amino acid sequence of SEQ ID NO: 14, and a VLCDR3 amino acid sequence of SEQ ID NO: 33.

In one embodiment, the anti-PD-1 antibody molecule comprises a VH comprising a VHCDR1 amino acid sequence of SEQ ID NO: 224; a VHCDR2 amino acid sequence of SEQ ID NO: 2; and a VHCDR3 amino acid sequence of SEQ ID NO: 3; and a VL comprising a VLCDR1 amino acid
15 sequence of SEQ ID NO: 10, a VLCDR2 amino acid sequence of SEQ ID NO: 11, and a VLCDR3 amino acid sequence of SEQ ID NO: 32.

In one embodiment, the antibody molecule is a humanized antibody molecule. In another embodiment, the antibody molecule is a monospecific antibody molecule. In yet another embodiment, the antibody molecule is a bispecific antibody molecule.

20 In one embodiment, the anti-PD-1 antibody molecule includes:

(i) a heavy chain variable region (VH) including a VHCDR1 amino acid sequence chosen from SEQ ID NO: 1, SEQ ID NO: 4 or SEQ ID NO: 224; a VHCDR2 amino acid sequence of SEQ ID NO: 2; and a VHCDR3 amino acid sequence of SEQ ID NO: 3; and

(ii) a light chain variable region (VL) including a VLCDR1 amino acid sequence of SEQ ID
25 NO: 10, a VLCDR2 amino acid sequence of SEQ ID NO: 11, and a VLCDR3 amino acid sequence of SEQ ID NO: 32.

In another embodiment, the anti-PD-1 antibody molecule includes:

(i) a heavy chain variable region (VH) including a VHCDR1 amino acid sequence chosen from SEQ ID NO: 1, SEQ ID NO: 4 or SEQ ID NO: 224; a VHCDR2 amino acid sequence of SEQ
30 ID NO: 5, and a VHCDR3 amino acid sequence of SEQ ID NO: 3; and

(ii) a light chain variable region (VL) including a VLCDR1 amino acid sequence of SEQ ID NO: 13, a VLCDR2 amino acid sequence of SEQ ID NO: 14, and a VLCDR3 amino acid sequence of SEQ ID NO: 33.

In one embodiment, the anti-PD-1 antibody molecule comprises the VHCDR1 amino acid
35 sequence of SEQ ID NO: 1. In another embodiment, the anti-PD-1 antibody molecule comprises the VHCDR1 amino acid sequence of SEQ ID NO: 4. In yet another embodiment, the anti-PD-1 antibody molecule comprises the VHCDR1 amino acid sequence of SEQ ID NO: 224.

In one embodiment, the light or the heavy chain variable framework (*e.g.*, the region encompassing at least FR1, FR2, FR3, and optionally FR4) of the anti-PD-1 antibody molecule can be
40 chosen from: (a) a light or heavy chain variable framework including at least 80%, 85%, 87% 90%, 92%, 93%, 95%, 97%, 98%, or preferably 100% of the amino acid residues from a human light or

5 heavy chain variable framework, *e.g.*, a light or heavy chain variable framework residue from a human mature antibody, a human germline sequence, or a human consensus sequence; (b) a light or heavy chain variable framework including from 20% to 80%, 40% to 60%, 60% to 90%, or 70% to 95% of the amino acid residues from a human light or heavy chain variable framework, *e.g.*, a light or heavy chain variable framework residue from a human mature antibody, a human germline sequence,
 10 or a human consensus sequence; (c) a non-human framework (*e.g.*, a rodent framework); or (d) a non-human framework that has been modified, *e.g.*, to remove antigenic or cytotoxic determinants, *e.g.*, deimmunized, or partially humanized. In one embodiment, the light or heavy chain variable framework region (particularly FR1, FR2 and/or FR3) includes a light or heavy chain variable framework sequence at least 70, 75, 80, 85, 87, 88, 90, 92, 94, 95, 96, 97, 98, 99% identical or
 15 identical to the frameworks of a VL or VH segment of a human germline gene.

In certain embodiments, the anti-PD-1 antibody molecule comprises a heavy chain variable domain having at least one, two, three, four, five, six, seven, ten, fifteen, twenty or more changes, *e.g.*, amino acid substitutions or deletions, from an amino acid sequence of BAP049-chi-HC, *e.g.*, the amino acid sequence of the FR region in the entire variable region, *e.g.*, shown in FIGs. 9A-9B, or
 20 SEQ ID NO: 18, 20, 22 or 30. In one embodiment, the anti-PD-1 antibody molecule comprises a heavy chain variable domain having one or more of: E at position 1, V at position 5, A at position 9, V at position 11, K at position 12, K at position 13, E at position 16, L at position 18, R at position 19, I or V at position 20, G at position 24, I at position 37, A or S at position 40, T at position 41, S at position 42, R at position 43, M or L at position 48, V or F at position 68, T at position 69, I at
 25 position 70, S at position 71, A or R at position 72, K or N at position 74, T or K at position 76, S or N at position 77, L at position 79, L at position 81, E or Q at position 82, M at position 83, S or N at position 84, R at position 87, A at position 88, or T at position 91 of amino acid sequence of BAP049-chi-HC, *e.g.*, the amino acid sequence of the FR in the entire variable region, *e.g.*, shown in FIGs. 9A-9B, or SEQ ID NO: 18, 20, 22 or 30.

30 Alternatively, or in combination with the heavy chain substitutions of BAP049-chi-HC described herein, the anti-PD-1 antibody molecule comprises a light chain variable domain having at least one, two, three, four, five, six, seven, ten, fifteen, twenty or more amino acid changes, *e.g.*, amino acid substitutions or deletions, from an amino acid sequence of BAP049-chi-LC, *e.g.*, the amino acid sequence shown in FIGs. 10A-10B, or SEQ ID NO: 24 or 26. In one embodiment, the
 35 anti-PD-1 antibody molecule comprises a heavy chain variable domain having one or more of: E at position 1, V at position 2, Q at position 3, L at position 4, T at position 7, D or L or A at position 9, F or T at position 10, Q at position 11, S or P at position 12, L or A at position 13, S at position 14, P or L or V at position 15, K at position 16, Q or D at position 17, R at position 18, A at position 19, S at position 20, I or L at position 21, T at position 22, L at position 43, K at position 48, A or S at position
 40 49, R or Q at position 51, Y at position 55, I at position 64, S or P at position 66, S at position 69, Y at position 73, G at position 74, E at position 76, F at position 79, N at position 82, N at position 83, L or

5 I at position 84, E at position 85, S or P at position 86, D at position 87, A or F or I at position 89, T or Y at position 91, F at position 93, or Y at position 102 of the amino acid sequence of BAP049-chi-LC, *e.g.*, the amino acid sequence shown in FIGs. 10A-10B, or SEQ ID NO: 24 or 26.

In other embodiments, the anti-PD-1 antibody molecule includes one, two, three, or four heavy chain framework regions (*e.g.*, a VHFW amino acid sequence shown in Table 2, or encoded by
10 the nucleotide sequence shown in Table 2), or a sequence substantially identical thereto.

In yet other embodiments, the anti-PD-1 antibody molecule includes one, two, three, or four light chain framework regions (*e.g.*, a VLFW amino acid sequence shown in Table 2, or encoded by the nucleotide sequence shown in Table 2), or a sequence substantially identical thereto.

In other embodiments, the anti-PD-1 antibody molecule includes one, two, three, or four
15 heavy chain framework regions (*e.g.*, a VHFW amino acid sequence shown in Table 2, or encoded by the nucleotide sequence shown in Table 2), or a sequence substantially identical thereto; and one, two, three, or four light chain framework regions (*e.g.*, a VLFW amino acid sequence shown in Table 2, or encoded by the nucleotide sequence shown in Table 2), or a sequence substantially identical thereto.

In some embodiments, the anti-PD-1 antibody molecule comprises the heavy chain
20 framework region 1 (VHFW1) of BAP049-hum01, BAP049-hum02, BAP049-hum03, BAP049-hum04, BAP049-hum05, BAP049-hum06, BAP049-hum07, BAP049-hum08, BAP049-hum09, BAP049-hum10, BAP049-hum11, BAP049-hum12, BAP049-hum13, BAP049-hum15, BAP049-hum16, BAP049-Clone-A, BAP049-Clone-B, BAP049-Clone-C, BAP049-Clone-D, or BAP049-Clone-E (*e.g.*, SEQ ID NO: 147). In some embodiments, the antibody molecule comprises the heavy
25 chain framework region 1 (VHFW1) of BAP049-hum14 or BAP049-hum15 (*e.g.*, SEQ ID NO: 151).

In some embodiments, the anti-PD-1 antibody molecule comprises the heavy chain framework region 2 (VHFW2) of BAP049-hum01, BAP049-hum02, BAP049-hum05, BAP049-hum06, BAP049-hum07, BAP049-hum09, BAP049-hum11, BAP049-hum12, BAP049-hum13, BAP049-Clone-A, BAP049-Clone-B, BAP049-Clone-C, or BAP049-Clone-E (*e.g.*, SEQ ID NO:
30 153). In some embodiments, the antibody molecule comprises the heavy chain framework region 2 (VHFW2) of BAP049-hum03, BAP049-hum04, BAP049-hum08, BAP049-hum10, BAP049-hum14, BAP049-hum15, or BAP049-Clone-D (*e.g.*, SEQ ID NO: 157). In some embodiments, the antibody molecule comprises the heavy chain framework region 2 (VHFW2) of BAP049-hum16 (*e.g.*, SEQ ID NO: 160).

In some embodiments, the anti-PD-1 antibody molecule comprises the heavy chain framework region 3 (VHFW3) of BAP049-hum01, BAP049-hum02, BAP049-hum05, BAP049-hum06, BAP049-hum07, BAP049-hum09, BAP049-hum11, BAP049-hum12, BAP049-hum13, BAP049-Clone-A, BAP049-Clone-B, BAP049-Clone-C, or BAP049-Clone-E (*e.g.*, SEQ ID NO:
35 162). In some embodiments, the antibody molecule comprises the heavy chain framework region 3 (VHFW3) of BAP049-hum03, BAP049-hum04, BAP049-hum08, BAP049-hum10, BAP049-hum14, BAP049-hum15, BAP049-hum16, or BAP049-Clone-D (*e.g.*, SEQ ID NO: 166).
40

5 In some embodiments, the anti-PD-1 antibody molecule comprises the heavy chain framework region 4 (VHFW4) of BAP049-hum01, BAP049-hum02, BAP049-hum03, BAP049-hum04, BAP049-hum05, BAP049-hum06, BAP049-hum07, BAP049-hum08, BAP049-hum09, BAP049-hum10, BAP049-hum11, BAP049-hum12, BAP049-hum13, BAP049-hum14, BAP049-hum15, BAP049-hum16, BAP049-Clone-A, BAP049-Clone-B, BAP049-Clone-C, BAP049-Clone-D, 10 or BAP049-Clone-E (*e.g.*, SEQ ID NO: 169).

In some embodiments, the anti-PD-1 antibody molecule comprises the light chain framework region 1 (VLFW1) of BAP049-hum08, BAP049-hum09, BAP049-hum15, BAP049-hum16, or BAP049-Clone-C (*e.g.*, SEQ ID NO: 174). In some embodiments, the antibody molecule comprises the light chain framework region 1 (VLFW1) of BAP049-hum01, BAP049-hum04, BAP049-hum05, 15 BAP049-hum07, BAP049-hum10, BAP049-hum11, BAP049-hum14, BAP049-Clone-A, BAP049-Clone-B, BAP049-Clone-D, or BAP049-Clone-E (*e.g.*, SEQ ID NO: 177). In some embodiments, the antibody molecule comprises the light chain framework region 1 (VLFW1) of BAP049-hum06 (*e.g.*, SEQ ID NO: 181). In some embodiments, the antibody molecule comprises the light chain framework region 1 (VLFW1) of BAP049-hum13 (*e.g.*, SEQ ID NO: 183). In some embodiments, 20 the antibody molecule comprises the light chain framework region 1 (VLFW1) of BAP049-hum02, BAP049-hum03, or BAP049-hum12 (*e.g.*, SEQ ID NO: 185).

In some embodiments, the anti-PD-1 antibody molecule comprises the light chain framework region 2 (VLFW2) of BAP049-hum01, BAP049-hum02, BAP049-hum03, BAP049-hum06, BAP049-hum08, BAP049-hum09, BAP049-hum10, BAP049-hum11, BAP049-hum14, BAP049-hum15, 25 BAP049-hum16, BAP049-Clone-A, BAP049-Clone-B, BAP049-Clone-D, or BAP049-Clone-E (*e.g.*, SEQ ID NO: 187). In some embodiments, the antibody molecule comprises the light chain framework region 2 (VLFW2) of BAP049-hum04, BAP049-hum05, BAP049-hum07, BAP049-hum13, or BAP049-Clone-C (*e.g.*, SEQ ID NO: 191). In some embodiments, the antibody molecule comprises the light chain framework region 2 (VLFW2) of BAP049-hum12 (*e.g.*, SEQ ID NO: 194).

30 In some embodiments, the anti-PD-1 antibody molecule comprises the light chain framework region 3 (VLFW3) of BAP049-hum06, BAP049-hum07, BAP049-hum08, BAP049-hum09, BAP049-hum10, BAP049-hum11, BAP049-hum12, BAP049-hum13, BAP049-hum14, BAP049-hum15, BAP049-hum16, BAP049-Clone-C, BAP049-Clone-D, or BAP049-Clone-E (*e.g.*, SEQ ID NO: 196). In some embodiments, the antibody molecule comprises the light chain framework region 3 (VLFW3) 35 of BAP049-hum02 or BAP049-hum03 (*e.g.*, SEQ ID NO: 200). In some embodiments, the antibody molecule comprises the light chain framework region 3 (VLFW3) of BAP049-hum01 or BAP049-Clone-A (*e.g.*, SEQ ID NO: 202). In some embodiments, the antibody molecule comprises the light chain framework region 3 (VLFW3) of BAP049-hum04, BAP049-hum05, or BAP049-Clone-B (*e.g.*, SEQ ID NO: 205).

40 In some embodiments, the anti-PD-1 antibody molecule comprises the light chain framework region 4 (VLFW4) of BAP049-hum01, BAP049-hum02, BAP049-hum03, BAP049-hum04, BAP049-

5 hum05, BAP049-hum06, BAP049-hum07, BAP049-hum08, BAP049-hum09, BAP049-hum10, BAP049-hum11, BAP049-hum12, BAP049-hum13, BAP049-hum14, BAP049-hum15, BAP049-hum16, BAP049-Clone-A, BAP049-Clone-B, BAP049-Clone-C, BAP049-Clone-D, or BAP049-Clone-E (*e.g.*, SEQ ID NO: 208).

In some embodiments, the anti-PD-1 antibody molecule comprises the heavy chain
 10 framework regions 1-3 of BAP049-hum01, BAP049-hum02, BAP049-hum05, BAP049-hum06, BAP-hum07, BAP049-hum09, BAP049-hum11, BAP049-hum12, BAP049-hum13, BAP049-Clone-A, BAP049-Clone-B, BAP049-Clone-C, or BAP049-Clone-E (*e.g.*, SEQ ID NO: 147 (VHFW1), SEQ ID NO: 153 (VHFW2), and SEQ ID NO: 162 (VHFW3)). In some embodiments, the antibody molecule comprises the heavy chain framework regions 1-3 of BAP049-hum03, BAP049-hum04, BAP049-
 15 hum08, BAP049-hum10, or BAP049-Clone-D (*e.g.*, SEQ ID NO: 147 (VHFW1), SEQ ID NO: 157 (VHFW2), and SEQ ID NO: 166 (VHFW3)). In some embodiments, the antibody molecule comprises the heavy chain framework regions 1-3 of BAP049-hum14 or BAP049-hum15 (*e.g.*, SEQ ID NO: 151 (VHFW1), SEQ ID NO: 157 (VHFW2), and SEQ ID NO: 166 (VHFW3)). In some
 20 embodiments, the antibody molecule comprises the heavy chain framework regions 1-3 of BAP049-hum16 (*e.g.*, SEQ ID NO: 147 (VHFW1), SEQ ID NO: 160 (VHFW2), and SEQ ID NO: 166 (VHFW3)). In some embodiments, the antibody molecule further comprises the heavy chain framework region 4 (VHFW4) of BAP049-hum01, BAP049-hum02, BAP049-hum03, BAP049-hum04, BAP049-hum05, BAP049-hum06, BAP049-hum07, BAP049-hum08, BAP049-hum09, BAP049-hum10, BAP049-hum11, BAP049-hum12, BAP049-hum13, BAP049-hum14, BAP049-
 25 hum15, BAP049-hum16, BAP049-Clone-A, BAP049-Clone-B, BAP049-Clone-C, BAP049-Clone-D, or BAP049-Clone-E (*e.g.*, SEQ ID NO: 169).

In some embodiments, the anti-PD-1 antibody molecule comprises the light chain framework regions 1-3 of BAP049-hum01 or BAP049-Clone-A (*e.g.*, SEQ ID NO: 177 (VLFW1), SEQ ID NO: 187 (VLFW2), and SEQ ID NO: 202 (VLFW3)). In some embodiments, the antibody molecule
 30 comprises the light chain framework regions 1-3 of BAP049-hum02 or BAP049-hum03 (*e.g.*, SEQ ID NO: 185 (VLFW1), SEQ ID NO: 187 (VLFW2), and SEQ ID NO: 200 (VLFW3)). In some embodiments, the antibody molecule comprises the light chain framework regions 1-3 of BAP049-hum04, BAP049-hum05, or BAP049-Clone-B (*e.g.*, SEQ ID NO: 177 (VLFW1), SEQ ID NO: 191 (VLFW2), and SEQ ID NO: 205 (VLFW3)). In some embodiments, the antibody molecule comprises
 35 the light chain framework regions 1-3 of BAP049-hum06 (*e.g.*, SEQ ID NO: 181 (VLFW1), SEQ ID NO: 187 (VLFW2), and SEQ ID NO: 196 (VLFW3)). In some embodiments, the antibody molecule comprises the light chain framework regions 1-3 of BAP049-hum07 (*e.g.*, SEQ ID NO: 177 (VLFW1), SEQ ID NO: 191 (VLFW2), and SEQ ID NO: 196 (VLFW3)). In some embodiments, the antibody molecule comprises the light chain framework regions 1-3 of BAP049-hum08, BAP049-
 40 hum09, BAP049-hum15, BAP049-hum16, or BAP049-Clone-C (*e.g.*, SEQ ID NO: 174 (VLFW1), SEQ ID NO: 187 (VLFW2), and SEQ ID NO: 196 (VLFW3)). In some embodiments, the antibody

5 molecule comprises the light chain framework regions 1-3 of BAP049-hum10, BAP049-hum11, BAP049-hum14, BAP049-Clone-D, or BAP049-Clone-E (*e.g.*, SEQ ID NO: 177 (VLFW1), SEQ ID NO: 187 (VLFW2), and SEQ ID NO: 196 (VLFW3)). In some embodiments, the antibody molecule comprises the light chain framework regions 1-3 of BAP049-hum12 (*e.g.*, SEQ ID NO: 185 (VLFW1), SEQ ID NO: 194 (VLFW2), and SEQ ID NO: 196 (VLFW3)). In some
 10 antibody molecule comprises the light chain framework regions 1-3 of BAP049-hum13 (*e.g.*, SEQ ID NO: 183 (VLFW1), SEQ ID NO: 191 (VLFW2), and SEQ ID NO: 196 (VLFW3)). In some embodiments, the antibody molecule further comprises the light chain framework region 4 (VLFW4) of BAP049-hum01, BAP049-hum02, BAP049-hum03, BAP049-hum04, BAP049-hum05, BAP049-hum06, BAP049-hum07, BAP049-hum08, BAP049-hum09, BAP049-hum10, BAP049-hum11,
 15 BAP049-hum12, BAP049-hum13, BAP049-hum14, BAP049-hum15, BAP049-hum16, BAP049-Clone-A, BAP049-Clone-B, BAP049-Clone-C, BAP049-Clone-D, or BAP049-Clone-E (*e.g.*, SEQ ID NO: 208).

In some embodiments, the anti-PD-1 antibody molecule comprises the heavy chain framework regions 1-3 of BAP049-hum01 or BAP049-Clone-A (*e.g.*, SEQ ID NO: 147 (VHFW1),
 20 SEQ ID NO: 153 (VHFW2), and SEQ ID NO: 162 (VHFW3)) and the light chain framework regions 1-3 of BAP049-hum01 or BAP049-Clone-A (*e.g.*, SEQ ID NO: 177 (VLFW1), SEQ ID NO: 187 (VLFW2), and SEQ ID NO: 202 (VLFW3)).

In some embodiments, the anti-PD-1 antibody molecule comprises the heavy chain framework regions 1-3 of BAP049-hum02 (*e.g.*, SEQ ID NO: 147 (VHFW1), SEQ ID NO: 153
 25 (VHFW2), and SEQ ID NO: 162 (VHFW3)) and the light chain framework regions 1-3 of BAP049-hum02 (*e.g.*, SEQ ID NO: 185 (VLFW1), SEQ ID NO: 187 (VLFW2), and SEQ ID NO: 200 (VLFW3)).

In some embodiments, the anti-PD-1 antibody molecule comprises the heavy chain framework regions 1-3 of BAP049-hum03 (*e.g.*, SEQ ID NO: 147 (VHFW1), SEQ ID NO: 157
 30 (VHFW2), and SEQ ID NO: 166 (VHFW3)) and the light chain framework regions 1-3 of BAP049-hum03 (*e.g.*, SEQ ID NO: 185 (VLFW1), SEQ ID NO: 187 (VLFW2), and SEQ ID NO: 200 (VLFW3)).

In some embodiments, the anti-PD-1 antibody molecule comprises the heavy chain framework regions 1-3 of BAP049-hum04 (*e.g.*, SEQ ID NO: 147 (VHFW1), SEQ ID NO: 157
 35 (VHFW2), and SEQ ID NO: 166 (VHFW3)) and the light chain framework regions 1-3 of BAP049-hum04 (*e.g.*, SEQ ID NO: 177 (VLFW1), SEQ ID NO: 191 (VLFW2), and SEQ ID NO: 205 (VLFW3)).

In some embodiments, the anti-PD-1 antibody molecule comprises the heavy chain framework regions 1-3 of BAP049-hum05 or BAP049-Clone-B (*e.g.*, SEQ ID NO: 147 (VHFW1),
 40 SEQ ID NO: 153 (VHFW2), and SEQ ID NO: 162 (VHFW3)) and the light chain framework regions

5 1-3 of BAP049-hum05 or BAP049-Clone-B (*e.g.*, SEQ ID NO: 177 (VLFW1), SEQ ID NO: 191 (VLFW2), and SEQ ID NO: 205 (VLFW3)).

In some embodiments, the anti-PD-1 antibody molecule comprises the heavy chain framework regions 1-3 of BAP049-hum06 (*e.g.*, SEQ ID NO: 147 (VHFW1), SEQ ID NO: 153 (VHFW2), and SEQ ID NO: 162 (VHFW3)) and the light chain framework regions 1-3 of BAP049-
10 hum06 (*e.g.*, SEQ ID NO: 181 (VLFW1), SEQ ID NO: 187 (VLFW2), and SEQ ID NO: 196 (VLFW3)).

In some embodiments, the anti-PD-1 antibody molecule comprises the heavy chain framework regions 1-3 of BAP049-hum07 (*e.g.*, SEQ ID NO: 147 (VHFW1), SEQ ID NO: 153 (VHFW2), and SEQ ID NO: 162 (VHFW3)) and the light chain framework regions 1-3 of BAP049-
15 hum07 (*e.g.*, SEQ ID NO: 177 (VLFW1), SEQ ID NO: 191 (VLFW2), and SEQ ID NO: 196 (VLFW3)).

In some embodiments, the anti-PD-1 antibody molecule comprises the heavy chain framework regions 1-3 of BAP049-hum08 (*e.g.*, SEQ ID NO: 147 (VHFW1), SEQ ID NO: 157 (VHFW2), and SEQ ID NO: 166 (VHFW3)) and the light chain framework regions 1-3 of BAP049-
20 hum08 (*e.g.*, SEQ ID NO: 174 (VLFW1), SEQ ID NO: 187 (VLFW2), and SEQ ID NO: 196 (VLFW3)).

In some embodiments, the anti-PD-1 antibody molecule comprises the heavy chain framework regions 1-3 of BAP049-hum09 or BAP049-Clone-C (*e.g.*, SEQ ID NO: 147 (VHFW1), SEQ ID NO: 153 (VHFW2), and SEQ ID NO: 162 (VHFW3)) and the light chain framework regions
25 1-3 of BAP049-hum09 or BAP049-Clone-C (*e.g.*, SEQ ID NO: 174 (VLFW1), SEQ ID NO: 187 (VLFW2), and SEQ ID NO: 196 (VLFW3)).

In some embodiments, the anti-PD-1 antibody molecule comprises the heavy chain framework regions 1-3 of BAP049-hum10 or BAP049-Clone-D (*e.g.*, SEQ ID NO: 147 (VHFW1), SEQ ID NO: 157 (VHFW2), and SEQ ID NO: 166 (VHFW3)) and the light chain framework regions
30 1-3 of BAP049-hum10 or BAP049-Clone-D (*e.g.*, SEQ ID NO: 177 (VLFW1), SEQ ID NO: 187 (VLFW2), and SEQ ID NO: 196 (VLFW3)).

In some embodiments, the anti-PD-1 antibody molecule comprises the heavy chain framework regions 1-3 of BAP049-hum11 or BAP049-Clone-E (*e.g.*, SEQ ID NO: 147 (VHFW1), SEQ ID NO: 153 (VHFW2), and SEQ ID NO: 162 (VHFW3)) and the light chain framework regions
35 1-3 of BAP049-hum11 or BAP049-Clone-E (*e.g.*, SEQ ID NO: 177 (VLFW1), SEQ ID NO: 187 (VLFW2), and SEQ ID NO: 196 (VLFW3)).

In some embodiments, the anti-PD-1 antibody molecule comprises the heavy chain framework regions 1-3 of BAP049-hum12 (*e.g.*, SEQ ID NO: 147 (VHFW1), SEQ ID NO: 153 (VHFW2), and SEQ ID NO: 162 (VHFW3)) and the light chain framework regions 1-3 of BAP049-
40 hum12 (*e.g.*, SEQ ID NO: 185 (VLFW1), SEQ ID NO: 194 (VLFW2), and SEQ ID NO: 196 (VLFW3)).

5 In some embodiments, the anti-PD-1 antibody molecule comprises the heavy chain framework regions 1-3 of BAP049-hum13 (*e.g.*, SEQ ID NO: 147 (VHFW1), SEQ ID NO: 153 (VHFW2), and SEQ ID NO: 162 (VHFW3)) and the light chain framework regions 1-3 of BAP049-hum13 (*e.g.*, SEQ ID NO: 183 (VLFW1), SEQ ID NO: 191 (VLFW2), and SEQ ID NO: 196 (VLFW3)).

10 In some embodiments, the anti-PD-1 antibody molecule comprises the heavy chain framework regions 1-3 of BAP049-hum14 (*e.g.*, SEQ ID NO: 151 (VHFW1), SEQ ID NO: 157 (VHFW2), and SEQ ID NO: 166 (VHFW3)) and the light chain framework regions 1-3 of BAP049-hum14 (*e.g.*, SEQ ID NO: 177 (VLFW1), SEQ ID NO: 187 (VLFW2), and SEQ ID NO: 196 (VLFW3)).

15 In some embodiments, the anti-PD-1 antibody molecule comprises the heavy chain framework regions 1-3 of BAP049-hum15 (*e.g.*, SEQ ID NO: 151 (VHFW1), SEQ ID NO: 157 (VHFW2), and SEQ ID NO: 166 (VHFW3)) and the light chain framework regions 1-3 of BAP049-hum15 (*e.g.*, SEQ ID NO: 174 (VLFW1), SEQ ID NO: 187 (VLFW2), and SEQ ID NO: 196 (VLFW3)).

20 In some embodiments, the anti-PD-1 antibody molecule comprises the heavy chain framework regions 1-3 of BAP049-hum16 (*e.g.*, SEQ ID NO: 147 (VHFW1), SEQ ID NO: 160 (VHFW2), and SEQ ID NO: 166 (VHFW3)) and the light chain framework regions 1-3 of BAP049-hum16 (*e.g.*, SEQ ID NO: 174 (VLFW1), SEQ ID NO: 187 (VLFW2), and SEQ ID NO: 196 (VLFW3)).

25 In some embodiments, the anti-PD-1 antibody molecule further comprises the heavy chain framework region 4 (VHFW4) of BAP049-hum01, BAP049-hum02, BAP049-hum03, BAP049-hum04, BAP049-hum05, BAP049-hum06, BAP049-hum07, BAP049-hum08, BAP049-hum09, BAP049-hum10, BAP049-hum11, BAP049-hum12, BAP049-hum13, BAP049-hum14, BAP049-hum15, BAP049-hum16, BAP049-Clone-A, BAP049-Clone-B, BAP049-Clone-C, BAP049-Clone-D, 30 or BAP049-Clone-E (*e.g.*, SEQ ID NO: 169) and the light chain framework region 4 (VLFW4) of BAP049-hum01, BAP049-hum02, BAP049-hum03, BAP049-hum04, BAP049-hum05, BAP049-hum06, BAP049-hum07, BAP049-hum08, BAP049-hum09, BAP049-hum10, BAP049-hum11, BAP049-hum12, BAP049-hum13, BAP049-hum14, BAP049-hum15, BAP049-hum16, BAP049-Clone-A, BAP049-Clone-B, BAP049-Clone-C, BAP049-Clone-D, or BAP049-Clone-E (*e.g.*, SEQ ID 35 NO: 208).

In some embodiments, the anti-PD-1 antibody molecule comprises a heavy chain framework region having a combination of framework regions FW1, FW2 and FW3 as shown in FIGs. 5 or 7. In other embodiment, the antibody molecule comprises a light chain framework region having a combination of framework regions FW1, FW2 and FW3 as shown in FIGs. 5 or 7. In yet other 40 embodiments, the antibody molecule comprises a heavy chain framework region having a combination of framework regions FW1, FW2 and FW3 as shown in FIGs. 5 or 7, and a light chain

5 framework region having a combination of framework regions FW1, FW2 and FW3 as shown in FIGs. 5 or 7.

In one embodiment, the heavy or light chain variable domain, or both, of the anti-PD-1 antibody molecule includes an amino acid sequence, which is substantially identical to an amino acid disclosed herein, *e.g.*, at least 80%, 85%, 90%, 92%, 95%, 97%, 98%, 99% or higher identical to a
 10 variable region of an antibody described herein, *e.g.*, an antibody chosen from any of BAP049-hum01, BAP049-hum02, BAP049-hum03, BAP049-hum04, BAP049-hum05, BAP049-hum06, BAP049-hum07, BAP049-hum08, BAP049-hum09, BAP049-hum10, BAP049-hum11, BAP049-hum12, BAP049-hum13, BAP049-hum14, BAP049-hum15, BAP049-Clone-A, BAP049-Clone-B, BAP049-Clone-C, BAP049-Clone-D, or BAP049-Clone-E; or as described in Table 1, or encoded by
 15 the nucleotide sequence in Table 1; or which differs at least 1 or 5 residues, but less than 40, 30, 20, or 10 residues, from a variable region of an antibody described herein.

In one embodiment, the heavy or light chain variable region, or both, of the anti-PD-1 antibody molecule includes an amino acid sequence encoded by a nucleic acid sequence described herein or a nucleic acid that hybridizes to a nucleic acid sequence described herein (*e.g.*, a nucleic
 20 acid sequence as shown in Tables 1 and 2) or its complement, *e.g.*, under low stringency, medium stringency, or high stringency, or other hybridization condition described herein.

In another embodiment, the anti-PD-1 antibody molecule comprises at least one, two, three, or four antigen-binding regions, *e.g.*, variable regions, having an amino acid sequence as set forth in Table 1, or a sequence substantially identical thereto (*e.g.*, a sequence at least about 85%, 90%, 95%,
 25 99% or more identical thereto, or which differs by no more than 1, 2, 5, 10, or 15 amino acid residues from the sequences shown in Table 1. In another embodiment, the anti-PD-1 antibody molecule includes a VH and/or VL domain encoded by a nucleic acid having a nucleotide sequence as set forth in Table 1, or a sequence substantially identical thereto (*e.g.*, a sequence at least about 85%, 90%, 95%, 99% or more identical thereto, or which differs by no more than 3, 6, 15, 30, or 45 nucleotides
 30 from the sequences shown in Table 1.

In yet another embodiment, the anti-PD-1 antibody molecule comprises at least one, two, or three CDRs from a heavy chain variable region having an amino acid sequence as set forth in Table 1, or a sequence substantially homologous thereto (*e.g.*, a sequence at least about 85%, 90%, 95%, 99% or more identical thereto, and/or having one, two, three or more substitutions, insertions or deletions,
 35 *e.g.*, conserved substitutions). In yet another embodiment, the anti-PD-1 antibody molecule comprises at least one, two, or three CDRs from a light chain variable region having an amino acid sequence as set forth in Table 1, or a sequence substantially homologous thereto (*e.g.*, a sequence at least about 85%, 90%, 95%, 99% or more identical thereto, and/or having one, two, three or more substitutions, insertions or deletions, *e.g.*, conserved substitutions). In yet another embodiment, the
 40 anti-PD-1 antibody molecule comprises at least one, two, three, four, five or six CDRs from heavy and light chain variable regions having an amino acid sequence as set forth in Table 1), or a sequence

5 substantially homologous thereto (*e.g.*, a sequence at least about 85%, 90%, 95%, 99% or more identical thereto, and/or having one, two, three or more substitutions, insertions or deletions, *e.g.*, conserved substitutions).

In one embodiment, the anti-PD-1 antibody molecule comprises at least one, two, or three CDRs and/or hypervariable loops from a heavy chain variable region having an amino acid sequence
 10 of an antibody described herein, *e.g.*, an antibody chosen from any of BAP049-hum01, BAP049-hum02, BAP049-hum03, BAP049-hum04, BAP049-hum05, BAP049-hum06, BAP049-hum07, BAP049-hum08, BAP049-hum09, BAP049-hum10, BAP049-hum11, BAP049-hum12, BAP049-hum13, BAP049-hum14, BAP049-hum15, BAP049-hum16, BAP049-Clone-A, BAP049-Clone-B, BAP049-Clone-C, BAP049-Clone-D, or BAP049-Clone-E, as summarized in Table 1, or a sequence
 15 substantially identical thereto (*e.g.*, a sequence at least about 85%, 90%, 95%, 99% or more identical thereto, and/or having one, two, three or more substitutions, insertions or deletions, *e.g.*, conserved substitutions). In another embodiment, the anti-PD-1 antibody molecule comprises at least one, two, or three CDRs and/or hypervariable loops from a light chain variable region having an amino acid sequence of an antibody described herein, *e.g.*, an antibody chosen from any of BAP049-hum01,
 20 BAP049-hum02, BAP049-hum03, BAP049-hum04, BAP049-hum05, BAP049-hum06, BAP049-hum07, BAP049-hum08, BAP049-hum09, BAP049-hum10, BAP049-hum11, BAP049-hum12, BAP049-hum13, BAP049-hum14, BAP049-hum15, BAP049-hum16, BAP049-Clone-A, BAP049-Clone-B, BAP049-Clone-C, BAP049-Clone-D, or BAP049-Clone-E, as summarized in Table 1, or a sequence substantially identical thereto (*e.g.*, a sequence at least about 85%, 90%, 95%, 99% or more
 25 identical thereto, and/or having one, two, three or more substitutions, insertions or deletions, *e.g.*, conserved substitutions). In one embodiment, the anti-PD-1 antibody molecule comprises all six CDRs and/or hypervariable loops described herein, *e.g.*, described in Table 1.

In one embodiment, the anti-PD-1 antibody molecule has a variable region that is identical in sequence, or which differs by 1, 2, 3, or 4 amino acids from a variable region described herein (*e.g.*,
 30 an FR region disclosed herein).

In one embodiment, the anti-PD-1 antibody molecule is a full antibody or fragment thereof (*e.g.*, a Fab, F(ab')₂, Fv, or a single chain Fv fragment (scFv)). In certain embodiments, the anti-PD-1 antibody molecule is a monoclonal antibody or an antibody with single specificity. The anti-PD-1 antibody molecule can also be a humanized, chimeric, camelid, shark, or an *in vitro*-generated
 35 antibody molecule. In one embodiment, the anti-PD-1 antibody molecule thereof is a humanized antibody molecule. The heavy and light chains of the anti-PD-1 antibody molecule can be full-length (*e.g.*, an antibody can include at least one, and preferably two, complete heavy chains, and at least one, and preferably two, complete light chains) or can include an antigen-binding fragment (*e.g.*, a Fab, F(ab')₂, Fv, a single chain Fv fragment, a single domain antibody, a diabody (dAb), a bivalent
 40 antibody, or bispecific antibody or fragment thereof, a single domain variant thereof, or a camelid antibody).

5 In yet other embodiments, the anti-PD-1 antibody molecule has a heavy chain constant region (Fc) chosen from, *e.g.*, the heavy chain constant regions of IgG1, IgG2, IgG3, IgG4, IgM, IgA1, IgA2, IgD, and IgE; particularly, chosen from, *e.g.*, the heavy chain constant regions of IgG1, IgG2, IgG3, and IgG4, more particularly, the heavy chain constant region of IgG1 or IgG2 (*e.g.*, human IgG1, IgG2 or IgG4). In one embodiment, the heavy chain constant region is human IgG1. In another

10 embodiment, the anti-PD-1 antibody molecule has a light chain constant region chosen from, *e.g.*, the light chain constant regions of kappa or lambda, preferably kappa (*e.g.*, human kappa). In one embodiment, the constant region is altered, *e.g.*, mutated, to modify the properties of the anti-PD-1 antibody molecule (*e.g.*, to increase or decrease one or more of: Fc receptor binding, antibody glycosylation, the number of cysteine residues, effector cell function, or complement function). For

15 example, the constant region is mutated at positions 296 (M to Y), 298 (S to T), 300 (T to E), 477 (H to K) and 478 (N to F) to alter Fc receptor binding (*e.g.*, the mutated positions correspond to positions 132 (M to Y), 134 (S to T), 136 (T to E), 313 (H to K) and 314 (N to F) of SEQ ID NOs: 212 or 214; or positions 135 (M to Y), 137 (S to T), 139 (T to E), 316 (H to K) and 317 (N to F) of SEQ ID NOs: 215, 216, 217 or 218). In another embodiment, the heavy chain constant region of an IgG4, *e.g.*, a

20 human IgG4, is mutated at position 228 according to EU numbering (*e.g.*, S to P), *e.g.*, as shown in Table 3. In certain embodiments, the anti-PD-1 antibody molecules comprises a human IgG4 mutated at position 228 according to EU numbering (*e.g.*, S to P), *e.g.*, as shown in Table 3; and a kappa light chain constant region, *e.g.*, as shown in Table 3. In still another embodiment, the heavy chain constant region of an IgG1, *e.g.*, a human IgG1, is mutated at one or more of position 297 according

25 to EU numbering (*e.g.*, N to A), position 265 according to EU numbering (*e.g.*, D to A), position 329 according to EU numbering (*e.g.*, P to A), position 234 according to EU numbering (*e.g.*, L to A), or position 235 according to EU numbering (*e.g.*, L to A), *e.g.*, as shown in Table 3. In certain embodiments, the anti-PD-1 antibody molecules comprises a human IgG1 mutated at one or more of the aforesaid positions, *e.g.*, as shown in Table 3; and a kappa light chain constant region, *e.g.*, as

30 shown in Table 3.

In one embodiment, the anti-PD-1 antibody molecule is isolated or recombinant.

In one embodiment, the anti-PD-1 antibody molecule is a humanized antibody molecule.

In one embodiment, the anti-PD-1 antibody molecule has a risk score based on T cell epitope analysis of less than 700, 600, 500, 400 or less.

35 In one embodiment, the anti-PD-1 antibody molecule is a humanized antibody molecule and has a risk score based on T cell epitope analysis of 300 to 700, 400 to 650, 450 to 600, or a risk score as described herein.

In one embodiment, the anti-PD-1 antibody molecule includes:

40 (a) a heavy chain variable region (VH) comprising a VHCDR1 amino acid sequence of SEQ ID NO: 4, a VHCDR2 amino acid sequence of SEQ ID NO: 5, and a VHCDR3 amino acid sequence of SEQ ID NO: 3; and a light chain variable region (VL) comprising a VLCDR1 amino acid sequence

5 of SEQ ID NO: 13, a VLCDR2 amino acid sequence of SEQ ID NO: 14, and a VLCDR3 amino acid sequence of SEQ ID NO: 33;

(b) a VH comprising a VHCDR1 amino acid sequence chosen from SEQ ID NO: 1; a VHCDR2 amino acid sequence of SEQ ID NO: 2; and a VHCDR3 amino acid sequence of SEQ ID NO: 3; and a VL comprising a VLCDR1 amino acid sequence of SEQ ID NO: 10, a VLCDR2 amino acid sequence of SEQ ID NO: 11, and a VLCDR3 amino acid sequence of SEQ ID NO: 32;

(c) a VH comprising a VHCDR1 amino acid sequence of SEQ ID NO: 224, a VHCDR2 amino acid sequence of SEQ ID NO: 5, and a VHCDR3 amino acid sequence of SEQ ID NO: 3; and a VL comprising a VLCDR1 amino acid sequence of SEQ ID NO: 13, a VLCDR2 amino acid sequence of SEQ ID NO: 14, and a VLCDR3 amino acid sequence of SEQ ID NO: 33; or

15 (d) a VH comprising a VHCDR1 amino acid sequence of SEQ ID NO: 224; a VHCDR2 amino acid sequence of SEQ ID NO: 2; and a VHCDR3 amino acid sequence of SEQ ID NO: 3; and a VL comprising a VLCDR1 amino acid sequence of SEQ ID NO: 10, a VLCDR2 amino acid sequence of SEQ ID NO: 11, and a VLCDR3 amino acid sequence of SEQ ID NO: 32.

In certain embodiments, the anti-PD-1 antibody molecule comprises:

20 (i) a heavy chain variable region (VH) comprising a VHCDR1 amino acid sequence chosen from SEQ ID NO: 1, SEQ ID NO: 4 or SEQ ID NO: 224; a VHCDR2 amino acid sequence of SEQ ID NO: 2; and a VHCDR3 amino acid sequence of SEQ ID NO: 3; and

(ii) a light chain variable region (VL) comprising a VLCDR1 amino acid sequence of SEQ ID NO: 10, a VLCDR2 amino acid sequence of SEQ ID NO: 11, and a VLCDR3 amino acid sequence of SEQ ID NO: 32.

In other embodiments, the anti-PD-1 antibody molecule comprises:

(i) a heavy chain variable region (VH) comprising a VHCDR1 amino acid sequence chosen from SEQ ID NO: 1, SEQ ID NO: 4 or SEQ ID NO: 224; a VHCDR2 amino acid sequence of SEQ ID NO: 5, and a VHCDR3 amino acid sequence of SEQ ID NO: 3; and

30 (ii) a light chain variable region (VL) comprising a VLCDR1 amino acid sequence of SEQ ID NO: 13, a VLCDR2 amino acid sequence of SEQ ID NO: 14, and a VLCDR3 amino acid sequence of SEQ ID NO: 33.

In embodiments of the aforesaid antibody molecules, the VHCDR1 comprises the amino acid sequence of SEQ ID NO: 1. In other embodiments, the VHCDR1 comprises the amino acid sequence of SEQ ID NO: 4. In yet other embodiments, the VHCDR1 amino acid sequence of SEQ ID NO: 224.

In embodiments, the aforesaid antibody molecules have a heavy chain variable region comprising at least one framework (FW) region comprising the amino acid sequence of any of SEQ ID NOs: 147, 151, 153, 157, 160, 162, 166, or 169, or an amino acid sequence at least 90% identical thereto, or having no more than two amino acid substitutions, insertions or deletions compared to the amino acid sequence of any of SEQ ID NOs: 147, 151, 153, 157, 160, 162, 166, or 169.

5 In other embodiments, the aforesaid antibody molecules have a heavy chain variable region comprising at least one framework region comprising the amino acid sequence of any of SEQ ID NOs: 147, 151, 153, 157, 160, 162, 166, or 169.

In yet other embodiments, the aforesaid antibody molecules have a heavy chain variable region comprising at least two, three, or four framework regions comprising the amino acid sequences
10 of any of SEQ ID NOs: 147, 151, 153, 157, 160, 162, 166, or 169.

In other embodiments, the aforesaid antibody molecules comprise a VHFW1 amino acid sequence of SEQ ID NO: 147 or 151, a VHFW2 amino acid sequence of SEQ ID NO: 153, 157, or 160, and a VHFW3 amino acid sequence of SEQ ID NO: 162 or 166, and, optionally, further comprising a VHFW4 amino acid sequence of SEQ ID NO: 169.

15 In other embodiments, the aforesaid antibody molecules have a light chain variable region comprising at least one framework region comprising the amino acid sequence of any of SEQ ID NOs: 174, 177, 181, 183, 185, 187, 191, 194, 196, 200, 202, 205, or 208, or an amino acid sequence at least 90% identical thereto, or having no more than two amino acid substitutions, insertions or deletions compared to the amino acid sequence of any of 174, 177, 181, 183, 185, 187, 191, 194, 196,
20 200, 202, 205, or 208.

In other embodiments, the aforesaid antibody molecules have a light chain variable region comprising at least one framework region comprising the amino acid sequence of any of SEQ ID NOs: 174, 177, 181, 183, 185, 187, 191, 194, 196, 200, 202, 205, or 208.

In other embodiments, the aforesaid antibody molecules have a light chain variable region
25 comprising at least two, three, or four framework regions comprising the amino acid sequences of any of SEQ ID NOs: 174, 177, 181, 183, 185, 187, 191, 194, 196, 200, 202, 205, or 208.

In other embodiments, the aforesaid antibody molecules comprise a VLFW1 amino acid sequence of SEQ ID NO: 174, 177, 181, 183, or 185, a VLFW2 amino acid sequence of SEQ ID NO: 187, 191, or 194, and a VLFW3 amino acid sequence of SEQ ID NO: 196, 200, 202, or 205, and,
30 optionally, further comprising a VLFW4 amino acid sequence of SEQ ID NO: 208.

In other embodiments, the aforesaid antibodies comprise a heavy chain variable domain comprising an amino acid sequence at least 85% identical to any of SEQ ID NOs: 38, 50, 82, or 86.

In other embodiments, the aforesaid antibody molecules comprise a heavy chain variable domain comprising the amino acid sequence of SEQ ID NO: 38, 50, 82, or 86.

35 In other embodiments, the aforesaid antibody molecules comprise a light chain variable domain comprising an amino acid sequence at least 85% identical to any of SEQ ID NOs: 42, 46, 54, 58, 62, 66, 70, 74, or 78.

In other embodiments, the aforesaid antibody molecules comprise a light chain variable domain comprising the amino acid sequence of SEQ ID NO: 42, 46, 54, 58, 62, 66, 70, 74, or 78.

40 In other embodiments, the aforesaid antibody molecules comprise a heavy chain variable domain comprising the amino acid sequence of SEQ ID NO: 38.

5 In other embodiments, the aforesaid antibody molecules comprise a heavy chain comprising the amino acid sequence of SEQ ID NO: 40.

In other embodiments, the aforesaid antibody molecules comprise a heavy chain comprising the amino acid sequence of SEQ ID NO: 91.

10 In other embodiments, the aforesaid antibody molecules comprise a heavy chain variable domain comprising the amino acid sequence of SEQ ID NO: 50.

In other embodiments, the aforesaid antibody molecules comprise a heavy chain comprising the amino acid sequence of SEQ ID NO: 52 or SEQ ID NO: 102.

In other embodiments, the aforesaid antibody molecules comprise a heavy chain variable domain comprising the amino acid sequence of SEQ ID NO: 82.

15 In other embodiments, the aforesaid antibody molecules comprise a heavy chain comprising the amino acid sequence of SEQ ID NO: 84.

In other embodiments, the aforesaid antibody molecules comprise a heavy chain variable domain comprising the amino acid sequence of SEQ ID NO: 86.

20 In other embodiments, the aforesaid antibody molecules comprise a heavy chain comprising the amino acid sequence of SEQ ID NO: 88.

In other embodiments, the aforesaid antibody molecules comprise a light chain variable domain comprising the amino acid sequence of SEQ ID NO: 42.

In other embodiments, the aforesaid antibody molecules comprise a light chain comprising the amino acid sequence of SEQ ID NO: 44.

25 In other embodiments, the aforesaid antibody molecules comprise a light chain variable domain comprising the amino acid sequence of SEQ ID NO: 46.

In other embodiments, the aforesaid antibody molecules comprise a light chain comprising the amino acid sequence of SEQ ID NO: 48.

30 In other embodiments, the aforesaid antibody molecules comprise a light chain variable domain comprising the amino acid sequence of SEQ ID NO: 54.

In other embodiments, the aforesaid antibody molecules comprise a light chain comprising the amino acid sequence of SEQ ID NO: 56.

In other embodiments, the aforesaid antibody molecules comprise a light chain variable domain comprising the amino acid sequence of SEQ ID NO: 58.

35 In other embodiments, the aforesaid antibody molecules comprise a light chain comprising the amino acid sequence of SEQ ID NO: 60.

In other embodiments, the aforesaid antibody molecules comprise a light chain variable domain comprising the amino acid sequence of SEQ ID NO: 62.

40 In other embodiments, the aforesaid antibodies comprise a light chain comprising the amino acid sequence of SEQ ID NO: 64.

5 In other embodiments, the aforesaid antibody molecules comprise a light chain variable domain comprising the amino acid sequence of SEQ ID NO: 66.

 In other embodiments, the aforesaid antibody molecules comprise a light chain comprising the amino acid sequence of SEQ ID NO: 68.

10 In other embodiments, the aforesaid antibody molecules comprise a light chain variable domain comprising the amino acid sequence of SEQ ID NO: 70.

 In other embodiments, the aforesaid antibody molecules comprise a light chain comprising the amino acid sequence of SEQ ID NO: 72.

 In other embodiments, the aforesaid antibody molecules comprise a light chain variable domain comprising the amino acid sequence of SEQ ID NO: 74.

15 In other embodiments, the aforesaid antibody molecules comprise a light chain comprising the amino acid sequence of SEQ ID NO: 76.

 In other embodiments, the aforesaid antibody molecules comprise a light chain variable domain comprising the amino acid sequence of SEQ ID NO: 78.

20 In other embodiments, the aforesaid antibody molecules comprise a light chain comprising the amino acid sequence of SEQ ID NO: 80.

 In other embodiments, the aforesaid antibody molecules comprise a heavy chain variable domain comprising the amino acid sequence of SEQ ID NO: 38 and a light chain variable domain comprising the amino acid sequence of SEQ ID NO: 42.

25 In other embodiments, the aforesaid antibody molecules comprise a heavy chain variable domain comprising the amino acid sequence of SEQ ID NO: 38 and a light chain variable domain comprising the amino acid sequence of SEQ ID NO: 66.

 In other embodiments, the aforesaid antibody molecules comprise a heavy chain variable domain comprising the amino acid sequence of SEQ ID NO: 38 and a light chain variable domain comprising the amino acid sequence of SEQ ID NO: 70.

30 In other embodiments, the aforesaid antibody molecules comprise a heavy chain variable domain comprising the amino acid sequence of SEQ ID NO: 50 and a light chain variable domain comprising the amino acid sequence of SEQ ID NO: 70.

35 In other embodiments, the aforesaid antibody molecules comprise a heavy chain variable domain comprising the amino acid sequence of SEQ ID NO: 38 and a light chain variable domain comprising the amino acid sequence of SEQ ID NO: 46.

 In other embodiments, the aforesaid antibody molecules comprise a heavy chain variable domain comprising the amino acid sequence of SEQ ID NO: 50 and a light chain variable domain comprising the amino acid sequence of SEQ ID NO: 46.

40 In other embodiments, the aforesaid antibody molecules comprise a heavy chain variable domain comprising the amino acid sequence of SEQ ID NO: 50 and a light chain variable domain comprising the amino acid sequence of SEQ ID NO: 54.

5 In other embodiments, the aforesaid antibody molecules comprise a heavy chain variable domain comprising the amino acid sequence of SEQ ID NO: 38 and a light chain variable domain comprising the amino acid sequence of SEQ ID NO: 54.

 In other embodiments, the aforesaid antibody molecules comprise a heavy chain variable domain comprising the amino acid sequence of SEQ ID NO: 38 and a light chain variable domain
10 comprising the amino acid sequence of SEQ ID NO: 58.

 In other embodiments, the aforesaid antibody molecules comprise a heavy chain variable domain comprising the amino acid sequence of SEQ ID NO: 38 and a light chain variable domain comprising the amino acid sequence of SEQ ID NO: 62.

 In other embodiments, the aforesaid antibody molecules comprise a heavy chain variable
15 domain comprising the amino acid sequence of SEQ ID NO: 50 and a light chain variable domain comprising the amino acid sequence of SEQ ID NO: 66.

 In other embodiments, the aforesaid antibody molecules comprise a heavy chain variable domain comprising the amino acid sequence of SEQ ID NO: 38 and a light chain variable domain comprising the amino acid sequence of SEQ ID NO: 74.

20 In other embodiments, the aforesaid antibody molecules comprise a heavy chain variable domain comprising the amino acid sequence of SEQ ID NO: 38 and a light chain variable domain comprising the amino acid sequence of SEQ ID NO: 78.

 In other embodiments, the aforesaid antibody molecules comprise a heavy chain variable domain comprising the amino acid sequence of SEQ ID NO: 82 and a light chain variable domain
25 comprising the amino acid sequence of SEQ ID NO: 70.

 In other embodiments, the aforesaid antibody molecules comprise a heavy chain variable domain comprising the amino acid sequence of SEQ ID NO: 82 and a light chain variable domain comprising the amino acid sequence of SEQ ID NO: 66.

 In other embodiments, the aforesaid antibody molecules comprise a heavy chain variable
30 domain comprising the amino acid sequence of SEQ ID NO: 86 and a light chain variable domain comprising the amino acid sequence of SEQ ID NO: 66.

 In other embodiments, the aforesaid antibody molecules comprise a heavy chain comprising the amino acid sequence of SEQ ID NO: 91 and a light chain comprising the amino acid sequence of SEQ ID NO: 44.

35 In other embodiments, the aforesaid antibody molecules comprise a heavy chain comprising the amino acid sequence of SEQ ID NO: 91 and a light chain comprising the amino acid sequence of SEQ ID NO: 56.

 In other embodiments, the aforesaid antibody molecules comprise a heavy chain comprising the amino acid sequence of SEQ ID NO: 91 and a light chain comprising the amino acid sequence of
40 SEQ ID NO: 68.

5 In other embodiments, the aforesaid antibody molecules comprise a heavy chain comprising the amino acid sequence of SEQ ID NO: 91 and a light chain comprising the amino acid sequence of SEQ ID NO: 72.

 In other embodiments, the aforesaid antibody molecules comprise a heavy chain comprising the amino acid sequence of SEQ ID NO: 102 and a light chain comprising the amino acid sequence of
10 SEQ ID NO: 72.

 In other embodiments, the aforesaid antibody molecules comprise a heavy chain comprising the amino acid sequence of SEQ ID NO: 40 and a light chain comprising the amino acid sequence of SEQ ID NO: 44.

 In other embodiments, the aforesaid antibody molecules comprise a heavy chain comprising
15 the amino acid sequence of SEQ ID NO: 40 and a light chain comprising the amino acid sequence of SEQ ID NO: 48.

 In other embodiments, the aforesaid antibody molecules comprise a heavy chain comprising the amino acid sequence of SEQ ID NO: 52 and a light chain comprising the amino acid sequence of SEQ ID NO: 48.

20 In other embodiments, the aforesaid antibody molecules comprise a heavy chain comprising the amino acid sequence of SEQ ID NO: 52 and a light chain comprising the amino acid sequence of SEQ ID NO: 56.

 In other embodiments, the aforesaid antibody molecules comprise a heavy chain comprising the amino acid sequence of SEQ ID NO: 40 and a light chain comprising the amino acid sequence of
25 SEQ ID NO: 56.

 In other embodiments, the aforesaid antibodies comprise a heavy chain comprising the amino acid sequence of SEQ ID NO: 40 and a light chain comprising the amino acid sequence of SEQ ID NO: 60.

 In other embodiments, the aforesaid antibody molecules comprise a heavy chain comprising
30 the amino acid sequence of SEQ ID NO: 40 and a light chain comprising the amino acid sequence of SEQ ID NO: 64.

 In other embodiments, the aforesaid antibody molecules comprise a heavy chain comprising the amino acid sequence of SEQ ID NO: 52 and a light chain comprising the amino acid sequence of SEQ ID NO: 68.

35 In other embodiments, the aforesaid antibody molecules comprise a heavy chain comprising the amino acid sequence of SEQ ID NO: 40 and a light chain comprising the amino acid sequence of SEQ ID NO: 68.

 In other embodiments, the aforesaid antibody molecules comprise a heavy chain comprising the amino acid sequence of SEQ ID NO: 52 and a light chain comprising the amino acid sequence of
40 SEQ ID NO: 72.

5 In other embodiments, the aforesaid antibody molecules comprise a heavy chain comprising the amino acid sequence of SEQ ID NO: 40 and a light chain comprising the amino acid sequence of SEQ ID NO: 72.

In other embodiments, the aforesaid antibody molecules comprise a heavy chain comprising the amino acid sequence of SEQ ID NO: 40 and a light chain comprising the amino acid sequence of
10 SEQ ID NO: 76.

In other embodiments, the aforesaid antibody molecules comprise a heavy chain comprising the amino acid sequence of SEQ ID NO: 40 and a light chain comprising the amino acid sequence of SEQ ID NO: 80.

In other embodiments, the aforesaid antibody molecules comprise a heavy chain comprising
15 the amino acid sequence of SEQ ID NO: 84 and a light chain comprising the amino acid sequence of SEQ ID NO: 72.

In other embodiments, the aforesaid antibodies comprise a heavy chain comprising the amino acid sequence of SEQ ID NO: 84 and a light chain comprising the amino acid sequence of SEQ ID NO: 68.

20 In other embodiments, the aforesaid antibody molecules comprise a heavy chain comprising the amino acid sequence of SEQ ID NO: 88 and a light chain comprising the amino acid sequence of SEQ ID NO: 68.

In other embodiments, the aforesaid antibody molecules are chosen from a Fab, F(ab')₂, Fv, or a single chain Fv fragment (scFv).

25 In other embodiments, the aforesaid antibody molecules comprise a heavy chain constant region selected from IgG1, IgG2, IgG3, and IgG4.

In other embodiments, the aforesaid antibody molecules comprise a light chain constant region chosen from the light chain constant regions of kappa or lambda.

In other embodiments, the aforesaid antibody molecules comprise a human IgG4 heavy chain
30 constant region with a mutation at position 228 according to EU numbering or position 108 of SEQ ID NO: 212 or 214 and a kappa light chain constant region.

In other embodiments, the aforesaid antibody molecules comprise a human IgG4 heavy chain constant region with a Serine to Proline mutation at position 228 according to EU numbering or position 108 of SEQ ID NO: 212 or 214 and a kappa light chain constant region.

35 In other embodiments, the aforesaid antibody molecules comprise a human IgG1 heavy chain constant region with an Asparagine to Alanine mutation at position 297 according to EU numbering or position 180 of SEQ ID NO: 216 and a kappa light chain constant region.

In other embodiments, the aforesaid antibody molecules comprise a human IgG1 heavy chain constant region with an Aspartate to Alanine mutation at position 265 according to EU numbering or
40 position 148 of SEQ ID NO: 217, and Proline to Alanine mutation at position 329 according to EU numbering or position 212 of SEQ ID NO: 217 and a kappa light chain constant region.

5 In other embodiments, the aforesaid antibody molecules comprise a human IgG1 heavy chain constant region with a Leucine to Alanine mutation at position 234 according to EU numbering or position 117 of SEQ ID NO: 218, and Leucine to Alanine mutation at position 235 according to EU numbering or position 118 of SEQ ID NO: 218 and a kappa light chain constant region.

10 In other embodiments, the aforesaid antibody molecules are capable of binding to human PD-1 with a dissociation constant (K_D) of less than about 0.2 nM.

In some embodiments, the aforesaid antibody molecules bind to human PD-1 with a K_D of less than about 0.2 nM, 0.15 nM, 0.1 nM, 0.05 nM, or 0.02 nM, *e.g.*, about 0.13 nM to 0.03 nM, *e.g.*, about 0.077 nM to 0.088 nM, *e.g.*, about 0.083 nM, *e.g.*, as measured by a Biacore method.

15 In other embodiments, the aforesaid antibody molecules bind to cynomolgus PD-1 with a K_D of less than about 0.2 nM, 0.15 nM, 0.1 nM, 0.05 nM, or 0.02 nM, *e.g.*, about 0.11 nM to 0.08 nM, *e.g.*, about 0.093 nM, *e.g.*, as measured by a Biacore method.

In certain embodiments, the aforesaid antibody molecules bind to both human PD-1 and cynomolgus PD-1 with similar K_D , *e.g.*, in the nM range, *e.g.*, as measured by a Biacore method. In some embodiments, the aforesaid antibody molecules bind to a human PD-1-Ig fusion protein with a K_D of less than about 0.1 nM, 0.075 nM, 0.05 nM, 0.025 nM, or 0.01 nM, *e.g.*, about 0.04 nM, *e.g.*, as measured by ELISA.

In some embodiments, the aforesaid antibody molecules bind to Jurkat cells that express human PD-1 (*e.g.*, human PD-1-transfected Jurkat cells) with a K_D of less than about 0.1 nM, 0.075 nM, 0.05 nM, 0.025 nM, or 0.01 nM, *e.g.*, about 0.06 nM, *e.g.*, as measured by FACS analysis.

25 In some embodiments, the aforesaid antibody molecules bind to cynomolgus T cells with a K_D of less than about 1 nM, 0.75 nM, 0.5 nM, 0.25 nM, or 0.1 nM, *e.g.*, about 0.4 nM, *e.g.*, as measured by FACS analysis.

In some embodiments, the aforesaid antibody molecules bind to cells that express cynomolgus PD-1 (*e.g.*, cells transfected with cynomolgus PD-1) with a K_D of less than about 1 nM, 0.75 nM, 0.5 nM, 0.25 nM, or 0.01 nM, *e.g.*, about 0.6 nM, *e.g.*, as measured by FACS analysis.

30 In certain embodiments, the aforesaid antibody molecules are not cross-reactive with mouse or rat PD-1. In other embodiments, the aforesaid antibodies are cross-reactive with rhesus PD-1. For example, the cross-reactivity can be measured by a Biacore method or a binding assay using cells that expresses PD-1 (*e.g.*, human PD-1-expressing 300.19 cells). In other embodiments, the aforesaid antibody molecules bind an extracellular Ig-like domain of PD-1.

In other embodiments, the aforesaid antibody molecules are capable of reducing binding of PD-1 to PD-L1, PD-L2, or both, or a cell that expresses PD-L1, PD-L2, or both. In some embodiments, the aforesaid antibody molecules reduce (*e.g.*, block) PD-L1 binding to a cell that expresses PD-1 (*e.g.*, human PD-1-expressing 300.19 cells) with an IC50 of less than about 1.5 nM, 1 nM, 0.8 nM, 0.6 nM, 0.4 nM, 0.2 nM, or 0.1 nM, *e.g.*, between about 0.79 nM and about 1.09 nM, *e.g.*, about 0.94 nM, or about 0.78 nM or less, *e.g.*, about 0.3 nM. In some embodiments, the

5 aforesaid antibodies reduce (*e.g.*, block) PD-L2 binding to a cell that expresses PD-1 (*e.g.*, human PD-1-expressing 300.19 cells) with an IC₅₀ of less than about 2 nM, 1.5 nM, 1 nM, 0.5 nM, or 0.2 nM, *e.g.*, between about 1.05 nM and about 1.55 nM, or about 1.3 nM or less, *e.g.*, about 0.9 nM.

In other embodiments, the aforesaid antibody molecules are capable of enhancing an antigen-specific T cell response.

10 In embodiments, the antibody molecule is a monospecific antibody molecule or a bispecific antibody molecule. In embodiments, the antibody molecule has a first binding specificity for PD-1 and a second binding specificity for TIM-3, LAG-3, CEACAM (*e.g.*, CEACAM-1, CEACAM-3, and/or CEACAM-5), PD-L1 or PD-L2. In embodiments, the antibody molecule comprises an antigen binding fragment of an antibody, *e.g.*, a half antibody or antigen binding fragment of a half antibody.

15 In some embodiments, the aforesaid antibody molecules increase the expression of IL-2 from cells activated by Staphylococcal enterotoxin B (SEB) (*e.g.*, at 25 µg/mL) by at least about 2, 3, 4, 5-fold, *e.g.*, about 2 to 3-fold, *e.g.*, about 2 to 2.6-fold, *e.g.*, about 2.3-fold, compared to the expression of IL-2 when an isotype control (*e.g.*, IgG4) is used, *e.g.*, as measured in a SEB T cell activation assay or a human whole blood *ex vivo* assay.

20 In some embodiments, the aforesaid antibody molecules increase the expression of IFN-γ from T cells stimulated by anti-CD3 (*e.g.*, at 0.1 µg/mL) by at least about 2, 3, 4, 5-fold, *e.g.*, about 1.2 to 3.4-fold, *e.g.*, about 2.3-fold, compared to the expression of IFN-γ when an isotype control (*e.g.*, IgG4) is used, *e.g.*, as measured in an IFN-γ activity assay.

In some embodiments, the aforesaid antibody molecules increase the expression of IFN-γ from T cells activated by SEB (*e.g.*, at 3 pg/mL) by at least about 2, 3, 4, 5-fold, *e.g.*, about 0.5 to 4.5-fold, *e.g.*, about 2.5-fold, compared to the expression of IFN-γ when an isotype control (*e.g.*, IgG4) is used, *e.g.*, as measured in an IFN-γ activity assay.

In some embodiments, the aforesaid antibody molecules increase the expression of IFN-γ from T cells activated with an CMV peptide by at least about 2, 3, 4, 5-fold, *e.g.*, about 2 to 3.6-fold, *e.g.*, about 2.8-fold, compared to the expression of IFN-γ when an isotype control (*e.g.*, IgG4) is used, *e.g.*, as measured in an IFN-γ activity assay.

In some embodiments, the aforesaid antibody molecules increase the proliferation of CD8⁺ T cells activated with an CMV peptide by at least about 1, 2, 3, 4, 5-fold, *e.g.*, about 1.5-fold, compared to the proliferation of CD8⁺ T cells when an isotype control (*e.g.*, IgG4) is used, *e.g.*, as measured by the percentage of CD8⁺ T cells that passed through at least n (*e.g.*, n = 2 or 4) cell divisions.

In certain embodiments, the aforesaid antibody molecules has a C_{max} between about 100 µg/mL and about 500 µg/mL, between about 150 µg/mL and about 450 µg/mL, between about 250 µg/mL and about 350 µg/mL, or between about 200 µg/mL and about 400 µg/mL, *e.g.*, about 292.5 µg/mL, *e.g.*, as measured in monkey.

40 In certain embodiments, the aforesaid antibody molecules has a T_{1/2} between about 250 hours and about 650 hours, between about 300 hours and about 600 hours, between about 350 hours and

5 about 550 hours, or between about 400 hours and about 500 hours, *e.g.*, about 465.5 hours, *e.g.*, as measured in monkey.

In some embodiments, the aforesaid antibody molecules bind to PD-1 with a K_d slower than 5×10^{-4} , 1×10^{-4} , 5×10^{-5} , or $1 \times 10^{-5} \text{ s}^{-1}$, *e.g.*, about $2.13 \times 10^{-4} \text{ s}^{-1}$, *e.g.*, as measured by a Biacore method. In some embodiments, the aforesaid antibody molecules bind to PD-1 with a K_a faster than
 10 1×10^4 , 5×10^4 , 1×10^5 , or $5 \times 10^5 \text{ M}^{-1} \text{ s}^{-1}$, *e.g.*, about $2.78 \times 10^5 \text{ M}^{-1} \text{ s}^{-1}$, *e.g.*, as measured by a Biacore method.

In some embodiments, the aforesaid anti-PD-1 antibody molecules bind to one or more residues within the C strand, CC' loop, C' strand and FG loop of PD-1. The domain structure of PD-1 is described, *e.g.*, in Cheng *et al.*, "Structure and Interactions of the Human Programmed Cell Death 1
 15 Receptor" *J. Biol. Chem.* 2013, 288:11771-11785. As described in Cheng *et. al.*, the C strand comprises residues F43-M50, the CC' loop comprises S51-N54, the C' strand comprises residues Q55-F62, and the FG loop comprises residues L108-I114 (amino acid numbering according to Chang *et al. supra*). Accordingly, in some embodiments, an anti-PD-1 antibody as described herein binds to at least one residue in one or more of the ranges F43-M50, S51-N54, Q55-F62, and L108-I114 of PD-
 20 1. In some embodiments, an anti-PD-1 antibody as described herein binds to at least one residue in two, three, or all four of the ranges F43-M50, S51-N54, Q55-F62, and L108-I114 of PD-1. In some embodiments, the anti-PD-1 antibody binds to a residue in PD-1 that is also part of a binding site for one or both of PD-L1 and PD-L2.

In another aspect, the invention provides an isolated nucleic acid molecule encoding any of
 25 the aforesaid antibody molecules, vectors and host cells thereof.

An isolated nucleic acid encoding the antibody heavy chain variable region or light chain variable region, or both, of any the aforesaid antibody molecules is also provided.

In one embodiment, the isolated nucleic acid encodes heavy chain CDRs 1-3, wherein said nucleic acid comprises a nucleotide sequence of SEQ ID NO: 108-112, 223, 122-126, 133-137, or
 30 144-146.

In another embodiment, the isolated nucleic acid encodes light chain CDRs 1-3, wherein said nucleic acid comprises a nucleotide sequence of SEQ ID NO: 113-120, 127-132, or 138-143.

In other embodiments, the aforesaid nucleic acid further comprises a nucleotide sequence encoding a heavy chain variable domain, wherein said nucleotide sequence is at least 85% identical to
 35 any of SEQ ID NO: 39, 51, 83, 87, 90, 95, or 101.

In other embodiments, the aforesaid nucleic acid further comprises a nucleotide sequence encoding a heavy chain variable domain, wherein said nucleotide sequence comprises any of SEQ ID NO: 39, 51, 83, 87, 90, 95, or 101.

In other embodiments, the aforesaid nucleic acid further comprises a nucleotide sequence
 40 encoding a heavy chain, wherein said nucleotide sequence is at least 85% identical to any of SEQ ID NO: 41, 53, 85, 89, 92, 96, or 103.

5 In other embodiments, the aforesaid nucleic acid further comprises a nucleotide sequence encoding a heavy chain, wherein said nucleotide sequence comprises any of SEQ ID NO: 41, 53, 85, 89, 92, 96, or 103.

In other embodiments, the aforesaid nucleic acid further comprises a nucleotide sequence encoding a light chain variable domain, wherein said nucleotide sequence is at least 85% identical to
10 any of SEQ ID NO: 43, 47, 55, 59, 63, 67, 71, 75, 79, 93, 97, 99, 104, or 106.

In other embodiments, the aforesaid nucleic acid further comprises a nucleotide sequence encoding a light chain variable domain, wherein said nucleotide sequence comprises any of SEQ ID NO: 43, 47, 55, 59, 63, 67, 71, 75, 79, 93, 97, 99, 104, or 106.

In other embodiments, the aforesaid nucleic acid further comprises a nucleotide sequence
15 encoding a light chain, wherein said nucleotide sequence is at least 85% identical to any of SEQ ID NO: 45, 49, 57, 61, 65, 69, 73, 77, 81, 94, 98, 100, 105 or 107.

In other embodiments, the aforesaid nucleic acid further comprises a nucleotide sequence encoding a light chain, wherein said nucleotide sequence comprises any of SEQ ID NO: 45, 49, 57, 61, 65, 69, 73, 77, 81, 94, 98, 100, 105 or 107.

20 In certain embodiments, one or more expression vectors and host cells comprising the aforesaid nucleic acids are provided.

A method of producing an antibody molecule or fragment thereof, comprising culturing the host cell as described herein under conditions suitable for gene expression is also provided.

In one aspect, the invention features a method of providing an antibody molecule described
25 herein. The method includes: providing a PD-1 antigen (*e.g.*, an antigen comprising at least a portion of a PD-1 epitope); obtaining an antibody molecule that specifically binds to the PD-1 polypeptide; and evaluating if the antibody molecule specifically binds to the PD-1 polypeptide, or evaluating efficacy of the antibody molecule in modulating, *e.g.*, inhibiting, the activity of the PD-1. The method can further include administering the antibody molecule to a subject, *e.g.*, a human or non-
30 human animal.

In another aspect, the invention provides, compositions, *e.g.*, pharmaceutical compositions, which include a pharmaceutically acceptable carrier, excipient or stabilizer, and at least one of the therapeutic agents, *e.g.*, anti-PD-1 antibody molecules described herein. In one embodiment, the composition, *e.g.*, the pharmaceutical composition, includes a combination of the antibody molecule
35 and one or more agents, *e.g.*, a therapeutic agent or other antibody molecule, as described herein. In one embodiment, the antibody molecule is conjugated to a label or a therapeutic agent.

Additional Inhibitors of PD-1 and Other Immune Checkpoint Molecules

In some embodiments, the PD-1 inhibitor is an inhibitor, *e.g.*, an anti-PD-1 antibody
40 molecule, other than the anti-PD-1 antibody molecule of Table 1. In certain embodiments, the PD-1 inhibitor comprises an anti-PD-1 antibody molecule of Table 1 and an anti-PD-1 antibody molecule

5 other than the antibody molecule of Table 1. In other embodiments, the PD-1 inhibitor is an anti-PD-1 antibody chosen from Nivolumab, Pembrolizumab or Pidilizumab.

In some embodiments, the anti-PD-1 antibody is Nivolumab. Alternative names for Nivolumab include MDX- 1106, MDX-1106-04, ONO-4538, or BMS-936558. In some embodiments, the anti-PD- 1 antibody is Nivolumab (CAS Registry Number: 946414-94-4). Nivolumab is a fully
10 human IgG4 monoclonal antibody which specifically blocks PD-1. Nivolumab (clone 5C4) and other human monoclonal antibodies that specifically bind to PD-1 are disclosed in US 8,008,449 and WO2006/121168. In one embodiment, the inhibitor of PD-1 is Nivolumab, and having a sequence disclosed herein (or a sequence substantially identical or similar thereto, *e.g.*, a sequence at least 85%, 90%, 95% identical or higher to the sequence specified).

15 The heavy and light chain amino acid sequences of Nivolumab are as follows:

Heavy chain

QVQLVESGGGVVQPGRSLRLDCKASGITFSNSGMHWVRQAPGKGLEWVAVIWDGSKRYYADSVKGRF
TISRDN SKNTLFLQMNSLRAEDTAVYYCATNDYWGQGLTVTVSSASTKGPSVFPLAPCSRSTSESTA
ALGCLVKDYFPEPVTVSWNSGALTSGVHTFPAVLQSSGLYSLSSVTVTPSSSLGTKTYTCNVDHKPSN
20 TKVDKRVESKYGPCCPPCPAPEFLGGPSVFLFPPKPKDTLMISRTPEVTCVVVDVSQEDPEVQFNWYV
DGEVHN AKTKPREEQFNSTYRVVSVLTVLHQDWLNGKEYKCKVSNKGLPSSIEKTISKAKGQPREPQ
VYTLPPSQEEMTKNQVSLTCLVKGFYPSDIAVEWESNGQPENNYKTTTPVLDSDGSFFLYSRLTVDKS
RWQEGNVFSCSVMHEALHNHYTQKSLSLGLK (SEQ ID NO: 242)

25 *Light chain*

EIVLTQSPATLSLSPGERATLSCRASQSVSSYLAWYQQKPGQAPRLLIYDASN RATGIPARFSGSGSG
TDFTLT ISSLEPEDFAVYYCQQSSNWPRTFGQGTKVEIKRTVAAPSVFIFPPSDEQLKSGTASVVCLL
NNFYPREAKVQWKVDNALQSGNSQESVTEQDSKSTYSLSSLTLSKADYEEKHKVYACEVTHQGLSSP
30 VTKSFNRGEC (SEQ ID NO: 243)

In some embodiments, the anti-PD-1 antibody is Pembrolizumab. Pembrolizumab (also referred to as Lambrolizumab, MK-3475, MK03475, SCH-900475 or KEYTRUDA®; Merck) is a humanized IgG4 monoclonal antibody that binds to PD-1. Pembrolizumab and other humanized anti-PD-1 antibodies are disclosed in Hamid, O. *et al.* (2013) *New England Journal of Medicine* 369 (2):
35 134–44, US 8,354,509 and WO2009/114335. The heavy and light chain amino acid sequences of Pembrolizumab are as follows:

Heavy chain (SEQ ID NO: 244)

QVQLVQSGVE	VKKPGASVKV	SCKASGYTFT	NYYMYWVRQA	PGQGLEWMGG	50
INPSNGGTNF	NEKFKNRVTL	TTDSSTTTAY	MELKSLQFDD	TAVYYCARRD	100
YRFDMGFDYW	GQGTTVTVSS	ASTKGPSVFP	LAPCSRSTSE	STAALGCLVK	150
DYFPEPVTVS	WNSGALTSGV	HTFPAVLQSS	GLYSLSSVVT	VPSSSLGTKT	200
YTCNVDHKPS	NTKVDKRVES	KYGPPCPPCP	APEFLGGPSV	FLFPPKPKDT	250
LMISRTPEVT	CVVVDVSQED	PEVQFNWYVD	GVEVHN AKTK	PREEQFNSTY	300
RVVSVLTVLH	QDWLNGKEYK	CKVSNKGLPS	SIEKTISKAK	GQPREPQVYT	350
LPPSQEEMTK	NQVSLTCLVK	GFYPSDIAVE	WESNGQPENN	YKTTTPVLDS	400

5

DGSFFFLYSRL TVDKSRWQEG NVFSCSVMHE ALHNHYTQKS LSLSLGK 447

Ligh chain (SEQ ID NO: 245)

EIVLTQSPAT	LSLSPGERAT	LSCRASKGVS	TSGYSYLHWY	QQKPGQAPRL	50
LIYLAAYLES	GVPARFSGSG	SGTDFTLTIS	SLEPEDFAVY	YCQHSRDLPL	100
TFGGGTKVEI	KRTVAAPSVF	IFPPSDEQLK	SGTASVVCLL	NNFYPREAKV	150
QWKVDNALQS	GNSQESVTEQ	DSKDSTYSL	STLTLSKADY	EKKHKVYACEV	200
THQGLSSPVT	KSFNRGEC				218'

10

In one embodiment, the inhibitor of PD-1 is Pembrolizumab disclosed in, *e.g.*, US 8,354,509 and WO 2009/114335, and having a sequence disclosed herein (or a sequence substantially identical or similar thereto, *e.g.*, a sequence at least 85%, 90%, 95% identical or higher to the sequence specified).

In some embodiments, the anti-PD-1 antibody is Pidilizumab. Pidilizumab (CT-011; Cure Tech) is a humanized IgG1k monoclonal antibody that binds to PD-1. Pidilizumab and other humanized anti-PD-1 monoclonal antibodies are disclosed in WO2009/101611.

15

Other anti-PD-1 antibodies include AMP 514 (Amplimmune), among others, *e.g.*, anti-PD-1 antibodies disclosed in US 8,609,089, US 2010028330, and/or US 20120114649. Additional exemplary anti-PD-1 antibodies also include, *e.g.*, REGN2810, BGB-108, and BGB-A317.

20

In some embodiments, the PD-1 inhibitor is an immunoadhesin (*e.g.*, an immunoadhesin comprising an extracellular or PD-1 binding portion of PD-L1 or PD-L2 fused to a constant region (*e.g.*, an Fc region of an immunoglobulin sequence)). In some embodiments, the PD-1 inhibitor is AMP-224 (B7-DCIg; Amplimmune; *e.g.*, disclosed in WO2010/027827 and WO2011/066342), is a PD-L2 Fc fusion soluble receptor that blocks the interaction between PD-1 and B7-H1.

Exemplary PD-L1 or PD-L2 Inhibitors

25

In one embodiment, a combination described herein includes a PD-L1 or PD-L2 inhibitor. In some embodiments, the combination is used to treat a cancer, *e.g.*, a cancer described herein, *e.g.*, a solid tumor or a hematologic malignancy. In some embodiments, the cancer is a thyroid cancer (*e.g.*, an anaplastic thyroid cancer), an endometrial cancer, a lymphoma, a lung cancer (*e.g.*, a non-small cell lung cancer), a breast cancer (*e.g.*, a triple negative breast cancer), or an MSI-high cancer. In some embodiments, the PD-L1 inhibitor is an anti-PD-L1 antibody or fragment thereof.

30

In an embodiment, the anti-PD-L1 antibody or fragment thereof is an anti-PD-L1 antibody molecule disclosed in U.S. Patent Application Publication No. 2016/0108123 (USSN 14/881,888), entitled "Antibody Molecules to PD-L1 and Uses Thereof," incorporated by reference in its entirety.

35

In one embodiment, the anti-PD-L1 antibody molecule includes at least one or two heavy chain variable domain (optionally including a constant region), at least one or two light chain variable domain (optionally including a constant region), or both, comprising the amino acid sequence of any of BAP058-hum01, BAP058-hum02, BAP058-hum03, BAP058-hum04, BAP058-hum05, BAP058-

5 hum06, BAP058-hum07, BAP058-hum08, BAP058-hum09, BAP058-hum10, BAP058-hum11, BAP058-hum12, BAP058-hum13, BAP058-hum14, BAP058-hum15, BAP058-hum16, BAP058-hum17, BAP058-Clone-K, BAP058-Clone-L, BAP058-Clone-M, BAP058-Clone-N, or BAP058-Clone-O; or as described in Table 1 of US 2016/0108123, or encoded by the nucleotide sequence in Table 1; or a sequence substantially identical (*e.g.*, at least 80%, 85%, 90%, 92%, 95%, 97%, 98%,
10 99% or higher identical) to any of the aforesaid sequences.

In yet another embodiment, the anti-PD-L1 antibody molecule includes at least one, two, or three complementarity determining regions (CDRs) from a heavy chain variable region and/or a light chain variable region of an antibody described herein, *e.g.*, an antibody chosen from any of BAP058-hum01, BAP058-hum02, BAP058-hum03, BAP058-hum04, BAP058-hum05, BAP058-hum06,
15 BAP058-hum07, BAP058-hum08, BAP058-hum09, BAP058-hum10, BAP058-hum11, BAP058-hum12, BAP058-hum13, BAP058-hum14, BAP058-hum15, BAP058-hum16, BAP058-hum17, BAP058-Clone-K, BAP058-Clone-L, BAP058-Clone-M, BAP058-Clone-N, or BAP058-Clone-O; or as described in Table 1 of US 2016/0108123, or encoded by the nucleotide sequence in Table 1; or a sequence substantially identical (*e.g.*, at least 80%, 85%, 90%, 92%, 95%, 97%, 98%, 99% or higher
20 identical) to any of the aforesaid sequences.

In yet another embodiment, the anti-PD-L1 antibody molecule includes at least one, two, or three CDRs (or collectively all of the CDRs) from a heavy chain variable region comprising an amino acid sequence shown in Table 1 of US 2016/0108123, or encoded by a nucleotide sequence shown in Table 1. In one embodiment, one or more of the CDRs (or collectively all of the CDRs) have one,
25 two, three, four, five, six or more changes, *e.g.*, amino acid substitutions or deletions, relative to the amino acid sequence shown in Table 1, or encoded by a nucleotide sequence shown in Table 1.

In yet another embodiment, the anti-PD-L1 antibody molecule includes at least one, two, or three CDRs (or collectively all of the CDRs) from a light chain variable region comprising an amino acid sequence shown in Table 1 of US 2016/0108123, or encoded by a nucleotide sequence shown in
30 Table 1. In one embodiment, one or more of the CDRs (or collectively all of the CDRs) have one, two, three, four, five, six or more changes, *e.g.*, amino acid substitutions or deletions, relative to the amino acid sequence shown in Table 1, or encoded by a nucleotide sequence shown in Table 1. In certain embodiments, the anti-PD-L1 antibody molecule includes a substitution in a light chain CDR, *e.g.*, one or more substitutions in a CDR1, CDR2 and/or CDR3 of the light chain.

35 In another embodiment, the anti-PD-L1 antibody molecule includes at least one, two, three, four, five or six CDRs (or collectively all of the CDRs) from a heavy and light chain variable region comprising an amino acid sequence shown in Table 1, or encoded by a nucleotide sequence shown in Table 1 of US 2016/0108123. In one embodiment, one or more of the CDRs (or collectively all of the CDRs) have one, two, three, four, five, six or more changes, *e.g.*, amino acid substitutions or
40 deletions, relative to the amino acid sequence shown in Table 1, or encoded by a nucleotide sequence shown in Table 1.

5 In one embodiment, the anti-PD-L1 antibody molecule includes:

(i) a heavy chain variable region (VH) including a VHCDR1 amino acid sequence chosen from SEQ ID NO: 1, SEQ ID NO: 4 or SEQ ID NO: 195; a VHCDR2 amino acid sequence of SEQ ID NO: 2; and a VHCDR3 amino acid sequence of SEQ ID NO: 3, each disclosed in Table 1 of US 2016/0108123; and

10 (ii) a light chain variable region (VL) including a VLCDR1 amino acid sequence of SEQ ID NO: 9, a VLCDR2 amino acid sequence of SEQ ID NO: 10, and a VLCDR3 amino acid sequence of SEQ ID NO: 11, each disclosed in Table 1 of US 2016/0108123.

In another embodiment, the anti-PD-L1 antibody molecule includes:

15 (i) a heavy chain variable region (VH) including a VHCDR1 amino acid sequence chosen from SEQ ID NO: 1, SEQ ID NO: 4 or SEQ ID NO: 195; a VHCDR2 amino acid sequence of SEQ ID NO: 5, and a VHCDR3 amino acid sequence of SEQ ID NO: 3, each disclosed in Table 1 of US 2016/0108123; and

(ii) a light chain variable region (VL) including a VLCDR1 amino acid sequence of SEQ ID NO: 12, a VLCDR2 amino acid sequence of SEQ ID NO: 13, and a VLCDR3 amino acid sequence of
20 SEQ ID NO: 14, each disclosed in Table 1 of US 2016/0108123.

In one embodiment, the anti-PD-L1 antibody molecule comprises the VHCDR1 amino acid sequence of SEQ ID NO: 1 disclosed in Table 1 of US 2016/0108123. In another embodiment, the anti-PD-L1 antibody molecule comprises the VHCDR1 amino acid sequence of SEQ ID NO: 4 disclosed in Table 1 of US 2016/0108123. In yet another embodiment, the anti-PD-L1 antibody
25 molecule comprises the VHCDR1 amino acid sequence of SEQ ID NO: 195, each disclosed in Table 1 of US 2016/0108123.

In one embodiment, the anti-PD-L1 antibody molecule comprises the VH amino acid sequence of

EVQLVQSGAEVKKPGATVKISCKVSGYTFTSYWMYWVRQARGQRLEWIGRIDPNSGSTKYN
30 EKFKNRFTISRDN SKNTLYLQMNSLRAEDTAVYYCARDYRKGLYAMDYWGQGTTVTVSS
(SEQ ID NO: 316) or SEQ ID NO: 78 of US 2016/0108123, and the VL amino acid sequence of
AIQLTQSPSSLSASVGDRVTITCKASQDVGTA VAWYLQKPGQSPQLLIYWASTRHTGVPSRFS
GSGSGTDFITFTISSLEAEDAATYYCQQYNSYPLTFGQGTKVEIK (SEQ ID NO: 317) or SEQ ID
NO: 82 of US 2016/0108123, each disclosed in Table 1 of US 2016/0108123. In one embodiment,
35 the anti-PD-L1 antibody molecule comprises the VH amino acid sequence of
EVQLVQSGAEVKKPGATVKISCKVSGYTFTSYWMYWVRQATGQGLEWMGRIDPNSGSTKY
NEKFKNRVTITADKSTSTAYMELSSLRSED TAVYYCARDYRKGLYAMDYWGQGTTVTVSS
(SEQ ID NO: 318) or SEQ ID NO: 30 of US 2016/0108123, and the VL amino acid sequence of
DVVMTQSPLSLPVTLGQPASISCKASQDVGTA VAWYQQKPGQAPRLLIYWASTRHTGVPSRF
40 SGSGSGTEFTLTISLQPDDFATYYCQQYNSYPLTFGQGTKVEIK (SEQ ID NO: 319) or SEQ ID
NO: 66 of US 2016/0108123, each disclosed in Table 1 of US 2016/0108123.

5 In one embodiment, the anti-PD-L1 antibody molecule comprises the heavy chain amino acid sequence of SEQ ID NO: 80 of US 2016/0108123, and the light chain amino acid sequence of SEQ ID NO: 84 of US 2016/0108123, each disclosed in Table 1 of US 2016/0108123. In one embodiment, the anti-PD-L1 antibody molecule comprises the heavy chain amino acid sequence of SEQ ID NO: 96 of US 2016/0108123, and the light chain amino acid sequence of SEQ ID NO: 68 of US
10 2016/0108123, each disclosed in Table 1 of US 2016/0108123.

A PD-L1 inhibitor (*e.g.*, an anti-PD-L1 antibody molecule described herein) or a composition described herein can be formulated into a formulation (*e.g.*, a dose formulation or dosage form)
15 suitable for administration (*e.g.*, intravenous administration) to a subject as described herein.

In certain embodiments, the formulation is a liquid formulation. In other embodiments, the formulation is a lyophilized formulation, *e.g.*, lyophilized or dried from a liquid formulation. In other embodiments, the formulation is a reconstituted formulation, *e.g.*, reconstituted from a lyophilized formulation.

20 In some embodiments, the formulation comprises the PD-L1 inhibitor (*e.g.*, the anti-PD-L1 antibody molecule) and a buffering agent.

In some embodiments, the formulation comprises a PD-L1 inhibitor (*e.g.*, an anti-PD-L1 antibody molecule) present at a concentration of 10 to 500 mg/mL, *e.g.*, 25 to 250 mg/mL, 50 to 150 mg/mL, 50 to 100 mg/mL, or 100 to 200 mg/mL, *e.g.*, 50 mg/mL, 100 mg/mL, 150 mg/mL, or 200
25 mg/mL. In certain embodiments, the PD-1 inhibitor (*e.g.*, the anti-PD-1 antibody molecule) is present at a concentration of 50 to 150 mg/mL, *e.g.*, 100 mg/mL. In some embodiments, the formulation has a pH of 5 to 6 (*e.g.*, 5.5). In certain embodiments, the formulation is for intravenous infusion, *e.g.*, following dilution. In some embodiments, the formulation comprises one or more pharmaceutically acceptable excipients.

30 In some embodiments, the formulation comprises a buffering agent comprising histidine (*e.g.*, a histidine buffer). In some embodiments, the formulation comprises L-histidine, L-histidine hydrochloride monohydrate, or both. In certain embodiments, the buffering agent (*e.g.*, histidine buffer) is present at a concentration of 1 mM to 20 mM, *e.g.*, 2 mM to 15 mM, 3 mM to 10 mM, 4 mM to 9 mM, 5 mM to 8 mM, or 6 mM to 7 mM, *e.g.*, 1 mM, 2 mM, 3 mM, 4 mM, 5 mM, 6 mM, 6.7
35 mM, 7 mM, 8 mM, 9 mM, 10 mM, 11 mM, 12 mM, 13 mM, 14 mM, 15 mM, 16 mM, 17 mM, 18 mM, 19 mM, or 20 mM.

In some embodiments, the formulation further comprises a carbohydrate. In certain embodiments, the carbohydrate is sucrose. In some embodiments, the carbohydrate (*e.g.*, sucrose) is present at a concentration of 50 mM to 150 mM, *e.g.*, 25 mM to 150 mM, 50 mM to 100 mM, 60 mM
40 to 90 mM, 70 mM to 80 mM, or 70 mM to 75 mM, *e.g.*, 25 mM, 50 mM, 60 mM, 70 mM, 73.3 mM, 80 mM, 90 mM, 100 mM, or 150 mM.

5 In some embodiments, the formulation further comprises a surfactant. In certain embodiments, the surfactant is polysorbate 20. In some embodiments, the surfactant or polysorbate 20) is present at a concentration of 0.005 % to 0.025% (w/w), *e.g.*, 0.0075% to 0.02% or 0.01 % to 0.015% (w/w), *e.g.*, 0.005%, 0.0075%, 0.01%, 0.013%, 0.015%, or 0.02% (w/w).

10 In some embodiments, the formulation comprises an inhibitor of PD-L1 (*e.g.*, an anti-PD-L1 antibody molecule), a histidine buffer, a carbohydrate, and a surfactant. In certain embodiments, the formulation comprises an inhibitor of PD-L1 (*e.g.*, an anti-PD-L1 antibody molecule), and one or more (*e.g.*, two, three, or all) of L-histidine, L-histidine hydrochloride monohydrate, sucrose, or polysorbate 20, *e.g.*, at a pH of 5 to 6. In certain embodiments, the formulation comprises an inhibitor of PD-L1 (*e.g.*, an anti-PD-L1 antibody molecule), L-histidine, L-histidine hydrochloride
15 monohydrate, sucrose, and polysorbate 20, *e.g.*, at a pH of 5 to 6.

A formulation described herein can be stored in a container. In certain embodiments, 50 mg to 150 mg, *e.g.*, 80 mg to 120 mg, 90 mg to 110 mg, 100 mg to 120 mg, 100 mg to 110 mg, 110 mg to 120 mg, or 110 mg to 130 mg, of the PD-L1 inhibitor (*e.g.*, the anti-PD-L1 antibody molecule), is present in the container (*e.g.*, vial).

20 Other exemplary buffering agents that can be used in the formulation described herein include, but are not limited to, an arginine buffer, a citrate buffer, or a phosphate buffer. Other exemplary carbohydrates that can be used in the formulation described herein include, but are not limited to, trehalose, mannitol, sorbitol, or a combination thereof. The formulation described herein may also contain a tonicity agent, *e.g.*, sodium chloride, and/or a stabilizing agent, *e.g.*, an amino acid
25 (*e.g.*, glycine, arginine, methionine, or a combination thereof).

In one embodiment, the combination includes an inhibitor of PD-L1 or an antibody molecule disclosed in US 2016/0108123, and an inhibitor of PD-1 (*e.g.*, an anti-PD-1 antibody described herein).

30 The combination of a PD-1 inhibitor (*e.g.*, an anti-PD-1 antibody molecule described herein) and a PD-L1 inhibitor (*e.g.*, an anti-PD-L1 antibody molecule described herein) has been tested in an MC38 murine model of colon adenocarcinoma. A surrogate anti-mouse PD-1 antibody, RMP1-14 was used in the study. Co-administration of RMP1-14 and the anti-PD-L1 antibody molecule resulted in enhanced anti-tumor activity relative to both single agents in this model. For example, the anti-PD-
35 L1 antibody molecule and RMP1-14 in combination resulted in 4/10 animals with complete responses as well as 3/10 animals demonstrating partial responses. The combination therapy resulted in non-significant enhancement of the median time to end point to 46 days, which was 21 days longer than animals treated with isotype and over 20 days longer than either antibody alone.

40 In some embodiments, the inhibitor of PD-1 (*e.g.*, the anti-PD-1 antibody molecule) binds PD-1 and inhibits its interaction with PD-L1, PD-L2, or both. In some embodiments, the inhibitor of PD-L1 (*e.g.*, the anti-PD-L1 antibody molecule) binds PD-L1 and inhibits its interaction with PD-1,

5 B7.1, or both. PD-1 and PD-L1 mediate overlapping but also distinct functions on the T-cell. Both receptors can deliver negative signals to the T-cell when engaged. PD-L1 can mediate an immunosuppressive function through its interaction with B7.1, *e.g.*, blocking the ability of B7.1 to activate T-cells through binding to CD28 and further dampening the generation of an immune response (Butte *et al. Immunity*. 2007; 27(1):111-22). Without wishing to be bound by theory, it is
 10 believed that in some embodiments, a combined inhibition of PD-L1 and PD-1 can result in a non-redundant and/or complementary anti-cancer immunity (Dong *et al. Nat Med*. 2002; 8(8):793-800; Yamazaki *et al J Immunol*. 2002; 169(10):5538-45; Taube *et al. Sci Transl Med*. 2012; 4(127):127ra37). In some embodiments, a combination of an inhibitor of PD-1 (*e.g.*, an anti-PD-1 antibody molecule described herein) and an inhibitor of PD-L1 (*e.g.*, an anti-PD-L1 antibody
 15 molecule described herein) increases activation of T cells, compared to the inhibitor of PD-1 or the inhibitor of PD-L1 alone. In some embodiments, a combination of an inhibitor of PD-1 (*e.g.*, an anti-PD-1 antibody molecule described herein) and an inhibitor of PD-L1 (*e.g.*, an anti-PD-L1 antibody molecule described herein) has a synergistic anti-cancer activity.

In one embodiment, the PD-L1 inhibitor or an anti-PD-L1 antibody molecule disclosed in US
 20 2016/0108123, is administered at a dose (*e.g.*, a flat dose) between 10 mg and 2000 mg, *e.g.*, between 20 mg and 1600 mg, between 40 mg and 1200 mg, between 80 mg and 800 mg, between 100 mg and 600 mg, between 200 mg and 300 mg, between 20 mg and 100 mg, between 40 mg and 200 mg, between 100 mg and 400 mg, between 200 mg and 600 mg, between 800 mg and 1200 mg, or between 1200 mg and 1600 mg, *e.g.*, at a dose (*e.g.*, a flat dose) of about 10 mg, 20 mg, 40 mg, 80
 25 mg, 100 mg, 150 mg, 200 mg, 240 mg, 300 mg, 400 mg, 500 mg, 600 mg, 800 mg, 1000 mg, 1200 mg, 1600 mg, or 2000 mg, *e.g.*, once every three weeks, once every four weeks, or once every six weeks.

In one embodiment, the PD-L1 inhibitor or an anti-PD-L1 antibody molecule disclosed in US
 2016/0108123, is administered at a dose between 20 mg and 1200 mg (*e.g.*, between 80 mg and 800
 30 mg, *e.g.*, about 20 mg, 80 mg, 240 mg, 800 mg, or 1200 mg), *e.g.*, once every three weeks or once every six weeks. For example, the PD-L1 inhibitor or an anti-PD-L1 antibody molecule disclosed in US 2016/0108123 can be administered at a dose between 10 mg and 100 mg (*e.g.*, between 20 mg and 80 mg, *e.g.*, 20 mg, 40 mg, or 80 mg), *e.g.*, once every three weeks or once every six weeks. In one embodiment, the PD-L1 inhibitor or an anti-PD-L1 antibody molecule disclosed in US 2016/0108123,
 35 is administered by intravenous infusion.

In one embodiment, the PD-L1 inhibitor or an anti-PD-L1 antibody molecule disclosed in US
 2016/0108123, is administered at a dose between 10 mg and 100 mg (*e.g.*, between 20 mg and 80 mg, *e.g.*, 20 mg, 40 mg, or 80 mg), *e.g.*, once every three weeks or once every six weeks, *e.g.*, by
 intravenous infusion, and the PD-1 inhibitor (*e.g.*, the anti-PD-1 antibody molecule) is administered at
 40 a dose between 50 mg and 500 mg (*e.g.*, between 100 mg and 400 mg, *e.g.*, at a dose of about 100 mg, 200 mg, 300 mg, or 400 mg), *e.g.*, once every 3 weeks or once every 4 weeks, *e.g.*, by intravenous

5 infusion. In some embodiments, the inhibitor of PD-1 (*e.g.*, the anti-PD-1 antibody molecule) is administered at a dose between 100 mg and 300 mg (*e.g.*, at a dose of about 100 mg, 200 mg, or 300 mg), *e.g.*, once every 3 weeks, *e.g.*, by intravenous infusion. In some embodiments, the PD-L1 inhibitor or an anti-PD-L1 antibody molecule disclosed in US 2016/0108123, is administered at a dose of about 20 mg, *e.g.*, once every three weeks, and the inhibitor of PD-1 (*e.g.*, the anti-PD-1 antibody molecule) is administered at a dose of about 100 mg or 300 mg, *e.g.*, once every three weeks. In some embodiments, the PD-L1 inhibitor or an anti-PD-L1 antibody molecule disclosed in US 2016/0108123, is administered at a dose of about 20 mg, 80 mg, 240 mg, 800 mg, or 1200 mg, *e.g.*, once every three weeks, and the inhibitor of PD-1 (*e.g.*, the anti-PD-1 antibody molecule) is administered at a dose of about 300 mg, *e.g.*, once every three weeks.

15 In one embodiment, the PD-L1 inhibitor or an anti-PD-L1 antibody molecule disclosed in US 2016/0108123, is administered at a dose between 10 mg and 50 mg (*e.g.*, about 20 mg), *e.g.*, once every three weeks or once every six weeks, *e.g.*, by intravenous infusion, and the PD-1 inhibitor (*e.g.*, the anti-PD-1 antibody molecule) is administered at a dose between 50 mg and 200 mg (*e.g.*, about 100 mg), *e.g.*, once every 3 weeks, *e.g.*, by intravenous infusion.

20 In one embodiment, the PD-L1 inhibitor or an anti-PD-L1 antibody molecule disclosed in US 2016/0108123, is administered at a dose between 10 mg and 50 mg (*e.g.*, about 20 mg), *e.g.*, once every three weeks or once every six weeks, *e.g.*, by intravenous infusion, and the PD-1 inhibitor (*e.g.*, the anti-PD-1 antibody molecule) is administered at a dose between 200 mg and 400 mg (*e.g.*, about 300 mg), *e.g.*, once every 3 weeks, *e.g.*, by intravenous infusion.

25 In one embodiment, the PD-L1 inhibitor or an anti-PD-L1 antibody molecule disclosed in US 2016/0108123, is administered at a dose between 50 mg and 100 mg (*e.g.*, about 80 mg), *e.g.*, once every three weeks or once every six weeks, *e.g.*, by intravenous infusion, and the PD-1 inhibitor (*e.g.*, the anti-PD-1 antibody molecule) is administered at a dose between 200 mg and 400 mg (*e.g.*, about 300 mg), *e.g.*, once every 3 weeks, *e.g.*, by intravenous infusion.

30 In one embodiment, the PD-L1 inhibitor or an anti-PD-L1 antibody molecule disclosed in US 2016/0108123, is administered at a dose between 200 mg and 300 mg (*e.g.*, about 240 mg), *e.g.*, once every three weeks or once every six weeks, *e.g.*, by intravenous infusion, and the PD-1 inhibitor (*e.g.*, the anti-PD-1 antibody molecule) is administered at a dose between 200 mg and 400 mg (*e.g.*, about 300 mg), *e.g.*, once every 3 weeks, *e.g.*, by intravenous infusion.

35 In one embodiment, the PD-L1 inhibitor or an anti-PD-L1 antibody molecule disclosed in US 2016/0108123, is administered at a dose between 500 mg and 1000 mg (*e.g.*, about 800 mg), *e.g.*, once every three weeks or once every six weeks, *e.g.*, by intravenous infusion, and the PD-1 inhibitor (*e.g.*, the anti-PD-1 antibody molecule) is administered at a dose between 200 mg and 400 mg (*e.g.*, about 300 mg), *e.g.*, once every 3 weeks, *e.g.*, by intravenous infusion.

40 In one embodiment, the PD-L1 inhibitor or an anti-PD-L1 antibody molecule disclosed in US 2016/0108123, is administered at a dose between 1000 mg and 1500 mg (*e.g.*, about 1200 mg), *e.g.*,

5 once every three weeks or once every six weeks, *e.g.*, by intravenous infusion, and the PD-1 inhibitor (*e.g.*, the anti-PD-1 antibody molecule) is administered at a dose between 200 mg and 400 mg (*e.g.*, about 300 mg), *e.g.*, once every 3 weeks, *e.g.*, by intravenous infusion.

In some embodiments, the PD-L1 inhibitor or an anti-PD-L1 antibody molecule disclosed in US 2016/0108123 is administered before the PD-1 inhibitor (*e.g.*, the anti-PD-1 antibody molecule) is
 10 administered. For example, the PD-L1 inhibitor or an anti-PD-L1 antibody molecule disclosed in US 2016/0108123 can be administered first and followed by a dextrose solution flush for about 1 hour before starting administration of the PD-1 inhibitor (*e.g.*, the anti-PD-1 antibody molecule). In some
 15 embodiments, the PD-L1 inhibitor or an anti-PD-L1 antibody molecule disclosed in US 2016/0108123 is administered after the PD-1 inhibitor (*e.g.*, the anti-PD-1 antibody molecule) is administered.

In one embodiment, the PD-L1 inhibitor or an anti-PD-L1 antibody molecule disclosed in US 2016/0108123, is administered in combination with an inhibitor of PD-1 (*e.g.*, an anti-PD-1 antibody molecule) to treat a solid tumor, *e.g.*, a lung cancer (*e.g.*, a non-small cell lung cancer), a breast cancer
 20 (*e.g.*, a triple negative breast cancer), a uterine cancer (*e.g.*, an endometrial carcinoma), or a thyroid cancer (*e.g.*, an anaplastic thyroid carcinoma).

In some embodiments, the PD-L1 inhibitor is an antibody molecule. In some embodiments, the anti-PD-L1 inhibitor is chosen from YW243.55.S70, MPDL3280A, MEDI-4736, MSB-0010718C, or MDX-1105.

25 In some embodiments, the anti-PD-L1 antibody is MSB0010718C. MSB0010718C (also referred to as A09-246-2; Merck Serono) is a monoclonal antibody that binds to PD-L1. Pembrolizumab and other humanized anti-PD-L1 antibodies are disclosed in WO2013/079174, and having a sequence disclosed herein (or a sequence substantially identical or similar thereto, *e.g.*, a sequence at least 85%, 90%, 95% identical or higher to the sequence specified). The heavy and light
 30 chain amino acid sequences of MSB0010718C include at least the following:

Heavy chain (SEQ ID NO: 24 as disclosed in WO2013/079174)

EVQLLES GGG L V Q P G G S L R L S C A A S G F T F S S Y I M M W V R Q A P G K G L E W V S S I Y P S G G I T F Y A D K G R F T I
 SRDNSKNTLYLQMNSLRAEDTAVYYCARIKLGTVTTVTDYWGQGTLVTVSS (SEQ ID NO: 246)

35 *Light chain (SEQ ID NO: 25 as disclosed in WO2013/079174)*

QSALTQ P A S V S G S P G Q S I T I S C T G T S S D V G G Y N Y V S W Y Q Q H P G K A P K L M I Y D V S N
 R P S G V S N R F S G S K S G N T A S L T I S G L Q A E D E A D Y Y C S S Y T S S S T R V F G T G T K V T V L (SEQ ID NO: 247)

40 In one embodiment, the PD-L1 inhibitor is YW243.55.S70. The YW243.55.S70 antibody is an anti-PD-L1 antibody described in WO 2010/077634 (heavy and light chain variable region sequences shown in SEQ ID NOs. 20 and 21, respectively), and having a sequence disclosed therein

5 (or a sequence substantially identical or similar thereto, *e.g.*, a sequence at least 85%, 90%, 95% identical or higher to the sequence specified).

In one embodiment, the PD-L1 inhibitor is MDX-1105. MDX-1105, also known as BMS-936559, is an anti-PD-L1 antibody described in WO2007/005874, and having a sequence disclosed therein (or a sequence substantially identical or similar thereto, *e.g.*, a sequence at least 85%, 90%,
10 95% identical or higher to the sequence specified).

In one embodiment, the PD-L1 inhibitor is MDPL3280A (Genentech / Roche). MDPL3280A is a human Fc optimized IgG1 monoclonal antibody that binds to PD-L1. MDPL3280A and other human monoclonal antibodies to PD-L1 are disclosed in U.S. Patent No.: 7,943,743, PCT Publication No. WO 2013/019906, and U.S Publication No.: 2012/0039906. For example, MDPL3280A (also
15 known as atezolizumab or RO5541267) can include a heavy chain variable region comprising the amino acid sequence of SEQ ID NO: 24, as disclosed in WO 2013/019906, and a light chain variable region comprising the amino acid sequence of SEQ ID NO: 21, as disclosed in WO 2013/019906 (or a sequence substantially identical or similar thereto, *e.g.*, a sequence at least 85%, 90%, 95% identical or higher to the sequence specified).

20 In one embodiment, the PD-L1 inhibitor is MEDI-4736 (also known as durvalumab). MEDI-4736 is described in WO 2011/066389 and WO 2015/036499. For example, MEDI-4736 can include a light chain variable region comprising the amino acid sequence of SEQ ID NO: 1, as disclosed in WO 2015/036499, and a heavy chain variable region comprising the amino acid sequence of SEQ ID NO:2, as disclosed in WO 2015/036499 (or a sequence substantially identical or similar thereto, *e.g.*,
25 a sequence at least 85%, 90%, 95% identical or higher to the sequence specified).

In other embodiments, the PD-L2 inhibitor is AMP-224. AMP-224 is a PD-L2 Fc fusion soluble receptor that blocks the interaction between PD-1 and B7-H1 (B7-DCIg; Amplimmune; *e.g.*, disclosed in WO2010/027827 and WO2011/066342).

30 *Exemplary LAG-3 Inhibitors*

In one embodiment, a combination described herein includes a LAG-3 inhibitor. In some embodiments, the combination is used to treat a cancer, *e.g.*, a cancer described herein, *e.g.*, a solid tumor or a hematologic malignancy. In some embodiments, the cancer is a lung cancer (*e.g.*, a non-small cell lung cancer), a skin cancer (*e.g.*, a melanoma), or a renal cancer (*e.g.*, a renal cell
35 carcinoma). In certain embodiments, the LAG-3 inhibitor is an anti-LAG-3 antibody or fragment thereof.

In one embodiment, the anti-LAG-3 antibody or fragment thereof is an anti-LAG-3 antibody molecule as described in US 2015/0259420, entitled "Antibody Molecules to LAG-3 and Uses Thereof," incorporated by reference in its entirety.

40 In one embodiment, the anti-LAG-3 antibody molecule includes at least one, two, three, four, five or six CDRs (or collectively all of the CDRs) from a heavy and light chain variable region (*e.g.*,

5 at least one, two, or three CDRs from a heavy chain variable region, at least one, two, or three CDRs
 from a light chain variable region, or both) from an antibody chosen from any of BAP050-hum01,
 BAP050-hum02, BAP050-hum03, BAP050-hum04, BAP050-hum05, BAP050-hum06, BAP050-
 hum07, BAP050-hum08, BAP050-hum09, BAP050-hum10, BAP050-hum11, BAP050-hum12,
 BAP050-hum13, BAP050-hum14, BAP050-hum15, BAP050-hum16, BAP050-hum17, BAP050-
 10 hum18, BAP050-hum19, BAP050-hum20, huBAP050(Ser) (*e.g.*, BAP050-hum01-Ser, BAP050-
 hum02-Ser, BAP050-hum03-Ser, BAP050-hum04-Ser, BAP050-hum05-Ser, BAP050-hum06-Ser,
 BAP050-hum07-Ser, BAP050-hum08-Ser, BAP050-hum09-Ser, BAP050-hum10-Ser, BAP050-
 hum11-Ser, BAP050-hum12-Ser, BAP050-hum13-Ser, BAP050-hum14-Ser, BAP050-hum15-Ser,
 BAP050-hum18-Ser, BAP050-hum19-Ser, or BAP050-hum20-Ser), BAP050-Clone-F, BAP050-
 15 Clone-G, BAP050-Clone-H, BAP050-Clone-I, or BAP050-Clone-J; or as described in Table 1 of US
 2015/0259420; or encoded by the nucleotide sequence in Table 1; or a sequence substantially
 identical (*e.g.*, at least 80%, 85%, 90%, 92%, 95%, 97%, 98%, 99% or higher identical) to any of the
 aforesaid sequences, or closely related CDRs, *e.g.*, CDRs which are identical or which have at least
 one amino acid alteration, but not more than two, three or four alterations (*e.g.*, substitutions,
 20 deletions, or insertions, *e.g.*, conservative substitutions).

In yet another embodiment, the anti-LAG-3 antibody molecule comprises at least one, two,
 three or four variable regions (*e.g.*, at least one or two heavy chain variable regions (optionally
 including a constant region), at least one or two light chain variable regions (optionally including a
 constant region), or both) from an antibody described herein, *e.g.*, an antibody chosen from any of
 25 BAP050-hum01, BAP050-hum02, BAP050-hum03, BAP050-hum04, BAP050-hum05, BAP050-
 hum06, BAP050-hum07, BAP050-hum08, BAP050-hum09, BAP050-hum10, BAP050-hum11,
 BAP050-hum12, BAP050-hum13, BAP050-hum14, BAP050-hum15, BAP050-hum16, BAP050-
 hum17, BAP050-hum18, BAP050-hum19, BAP050-hum20, huBAP050(Ser) (*e.g.*, BAP050-hum01-
 Ser, BAP050-hum02-Ser, BAP050-hum03-Ser, BAP050-hum04-Ser, BAP050-hum05-Ser, BAP050-
 30 hum06-Ser, BAP050-hum07-Ser, BAP050-hum08-Ser, BAP050-hum09-Ser, BAP050-hum10-Ser,
 BAP050-hum11-Ser, BAP050-hum12-Ser, BAP050-hum13-Ser, BAP050-hum14-Ser, BAP050-
 hum15-Ser, BAP050-hum18-Ser, BAP050-hum19-Ser, or BAP050-hum20-Ser), BAP050-Clone-F,
 BAP050-Clone-G, BAP050-Clone-H, BAP050-Clone-I, or BAP050-Clone-J; or as described in Table
 1 of US 2015/0259420; or encoded by the nucleotide sequence in Tables 1; or a sequence
 35 substantially identical (*e.g.*, at least 80%, 85%, 90%, 92%, 95%, 97%, 98%, 99% or higher identical)
 to any of the aforesaid sequences.

In yet another embodiment, the anti-LAG-3 antibody molecule includes at least one, two, or
 three CDRs (or collectively all of the CDRs) from a heavy chain variable region comprising an amino
 acid sequence shown in Table 1 of US 2015/0259420, or encoded by a nucleotide sequence shown in
 40 Table 1. In one embodiment, one or more of the CDRs (or collectively all of the CDRs) have one,

5 two, three, four, five, six or more changes, *e.g.*, amino acid substitutions or deletions, relative to the amino acid sequence shown in Table 1, or encoded by a nucleotide sequence shown in Table 1.

In yet another embodiment, the anti-LAG-3 antibody molecule includes at least one, two, or three CDRs (or collectively all of the CDRs) from a light chain variable region comprising an amino acid sequence shown in Table 1 of US 2015/0259420, or encoded by a nucleotide sequence shown in
10 Table 1. In one embodiment, one or more of the CDRs (or collectively all of the CDRs) have one, two, three, four, five, six or more changes, *e.g.*, amino acid substitutions or deletions, relative to the amino acid sequence shown in Table 1, or encoded by a nucleotide sequence shown in Table 1. In certain embodiments, the anti-PD-L1 antibody molecule includes a substitution in a light chain CDR, *e.g.*, one or more substitutions in a CDR1, CDR2 and/or CDR3 of the light chain.

15 In another embodiment, the anti-LAG-3 antibody molecule includes at least one, two, three, four, five or six CDRs (or collectively all of the CDRs) from a heavy and light chain variable region comprising an amino acid sequence shown in Table 1, or encoded by a nucleotide sequence shown in Table 1 of US 2015/0259420. In one embodiment, one or more of the CDRs (or collectively all of the CDRs) have one, two, three, four, five, six or more changes, *e.g.*, amino acid substitutions or
20 deletions, relative to the amino acid sequence shown in Table 1, or encoded by a nucleotide sequence shown in Table 1.

In one embodiment, the anti-LAG-3 antibody molecule includes:

(i) a heavy chain variable region (VH) including a VHCDR1 amino acid sequence chosen from SEQ ID NO: 1, SEQ ID NO: 4 or SEQ ID NO: 286; a VHCDR2 amino acid sequence of SEQ
25 ID NO: 2; and a VHCDR3 amino acid sequence of SEQ ID NO: 3, each disclosed in Table 1 of US 2015/0259420; and

(ii) a light chain variable region (VL) including a VLCDR1 amino acid sequence of SEQ ID NO: 10, a VLCDR2 amino acid sequence of SEQ ID NO: 11, and a VLCDR3 amino acid sequence of SEQ ID NO: 12, each disclosed in Table 1 of US 2015/0259420.

30 In another embodiment, the anti-LAG-3 antibody molecule includes:

(i) a heavy chain variable region (VH) including a VHCDR1 amino acid sequence chosen from SEQ ID NO: 1, SEQ ID NO: 4 or SEQ ID NO: 286; a VHCDR2 amino acid sequence of SEQ ID NO: 5, and a VHCDR3 amino acid sequence of SEQ ID NO: 3, each disclosed in Table 1 of US 2015/0259420; and

35 (ii) a light chain variable region (VL) including a VLCDR1 amino acid sequence of SEQ ID NO: 13, a VLCDR2 amino acid sequence of SEQ ID NO: 14, and a VLCDR3 amino acid sequence of SEQ ID NO: 15, each disclosed in Table 1 of US 2015/0259420.

In one embodiment, the anti-LAG-3 antibody molecule comprises the VHCDR1 amino acid sequence of SEQ ID NO: 1. In another embodiment, the anti-LAG-3 antibody molecule comprises
40 the VHCDR1 amino acid sequence of SEQ ID NO: 4. In yet another embodiment, the anti-LAG-3

5 antibody molecule comprises the VHCDR1 amino acid sequence of SEQ ID NO: 286, each disclosed in Table 1 of US 2015/0259420.

In some embodiments, the anti-LAG-3 antibody molecule comprises a VH comprising the amino acid sequence of

10 QVQLVQSGAEVKKPGASVKVSCKASGFTLTNYGMNWVRQARGQRLEWIGWINTDTGEPTY
ADDFKGRFVFSLDTSVSTAYLQISSLKAEDTAVYYCARNPPYYYGTNNAEAMDYWGQGTTV
TVSS (SEQ ID NO: 320) or SEQ ID NO: 104 of US 2015/0259420, and a VL comprising the amino acid sequence of

DIQMTQSPSSLSASVGDRVTITCSSSQDISNYLNWYLQKPGQSPQLLIYYTSTLHLGVPSRFSG
SGSGTEFTLTISLQPDDEFATYYCQQYYNLPWTFGQGTKVEIK (SEQ ID NO: 321) or SEQ ID
15 NO: 56 of US 2015/0259420, each disclosed in Table 1 of US 2015/0259420. In some embodiments,

the anti-LAG-3 antibody molecule comprises a VH comprising the amino acid sequence of

20 QVQLVQSGAEVKKPGASVKVSCKASGFTLTNYGMNWVRQAPGQGLEWMGWINTDTGEPT
YADDFKGRFVFSLDTSVSTAYLQISSLKAEDTAVYYCARNPPYYYGTNNAEAMDYWGQGTT
VTVSS (SEQ ID NO: 322) or SEQ ID NO: 108 of US 2015/0259420, and a VL comprising the amino acid sequence of

DIQMTQSPSSLSASVGDRVTITCSSSQDISNYLNWYQQKPGKAPKLLIYYTSTLHLGIPPRFSGS
GYGTDFTLTINNIESEDAAYYFCQQYYNLPWTFGQGTKVEIK (SEQ ID NO: 323) or SEQ ID
NO: 36 of US 2015/0259420, each disclosed in Table 1 of US 2015/0259420.

25 In some embodiments, the anti-LAG-3 antibody molecule comprises a heavy chain comprising the amino acid sequence of SEQ ID NO: 122 of US 2015/0259420, and a light chain comprising the amino acid sequence of SEQ ID NO: 58 of US 2015/0259420, each disclosed in Table 1 of US 2015/0259420. In some embodiments, the anti-LAG-3 antibody molecule comprises a heavy chain comprising the amino acid sequence of SEQ ID NO: 134 of US 2015/0259420 and a light chain comprising the amino acid sequence of SEQ ID NO: 38 of US 2015/0259420, each disclosed in Table
30 1 of US 2015/0259420.

In some embodiments, the anti-LAG-3 antibody is BMS-986016. BMS-986016 (also referred to as BMS986016; Bristol-Myers Squibb) is a monoclonal antibody that binds to LAG-3. BMS-986016 and other humanized anti-LAG-3 antibodies are disclosed in US 2011/0150892, WO2010/019570, and WO2014/008218.

35

Exemplary TIM-3 Inhibitors

In one embodiment, a combination described herein includes a TIM-3 inhibitor. In some embodiments, the combination is used to treat a cancer, *e.g.*, a cancer described herein, *e.g.*, a solid tumor or a hematologic malignancy. In some embodiments, the cancer is a lung cancer (*e.g.*, a non-small cell lung cancer), a skin cancer (*e.g.*, a melanoma), or a renal cancer (*e.g.*, a renal cell carcinoma). In other embodiments, the cancer is other than a non-small cell lung cancer, a melanoma,

5 and a renal cell carcinoma. In some embodiments, the TIM-3 inhibitor is an anti-TIM-3 antibody or fragment thereof.

In one embodiment, the anti-TIM-3 antibody or fragment thereof is an anti-TIM-3 antibody molecule as described in US 2015/0218274, entitled "Antibody Molecules to TIM-3 and Uses Thereof," incorporated by reference in its entirety.

10 In one embodiment, the anti-TIM-3 antibody molecule includes at least one, two, three, four, five or six CDRs (or collectively all of the CDRs) from a heavy and light chain variable region (*e.g.*, at least one, two, or three CDRs from a heavy chain variable region, at least one, two, or three CDRs from a light chain variable region, or both) from an antibody chosen from any of ABTIM3, ABTIM3-hum01, ABTIM3-hum02, ABTIM3-hum03, ABTIM3-hum04, ABTIM3-hum05, ABTIM3-hum06, ABTIM3-hum07, ABTIM3-hum08, ABTIM3-hum09, ABTIM3-hum10, ABTIM3-hum11, ABTIM3-hum12, ABTIM3-hum13, ABTIM3-hum14, ABTIM3-hum15, ABTIM3-hum16, ABTIM3-hum17, ABTIM3-hum18, ABTIM3-hum19, ABTIM3-hum20, ABTIM3-hum21, ABTIM3-hum22, ABTIM3-hum23; or as described in Tables 1-4 of US 2015/0218274; or encoded by the nucleotide sequence in Tables 1-4; or a sequence substantially identical (*e.g.*, at least 80%, 85%, 90%, 92%, 95%, 97%, 98%, 99% or higher identical) to any of the aforesaid sequences, or closely related CDRs, *e.g.*, CDRs which are identical or which have at least one amino acid alteration, but not more than two, three or four alterations (*e.g.*, substitutions, deletions, or insertions, *e.g.*, conservative substitutions).

In yet another embodiment, the anti-TIM-3 antibody molecule comprises at least one, two, three or four variable regions (*e.g.*, at least one or two heavy chain variable regions (optionally including a constant region), at least one or two light chain variable regions (optionally including a constant region), or both) from an antibody described herein, *e.g.*, an antibody chosen from any of ABTIM3, ABTIM3-hum01, ABTIM3-hum02, ABTIM3-hum03, ABTIM3-hum04, ABTIM3-hum05, ABTIM3-hum06, ABTIM3-hum07, ABTIM3-hum08, ABTIM3-hum09, ABTIM3-hum10, ABTIM3-hum11, ABTIM3-hum12, ABTIM3-hum13, ABTIM3-hum14, ABTIM3-hum15, ABTIM3-hum16, ABTIM3-hum17, ABTIM3-hum18, ABTIM3-hum19, ABTIM3-hum20, ABTIM3-hum21, ABTIM3-hum22, ABTIM3-hum23; or as described in Tables 1-4 of US 2015/0218274; or encoded by the nucleotide sequence in Tables 1-4; or a sequence substantially identical (*e.g.*, at least 80%, 85%, 90%, 92%, 95%, 97%, 98%, 99% or higher identical) to any of the aforesaid sequences.

In yet another embodiment, the anti-TIM-3 antibody molecule includes at least one, two, or three CDRs (or collectively all of the CDRs) from a heavy chain variable region comprising an amino acid sequence shown in Tables 1-4 of US 2015/0218274, or encoded by a nucleotide sequence shown in Tables 1-4. In one embodiment, one or more of the CDRs (or collectively all of the CDRs) have one, two, three, four, five, six or more changes, *e.g.*, amino acid substitutions or deletions, relative to the amino acid sequence shown in Tables 1-4, or encoded by a nucleotide sequence shown in Table 1-4.

5 In yet another embodiment, the anti-TIM-3 antibody molecule includes at least one, two, or three CDRs (or collectively all of the CDRs) from a light chain variable region comprising an amino acid sequence shown in Tables 1-4 of US 2015/0218274, or encoded by a nucleotide sequence shown in Tables 1-4. In one embodiment, one or more of the CDRs (or collectively all of the CDRs) have one, two, three, four, five, six or more changes, *e.g.*, amino acid substitutions or deletions, relative to
 10 the amino acid sequence shown in Tables 1-4, or encoded by a nucleotide sequence shown in Tables 1-4. In certain embodiments, the anti-TIM-3 antibody molecule includes a substitution in a light chain CDR, *e.g.*, one or more substitutions in a CDR1, CDR2 and/or CDR3 of the light chain.

In another embodiment, the anti-TIM-3 antibody molecule includes at least one, two, three, four, five or six CDRs (or collectively all of the CDRs) from a heavy and light chain variable region
 15 comprising an amino acid sequence shown in Tables 1-4 of US 2015/0218274, or encoded by a nucleotide sequence shown in Tables 1-4. In one embodiment, one or more of the CDRs (or collectively all of the CDRs) have one, two, three, four, five, six or more changes, *e.g.*, amino acid substitutions or deletions, relative to the amino acid sequence shown in Tables 1-4, or encoded by a nucleotide sequence shown in Tables 1-4.

20 In one embodiment, the anti-TIM-3 antibody molecule includes:

(a) a heavy chain variable region (VH) comprising a VHCDR1 amino acid sequence chosen from SEQ ID NO: 9; a VHCDR2 amino acid sequence of SEQ ID NO: 10; and a VHCDR3 amino acid sequence of SEQ ID NO: 5; and a light chain variable region (VL) comprising a VLCDR1 amino acid sequence of SEQ ID NO: 12, a VLCDR2 amino acid sequence of SEQ ID NO: 13, and a
 25 VLCDR3 amino acid sequence of SEQ ID NO: 14, each disclosed in Tables 1-4 of US 2015/0218274;

(b) a VH comprising a VHCDR1 amino acid sequence chosen from SEQ ID NO: 3; a VHCDR2 amino acid sequence of SEQ ID NO: 4; and a VHCDR3 amino acid sequence of SEQ ID NO: 5; and a VL comprising a VLCDR1 amino acid sequence of SEQ ID NO: 6, a VLCDR2 amino acid sequence of SEQ ID NO: 7, and a VLCDR3 amino acid sequence of SEQ ID NO: 8, each
 30 disclosed in Tables 1-4 of US 2015/0218274;

(c) a VH comprising a VHCDR1 amino acid sequence chosen from SEQ ID NO: 9; a VHCDR2 amino acid sequence of SEQ ID NO: 25; and a VHCDR3 amino acid sequence of SEQ ID NO: 5; and a VL comprising a VLCDR1 amino acid sequence of SEQ ID NO: 12, a VLCDR2 amino acid sequence of SEQ ID NO: 13, and a VLCDR3 amino acid sequence of SEQ ID NO: 14, each
 35 disclosed in Tables 1-4 of US 2015/0218274;

(d) a VH comprising a VHCDR1 amino acid sequence chosen from SEQ ID NO: 3; a VHCDR2 amino acid sequence of SEQ ID NO: 24; and a VHCDR3 amino acid sequence of SEQ ID NO: 5; and a VL comprising a VLCDR1 amino acid sequence of SEQ ID NO: 6, a VLCDR2 amino acid sequence of SEQ ID NO: 7, and a VLCDR3 amino acid sequence of SEQ ID NO: 8, each
 40 disclosed in Tables 1-4 of US 2015/0218274;

5 (e) a VH comprising a VHCDR1 amino acid sequence chosen from SEQ ID NO: 9; a VHCDR2 amino acid sequence of SEQ ID NO: 31; and a VHCDR3 amino acid sequence of SEQ ID NO: 5; and a VL comprising a VLCDR1 amino acid sequence of SEQ ID NO: 12, a VLCDR2 amino acid sequence of SEQ ID NO: 13, and a VLCDR3 amino acid sequence of SEQ ID NO: 14, each disclosed in Tables 1-4 of US 2015/0218274; or

10 (f) a VH comprising a VHCDR1 amino acid sequence chosen from SEQ ID NO: 3; a VHCDR2 amino acid sequence of SEQ ID NO: 30; and a VHCDR3 amino acid sequence of SEQ ID NO: 5; and a VL comprising a VLCDR1 amino acid sequence of SEQ ID NO: 6, a VLCDR2 amino acid sequence of SEQ ID NO: 7, and a VLCDR3 amino acid sequence of SEQ ID NO: 8, each disclosed in Tables 1-4 of US 2015/0218274.

15 In some embodiments, the anti-TIM-3 antibody molecule comprises a VH comprising the amino acid sequence of

QVQLVQSGAEVKKPGASVKVSCKASGYTFTSYNMHWVRQAPGQGLEWIGDIYPGQGDTSY
NQKFKGRATMTADKSTSTVYMESSLRSEDVAVYYCARVGGAFPMDYWGQGTLLTVSS
(SEQ ID NO: 324) or SEQ ID NO: 32 of US 2015/0218274, and a VL comprising the amino acid

20 sequence of

DIVLTQSPDSLAVSLGERATINCRASESVEYYGTSLMQWYQQKPGQPPKLLIYAASNVESGVP
DRFSGSGSGTDFTLTISLQAEDVAVYYCQQSRKDPSTFGGGTKVEIK (SEQ ID NO: 325) or
SEQ ID NO: 20 of US 2015/0218274, each disclosed in Table 1 of US 2015/0218274. In some

embodiments, the anti-TIM-3 antibody molecule comprises a VH comprising the amino acid sequence

25 of

QVQLVQSGAEVKKPGSSVKVSCKASGYTFTSYNMHWVRQAPGQGLEWMGDIYPGNGDTSY
NQKFKGRVTITADKSTSTVYMESSLRSEDVAVYYCARVGGAFPMDYWGQGTLLTVSS
(SEQ ID NO: 326) or SEQ ID NO: 52 of US 2015/0218274, and a VL comprising the amino acid

sequence of

30 AIQLTQSPSSLSASVGDRTITCRASESVEYYGTSLMQWYQQKPGKAPKLLIYAASNVESGVP
SRFSGSGSGTDFTLTISLQPEDFATYFCQQSRKDPSTFGGGTKVEIK (SEQ ID NO: 327) or
SEQ ID NO: 64 of US 2015/0218274, each disclosed in Table 1 of US 2015/0218274.

In some embodiments, the anti-TIM-3 antibody molecule comprises a heavy chain comprising the amino acid sequence of SEQ ID NO: 34 of US 2015/0218274, and a light chain comprising the amino acid sequence of SEQ ID NO: 22 of US 2015/0218274, each disclosed in Table 1 of US 2015/0218274. In some embodiments, the anti-TIM-3 antibody molecule comprises a heavy chain comprising the amino acid sequence of SEQ ID NO: 54 of US 2015/0218274, and a light chain comprising the amino acid sequence of SEQ ID NO: 66 of US 2015/0218274, each disclosed in Table 1 of US 2015/0218274.

40 Exemplary anti-TIM-3 antibodies are also disclosed in U.S. Patent No. 8,552,156, WO 2011/155607, EP 2581113 and U.S. Publication No. 2014/044728.

5 In one embodiment, a combination described herein includes an inhibitor of TIM-3 (*e.g.*, an anti-TIM-3 antibody molecule described herein) and a chemotherapeutic agent (*e.g.*, a hypomethylating agent, *e.g.*, decitabine). In some embodiments, the inhibitor of TIM-3 (*e.g.*, an anti-TIM-3 antibody molecule disclosed in U.S. Patent Application Publication No. 2015/0218274) is administered at a dose between 10 mg and 1000 mg (*e.g.*, between 20 mg and 800 mg, between 80 mg
10 and 400 mg, *e.g.*, at a dose of 240 mg), *e.g.*, once every 2 weeks, *e.g.*, intravenously. In some embodiments, the inhibitor of TIM-3 (*e.g.*, an anti-TIM-3 antibody molecule disclosed in U.S. Patent Application Publication No. 2015/0218274) is stored in the form of liquid (*e.g.*, in a vial) for intravenous infusion. In some embodiments, the chemotherapeutic agent (*e.g.*, a hypomethylating agent, *e.g.*, decitabine) is administered at a dose between 5 mg/m² and 50 mg/m² (*e.g.*, between 10
15 mg/m² and 30 mg/m² (*e.g.*, at a dose of 20 mg/m²), *e.g.*, daily, *e.g.*, for 1, 2, 3, 4, 5, 6, 7, 8, or more days, *e.g.*, intravenously. For example, the inhibitor of TIM-3 (*e.g.*, an anti-TIM-3 antibody molecule disclosed in U.S. Patent Application Publication No. 2015/0218274) can be administered on Days 8 and 22 of a 28-day cycle, and the chemotherapeutic agent (*e.g.*, a hypomethylating agent, *e.g.*, decitabine) can be administered on Days 1, 2, 3, 4, and 5 of the 28-day cycle. In some embodiments,
20 the chemotherapeutic agent (*e.g.*, a hypomethylating agent, *e.g.*, decitabine) is administered by intravenous infusion over a period of 30 minutes to 2 hours, *e.g.*, 1 hour.

In one embodiment, the combination further includes an inhibitor of PD-1 (*e.g.*, an anti-PD-1 antibody molecule described herein). In some embodiments, the inhibitor of PD-1 (*e.g.*, the anti-PD-1 antibody molecule), is administered at a dose between 200 mg and 600 mg (*e.g.*, between 300 mg and
25 500 mg, *e.g.*, at a dose of 400 mg), *e.g.*, once every 4 weeks, *e.g.*, intravenously. For example, the inhibitor of PD-1 (*e.g.*, an anti-PD-1 antibody molecule described herein) can be administered on Day 8 of the 28-day cycle. In some embodiments, the inhibitor of PD-1 (*e.g.*, the anti-PD-1 antibody molecule) is stored in the form of lyophilisate (*e.g.*, in a vial) for intravenous infusion. In some embodiments, when used in combination with the inhibitor of PD-1 (*e.g.*, an anti-PD-1 antibody
30 molecule described herein), the inhibitor of TIM-3 (*e.g.*, an anti-TIM-3 antibody molecule disclosed in U.S. Patent Application Publication No. 2015/0218274) is administered at a dose between 20 mg and 400 mg (*e.g.*, between 40 mg and 200 mg or between 50 mg and 100 mg, *e.g.*, at a dose of 80 mg), *e.g.*, once every 2 weeks, *e.g.*, intravenously.

In certain embodiments, the inhibitor of PD-1 (*e.g.*, an anti-PD-1 antibody molecule described
35 herein) and the inhibitor of TIM-3 (*e.g.*, an anti-TIM-3 antibody molecule disclosed in U.S. Patent Application Publication No. 2015/0218274) are administered on the same day. In some embodiments, the inhibitor of TIM-3 (*e.g.*, an anti-TIM-3 antibody molecule disclosed in U.S. Patent Application Publication No. 2015/0218274) is administered before the inhibitor of PD-1 (*e.g.*, an anti-PD-1 antibody molecule described herein) is administered. In some embodiments, the inhibitor of TIM-3
40 (*e.g.*, an anti-TIM-3 antibody molecule disclosed in U.S. Patent Application Publication No. 2015/0218274) is administered first and followed by a saline or dextrose solution flush, *e.g.*, for about

1 hour, before starting administration of the inhibitor of PD-1 (*e.g.*, an anti-PD-1 antibody molecule described herein). In other embodiments, the inhibitor of TIM-3 (*e.g.*, an anti-TIM-3 antibody molecule disclosed in U.S. Patent Application Publication No. 2015/0218274) is administered after the inhibitor of PD-1 (*e.g.*, an anti-PD-1 antibody molecule described herein) is administered. In certain embodiments, the inhibitor of PD-1 (*e.g.*, an anti-PD-1 antibody molecule described herein) and the inhibitor of TIM-3 (*e.g.*, an anti-TIM-3 antibody molecule disclosed in U.S. Patent Application Publication No. 2015/0218274) are administered on different days.

In some embodiments, the inhibitor of PD-1 (*e.g.*, an anti-PD-1 antibody molecule described herein), the inhibitor of TIM-3 (*e.g.*, an anti-TIM-3 antibody molecule disclosed in U.S. Patent Application Publication No. 2015/0218274), or both, is administered via intravenous infusion over a period of 30 minutes to 2 hours, *e.g.*, about 1 hour.

In some embodiments, the combination is used to treat a cancer, *e.g.*, a cancer described herein, *e.g.*, a hematological cancer, *e.g.*, a leukemia (*e.g.*, an acute myeloid leukemia (AML)), or a myelodysplastic syndrome (MDS). In certain embodiments, the cancer is a leukemia, *e.g.*, a relapsed or refractory AML, or a *de novo* AML (*e.g.*, an AML unfit for standard of care). In other embodiments, the cancer is an MDS, *e.g.*, a high risk MDS.

Exemplary CTLA-4 Inhibitors

In one embodiment, a combination described herein includes a CTLA-4 inhibitor. In some embodiments, the combination is used to treat a cancer, *e.g.*, a cancer described herein, *e.g.*, a solid tumor or a hematologic malignancy.

Exemplary anti-CTLA-4 antibodies include Tremelimumab (IgG2 monoclonal antibody available from Pfizer, formerly known as ticilimumab, CP-675,206); and Ipilimumab (CTLA-4 antibody, also known as MDX-010, CAS No. 477202-00-9).

In one embodiment, the combination includes an anti-PD-1 antibody molecule, *e.g.*, as described herein, and an anti-CTLA-4 antibody, *e.g.*, ipilimumab. Exemplary doses that can be used include a dose of anti-PD-1 antibody molecule of about 1 to 10 mg/kg, *e.g.*, 3 mg/kg, and a dose of an anti-CTLA-4 antibody, *e.g.*, ipilimumab, of about 3 mg/kg.

Other exemplary anti-CTLA-4 antibodies are disclosed, *e.g.*, in U.S. Pat. No. 5,811,097.

Exemplary IAP Inhibitors

In one embodiment, a combination described herein includes an inhibitor of Inhibitor of Apoptosis Protein (IAP). In some embodiments, the combination is used to treat a cancer, *e.g.*, a cancer described herein, *e.g.*, a solid tumor (*e.g.*, a colorectal cancer (CRC), a lung cancer (*e.g.*, a non-small cell lung cancer (NSCLC)), a breast cancer (*e.g.*, a triple negative breast cancer (TNBC)), an ovarian cancer, or a pancreatic cancer), *e.g.*, a hematologic malignancy (*e.g.*, a multiple myeloma).

5 In some embodiments, the IAP inhibitor is (S)-N-((S)-1-cyclohexyl-2-((S)-2-(4-(4-fluorobenzoyl)thiazol-2-yl)pyrrolidin-1-yl)-2-oxoethyl)-2-(methylamino)propanamide (Compound A21) or a compound disclosed in U.S. Patent No. 8,552,003.

10 In some embodiments, the IAP inhibitor, (S)-N-((S)-1-cyclohexyl-2-((S)-2-(4-(4-fluorobenzoyl)thiazol-2-yl)pyrrolidin-1-yl)-2-oxoethyl)-2-(methylamino)propanamide (Compound A21), or a compound disclosed in U.S. Patent No. 8,552,003, is an oral small molecule SMAC-mimetic that binds to the BIR3 domain of CIAP1, XIAP, and optionally CIAP2. The CIAP1 and CIAP2 proteins are components of TNF death receptor family protein complexes. Without wishing to be bound by theory, it is believed that in some embodiments, binding of the IAP inhibitor, (S)-N-((S)-1-cyclohexyl-2-((S)-2-(4-(4-fluorobenzoyl)thiazol-2-yl)pyrrolidin-1-yl)-2-oxoethyl)-2-(methylamino)propanamide (Compound A21), or a compound disclosed in U.S. Patent No. 8,552,003, can activate an E3 ligase function of CIAP1, induce ubiquitination and proteosomal degradation of CIAP1, and/or activate NF-κB signaling downstream of the receptors (Gyrd-Hansen M, Meier P (2010) *Nat. Rev. Cancer* p. 561-74). In some embodiments, the IAP inhibitor, (S)-N-((S)-1-cyclohexyl-2-((S)-2-(4-(4-fluorobenzoyl)thiazol-2-yl)pyrrolidin-1-yl)-2-oxoethyl)-2-(methylamino)propanamide (Compound A21), or a compound disclosed in U.S. Patent No. 8,552,003, is used for increasing antitumor immunity in a subject. For example, the IAP inhibitor, (S)-N-((S)-1-cyclohexyl-2-((S)-2-(4-(4-fluorobenzoyl)thiazol-2-yl)pyrrolidin-1-yl)-2-oxoethyl)-2-(methylamino)propanamide (Compound A21), or a compound disclosed in U.S. Patent No. 8,552,003, can enhance human and mouse T cell proliferation and function *in vitro* after co-stimulation, and/or response to prophylactic and therapeutic antitumor vaccines *in vivo*, *e.g.*, through activation of NF-κB (Dougan *et al.* (2010) *J. Exp. Med.* p. 2195-206). NF-κB activity is involved in cross-priming of T cells during immunogenic cell death in response to release of danger-associated inflammatory molecules (Yatim *et al.* (2015) *Science* p. 328-34), indicating a mechanism for enhancing T cell function and anti-tumor immunity. As another example, the IAP inhibitor, (S)-N-((S)-1-cyclohexyl-2-((S)-2-(4-(4-fluorobenzoyl)thiazol-2-yl)pyrrolidin-1-yl)-2-oxoethyl)-2-(methylamino)propanamide (Compound A21), or a compound disclosed in U.S. Patent No. 8,552,003, can protect monocyte-derived dendritic cells from apoptosis, *e.g.*, similar to CD40 ligation (Knights *et al.* (2013) *Cancer Immunol. Immunother.* p. 321-35).

35 In some embodiments, the combination described herein includes an IAP inhibitor, (S)-N-((S)-1-cyclohexyl-2-((S)-2-(4-(4-fluorobenzoyl)thiazol-2-yl)pyrrolidin-1-yl)-2-oxoethyl)-2-(methylamino)propanamide (Compound A21), or a compound disclosed in U.S. Patent No. 8,552,003, and an inhibitor of an immune checkpoint molecule, *e.g.*, an inhibitor of PD-1 (*e.g.*, an anti-PD-1 antibody molecule).

40 Without wishing to be bound by theory, it is believed that in some embodiments, the IAP inhibitor, (S)-N-((S)-1-cyclohexyl-2-((S)-2-(4-(4-fluorobenzoyl)thiazol-2-yl)pyrrolidin-1-yl)-2-oxoethyl)-2-(methylamino)propanamide (Compound A21), or a compound disclosed in U.S. Patent

No. 8,552,003, is an orally available small molecule that activates NF- κ B signaling downstream of TNF receptor family members. NF- κ B is a master regulator of transcription in immune cells, and also acts in tumor cells directly (Perkins (2012) *Nat. Rev. Cancer* p. 121-32). Preclinical data suggest that NF- κ B activity is required for cross-priming of CD8+ T lymphocytes undergoing immunogenic cell death (Yatim *et al.* (2015) *Science* p. 328-34). Compound A21 stimulated proliferation of T lymphocytes, induced IFN γ , and suppressed production of IL-10 *in vitro*. Clinical studies with Compound A21 demonstrated induction of circulating cytokines including TNF α , IL-8, IL-10 and CCL2 (Infante *et al.* (2014) *J. Clin. Oncol.* p. 3103-10). Clinical data suggest that Compound A21 increased the rate of pathological complete response of TNBC to treatment with paclitaxel. In some embodiments, the IAP inhibitor, (S)-N-((S)-1-cyclohexyl-2-((S)-2-(4-(4-fluorobenzoyl)thiazol-2-yl)pyrrolidin-1-yl)-2-oxoethyl)-2-(methylamino)propanamide (Compound A21), or a compound disclosed in U.S. Patent No. 8,552,003, enhances, or is used to enhance, an anti-tumor activity of the inhibitor of an immune checkpoint molecule, *e.g.*, the inhibitor of PD-1 (*e.g.*, an anti-PD-1 antibody molecule).

In some embodiments, the IAP inhibitor, (S)-N-((S)-1-cyclohexyl-2-((S)-2-(4-(4-fluorobenzoyl)thiazol-2-yl)pyrrolidin-1-yl)-2-oxoethyl)-2-(methylamino)propanamide (Compound A21), or a compound disclosed in U.S. Patent No. 8,552,003, and the inhibitor of an immune checkpoint molecule, *e.g.*, an inhibitor of PD-1 (*e.g.*, an anti-PD-1 antibody molecule), each is administered at a dose and/or on a time schedule, that in combination, achieves a desired anti-tumor activity.

Without wishing to be bound by theory, it is believed that doses for the IAP inhibitor, (S)-N-((S)-1-cyclohexyl-2-((S)-2-(4-(4-fluorobenzoyl)thiazol-2-yl)pyrrolidin-1-yl)-2-oxoethyl)-2-(methylamino)propanamide (Compound A21), or a compound disclosed in U.S. Patent No. 8,552,003, equal to or lower than 1800 mg are active, *e.g.*, based on pharmacodynamic data. For example, in paired skin biopsies of two patients treated at 320 mg, both showed degradation of CIAP1, the protein targeted by Compound A21; skin biopsies collected from patients treated at lower doses (160 mg and below) showed less consistent pharmacodynamic activity (Infante *et al.* (2014) *J. Clin. Oncol.* p. 3103-10). In some embodiments, doses higher than 900 mg are not required for clinical efficacy. In certain situations, a dose of Compound A21 at 1800 mg was poorly tolerated when given in combination with paclitaxel. Accordingly, in one embodiment, the IAP inhibitor, (S)-N-((S)-1-cyclohexyl-2-((S)-2-(4-(4-fluorobenzoyl)thiazol-2-yl)pyrrolidin-1-yl)-2-oxoethyl)-2-(methylamino)propanamide (Compound A21), or a compound disclosed in U.S. Patent No. 8,552,003, is administered at a dose between of 300 mg and 900 mg, *e.g.*, once a week. In some embodiments, the IAP inhibitor, (S)-N-((S)-1-cyclohexyl-2-((S)-2-(4-(4-fluorobenzoyl)thiazol-2-yl)pyrrolidin-1-yl)-2-oxoethyl)-2-(methylamino)propanamide (Compound A21), or a compound disclosed in U.S. Patent No. 8,552,003, is administered less frequently than once a week, *e.g.*, is administered once every two weeks, once every three weeks, or once every four weeks.

5 In some embodiments, the IAP inhibitor, *e.g.*, (S)-N-((S)-1-cyclohexyl-2-((S)-2-(4-(4-fluorobenzoyl)thiazol-2-yl)pyrrolidin-1-yl)-2-oxoethyl)-2-(methylamino)propanamide (Compound A21) or a compound disclosed in U.S. Patent No. 8,552,003, is administered at a dose of approximately 1800 mg or less, *e.g.*, once weekly.

10 In some embodiments, the IAP inhibitor, (S)-N-((S)-1-cyclohexyl-2-((S)-2-(4-(4-fluorobenzoyl)thiazol-2-yl)pyrrolidin-1-yl)-2-oxoethyl)-2-(methylamino)propanamide (Compound A21), or a compound disclosed in U.S. Patent No. 8,552,003, is administered at a dose between 160 mg and 1800 mg, between 200 mg and 1200 mg, between 300 mg and 900 mg, between 400 mg and 800 mg, or between 500 mg and 700 mg, *e.g.*, at a dose of 300 mg, 400 mg, 500 mg, 600 mg, 700 mg, 800 mg, or 900 mg, *e.g.*, once a week, once every two weeks, once every three weeks, or once every
15 four weeks.

In certain embodiments, the IAP inhibitor, (S)-N-((S)-1-cyclohexyl-2-((S)-2-(4-(4-fluorobenzoyl)thiazol-2-yl)pyrrolidin-1-yl)-2-oxoethyl)-2-(methylamino)propanamide (Compound A21), or a compound disclosed in U.S. Patent No. 8,552,003, is administered at a dose of between about 200 mg and about 400 mg, *e.g.*, about 300 mg, once weekly. In other embodiments, the IAP
20 inhibitor, (S)-N-((S)-1-cyclohexyl-2-((S)-2-(4-(4-fluorobenzoyl)thiazol-2-yl)pyrrolidin-1-yl)-2-oxoethyl)-2-(methylamino)propanamide (Compound A21), or a compound disclosed in U.S. Patent No. 8,552,003, is administered at a dose of between about 800 mg and about 1000 mg, *e.g.*, about 900 mg, once a week. In some embodiments, the IAP inhibitor, (S)-N-((S)-1-cyclohexyl-2-((S)-2-(4-(4-fluorobenzoyl)thiazol-2-yl)pyrrolidin-1-yl)-2-oxoethyl)-2-(methylamino)propanamide (Compound
25 A21), or a compound disclosed in U.S. Patent No. 8,552,003, is administered at a dose of between about 200 mg and about 400 mg, *e.g.*, about 300 mg, once every four weeks.

In certain embodiments, the IAP inhibitor, (S)-N-((S)-1-cyclohexyl-2-((S)-2-(4-(4-fluorobenzoyl)thiazol-2-yl)pyrrolidin-1-yl)-2-oxoethyl)-2-(methylamino)propanamide (Compound A21), or a compound disclosed in U.S. Patent No. 8,552,003, is administered orally.

30 In some embodiments, the IAP inhibitor, (S)-N-((S)-1-cyclohexyl-2-((S)-2-(4-(4-fluorobenzoyl)thiazol-2-yl)pyrrolidin-1-yl)-2-oxoethyl)-2-(methylamino)propanamide (Compound A21), or a compound disclosed in U.S. Patent No. 8,552,003, is administered in combination with a PD-1 inhibitor (*e.g.*, an anti-PD-1 antibody molecule). In one embodiment, the IAP inhibitor, (S)-N-((S)-1-cyclohexyl-2-((S)-2-(4-(4-fluorobenzoyl)thiazol-2-yl)pyrrolidin-1-yl)-2-oxoethyl)-2-
35 (methylamino)propanamide (Compound A21), or a compound disclosed in U.S. Patent No. 8,552,003, is administered at a dose between 200 mg and 400 mg (*e.g.*, at a dose of 300 mg), *e.g.*, once a week, *e.g.*, orally, and the PD-1 inhibitor (*e.g.*, the anti-PD-1 antibody molecule) is administered at a dose between 300 mg and 500 mg (*e.g.*, at a dose of 400 mg), *e.g.*, once every 4 weeks, *e.g.*, by intravenous infusion.

40 In certain embodiments, the IAP inhibitor, (S)-N-((S)-1-cyclohexyl-2-((S)-2-(4-(4-fluorobenzoyl)thiazol-2-yl)pyrrolidin-1-yl)-2-oxoethyl)-2-(methylamino)propanamide (Compound

5 A21), or a compound disclosed in U.S. Patent No. 8,552,003, is administered in combination with the PD-1 inhibitor (*e.g.*, the anti-PD-1 antibody molecule) to treat a colorectal cancer, a lung cancer (*e.g.*, a non-small cell lung cancer (NSCLC)), or a breast cancer (*e.g.*, a triple-negative breast cancer (*e.g.*, NTBC)).

10 *Exemplary EGFR Inhibitors*

In one embodiment, a combination described herein includes an inhibitor of Epidermal Growth Factor Receptor (EGFR). In some embodiments, the combination is used to treat a cancer, *e.g.*, a cancer described herein, *e.g.*, a solid tumor (*e.g.*, a lung cancer (*e.g.*, a non-small cell lung cancer), a pancreatic cancer, a breast cancer (*e.g.*, a triple negative breast cancer (TNBC)), or a colon
15 cancer). In certain embodiments, the cancer is chosen from a colorectal cancer (*e.g.*, a microsatellite stable colorectal cancer (MSS CRC)), a lung cancer (*e.g.*, a non-small cell lung cancer), or a breast cancer (*e.g.*, a triple negative lung cancer (TNBC)).

In some embodiments, the EGFR inhibitor is (R,E)-N-(7-chloro-1-(1-(4-(dimethylamino)but-2-enoyl)azepan-3-yl)-1H-benzo[d]imidazol-2-yl)-2-methylisonicotinamide (Compound A40) or a
20 compound disclosed in PCT Publication No. WO 2013/184757.

In some embodiments, the EGFR inhibitor, *e.g.*, (R,E)-N-(7-chloro-1-(1-(4-(dimethylamino)but-2-enoyl)azepan-3-yl)-1H-benzo[d]imidazol-2-yl)-2-methylisonicotinamide (Compound A40) or a compound disclosed in PCT Publication No. WO 2013/184757, is administered at a dose of 150-250 mg, *e.g.*, per day. In some embodiments, the EGFR inhibitor, *e.g.*, (R,E)-N-(7-
25 chloro-1-(1-(4-(dimethylamino)but-2-enoyl)azepan-3-yl)-1H-benzo[d]imidazol-2-yl)-2-methylisonicotinamide (Compound A40) or a compound disclosed in PCT Publication No. WO 2013/184757, is administered at a dose of about 150, 200, or 250 mg, or about 150-200 or 200-250 mg.

In some embodiments, the EGFR inhibitor, (R,E)-N-(7-chloro-1-(1-(4-(dimethylamino)but-2-enoyl)azepan-3-yl)-1H-benzo[d]imidazol-2-yl)-2-methylisonicotinamide (Compound A40), or a
30 compound disclosed in PCT Publication No. WO 2013/184757, is a covalent, irreversible tyrosine kinase inhibitor. In certain embodiments, the EGFR inhibitor, (R,E)-N-(7-chloro-1-(1-(4-(dimethylamino)but-2-enoyl)azepan-3-yl)-1H-benzo[d]imidazol-2-yl)-2-methylisonicotinamide (Compound A40), or a compound disclosed in PCT Publication No. WO 2013/184757 inhibits
35 activating EGFR mutations (L858R, ex19del). In other embodiments, the EGFR inhibitor, (R,E)-N-(7-chloro-1-(1-(4-(dimethylamino)but-2-enoyl)azepan-3-yl)-1H-benzo[d]imidazol-2-yl)-2-methylisonicotinamide (Compound A40), or a compound disclosed in PCT Publication No. WO 2013/184757 does not inhibit, or does not substantially inhibit, wild-type (wt) EGFR. Compound A40 has shown efficacy in EGFR mutant NSCLC patients. In some embodiments, the EGFR
40 inhibitor, (R,E)-N-(7-chloro-1-(1-(4-(dimethylamino)but-2-enoyl)azepan-3-yl)-1H-benzo[d]imidazol-2-yl)-2-methylisonicotinamide (Compound A40), or a compound disclosed in PCT Publication No.

WO 2013/184757 also inhibits one or more kinases in the TEC family of kinases. The Tec family kinases include, *e.g.*, ITK, BMX, TEC, RLK, and BTK, and are central in the propagation of T-cell receptor and chemokine receptor signaling (Schwartzberg *et al.* (2005) *Nat. Rev. Immunol.* p. 284-95). For example, Compound A40 can inhibit ITK with a biochemical IC₅₀ of 1.3 nM. ITK is a critical enzyme for the survival of Th2 cells and its inhibition results in a shift in the balance between Th2 and Th1 cells. Combined treatment, *in vivo*, with the ITK inhibitor ibrutinib or Compound A40, and anti-PD-L1 antibody results in superior efficacy compared with either single agent in several models.

In some embodiments, the combination described herein includes an EGFR inhibitor, (R,E)-N-(7-chloro-1-(1-(4-(dimethylamino)but-2-enoyl)azepan-3-yl)-1H-benzo[d]imidazol-2-yl)-2-methylisonicotinamide (Compound A40), or a compound disclosed in PCT Publication No. WO 2013/184757, and an inhibitor of an immune checkpoint molecule, *e.g.*, an inhibitor of PD-1 (*e.g.*, an anti-PD-1 antibody molecule).

The combination of ITK inhibition (with ibrutinib) and checkpoint inhibition is more effective than either single agent in numerous syngeneic mouse models, *e.g.*, those which express ITK but not BTK. In certain embodiments, the EGFR inhibitor, (R,E)-N-(7-chloro-1-(1-(4-(dimethylamino)but-2-enoyl)azepan-3-yl)-1H-benzo[d]imidazol-2-yl)-2-methylisonicotinamide (Compound A40), or a compound disclosed in PCT Publication No. WO 2013/184757, inhibits ITK. The synergistic effect of ITK inhibition and checkpoint blockade has been tested in mouse allografts using mouse cancer cell lines (A20, CT26 and 4T1) (Sagiv-Barfi *et al.* (2015) *Blood.* p. 2079-86). The combination of anti-PD-L1 antibody and ibrutinib (an ITK inhibitor) was shown to be significantly more efficacious than either single agent in all three models. In these experiments, the treatment effect was prolonged despite the dosing of ibrutinib for only 8 days, and a total of 5 doses of anti-PD-L1 antibody. Approximately half of the CT26 tumor bearing mice treated with this combination were cured (no mice treated with either single agent were cured). Rechallenge of these mice with CT26 tumor inoculum demonstrated long term anti-tumor memory specific for this cell line (Sagiv-Barfi *et al.* (2015) *Blood.* p. 2079-86). Furthermore, tumor specific T-cells were found in the blood and spleen of mice treated with ibrutinib and anti-PD-L1 antibody. A similar experiment was performed using Compound A40 in the A20 lymphoma model (*see e.g.*, Example 4). The combination of either Compound A40 and anti-PD-L1 antibody or ibrutinib and anti-PD-L1 antibody was more effective than a single agent. Compound A40 and ibrutinib were dosed for only ten days, and a total of 5 doses of anti-PD-L1 antibody were given. Compound A40 and ibrutinib were only dosed transiently and the effects of Compound A40 plus anti-PD-L1 antibody and ibrutinib plus anti-PD-L1 antibody on survival extended beyond 60 days. Combination of anti-PD-L1 antibody and Compound A40 resulted in tumor regression in mice bearing A20 lymphoma allografts. Accordingly, in some embodiments, the EGFR inhibitor, (R,E)-N-(7-chloro-1-(1-(4-(dimethylamino)but-2-enoyl)azepan-3-yl)-1H-benzo[d]imidazol-2-yl)-2-methylisonicotinamide (Compound A40), or a

5 compound disclosed in PCT Publication No. WO 2013/184757 enhances, or is used to enhance an antitumor effect of an inhibitor of PD-1 (*e.g.*, an anti-PD-1 antibody molecule).

10 In some embodiments, the EGFR inhibitor, (R,E)-N-(7-chloro-1-(1-(4-(dimethylamino)but-2-enoyl)azepan-3-yl)-1H-benzo[d]imidazol-2-yl)-2-methylisonicotinamide (Compound A40), or a compound disclosed in PCT Publication No. WO 2013/184757, and the inhibitor of an immune checkpoint molecule, *e.g.*, an inhibitor of PD-1 (*e.g.*, an anti-PD-1 antibody molecule), each is administered at a dose and/or on a time schedule, that in combination, achieves a desired anti-tumor activity.

15 In one embodiment, the EGFR inhibitor, (R,E)-N-(7-chloro-1-(1-(4-(dimethylamino)but-2-enoyl)azepan-3-yl)-1H-benzo[d]imidazol-2-yl)-2-methylisonicotinamide (Compound A40), or a compound disclosed in PCT Publication No. WO 2013/184757, is administered at a dose between 5 mg and 100 mg, *e.g.*, between 10 mg and 75 mg, between 15 mg and 50 mg, between 20 mg and 30 mg, between 10 mg and 40 mg, between 10 mg and 25 mg, or between 25 mg and 40 mg, *e.g.*, at a dose of 5 mg, 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 45 mg, 50 mg, 60 mg, 70 mg, 80 mg, 90 mg, or 100 mg, *e.g.*, twice a day, once a day, once every two days, once every three days, or
20 once a week.

In one embodiment, the EGFR inhibitor, (R,E)-N-(7-chloro-1-(1-(4-(dimethylamino)but-2-enoyl)azepan-3-yl)-1H-benzo[d]imidazol-2-yl)-2-methylisonicotinamide (Compound A40), or a compound disclosed in PCT Publication No. WO 2013/184757, is administered at a dose between 10 mg and 50 mg (*e.g.*, 25 mg), *e.g.*, once a day. In some embodiments, the EGFR inhibitor, (R,E)-N-(7-chloro-1-(1-(4-(dimethylamino)but-2-enoyl)azepan-3-yl)-1H-benzo[d]imidazol-2-yl)-2-methylisonicotinamide (Compound A40), or a compound disclosed in PCT Publication No. WO
25 2013/184757, is administered orally. In one embodiment, the EGFR inhibitor, (R,E)-N-(7-chloro-1-(1-(4-(dimethylamino)but-2-enoyl)azepan-3-yl)-1H-benzo[d]imidazol-2-yl)-2-methylisonicotinamide (Compound A40), or a compound disclosed in PCT Publication No. WO 2013/184757, is
30 administered at a dose between 10 mg and 50 mg (*e.g.*, 25 mg), *e.g.*, once a day, *e.g.*, orally, and the PD-1 inhibitor (*e.g.*, the anti-PD-1 antibody molecule) is administered at a dose between 300 mg and 500 mg (*e.g.*, at a dose of 400 mg), *e.g.*, once every 4 weeks, *e.g.*, by intravenous infusion. In some embodiments, the combination is administered in one or more dosing cycles, *e.g.*, one or more 28-day dosing cycles. In certain embodiments, the EGFR inhibitor, (R,E)-N-(7-chloro-1-(1-(4-
35 (dimethylamino)but-2-enoyl)azepan-3-yl)-1H-benzo[d]imidazol-2-yl)-2-methylisonicotinamide (Compound A40), or a compound disclosed in PCT Publication No. WO 2013/184757, is administered on day 1 to day 10 of a first dosing cycle. In certain embodiments, the EGFR inhibitor, (R,E)-N-(7-chloro-1-(1-(4-(dimethylamino)but-2-enoyl)azepan-3-yl)-1H-benzo[d]imidazol-2-yl)-2-methylisonicotinamide (Compound A40), or a compound disclosed in PCT Publication No. WO
40 2013/184757, is not administered on day 11 to day 28 of a first dosing cycle, or in any subsequent dosing cycle(s).

5 In some embodiments, the EGFR inhibitor, (R,E)-N-(7-chloro-1-(1-(4-(dimethylamino)but-2-enoyl)azepan-3-yl)-1H-benzo[d]imidazol-2-yl)-2-methylisonicotinamide (Compound A40), or a compound disclosed in PCT Publication No. WO 2013/184757, is administered in combination with an inhibitor of PD-1 (*e.g.*, an anti-PD-1 antibody molecule) to treat a colorectal cancer (CRC) (*e.g.*, an MSS-CRC), a lung cancer (*e.g.*, a non-small cell lung cancer (NSCLC)), or a breast cancer (*e.g.*, a triple negative breast cancer (TNBC)).

In some embodiments, the EGFR inhibitor is chosen from one of more of erlotinib, gefitinib, cetuximab, panitumumab, necitumumab, PF-00299804, nimotuzumab, or RO5083945.

Exemplary mTOR Inhibitors

15 In one embodiment, a combination described herein includes an inhibitor of target of rapamycin (mTOR). In some embodiments, the combination is used to treat a cancer, *e.g.*, a cancer described herein, *e.g.*, a solid tumor (*e.g.*, a prostate cancer, a breast cancer, a brain cancer, a bladder cancer, a pancreatic cancer, a renal cancer, or a liver cancer, a lung cancer (*e.g.*, a small cell lung cancer or a non-small cell lung cancer), a respiratory/thoracic cancer, a sarcoma, a bone cancer, a non-
20 small cell lung cancer, an endocrine cancer, an astrocytoma, a cervical cancer, a neurologic cancer, a gastric cancer, or a melanoma), *e.g.*, a hematologic malignancy (*e.g.*, a leukemia (*e.g.*, lymphocytic leukemia), *e.g.*, a lymphoma, or *e.g.*, a multiple myeloma). In certain embodiments, the cancer is chosen from a colorectal cancer (*e.g.*, a microsatellite stable colorectal cancer (MSS CRC)), a lung cancer (*e.g.*, a non-small cell lung cancer), or a breast cancer (*e.g.*, a triple negative lung cancer
25 (TNBC)).

In some embodiments, the mTOR inhibitor is dactolisib (Compound A4) or 8-(6-Methoxy-pyridin-3-yl)-3-methyl-1-(4-piperazin-1-yl-3-trifluoromethyl-phenyl)-1,3-dihydro-imidazo[4,5-c]quinolin-2-one (Compound A41), or a compound disclosed in PCT Publication No. WO 2006/122806.

30 In some embodiments, the mTOR inhibitor is everolimus (also known as AFINITOR®; Compound A36) or a compound disclosed in PCT Publication No. WO 2014/085318.

In some embodiments, the mTOR inhibitor, everolimus (Compound A36), or a compound disclosed in PCT Publication No. WO 2014/085318, inhibits mammalian target of rapamycin (mTOR), a serine-threonine kinase, downstream of the PI3K/AKT pathway. The mTOR pathway is
35 dysregulated in several human cancers. Without wishing to be bound by theory, it is believed that in some embodiments, the mTOR inhibitor, everolimus (Compound A36), or a compound disclosed in PCT Publication No. WO 2014/085318, binds to an intracellular protein, FKBP-12, resulting in an inhibitory complex formation with mTOR complex 1 (mTORC1) and thus inhibition of mTOR kinase activity. Everolimus (Compound A36) can reduce the activity of S6 ribosomal protein kinase (S6K1)
40 and/or eukaryotic initiation factor 4E-binding protein (4E-BP1), downstream effectors of mTOR, involved in protein synthesis. S6K1 is a substrate of mTORC1 and phosphorylates the activation

5 domain 1 of the estrogen receptor which results in ligand-independent activation of the receptor. In addition, everolimus (Compound A36) can inhibit the expression of hypoxia-inducible factor (*e.g.*, HIF-1) and/or reduce the expression of vascular endothelial growth factor (VEGF). Inhibition of mTOR by everolimus (Compound A36) has been shown to reduce cell proliferation, angiogenesis, and glucose uptake in *in vitro* and/or *in vivo* studies. Constitutive activation of the PI3K/Akt/mTOR
10 pathway can contribute to endocrine resistance in breast cancer. *In vitro* studies show that estrogen-dependent and HER2+ breast cancer cells are sensitive to the inhibitory effects of everolimus (Compound A36), and that combination treatment with everolimus and Akt, HER2, or aromatase inhibitors enhances the anti-tumor activity of everolimus (Compound A36) in a synergistic manner. Two regulators of mTORC1 signaling are the oncogene suppressors tuberin-sclerosis complexes 1
15 and 2 (TSC1, TSC2). Loss or inactivation of either TSC1 or TSC2 leads to activation of downstream signaling. In TSC, a genetic disorder, inactivating mutations in either the TSC1 or the TSC2 gene lead to hamartoma formation throughout the body.

In some embodiments, the combination described herein includes the mTOR inhibitor, everolimus (Compound A36), or a compound disclosed in PCT Publication No. WO 2014/085318,
20 and an inhibitor of an immune checkpoint molecule, *e.g.*, an inhibitor of PD-1 (*e.g.*, an anti-PD-1 antibody molecule).

Everolimus (Compound A36) has been used in clinics as a direct antitumor agent at the dose of 10 mg daily to repress mTOR activity in tumor cells, and as an immunosuppressant in patients requiring solid organ transplants at 1.5-2.0 mg daily to suppress T lymphocyte function. Without
25 wishing to be bound by theory, it is believed that in some embodiments, at these doses and schedules everolimus (Compound A36) would be expected to impair an effective anti-tumor response. Immunosenesence is a decline in immune function that occurs in the elderly and includes a decreased response to vaccination, including influenza vaccination. The decline in immune function with age includes an increase in PD-1-positive “exhausted” T lymphocytes that have a diminished response to
30 stimulation with antigen (Lages *et al.* (2010) *Aging Cell* 9, 785-798). Clinical data suggest a dose of 5 mg per week can be immunostimulatory, reducing the percentage of PD-1-positive CD4+ and CD8+ lymphocytes compared to placebo treatment and enhancing the response to an influenza vaccine in elderly subjects (Mannick *et al.* (2014) *Sci. Transl. Med.* Vol. 6, Issue 268, pp. 268ra179). In certain
35 embodiments, an immunostimulatory dose of the mTOR inhibitor, everolimus (Compound A36), or a compound disclosed in PCT Publication No. WO 2014/085318, enhances, or is used to enhance, the antitumor activity of an inhibitor of PD-1 (*e.g.*, an anti-PD-1 antibody molecule).

In some embodiments, the mTOR inhibitor, everolimus (Compound A36), or a compound disclosed in PCT Publication No. WO 2014/085318, and the inhibitor of an immune checkpoint molecule, *e.g.*, an inhibitor of PD-1 (*e.g.*, an anti-PD-1 antibody molecule), each is administered at a
40 dose and/or on a time schedule, that in combination, achieves a desired anti-tumor activity.

5 In some embodiments, the dose of everolimus (Compound A36) approved for adult cancer indications (*e.g.* breast cancer (*e.g.*, TNBC), renal cell carcinoma and neuroendocrine tumors (*e.g.*, atypical pulmonary carcinoid tumor) is 10 mg daily. Without wishing to be bound by theory, it is believed that in some embodiments, modeling and simulation based on mTOR-mediated phosphorylation of its downstream target S6 kinase (S6K) predicted that a 20 mg weekly dosing
 10 regimen inhibited mTOR-mediated S6K phosphorylation almost completely, a 5 mg weekly dosing regimen inhibited S6K phosphorylation by more than 50%, and a 0.5 mg daily dosing regimen inhibited S6K phosphorylation by about 38% over the dosing interval (Mannick *et al.* (2014) *Sci. Transl. Med.* Vol. 6, Issue 268, pp. 268ra179; Tanaka (2008) *J. Clin. Oncol.* p. 1596-602). Accordingly, in certain embodiments, the mTOR inhibitor, everolimus (Compound A36), or a
 15 compound disclosed in PCT Publication No. WO 2014/085318, is administered at a dose of 5 mg once weekly (QW), *e.g.*, in combination with an inhibitor of PD-1 (*e.g.*, an anti-PD-1 antibody molecule). In other embodiments, a dose of 0.5 mg once daily (QD) may also be used, *e.g.*, when the dose of 5 mg once weekly (QW) is not well tolerated. In some embodiments, the mTOR inhibitor, everolimus (Compound A36), or a compound disclosed in PCT Publication No. WO 2014/085318 is
 20 administered at a dose 5 mg or less once a week.

In some embodiments, the mTOR inhibitor, *e.g.*, everolimus (Compound A36) or a compound disclosed in PCT Publication No. WO 2014/085318, is administered at a dose of about 2.5-20 mg/day. In one embodiment, the TOR inhibitor, *e.g.*, everolimus (Compound A36) or a compound disclosed in PCT Publication No. WO 2014/085318, is administered at a dose of about 2.5, 5, 10, or 20 mg/day,
 25 *e.g.*, about 2.5-5, 5-10, or 10-20 mg/day.

In one embodiment, the mTOR inhibitor, Everolimus (Compound A36), or a compound disclosed in PCT Publication No. WO 2014/085318, is administered at a dose between 1 mg and 10 mg, between 2 mg and 8 mg, between 3 mg and 7 mg, or between 4 mg and 6 mg, *e.g.*, at a dose of 1 mg, 2 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7 mg, 8 mg, 9 mg, or 10 mg, *e.g.*, once weekly, once every two
 30 weeks, once every three weeks, or once every four weeks. In one embodiment, the mTOR inhibitor, Everolimus (Compound A36), or a compound disclosed in PCT Publication No. WO 2014/085318, is administered at a dose of between 4 mg and 6 mg, *e.g.*, 5 mg, *e.g.*, once weekly.

In another embodiment, the mTOR inhibitor, Everolimus (Compound A36), or a compound disclosed in PCT Publication No. WO 2014/085318, is administered at a dose between 0.1 mg and 1 mg, between 0.2 mg and 0.8 mg, between 0.3 mg and 0.7 mg, or between 0.4 mg and 0.6 mg, *e.g.*, 0.1 mg, 0.2 mg, 0.3 mg, 0.4 mg, 0.5 mg, 0.6 mg, 0.7 mg, 0.8 mg, 0.9 mg, or 1 mg, *e.g.*, once daily or once
 35 weekly.

In some embodiments, the mTOR inhibitor, Everolimus (Compound A36), or a compound disclosed in PCT Publication No. WO 2014/085318, is administered orally.

40 In some embodiments, the mTOR inhibitor, Everolimus (Compound A36), or a compound disclosed in PCT Publication No. WO 2014/085318, is administered at a dose between 2 mg and 8 mg

5 (e.g., at a dose of 5 mg), e.g., once a week, e.g., orally, and the PD-1 inhibitor (e.g., the anti-PD-1 antibody molecule) is administered at a dose between 300 mg and 500 mg (e.g., at a dose of 400 mg), e.g., once every 4 weeks, e.g., by intravenous infusion.

In some embodiments, the mTOR inhibitor, Everolimus (Compound A36), or a compound disclosed in PCT Publication No. WO 2014/085318, is administered in combination with the PD-1
10 inhibitor (e.g., the anti-PD-1 antibody molecule) to treat a colorectal cancer, a lung cancer (e.g., a non-small cell lung cancer (NSCLC)), or a breast cancer (e.g., a triple negative breast cancer (NTBC)).

In some embodiments, the mTOR inhibitor is chosen from one or more of rapamycin, temsirolimus (TORISEL®), AZD8055, BEZ235, BGT226, XL765, PF-4691502, GDC0980, SF1126,
15 OSI-027, GSK1059615, KU-0063794, WYE-354, Palomid 529 (P529), PF-04691502, or PKI-587. ridaforolimus (formally known as deferolimus, (1R,2R,4S)-4-[(2R)-2 [(1R,9S,12S,15R,16E,18R,19R,21R, 23S,24E,26E,28Z,30S,32S,35R)-1,18-dihydroxy-19,30-dimethoxy-15,17,21,23, 29,35-hexamethyl-2,3,10,14,20-pentaoxo-11,36-dioxa-4-azatricyclo[30.3.1.0^{4,9}] hexatriaconta-16,24,26,28-tetraen-12-yl]propyl]-2-methoxycyclohexyl
20 dimethylphosphinate, also known as AP23573 and MK8669, and described in PCT Publication No. WO 03/064383); everolimus (AFINITOR® or RAD001); rapamycin (AY22989, SIROLIMUS®); simapimod (CAS Registry Number: 164301-51-3); (5-{2,4-Bis[(3S)-3-methylmorpholin-4-yl]pyrido[2,3-d]pyrimidin-7-yl}-2-methoxyphenyl)methanol (AZD8055); 2-Amino-8-[trans-4-(2-hydroxyethoxy)cyclohexyl]-6-(6-methoxy-3-pyridinyl)-4-methyl-pyrido[2,3-d]pyrimidin-7(8H)-one
25 (PF04691502, CAS Registry Number: 1013101-36-4); N²-[1,4-dioxo-4-[[4-(4-oxo-8-phenyl-4H-1-benzopyran-2-yl)morpholinium-4-yl]methoxy]butyl]-L-arginylglycyl-L-α-aspartyl-L-serine (SEQ ID NO: 237) inner salt (SF1126, CAS Registry Number: 936487-67-1), or XL765 (SAR245409).

Other exemplary mTOR Inhibitors include, but are not limited to, temsirolimus; ridaforolimus (1R,2R,4S)-4-[(2R)-2 [(1R,9S,12S,15R,16E,18R,19R,21R, 23S,24E,26E,28Z,30S,32S,35R)-1,18-
30 dihydroxy-19,30-dimethoxy-15,17,21,23, 29,35-hexamethyl-2,3,10,14,20-pentaoxo-11,36-dioxa-4-azatricyclo[30.3.1.0^{4,9}] hexatriaconta-16,24,26,28-tetraen-12-yl]propyl]-2-methoxycyclohexyl dimethylphosphinate, also known as AP23573 and MK8669; everolimus (RAD001); rapamycin (AY22989); simapimod; (5-{2,4-bis[(3S)-3-methylmorpholin-4-yl]pyrido[2,3-d]pyrimidin-7-yl}-2-methoxyphenyl)methanol (AZD8055); 2-amino-8-[trans-4-(2-hydroxyethoxy)cyclohexyl]-6-(6-methoxy-3-pyridinyl)-4-methyl-pyrido[2,3-d]pyrimidin-7(8H)-one (PF04691502); and N²-[1,4-dioxo-4-[[4-(4-oxo-8-phenyl-4H-1-benzopyran-2-yl)morpholinium-4-yl]methoxy]butyl]-L-arginylglycyl-L-α-aspartyl-L-serine- (SEQ ID NO: 237), inner salt (SF1126); and XL765.

Exemplary IL-15 Agonists

40 In one embodiment, a combination described herein includes an interleukin-15 (IL-15) agonist. In some embodiments, the combination is used to treat a cancer, e.g., a cancer described

5 herein, *e.g.*, a solid tumor (*e.g.*, a refractory solid tumor), (*e.g.*, a melanoma (*e.g.*, a metastatic or advanced melanoma), a kidney cancer (*e.g.*, a renal cell cancer), a non-small cell lung cancer, a squamous cell head and neck cancer, or a bladder cancer (*e.g.*, a non-muscle invasive bladder cancer)), *e.g.*, a hematologic malignancy (*e.g.*, a leukemia, *e.g.*, an acute myelogenous leukemia (*e.g.*, a refractory or relapsed acute myelogenous leukemia), *e.g.*, a lymphoma, *e.g.*, a non-Hodgkin
10 lymphoma (*e.g.*, a relapsed/refractory indolent B cell non-Hodgkin lymphoma), *e.g.*, or a multiple myeloma (*e.g.*, a relapsed or refractory multiple myeloma)). In certain embodiments, the cancer is a solid tumor.

IL-15, secreted by mononuclear phagocytes (and some other cell types) following viral infection, regulates T and natural killer cell activation and proliferation. This cytokine induces
15 activation of transcription activators STAT3, STAT5, and STAT6 via JAK kinase signal transduction pathways in mast cells, T cells, and dendritic epidermal T cells. IL-15 and interleukin-2 (IL-2) are structurally similar and share many biological activities; both may bind to common hematopoietin receptor subunits, negatively regulating each other's activity. CD8+ memory T cell number can be regulated by a balance between IL-15 and IL-2.

20 In some embodiments, the IL-15 agonist is a recombinant human IL-15 (rhIL-15), *e.g.*, CYP0150 (Cytune). CYP0150 is a recombinant protein consisting of a human IL-15 linked to the Sushi+ domain of the human alpha chain receptor (transpresentation).

CYP0150 is disclosed, *e.g.*, in PCT Publication No. WO 2007/046006. CYP0150 has the amino acid sequence of :

25 MAPRRARGCRTLGLPALLLLLLLRPPATRGDYKDDDDKIEGRITCPPPMSVEHADIWVKSYS
LYSRERYICNSGFKRKAGTSSLTECVLNKATNVAHWTTPSLKCIRDPALVHQRPAAPSGGSGG
GGSGGGSGGGGSLQNWVNVISDLKKIEDLIQSMHIDATLYTESDVHPSCKVTAMKCFLELQ
VISLESGDASIHTVENLIILANNSLSSNGNVTESGCKECELEEKNIKEFLQSFVHIVQMFINTS
(SEQ ID NO: 248) (disclosed as SEQ ID NO: 60 in WO 2007/046006) or
30 MDSKGSSQKAGSRLLLLLLVVSNLLLCQGVVSTTRDYKDDDDKIEGRNWNVNVISDLKKIEDLI
QSMHIDATLYTESDVHPSCKVTAMKCFLELQVISLESGDASIHTVENLIILANNSLSSNGNV
TESGCKECELEEKNIKEFLQSFVHIVQMFINTSSGGGSGGGGSGGGGSGGGGSGGGGSLQITC
PPPMSVEHADIWVKSYSLYSRERYICNSGFKRKAGTSSLTECVLNKATNVAHWTTPSLKCIR
DPALVHQRPAAP (SEQ ID NO: 249) (disclosed as SEQ ID NO: 62 in WO 2007/046006).

35 In some embodiments, the IL-15 agonist is ALT-803 (Altor BioScience). ALT-803 is an IL-15N72D:IL-15R α Su/Fc soluble complex, produced from a high-yield recombinant mammalian cell line that co-expresses IL-15N72D and IL-15R α Su/Fc fusion protein. The IL-15 mutant (N72D) has enhanced IL-15 biological activity (Zhu *et al.* 2009, *J Immunol.* 183:3598). The IL-15N72D mutant and the soluble domain of IL-15R α can form stable heterodimeric complexes in solution and this
40 complex exhibits increased biological activity (approximately 25-fold more active) compared to the

5 non-complexed IL-15. ALT-803 is disclosed, *e.g.*, in PCT Publication No. WO 2012/040323 and U.S. Patent No. 8,507,222.

In some embodiments, the IL-15 agonist is hetIL-15 (Admune). HetIL-15 is a heterodimeric human IL-15 (IL-15/sIL-15Ra). HetIL-15 is disclosed, *e.g.*, in PCT Publication Nos. WO 2009/002562 and WO 2014/066527.

10

Exemplary CD40 Agonists

In one embodiment, the combination includes a CD40 agonist. In some embodiments, the combination is used to treat a cancer, *e.g.*, a cancer described herein, *e.g.*, a solid tumor (*e.g.*, a lung cancer, an esophageal carcinoma, a melanoma, or a renal cell carcinoma), *e.g.*, a hematologic malignancy (*e.g.*, a leukemia (*e.g.*, a chronic lymphocytic leukemia (CLL)), *e.g.*, a lymphoma (*e.g.*, a non-Hodgkin's lymphoma), or a multiple myeloma).

In one embodiment, the CD40 agonist is ADC-1013 (Alligator/BioInvent). ADC-1013 is a fully human IgG agonistic monoclonal antibody against human CD40. CD40, an integral membrane protein found on the surface of B lymphocytes, is a member of the tumor necrosis factor receptor superfamily and is highly expressed in a number of cancers such as B-cell malignancies. CD40 agonists, *e.g.*, anti-CD40 antibodies, are able to substitute effectively for T cell helper activity (Ridge, J. *et al.* (1998) *Nature* 393: 474-478).

ADC-1013 is disclosed, *e.g.*, in PCT Publication No. WO 2015/091853. ADC-1013 clones include, *e.g.*, 1136/1137, 1132/1133, 1148/1149, 1140/1135, 1134/1135, 1107/1108, 1142/1135, 1146/1147, and 1150/1151.

The heavy chain variable region of 1132/1133 has the amino acid sequence of: EVQLLES G GGLVQPGGSLRLSCAASGFTFSSYAMSWVRQAPGKGLEWVSGIGSYGGGTYYA DSVKGRFTISRDN SKNTLYLQMNSLRAEDTAVYYCARYVNFGMDYWGQGT LVT VSS (SEQ ID NO: 250) (disclosed as SEQ ID NO: 65 in WO 2015/091853). The light chain variable region of 1132/1133 has the amino acid sequence of:

DIQMTQSPSSLSASVGDRVTITCRASQSISSYLNWYQQKPGKAPKLLIYAASSLQSGVPSRFSG SGSGTDFTLTISSLQPEDFATYYCQQYGRNPPTFGQG TKLEIK (SEQ ID NO: 251) (disclosed as SEQ ID NO: 66 in WO 2015/091853). The heavy chain CDR1 of 1132/1133 has the amino acid sequence of: GFTFSSYA (SEQ ID NO: 252) (disclosed as SEQ ID NO: 13 in WO 2015/091853). The heavy chain CDR2 of 1132/1133 has the amino acid sequence of: IGSYGGGT (SEQ ID NO: 253) (disclosed as SEQ ID NO: 14 in WO 2015/091853). The heavy chain CDR3 of 1132/1133 has the amino acid sequence of: ARYVNFGMDY (SEQ ID NO: 254) (disclosed as SEQ ID NO: 15 in WO 2015/091853). The light chain CDR1 of 1132/1133 has the amino acid sequence of: QSISSY (SEQ ID NO: 255) (disclosed as SEQ ID NO: 16 in WO 2015/091853). The light chain CDR2 of 1132/1133 has the amino acid sequence of: AAS (SEQ ID NO: 256) (disclosed as SEQ ID NO: 17 in

5 WO 2015/091853). The light chain CDR3 of 1132/1133 has the amino acid sequence of: QQYGRNPPT (SEQ ID NO: 257) (disclosed as SEQ ID NO: 18 in WO 2015/091853).

The heavy chain variable region of 1107/1108 has the amino acid sequence of:

EVQLLESGGGLVQPGGSLRLSCAASGFTFSSYAMSWVRQAPGKGLEWVSAISGSGGSTYYA
DSVKGRFTISRDN SKNTLYLQMNSLRAEDTAVYYCARRVWGFDYWGQGTLVTVSS (SEQ ID

10 NO: 258) (disclosed as SEQ ID NO: 79 in WO 2015/091853). The light chain variable region of 1107/1108 has the amino acid sequence of:

DIQMTQSPSSLSASVGDRVTITCRASQSISSYLNWYQQKPGKAPKLLIYAASSLQSGVPSRFSG
SGSGT DFTLTISLQPEDFATYYCQQYGVYPFTFGQGTKLEIK (SEQ ID NO: 259) (disclosed as
SEQ ID NO: 80 in WO 2015/091853).

15 The heavy chain CDR1 of 1107/1108 has the amino acid sequence of: GFTFSSYA (SEQ ID NO: 252) (disclosed as SEQ ID NO: 55 in WO 2015/091853). The heavy chain CDR2 of 1107/1108 has the amino acid sequence of: ISGSGGST (SEQ ID NO: 260) (disclosed as SEQ ID NO: 56 in WO 2015/091853). The heavy chain CDR3 of 1107/1108 has the amino acid sequence of:
ARRVWGFDY (SEQ ID NO: 261) (disclosed as SEQ ID NO: 57 in WO 2015/091853). The light
20 chain CDR1 of 1107/1108 has the amino acid sequence of: QSISSY (SEQ ID NO: 255) (disclosed as SEQ ID NO: 58 in WO 2015/091853). The light chain CDR2 of 1107/1108 has the amino acid sequence of: AAS (SEQ ID NO: 256) (disclosed as SEQ ID NO: 59 in WO 2015/091853). The light chain CDR3 of 1107/1108 has the amino acid sequence of: QQYGVYPFT (SEQ ID NO: 262) (disclosed as SEQ ID NO: 60 in WO 2015/091853).

25 In some embodiments, the CD40 agonist is ISF35. ISF35 is a chimeric CD154. ISF is disclosed in PCT Publication Nos. WO 2003/099340 and WO 2008/070743.

In some embodiments, the CD40 agonist is dacetuzumab. Dacetuzumab is also known as SGN-40 or huS2C6. Dacetuzumab is a humanized monoclonal antibody that targets CD40. Dacetuzumab is disclosed, *e.g.*, in Advani *et al. J Clin Oncol.* 2009; 27(26):4371-7; and
30 Khubchandani *et al. Curr Opin Investig Drugs.* 2009; 10(6):579-87.

In some embodiments, the CD40 agonist is lucatumumab (CAS Registry Number: 903512-50-5). Lucatumumab is also known as CHIR-12.12 or HCD-122. Lucatumumab binds to and inhibits CD40, thereby inhibiting CD40 ligand-induced cell proliferation and triggering cell lysis via antibody-dependent cellular cytotoxicity (ADCC) in cells overexpressing CD40. Lucatumumab is
35 disclosed, *e.g.*, in Tai *et al. Cancer Res.* 2005;65(13):5898-906.

Anti-CD40 antibodies are able to substitute effectively for T cell helper activity (Ridge, J. *et al.* (1998) *Nature* 393: 474-478) and can be used in conjunction with PD-1 antibodies (Ito, N. *et al.* (2000) *Immunobiology* 201 (5) 527-40).

5 Exemplary OX40 Agonists

In one embodiment, a combination described herein includes an OX40 agonist. In some embodiments, the combination is used to treat a cancer, *e.g.*, a cancer described herein, *e.g.*, a solid tumor (*e.g.*, a breast cancer, a melanoma, a head and neck cancer, or a prostate cancer), *e.g.*, a hematologic malignancy (*e.g.*, a lymphoma (*e.g.*, a B-cell lymphoma)).

10 OX40, also known as CD134, is a cell surface glycoprotein and member of the tumor necrosis factor (TNF) receptor superfamily, is expressed on T-lymphocytes and provides a co-stimulatory signal for the proliferation and survival of activated T-cells. OX40 activation can induce proliferation of effector T-lymphocytes, which promotes an immune response against the tumor cells that express tumor-associated antigens (TAAs).

15 In some embodiments, the OX40 agonist is chosen from mAb 106-222, humanized 106-222 (Hu106), mAb 119-122, or humanized 119-122 (Hu119).

MAb 106-222, humanized 106-222 (Hu106), mAb 119-122, and humanized 119-122 (Hu119) are disclosed, *e.g.*, in PCT Publication No. WO 2012/027328 and U.S. Patent No. 9,006,399. The amino acid sequence of the heavy chain variable region of mAb 106-222 is disclosed as SEQ ID NO: 4 in WO 2012/027328. The amino acid sequence of the light chain variable region of mAb 106-222 is disclosed as SEQ ID NO: 10 in WO 2012/027328. The amino acid sequence of the heavy chain variable region of humanized 106-222 (Hu106) is disclosed as SEQ ID NO: 5 in WO 2012/027328. The amino acid sequence of the light chain variable region of humanized 106-222 (Hu106) is disclosed as SEQ ID NO: 11 in WO 2012/027328. The amino acid sequence of the heavy chain variable region of mAb 119-122 is disclosed as SEQ ID NO: 16 in WO 2012/027328. The amino acid sequence of the light chain variable region of mAb 119-122 is disclosed as SEQ ID NO: 22 in WO 2012/027328. The amino acid sequence of the heavy chain variable region of humanized 119-122 (Hu119) is disclosed as SEQ ID NO: 17 in WO 2012/027328. The amino acid sequence of the light chain variable region of humanized 119-122 (Hu119) is disclosed as SEQ ID NO: 23 in WO 2012/027328.

In some embodiments, the OX40 agonist is a humanized monoclonal antibody disclosed in U.S. Patent No. 7,959,925 and PCT Publication No. WO 2006/121810.

In some embodiments, the OX40 agonist is chosen from MEDI6469, MEDI0562, or MEDI6383. MEDI6469 is a murine monoclonal antibody against OX40. MEDI0562 is a humanized monoclonal antibody against OX40. MEDI6383 is a monoclonal antibody against OX40.

In some embodiments, the OX40 agonist, *e.g.*, MEDI6469, is administered intravenously at a dose of approximately 0.4 mg/kg, *e.g.*, every other day.

Other exemplary anti-OX-40 antibodies are disclosed, *e.g.*, in Weinberg, A. *et al.* (2000) *Immunol* 164: 2160-2169).

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5 Exemplary CD27 Agonists

In one embodiment, a combination described herein includes a CD27 agonist. In some embodiments, the combination is used to treat a cancer, *e.g.*, a cancer described herein, *e.g.*, a solid tumor (*e.g.*, a melanoma, a renal cell carcinoma, a hormone-refractory prostate adenocarcinoma, an ovarian cancer, a breast cancer, a colorectal adenocarcinoma, or a non-small cell lung cancer), *e.g.*, a hematologic malignancy (*e.g.*, a lymphoma (*e.g.*, a Hodgkin's lymphoma, a Burkett's lymphoma, a mantle cell lymphoma, a primary lymphoma of the central nervous system, or a marginal zone B-cell lymphoma), or a leukemia (*e.g.*, a chronic lymphocytic leukemia (CLL)).

In one embodiment, the CD27 agonist is Varlilumab (CAS Registry Number: 1393344-72-3). Varlilumab is also known as CDX-1127 (Celldex) or 1F5. Varlilumab is a fully human monoclonal antibody (mAb) that targets CD27, molecule in the activation pathway of lymphocytes. CDX-1127 is an agonist anti-CD27 mAb that can activate human T cells in the context of T cell receptor stimulation and therefore mediate anti-tumor effects. CDX-1127 can also provide direct therapeutic effects against tumors with CD27 expression.

Varlilumab is disclosed, *e.g.*, in Vitale *et al.*, *Clin Cancer Res.* 2012;18(14):3812-21, WO 2008/051424, and US 8,481,029.

In one embodiment, the CD27 agonist is BION-1402 (BioNovion). BION-1402 is also known as hCD27.15. BION-1402 is an anti-human CD27 monoclonal antibody. BION-1402 can stimulate the proliferation and/or survival of CD27+ cells. BION-1402 can activate human CD27 more effectively than its ligand CD70, which results in a significantly increased effect on proliferation of CD8+ and CD4+ T-cells.

BION-1402 is disclosed, *e.g.*, as hCD27.15 in WO 2012/004367. This antibody is produced by hybridoma hCD27.15, which was deposited with the ATCC in on June 2, 2010 under number PTA-11008. The heavy chain variable region of hCD27.15 has the amino acid sequence of:
 EVRLQQSGADLVKPGASVKLSCASGFIIKATYMHWVRQRPEQGLEWIGRIDPANGE KY
 30 DPKFQVKAITADTSSSTAYLQLNSLTSDDTAVYYCARYAWYFDVWGAGTTVTVSSAKTTPP
 XVYPXXPGS (SEQ ID NO: 263) (disclosed as SEQ ID NO: 3 in WO 2012/004367). The light chain variable region of hCD27.15 has the amino acid sequence of:
 DIQMTQSPASLSASVGDVTITCRASENIYSFLAWYHQKQGRSPQLLVYHAKTLAEGVPSRFS
 GSGSGTQFSLKINSLQAEDFGSYQCQHYYSPLTFGAGTKLEVKRADAAPTVSIFPPSSEELSL
 35 (SEQ ID NO: 264) (disclosed as SEQ ID NO: 4 in WO 2012/004367). The heavy chain CDR1 of hCD27.15 has the amino acid sequence of: GFIIKATYMH (SEQ ID NO: 265) (disclosed as SEQ ID NO: 5 in WO 2012/004367). The heavy chain CDR2 of hCD27.15 has the amino acid sequence of:
 RIDPANGETKYDPKFQV (SEQ ID NO: 266) (disclosed as SEQ ID NO: 6 in WO 2012/004367). The heavy chain CDR3 of hCD27.15 has the amino acid sequence of: YAWYFDV (SEQ ID NO: 267) (disclosed as SEQ ID NO: 7 in WO 2012/004367). The light chain CDR1 of hCD27.15 has the amino acid sequence of: RASENIYSFLA (SEQ ID NO: 268) (disclosed as SEQ ID NO: 8 in WO

5 2012/004367). The light chain CDR2 of hCD27.15 has the amino acid sequence of: HAKTLAE (SEQ ID NO: 269) (disclosed as SEQ ID NO: 9 in WO 2012/004367). The light chain CDR3 of hCD27.15 has the amino acid sequence of: QHYYSPLT (SEQ ID NO: 270) (disclosed as SEQ ID NO: 10 in WO 2012/004367).

10 *Exemplary CSF-1/1R Binding Agents*

In one embodiment, a combination described herein includes a CSF-1/1R binding agent. In some embodiments, the combination is used to treat a cancer, *e.g.*, a cancer described herein, *e.g.*, a solid tumor (*e.g.*, a prostate cancer, a breast cancer, or pigmented villonodular synovitis (PVNS)).

15 In some embodiments, the CSF-1/1R binding agent is an inhibitor of macrophage colony-stimulating factor (M-CSF). M-CSF is also sometimes known as CSF-1.

In another embodiment, the CSF-1/1R binding agent is a CSF-1R tyrosine kinase inhibitor, 4-((2-(((1R,2R)-2-hydroxycyclohexyl)amino)benzo[d]thiazol-6-yl)oxy)-N-methylpicolinamide (Compound A15), or a compound disclosed in PCT Publication No. WO 2005/073224. In some embodiments, the cancer is chosen from a brain cancer (*e.g.*, glioblastoma multiforme (GBM)), a
20 pancreatic cancer, or a breast cancer (*e.g.*, a triple-negative breast cancer (TNBC)).

In some embodiments, the CSF-1/1R binding agent (*e.g.*, a CSF-1R tyrosine kinase inhibitor), 4-((2-(((1R,2R)-2-hydroxycyclohexyl)amino)benzo[d]thiazol-6-yl)oxy)-N-methylpicolinamide (Compound A15), or a compound disclosed in PCT Publication No. WO 2005/073224, is administered at a dose between 50 mg and 1500 mg, *e.g.*, between 75 mg and 1000 mg, between 100 mg and 900 mg, between 200 mg and 800 mg, between 300 mg and 700 mg, between 400 mg and 600 mg, between 100 mg and 700 mg, between 100 mg and 500 mg, between 100 mg and 300 mg, between 700 mg and 900 mg, between 500 mg and 900 mg, between 300 mg and 900 mg, between 75 mg and 150 mg, between 100 mg and 200 mg, between 200 mg and 400 mg, between 500 mg and 700 mg, or between 800 mg and 1000 mg, *e.g.*, at a dose of 50 mg, 100 mg, 150 mg, 200 mg, 250 mg, 300 mg, 350 mg, 400 mg, 450 mg, 500 mg, 550 mg, 600 mg, 650 mg, 700 mg, 750 mg, 800 mg, 850 mg, 900 mg, 950 mg, or 1000 mg. In certain embodiments, the CSF-1/1R binding agent (*e.g.*, a CSF-1R tyrosine kinase inhibitor), 4-((2-(((1R,2R)-2-hydroxycyclohexyl)amino)benzo[d]thiazol-6-yl)oxy)-N-methylpicolinamide (Compound A15), or a compound disclosed in PCT Publication No. WO 2005/073224, is administered daily, *e.g.*, according to a 7 days on/7 days off schedule. In other
35 embodiments, the CSF-1/1R binding agent (*e.g.*, a CSF-1R tyrosine kinase inhibitor), 4-((2-(((1R,2R)-2-hydroxycyclohexyl)amino)benzo[d]thiazol-6-yl)oxy)-N-methylpicolinamide (Compound A15), or a compound disclosed in PCT Publication No. WO 2005/073224, is administered twice a week, once a week, once every two weeks, once every three weeks, or once every four weeks.

In some embodiments, the CSF-1/1R binding agent (*e.g.*, a CSF-1R tyrosine kinase inhibitor),
40 4-((2-(((1R,2R)-2-hydroxycyclohexyl)amino)benzo[d]thiazol-6-yl)oxy)-N-methylpicolinamide (Compound A15), or a compound disclosed in PCT Publication No. WO 2005/073224, is

5 administered at a dose of between 50 mg and 150 mg, *e.g.*, about 100 mg, *e.g.*, daily, *e.g.*, according to a 7 days on/7days off schedule. In other embodiments, the CSF-1/1R binding agent (*e.g.*, a CSF-1R tyrosine kinase inhibitor), 4-((2-(((1R,2R)-2-hydroxycyclohexyl)amino)benzo[d]thiazol-6-yl)oxy)-N-methylpicolinamide (Compound A15), or a compound disclosed in PCT Publication No. WO 2005/073224, is administered at a dose of between 100 mg and 200 mg, *e.g.*, about 150 mg, *e.g.*,
 10 daily, *e.g.*, according to a 7 days on/7days off schedule. In other embodiments, the CSF-1/1R binding agent (*e.g.*, a CSF-1R tyrosine kinase inhibitor), 4-((2-(((1R,2R)-2-hydroxycyclohexyl)amino)benzo[d]thiazol-6-yl)oxy)-N-methylpicolinamide (Compound A15), or a compound disclosed in PCT Publication No. WO 2005/073224, is administered at a dose of between 200 mg and 400 mg, *e.g.*, about 300 mg, *e.g.*, daily, *e.g.*, according to a 7 days on/7days off schedule.
 15 In other embodiments, the CSF-1/1R binding agent (*e.g.*, a CSF-1R tyrosine kinase inhibitor), 4-((2-(((1R,2R)-2-hydroxycyclohexyl)amino)benzo[d]thiazol-6-yl)oxy)-N-methylpicolinamide (Compound A15), or a compound disclosed in PCT Publication No. WO 2005/073224, is administered at a dose of between 500 mg and 700 mg, *e.g.*, about 600 mg, *e.g.*, daily, *e.g.*, according to a 7 days on/7days off schedule. In other embodiments, the CSF-1/1R binding agent (*e.g.*, a CSF-1R tyrosine kinase
 20 inhibitor), 4-((2-(((1R,2R)-2-hydroxycyclohexyl)amino)benzo[d]thiazol-6-yl)oxy)-N-methylpicolinamide (Compound A15), or a compound disclosed in PCT Publication No. WO 2005/073224, is administered at a dose of between 800 mg and 1000 mg, *e.g.*, about 900 mg, *e.g.*, daily, *e.g.*, according to a 7 days on/7days off schedule.

In some embodiments, the CSF-1/1R binding agent (*e.g.*, a CSF-1R tyrosine kinase inhibitor),
 25 4-((2-(((1R,2R)-2-hydroxycyclohexyl)amino)benzo[d]thiazol-6-yl)oxy)-N-methylpicolinamide (Compound A15), or a compound disclosed in PCT Publication No. WO 2005/073224, is administered at a dose of between 50 mg and 150 mg, *e.g.*, about 100 mg, once a week. In other embodiments, the CSF-1/1R binding agent (*e.g.*, a CSF-1R tyrosine kinase inhibitor), 4-((2-(((1R,2R)-2-hydroxycyclohexyl)amino)benzo[d]thiazol-6-yl)oxy)-N-methylpicolinamide (Compound A15), or a
 30 compound disclosed in PCT Publication No. WO 2005/073224, is administered at a dose of between 100 mg and 200 mg, *e.g.*, about 150 mg, once a week. In other embodiments, the CSF-1/1R binding agent (*e.g.*, a CSF-1R tyrosine kinase inhibitor), 4-((2-(((1R,2R)-2-hydroxycyclohexyl)amino)benzo[d]thiazol-6-yl)oxy)-N-methylpicolinamide (Compound A15), or a compound disclosed in PCT Publication No. WO 2005/073224, is administered at a dose of between
 35 200 mg and 400 mg, *e.g.*, about 300 mg, once a week. In other embodiments, the CSF-1/1R binding agent (*e.g.*, a CSF-1R tyrosine kinase inhibitor), 4-((2-(((1R,2R)-2-hydroxycyclohexyl)amino)benzo[d]thiazol-6-yl)oxy)-N-methylpicolinamide (Compound A15), or a compound disclosed in PCT Publication No. WO 2005/073224, is administered at a dose of between
 40 500 mg and 700 mg, *e.g.*, about 600 mg, once a week. In other embodiments, the CSF-1/1R binding agent (*e.g.*, a CSF-1R tyrosine kinase inhibitor), 4-((2-(((1R,2R)-2-hydroxycyclohexyl)amino)benzo[d]thiazol-6-yl)oxy)-N-methylpicolinamide (Compound A15), or a

5 compound disclosed in PCT Publication No. WO 2005/073224, is administered at a dose of between 800 mg and 1000 mg, *e.g.*, about 900 mg, once a week.

In some embodiments, the CSF-1/1R binding agent (*e.g.*, a CSF-1R tyrosine kinase inhibitor), 4-((2-(((1R,2R)-2-hydroxycyclohexyl)amino)benzo[d]thiazol-6-yl)oxy)-N-methylpicolinamide (Compound A15), or a compound disclosed in PCT Publication No. WO 2005/073224, is
10 administered orally.

In some embodiments, the CSF-1/1R binding agent (*e.g.*, a CSF-1R tyrosine kinase inhibitor), 4-((2-(((1R,2R)-2-hydroxycyclohexyl)amino)benzo[d]thiazol-6-yl)oxy)-N-methylpicolinamide (Compound A15), or a compound disclosed in PCT Publication No. WO 2005/073224, is administered in combination with a PD-1 inhibitor (*e.g.*, an anti-PD-1 antibody molecule). In one
15 embodiment, the CSF-1/1R binding agent (*e.g.*, a CSF-1R tyrosine kinase inhibitor), 4-((2-(((1R,2R)-2-hydroxycyclohexyl)amino)benzo[d]thiazol-6-yl)oxy)-N-methylpicolinamide (Compound A15), or a compound disclosed in PCT Publication No. WO 2005/073224, is administered at a dose between 50 mg and 150 mg (*e.g.*, about 100 mg), *e.g.*, daily (*e.g.*, according to a 7 days on/7days off schedule) or once a week, *e.g.*, orally, and the PD-1 inhibitor (*e.g.*, the anti-PD-1 antibody molecule) is
20 administered at a dose between 300 mg and 500 mg (*e.g.*, at a dose of 400 mg), *e.g.*, once every 4 weeks, or at a dose between 200 mg and 400 mg (*e.g.*, at a dose of 300 mg), *e.g.*, once every 3 weeks, *e.g.*, by intravenous infusion. In another embodiment, the CSF-1/1R binding agent (*e.g.*, a CSF-1R tyrosine kinase inhibitor), 4-((2-(((1R,2R)-2-hydroxycyclohexyl)amino)benzo[d]thiazol-6-yl)oxy)-N-methylpicolinamide (Compound A15), or a compound disclosed in PCT Publication No. WO
25 2005/073224, is administered at a dose between 100 mg and 200 mg (*e.g.*, about 150 mg), *e.g.*, daily (*e.g.*, according to a 7 days on/7days off schedule) or once a week, *e.g.*, orally, and the PD-1 inhibitor (*e.g.*, the anti-PD-1 antibody molecule) is administered at a dose between 300 mg and 500 mg (*e.g.*, at a dose of 400 mg), *e.g.*, once every 4 weeks, or at a dose between 200 mg and 400 mg (*e.g.*, at a dose of 300 mg), *e.g.*, once every 3 weeks, *e.g.*, by intravenous infusion. In another embodiment, the CSF-
30 1/1R binding agent (*e.g.*, a CSF-1R tyrosine kinase inhibitor), 4-((2-(((1R,2R)-2-hydroxycyclohexyl)amino)benzo[d]thiazol-6-yl)oxy)-N-methylpicolinamide (Compound A15), or a compound disclosed in PCT Publication No. WO 2005/073224, is administered at a dose between 200 mg and 400 mg (*e.g.*, about 300 mg), *e.g.*, daily (*e.g.*, according to a 7 days on/7days off schedule) or once a week, *e.g.*, orally, and the PD-1 inhibitor (*e.g.*, the anti-PD-1 antibody molecule) is
35 administered at a dose between 300 mg and 500 mg (*e.g.*, at a dose of 400 mg), *e.g.*, once every 4 weeks, or at a dose between 200 mg and 400 mg (*e.g.*, at a dose of 300 mg), *e.g.*, once every 3 weeks, *e.g.*, by intravenous infusion. In another embodiment, the CSF-1/1R binding agent (*e.g.*, a CSF-1R tyrosine kinase inhibitor), 4-((2-(((1R,2R)-2-hydroxycyclohexyl)amino)benzo[d]thiazol-6-yl)oxy)-N-methylpicolinamide (Compound A15), or a compound disclosed in PCT Publication No. WO
40 2005/073224, is administered at a dose between 500 mg and 700 mg (*e.g.*, about 600 mg), *e.g.*, daily (*e.g.*, according to a 7 days on/7days off schedule) or once a week, *e.g.*, orally, and the PD-1 inhibitor

5 (e.g., the anti-PD-1 antibody molecule) is administered at a dose between 300 mg and 500 mg (e.g., at a dose of 400 mg), e.g., once every 4 weeks, or at a dose between 200 mg and 400 mg (e.g., at a dose of 300 mg), e.g., once every 3 weeks, e.g., by intravenous infusion. In another embodiment, the CSF-1/1R binding agent (e.g., a CSF-1R tyrosine kinase inhibitor), 4-((2-(((1R,2R)-2-hydroxycyclohexyl)amino)benzo[d]thiazol-6-yl)oxy)-N-methylpicolinamide (Compound A15), or a
 10 compound disclosed in PCT Publication No. WO 2005/073224, is administered at a dose between 800 mg and 1000 mg (e.g., about 900 mg), e.g., daily (e.g., according to a 7 days on/7days off schedule) or once a week, e.g., orally, and the PD-1 inhibitor (e.g., the anti-PD-1 antibody molecule) is administered at a dose between 300 mg and 500 mg (e.g., at a dose of 400 mg), e.g., once every 4 weeks, or at a dose between 200 mg and 400 mg (e.g., at a dose of 300 mg), e.g., once every 3 weeks,
 15 e.g., by intravenous infusion.

In certain embodiments, the CSF-1/1R binding agent (e.g., a CSF-1R tyrosine kinase inhibitor), 4-((2-(((1R,2R)-2-hydroxycyclohexyl)amino)benzo[d]thiazol-6-yl)oxy)-N-methylpicolinamide (Compound A15), or a compound disclosed in PCT Publication No. WO 2005/073224, is administered in combination with the PD-1 inhibitor (e.g., the anti-PD-1 antibody
 20 molecule) to treat a cancer, e.g., a solid tumor (e.g., an advanced solid tumor), e.g., a brain cancer (e.g., glioblastoma multiforme (GBM), e.g., recurrent glioblastoma), a breast cancer (e.g., a triple-negative breast cancer (e.g., NTBC)), or a pancreatic cancer (e.g., advanced pancreatic cancer).

In some embodiments, the CSF-1/1R binding agent is an M-CSF inhibitor, Compound A33, or a binding agent to CSF-1 disclosed in PCT Publication No. WO 2004/045532 or PCT Publication
 25 No WO 2005/068503 including RX1 or 5H4 (e.g., an antibody molecule or Fab fragment against M-CSF). In some embodiments, the cancer is chosen from an endometrial cancer, a skin cancer (e.g., melanoma), a pancreatic cancer, or a breast cancer (e.g., a triple negative breast cancer (TNBC)).

In some embodiments, the CSF-1/1R binding agent, e.g., an M-CSF inhibitor, Compound A33, or a compound disclosed in PCT Publication No. WO 2004/045532 (e.g., an antibody molecule or Fab fragment against M-CSF), is administered at an average dose of about 10mg/kg. In some
 30 embodiments, the CSF-1/1R binding agent is a CSF1R inhibitor or 4-(2-((1R, 2R)-2-hydroxycyclohexylamino)benzothiazol-6-yloxy)-N-methylpicolinamide. 4-(2-((1R, 2R)-2-hydroxycyclohexylamino)benzothiazol-6-yloxy)-N-methylpicolinamide is disclosed as example 157 at page 117 of PCT Publication No. WO 2007/121484.

35 In some embodiments, the CSF-1/1R binding agent is pexidartinib (CAS Registry Number 1029044-16-3). Pexidrtinib is also known as PLX3397 or 5-((5-chloro-1H-pyrrolo[2,3-b]pyridin-3-yl)methyl)-N-((6-(trifluoromethyl)pyridin-3-yl)methyl)pyridin-2-amine. Pexidartinib is a small-molecule receptor tyrosine kinase (RTK) inhibitor of KIT, CSF1R and FLT3. FLT3, CSF1R and FLT3 are overexpressed or mutated in many cancer cell types and play major roles in tumor cell
 40 proliferation and metastasis. PLX3397 can bind to and inhibit phosphorylation of stem cell factor receptor (KIT), colony-stimulating factor-1 receptor (CSF1R) and FMS-like tyrosine kinase 3 (FLT3),

5 which may result in the inhibition of tumor cell proliferation and down-modulation of macrophages, osteoclasts and mast cells involved in the osteolytic metastatic disease. In some embodiments, the CSF-1/1R binding agent, *e.g.*, pexidartinib, is used in combination with a PD-1 inhibitor, *e.g.*, an anti-PD-1 antibody molecule described herein.

In some embodiments, the CSF-1/1R binding agent is emactuzumab. Emactuzumab is also
10 known as RG7155 or RO5509554. Emactuzumab is a humanized IgG1 mAb targeting CSF1R. In some embodiments, the CSF-1/1R binding agent, *e.g.*, pexidartinib, is used in combination with a PD-L1 inhibitor, *e.g.*, an anti-PD-L1 antibody molecule described herein.

In some embodiments, the CSF-1/1R binding agent is FPA008. FPA008 is a humanized mAb that inhibits CSF1R. In some embodiments, the CSF-1/1R binding agent, *e.g.*, FPA008, is used in
15 combination with a PD-1 inhibitor, *e.g.*, an anti-PD-1 antibody molecule described herein.

Exemplary IL-17 Inhibitors

In one embodiment, a combination described herein includes an interleukine-17 (IL-17) inhibitor. In some embodiments, the combination is used to treat a cancer, *e.g.*, a cancer described
20 herein, *e.g.*, a solid tumor, *e.g.*, breast cancer (*e.g.*, a triple negative breast cancer (TNBC), lung cancer (*e.g.*, a non-small cell lung cancer (NSCLC), or colon cancer. In certain embodiments, the cancer is chosen from a colorectal cancer (*e.g.*, a microsatellite stable colorectal cancer (MSS CRC)), a lung cancer (*e.g.*, a non-small cell lung cancer), or a breast cancer (*e.g.*, a triple negative lung cancer (TNBC)).

25 In some embodiments, the IL-17 inhibitor is secukinumab (CAS Registry Numbers: 875356-43-7 (heavy chain) and 875356-44-8 (light chain)). Secukinumab is also known as AIN457 and COSENTYX®. Secukinumab is a recombinant human monoclonal IgG1/κ antibody that binds specifically to IL-17A. It is expressed in a recombinant Chinese Hamster Ovary (CHO) cell line.

Secukinumab is described, *e.g.*, in WO 2006/013107, US 7,807,155, US 8,119,131, US
30 8,617,552, and EP 1776142. The heavy chain variable region of secukinumab has the amino acid sequence of:

EVQLVESGGGLVQPGGSLRLSCAASGFTFSNYWMNWVRQAPGKGLEWVAAINQDGSEKYY
VGSVKGRFTISRDNANKNSLYLQMNSLRVEDTAVYYCVRDYYDILTDYYIHYWYFDLWGRG
TLVTVSS (SEQ ID NO: 271) (disclosed as SEQ ID NO: 8 in WO 2006/013107). The light chain

35 variable region of secukinumab has the amino acid sequence of:

EIVLTQSPGTLSPGERATLSCRASQSVSSSYLAWYQQKPGQAPRLLIYGASSRATGIPDRFS
GSGSGTDFTLISRLEPEDFAVYYCQQYGSSPCTFGQGTRLEIKR (SEQ ID NO: 298) (disclosed
as SEQ ID NO: 10 in WO 2006/013107). The heavy chain CDR1 of secukinumab has the amino acid
sequence of NYWMN (SEQ ID NO: 272) (disclosed as SEQ ID NO: 1 in WO 2006/013107). The
40 heavy chain CDR2 of secukinumab has the amino acid sequence of AINQDGSEKYYVGSVKG
(SEQ ID NO: 273) (disclosed as SEQ ID NO: 2 in WO 2006/013107). The heavy chain CDR3 of

5 secukinumab has the amino acid sequence of DYYDILTDYYIHYWYFDL (SEQ ID NO: 274) (disclosed as SEQ ID NO: 3 in WO 2006/013107). The light chain CDR1 of secukinumab has the amino acid sequence of RASQSVSSSYLA (SEQ ID NO: 275) (disclosed as SEQ ID NO: 4 in WO 2006/013107). The light chain CDR2 of secukinumab has the amino acid sequence of GASSRAT (SEQ ID NO: 276) (disclosed as SEQ ID NO: 5 in WO 2006/013107). The light chain CDR3 of
10 secukinumab has the amino acid sequence of GASSRAT (SEQ ID NO: 299) (disclosed as SEQ ID NO: 6 in WO 2006/013107).

In some embodiments, the IL-17 inhibitor is CJM112. CJM112 is also known as XAB4. CJM112 is a fully human monoclonal antibody (*e.g.*, of the IgG1/ κ isotype) that targets IL-17A.

CJM112 is disclosed, *e.g.*, in WO 2014/122613. The heavy chain of CJM112 has the amino
15 acid sequence of:
EVQLVESGGDLVQPGGSLRLSCAASGFTFSSYWMSWVRQAPGKGLEWVANIKQDGSEKYY
VDSVKGRFTISRDNKNSLYLQMNSLRAEDTAVYYCARDRGSLLYYWGQGTLLTVSSASTKG
PSVFPLAPSSKSTSGGTAALGCLVKDYFPEPVTVSWNSGALTSGVHTFPAVLQSSGLYSLSSV
VTVPSSSLGTQTYICNVNHKPSNTKVDKRVEPKSCDKTHTCPPCPAPELLGGPSVFLFPPKPK
20 DTLMISRTPEVTCVVVDVSHEDPEVKFNWYVDGVEVHNAKTKPREEQYNSTYRVVSVLTVL
HQDWLNGKEYKCKVSNKALPAPIEKTISKAKGQPREPQVYTLPPSREEMTKNQVSLTCLVKG
FYPSDIAVEWESNGQPENNYKTTPPVLDSDGSFFLYSKLTVDKSRWQQGNVFCFSVMHEALH
NHYTQKSLSLSPGK (SEQ ID NO: 277) (disclosed as SEQ ID NO: 14 in WO 2014/122613). The light chain of CJM112 has the amino acid sequence of:
25 AIQLTQSPSSLSASVGDRVTITCRPSQGINWELAWYQQKPGKAPKLLIYDASSLEQGVPSRFSG
SGSGTDFLTITSLQPEDFATYYCQQFNSYPLTFGGGTKVEIKRTVAAPSVFIFPPSDEQLKSGT
ASVVCLLNNFYPREAKVQWKVDNALQSGNSQESVTEQDSKDSTYSLSSTLTLSKADYEKHK
VYACEVTHQGLSSPVTKSFNRGEC (SEQ ID NO: 278) (disclosed as SEQ ID NO: 44 in WO 2014/122613).

30 CJM112 can bind to human, cynomolgus, mouse and rat IL-17A and neutralize the bioactivity of these cytokines *in vitro* and *in vivo*. IL-17A, a member of the IL-17 family, is a major proinflammatory cytokine that has been indicated to play important roles in many immune mediated conditions, such as psoriasis and cancers (Witowski *et al.* (2004) *Cell Mol. Life Sci.* p. 567-79; Miossec and Kolls (2012) *Nat. Rev. Drug Discov.* p. 763-76). Without wishing to be bound by theory,
35 it is believed that in some embodiments, an IL-17 inhibitor, *e.g.*, an anti-IL17 antibody, can enhance PD-1-mediated response, *e.g.*, by blocking IL-17 mediated expansion of T-cell-suppressive neutrophils and/or reducing metastasis (Coffelt *et al.* (2015) *Nature* p. 345-8).

In some embodiments, the combination described herein includes an IL-17 inhibitor, CJM112, or a compound disclosed in WO 2006/013107, and an inhibitor of an immune checkpoint molecule,
40 *e.g.*, an inhibitor of PD-1 (*e.g.*, an anti-PD-1 antibody molecule).

5 IL-17 is an important mediator of innate immunity and chronic inflammatory response. For example, by effecting increased chemokine production in various tissues, IL-17 is central in the pathophysiology of autoimmune disease (Isailovic *et al.* (2015) *J. Autoimmun.* p. 1-11). IL-17 is secreted primarily by CD4+ Th17 as well as by $\gamma\delta$ T cells, CD8+ T cells, neutrophils and eosinophils, and it recruits monocytes and neutrophils to the site of inflammation (Alshaker and Matalaka (2011) 10 *Cancer Cell Int.* p. 11-33). The role of Th17 cell infiltrate in tumors has been studied in various cancers and in many settings correlates with poor prognosis (Zeng *et al.* (2015) *Int. J. Clin. Exp. Med.* p. 10515-36). Th17 cells, and specifically IL-17, have both antitumor and pro-tumor roles. In some settings, IL-17 promotes tumor vascularization, cell proliferation, tumorigenesis, metastasis, and/or the recruitment of macrophage derived suppressor cells to the tumor microenvironment (Yang *et al.* 15 (2014) *Mediators Inflamm.* p. 014:623759). There is a role for targeting IL-17 in the treatment of malignancy (Zou and Restifo (2010) *Nat. Rev. Immunol.* p. 246-56). In certain embodiments, the IL-17 inhibitor, CJM112, or a compound disclosed in WO 2006/013107, enhances, or is used to enhance, PD-1 mediated response, *e.g.*, by blocking IL-17 mediated expansion of T-cell-suppressive neutrophils and/or reducing metastasis.

20 In some embodiments, the IL-17 inhibitor, CJM112, or a compound disclosed in WO 2006/013107, and the inhibitor of an immune checkpoint molecule, *e.g.*, an inhibitor of PD-1 (*e.g.*, an anti-PD-1 antibody molecule), each is administered at a dose and/or on a time schedule, that in combination, achieves a desired anti-tumor activity.

In one embodiment, the IL-17 inhibitor, CJM112, or a compound disclosed in WO 25 2006/013107, is administered at dose between 5 mg and 100 mg, *e.g.*, between 10 mg and 75 mg, between 15 mg and 50 mg, between 20 mg and 30 mg, between 10 mg and 25 mg, or between 25 mg and 40 mg, *e.g.*, at a dose of 5 mg, 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 45 mg, 50 mg, 60 mg, 70 mg, 80 mg, 90 mg, or 100 mg, *e.g.*, once every two weeks, every four weeks, once every six weeks, or once every eight weeks, *e.g.*, intravenously.

30 In one embodiment, the IL-17 inhibitor, CJM112, or a compound disclosed in WO 2006/013107, is administered at a dose between 20 mg and 30 mg (*e.g.*, 25 mg), *e.g.*, once every four weeks. In some embodiments, the IL-17 inhibitor, CJM112, or a compound disclosed in WO 2006/013107, is administered intravenously. In one embodiment, the IL-17 inhibitor, CJM112, or a compound disclosed in WO 2006/013107, is administered at a dose between 20 mg and 30 mg (*e.g.*, 35 25 mg), *e.g.*, once every four weeks, *e.g.*, by intravenous infusion, and the PD-1 inhibitor (*e.g.*, the anti-PD-1 antibody molecule) is administered at a dose between 300 mg and 500 mg (*e.g.*, at a dose of 400 mg), *e.g.*, once every 4 weeks, *e.g.*, by intravenous infusion.

In one embodiment, the IL-17 inhibitor, CJM112, or a compound disclosed in WO 2006/013107, is administered at dose between 5 mg and 750 mg, *e.g.*, between 10 mg and 500 mg, 40 between 15 mg and 450 mg, between 20 mg and 400 mg, between 25 and 350 mg, between 50 mg and 300 mg, between 75 mg and 250 mg, between 100 mg and 200 mg, between 25 mg and 75 mg, or

5 between 40 mg and 60 mg, *e.g.*, at a dose of 5 mg, 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg, 70 mg, 80 mg, 90 mg, 100mg, 150 mg, 200 mg, 250 mg, 300 mg, 350 mg, 400 mg, 450 mg, or 500 mg, *e.g.*, once every two weeks, every four weeks, once every six weeks, or once every eight weeks, *e.g.*, subcutaneously.

In one embodiment, the IL-17 inhibitor, CJM112, or a compound disclosed in WO
 10 2006/013107, is administered at a dose between 40 mg and 60 mg (*e.g.*, 50 mg), *e.g.*, once every four weeks. In some embodiments, the IL-17 inhibitor, CJM112, or a compound disclosed in WO 2006/013107, is administered subcutaneously. In one embodiment, the IL-17 inhibitor, CJM112, or a compound disclosed in WO 2006/013107, is administered at a dose between 40 mg and 60 mg (*e.g.*, 50 mg), *e.g.*, once every four weeks, *e.g.*, by subcutaneous injection, and the PD-1 inhibitor (*e.g.*, the
 15 anti-PD-1 antibody molecule) is administered at a dose between 300 mg and 500 mg (*e.g.*, at a dose of 400 mg), *e.g.*, once every 4 weeks, *e.g.*, by intravenous infusion.

In one embodiment, the IL-17 inhibitor, CJM112, or a compound disclosed in WO
 2006/013107, is administered in combination with the PD-1 inhibitor (*e.g.*, the anti-PD-1 antibody molecule) to treat a colorectal cancer (CRC), a lung cancer (*e.g.*, non-small cell lung cancer
 20 (NSCLC)), or a breast cancer (*e.g.*, a triple negative breast cancer (TNBC)).

In some embodiments, the IL-17 inhibitor is ixekizumab (CAS Registry Number: 1143503-69-8). Ixekizumab is also known as LY2439821. Ixekizumab is a humanized IgG4 monoclonal antibody that targets IL-17A.

Ixekizumab is described, *e.g.*, in WO 2007/070750, US 7,838,638, and US 8,110,191. The
 25 heavy chain variable region of ixekizumab has the amino acid sequence of:
 QVQLVQSGAEVKKPGSSVKVSCKASGYSFTDYHIHWVRQAPGQGLEWMGVINPMYGTDDY
 NQRFKGRVTITADESTSTAYMELSSLRSEDVAVYYCARYDYFTGTGVYWGQGTLVTVSS
 (SEQ ID NO: 279) (disclosed as SEQ ID NO: 118 in WO 2007/070750). The light chain variable region of ixekizumab has the amino acid sequence of:
 30 DIVMTQTPLSLSVTPGQPASISCRSSRSLVHSRGNTYLHWYLQKPGQSPQLLIYKVSNRFIGVP
 DRFSGSGSGTDFTLKISRVEAEDVGVYYCSQSTHLPFTFGQGTKLEIK (SEQ ID NO: 280)
 (disclosed as SEQ ID NO: 241 in WO 2007/070750).

In some embodiments, the IL-17 inhibitor is brodalumab (CAS Registry Number: 1174395-19-7). Brodalumab is also known as AMG 827 or AM-14. Brodalumab binds to the interleukin-17
 35 receptor A (IL-17RA) and prevents IL-17 from activating the receptor.

Brodalumab is disclosed, *e.g.*, in WO 2008/054603, US 7,767,206, US 7,786,284, US 7,833,527, US 7,939,070, US 8,435,518, US 8,545,842, US 8,790,648, and US 9,073,999. The heavy chain CDR1 of brodalumab has the amino acid sequence of RYGIS (SEQ ID NO: 281) (as disclosed as SEQ ID NO: 146 in WO 2008/054603). The heavy chain CDR2 of brodalumab has the amino acid
 40 sequence of WISTYSGNTNYAQLQGG (SEQ ID NO: 282) (as disclosed as SEQ ID NO: 147 in WO 2008/054603). The heavy chain CDR3 of brodalumab has the amino acid sequence of RQLYFDY

5 (SEQ ID NO: 283) (as disclosed as SEQ ID NO: 148 in WO 2008/054603). The light chain CDR1 of brodalumab has the amino acid sequence of RASQSVSSNLA (SEQ ID NO: 284) (as disclosed as SEQ ID NO: 224 in WO 2008/054603). The heavy chain CDR2 of brodalumab has the amino acid sequence of DASTRAT (SEQ ID NO: 285) (as disclosed as SEQ ID NO: 225 in WO 2008/054603). The heavy chain CDR3 of brodalumab has the amino acid sequence of QQYDNWPLT (SEQ ID NO: 10 286) (as disclosed as SEQ ID NO: 226 in WO 2008/054603).

Exemplary IL-1 β Inhibitors

In one embodiment, a combination described herein includes an interleukine-1 beta (IL-1 β) inhibitor. In some embodiments, the combination is used to treat a cancer, *e.g.*, a cancer described 15 herein, *e.g.*, a hematologic malignancy (*e.g.*, a lymphoma (*e.g.*, Hodgkin lymphoma), a leukemia (*e.g.*, an acute or chronic leukemia), or a multiple myeloma) or a solid tumor (*e.g.*, a colorectal cancer (CLC), a lung cancer (*e.g.*, a non-small cell lung cancer (NSCLC)), or a breast cancer (*e.g.*, a triple-negative breast cancer (TNBC)). In certain embodiments, the cancer is chosen from a colorectal cancer (*e.g.*, a microsatellite stable colorectal cancer (MSS CRC), a lung cancer (*e.g.*, a non-small cell 20 lung cancer), or a breast cancer (*e.g.*, a triple negative lung cancer (TNBC)).

In some embodiments, the IL-1 β inhibitor is canakinumab. Canakinumab is also known as ACZ885 or ILARIS®. Canakinumab is a human monoclonal IgG1/ κ antibody that neutralizes the bioactivity of human IL-1 β .

Canakinumab is disclosed, *e.g.*, in WO 2002/16436, US 7,446,175, and EP 1313769. The 25 heavy chain variable region of canakinumab has the amino acid sequence of:
MEFGLSWVFLVALLRGVQCQVQLVESGGGVVQPGRSLRLSCAASGFTFSVYGMNWVRQAP
GKGLEWVAIIWYDGDNQYYADSVKGRFTISRDN SKNTLYLQMNGLRAEDTAVYYCARDLR
TGPFDYWGQGTLVTVSS (SEQ ID NO: 287) (disclosed as SEQ ID NO: 1 in US 7,446,175). The light chain variable region of canakinumab has the amino acid sequence of:
30 MLPSQLIGFLLLWVPASRGEIVLTQSPDFQSVTPKEKVTITCRASQSIGSSLHWYQQKPDQSPK
LLIKYASQSFSGVPSRFSGSGSGTDFLTINSLEAEDAAAYYCHQSSSLPFTFGPGTKVDIK
(SEQ ID NO: 288) (disclosed as SEQ ID NO: 2 in US 7,446,175).

Canakinumab has been used, *e.g.*, for the treatment of Cryopyrin Associated Periodic Syndromes (CAPS), in adults and children, for the treatment of systemic juvenile idiopathic arthritis 35 (SJIA), for the symptomatic treatment of acute gouty arthritis attacks in adults, and for other IL-1 β driven inflammatory diseases. Without wishing to be bound by theory, it is believed that in some embodiments, IL-1 β inhibitors, *e.g.*, canakinumab, can increase anti-tumor immune response, *e.g.*, by blocking one or more functions of IL-1 β including, *e.g.*, recruitment of immunosuppressive neutrophils to the tumor microenvironment, stimulation of tumor angiogenesis, and/or promotion of 40 metastasis (Dinarello (2010) *Eur. J. Immunol.* p. 599-606). In some embodiments, the combination described herein includes an IL-1 β inhibitor, canakinumab, or a compound disclosed in WO

5 2002/16436, and an inhibitor of an immune checkpoint molecule, *e.g.*, an inhibitor of PD-1 (*e.g.*, an anti-PD-1 antibody molecule).

IL-1 is a secreted pleotropic cytokine with a central role in inflammation and immune response. Increases in IL-1 are observed in multiple clinical settings including cancer (Apte *et al.* (2006) *Cancer Metastasis Rev.* p. 387-408; Dinarello (2010) *Eur. J. Immunol.* p. 599-606). IL-1 β is
 10 elevated in lung, breast and colorectal cancer (Voronov *et al.* (2014) *Front Physiol.* p. 114) and is associated with poor prognosis (Apte *et al.* (2000) *Adv. Exp. Med. Biol.* p. 277-88). Without wishing to be bound by theory, it is believed that in some embodiments, secreted IL-1 β , derived from the tumor microenvironment and by malignant cells, promotes tumor cell proliferation, increases
 15 invasiveness and dampens anti-tumor immune response, in part by recruiting inhibitory neutrophils (Apte *et al.* (2006) *Cancer Metastasis Rev.* p. 387-408; Miller *et al.* (2007) *J. Immunol.* p. 6933-42). Experimental data indicate that inhibition of IL-1 β results in a decrease in tumor burden and metastasis (Voronov *et al.* (2003) *Proc. Natl. Acad. Sci. U.S.A.* p. 2645-50). Canakinumab can bind IL-1 β and inhibit IL-1-mediated signaling. Accordingly, in certain embodiments, an IL-1 β inhibitor,
 20 *e.g.*, canakinumab, enhances, or is used to enhance, an immune-mediated anti-tumor effect of an inhibitor of PD-1 (*e.g.*, an anti-PD-1 antibody molecule).

In some embodiments, the IL-1 β inhibitor, canakinumab, or a compound disclosed in WO 2002/16436, and the inhibitor of an immune checkpoint molecule, *e.g.*, an inhibitor of PD-1 (*e.g.*, an anti-PD-1 antibody molecule), each is administered at a dose and/or on a time schedule, that in combination, achieves a desired anti-tumor activity.

25 In one embodiment, the IL-1 β inhibitor, canakinumab, or a compound disclosed in WO 2002/16436, is administered at a dose between 25 mg and 200 mg, *e.g.*, between 50 mg and 150 mg, between 80 mg and 120 mg, between 140 mg and 160 mg, between 40 mg and 60 mg, between 80 mg and 100 mg, between 50 mg and 100 mg, or between 100 mg and 150 mg, *e.g.*, at a dose of 30 mg, 40 mg, 50 mg, 60 mg, 70 mg, 80 mg, 90 mg, 100 mg, 110 mg, 120 mg, 130 mg, 140 mg, 150 mg, 160
 30 mg, 170 mg, 180 mg, 190 mg, or 200 mg, *e.g.*, once every four weeks, once every six weeks, once every eight weeks, once every ten weeks, or once every twelve weeks.

In one embodiment, the IL-1 β inhibitor, canakinumab, or a compound disclosed in WO 2002/16436, is administered at a dose between 80 mg and 120 mg (*e.g.*, at a dose of 100 mg), *e.g.*, once every eight weeks. In some embodiments, the IL-1 β inhibitor, canakinumab, or a compound
 35 disclosed in WO 2002/16436, is administered subcutaneously, *e.g.*, in the abdomen or thigh. In one embodiment, the IL-1 β inhibitor, *e.g.*, canakinumab, is administered at a dose between 80 mg and 120 mg (*e.g.*, at a dose of 100 mg), *e.g.*, once every eight weeks, *e.g.*, by subcutaneous injection, and the PD-1 inhibitor (*e.g.*, the anti-PD-1 antibody molecule) is administered at a dose between 300 mg and 500 mg (*e.g.*, at a dose of 400 mg), *e.g.*, once every 4 weeks, *e.g.*, by intravenous
 40 infusion.

5 In some embodiments, the IL-1 β inhibitor, canakinumab, or a compound disclosed in WO 2002/16436, is administered in combination with the PD-1 inhibitor (*e.g.*, the anti-PD-1 antibody molecule) to treat a colorectal cancer (*e.g.*, MSS CRC), a lung cancer (*e.g.*, a non-small cell lung cancer (NSCLC), or a breast cancer (*e.g.*, a triple negative breast cancer (TNBC)).

10 Exemplary CXCR2 Inhibitors

In one embodiment, a combination described herein includes an inhibitor of chemokine (C-X-C motif) receptor 2 (CXCR2) inhibitor. In some embodiments, the combination is used to treat a cancer, *e.g.*, a cancer described herein, *e.g.*, a solid tumor, *e.g.*, a breast cancer, a metastatic sarcoma, a pancreatic cancer, a melanoma, a renal cell carcinoma (RCC), a non-small cell lung cancer

15 (NSCLC), or a pediatric tumor (*e.g.*, a rhabdomyosarcoma).

In some embodiments, the CXCR2 inhibitor is danirixin (CAS Registry Number: 954126-98-8). Danirixin is also known as GSK1325756 or 1-(4-chloro-2-hydroxy-3-piperidin-3-ylsulfonylphenyl)-3-(3-fluoro-2-methylphenyl)urea. Danirixin is disclosed, *e.g.*, in Miller *et al. Eur J Drug Metab Pharmacokinet* (2014) 39:173–181; and Miller *et al. BMC Pharmacology and*

20 *Toxicology* (2015), 16:18.

In some embodiments, the CXCR2 inhibitor is reparixin (CAS Registry Number: 266359-83-5). Reparixin is also known as repertaxin or (2R)-2-[4-(2-methylpropyl)phenyl]-N-methylsulfonylpropanamide. Reparixin is a non-competitive allosteric inhibitor of CXCR1/2. Reparixin is disclosed, *e.g.*, in Zarbock *et al. British Journal of Pharmacology* (2008), 1–8.

25 In some embodiments, the CXCR2 inhibitor is navarixin. Navarixin is also known as MK-7123, SCH 527123, PS291822, or 2-hydroxy-N,N-dimethyl-3-[[2-[[[(1R)-1-(5-methylfuran-2-yl)propyl]amino]-3,4-dioxocyclobuten-1-yl]amino]benzamide. Navarixin is disclosed, *e.g.*, in Ning *et al. Mol Cancer Ther.* 2012;11(6):1353-64.

30 Exemplary PI3K- γ , - δ Inhibitors

In one embodiment, a combination described herein includes an inhibitor of phosphatidylinositol-4,5-bisphosphate 3-kinase (PI3K), *e.g.*, phosphatidylinositol-4,5-bisphosphate 3-kinase gamma and/or delta (PI3K- γ , δ). In some embodiments, the combination is used to treat a cancer, *e.g.*, a cancer described herein, *e.g.*, a solid tumor (*e.g.*, a prostate cancer, a breast cancer, a

35 brain cancer, a bladder cancer, a pancreatic cancer, a renal cancer, a solid tumor, a liver cancer, a non-small cell lung cancer, an endocrine cancer, an ovarian cancer, a melanoma, a female reproductive system cancer, a digestive/gastrointestinal cancer, a glioblastoma multiforme, a head and neck cancer, or a colon cancer), *e.g.*, a hematologic malignancy (*e.g.*, a leukemia (*e.g.*, a lymphocytic leukemia, *e.g.*, chronic lymphocytic leukemia (CLL) (*e.g.*, relapsed CLL)), *e.g.*, a lymphoma (*e.g.*, non-Hodgkin

40 lymphoma (*e.g.*, relapsed follicular B-cell non-Hodgkin lymphoma (FL) or relapsed small lymphocytic lymphoma (SLL)), or *e.g.*, a multiple myeloma).

5 In some embodiments, the PI3K inhibitor is an inhibitor of delta and gamma isoforms of PI3K. Exemplary PI3K inhibitors that can be used in combination are described in, *e.g.*, WO 2010/036380, WO 2010/006086, WO 09/114870, WO 05/113556, GSK 2126458, GDC-0980, GDC-0941, Sanofi XL147, XL756, XL147, PF-46915032, BKM 120, CAL-101, CAL 263, SF1126, PX-886, and a dual PI3K inhibitor (*e.g.*, Novartis BEZ235).

10 In some embodiments, the PI3K- γ,δ inhibitor is idelalisib (CAS Registry Number: 870281-82-6). Idelalisib is also known as ZYDELIG®, GS-1101, CAL-101, or 5-Fluoro-3-phenyl-2-[(1*S*)-1-(7*H*-purin-6-ylamino)propyl]-4(3*H*)-quinazolinone. Idelalisib blocks P110 δ , the delta isoform of PI3K. Idelalisib is disclosed, *e.g.*, in Wu *et al. Journal of Hematology & Oncology* (2013) 6: 36.

15 In some embodiments, the PI3K- γ,δ inhibitor is dactolisib (Compound A4) or 8-(6-Methoxy-pyridin-3-yl)-3-methyl-1-(4-piperazin-1-yl-3-trifluoromethyl-phenyl)-1,3-dihydro-imidazo[4,5-c]quinolin-2-one (Compound A41), or a compound disclosed in PCT Publication No. WO 2006/122806.

In some embodiments, the PI3K- γ,δ inhibitor is buparlisib (Compound A6) or a compound disclosed in PCT Publication No. WO 2007/084786.

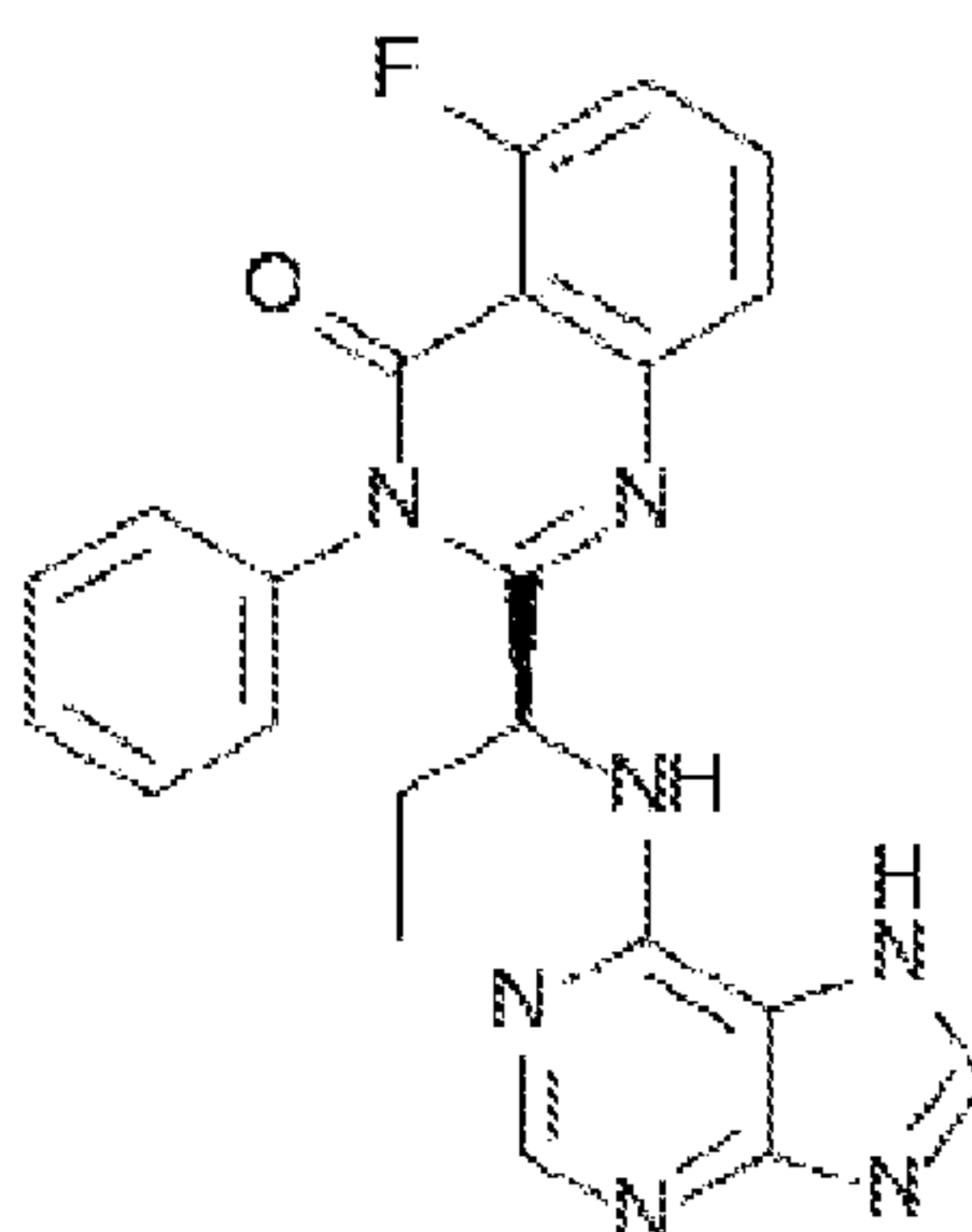
20 In one embodiment, the PI3K- γ,δ inhibitor, *e.g.*, buparlisib (Compound A6) or a compound disclosed in PCT Publication No. WO 2007/084786, is administered at a dose of about 100 mg (*e.g.*, per day).

Other exemplary PI3K- γ,δ inhibitors that can be used in the combination include, *e.g.*, pictilisib (GDC-0941), LY294002, pilaralisib (XL147), PI-3065, PI-103, VS-5584 (SB2343), CZC24832, duvelisib (IPI-145, INK1197), TG100-115, CAY10505, GSK1059615, PF-04691502, AS-605240, voxtalisib (SAR245409, XL765), IC-87114, omipalisib (GSK2126458, GSK458), TG100713, gedatolisib (PF-05212384, PKI-587), PKI-402, XL147 analogue, PIK-90, PIK-293, PIK-294, 3-Methyladenine (3-MA), AS-252424, AS-604850, or apitolisib (GDC-0980, RG7422).

30 In some embodiments, the PI3K inhibitor is Compound A8 or a compound described in PCT Publication No. WO2010/029082.

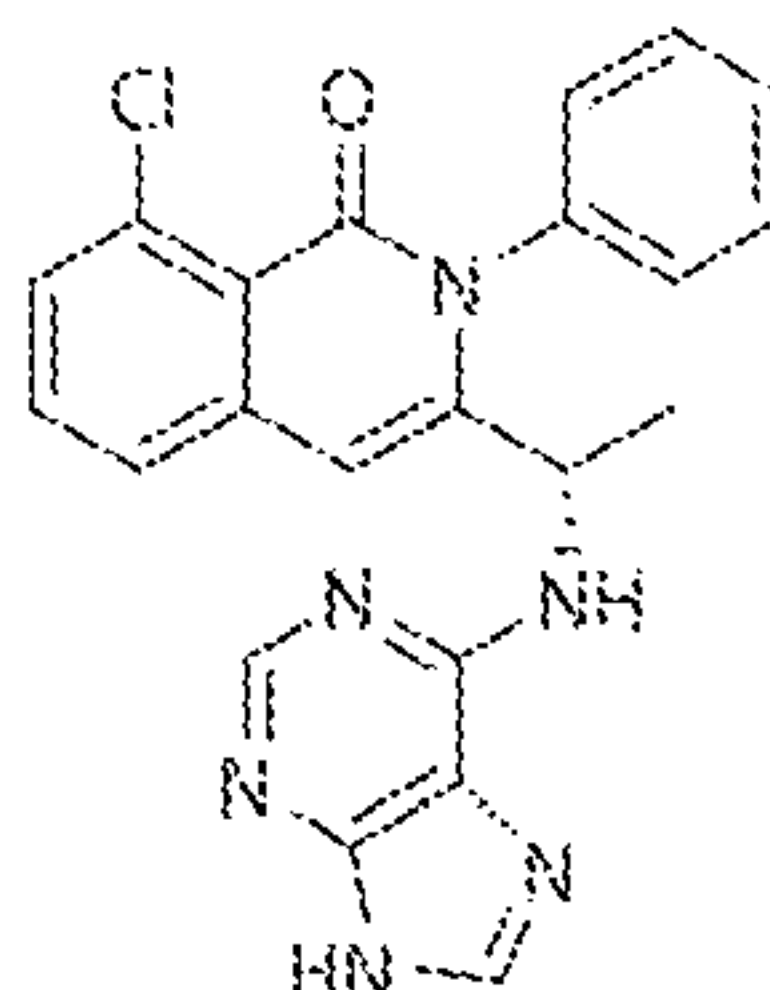
In some embodiments, the PI3K inhibitor is a pan-PI3K inhibitor, (4*S*,5*R*)-3-(2'-amino-2-morpholino-4'-(trifluoromethyl)-[4,5'-bipyrimidin]-6-yl)-4-(hydroxymethyl)-5-methyloxazolidin-2-one (Compound A13) or a compound disclosed in PCT Publication No. WO2013/124826.

35 Exemplary PI3K- γ,δ inhibitors include, but are not limited to, duvelisib and idelalisib. Idelalisib (also called GS-1101 or CAL-101; Gilead) is a small molecule that blocks the delta isoform of PI3K. The structure of idelalisib (5-Fluoro-3-phenyl-2-[(1*S*)-1-(7*H*-purin-6-ylamino)propyl]-4(3*H*)-quinazolinone) is shown below.



5

Duvelisib (also called IPI-145; Infinity Pharmaceuticals and Abbvie) is a small molecule that blocks PI3K- δ,γ . The structure of duvelisib (8-Chloro-2-phenyl-3-[(1S)-1-(9H-purin-6-ylamino)ethyl]-1(2H)-isoquinolinone) is shown below.



10

In one embodiment, the inhibitor is a dual phosphatidylinositol 3-kinase (PI3K) and mTOR inhibitor selected from 2-Amino-8-[*trans*-4-(2-hydroxyethoxy)cyclohexyl]-6-(6-methoxy-3-pyridinyl)-4-methyl-pyrido[2,3-*d*]pyrimidin-7(8*H*)-one (PF-04691502); *N*-[4-[[4-(Dimethylamino)-1-piperidinyl]carbonyl]phenyl]-*N'*-[4-(4,6-di-4-morpholinyl-1,3,5-triazin-2-yl)phenyl]urea (PF-05212384, PKI-587); 2-Methyl-2-{4-[3-methyl-2-oxo-8-(quinolin-3-yl)-2,3-dihydro-1*H*-imidazo[4,5-*c*]quinolin-1-yl]phenyl}propanenitrile (BEZ-235); apitolisib (GDC-0980, RG7422); 2,4-Difluoro-*N*-{2-(methoxy)-5-[4-(4-pyridazinyl)-6-quinolinyl]-3-pyridinyl}benzenesulfonamide (GSK2126458); 8-(6-methoxypyridin-3-yl)-3-methyl-1-(4-(piperazin-1-yl)-3-(trifluoromethyl)phenyl)-1*H*-imidazo[4,5-*c*]quinolin-2(3*H*)-one Maleic acid (NVP-BGT226); 3-[4-(4-Morpholinylpyrido[3',2':4,5]furo[3,2-*d*]pyrimidin-2-yl]phenol (PI-103); 5-(9-isopropyl-8-methyl-2-morpholino-9*H*-purin-6-yl)pyrimidin-2-amine (VS-5584, SB2343); or *N*-[2-[(3,5-Dimethoxyphenyl)amino]quinoxalin-3-yl]-4-[(4-methyl-3-methoxyphenyl)carbonyl]aminophenylsulfonamide (XL765).

25

Exemplary BAFF-R Inhibitors

In one embodiment, a combination described herein includes a B-cell-activating factor receptor (BAFF-R) inhibitor. In some embodiments, the combination is used to treat a cancer, *e.g.*, a

5 cancer described herein, *e.g.*, a hematologic malignancy, *e.g.*, a leukemia (*e.g.*, chronic lymphocytic leukemia (CLL), *e.g.*, relapsed or refractory chronic lymphocytic leukemia).

In one embodiment, the BAFF-R inhibitor is VAY736. VAY736 is a fully human combinatorial antibody library (HuCAL)-derived monoclonal antibody targeting BAFF-R. BAFF-R, also known as tumor necrosis factor receptor superfamily member 13C, is overexpressed in certain
10 tumor cell types and autoimmune diseases. VAY736 has both anti-inflammatory and antineoplastic activities. In cancer cells, BAFF-R plays a key role in B-cell proliferation and survival. VAY736 targets and binds to BAFF-R, which inhibits both BAFF/BAFF-R interaction and BAFF-R-mediated signaling. This may decrease cell growth in tumor cells expressing BAFF-R.

VAY736 is disclosed, *e.g.*, in US 8,106,163. The heavy chain CDR1 of VAY736 has the
15 amino acid sequence of GDSVSSNSAAWG (SEQ ID NO: 289) (disclosed as SEQ ID NO: 3 in US 8,106,163). The heavy chain CDR2 of VAY736 has the amino acid sequence of RIYYRSKWYNSYAVSVKS (SEQ ID NO: 290) (disclosed as SEQ ID NO: 10 in US 8,106,163). The heavy chain CDR3 of VAY736 has the amino acid sequence of YDWVPKIGVFDS (SEQ ID NO: 300) (disclosed as SEQ ID NO: 17 in US 8,106,163). The light chain CDR1 of VAY736 has the
20 amino acid sequence of RASQFISSSYLS (SEQ ID NO: 291) (disclosed as SEQ ID NO: 24 in US 8,106,163). The light chain CDR2 of VAY736 has the amino acid sequence of LLIYGSSSRAT (SEQ ID NO: 292) (disclosed as SEQ ID NO: 31 in US 8,106,163). The light chain CDR3 of VAY736 has the amino acid sequence of QQLYSSPM (SEQ ID NO: 293) (disclosed as SEQ ID NO: 38 in US 8,106,163). The heavy chain variable region of VAY736 has the amino acid sequence of:

25 QVQLQQSGPGLVKPSQTLSTCAISGDSVSSNSAAWGWIRQSPGRGLEWLGRIYYRSKWYNS
YAVSVKSRITINPDTSKNQFSLQLNSVTPEDTAVYYCARYDWVPKIGVFDSWGQGTLVTVSS
(SEQ ID NO: 294) (disclosed as SEQ ID NO: 52 in US 8,106,163). The light chain variable region of VAY736 has the amino acid sequence of:

DIVLTQSPATLSLSPGERATLSCRASQFISSSYLSWYQQKPGQAPRLLIYGSSSRATGVPARFSG
30 SGSGTDFTLTISLEPEDFAVYYCQQLYSSPMFTFGQGTKVEIKRT (SEQ ID NO: 295) (disclosed as SEQ ID NO: 45 in US 8,106,163). The heavy chain of VAY736 has the amino acid sequence of:

QVQLQQSGPGLVKPSQTLSTCAISGDSVSSNSAAWGWIRQSPGRGLEWLGRIYYRSKWYNS
YAVSVKSRITINPDTSKNQFSLQLNSVTPEDTAVYYCARYDWVPKIGVFDSWGQGTLVTVSS
ASTKGPSVFPLAPSSKSTSGGTAALGCLVKDYFPEPVTVSWNSGALTSGVHTFPAVLQSSGLY
35 SLSSVVTVPSSSLGTQTYICNVNHKPSNTKVDKRVEPKSCDKTHTCPPCPAPELLGGPSVFLFP
PKPKDTLMISRTPEVTCVVDVSHEDPEVKFNWYVDGVEVHNAKTKPREEQYNSTYRVVSV
LTVLHQDWLNGKEYKCKVSNKALPAPIEKTISKAKGQPREPQVYTLPPSREEMTKNQVSLTC
LVKGFYPSDIAVEWESNGQPENNYKTTTPVLDSDGSFFLYSKLTVDKSRWQQGNVFSCSVM
HEALHNHYTQKSLSLSPGK (SEQ ID NO: 296) (disclosed as SEQ ID NO: 75 in US 8,106,163).

40 The light chain variable region of VAY736 has the amino acid sequence of:
DIVLTQSPATLSLSPGERATLSCRASQFISSSYLSWYQQKPGQAPRLLIYGSSSRATGVPARFSG

5 SGSGTDFTLTISSLEPEDFAVYYCQQLYSSPMTFGQGTKVEIKRTVAAPSVFIFPPSDEQLKSGT
ASVVCLLNNFYPREAKVQWKVDNALQSGNSQESVTEQDSKDSTYSLSSTLTLSKADYEEKHK
VYACEVTHQGLSSPVTKSFNRGEC (SEQ ID NO: 297) (disclosed as SEQ ID NO: 71 in US
8,106,163).

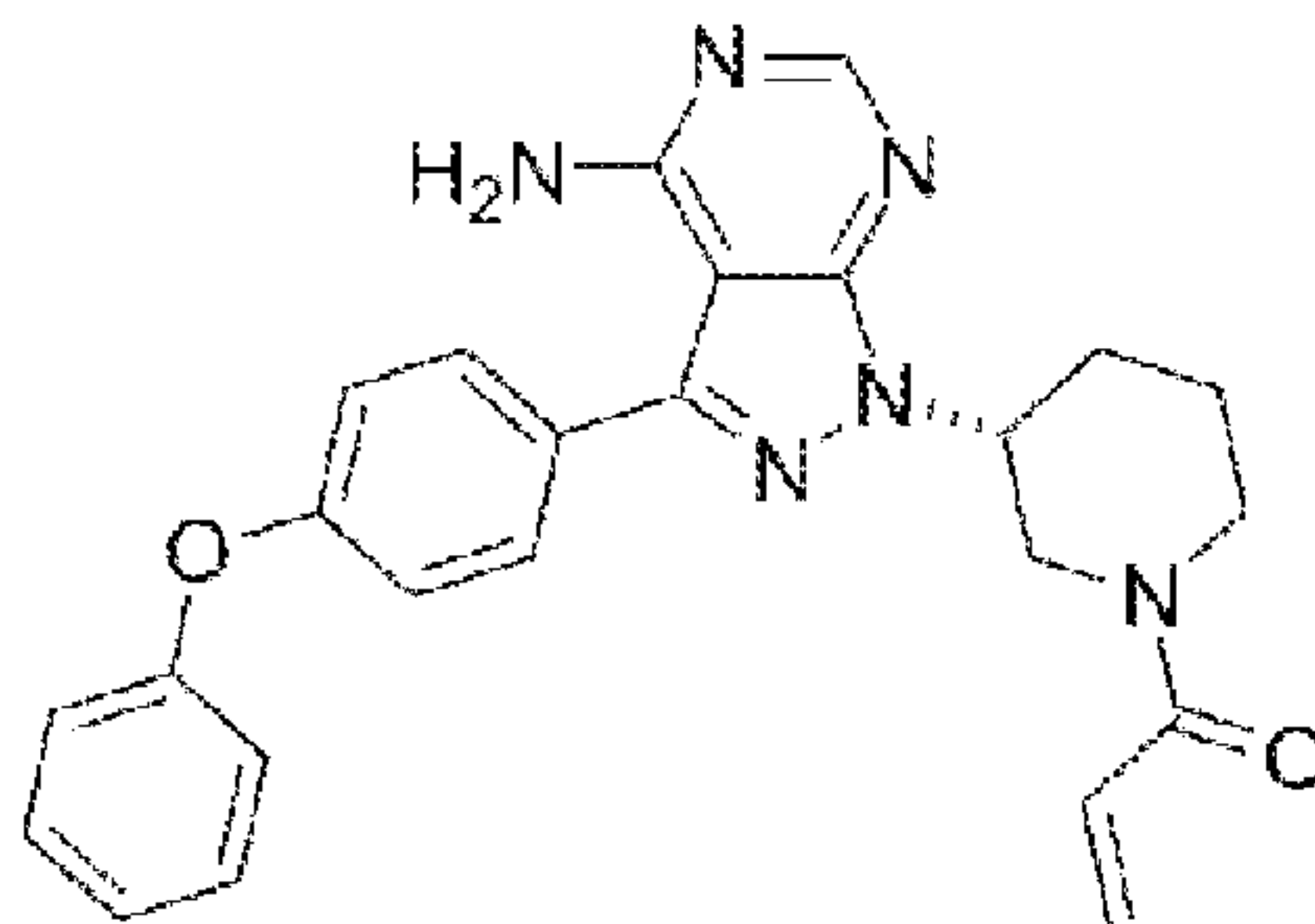
10 Exemplary MALT-1/BTK Inhibitors

In one embodiment, a combination described herein includes an inhibitor of MALT-1 and/or BTK. In some embodiments, the combination is used to treat a cancer, *e.g.*, a cancer described herein.

Exemplary MALT-1/BTK inhibitors include, but are not limited to, (S)-1-(6-(2H-1,2,3-
15 triazol-2-yl)-5-(trifluoromethyl)pyridin-3-yl)-3-(2-chloro-7-(1-methoxyethyl)pyrazolo[1,5-
a]pyrimidin-6-yl)urea, (S)-1-(2-chloro-7-(1-methoxyethyl)pyrazolo[1,5-a]pyrimidin-6-yl)-3-(2-
(trifluoromethyl)pyridin-4-yl)urea, (S)-1-(2-chloro-7-(1-methoxyethyl)pyrazolo[1,5-a]pyrimidin-6-
yl)-3-(1-methyl-2-oxo-5-(trifluoromethyl)-1,2-dihydropyridin-3-yl)urea, (R)-1-(6-(2H-1,2,3-triazol-2-
yl)-5-(trifluoromethyl)pyridin-3-yl)-3-(2-chloro-7-(1-methoxy-2-methylpropyl)pyrazolo[1,5-
a]pyrimidin-6-yl)urea, (R)-1-(5-chloro-6-(2H-1,2,3-triazol-2-yl)pyridin-3-yl)-3-(2-chloro-7-(1-
20 methoxy-2-methylpropyl)pyrazolo[1,5-a]pyrimidin-6-yl)urea, (S)-1-(7-(1-methoxyethyl)-2-
methylpyrazolo[1,5-a]pyrimidin-6-yl)-3-(2-(trifluoromethyl)pyridin-4-yl)urea, (S)-1-(2-fluoro-7-(1-
methoxyethyl)pyrazolo[1,5-a]pyrimidin-6-yl)-3-(2-(trifluoromethyl)pyridin-4-yl)urea, and (S)-1-(2-
chloro-7-(1-methoxyethyl)pyrazolo[1,5-a]pyrimidin-6-yl)-3-(5-cyanopyridin-3-yl)urea.

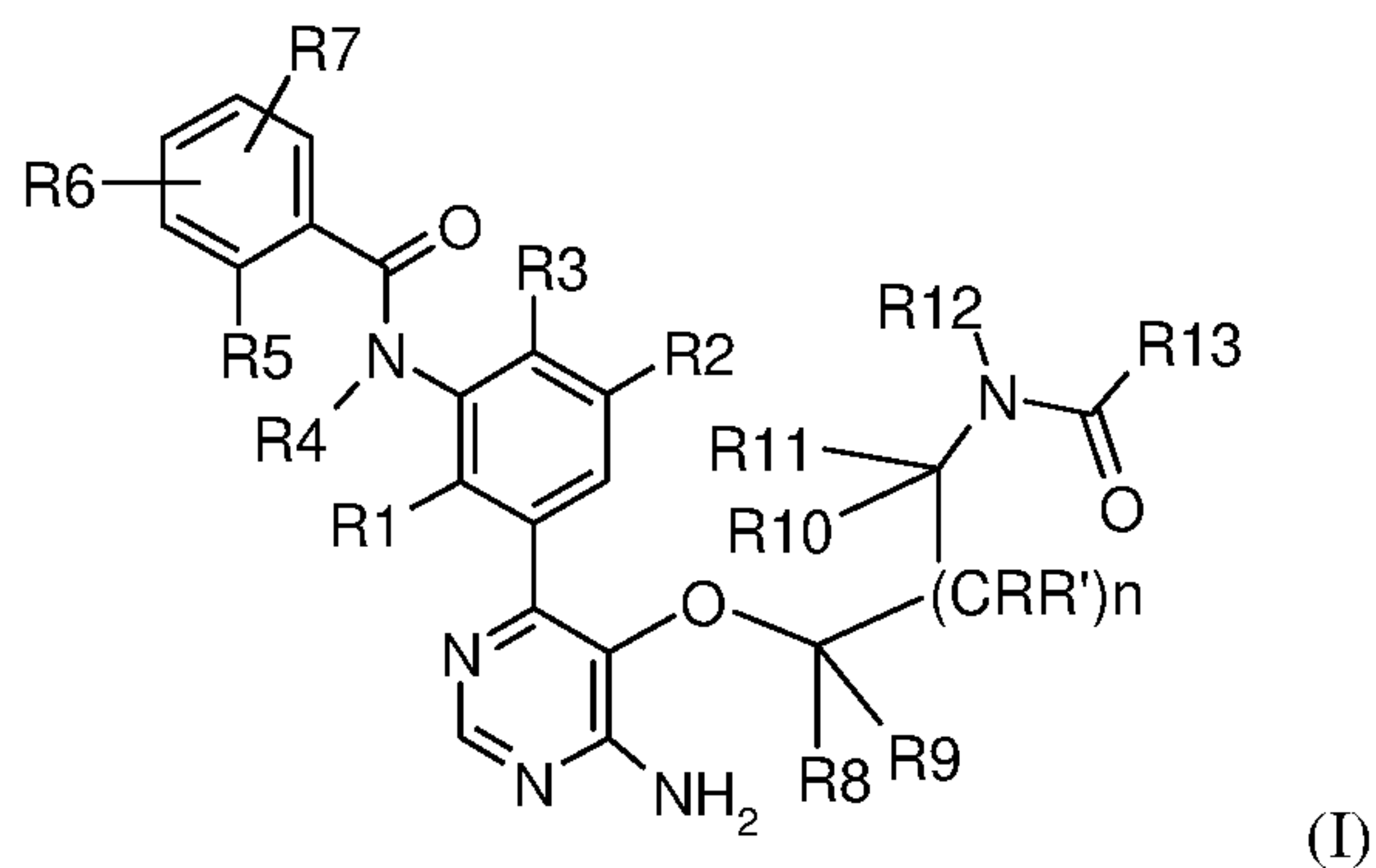
Exemplary BTK inhibitors include, but are not limited to, ibrutinib (PCI-32765); GDC-0834;
25 RN-486; CGI-560; CGI-1764; HM-71224; CC-292; ONO-4059; CNX-774; or LFM-A13. In one
embodiment, the BTK inhibitor does not reduce or inhibit the kinase activity of interleukin-2-
inducible kinase (ITK), *e.g.*, is selected from GDC-0834; RN-486; CGI-560; CGI-1764; HM-71224;
CC-292; ONO-4059; CNX-774; or LFM-A13.

In one embodiment, the kinase inhibitor is a BTK inhibitor, *e.g.*, ibrutinib (PCI-32765). The
30 structure of ibrutinib (1-[(3R)-3-[4-Amino-3-(4-phenoxyphenyl)-1H-pyrazolo[3,4-d]pyrimidin-1-
yl]piperidin-1-yl]prop-2-en-1-one) is shown below.



In other embodiments, the BTK inhibitor is a BTK inhibitor described in International
35 Application WO/2015/079417, which is herein incorporated by reference in its entirety. For instance,

5 in some embodiments, the BTK inhibitor is a compound of formula (I) or a pharmaceutically acceptable salt thereof;



wherein,

R1 is hydrogen, C1-C6 alkyl optionally substituted by hydroxy;

R2 is hydrogen or halogen;

R3 is hydrogen or halogen;

R4 is hydrogen;

R5 is hydrogen or halogen;

or R4 and R5 are attached to each other and stand for a bond, -CH₂-, -CH₂-CH₂-, -CH=CH-CH-CH₂-; -CH₂-CH=CH-; or -CH₂-CH₂-CH₂-;

R6 and R7 stand independently from each other for H, C1-C6 alkyl optionally substituted by hydroxyl, C3-C6 cycloalkyl optionally substituted by halogen or hydroxy, or halogen;

R8, R9, R, R', R10 and R11 independently from each other stand for H, or C1-C6 alkyl optionally substituted by C1-C6 alkoxy; or any two of R8, R9, R, R', R10 and R11 together with the carbon atom to which they are bound may form a 3 – 6 membered saturated carbocyclic ring;

R12 is hydrogen or C1-C6 alkyl optionally substituted by halogen or C1-C6 alkoxy;

or R12 and any one of R8, R9, R, R', R10 or R11 together with the atoms to which they are bound may form a 4, 5, 6 or 7 membered azacyclic ring, which ring may optionally be substituted by halogen, cyano, hydroxyl, C1-C6 alkyl or C1-C6 alkoxy;

n is 0 or 1; and

R13 is C2-C6 alkenyl optionally substituted by C1-C6 alkyl, C1-C6 alkoxy or N,N-di-C1-C6 alkyl amino; C2-C6 alkynyl optionally substituted by C1-C6 alkyl or C1-C6 alkoxy; or C2-C6 alkylenyl oxide optionally substituted by C1-C6 alkyl.

In some embodiments, the BTK inhibitor of Formula I is chosen from: N-(3-(5-((1-Acryloylazetidin-3-yl)oxy)-6-aminopyrimidin-4-yl)-5-fluoro-2-methylphenyl)-4-cyclopropyl-2-fluorobenzamide; (E)-N-(3-(6-Amino-5-((1-(but-2-enoyl)azetidin-3-yl)oxy)pyrimidin-4-yl)-5-fluoro-2-methylphenyl)-4-cyclopropyl-2-fluorobenzamide; N-(3-(6-Amino-5-((1-propioloylazetidin-3-yl)oxy)pyrimidin-4-yl)-5-fluoro-2-methylphenyl)-4-cyclopropyl-2-fluorobenzamide; N-(3-(6-Amino-5-((1-(but-2-ynoyl)azetidin-3-yl)oxy)pyrimidin-4-yl)-5-fluoro-2-methylphenyl)-4-cyclopropyl-2-

- 5 fluorobenzamide; N-(3-(5-((1-Acryloylpiperidin-4-yl)oxy)-6-aminopyrimidin-4-yl)-5-fluoro-2-methylphenyl)-4-cyclopropyl-2-fluorobenzamide; N-(3-(6-Amino-5-(2-(N-methylacrylamido)ethoxy)pyrimidin-4-yl)-5-fluoro-2-methylphenyl)-4-cyclopropyl-2-fluorobenzamide; (E)-N-(3-(6-Amino-5-(2-(N-methylbut-2-enamido)ethoxy)pyrimidin-4-yl)-5-fluoro-2-methylphenyl)-4-cyclopropyl-2-fluorobenzamide; N-(3-(6-Amino-5-(2-(N-methylpropiolamido)ethoxy)pyrimidin-4-yl)-5-fluoro-2-methylphenyl)-4-cyclopropyl-2-fluorobenzamide; (E)-N-(3-(6-Amino-5-(2-(4-methoxy-N-methylbut-2-enamido)ethoxy)pyrimidin-4-yl)-5-fluoro-2-methylphenyl)-4-cyclopropyl-2-fluorobenzamide; N-(3-(6-Amino-5-(2-(N-methylbut-2-ynamido)ethoxy)pyrimidin-4-yl)-5-fluoro-2-methylphenyl)-4-cyclopropyl-2-fluorobenzamide; N-(2-((4-Amino-6-(3-(4-cyclopropyl-2-fluorobenzamido)-5-fluoro-2-methylphenyl)pyrimidin-5-yl)oxy)ethyl)-N-methyloxirane-2-carboxamide; N-(2-((4-Amino-6-(3-(6-cyclopropyl-8-fluoro-1-oxoisoquinolin-2(1H)-yl)phenyl)pyrimidin-5-yl)oxy)ethyl)-N-methylacrylamide; N-(3-(5-(2-Acrylamidoethoxy)-6-aminopyrimidin-4-yl)-5-fluoro-2-methylphenyl)-4-cyclopropyl-2-fluorobenzamide; N-(3-(6-Amino-5-(2-(N-ethylacrylamido)ethoxy)pyrimidin-4-yl)-5-fluoro-2-methylphenyl)-4-cyclopropyl-2-fluorobenzamide; N-(3-(6-Amino-5-(2-(N-(2-fluoroethyl)acrylamido)ethoxy)pyrimidin-4-yl)-5-fluoro-2-methylphenyl)-4-cyclopropyl-2-fluorobenzamide; N-(3-(5-((1-Acrylamidocyclopropyl)methoxy)-6-aminopyrimidin-4-yl)-5-fluoro-2-methylphenyl)-4-cyclopropyl-2-fluorobenzamide; (S)-N-(3-(5-(2-Acrylamidopropoxy)-6-aminopyrimidin-4-yl)-5-fluoro-2-methylphenyl)-4-cyclopropyl-2-fluorobenzamide; (S)-N-(3-(6-Amino-5-(2-(but-2-ynamido)propoxy)pyrimidin-4-yl)-5-fluoro-2-methylphenyl)-4-cyclopropyl-2-fluorobenzamide; (S)-N-(3-(6-Amino-5-(2-(N-methylacrylamido)propoxy)pyrimidin-4-yl)-5-fluoro-2-methylphenyl)-4-cyclopropyl-2-fluorobenzamide; (S)-N-(3-(6-Amino-5-(2-(N-methylbut-2-ynamido)propoxy)pyrimidin-4-yl)-5-fluoro-2-methylphenyl)-4-cyclopropyl-2-fluorobenzamide; N-(3-(6-Amino-5-(3-(N-methylacrylamido)propoxy)pyrimidin-4-yl)-5-fluoro-2-methylphenyl)-4-cyclopropyl-2-fluorobenzamide; (S)-N-(3-(5-((1-Acryloylpyrrolidin-2-yl)methoxy)-6-aminopyrimidin-4-yl)-5-fluoro-2-methylphenyl)-4-cyclopropyl-2-fluorobenzamide; (S)-N-(3-(6-Amino-5-((1-(but-2-ynoyl)pyrrolidin-2-yl)methoxy)pyrimidin-4-yl)-5-fluoro-2-methylphenyl)-4-cyclopropyl-2-fluorobenzamide; (S)-2-(3-(5-((1-Acryloylpyrrolidin-2-yl)methoxy)-6-aminopyrimidin-4-yl)-5-fluoro-2-(hydroxymethyl)phenyl)-6-cyclopropyl-3,4-dihydroisoquinolin-1(2H)-one; N-(2-((4-Amino-6-(3-(6-cyclopropyl-1-oxo-3,4-dihydroisoquinolin-2(1H)-yl)-5-fluoro-2-(hydroxymethyl)phenyl)pyrimidin-5-yl)oxy)ethyl)-N-methylacrylamide; N-(3-(5-(((2S,4R)-1-Acryloyl-4-methoxypyrrolidin-2-yl)methoxy)-6-aminopyrimidin-4-yl)-5-fluoro-2-methylphenyl)-4-cyclopropyl-2-fluorobenzamide; N-(3-(6-Amino-5-(((2S,4R)-1-(but-2-ynoyl)-4-methoxypyrrolidin-2-yl)methoxy)pyrimidin-4-yl)-5-fluoro-2-methylphenyl)-4-cyclopropyl-2-fluorobenzamide; 2-(3-(5-(((2S,4R)-1-Acryloyl-4-methoxypyrrolidin-2-yl)methoxy)-6-aminopyrimidin-4-yl)-5-fluoro-2-(hydroxymethyl)phenyl)-6-cyclopropyl-3,4-dihydroisoquinolin-1(2H)-one; N-(3-(5-(((2S,4S)-1-Acryloyl-4-methoxypyrrolidin-2-yl)methoxy)-6-aminopyrimidin-4-yl)-5-fluoro-2-methylphenyl)-4-

5 cyclopropyl-2-fluorobenzamide; N-(3-(6-Amino-5-(((2S,4S)-1-(but-2-ynoyl)-4-methoxypyrrolidin-2-yl)methoxy)pyrimidin-4-yl)-5-fluoro-2-methylphenyl)-4-cyclopropyl-2-fluorobenzamide; N-(3-(5-(((2S,4R)-1-Acryloyl-4-fluoropyrrolidin-2-yl)methoxy)-6-aminopyrimidin-4-yl)-5-fluoro-2-methylphenyl)-4-cyclopropyl-2-fluorobenzamide; N-(3-(6-Amino-5-(((2S,4R)-1-(but-2-ynoyl)-4-fluoropyrrolidin-2-yl)methoxy)pyrimidin-4-yl)-5-fluoro-2-methylphenyl)-4-cyclopropyl-2-fluorobenzamide; (S)-N-(3-(5-((1-Acryloylazetidin-2-yl)methoxy)-6-aminopyrimidin-4-yl)-5-fluoro-2-methylphenyl)-4-cyclopropyl-2-fluorobenzamide; (S)-N-(3-(6-Amino-5-((1-propioloylazetidin-2-yl)methoxy)pyrimidin-4-yl)-5-fluoro-2-methylphenyl)-4-cyclopropyl-2-fluorobenzamide; (S)-2-(3-(5-((1-Acryloylazetidin-2-yl)methoxy)-6-aminopyrimidin-4-yl)-5-fluoro-2-(hydroxymethyl)phenyl)-6-cyclopropyl-3,4-dihydroisoquinolin-1(2H)-one; (R)-N-(3-(5-((1-Acryloylazetidin-2-yl)methoxy)-6-aminopyrimidin-4-yl)-5-fluoro-2-methylphenyl)-4-cyclopropyl-2-fluorobenzamide; (R)-N-(3-(5-((1-Acryloylpiperidin-3-yl)methoxy)-6-aminopyrimidin-4-yl)-5-fluoro-2-methylphenyl)-4-cyclopropyl-2-fluorobenzamide; N-(3-(5-(((2R,3S)-1-Acryloyl-3-methoxypyrrolidin-2-yl)methoxy)-6-aminopyrimidin-4-yl)-5-fluoro-2-methylphenyl)-4-cyclopropyl-2-fluorobenzamide; N-(3-(5-(((2S,4R)-1-Acryloyl-4-cyanopyrrolidin-2-yl)methoxy)-6-aminopyrimidin-4-yl)-5-fluoro-2-methylphenyl)-4-cyclopropyl-2-fluorobenzamide; or N-(3-(5-(((2S,4S)-1-Acryloyl-4-cyanopyrrolidin-2-yl)methoxy)-6-aminopyrimidin-4-yl)-5-fluoro-2-methylphenyl)-4-cyclopropyl-2-fluorobenzamide.

Unless otherwise provided, the chemical terms used above in describing the BTK inhibitor of Formula I are used according to their meanings as set out in International Application WO/2015/079417, which is herein incorporated by reference in its entirety.

Exemplary JAK Inhibitors

In one embodiment, a combination described herein includes an inhibitor of Janus kinase (JAK). In some embodiments, the combination is used to treat a cancer, *e.g.*, a cancer described herein, *e.g.*, a solid tumor (*e.g.*, a colon cancer, a prostate cancer, a lung cancer, a breast cancer, or a pancreatic cancer), *e.g.*, a hematologic malignancy (*e.g.*, a leukemia (*e.g.*, a myeloid leukemia or a lymphocytic leukemia), *e.g.*, a lymphoma (*e.g.*, a non-Hodgkin lymphoma), or a multiple myeloma.

In some embodiments, the JAK inhibitor is 2-fluoro-N-methyl-4-(7-(quinolin-6-ylmethyl)imidazo[1,2-b][1,2,4]triazin-2-yl)benzamide (Compound A17), or a dihydrochloric salt thereof, or a compound disclosed in PCT Publication No. WO 2007/070514.

In some embodiments, the JAK inhibitor, *e.g.*, 2-fluoro-N-methyl-4-(7-(quinolin-6-ylmethyl)imidazo[1,2-b][1,2,4]triazin-2-yl)benzamide (Compound A17), or a dihydrochloric salt thereof, or a compound disclosed in PCT Publication No. WO 2007/070514, is administered at a dose of about 400-600 mg (*e.g.*, per day), *e.g.*, about 400, 500, or 600 mg, or about 400-500 or 500-600 mg.

In some embodiment, the JAK inhibitor is ruxolitinib phosphate (also known as JAKAFI; Compound A18) or a compound disclosed in PCT Publication No. WO 2007/070514.

5 In one embodiment, the JAK inhibitor, *e.g.*, ruxolitinib phosphate (also known as JAKAFI; Compound A18) or a compound disclosed in PCT Publication No. WO 2007/070514, is administered at a dose of about 15-25 mg, *e.g.*, twice daily. In some embodiments, the dose is about 15, 20, or 25 mg, or about 15-20 or 20-25 mg.

10 *Exemplary CRTH2 Inhibitors*

In one embodiment, a combination described herein includes an inhibitor of chemoattractant receptor homologous to the T helper 2 cell (CRTH2). In some embodiments, the combination is used to treat a cancer, *e.g.*, a cancer described herein.

In some embodiments, the CRTH2 inhibitor is QAV680 (CAS Registry Number: 872365-16-
15 7). QAV680 is also known as fevipiprant and 2-[2-methyl-1-[(4-methylsulfonylphenyl)methyl]pyrrolo[2,3-b]pyridin-3-yl]acetic acid. QAV680 is disclosed, *e.g.*, in Sandham *et al. Bioorg Med Chem.* 2013;21(21):6582-91. QAW039 is also known as [1-(4-Methanesulfonyl--2-trifluoromethyl-benzyl)-2-methyl-1H-pyrrolo[2,3-b]pyridin-3-yl]-acetic acid. QAW039 is disclosed, *e.g.* in Sykes *et al. European Respiratory Journal* September 1, 2014 vol. 44
20 no. Suppl 58 P4074.

In some embodiments, the CRTH2 inhibitor is QAW039 (CAS Number: 872365-14-5).

Other CRTH2 inhibitors that can be used in the combination include, *e.g.*, AZD1981, ARRY-502, setipiprant (ACT-453859), and ACT-129968.

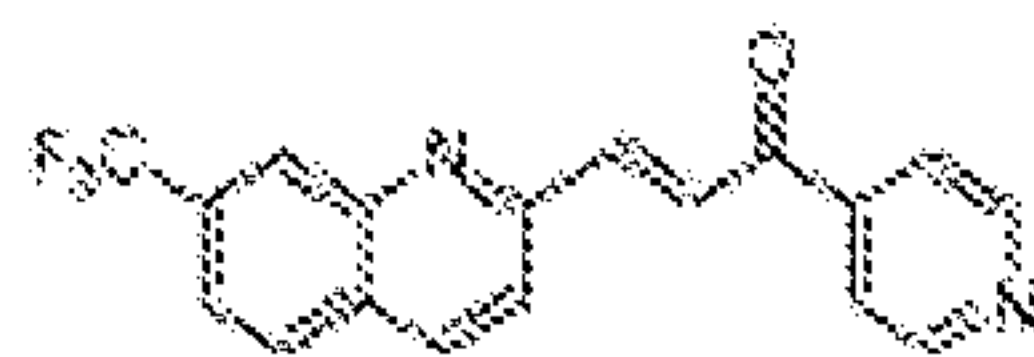
25 *Exemplary PFKFB3 inhibitors*

In one embodiment, a combination described herein includes an inhibitor of 6-phosphofructo-2-kinase/fructose-2,6-biphosphatase 3 (PFKFB3). In some embodiments, the combination is used to treat a cancer, *e.g.*, a cancer described herein, *e.g.*, a solid tumor (*e.g.*, an advanced solid tumor), *e.g.*, an ovarian cancer, a fallopian tube cancer, a colorectal cancer (CRC), a leukemia, a lung cancer, a
30 prostate cancer, a breast cancer, or a pancreas cancer. In some embodiments, the cancer is an ovarian cancer (*e.g.*, a recurrent ovarian cancer), a fallopian tube cancer, or a colorectal cancer (*e.g.*, a metastatic colorectal cancer). Without wishing to be bound by theory, it is believed that in some embodiments, PFKFB3-driven glycolysis can regulate vessel branching in cancer, and endothelial cells can rely on glycolysis for ATP production and metastatic potential. In some embodiments, the
35 combination is used to treat a cancer with high angiogenic activity. In other embodiments, the combination is used to treat a cancer enriched in Th17 cells. In other embodiments, the combination is used to treat a cancer unresponsive or moderately responsive to an anti-PD-1 or anti-PD-L1 monotherapy.

In some embodiments, the PFKFB3 inhibitor is PFK-158. PFK-158 is also known as ACT-
40 PFK-158 or (E)-1-(pyridin-4-yl)-3-(7-(trifluoromethyl)quinolin-2-yl)-prop-2-en-1-one (Cas Number 1462249-75-7). PFK-158 is a derivative of 3-(3-pyridinyl)-1-[4-pyridinyl]-2-propen-1-one (3PO).

5 PFKFB3, which catalyzes the conversion of fructose-6-phosphate to fructose-2,6-bisphosphate, is highly expressed and active in human cancer cells and plays a key role in increasing both glycolytic flux in and proliferation of cancer cells. In some embodiments, PFKFB3 is expressed (*e.g.*, overexpressed compared to a normal tissue) in a cancer chosen from a leukemia, a colon cancer, a lung cancer, a prostate cancer, an ovarian cancer, a fallopian tube cancer, a breast cancer, or a pancreas cancer. PFKFB3 inhibitors, *e.g.*, PFK-158, can bind to and inhibit the activity of PFKFB3, which leads to the inhibition of both the glycolytic pathway in and glucose uptake by cancer cells. This prevents the production of macromolecules and energy that causes the enhanced cellular proliferation in cancer cells as compared to that of normal, healthy cells. Depriving cancer cells of nutrients and energy leads to the inhibition of cancer cell growth. In some embodiments, a PFKFB3 inhibitor, *e.g.*, PFK-158, inhibits glucose uptake by a cancer cell. In other embodiments, a PFKFB3 inhibitor, *e.g.*, PFK-158, reduces pathological angiogenesis. For example, PFK-158 can reduce ¹⁸FDG uptake in xenografted tumors and exhibit antitumor activity in low leukocyte count (LLC) mice. PFK-158 is disclosed, *e.g.*, at page 5 of WO 2013/148228.

In some embodiments, the PFKFB3 inhibitor has the following structure:



20 In some embodiments, the combination described herein is used to treat an ovarian cancer. Ovarian cancer is generally known as an immune responsive disease (Zhang *et al. N Engl J Med.* 2003; 348(3):203-13). For example, improved overall survival was observed in patients with higher frequencies of intraepithelial CD8+ T cells compared with patients with lower CD8+ T cell frequencies (median survival 55 months versus 26 months; hazard ratio=0.33; P<0.001) (Sato *et al. Proc Natl Acad Sci U S A.* 2005; 102(51):18538-43). In some embodiments, increased Treg frequency can be used as predictors of poor survival (Curiel *et al. Nat Med.* 2004; 10(9):942-9). Without wishing to be bound by theory, it is believed that in some embodiments, high tumor antigen load can result in progressive loss of one or more effector functions of antigen-specific T cells, *e.g.*, leading to T cell exhaustion. Patients with ovarian cancer, *e.g.*, advanced ovarian cancer, can be selected for immunotherapy, *e.g.*, a combination therapy described herein, at least in part, because of the small disease burden after initial therapy and high risk for recurrence.

35 In some embodiments, the combination further includes an IDO inhibitor (*e.g.*, an IDO inhibitor described herein). In other embodiments, the combination further includes a CD-27 agonist (*e.g.*, a CD-27 agonist described herein). In other embodiments, the combination further includes an anti-CTLA-4 antibody (*e.g.*, an anti-CTLA-4 antibody described herein, *e.g.*, ipilimumab). In other embodiments, the combination further includes a PARP inhibitor (*e.g.*, a PARP described herein, *e.g.*, ipilimumab). In other embodiments, the combination further includes a chemotherapy (*e.g.*, a

5 chemotherapy described herein, *e.g.*, paclitaxel). In other embodiments, the combination further includes a CSF-1R inhibitor (*e.g.*, a CSF-1R inhibitor described herein).

In some embodiments, the combination described herein is used to treat a colorectal cancer. Colorectal cancer (CRC) is generally considered as an inflammation-driven cancer. Metastatic, or stage IV colon cancers, have a 5-year relative survival rate of about 11%. Without wishing to be
 10 bound by theory, it is believed that in some embodiments, human CRC development is linked to the interleukin-23 (IL-23)-IL-17 pathway (Grivennikov *et al.*, *Nature*. 2012; 491(7423):254-8). IL-17 is associated with poor prognosis and promotes angiogenesis via stimulating VEGF production of cancer cells in CRC. Activated gdT17 cells also secreted other cytokines including IL-8, TNF- α , and GM-CSF, which chemoattract MDSCs in the tumor and sustain their immunosuppressive activity.
 15 Th17 cell expression signatures in CRC have been shown to be associated with poor survival (Grivennikov *et al.*, *Nature*. 2012; 491(7423):254-8; Zou and Restifo, *Nat Rev Immunol*. 2010; 10(4):248-56). CRC is often sensitive to VEGF inhibition, but it has been shown that an IL-17-mediated paracrine network promotes tumor resistance to anti-angiogenic therapy (Chung *et al.* *Nat Med*. 2013; 19(9):1114-23). IL-17 induced recruitment of CD11b+Gr1+ myeloid cells to the tumor
 20 microenvironment can promote VEGF-independent tumor growth.

In some embodiments, the combination is used to treat a subject having a microsatellite stable (MSS) colorectal cancer. In certain embodiments, subject does not respond or responds poorly to a checkpoint inhibitor monotherapy. In other embodiments, the combination is used to treat a subject having a microsatellite instable (MSI) colorectal cancer. In certain embodiments, the subject has an
 25 MSI colorectal cancer or a stage IV colorectal cancer. In certain embodiments, the subject responds to checkpoint inhibitor therapy.

In some embodiments, the combination further includes a chemotherapy, *e.g.*, a chemotherapy described herein. In some embodiments, the combination further includes 5-FU, folinic acid, or both. Alternatively, or in combination, the combination further includes oxaliplatin.
 30 Alternatively, or in combination, in other embodiments, the combination further includes irinotecan. In certain embodiments, the combination further includes FOLFOX or FOLFIRI. In some embodiments, the combination further includes an angiogenesis inhibitor (*e.g.*, bevacizumab).

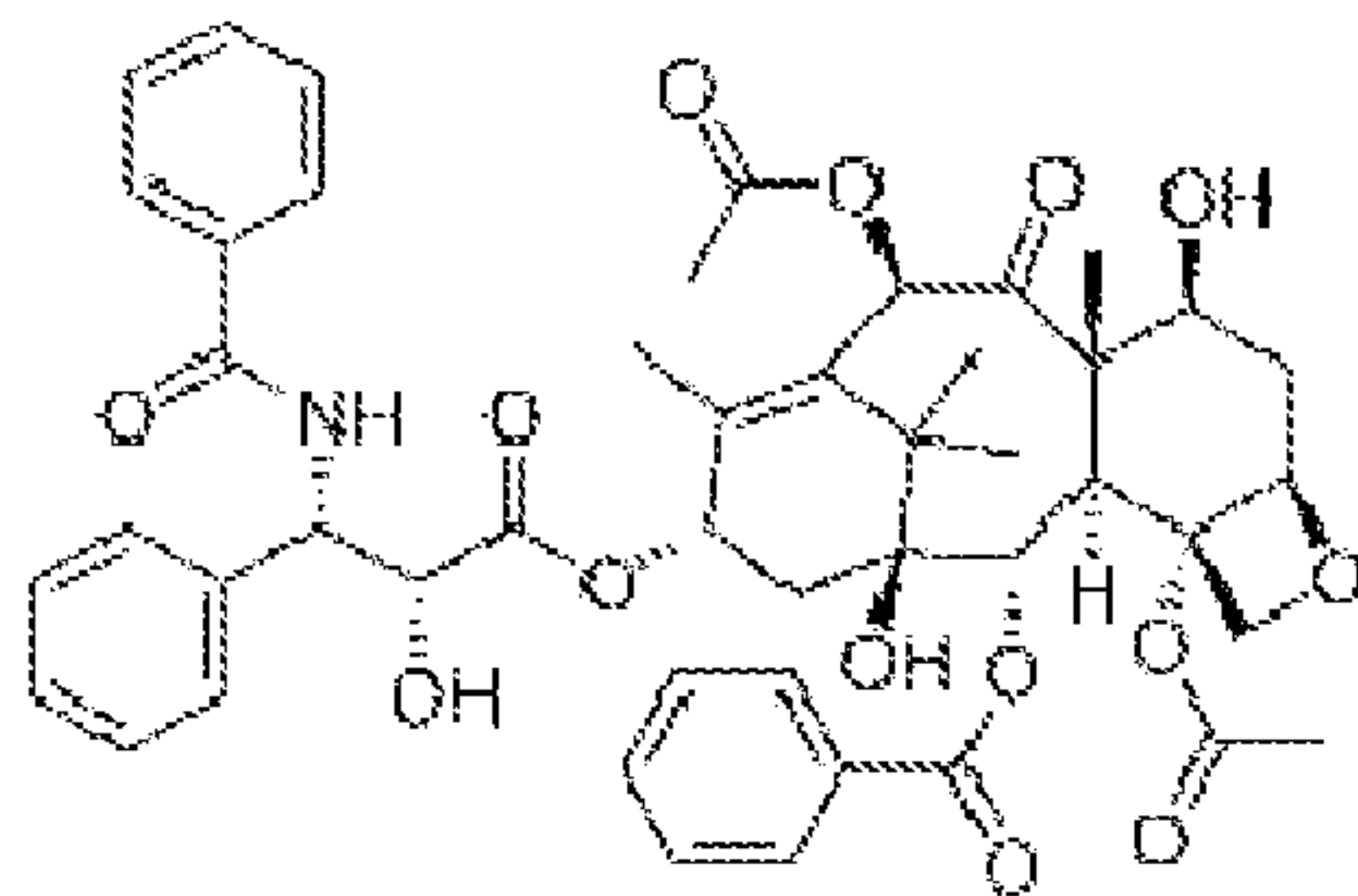
In some embodiments, the PFKFB3 inhibitor, PFK-158, or a compound disclosed in PCT Publication No. WO 2013/148228, is administered in combination with a PD-1 inhibitor (*e.g.*, an anti-
 35 PD-1 antibody molecule). In some embodiments, the PFKFB3 inhibitor, PFK-158, or a compound disclosed in PCT Publication No. WO 2013/148228, is administered intravenously. In some embodiments, the PD-1 inhibitor (*e.g.*, the anti-PD-1 antibody molecule) is administered at a dose between 300 mg and 500 mg (*e.g.*, at a dose of 400 mg), *e.g.*, once every 4 weeks, *e.g.*, by intravenous infusion. In other embodiments, the PD-1 inhibitor (*e.g.*, the anti-PD-1 antibody molecule) is
 40 administered at a dose between 200 mg and 400 mg (*e.g.*, at a dose of 300 mg), *e.g.*, once every 3 weeks, *e.g.*, by intravenous infusion. In certain embodiments, the combination is used to treat a

5 cancer described herein, *e.g.*, an ovarian cancer, a fallopian tube cancer (*e.g.*, a papillary serous adenocarcinoma), or a colorectal cancer. In some embodiments, the combination is used to treat a subject who responds poorly or has failed chemotherapy (*e.g.*, a platinum-based chemotherapy or a chemotherapy with 5FU).

10 *Exemplary Chemotherapies*

In one embodiment, a combination described herein includes a chemotherapeutic agent. In some embodiments, the combination is used to treat a cancer, *e.g.*, a cancer described herein, *e.g.*, a breast cancer, a lung cancer (*e.g.*, a non-small cell lung cancer (NSCLC)), a nasopharyngeal cancer, or a pancreatic cancer. In some embodiments, the cancer is a breast cancer, *e.g.*, a metastatic breast
 15 cancer, *e.g.*, a HER2-negative breast cancer (*e.g.*, a triple negative breast cancer (TNBC) or a HR+ breast cancer resistant to an endocrine therapy). In some embodiments, the lung cancer (*e.g.*, a non-small cell lung cancer) is a squamous NSCLC or a non-squamous NSCLC. In certain embodiments, the combination is used to treat a nasopharyngeal cancer.

In some embodiments, the chemotherapeutic agent is paclitaxel, *e.g.*, a protein-bound
 20 paclitaxel, also known as nanoparticle albumin-bound paclitaxel or nab-paclitaxel (ABRAXANE®). In some embodiments, paclitaxel has the following structure:



Paclitaxel is also known as (2 α ,4 α ,5 β ,7 β ,10 β ,13 α)-4,10-Bis(acetyloxy)-13-[[[(2R,3S)-3-(benzoylamino)-2-hydroxy-3-phenylpropanoyl]oxy]-1,7-dihydroxy-9-oxo-5,20-epoxytax-11-en-2-yl
 25 benzoate.

Nab-paclitaxel is a nanoparticle albumin-bound paclitaxel that differs from traditional paclitaxel which is formulated with Kolliphor EL (formerly Cremophor EL). This solvent free formulation was designed to improve the therapeutic index of paclitaxel, in particular to reduce toxicities such as hypersensitivity reactions (which allows obviating the antihistamine and steroid pre-
 30 medication) while potentially increasing the paclitaxel intake in cancer cells (Ibrahim *et al. Clin Cancer Res.* 2002; 8(5):1038-44). The solvent vehicle used for traditional paclitaxel may also affects drug delivery to the tumor, limiting its clinical effectiveness (ten Tije *et al. Clin Pharmacokinet.* 2003; 42(7):665-85) and leading to a more than dose-proportional increase in systemic drug exposure over a narrow dose range that is most likely explained by the entrapment of paclitaxel in solvent micelles
 35 (Gianni *et al. J Clin Oncol.* 1995;13(1):180-90; van Tellingen *et al. Br J Cancer.* 1999; 81(2):330-5;

5 Sparreboom *et al. Cancer Res.* 1999; 59(7):1454-7). Compared with traditional paclitaxel, nab-paclitaxel yields a 10-fold higher mean maximal concentration of free paclitaxel and in addition, nab-paclitaxel is transported more rapidly across endothelial cell layers and exhibits greater tissue penetration and slower elimination of paclitaxel. According to preclinical models, increased intratumoral delivery and retention result in 33 % higher intratumoral drug concentrations (Desai *et al.*
 10 *Clin Cancer Res.* 2006; 12(4):1317-24. Erratum in: *Clin Cancer Res.* 2006; 12(12):3869).

While not wishing to be bound by theory, it is believed that in some embodiments, nab-paclitaxel is a microtubule inhibitor that promotes the assembly of microtubules from tubulin dimers and stabilizes microtubules by preventing depolymerization. This stability results in the inhibition of the normal dynamic reorganization of the microtubule network that is important for vital interphase
 15 and mitotic cellular functions.

In some embodiments, nab-paclitaxel can be used as monotherapy, with a recommended dose of 260 mg/m² every 3 weeks, for the treatment of patients with metastatic breast cancer, *e.g.*, after failure of first line chemotherapy for metastatic disease or relapse within 6 months of adjuvant chemotherapy (prior therapy should have included an anthracycline unless clinically contraindicated).
 20 The results of a phase III trial that demonstrated significantly improved ORR (33 vs 19 %; P = 0.001) and TTP (23.0 vs 16.9 weeks; HR= 0.75; P = 0.006) in patients treated in first and second line or beyond with nab-paclitaxel compared with patients who received traditional paclitaxel 175 mg/ m² every 3 weeks (Gradishar *et al. J Clin Oncol.* 2005; 23(31):7794-803).

In certain embodiments, a weekly regimen (Day 1, 8, 15 every 4 weeks) of nab-paclitaxel can
 25 be used. Two different weekly doses (100 mg/m² and 150 mg/m² qw3/4) were compared in a randomized phase II trial with nab-paclitaxel 300 mg/m² every 3 weeks (q3w) and docetaxel 100 mg/m² q3w in the first-line setting (Gradishar *et al. J Clin Oncol.* 2009; 27(22):3611-9. Erratum in: *J Clin Oncol.* 2011; 29(19):2739; Gradishar *et al. Clin Breast Cancer.* 2012; 12(5):313-21). In some embodiments, the 150 mg/m² qw3/4 dosing is used, *e.g.*, for patients who need a rapid tumor response.
 30 In other embodiments, the 100 mg/m² qw3/4 dose is used, *e.g.*, due to the more manageable safety profile.

The pharmacokinetics of total paclitaxel following 30 and 180-minute infusions of nab-paclitaxel at dose levels of 80 to 375 mg/m² were determined in clinical studies. Dose levels of mg/m² refer to mg of paclitaxel in nab-paclitaxel. Following intravenous administration of nab-paclitaxel, paclitaxel plasma concentrations declined in a biphasic manner, with an initial rapid
 35 decline representing distribution to the peripheral compartment and a slower second phase representing drug elimination. The drug exposure (AUCs) was dose proportional within the 80 to 300 mg/m² range, and the pharmacokinetics of paclitaxel for nab-paclitaxel were independent of the duration of intravenous administration. The mean total clearance ranges from 13 to 30 L/h/m², and
 40 the mean terminal half-life ranges from 13 to 27 hours.

5 In some embodiments, the combination described herein is used to treat a breast cancer, *e.g.*, a metastatic breast cancer or a HER2-negative breast cancer (*e.g.*, a triple negative breast cancer). While not wishing to be bound by theory, it is believed that in some embodiments, the use of steroids in combination with anti-PD-1 compounds may be antagonistic and nab-paclitaxel presents an advantage over other taxanes, at least in part, because premedication with corticosteroids is not
10 needed.

In some embodiments, the combination is used to treat a subject having a triple negative breast cancer or an HR+ breast cancer disease after failing an endocrine therapy. In other embodiments, the combination is used to treat a taxane naïve patient or a patient having at least 1 year of disease-free survival after their use in the adjuvant setting. In certain embodiments, the
15 combination is used to treat a subject who is eligible for a first line chemotherapy.

In breast cancer the interaction of the immune system with tumor cells and tumor microenvironment can play an important role, *e.g.*, in the TNBC and HER2+ subtypes. Breast cancers in general, and particularly the TNBC subtypes, frequently contain tumor-infiltrating lymphocytes (TIL) in the stroma and are associated with high PD-L1 expression (in up to 50% of
20 tumors). While not wishing to be bound by theory, it is believed that in some embodiments, cytotoxic chemotherapies can enhance the immune priming, T cell trafficking, and/or immune effector phases of the cancer-immunity cycle while also increasing the antigenicity, immunogenicity and susceptibility to immune killing of cancer cells, increasing the potential for response to checkpoint inhibitors.

25 In some embodiments, the combination is used to treat a subject, who has developed, or is at risk of developing, resistant to an anti-PD-1 or anti-PD-L1 therapy. For example, preclinical and clinical evidence shows that several cytotoxic and targeted anticancer therapies can help to circumvent certain potential mechanisms of resistance to PD-L1/PD-1 inhibition (*e.g.*, defect in cancer antigen-specific T cell activation or lack of immune cell infiltration in tumors) by enhancing T
30 cell trafficking and infiltration into the tumor bed (Zitvogel et al 2013). Several cytotoxic drugs (including paclitaxel) can also directly impact dendritic cell (DC) phenotype and function, promoting their maturation and proinflammatory cytokine secretion and upregulating their antigen-presenting functions (*e.g.*, expression of MHC class II molecules on their surface), resulting in augmented CD8+ T cell priming and enhanced cytotoxic activity (Pfannenstiel *et al. Cell Immunol.* 2010; 263(1):79-87).
35 It has also been suggested that chemotherapy may stimulate in tumor cells their antigenicity (by inducing somatic mutations and upregulating multiple surface molecules on tumor cells acting as new antigens), immunogenicity (by secreting cell death-associated molecules (CDAMs)) and susceptibility to immune attack (by expression of costimulatory molecules such as B7-1 on the surface of malignant cells or downregulation of immunosuppressive molecules such as PD-L1 and PD-L2) (Hodge *et al.*
40 *Int J Cancer.* 2013; 133(3):624-36). In preclinical *in vivo* models, chemotherapy treatment with platinum or taxanes synergizes with anti-PD-L1 and induces durable anti-tumour responses associated

5 with an increased number of tumor-infiltrating CD8+ T cells (Giaccone *et al.* 2015, Adams *et al.* 2015, Liu *et al.* 2015). In the clinical setting an increased tumor PD-L1 expression and infiltration of CD8+ T cells have been observed in patients undergoing serial biopsies in a Phase 1b study testing the combination of a PD-L1 inhibitor (atezolizumab) and chemotherapy in NSCLC (Camidge *et al.* 2015). Development of new intratumoral immune cell infiltrates was also observed after neoadjuvant
 10 paclitaxel therapy for early breast cancer, with the clinical and pathologic response directly correlating with the tumor immune cell infiltration (Demaria *et al. Clin Cancer Res.* 2001; 7(10):3025-30).

In certain embodiments, the combination is used to treat a subject who has shown immune infiltration, *e.g.*, containing tumor-infiltrating lymphocytes (TILs) in the cancer. In other
 15 embodiments, the subject is selected for the treatment based, at least in part, on the presence of TILs in the cancer. For example, more than 70% of breast cancers contain tumor-infiltrating lymphocytes in the stroma, and preclinical data suggest that in most breast cancers the local immune microenvironment plays a role in the control of cancer progression. Several studies have shown that immune infiltration in breast cancer correlates with better prognosis and with greater response to
 20 chemotherapy (Denkert *et al. J Clin Oncol.* 2010; 28(1):105-13; Loi *et al. Oncoimmunology.* 2013; 2(7):e24720.). For TNBC, approximately 15% of tumors show high degree of lymphocytic infiltration at diagnosis and the majority (65%–80%) harbor low to moderate level of immune cells (Ruffell *et al. Proc Natl Acad Sci U S A.* 2012; 109(8):2796-801; García-Tejido *et al. Clin Med Insights Oncol.* 2016; 10(Suppl 1):31-9). Gene expression profiling also demonstrated an association
 25 between expression of immunomodulatory genes and better clinical outcomes in TNBC (Desmedt *et al. J Clin Oncol.* 2016; 34(16):1872-81). In 2 different studies, one in TNBC specimens and the other in all breast cancer types, PD-L1 expression was high (19% in the TNBC samples and 44% in the all BC types samples) and associated with greater CD8+ T-cell infiltrate than PD-L1– tumors in the TNBC samples (Mittendorf *et al. Cancer Immunol Res.* 2014; 2(4):361-70., Ghebeh *et al. Neoplasia.*
 30 2006; 8(3):190-8). In addition, TBNC appear to exhibit a genetic instability with high mutation rate that could also result in increased immunogenic neo-antigens and anti-tumor T-cell infiltration (Wang *et al. Ann Oncol.* 2015; 26(3):523-8). In HER2-positive breast cancer, TIL and immune signatures are also associated with better prognosis (Salgado *et al. JAMA Oncol.* 2015; 1(4):448-54). HER2-positive breast cancer is also a highly proliferating breast cancer subtype with an increased level of
 35 genomic instability. The overexpression of HER2 itself can act as a tumor-associated antigen, triggering the immune system. In highly proliferative HR+ cancers (luminal B), immune cells can predict for better prognosis (Bianchini *et al. J Clin Oncol.* 2010; 28(28):4316-23. Erratum in: *J Clin Oncol.* 2010; 28(32):4868. *J Clin Oncol.* 2012; 30(6):679). In HR+ breast cancer the interaction between tumor cells and the immune milieu may rely on different mechanisms than in other breast
 40 cancer subtypes, involving the modulation of the tumor microenvironment by mutual interplays of

5 endocrine factors, pro-inflammatory status and immune cells (Dieci *et al. Cancer Treat Rev.* 2016; 46:9-19).

In some embodiments, the chemotherapeutid agent, *e.g.*, nab-paclitaxel, and the inhibitor of an immune checkpoint molecule, *e.g.*, an inhibitor of PD-1 (*e.g.*, an anti-PD-1 antibody molecule), each is administered at a dose and/or on a time schedule, that in combination, achieves a desired anti-
10 tumor activity.

In one embodiment, the chemotherapeutid agent, *e.g.*, nab-paclitaxel, is administered at dose between 25 mg/m² and 300 mg/m², *e.g.*, between 25 mg/m² and 250 mg/m², between 50 mg/m² and 200 mg/m², between 100 mg/m² and 150 mg/m², between 75 mg/m² and 125 mg/m², between 125 mg/m² and 175 mg/m², between 50 mg/m² and 100 mg/m², between 100 mg/m² and 200 mg/m², or
15 between 200 mg/m² and 250 mg/m², *e.g.*, at a dose of 50 mg/m², 75 mg/m², 100 mg/m², 125 mg/m², 150 mg/m², 175 mg/m², 200 mg/m², 220 mg/m², or 260 mg/m², *e.g.*, three times (*e.g.*, weekly) during a period of four weeks, *e.g.*, weekly at Day 1, Day 8, and Day 15 every four weeks (qw3/4), *e.g.*, intravenously.

In one embodiment, the chemotherapeutid agent, *e.g.*, nab-paclitaxel, is administered at a
20 dose between 50 mg/m² and 150 mg/m² (*e.g.*, 100 mg/m²), *e.g.*, weekly at Day 1, Day 8, and Day 15 every four weeks (qw3/4). In some embodiments, the chemotherapeutid agent, *e.g.*, nab-paclitaxel, is administered intravenously. In one embodiment, the chemotherapeutid agent, *e.g.*, nab-paclitaxel, is administered at a dose between 50 mg/m² and 150 mg/m² (*e.g.*, 100 mg/m²), *e.g.*, weekly at Day 1, Day 8, and Day 15 every four weeks (qw3/4), *e.g.*, by intravenous infusion, and the PD-1 inhibitor
25 (*e.g.*, the anti-PD-1 antibody molecule) is administered at a dose between 300 mg and 500 mg (*e.g.*, at a dose of 400 mg), *e.g.*, once every 4 weeks or once every 8 weeks, *e.g.*, by intravenous infusion. In some embodiments, the infusion of the chemotherapeutid agent, *e.g.*, nab-paclitaxel, starts after (*e.g.*, at least 30 minutes, 45 minutes, 60 minutes, 75 minutes, 90 minutes, or 120 minutes after) the end of the infusion of the PD-1 inhibitor (*e.g.*, the anti-PD-1 antibody molecule). For example, the
30 chemotherapeutic agent, *e.g.*, nab-paclitaxel, and/or the PD-1 inhibitor (*e.g.*, anti-PD-1 antibody molecule), can be administered as a 30 to 120 minutes (*e.g.*, 30 minutes) intravenous infusion. In an embodiment, a treatment cycle is 28 days or 56 days (*e.g.*, 28 days).

In certain embodiments, the chemotherapeutic agent comprises cisplatin, perimetrexed, or both. Cisplatin is also known as cisplatinum, platamin, neoplatin, cismaplat, or cis-
35 diamminedichloridoplatinum(II) (CDDP). Perimetrexed is also known as (S)-2-(4-(2-(2-amino-4-oxo-4,7-dihydro-3H-pyrrolo[2,3-d]pyrimidin-5-yl)ethyl)benzamido)pentanedioic acid. In some embodiments, the combination is used to treat a cancer, *e.g.*, a cancer described herein. In certain embodiments, the cancer is a lung cancer, *e.g.*, a non-small cell lung cancer (NSCLC). In some embodiments, the NSCLC is a non-squamous NSCLC. In certain embodiments, the cancer is a
40 nasopharyngeal cancer.

5 In certain embodiments, the chemotherapeutic agent comprises paclitaxel, carboplatin, or both. Carboplatin is also known as *cis*-diammine(cyclobutane-1,1-dicarboxylate-*O,O'*)platinum(II). In some embodiments, the combination is used to treat a cancer, *e.g.*, a cancer described herein. In certain embodiments, the cancer is a lung cancer, *e.g.*, a non-small cell lung cancer (NSCLC). In some embodiments, the NSCLC is a squamous NSCLC. In certain embodiments, the cancer is a
10 nasopharyngeal cancer.

Other exemplary chemotherapeutic agents that can be used in the combination include, but are not limited to, an alkylating agent (*e.g.*, a bifunctional alkylator (*e.g.*, cyclophosphamide, a mechlorethamine, chlorambucil, or melphalan), a monofunctional alkylator (a dacarbazine(DTIC), nitrosoureas, temozolomide(oral dacarbazine)), an anthracycline (*e.g.*, daunorubicin, doxorubicin,
15 epirubicin, idarubicin, mitoxantrone, or valrubicin), a cytoskeletal disruptors (taxane) (*e.g.*, paclitaxel, docetaxel, abraxane, or taxotere), an epothilone, a histone deacetylase inhibitor (*e.g.*, vorinostat or romidepsin), an inhibitor of topoisomerase I (*e.g.*, irinotecan or topotecan), an inhibitor of topoisomerase II (*e.g.*, etoposide, teniposide, or tafluposide), or a kinase inhibitors (*e.g.*, bortezomib, erlotinib, gefitinib, imatinib, vemurafenib, vismodegib), a nucleotide analog or precursor analog (*e.g.*,
20 azacitidine, azathioprine, capecitabine, cytarabine, doxifluridine, fluorouracil, gemcitabine, hydroxyurea, mercaptopurine, methotrexate, tioguanine (thioguanine)), a peptide antibiotic (*e.g.*, bleomycin or actinomycin), a platinum-based agent (*e.g.*, carboplatin, cisplatin, or oxaliplatin), a retinoid (*e.g.*, tretinoin, alitretinoin, bexarotene), or a vinca alkaloid or derivative (*e.g.*, vinblastine, vincristine, vindesine, or vinorelbine).

25 In some embodiments, the combination further comprises an inhibitor of angiogenesis, an EGFR inhibitor, a PARP inhibitor (*e.g.*, BSI-201), an antibody-drug conjugate (*e.g.*, targeting GPNMB (*e.g.*, glembatumumab vedotin (CDX-011)), sacituzumab govitecan (IMMU-132)), a Frizzled receptor inhibitor (*e.g.*, vantictumab), a PD-L1 inhibitor (*e.g.*, atezolizumab), a surgery, a radiation therapy, or a combination thereof.

30 In one embodiment, a combination described herein includes a chemotherapeutic agent (*e.g.*, a hypomethylating agent, *e.g.*, decitabine). In one embodiment, the combination described herein further includes an inhibitor of an immune checkpoint molecule, *e.g.*, an inhibitor of PD-1 (*e.g.*, an anti-PD-1 antibody molecule described herein), an inhibitor of TIM-3 (*e.g.*, an anti-TIM-3 antibody molecule described herein), or both. In some embodiments, the combination is used to treat a cancer,
35 *e.g.*, a cancer described herein, *e.g.*, a hematological cancer, *e.g.*, a leukemia (*e.g.*, an acute myeloid leukemia (AML)), or a myelodysplastic syndrome (MDS). In certain embodiments, the cancer is a leukemia, *e.g.*, a relapsed or refractory AML, or a *de novo* AML (*e.g.*, an AML unfit for standard of care). In other embodiments, the cancer is an MDS, *e.g.*, a high risk MDS.

40 In some embodiments, the chemotherapeutic agent is a hypomethylating agent. A hypomethylating agent (or demethylating agent) is an agent that inhibits DNA methylation. In certain

5 embodiments, a hypomethylating agent blocks the activity of DNA methyltransferase (*i.e.*, DNA methyltransferase inhibitor/DNMT inhibitor). Exemplary hypomethylating agents that can be used in a combination described herein include decitabine and azacitidine.

10 In some embodiments, the chemotherapeutic agent is decitabine. Decitabine (also known as 5-aza-2'-deoxycytidine or DACOGEN®) is a cytidine deoxynucleoside analogue. It can selectively inhibit DNA methyltransferases at low doses. Inhibition of DNA methyltransferases by decitabine can result in gene promoter hypomethylation, which can lead to reactivation of tumor suppressor genes, or induction of cellular differentiation or cellular senescence followed by programmed cell death. Decitabine is indicated for the treatment of adult patients aged 65 years and above with newly diagnosed *de novo* or secondary AML, according to the WHO classification, who are not candidates for standard induction chemotherapy. The use of decitabine was studied in patients with newly diagnosed *de novo* or secondary AML according to the WHO classification (Malik and Cashen. *Cancer Manag Res.* 2014; 6: 53-61). The median Overall Survival (OS) in the intent-to-treat population was 7.7 months in patients treated with decitabine. The complete remission rate (CR + complete remission with incomplete platelet recovery (CRp)) was 17.8% (Lübbert *et al. J Clin Oncol.* 2011; 29(15):1987-96). Decitabine is indicated for treatment of patients with MDS, *e.g.*, previously treated and untreated, *de novo* and secondary MDS of all French-American-British subtypes and intermediate-1, intermediate-2, and high-risk International Prognostic Scoring System groups in the U.S.

25 In some embodiments, the combination is used to treat an acute myeloid leukemia (AML). AML is a clonal neoplasm of the hematopoietic system that is characterized, *e.g.*, by the proliferation of abnormal myeloid blast cells in the bone marrow. The proliferation of abnormal myeloid blast cells can interfere with normal hematopoiesis, which leads to an accumulation of dysfunctional, immature myeloid cells in the marrow and peripheral blood. In some embodiments, a diagnosis of AML is made when myeloid blasts make up $\geq 20\%$ of the nucleated cells in a bone marrow aspirate. These leukemic blasts can inhibit normal hematopoietic stem and progenitor cells and impact the appearance of mature, differentiated hematopoietic cells in the peripheral blood. Clinical symptoms can include, *e.g.*, anemia, neutropenia, or thrombocytopenia, which can result in life threatening infection and bleeding. AML may arise in the setting of prior myelodysplastic syndrome ("secondary AML") or prior cytotoxic chemotherapy ("therapy-related AML").

35 Long-term disease control can be achieved in patients with good prognostic features, *e.g.*, young age and favorable cytogenetics. Patients under 60 without significant medical comorbidities can initially be treated with intensive myeloablative induction chemotherapy that typically includes an anthracycline and cytarabine. The goal of this therapy is to achieve, *e.g.*, a complete remission (CR) with fewer than 5% blast cells in the setting of normal hematopoiesis, which can be accomplished more than 65% of the time in this patient population. Post-remission consolidation therapy with chemotherapy or either autologous or allogeneic hematopoietic stem cell transplantation can

5 subsequently be given to increase the durability of remission. There are fairly high rates of AML relapse for which there are limited effective treatment options. Older patients typically fare even worse, achieving much lower and less durable response rates and experiencing more complications with treatment. For this older population who cannot tolerate intensive therapies, options are limited, and no effective standard approach exists. Treatment options include, *e.g.*, low dose cytarabine or
 10 hypomethylating agents such as 5-azacitadine or decitabine. There is need for more effective therapeutic modalities to improve the survival of AML patients, *e.g.*, elderly patients with AML, and those with relapsed or refractory disease.

Myelodysplastic syndrome (MDS) is a heterogeneous group of chronic myeloid disorders that involve persistent peripheral blood cytopenias and an increased prevalence of leukemic
 15 transformation. Clinical characteristics are variable and diagnosis is typically made on the basis of morphologic and cytogenetic abnormalities in hematopoietic cells in the bone marrow and peripheral blood. Prognosis in MDS can be determined by the Revised International Prognostic Scoring System (rIPSS), which is based upon cytogenetics, marrow blast percentage, and cytopenias clinical data. Patients are grouped into five risk categories based on total scores from these prognostic factors
 20 (Greenberg *et al. J Natl Compr Canc Netw.* 2013; 11(7):838-74). Patients diagnosed with high and very high risk MDS according to the rIPSS, have high rates of transformation to AML and poor prognosis. Hypomethylating agents are considered a standard of care for MDS treatment (NCCN Guidelines for Patients®, Myelodysplastic Syndromes, Version 1.2016, National Comprehensive Cancer Network).

25 Without wishing to be bound by theory, it is believed that in some embodiments, anti-tumor immunity can be used to treat AML and improve outcomes for patients with the disease, *e.g.*, based on anti-leukemic activity seen with allogeneic hematopoietic stem cell transplant and donor lymphocyte infusions. There is evidence of a suppressive immune microenvironment in AML with elevated PD-L1 expression in leukemic blasts. Preclinical evidence in a mouse model of AML
 30 indicates that disease progression is associated with increased PD-1 expression on CD8-positive T-cells, and that treatment with anti-PD-1 or anti-PD-L1 antibodies decreases AML burden and improves survival in these models of the disease. In patients there is evidence of increased expression of PD-L1 in a subset of patients with AML/MDS that further increases at progression.

In addition to activation of the PD-1/PD-L1 pathway, there is evidence that AML stem cells
 35 co-express the immune checkpoint TIM-3. TIM-3 can cooperate with the PD-1/PD-L1 pathway to suppress tumor recognition by cytotoxic T cells. TIM-3 is a unique AML stem cell antigen that is present in leukemic blasts but not normal hematopoietic stem cells, and anti-TIM3 antibody treatment has shown efficacy in reducing leukemic burden in a mouse model of AML (Kikushige *et al. Cell Stem Cell.* 2010; 7(6):708-17). There is also evidence in MDS that treatment with the standard of care
 40 hypomethylating agent decitabine increases PD-1 expression in T-cells, underscoring its role in immunomodulation.

5 Without wishing to be bound by theory, it is believed that in some embodiments, chemotherapeutic agents (*e.g.*, hypomethylating agents, *e.g.*, decitabine) may induce increased expression of immune checkpoints (*e.g.*, PD-1, TIM-3, or both) that may allow for immune evasion and lead to therapeutic resistance. Without wishing to be bound by theory, it is also believed that in some embodiments, AML and MDS co-overexpress the immune checkpoint receptors PD-1 and TIM-
10 3, which cooperate to inhibit immune recognition by cytotoxic T cells. Preclinical evidence suggests that the concurrent blockade of PD-1 and TIM-3 promotes greater activation of T-cells than either therapy alone (Sakuishi *et al. J Exp Med.* 2010; 207(10):2187-94, Ngiew *et al. Cancer Res.* 2011; 71(10):3540-51) and synergistically inhibits tumor growth in experimental cancer models (Anderson *et al. Cancer Immunol Res.* 2014; 2(5):393-8, Ngiew *et al. Cancer Res.* 2011; 71(10):3540-51). In
15 some embodiments, the combination described herein optimizes the approach to checkpoint inhibition for AML and MDS, *e.g.*, by considering treatment-induced immunomodulation and co-inhibitory pathways.

In other embodiments, the combination includes an inhibitor of an immune checkpoint molecule, *e.g.*, an inhibitor of PD-1 (*e.g.*, an anti-PD-1 antibody molecule described herein), and a
20 chemotherapeutic agent (*e.g.*, a hypomethylating agent, *e.g.*, decitabine). In some embodiments, the inhibitor of an immune checkpoint molecule, *e.g.*, the inhibitor of PD-1 (*e.g.*, the anti-PD-1 antibody molecule), is administered at a dose between 200 mg and 600 mg (*e.g.*, between 300 mg and 500 mg, *e.g.*, at a dose of 400 mg), *e.g.*, once every 4 weeks, *e.g.*, intravenously. In some embodiments, the chemotherapeutic agent (*e.g.*, a hypomethylating agent, *e.g.*, decitabine) is administered at a dose
25 between 5 mg/m² and 50 mg/m² (*e.g.*, between 10 mg/m² and 30 mg/m², *e.g.*, at a dose of 20 mg/m²), *e.g.*, daily, *e.g.*, for 1, 2, 3, 4, 5, 6, 7, 8, or more days, *e.g.*, intravenously. In an embodiment, the inhibitor of an immune checkpoint molecule, *e.g.*, the inhibitor of PD-1 (*e.g.*, the anti-PD-1 antibody molecule), is administered on day 8 of a 28-day cycle, and the chemotherapeutic agent (*e.g.*, a hypomethylating agent, *e.g.*, decitabine) is at days 1, 2, 3, 4, and 5 of the 28-day cycle.

30 In other embodiments, the combination includes an inhibitor of an immune checkpoint molecule, *e.g.*, an inhibitor of TIM-3 or an anti-TIM-3 antibody molecule disclosed in U.S. Patent Application Publication No. 2015/0218274, and a chemotherapeutic agent (*e.g.*, a hypomethylating agent, *e.g.*, decitabine). In some embodiments, the inhibitor of an immune checkpoint molecule, *e.g.*, the inhibitor of TIM-3 or an anti-TIM-3 antibody molecule disclosed in U.S. Patent Application
35 Publication No. 2015/0218274, is administered at a dose between 10 mg and 1000 mg (*e.g.*, between 20 mg and 800 mg, between 80 mg and 400 mg, *e.g.*, at a dose of 240 mg), *e.g.*, once every 2 weeks, *e.g.*, intravenously. In some embodiments, the chemotherapeutic agent (*e.g.*, a hypomethylating agent, *e.g.*, decitabine) is administered at a dose between 5 mg/m² and 50 mg/m² (*e.g.*, between 10 mg/m² and 30 mg/m² (*e.g.*, at a dose of 20 mg/m²), *e.g.*, daily, *e.g.*, for 1, 2, 3, 4, 5, 6, 7, 8, or more
40 days, *e.g.*, intravenously. In an embodiment, the inhibitor of an immune checkpoint molecule, *e.g.*, the inhibitor of TIM-3 or an anti-TIM-3 antibody molecule disclosed in U.S. Patent Application

5 Publication No. 2015/0218274, is administered on days 8 and 22 of a 28-day cycle, and the chemotherapeutic agent (*e.g.*, a hypomethylating agent, *e.g.*, decitabine) is on days 1, 2, 3, 4, and 5 of the 28-day cycle.

In other embodiments, the combination includes an inhibitor of PD-1 (*e.g.*, an anti-PD-1 antibody molecule described herein), an inhibitor of TIM-3 (*e.g.*, an anti-TIM-3 antibody molecule disclosed in U.S. Patent Application Publication No. 2015/0218274), and a chemotherapeutic agent (*e.g.*, a hypomethylating agent, *e.g.*, decitabine). In some embodiments, the inhibitor of PD-1 (*e.g.*, the anti-PD-1 antibody molecule), is administered at a dose between 200 mg and 600 mg (*e.g.*, at a dose of 400 mg), *e.g.*, once every 4 weeks, *e.g.*, intravenously. In some embodiments, the inhibitor of TIM-3 (*e.g.*, an anti-TIM-3 antibody molecule disclosed in U.S. Patent Application Publication No. 15 2015/0218274) is administered at a dose between 10 mg and 800 mg (*e.g.*, between 20 mg and 400 mg, between 40 mg and 200 mg or between 50 mg and 100 mg, *e.g.*, at a dose of 80 mg), *e.g.*, once every 2 weeks, *e.g.*, intravenously. In some embodiments, the chemotherapeutic agent (*e.g.*, a hypomethylating agent, *e.g.*, decitabine) is administered at a dose between 5 mg/m² and 50 mg/m² (*e.g.*, between 10 mg/m² and 30 mg/m² (*e.g.*, at a dose of 20 mg/m²), *e.g.*, daily, *e.g.*, for 1, 2, 3, 4, 5, 20 6, 7, 8, or more days, *e.g.*, intravenously. In an embodiment, the inhibitor of PD-1 (*e.g.*, the anti-PD-1 antibody molecule) is administered on day 8 of a 28-day cycle, the inhibitor of TIM-3 (*e.g.*, an anti-TIM-3 antibody molecule disclosed in U.S. Patent Application Publication No. 2015/0218274) is administered on days 8 and 22 of the 28-day cycle, and the chemotherapeutic agent (*e.g.*, a hypomethylating agent, *e.g.*, decitabine) is on days 1, 2, 3, 4, and 5 of the 28-day cycle.

25 In certain embodiments, the inhibitor of PD-1 (*e.g.*, an anti-PD-1 antibody molecule described herein) and the inhibitor of TIM-3 (*e.g.*, an anti-TIM-3 antibody molecule disclosed in U.S. Patent Application Publication No. 2015/0218274) are administered on the same day. In certain embodiments, the inhibitor of PD-1 (*e.g.*, an anti-PD-1 antibody molecule described herein) and the inhibitor of TIM-3 (*e.g.*, an anti-TIM-3 antibody molecule disclosed in U.S. Patent Application 30 Publication No. 2015/0218274) are administered on different days. In some embodiments, the inhibitor of TIM-3 (*e.g.*, an anti-TIM-3 antibody molecule disclosed in U.S. Patent Application Publication No. 2015/0218274) is administered, *e.g.*, on the same day, before the inhibitor of PD-1 (*e.g.*, an anti-PD-1 antibody molecule described herein) is administered. In other embodiments, the inhibitor of TIM-3 (*e.g.*, an anti-TIM-3 antibody molecule disclosed in U.S. Patent Application 35 Publication No. 2015/0218274) is administered, *e.g.*, on the same day, after the inhibitor of PD-1 (*e.g.*, an anti-PD-1 antibody molecule described herein) is administered. In certain embodiments, a saline or dextrose solution flush, *e.g.*, for about 1 hour, can be performed between administration of the inhibitor of PD-1 (*e.g.*, an anti-PD-1 antibody molecule described herein) and administration of the inhibitor of TIM-3 (*e.g.*, an anti-TIM-3 antibody molecule disclosed in U.S. Patent Application 40 Publication No. 2015/0218274). In some embodiments, the inhibitor of PD-1 (*e.g.*, an anti-PD-1 antibody molecule described herein), the inhibitor of TIM-3 (*e.g.*, an anti-TIM-3 antibody molecule

5 disclosed in U.S. Patent Application Publication No. 2015/0218274), or both, is administered via intravenous infusion over a period of 30 minutes to 2 hours, *e.g.*, about 1 hour. The inhibitor of PD-1 (*e.g.*, an anti-PD-1 antibody molecule described herein), and the inhibitor of TIM-3 (*e.g.*, an anti-TIM-3 antibody molecule disclosed in U.S. Patent Application Publication No. 2015/0218274), can be stored in the form of liquid or lyophilisate. In some embodiments, the inhibitor of PD-1 (*e.g.*, an anti-PD-1 antibody molecule described herein) is stored in the form of lyophilisate, and the inhibitor of TIM-3 (*e.g.*, an anti-TIM-3 antibody molecule disclosed in U.S. Patent Application Publication No. 2015/0218274) is stored in the form of liquid.

The combination including the chemotherapeutic agent (*e.g.*, a hypomethylating agent (also sometimes known as demethylating agent), *e.g.*, decitabine), and one or both of the inhibitor of PD-1 (*e.g.*, an anti-PD-1 antibody molecule described herein) or the inhibitor of TIM-3 (*e.g.*, an anti-TIM-3 antibody molecule disclosed in U.S. Patent Application Publication No. 2015/0218274), can be used on combination with an additional therapy, *e.g.*, for treating a cancer, *e.g.*, a cancer therapy described herein. Exemplary additional therapies include, but are not limited to, arsenic trioxide (trisenox), all-trans retinoic acid (ATRA), a stem cell or bone marrow transplant, a second chemotherapeutic agent (*e.g.*, azacitidine, cytarabine, daunorubicin, idarubicin, or lenalidomide), or a radiation therapy.

Exemplary BRAF and MEK Inhibitors

In one embodiment, a combination described herein includes an inhibitor of BRAF. In some embodiments, the combination is used to treat a cancer, *e.g.*, a cancer described herein, *e.g.*, a skin cancer (*e.g.*, a melanoma). Without wishing to be bound by theory, it is believed that in some embodiments, the mitogen-activated protein kinase (MAPK) pathway is aberrantly activated in a number of human cancers, *e.g.*, by a mutation in BRAF kinase, which have been found in almost 50% of metastatic melanomas. In some embodiments, the combination is used to treat a cancer having a BRAF mutation, *e.g.*, a BRAF mutation described herein. In some embodiments, the combination is used to treat a melanoma, *e.g.*, an unresectable or metastatic melanoma. In some embodiments, the combination is used to treat a melanoma in a subject, wherein the melanoma has a BRAF mutation (*e.g.*, a BRAF V600 mutation) and the subject has an elevated level of lactate dehydrogenase (LDH) compared to a reference LDH level.

In some embodiments, the BRAF inhibitor is dabrafenib. Dabrafenib is also known as GSK2118436, N-{3-[5-(2-aminopyrimidin-4-yl)-2-tert-butyl-1,3-thiazol-4-yl]-2-fluorophenyl}-2,6-difluorobenzenesulfonamide, or TAFINLAR® (CAS Number 1195765-45-7). Dabrafenib is an orally bioavailable, potent and selective RAF kinase inhibitor of human wild-type BRAF and CRAF enzymes, as well as the mutant forms of the BRAF enzyme, *e.g.*, BRAF V600E, BRAF V600K, and BRAF V600D. The mode of action of dabrafenib is consistent with competitive inhibition of ATP binding. In certain embodiments, the combination is used to treat a subject who has been determined to have a cancer (*e.g.*, a melanoma) having a BRAF mutation, *e.g.*, a BRAF mutation described herein

5 (e.g., a BRAF V600 mutation). In other embodiments, the combination is used to treat a cancer (e.g., a melanoma) other than a wild-type BRAF cancer (e.g., wild-type BRAF melanoma).

In some embodiments, the BRAF inhibitor or dabrafenib is administered at a dose between 50 mg and 300 mg (e.g., between 100 mg and 200 mg), e.g., twice a day. In certain embodiments, the BRAF inhibitor or dabrafenib is administered at a dose between 100 mg and 200 mg (e.g., at a dose of
10 about 150 mg), e.g., twice a day. For example, the second dose of the BRAF inhibitor or dabrafenib can be administered about 12 hours after administration of the first dose. In some embodiments, the BRAF inhibitor or dabrafenib is administered at a total daily dose between 100 mg and 600 mg (e.g., between 200 mg and 400 mg). In certain embodiments, the BRAF inhibitor or dabrafenib is administered at a total daily dose between 200 mg and 400 mg (e.g., at a total daily dose of about 300
15 mg). In some embodiments, the BRAF inhibitor of dabrafenib is administered orally.

In one embodiment, a combination described herein includes an inhibitor of MEK. In some embodiments, the combination is used to treat a cancer, e.g., a cancer described herein, e.g., a skin cancer (e.g., a melanoma). Without wishing to be bound by theory, it is believed that when MEK, a member of the MAPK signaling cascade, is inhibited, cell proliferation can be blocked and apoptosis
20 can be induced. In some embodiments, the combination is used to treat a melanoma, e.g., an unresectable or metastatic melanoma. In some embodiments, the combination is used to treat a melanoma in a subject, wherein the melanoma has a BRAF mutation (e.g., a BRAF V600 mutation) and the subject has an elevated level of lactate dehydrogenase (LDH) compared to a reference LDH level.

25 In some embodiments, the MEK inhibitor is trametinib. Trametinib is also known as GSK1120212, JTP-74057, TMT212, N-(3-{3-cyclopropyl-5-[(2-fluoro-4-iodophenyl)amino]-6,8-dimethyl-2,4,7-trioxo-3,4,6,7-tetrahydropyrido[4,3-d]pyrimidin-1(2H)-yl}phenyl)acetamide, or Mekinist (CAS Number 871700-17-3). Without wishing to be bound by theory, it is believed that in some embodiments, trametinib is a reversible and highly selective allosteric inhibitor of MEK1 and
30 MEK2. MEK proteins are critical components of the MAPK pathway which is commonly hyperactivated in tumor cells such as melanoma cells. Oncogenic mutations in both BRAF and RAS can signal through MEK1 or MEK2.

In some embodiments, the MEK inhibitor or trametinib is administered at a dose between 0.5 mg and 4 mg (e.g., between 1 mg and 3 mg), e.g., once a day. In certain embodiments, the MEK
35 inhibitor or trametinib is administered at a dose between 1 mg and 3 mg (e.g., at a dose of about 2 mg), e.g., once a day. In some embodiments, the MEK inhibitor or trametinib is administered orally.

In one embodiment, a combination described herein includes an inhibitor of BRAF and an inhibitor of MEK.

In vitro and *in vivo* preclinical data indicated increased anti-tumor activity by the combination
40 of a BRAF-inhibitor (e.g., dabrafenib) and a MEK inhibitor (e.g., trametinib). For example, the combination of dabrafenib and trametinib has demonstrated enhanced anti-proliferative activity

5 against a panel of BRAF-mutant cell lines *in vitro*, suggesting a synergistic effect of dabrafenib and trametinib in addressing primary resistance to each single agent. The combination was effective in inhibiting the growth of dabrafenib-resistant BRAF-mutant melanoma cell clones indicating the potential ability of the combination therapy to overcome acquired resistance. This cell-line data are comparable to *in vitro* results of other experimental BRAF- and MEK-inhibitor combinations
 10 (Corcoran *et al. Sci Signal.* 2010; 3(149):ra84; Emery *et al. Proc Natl Acad Sci U S A.* 2009; 106(48):20411-6).

As another example, the combination of dabrafenib and trametinib demonstrated improved activity in mouse xenograft models of BRAF-mutant melanoma compared to either single agent. In skin toxicity studies performed in rats, the addition of trametinib to dabrafenib prevented the
 15 development of proliferative skin lesions observed following treatment with dabrafenib alone. These results suggest that the addition of a MEK inhibitor to a BRAF inhibitor can suppress the proliferative signals in normal skin cells which can lead to the development of hyperproliferative skin lesions including, *e.g.*, keratoacanthomas and cutaneous squamous-cell carcinomas frequently observed in clinical trials involving BRAF-inhibitors (Flaherty *et al. Curr Opin Oncol.* 2010; 22(3):178-83;
 20 Chapman *et al. Expert Opin Investig Drugs.* 2011; 20(2):209-20; Robert *et al. Curr Opin Oncol.* 2011; 23(2):177-82). Similar results have been observed with another combination of BRAF and MEK inhibitors (Carnahan *et al. Mol Cancer Ther.* 2010; 9(8):2399-410).

In some embodiments, the BRAF inhibitor or dabrafenib is administered at a dose between 50 mg and 300 mg (*e.g.*, between 100 mg and 200 mg), *e.g.*, twice a day, *e.g.*, orally, and the MEK
 25 inhibitor or trametinib is administered at a dose between 0.5 mg and 4 mg (*e.g.*, between 1 mg and 3 mg), *e.g.*, once a day, *e.g.*, orally. In certain embodiments, the BRAF inhibitor or dabrafenib is administered at a dose between 100 mg and 200 mg (*e.g.*, at a dose of about 150 mg), twice a day, orally, and the MEK inhibitor or trametinib is administered at a dose between 1 mg and 3 mg (*e.g.*, at a dose of about 2 mg), once a day, orally. For example, the first dose of the BRAF inhibitor or
 30 dabrafenib can be administered at the same time as the MEK inhibitor or dabrafenib, and the second dose of the BRAF inhibitor or dabrafenib can be administered about 12 hours after administration of the first dose. In some embodiments, the BRAF inhibitor or dabrafenib is administered at a total daily dose between 100 mg and 600 mg (*e.g.*, between 200 mg and 400 mg), *e.g.*, orally, and the MEK inhibitor or trametinib is administered at a dose between 0.5 mg and 4 mg (*e.g.*, between 1 mg and 3
 35 mg), *e.g.*, once a day, *e.g.*, orally. In certain embodiments, the BRAF inhibitor or dabrafenib is administered at a total daily dose between 200 mg and 400 mg (*e.g.*, at a total daily dose of about 300 mg), *e.g.*, orally, and the MEK inhibitor or trametinib is administered at a dose between 1 mg and 3 mg (*e.g.*, at a dose of about 2 mg), *e.g.*, once a day, *e.g.*, orally.

In certain embodiments, the combination includes an inhibitor of PD-1 (*e.g.*, an anti-PD-1
 40 antibody molecule, and (i) an inhibitor of BRAF or dabrafenib, (ii) an inhibitor of MEK or trametinib, or (iii) both (i) and (ii). Without wishing to be bound by theory, it is believed that use of an inhibitor

5 of an immune checkpoint molecule, *e.g.*, an inhibitor of PD-1 or PD-L1, in combination with an inhibitor of BRAF (*e.g.*, dabrafenib), an inhibitor of MEK (*e.g.*, trametinib), or both, can improve a response (*e.g.*, a more rapid response, a more durable response, a higher response rate, or a more complete response) caused by inhibition of BRAF and/or MEK.

10 The following observations, at least in part, support a combinatorial or synergistic effect of a targeted therapy (*e.g.*, a BRAF targeted therapy, a MEK targeted therapy, or both) with an immune checkpoint inhibitor (*e.g.*, an inhibitor of PD-1, *e.g.*, an anti-PD-1 antibody molecule). For example, oncogenic BRAF can lead to immune escape in melanoma (Sumimoto *et al. J Exp Med.* 2006; 203(7):1651-6). Blocking BRAF activity leads to increased expression of melanoma differentiation antigens *in vitro* (Kono *et al. Mol Cancer Res.* 2006; 4(10):779-92), *e.g.*, through release of
 15 transcriptional repression and subsequent expression of MITF targets, *e.g.*, MART-1, gp100, TRP-1 and TRP-2 (Boni *et al. Cancer Res.* 2010; 70(13):5213-9). The effect of MAPK pathway inhibition on T cell activation and signaling was also studied *in vitro*. While BRAF inhibitors did not show adverse effects on T cell function and may even augment their function through paradoxical signaling through RAS-GTP (Callahan *et al. Cancer Immunol Res.* 2014; 2(1):70-9), MEK inhibitors showed
 20 dose-dependent inhibition T cell function *in vitro* (Boni *et al. Cancer Res.* 2010; 70(13):5213-9; Vella *et al. Cancer Immunol Res.* 2014; 2(4):351-60). The *in vivo* antitumor effect of trametinib was further explored in a murine immunocompetent BALB/C syngeneic CT26 tumor model. In this study, trametinib monotherapy increased CD4⁺ tumor infiltrating lymphocytes (TILs) and did not negatively affect the prevalence of CD8⁺ TILs. The combination of trametinib with murine anti-PD-1 resulted in
 25 an effective antitumor response in the KRAS-mutant CT26 colorectal tumor syngeneic mouse model (Liu *et al. Clin Cancer Res.* 2015; 21(7):1639-51).

As another example, an immune biomarker analysis was performed in tumor samples from 16 patients with metastatic melanoma treated with vemurafenib or dabrafenib plus trametinib. In this analysis, BRAF inhibition was associated with increased melanoma antigen expression (*e.g.*, MART, TYRP-1, TYRP-2, gp100), significantly increased CD8⁺ TILs, decreased expression of
 30 immunosuppressive cytokines in the tumor microenvironment, and increased markers of T cell toxicity but also increased T cell exhaustion marker (*e.g.*, TIM-3, PD-1). It was also observed that the antigen expression and CD8⁺ TILs were decreased at time of melanoma disease progression but could be restored through combined BRAF and MEK inhibition (Frederick *et al. Clin Cancer Res.* 2013; 19(5):1225-31; Wilmott *et al. Clin Cancer Res.* 2012; 18(5):1386-94).
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Without wishing to be bound by theory, it is believed that in some embodiments, use of an inhibitor of BRAF (*e.g.*, dabrafenib) or an inhibitor of MEK (*e.g.*, trametinib), alone or in combination, can benefit the response to an immunotherapeutic agent, *e.g.*, by altering the immune microenvironment (Schilling *et al. Ann Oncol.* 2014; 25(3):747-53; Liu *et al. Clin Cancer Res.* 2015; 21(7):1639-51; Kakavand *et al. Clin Cancer Res.* 2015; 21(14):3140-8).
 40

5 In certain embodiments, the inhibitor of PD-1 (*e.g.*, an anti-PD-1 antibody molecule) is administered at a dose between 200 mg and 600 mg, *e.g.*, between 300 mg and 500 mg (*e.g.*, at a dose of 400 mg) once every four weeks or once every eight weeks. Population pharmacokinetic (PK) analysis of an anti-PD-1 antibody molecule described herein indicated that the changes in exposure due to patient weight differences are minimal across the anticipated weight range of 30 to 150 kg for the patient population, which supports selection of a flat dosing scheme. A flat dose of about 400 mg once every four weeks or about 300 mg once every three weeks is expected to achieve a mean steady-state Ctrough value higher than the *ex vivo* EC50 for antigen-stimulated IL-2 production, a translational biomarker for PD-1 blockade (Patnaik *et al. Clin Cancer Res.* 2015; 21(19):4286-93). Based, at least in part, on the safety profile observed and the expected Ctrough values, a dose of about 15 400 mg once every four weeks is expected to be a safe and efficacious dose. While not wishing to be bound by theory, it is believed that in some embodiments, an increase of the interval between administrations of the anti-PD-1 antibody molecule (*e.g.*, to eight weeks or more) can make the combination more tolerable. Given the long half-life of the anti-PD-1 antibody molecule described herein, the Ctrough values at week 8 are expected to be above the *ex vivo* EC50 for antigen-stimulated 20 IL-2 production.

In certain embodiments, the inhibitor of PD-1 (*e.g.*, an anti-PD-1 antibody molecule) is administered at a dose between 300 mg and 500 mg (*e.g.*, at a dose of 400 mg) once every four weeks, *e.g.*, intravenously, *e.g.*, over a period of 15 to 120 minutes (*e.g.*, about 30 minutes). In other embodiments, the inhibitor of PD-1 (*e.g.*, an anti-PD-1 antibody molecule) is administered at a dose 25 between 300 mg and 500 mg (*e.g.*, at a dose of 400 mg) once every eight weeks, *e.g.*, intravenously, *e.g.*, over a period of 15 to 120 minutes (*e.g.*, about 30 minutes). In some embodiments, the dose may be interrupted up to 12 weeks, *e.g.*, up to 8 weeks or up to 4 weeks.

In some embodiments, the inhibitor of PD-1 (*e.g.*, an anti-PD-1 antibody molecule) is administered to the subject as a formulation described herein. In certain embodiments, the 30 formulation is a lyophilized formulation. In other embodiments, the formulation is a reconstituted formulation, *e.g.*, reconstituted from a lyophilized formulation. In other embodiments, the formulation is a liquid formulation. In certain embodiments, the inhibitor of PD-1 (*e.g.*, an anti-PD-1 antibody molecule) is reconstituted using sterile water for injection.

In some embodiments, the inhibitor of PD-1 (*e.g.*, an anti-PD-1 antibody molecule) is 35 administered at a dose between 300 mg and 500 mg (*e.g.*, at a dose of 400 mg), *e.g.*, once every four weeks, *e.g.*, intravenously, and (i) the BRAF inhibitor or dabrafenib is administered at a dose between 50 mg and 300 mg (*e.g.*, between 100 mg and 200 mg, *e.g.*, at a dose of 150 mg), *e.g.*, twice a day, *e.g.*, orally, or at a total daily dose between 100 mg and 600 mg (*e.g.*, between 200 mg and 400 mg, *e.g.*, at a total daily dose of 300 mg), *e.g.*, orally, (ii) the MEK inhibitor or trametinib is administered 40 at a dose between 0.5 mg and 4 mg (*e.g.*, between 1 mg and 3 mg, *e.g.*, at a dose of 2 mg), *e.g.*, once a day, *e.g.*, orally; or (iii) both (i) and (ii).

5 In certain embodiments, the combination includes an inhibitor of PD-1 (*e.g.*, an anti-PD-1 antibody molecule, an inhibitor of BRAF or dabrafenib, and an inhibitor of MEK or trametinib. In some embodiments, the inhibitor of PD-1 (*e.g.*, an anti-PD-1 antibody molecule) is administered at a dose between 300 mg and 500 mg (*e.g.*, at a dose of 400 mg), *e.g.*, once every four weeks, *e.g.*, intravenously; the BRAF inhibitor or dabrafenib is administered at a dose between 50 mg and 300 mg
10 (*e.g.*, between 100 mg and 200 mg, *e.g.*, at a dose of 150 mg), *e.g.*, twice a day, *e.g.*, orally, or at a total daily dose between 100 mg and 600 mg (*e.g.*, between 200 mg and 400 mg, *e.g.*, at a total daily dose of 300 mg), *e.g.*, orally; and the MEK inhibitor or trametinib is administered at a dose between 0.5 mg and 4 mg (*e.g.*, between 1 mg and 3 mg, *e.g.*, at a dose of 2 mg), *e.g.*, once a day, *e.g.*, orally.

In some embodiments, the administration of the inhibitor of PD-1 (*e.g.*, an anti-PD-1 antibody
15 molecule) starts on the same day as the administration of the BRAF inhibitor or dabrafenib, the MEK inhibitor or trametinib, or both. In other embodiments, the inhibitor of PD-1 (*e.g.*, an anti-PD-1 antibody molecule) is administered after the BRAF inhibitor or dabrafenib, the MEK inhibitor or trametinib, or both, has been administered for about four weeks or more. For example, the administration of the inhibitor of PD-1 (*e.g.*, an anti-PD-1 antibody molecule) can start on Day 29,
20 when the administration of BRAF inhibitor or dabrafenib, the MEK inhibitor or trametinib, or both, starts on Day 1. As an example, the BRAF inhibitor or dabrafenib can be administered twice a day per the dosing regimen for Days 1-28 of 28-day cycle, and the MEK inhibitor or trametinib can be administered per the dosing regimen for Days 1-28 of a 28-day cycle.

In some embodiments, the inhibitor of PD-1 (*e.g.*, an anti-PD-1 antibody molecule) is
25 administered at a dose between 300 mg and 500 mg (*e.g.*, at a dose of 400 mg), *e.g.*, once every eight weeks, *e.g.*, intravenously, and (i) the BRAF inhibitor or dabrafenib is administered at a dose between 50 mg and 300 mg (*e.g.*, between 100 mg and 200 mg, *e.g.*, at a dose of 150 mg), *e.g.*, twice a day, *e.g.*, orally, or at a total daily dose between 100 mg and 600 mg (*e.g.*, between 200 mg and 400 mg, *e.g.*, at a total daily dose of 300 mg), *e.g.*, orally, (ii) the MEK inhibitor or trametinib is administered
30 at a dose between 0.5 mg and 4 mg (*e.g.*, between 1 mg and 3 mg, *e.g.*, at a dose of 2 mg), *e.g.*, once a day, *e.g.*, orally; or (iii) both (i) and (ii).

In certain embodiments, the combination includes an inhibitor of PD-1 (*e.g.*, an anti-PD-1 antibody molecule, an inhibitor of BRAF or dabrafenib, and an inhibitor of MEK or trametinib. In some embodiments, the inhibitor of PD-1 (*e.g.*, an anti-PD-1 antibody molecule) is administered at a
35 dose between 300 mg and 500 mg (*e.g.*, at a dose of 400 mg), *e.g.*, once every eight weeks, *e.g.*, intravenously; the BRAF inhibitor or dabrafenib is administered at a dose between 50 mg and 300 mg (*e.g.*, between 100 mg and 200 mg, *e.g.*, at a dose of 150 mg), *e.g.*, twice a day, *e.g.*, orally, or at a total daily dose between 100 mg and 600 mg (*e.g.*, between 200 mg and 400 mg, *e.g.*, at a total daily dose of 300 mg), *e.g.*, orally; and the MEK inhibitor or trametinib is administered at a dose between
40 0.5 mg and 4 mg (*e.g.*, between 1 mg and 3 mg, *e.g.*, at a dose of 2 mg), *e.g.*, once a day, *e.g.*, orally.

5 In certain embodiments, the combination is used to treat a cancer, *e.g.*, a melanoma, with an elevated level (*e.g.*, serum level) of LDH, *e.g.*, compared to a reference LDH level, *e.g.*, the level of LDH in a normal subject. While without wishing to be bound by theory, it is believed that in some embodiments, serum LDH is an independent prognostic factor in melanoma, and correlates with a poor prognosis as evidenced by decreased survival in patients with advanced melanoma when
10 compared to patients with LDH levels within the normal range. Studies also showed that elevated LDH was a negative predictor of response to therapy and other efficacy outcomes (Sirott *et al. Cancer.* 1993; 72(10):3091-8; Eton *et al. J Clin Oncol.* 1998; 16(3):1103-11; Balch *et al. J Clin Oncol.* 2001; 19(16):3622-34). Patient population with elevated LDH level represents an area of unmet medical need that warrants use of a treatment option (*e.g.*, a combination therapy) described herein. In certain
15 embodiments, the cancer, *e.g.*, a melanoma, further has a BRAF V600 mutation.

In some embodiments, the LDH level in the subject is at least 2, 3, 4, or 5 fold higher than a reference level, *e.g.*, a reference level described herein. In some embodiments, the LDH level at baseline is between 1 x upper limit of normal (ULN) and 2 x ULN. In other embodiments, the LDH level at baseline is greater than 2 x ULN, *e.g.*, greater than 3 x ULN, 4 x ULN, or 5 x ULN. In some
20 embodiments, the LDH level is greater than about 100 to 350 (*e.g.*, about 105 to 333) IU/L (international units per liter). In some embodiments, the level of LDH is determined in serum. Tests for determining LDH level are described, *e.g.*, in Ferri FF, ed. Ferri's Clinical Advisor 2014. Philadelphia: Pa: Elsevier Mosby; 2014: Section IV– Laboratory tests and interpretation of results. In certain embodiments, the subject has an ECOG performance score chosen from 0, 1, or 2. Methods
25 for determining an ECOG performance score is described, *e.g.*, in Oken *et al. Am J Clin Oncol.* 1982; 5: 649-655.

In certain embodiments, the combination is used to treat a cancer (*e.g.*, a melanoma) having a BRAF mutation, *e.g.*, a BRAF mutation described herein. In certain embodiments, the BRAF mutation is a V600 mutation. In certain embodiments, the BRAF mutation is located in the activation
30 segment of the kinase domain. In other embodiments, the BRAF mutation result in increased kinase activity, and optionally, are transforming *in vitro*. In some embodiments, the BRAF mutation is chosen from a V600E mutation, a V600K mutation, or a V600D mutation. In certain embodiments, the BRAF mutation is a V600E mutation. In other embodiments, the combination is used to treat a cancer (*e.g.*, a melanoma) other than a wild-type BRAF cancer (*e.g.*, wild-type BRAF melanoma). In
35 certain embodiments, the BRAF mutation is a mutation that is sensitive or responsive to an inhibitor of BRAF, an inhibitor of MEK, or both.

Exemplary BRAF mutations include, but are not limited to, BRAF c.1779_1780delTGinsGA (D594N), BRAF c.1780G>C (D594H), BRAF c.1780G>A (D594N), BRAF c.1781A>G (D594G), BRAF c.1781A>T (D594V), BRAF c.1782T>A (D594E), BRAF c.1782T>G (D594E), BRAF
40 c.1789C>G (L597V), BRAF c.1789_1790delCTinsTC (L597S), BRAF c.1790T>A (L597Q), BRAF c.1790T>G (L597R), BRAF c.1798G>A (V600M), BRAF c.1798_1799delGTinsAA (V600K),

5 BRAF c.1798_1799delGTinsAG (V600R), BRAF c.1799T>A (V600E), BRAF c.1799T>G (V600G),
 BRAF c.1799_1800delTGinsAT (V600D), BRAF c.1799_1800delTGinsAA (V600E), or BRAF
 c.1801A>G (K601E). Other exemplary BRAF mutations also include a BRAF fusion, *e.g.*, as
 described in Botton *et al. Pigment Cell Melanoma Res.* 2013; 26(6):845-51; Hutchinson *et al. Clin*
Cancer Res. 2013; 19(24):6696-702).

10 In some embodiments, the inhibitor of PD-1 is an anti-PD-L1 antibody molecule.

Other exemplary inhibitors of BRAF that can be used in the combination described herein
 include, but are not limited to, vemurafenib (also known as RG7204 or PLX4032), GDC-0879, PLX-
 4720, sorafenib, or LGX818.

15 Other exemplary inhibitors of MEK that can be used in the combination described herein
 include, but are not limited to, cobimetinib (also known as XL518), binimetinib (also known as
 MEK162), selumetinib, PD-325901, CI-1040, PD035901, or TAK-733.

In some embodiments, the combination described herein is used further in combination with
 surgery, a chemotherapeutic agent, a radiation therapy, an immunotherapy (*e.g.*, an anti-CTLA-4
 antibody molecule, an anti-PD-L1 antibody molecule, an interferon, an interleukin (*e.g.*, IL-2), or a
 20 TNF therapy), or a targeted therapy (*e.g.*, an oncolytic virus, or an angiogenesis inhibitor).

Pharmaceutical Compositions and Kits

In another aspect, the present invention provides compositions, *e.g.*, pharmaceutically
 acceptable compositions, which include an antibody molecule described herein, formulated together
 25 with a pharmaceutically acceptable carrier. As used herein, "pharmaceutically acceptable carrier"
 includes any and all solvents, dispersion media, isotonic and absorption delaying agents, and the like
 that are physiologically compatible. The carrier can be suitable for intravenous, intramuscular,
 subcutaneous, parenteral, rectal, spinal or epidermal administration (*e.g.* by injection or infusion).

The compositions of this invention may be in a variety of forms. These include, for example,
 30 liquid, semi-solid and solid dosage forms, such as liquid solutions (*e.g.*, injectable and infusible
 solutions), dispersions or suspensions, liposomes and suppositories. The preferred form depends on
 the intended mode of administration and therapeutic application. Typical preferred compositions are
 in the form of injectable or infusible solutions. The preferred mode of administration is parenteral
 (*e.g.*, intravenous, subcutaneous, intraperitoneal, intramuscular). In a preferred embodiment, the
 35 antibody is administered by intravenous infusion or injection. In another preferred embodiment, the
 antibody is administered by intramuscular or subcutaneous injection.

The phrases "parenteral administration" and "administered parenterally" as used herein means
 modes of administration other than enteral and topical administration, usually by injection, and
 includes, without limitation, intravenous, intramuscular, intraarterial, intrathecal, intracapsular,
 40 intraorbital, intracardiac, intradermal, intraperitoneal, transtracheal, subcutaneous, subcuticular,
 intraarticular, subcapsular, subarachnoid, intraspinal, epidural and intrasternal injection and infusion.

Therapeutic compositions typically should be sterile and stable under the conditions of manufacture and storage. The composition can be formulated as a solution, microemulsion, dispersion, liposome, or other ordered structure suitable to high antibody concentration. Sterile injectable solutions can be prepared by incorporating the active compound (*i.e.*, antibody or antibody portion) in the required amount in an appropriate solvent with one or a combination of ingredients enumerated above, as required, followed by filtered sterilization. Generally, dispersions are prepared by incorporating the active compound into a sterile vehicle that contains a basic dispersion medium and the required other ingredients from those enumerated above. In the case of sterile powders for the preparation of sterile injectable solutions, the preferred methods of preparation are vacuum drying and freeze-drying that yields a powder of the active ingredient plus any additional desired ingredient from a previously sterile-filtered solution thereof. The proper fluidity of a solution can be maintained, for example, by the use of a coating such as lecithin, by the maintenance of the required particle size in the case of dispersion and by the use of surfactants. Prolonged absorption of injectable compositions can be brought about by including in the composition an agent that delays absorption, for example, monostearate salts and gelatin.

A PD-1 inhibitor (*e.g.*, anti-PD-1 antibody molecule) or a composition described herein can be formulated into a formulation (*e.g.*, a dose formulation or dosage form) suitable for administration (*e.g.*, intravenous administration) to a subject as described herein.

In certain embodiments, the formulation is a drug substance formulation. In other embodiments, the formulation is a lyophilized formulation, *e.g.*, lyophilized or dried from a drug substance formulation. In other embodiments, the formulation is a reconstituted formulation, *e.g.*, reconstituted from a lyophilized formulation. In other embodiments, the formulation is a liquid formulation.

In some embodiments, the formulation is a drug substance formulation. In some embodiments, the formulation (*e.g.*, drug substance formulation) comprises the PD-1 inhibitor (*e.g.*, the anti-PD-1 antibody molecule) and a buffering agent.

In some embodiments, the formulation (*e.g.*, drug substance formulation) comprises a PD-1 inhibitor (*e.g.*, an anti-PD-1 antibody molecule) present at a concentration of 10 to 50 mg/mL, *e.g.*, 15 to 50 mg/mL, 20 to 45 mg/mL, 25 to 40 mg/mL, 30 to 35 mg/mL, 25 to 35 mg/mL, or 30 to 40 mg/mL, *e.g.*, 15 mg/mL, 20 mg/mL, 25 mg/mL, 30 mg/mL, 33.3 mg/mL, 35 mg/mL, 40 mg/mL, 45 mg/mL, or 50 mg/mL. In certain embodiments, the PD-1 inhibitor (*e.g.*, the anti-PD-1 antibody molecule) is present at a concentration of 30 to 35 mg/mL, *e.g.*, 33.3 mg/mL.

In some embodiments, the formulation (*e.g.*, drug substance formulation) comprises a buffering agent comprising histidine (*e.g.*, a histidine buffer). In certain embodiments, the buffering agent (*e.g.*, histidine buffer) is present at a concentration of 1 mM to 20 mM, *e.g.*, 2 mM to 15 mM, 3 mM to 10 mM, 4 mM to 9 mM, 5 mM to 8 mM, or 6 mM to 7 mM, *e.g.*, 1 mM, 2 mM, 3 mM, 4 mM,

5 5 mM, 6 mM, 6.7 mM, 7 mM, 8 mM, 9 mM, 10 mM, 11 mM, 12 mM, 13 mM, 14 mM, 15 mM, 16 mM, 17 mM, 18 mM, 19 mM, or 20 mM. In some embodiments, the buffering agent (*e.g.*, histidine buffer) is present at a concentration of 6 mM to 7 mM, *e.g.*, 6.7 mM. In other embodiments, the buffering agent (*e.g.*, a histidine buffer) has a pH of 4 to 7, *e.g.*, 5 to 6, *e.g.*, 5, 5.5, or 6. In some
 10 embodiments, the buffering agent (*e.g.*, histidine buffer) has a pH of 5 to 6, *e.g.*, 5.5. In certain embodiments, the buffering agent comprises histidine at a concentration of 6 mM to 7 mM (*e.g.*, 6.7 mM) and has a pH of 5 to 6 (*e.g.*, 5.5).

In some embodiments, the formulation (*e.g.*, drug substance formulation) comprises a PD-1 inhibitor (*e.g.*, an anti-PD-1 antibody molecule) present at a concentration of 30 to 35 mg/mL, *e.g.*, 33.3 mg/mL; and a buffering agent that comprises histidine at a concentration of 6 mM to 7 mM (*e.g.*,
 15 6.7 mM) and has a pH of 5 to 6 (*e.g.*, 5.5).

In some embodiments, the formulation (*e.g.*, drug substance formulation) further comprises a carbohydrate. In certain embodiments, the carbohydrate is sucrose. In some embodiments, the carbohydrate (*e.g.*, sucrose) is present at a concentration of 50 mM to 150 mM, *e.g.*, 25 mM to 150 mM, 50 mM to 100 mM, 60 mM to 90 mM, 70 mM to 80 mM, or 70 mM to 75 mM, *e.g.*, 25 mM, 50
 20 mM, 60 mM, 70 mM, 73.3 mM, 80 mM, 90 mM, 100 mM, or 150 mM. In some embodiments, the formulation comprises a carbohydrate or sucrose present at a concentration of 70 mM to 75 mM, *e.g.*, 73.3 mM.

In some embodiments, the formulation (*e.g.*, drug substance formulation) comprises a PD-1 inhibitor (*e.g.*, an anti-PD-1 antibody molecule) present at a concentration of 30 to 35 mg/mL, *e.g.*,
 25 33.3 mg/mL; a buffering agent that comprises histidine at a concentration of 6 mM to 7 mM (*e.g.*, 6.7 mM) and has a pH of 5 to 6 (*e.g.*, 5.5); and a carbohydrate or sucrose present at a concentration of 70 mM to 75 mM, *e.g.*, 73.3 mM.

In some embodiments, the formulation (*e.g.*, drug substance formulation) further comprises a surfactant. In certain embodiments, the surfactant is polysorbate 20. In some embodiments, the
 30 surfactant or polysorbate 20) is present at a concentration of 0.005 % to 0.025% (w/w), *e.g.*, 0.0075% to 0.02% or 0.01 % to 0.015% (w/w), *e.g.*, 0.005%, 0.0075%, 0.01%, 0.013%, 0.015%, or 0.02% (w/w). In some embodiments, the formulation comprises a surfactant or polysorbate 20 present at a concentration of 0.01% to 0.015%, *e.g.*, 0.013% (w/w).

In some embodiments, the formulation (*e.g.*, drug substance formulation) comprises a PD-1
 35 inhibitor (*e.g.*, an anti-PD-1 antibody molecule) present at a concentration of 30 to 35 mg/mL, *e.g.*, 33.3 mg/mL; a buffering agent that comprises histidine at a concentration of 6 mM to 7 mM (*e.g.*, 6.7 mM) and has a pH of 5 to 6 (*e.g.*, 5.5); and a surfactant or polysorbate 20 present at a concentration of 0.01% to 0.015%, *e.g.*, 0.013% (w/w).

In some embodiments, the formulation (*e.g.*, drug substance formulation) comprises a PD-1
 40 inhibitor (*e.g.*, an anti-PD-1 antibody molecule) present at a concentration of 30 to 35 mg/mL, *e.g.*, 33.3 mg/mL; a buffering agent that comprises histidine at a concentration of 6 mM to 7 mM (*e.g.*, 6.7

5 mM) and has a pH of 5 to 6 (*e.g.*, 5.5); a carbohydrate or sucrose present at a concentration of 70 mM to 75 mM, *e.g.*, 73.3 mM; and a surfactant or polysorbate 20 present at a concentration of 0.01% to 0.015%, *e.g.*, 0.013% (w/w).

In some embodiments, the formulation (*e.g.*, drug substance formulation) comprises a PD-1 inhibitor (*e.g.*, an anti-PD-1 antibody molecule) present at a concentration of 33.3 mg/mL; a buffering agent that comprises histidine at a concentration of 6.7 mM and has a pH of 5.5; sucrose present at a concentration of 73.3 mM; and polysorbate 20 present at a concentration of 0.013% (w/w).

In some embodiments, the formulation is a lyophilized formulation. In certain embodiments, the lyophilized formulation is lyophilized from a drug substance formulation described herein. For example, 2 to 5 mL, *e.g.*, 3 to 4 mL, *e.g.*, 3.6 mL, of the drug substance formulation described herein can be filled per container (*e.g.*, vial) and lyophilized.

In certain embodiments, the formulation is a reconstituted formulation. For example, a reconstituted formulation can be prepared by dissolving a lyophilized formulation in a diluent such that the protein is dispersed in the reconstituted formulation. In some embodiments, the lyophilized formulation is reconstituted with 0.5 mL to 2 mL, *e.g.*, 1 mL, of water or buffer for injection. In certain embodiments, the lyophilized formulation is reconstituted with 1 mL of water for injection, *e.g.*, at a clinical site.

In some embodiments, the formulation (*e.g.*, reconstituted formulation) comprises the PD-1 inhibitor (*e.g.*, the anti-PD-1 antibody molecule) and a buffering agent.

In some embodiments, the formulation (*e.g.*, reconstituted formulation) comprises a PD-1 inhibitor (*e.g.*, an anti-PD-1 antibody molecule) present at a concentration of 20 mg/mL to 200 mg/mL, *e.g.*, 50 mg/mL to 150 mg/mL, 80 mg/mL to 120 mg/mL, or 90 mg/mL to 110 mg/mL, *e.g.*, 50 mg/mL, 60 mg/mL, 70 mg/mL, 80 mg/mL, 90 mg/mL, 100 mg/mL, 110 mg/mL, 120 mg/mL, 130 mg/mL, 140 mg/mL, 150 mg/mL, 160 mg/mL, 170 mg/mL, 180 mg/mL, 190 mg/mL, or 200 mg/mL. In certain embodiments, the PD-1 inhibitor (*e.g.*, the anti-PD-1 antibody molecule) is present at a concentration of 80 to 120 mg/mL, *e.g.*, 100 mg/mL.

In some embodiments, the formulation (*e.g.*, reconstituted formulation) comprises a buffering agent comprising histidine (*e.g.*, a histidine buffer). In certain embodiments, the buffering agent (*e.g.*, histidine buffer) is present at a concentration of 5 mM to 100 mM, *e.g.*, 10 mM to 50 mM, 15 mM to 25 mM, *e.g.*, 5 mM, 10 mM, 20 mM, 30 mM, 40 mM, 50 mM, 60 mM, 70 mM, 80 mM, 90 mM, or 100 mM. In some embodiments, the buffering agent (*e.g.*, histidine buffer) is present at a concentration of 15 mM to 25 mM, *e.g.*, 20 mM. In other embodiments, the buffering agent (*e.g.*, a histidine buffer) has a pH of 4 to 7, *e.g.*, 5 to 6, *e.g.*, 5, 5.5 or 6. In some embodiments, the buffering agent (*e.g.*, histidine buffer) has a pH of 5 to 6, *e.g.*, 5.5. In certain embodiments, the buffering agent comprises histidine at a concentration of 15 mM to 25 mM (*e.g.*, 20 mM) and has a pH of 5 to 6 (*e.g.*, 5.5).

5 In some embodiments, the formulation (*e.g.*, reconstituted formulation) comprises a PD-1 inhibitor (*e.g.*, an anti-PD-1 antibody molecule) present at a concentration of 80 to 120 mg/mL, *e.g.*, 100 mg/mL; and a buffering agent that comprises histidine at a concentration of 6 mM to 7 mM (*e.g.*, 6.7 mM) and has a pH of 5 to 6 (*e.g.*, 5.5).

10 In some embodiments, the formulation (*e.g.*, reconstituted formulation) further comprises a carbohydrate. In certain embodiments, the carbohydrate is sucrose. In some embodiments, the carbohydrate (*e.g.*, sucrose) is present at a concentration of 100 mM to 500 mM, *e.g.*, 150 mM to 400 mM, 175 mM to 300 mM, or 200 mM to 250 mM, *e.g.*, 150 mM, 160 mM, 170 mM, 180 mM, 190 mM, 200 mM, 210 mM, 220 mM, 230 mM, 240 mM, 250 mM, 260 mM, 270 mM, 280 mM, 290 mM, or 300 mM. In some embodiments, the formulation comprises a carbohydrate or sucrose present
15 at a concentration of 200 mM to 250 mM, *e.g.*, 220 mM.

In some embodiments, the formulation (*e.g.*, reconstituted formulation) comprises a PD-1 inhibitor (*e.g.*, an anti-PD-1 antibody molecule) present at a concentration of 80 to 120 mg/mL, *e.g.*, 100 mg/mL; and a buffering agent that comprises histidine at a concentration of 6 mM to 7 mM (*e.g.*, 6.7 mM) and has a pH of 5 to 6 (*e.g.*, 5.5); and a carbohydrate or sucrose present at a concentration of
20 200 mM to 250 mM, *e.g.*, 220 mM.

In some embodiments, the formulation (*e.g.*, reconstituted formulation) further comprises a surfactant. In certain embodiments, the surfactant is polysorbate 20. In some embodiments, the surfactant or polysorbate 20 is present at a concentration of 0.01 % to 0.1% (w/w), *e.g.*, 0.02% to 0.08%, 0.025% to 0.06% or 0.03 % to 0.05% (w/w), *e.g.*, 0.01%, 0.025%, 0.03%, 0.04%, 0.05%,
25 0.06%, 0.07%, 0.08%, 0.09%, or 0.1% (w/w). In some embodiments, the formulation comprises a surfactant or polysorbate 20 present at a concentration of 0.03% to 0.05%, *e.g.*, 0.04% (w/w).

In some embodiments, the formulation (*e.g.*, reconstituted formulation) comprises a PD-1 inhibitor (*e.g.*, an anti-PD-1 antibody molecule) present at a concentration of 80 to 120 mg/mL, *e.g.*, 100 mg/mL; and a buffering agent that comprises histidine at a concentration of 6 mM to 7 mM (*e.g.*,
30 6.7 mM) and has a pH of 5 to 6 (*e.g.*, 5.5); and a surfactant or polysorbate 20 present at a concentration of 0.03% to 0.05%, *e.g.*, 0.04% (w/w).

In some embodiments, the formulation (*e.g.*, reconstituted formulation) comprises a PD-1 inhibitor (*e.g.*, an anti-PD-1 antibody molecule) present at a concentration of 80 to 120 mg/mL, *e.g.*, 100 mg/mL; and a buffering agent that comprises histidine at a concentration of 6 mM to 7 mM (*e.g.*,
35 6.7 mM) and has a pH of 5 to 6 (*e.g.*, 5.5); a carbohydrate or sucrose present at a concentration of 200 mM to 250 mM, *e.g.*, 220 mM; and a surfactant or polysorbate 20 present at a concentration of 0.03% to 0.05%, *e.g.*, 0.04% (w/w).

In some embodiments, the formulation (*e.g.*, reconstituted formulation) comprises a PD-1 inhibitor (*e.g.*, an anti-PD-1 antibody molecule) present at a concentration of 100 mg/mL; and a
40 buffering agent that comprises histidine at a concentration of 6.7 mM and has a pH of 5.5; sucrose present at a concentration of 220 mM; and polysorbate 20 present at a concentration of 0.04% (w/w).

5 In some embodiments, the formulation is reconstituted such that an extractable volume of at least 1 mL (*e.g.*, at least 1.5 mL, 2 mL, 2.5 mL, or 3 mL) of the reconstituted formulation can be withdrawn from the container (*e.g.*, vial) containing the reconstituted formulation. In certain
10 embodiments, the formulation is reconstituted and/or extracted from the container (*e.g.*, vial) at a clinical site. In certain embodiments, the formulation (*e.g.*, reconstituted formulation) is injected to an infusion bag, *e.g.*, within 1 hour (*e.g.*, within 45 minutes, 30 minutes, or 15 minutes) before the infusion starts to the patient.

In certain embodiments, the formulation is a liquid formulation. In some embodiments, the liquid formulation is prepared by diluting a drug substance formulation described herein. For example, a drug substance formulation can be diluted, *e.g.*, with 10 to 30 mg/mL (*e.g.*, 25 mg/mL) of
15 a solution comprising one or more excipients (*e.g.*, concentrated excipients). In some embodiments, the solution comprises one, two, or all of histidine, sucrose, or polysorbate 20. In certain embodiments, the solution comprises the same excipient(s) as the drug substance formulation. Exemplary excipients include, but are not limited to, an amino acid (*e.g.*, histidine), a carbohydrate (*e.g.*, sucrose), or a surfactant (*e.g.*, polysorbate 20). In certain embodiments, the liquid formulation is
20 not a reconstituted lyophilized formulation. In other embodiments, the liquid formulation is a reconstituted lyophilized formulation. In some embodiments, the formulation is stored as a liquid. In other embodiments, the formulation is prepared as a liquid and then is dried, *e.g.*, by lyophilization or spray-drying, prior to storage.

In some embodiments, the formulation (*e.g.*, liquid formulation) comprises a PD-1 inhibitor
25 (*e.g.*, an anti-PD-1 antibody molecule) present at a concentration of 5 mg/mL to 50 mg/mL, *e.g.*, 10 mg/mL to 40 mg/mL, 15 mg/mL to 35 mg/mL, or 20 mg/mL to 30 mg/mL, *e.g.*, 5 mg/mL, 10 mg/mL, 15 mg/mL, 20 mg/mL, 25 mg/mL, 30 mg/mL, 35 mg/mL, 40 mg/mL, 45 mg/mL, or 50 mg/mL. In certain embodiments, the PD-1 inhibitor (*e.g.*, the anti-PD-1 antibody molecule) is present at a concentration of 20 to 30 mg/mL, *e.g.*, 25 mg/mL.

30 In some embodiments, the formulation (*e.g.*, liquid formulation) comprises a buffering agent comprising histidine (*e.g.*, a histidine buffer). In certain embodiments, the buffering agent (*e.g.*, histidine buffer) is present at a concentration of 5 mM to 100 mM, *e.g.*, 10 mM to 50 mM, 15 mM to 25 mM, *e.g.*, 5 mM, 10 mM, 20 mM, 30 mM, 40 mM, 50 mM, 60 mM, 70 mM, 80 mM, 90 mM, or 100 mM. In some embodiments, the buffering agent (*e.g.*, histidine buffer) is present at a
35 concentration of 15 mM to 25 mM, *e.g.*, 20 mM. In other embodiments, the buffering agent (*e.g.*, a histidine buffer) has a pH of 4 to 7, *e.g.*, 5 to 6, *e.g.*, 5, 5.5 or 6. In some embodiments, the buffering agent (*e.g.*, histidine buffer) has a pH of 5 to 6, *e.g.*, 5.5. In certain embodiments, the buffering agent comprises histidine at a concentration of 15 mM to 25 mM (*e.g.*, 20 mM) and has a pH of 5 to 6 (*e.g.*, 5.5).

40 In some embodiments, the formulation (*e.g.*, liquid formulation) comprises a PD-1 inhibitor (*e.g.*, an anti-PD-1 antibody molecule) present at a concentration of 20 to 30 mg/mL, *e.g.*, 25 mg/mL;

5 and a buffering agent that comprises histidine at a concentration of 6 mM to 7 mM (*e.g.*, 6.7 mM) and has a pH of 5 to 6 (*e.g.*, 5.5).

In some embodiments, the formulation (*e.g.*, liquid formulation) further comprises a carbohydrate. In certain embodiments, the carbohydrate is sucrose. In some embodiments, the carbohydrate (*e.g.*, sucrose) is present at a concentration of 100 mM to 500 mM, *e.g.*, 150 mM to 400
10 mM, 175 mM to 300 mM, or 200 mM to 250 mM, *e.g.*, 150 mM, 160 mM, 170 mM, 180 mM, 190 mM, 200 mM, 210 mM, 220 mM, 230 mM, 240 mM, 250 mM, 260 mM, 270 mM, 280 mM, 290 mM, or 300 mM. In some embodiments, the formulation comprises a carbohydrate or sucrose present at a concentration of 200 mM to 250 mM, *e.g.*, 220 mM.

In some embodiments, the formulation (*e.g.*, liquid formulation) comprises a PD-1 inhibitor
15 (*e.g.*, an anti-PD-1 antibody molecule) present at a concentration of 20 to 30 mg/mL, *e.g.*, 25 mg/mL; and a buffering agent that comprises histidine at a concentration of 6 mM to 7 mM (*e.g.*, 6.7 mM) and has a pH of 5 to 6 (*e.g.*, 5.5); and a carbohydrate or sucrose present at a concentration of 200 mM to 250 mM, *e.g.*, 220 mM.

In some embodiments, the formulation (*e.g.*, liquid formulation) further comprises a
20 surfactant. In certain embodiments, the surfactant is polysorbate 20. In some embodiments, the surfactant or polysorbate 20 is present at a concentration of 0.01 % to 0.1% (w/w), *e.g.*, 0.02% to 0.08%, 0.025% to 0.06% or 0.03 % to 0.05% (w/w), *e.g.*, 0.01%, 0.025%, 0.03%, 0.04%, 0.05%, 0.06%, 0.07%, 0.08%, 0.09%, or 0.1% (w/w). In some embodiments, the formulation comprises a surfactant or polysorbate 20 present at a concentration of 0.03% to 0.05%, *e.g.*, 0.04% (w/w).

25 In some embodiments, the formulation (*e.g.*, liquid formulation) comprises a PD-1 inhibitor (*e.g.*, an anti-PD-1 antibody molecule) present at a concentration of 20 to 30 mg/mL, *e.g.*, 25 mg/mL; and a buffering agent that comprises histidine at a concentration of 6 mM to 7 mM (*e.g.*, 6.7 mM) and has a pH of 5 to 6 (*e.g.*, 5.5); and a surfactant or polysorbate 20 present at a concentration of 0.03% to 0.05%, *e.g.*, 0.04% (w/w).

30 In some embodiments, the formulation (*e.g.*, liquid d formulation) comprises a PD-1 inhibitor (*e.g.*, an anti-PD-1 antibody molecule) present at a concentration of 20 to 30 mg/mL, *e.g.*, 25 mg/mL; and a buffering agent that comprises histidine at a concentration of 6 mM to 7 mM (*e.g.*, 6.7 mM) and has a pH of 5 to 6 (*e.g.*, 5.5); a carbohydrate or sucrose present at a concentration of 200 mM to 250 mM, *e.g.*, 220 mM; and a surfactant or polysorbate 20 present at a concentration of 0.03% to 0.05%,
35 *e.g.*, 0.04% (w/w).

In some embodiments, the formulation (*e.g.*, liquid formulation) comprises a PD-1 inhibitor (*e.g.*, an anti-PD-1 antibody molecule) present at a concentration of 25 mg/mL; and a buffering agent that comprises histidine at a concentration of 6.7 mM and has a pH of 5.5; sucrose present at a concentration of 220 mM; and polysorbate 20 present at a concentration of 0.04% (w/w).

40 In certain embodiments, 1 mL to 10 mL (*e.g.*, 2 mL to 8 mL, 3 mL to 7 mL, or 4 mL to 5 mL, *e.g.*, 3 mL, 4 mL, 4.3 mL, 4.5 mL, 5 mL, or 6 mL) of the liquid formulation is filled per container

5 (e.g., vial). In other embodiments, the liquid formulation is filled into a container (e.g., vial) such that an extractable volume of at least 2 mL (e.g., at least 3 mL, at least 4 mL, or at least 5 mL) of the liquid formulation can be withdrawn per container (e.g., vial). In certain embodiments, the liquid formulation is diluted from the drug substance formulation and/or extracted from the container (e.g., vial) at a clinical site. In certain embodiments, the formulation (e.g., liquid formulation) is injected to
 10 an infusion bag, e.g., within 1 hour (e.g., within 45 minutes, 30 minutes, or 15 minutes) before the infusion starts to the patient.

A formulation described herein can be stored in a container. The container used for any of the formulations described herein can include, e.g., a vial, and optionally, a stopper, a cap, or both. In certain embodiments, the vial is a glass vial, e.g., a 6R white glass vial. In other embodiments, the
 15 stopper is a rubber stopper, e.g., a grey rubber stopper. In other embodiments, the cap is a flip-off cap, e.g., an aluminum flip-off cap. In some embodiments, the container comprises a 6R white glass vial, a grey rubber stopper, and an aluminum flip-off cap. In some embodiments, the container (e.g., vial) is for a single-use container. In certain embodiments, 50 mg to 150 mg, e.g., 80 mg to 120 mg, 90 mg to 110 mg, 100 mg to 120 mg, 100 mg to 110 mg, 110 mg to 120 mg, or 110 mg to 130 mg, of
 20 the PD-1 inhibitor (e.g., the anti-PD-1 antibody molecule), is present in the container (e.g., vial).

Other exemplary buffering agents that can be used in the formulation described herein include, but are not limited to, an arginine buffer, a citrate buffer, or a phosphate buffer. Other exemplary carbohydrates that can be used in the formulation described herein include, but are not limited to, trehalose, mannitol, sorbitol, or a combination thereof. The formulation described herein
 25 may also contain a tonicity agent, e.g., sodium chloride, and/or a stabilizing agent, e.g., an amino acid (e.g., glycine, arginine, methionine, or a combination thereof).

The antibody molecules can be administered by a variety of methods known in the art, although for many therapeutic applications, the preferred route/mode of administration is intravenous
 30 injection or infusion. For example, the antibody molecules can be administered by intravenous infusion at a rate of more than 20 mg/min, e.g., 20-40 mg/min, and typically greater than or equal to 40 mg/min to reach a dose of about 35 to 440 mg/m², typically about 70 to 310 mg/m², and more typically, about 110 to 130 mg/m². In embodiments, the antibody molecules can be administered by intravenous infusion at a rate of less than 10mg/min; preferably less than or equal to 5 mg/min to
 35 reach a dose of about 1 to 100 mg/m², preferably about 5 to 50 mg/m², about 7 to 25 mg/m² and more preferably, about 10 mg/m². As will be appreciated by the skilled artisan, the route and/or mode of administration will vary depending upon the desired results. In certain embodiments, the active compound may be prepared with a carrier that will protect the compound against rapid release, such as a controlled release formulation, including implants, transdermal patches, and microencapsulated
 40 delivery systems. Biodegradable, biocompatible polymers can be used, such as ethylene vinyl acetate, polyanhydrides, polyglycolic acid, collagen, polyorthoesters, and polylactic acid. Many methods for

5 the preparation of such formulations are patented or generally known to those skilled in the art. *See, e.g., Sustained and Controlled Release Drug Delivery Systems*, J. R. Robinson, ed., Marcel Dekker, Inc., New York, 1978.

In certain embodiments, an antibody molecule can be orally administered, for example, with an inert diluent or an assimilable edible carrier. The compound (and other ingredients, if desired) may
10 also be enclosed in a hard or soft shell gelatin capsule, compressed into tablets, or incorporated directly into the subject's diet. For oral therapeutic administration, the compounds may be incorporated with excipients and used in the form of ingestible tablets, buccal tablets, troches, capsules, elixirs, suspensions, syrups, wafers, and the like. To administer a compound of the invention by other than parenteral administration, it may be necessary to coat the compound with, or co-
15 administer the compound with, a material to prevent its inactivation. Therapeutic compositions can also be administered with medical devices known in the art.

Dosage regimens are adjusted to provide the optimum desired response (*e.g.*, a therapeutic response). For example, a single bolus may be administered, several divided doses may be administered over time or the dose may be proportionally reduced or increased as indicated by the
20 exigencies of the therapeutic situation. It is especially advantageous to formulate parenteral compositions in dosage unit form for ease of administration and uniformity of dosage. Dosage unit form as used herein refers to physically discrete units suited as unitary dosages for the subjects to be treated; each unit contains a predetermined quantity of active compound calculated to produce the desired therapeutic effect in association with the required pharmaceutical carrier. The specification for
25 the dosage unit forms of the invention are dictated by and directly dependent on (a) the unique characteristics of the active compound and the particular therapeutic effect to be achieved, and (b) the limitations inherent in the art of compounding such an active compound for the treatment of sensitivity in individuals.

An exemplary, non-limiting range for a therapeutically or prophylactically effective amount
30 of an antibody molecule is 0.1-30 mg/kg, more preferably 1-25 mg/kg. Dosages and therapeutic regimens of the anti-PD-1 antibody molecule can be determined by a skilled artisan. In certain embodiments, the anti-PD-1 antibody molecule is administered by injection (*e.g.*, subcutaneously or intravenously) at a dose of about 1 to 40 mg/kg, *e.g.*, 1 to 30 mg/kg, *e.g.*, about 5 to 25 mg/kg, about 10 to 20 mg/kg, about 1 to 5 mg/kg, 1 to 10 mg/kg, 5 to 15 mg/kg, 10 to 20 mg/kg, 15 to 25 mg/kg, or
35 about 3 mg/kg. The dosing schedule can vary from *e.g.*, once a week to once every 2, 3, or 4 weeks. In one embodiment, the anti-PD-1 antibody molecule is administered at a dose from about 10 to 20 mg/kg every other week.

As another example, non-limiting range for a therapeutically or prophylactically effective amount of an antibody molecule is 200-500 mg, more preferably 300-400 mg/kg. Dosages and
40 therapeutic regimens of the anti-PD-1 antibody molecule can be determined by a skilled artisan. In certain embodiments, the anti-PD-1 antibody molecule is administered by injection (*e.g.*,

5 subcutaneously or intravenously) at a dose (*e.g.*, a flat dose) of about 200 mg to 500 mg, *e.g.*, about 250 mg to 450 mg, about 300 mg to 400 mg, about 250 mg to 350 mg, about 350 mg to 450 mg, or about 300 mg or about 400 mg. The dosing schedule (*e.g.*, flat dosing schedule) can vary from *e.g.*, once a week to once every 2, 3, 4, 5, or 6 weeks. In one embodiment the anti-PD-1 antibody molecule is administered at a dose from about 300 mg to 400 mg once every three or once every four weeks. In
 10 one embodiment, the anti-PD-1 antibody molecule is administered at a dose from about 300 mg once every three weeks. In one embodiment, the anti-PD-1 antibody molecule is administered at a dose from about 400 mg once every four weeks. In one embodiment, the anti-PD-1 antibody molecule is administered at a dose from about 300 mg once every four weeks. In one embodiment, the anti-PD-1 antibody molecule is administered at a dose from about 400 mg once every three weeks. While not
 15 wishing to be bound by theory, in some embodiments, flat or fixed dosing can be beneficial to patients, for example, to save drug supply and to reduce pharmacy errors.

In some embodiments, the clearance (CL) of the anti-PD-1 antibody molecule is from about 6 to 16 mL/h, *e.g.*, about 7 to 15 mL/h, about 8 to 14 mL/h, about 9 to 12 mL/h, or about 10 to 11 mL/h, *e.g.*, about 8.9 mL/h, 10.9 mL/h, or 13.2 mL/h.

20 In some embodiments, the exponent of weight on CL of the anti-PD-1 antibody molecule is from about 0.4 to 0.7, about 0.5 to 0.6, or 0.7 or less, *e.g.*, 0.6 or less, or about 0.54.

In some embodiments, the volume of distribution at steady state (V_{ss}) of the anti-PD-1 antibody molecule is from about 5 to 10 V, *e.g.*, about 6 to 9 V, about 7 to 8 V, or about 6.5 to 7.5 V, *e.g.*, about 7.2 V.

25 In some embodiments, the half-life of the anti-PD-1 antibody molecule is from about 10 to 30 days, *e.g.*, about 15 to 25 days, about 17 to 22 days, about 19 to 24 days, or about 18 to 22 days, *e.g.*, about 20 days.

In some embodiments, the C_{min} (*e.g.*, for a 80 kg patient) of the anti-PD-1 antibody molecule is at least about 0.4 $\mu\text{g/mL}$, *e.g.*, at least about 3.6 $\mu\text{g/mL}$, *e.g.*, from about 20 to 50 $\mu\text{g/mL}$, *e.g.*, about
 30 22 to 42 $\mu\text{g/mL}$, about 26 to 47 $\mu\text{g/mL}$, about 22 to 26 $\mu\text{g/mL}$, about 42 to 47 $\mu\text{g/mL}$, about 25 to 35 $\mu\text{g/mL}$, about 32 to 38 $\mu\text{g/mL}$, *e.g.*, about 31 $\mu\text{g/mL}$ or about 35 $\mu\text{g/mL}$. In one embodiment, the C_{min} is determined in a patient receiving the anti-PD-1 antibody molecule at a dose of about 400 mg once every four weeks. In another embodiment, the C_{min} is determined in a patient receiving the anti-PD-1 antibody molecule at a dose of about 300 mg once every three weeks. In some
 35 embodiments, In certain embodiments, the C_{min} is at least about 50-fold higher, *e.g.*, at least about 60-fold, 65-fold, 70-fold, 75-fold, 80-fold, 85-fold, 90-fold, 95-fold, or 100-fold, *e.g.*, at least about 77-fold, higher than the EC_{50} of the anti-PD-1 antibody molecule, *e.g.*, as determined based on IL-2 change in an SEB *ex-vivo* assay. In other embodiments, the C_{min} is at least 5-fold higher, *e.g.*, at least 6-fold, 7-fold, 8-fold, 9-fold, or 10-fold, *e.g.*, at least about 8.6-fold, higher than the EC_{90} of the
 40 anti-PD-1 antibody molecule, *e.g.*, as determined based on IL-2 change in an SEB *ex-vivo* assay.

5 The antibody molecule can be administered by intravenous infusion at a rate of more than 20 mg/min, *e.g.*, 20-40 mg/min, and typically greater than or equal to 40 mg/min to reach a dose of about 35 to 440 mg/m², typically about 70 to 310 mg/m², and more typically, about 110 to 130 mg/m². In
 10 embodiments, the infusion rate of about 110 to 130 mg/m² achieves a level of about 3 mg/kg. In other embodiments, the antibody molecule can be administered by intravenous infusion at a rate of less than 10 mg/min, *e.g.*, less than or equal to 5 mg/min to reach a dose of about 1 to 100 mg/m², *e.g.*, about 5 to 50 mg/m², about 7 to 25 mg/m², or, about 10 mg/m². In some embodiments, the antibody is infused over a period of about 30 min. It is to be noted that dosage values may vary with the type and severity of the condition to be alleviated. It is to be further understood that for any particular subject, specific dosage regimens should be adjusted over time according to the individual need and the professional
 15 judgment of the person administering or supervising the administration of the compositions, and that dosage ranges set forth herein are exemplary only and are not intended to limit the scope or practice of the claimed composition.

 The pharmaceutical compositions of the invention may include a "therapeutically effective amount" or a "prophylactically effective amount" of an antibody or antibody portion of the invention.
 20 A "therapeutically effective amount" refers to an amount effective, at dosages and for periods of time necessary, to achieve the desired therapeutic result. A therapeutically effective amount of the modified antibody or antibody fragment may vary according to factors such as the disease state, age, sex, and weight of the individual, and the ability of the antibody or antibody portion to elicit a desired response in the individual. A therapeutically effective amount is also one in which any toxic or
 25 detrimental effects of the modified antibody or antibody fragment is outweighed by the therapeutically beneficial effects. A "therapeutically effective dosage" preferably inhibits a measurable parameter, *e.g.*, tumor growth rate by at least about 20%, more preferably by at least about 40%, even more preferably by at least about 60%, and still more preferably by at least about 80% relative to untreated subjects. The ability of a compound to inhibit a measurable parameter, *e.g.*,
 30 cancer, can be evaluated in an animal model system predictive of efficacy in human tumors. Alternatively, this property of a composition can be evaluated by examining the ability of the compound to inhibit, such inhibition in vitro by assays known to the skilled practitioner.

 A "prophylactically effective amount" refers to an amount effective, at dosages and for periods of time necessary, to achieve the desired prophylactic result. Typically, since a prophylactic
 35 dose is used in subjects prior to or at an earlier stage of disease, the prophylactically effective amount will be less than the therapeutically effective amount.

 Also within the scope of the invention is a kit comprising an antibody molecule described herein. The kit can include one or more other elements including: instructions for use; other reagents, *e.g.*, a label, a therapeutic agent, or an agent useful for chelating, or otherwise coupling, an antibody
 40 to a label or therapeutic agent, or a radioprotective composition; devices or other materials for

5 preparing the antibody for administration; pharmaceutically acceptable carriers; and devices or other materials for administration to a subject.

Uses of the Combination Therapies

The combinations, *e.g.*, the anti-PD-1 antibody molecules disclosed herein, have *in vitro and*
 10 *in vivo* diagnostic, as well as therapeutic and prophylactic utilities. For example, these molecules can be administered to cells in culture, *in vitro* or *ex vivo*, or to a subject, *e.g.*, a human subject, to treat, prevent, and/or diagnose a variety of disorders, such as cancers and infectious disorders.

Accordingly, in one aspect, the invention provides a method of modifying an immune response in a subject comprising administering to the subject the combination described herein, such
 15 that the immune response in the subject is modified. In one embodiment, the immune response is enhanced, stimulated or up-regulated.

As used herein, the term "subject" is intended to include human and non-human animals. In one embodiment, the subject is a human subject, *e.g.*, a human patient having a disorder or condition characterized by abnormal PD-1 functioning. The term "non-human animals" includes mammals and
 20 non-mammals, such as non-human primates. In one embodiment, the subject is a human. In one embodiment, the subject is a human patient in need of enhancement of an immune response. In one embodiment, the subject is immunocompromised, *e.g.*, the subject is undergoing, or has undergone a chemotherapeutic or radiation therapy. Alternatively, or in combination, the subject is, or is at risk of being, immunocompromised as a result of an infection. The methods and compositions described
 25 herein are suitable for treating human patients having a disorder that can be treated by augmenting the T-cell mediated immune response. For example, the methods and compositions described herein can enhance a number of immune activities. In one embodiment, the subject has increased number or activity of tumour-infiltrating T lymphocytes (TILs). In another embodiment, the subject has increased expression or activity of interferon-gamma (IFN- γ). In yet another embodiment, the subject
 30 has decreased PD-L1 expression or activity.

Therapeutic Uses

Blockade of PD-1 can enhance an immune response to cancerous cells in a subject. The ligand for PD-1, PD-L1, is not expressed in normal human cells, but is abundant in a variety of human
 35 cancers (Dong *et al.* (2002) *Nat Med* 8:787-9). The interaction between PD-1 and PD-L1 can result in a decrease in tumor infiltrating lymphocytes, a decrease in T-cell receptor mediated proliferation, and/or immune evasion by the cancerous cells (Dong *et al.* (2003) *J Mol Med* 81:281-7; Blank *et al.* (2005) *Cancer Immunol. Immunother.* 54:307-314; Konishi *et al.* (2004) *Clin. Cancer Res.* 10:5094-100). Immune suppression can be reversed by inhibiting the local interaction of PD-1 to PD-L1; the
 40 effect is additive when the interaction of PD-1 to PD-L2 is blocked as well (Iwai *et al.* (2002) *PNAS*

5 99:12293-7; Brown *et al.* (2003) *J. Immunol.* 170:1257-66). Thus, inhibition of PD-1 can result in augmenting an immune response.

In one aspect, the invention relates to treatment of a subject *in vivo* using an anti-PD-1 antibody molecule such that growth of cancerous tumors is inhibited or reduced. An anti-PD-1 antibody may be used alone to inhibit the growth of cancerous tumors. Alternatively, an anti-PD-1
10 antibody may be used in combination with one or more of: a standard of care treatment (*e.g.*, for cancers or infectious disorders), another antibody or antigen-binding fragment thereof, an immunomodulator (*e.g.*, an activator of a costimulatory molecule or an inhibitor of an inhibitory molecule); a vaccine, *e.g.*, a therapeutic cancer vaccine; or other forms of cellular immunotherapy, as described below.

15 Accordingly, in one embodiment, the invention provides a method of inhibiting growth of tumor cells in a subject, comprising administering to the subject a therapeutically effective amount of an anti-PD-1 antibody molecule described herein.

In one embodiment, the methods are suitable for the treatment of cancer *in vivo*. To achieve antigen-specific enhancement of immunity, the anti-PD-1 antibody molecule can be administered
20 together with an antigen of interest. When antibodies to PD-1 are administered in combination with one or more agents, the combination can be administered in either order or simultaneously.

In another aspect, a method of treating a subject, *e.g.*, reducing or ameliorating, a hyperproliferative condition or disorder (*e.g.*, a cancer), *e.g.*, solid tumor, a hematological cancer, soft tissue tumor, or a metastatic lesion, in a subject is provided. The method includes administering to
25 the subject one or more of the combinations disclosed herein.

As used herein, the term "cancer" is meant to include all types of cancerous growths or oncogenic processes, metastatic tissues or malignantly transformed cells, tissues, or organs, irrespective of histopathologic type or stage of invasiveness. Examples of cancerous disorders include, but are not limited to, solid tumors, hematological cancers, soft tissue tumors, and metastatic
30 lesions. Examples of solid tumors include malignancies, *e.g.*, sarcomas, and carcinomas (including adenocarcinomas and squamous cell carcinomas), of the various organ systems, such as those affecting liver, lung, breast, lymphoid, gastrointestinal (*e.g.*, colon), genitourinary tract (*e.g.*, renal, urothelial cells), prostate and pharynx. Adenocarcinomas include malignancies such as most colon cancers, rectal cancer, renal-cell carcinoma, liver cancer, non-small cell carcinoma of the lung, cancer
35 of the small intestine and cancer of the esophagus. Squamous cell carcinomas include malignancies, *e.g.*, in the lung, esophagus, skin, head and neck region, oral cavity, anus, and cervix. In one embodiment, the cancer is a melanoma, *e.g.*, an advanced stage melanoma. Metastatic lesions of the aforementioned cancers can also be treated or prevented using the methods and compositions of the invention.

40 Exemplary cancers whose growth can be inhibited using the antibodies molecules disclosed herein include cancers typically responsive to immunotherapy. Non-limiting examples of preferred

5 cancers for treatment include melanoma (*e.g.*, metastatic malignant melanoma), renal cancer (*e.g.*, clear cell carcinoma), prostate cancer (*e.g.*, hormone refractory prostate adenocarcinoma), breast cancer, colon cancer and lung cancer (*e.g.*, non-small cell lung cancer). Additionally, refractory or recurrent malignancies can be treated using the antibody molecules described herein.

10 Examples of other cancers that can be treated include bone cancer, pancreatic cancer, skin cancer, cancer of the head or neck, cutaneous or intraocular malignant melanoma, uterine cancer, ovarian cancer, rectal cancer, anal cancer, gastro-esophageal, stomach cancer, liposarcoma, testicular cancer, uterine cancer, carcinoma of the fallopian tubes, carcinoma of the endometrium, carcinoma of the cervix, carcinoma of the vagina, carcinoma of the vulva, Merkel cell cancer, Hodgkin lymphoma, non-Hodgkin lymphoma, cancer of the esophagus, cancer of the small intestine, cancer of the
15 endocrine system, cancer of the thyroid gland, cancer of the parathyroid gland, cancer of the adrenal gland, sarcoma of soft tissue, cancer of the urethra, cancer of the penis, chronic or acute leukemias including acute myeloid leukemia, chronic myeloid leukemia, acute lymphoblastic leukemia, chronic lymphocytic leukemia, solid tumors of childhood, lymphocytic lymphoma, cancer of the bladder, multiple myeloma, myelodysplastic syndromes, cancer of the kidney or ureter, carcinoma of the renal
20 pelvis, neoplasm of the central nervous system (CNS), primary CNS lymphoma, tumor angiogenesis, spinal axis tumor, brain stem glioma, pituitary adenoma, Kaposi's sarcoma, epidermoid cancer, squamous cell cancer, T-cell lymphoma, environmentally induced cancers including those induced by asbestos (*e.g.*, mesothelioma), and combinations of said cancers. In certain embodiments, the cancer is a skin cancer, *e.g.*, a Merkel cell carcinoma or a melanoma. In one embodiment, the cancer is a
25 Merkel cell carcinoma. In other embodiments, the cancer is a melanoma. In other embodiments, the cancer is a breast cancer, *e.g.*, a triple negative breast cancer (TNBC) or a HER2-negative breast cancer. In other embodiments, the cancer is kidney cancer, *e.g.*, a renal cell carcinoma (*e.g.*, clear cell renal cell carcinoma (CCRCC) or a non-clear cell renal cell carcinoma (nccRCC)). In other
30 embodiments, the cancer is a thyroid cancer, *e.g.*, an anaplastic thyroid carcinoma (ATC). In other embodiments, the cancer is a neuroendocrine tumor (NET), *e.g.*, an atypical pulmonary carcinoid tumor or an NET in pancreas, gastrointestinal (GI) tract, or lung. In certain embodiments, the cancer is a lung cancer, *e.g.*, a non-small cell lung cancer (NSCLC) (*e.g.*, a squamous NSCLC or a non-squamous NSCLC). In certain embodiments, the cancer is a leukemia (*e.g.*, an acute myeloid leukemia (AML), *e.g.*, a relapsed or refractory AML or a *de novo* AML). In certain embodiments, the
35 cancer is a myelodysplastic syndrome (MDS) (*e.g.*, a high risk MDS).

In some embodiments, the cancer is chosen from a lung cancer, a squamous cell lung cancer, a melanoma, a renal cancer, a liver cancer, a myeloma, a prostate cancer, a breast cancer, an ER+ breast cancer, an IM-TN breast cancer, a colorectal cancer, a colorectal cancer with high
40 microsatellite instability, an EBV+ gastric cancer, a pancreatic cancer, a thyroid cancer, a hematological cancer, a non-Hodgkin's lymphoma, or a leukemia, or a metastatic lesion of the cancer.

5 In some embodiments, the cancer is chosen from a non-small cell lung cancer (NSCLC), a NSCLC adenocarcinoma, a NSCLC squamous cell carcinoma, a hepatocellular carcinoma.

Treatment of metastatic cancers, *e.g.*, metastatic cancers that express PD-L1 (Iwai *et al.* (2005) *Int. Immunol.* 17:133-144) can be effected using the antibody molecules described herein. In one embodiment, the cancer expresses an elevated level of PD-L1, IFN γ and /or CD8.

10 While not wishing to be bound by theory, in some embodiments, a patient is more likely to respond to treatment with an immunomodulator (optionally in combination with one or more agents as described herein) if the patient has a cancer that highly expresses PD-L1, and/or the cancer is infiltrated by anti-tumor immune cells, *e.g.*, TILs. The anti-tumor immune cells may be positive for CD8, PD-L1, and/or IFN- γ ; thus levels of CD8, PD-L1, and/or IFN- γ can serve as a readout for levels
15 of TILs in the microenvironment. In certain embodiments, the cancer microenvironment is referred to as triple-positive for PD-L1/CD8/IFN- γ .

Accordingly, in certain aspects, this application provides methods of determining whether a tumor sample is positive for one or more of PD-L1, CD8, and IFN- γ , and if the tumor sample is positive for one or more, *e.g.*, two, or all three, of the markers, then administering to the patient a
20 therapeutically effective amount of an anti-PD-1 antibody molecule, optionally in combination with one or more other immunomodulators or anti-cancer agents.

In the following indications, a large fraction of patients are triple-positive for PD-L1/CD8/IFN- γ : Lung cancer (squamous); lung cancer (adenocarcinoma); head and neck cancer; stomach cancer; NSCLC; HNSCC; gastric cancers (*e.g.*, MSIhi and/or EBV+); CRC (*e.g.*, MSIhi);
25 nasopharyngeal cancer (NPC); cervical cancer (*e.g.*, squamous); thyroid cancer *e.g.*, papillary thyroid, *e.g.*, anaplastic thyroid carcinoma; skin cancer (*e.g.*, Merkel cell carcinoma or melanoma); breast cancer (*e.g.*, TN breast cancer); and DLBCL (Diffuse Large B-Cell Lymphoma). In breast cancer generally and in colon cancer generally, a moderate fraction of patients is triple-positive for PD-L1/CD8/IFN- γ . In the following indications, a small fraction of patients are triple-positive for PD-
30 L1/CD8/IFN- γ : ER+ breast cancer, and pancreatic cancer. These findings are discussed further in Example 4. Regardless of whether a large or small fraction of patients is triple-positive for these markers, screening the patients for these markers allows one to identify a fraction of patients that has an especially high likelihood of responding favorably to therapy with a PD-1 antibody (*e.g.*, a blocking PD-1 antibody), optionally in combination with one or more other immunomodulators (*e.g.*,
35 an anti-TIM-3 antibody molecule, an anti-LAG-3 antibody molecule, or an anti-PD-L1 antibody molecule) and/or anti-cancer agents, *e.g.*, those listed in Table 7 and disclosed in the publications listed in Table 7.

In some embodiments, the cancer sample is classified as triple-positive for PD-L1/CD8/IFN- γ . This measurement can roughly be broken down into two thresholds: whether an individual cell is
40 classified as positive, and whether the sample as a whole is classified as positive. First, one can measure, within an individual cell, the level of PD-L1, CD8, and/or IFN- γ . In some embodiments, a

5 cell that is positive for one or more of these markers is a cell that has a higher level of the marker compared to a control cell or a reference value. For example, in some embodiments, a high level of PD-L1 in a given cell is a level higher than the level of PD-L1 in a corresponding non-cancerous tissue in the patient. As another example, in some embodiments, a high level of CD8 or IFN- γ in a given cell is a level of that protein typically seen in a TIL. Second, one can also measure the
 10 percentage of cells in the sample that are positive for PD-L1, CD8, and/or IFN- γ . (It is not necessary for a single cell to express all three markers.) In some embodiments, a triple positive sample is one that has a high percentage of cells, *e.g.*, higher than a reference value or higher than a control sample, that are positive for these markers.

In other embodiments, one can measure the levels of PD-L1, CD8, and/or IFN- γ overall in the
 15 sample. In this case, a high level of CD8 or IFN- γ in the sample can be the level of that protein typically seen in a tumor infiltrated with TIL. Similarly, a high level of PD-L1 can be the level of that protein typically seen in a tumor sample, *e.g.*, a tumor microenvironment.

The identification of subsets of patients that are triple-positive for PD-L1/CD8/IFN- γ , as shown in Example 4 herein, reveals certain sub-populations of patients that are likely to be responsive
 20 to PD-1 antibody therapy. For instance, many IM-TN (immunomodulatory, triple negative) breast cancer patients are triple-positive for PD-L1/CD8/IFN- γ . IM-TN breast cancer is described in, *e.g.*, Brian D. Lehmann *et al.*, "Identification of human triple-negative breast cancer subtypes and preclinical models for selection of targeted therapies", *J Clin Invest.* Jul 1, 2011; 121(7): 2750–2767. Triple-negative breast cancers are those that do not express estrogen receptor (ER), progesterone
 25 receptor (PR) and Her2/neu. These cancers are difficult to treat because they are typically not responsive to agents that target ER, PR, and Her2/neu. Triple-negative breast cancers can be further subdivided into different classes, one of which is immunomodulatory. As described in Lehmann *et al.*, IM-TN breast cancer is enriched for factors involved in immune cell processes, for example, one or more of immune cell signaling (*e.g.*, TH1/TH2 pathway, NK cell pathway, B cell receptor
 30 signaling pathway, DC pathway, and T cell receptor signaling), cytokine signaling (*e.g.*, cytokine pathway, IL-12 pathway, and IL-7 pathway), antigen processing and presentation, signaling through core immune signal transduction pathways (*e.g.*, NF κ B, TNF, and JAK/STAT signaling), genes involved in T-cell function, immune transcription, interferon (IFN) response and antigen processing. Accordingly, in some embodiments, the cancer treated is a cancer that is, or is determined to be,
 35 positive for one or more marker of IM-TN breast cancer, *e.g.*, a factor that promotes one or more of immune cell signaling (*e.g.*, TH1/TH2 pathway, NK cell pathway, B cell receptor signaling pathway, DC pathway, and T cell receptor signaling), cytokine signaling (*e.g.*, cytokine pathway, IL-12 pathway, and IL-7 pathway), antigen processing and presentation, signaling through core immune signal transduction pathways (*e.g.*, NF κ B, TNF, and JAK/STAT signaling), genes involved in T-cell
 40 function, immune transcription, interferon (IFN) response and antigen processing.

5 As another example, it is shown herein that a subset of colon cancer patients having high MSI (microsatellite instability) is also triple-positive for PD-L1/CD8/IFN- γ . Accordingly, in some embodiments, a PD-1 antibody, *e.g.*, a PD-1 antibody as described herein, (optionally in combination with one or more immunomodulators such as a LAG-3 antibody, TIM-3 antibody, or PD-L1 antibody, and one or more anti-cancer agents, *e.g.*, an anti-cancer agent described in Table 7 or in a publication
10 in Table 7) is administered to a patient who has, or who is identified as having, colon cancer with high MSI, thereby treating the cancer. In some embodiments, a cell with high MSI is a cell having MSI at a level higher than a reference value or a control cell, *e.g.*, a non-cancerous cell of the same tissue type as the cancer.

As another example, it is shown herein that a subset of gastric cancer patients having high
15 MSI, and/or which is EBV+, is also triple-positive for PD-L1/CD8/IFN- γ . Accordingly, in some embodiments, a PD-1 antibody, *e.g.*, a PD-1 antibody as described herein, (optionally in combination with one or more immunomodulators such as a LAG-3 antibody, TIM-3 antibody, or PD-L1 antibody, and one or more anti-cancer agents, *e.g.*, an anti-cancer agent described in Table 7 or in a publication in Table 7) is administered to a patient who has, or who is identified as having, gastric cancer with
20 high MSI and/or EBV+, thereby treating the cancer. In some embodiments, a cell with high MSI is a cell having MSI at a level higher than a reference value or a control cell, *e.g.*, a non-cancerous cell of the same tissue type as the cancer.

Additionally disclosed herein are methods of assaying a cancer for PD-L1, and then treating the cancer with a PD-1 antibody. As described in Example 5 herein, a cancer sample can be assayed
25 for PD-L1 protein levels or mRNA levels. A sample having levels of PD-L1 (protein or mRNA) higher than a reference value or a control cell (*e.g.*, a non-cancerous cell) can be classified as PD-L1 positive. Accordingly, in some embodiments, a PD-1 antibody, *e.g.*, a PD-1 antibody as described herein, (optionally in combination with one or more anti-cancer agents) is administered to a patient who has, or who is identified as having, a cancer that is PD-L1 positive. The cancer may be, *e.g.*,
30 non-small cell lung (NSCLC) adenocarcinoma (ACA), NSCLC squamous cell carcinoma (SCC), or hepatocellular carcinoma (HCC).

In some embodiments, the methods herein involve using an anti-PD-1 antibody, *e.g.*, an anti-PD-1 antibody as described herein, *e.g.*, as a monotherapy, for treating a cancer that is (or is identified as being) positive for PD-L1. In some embodiments, the cancer is colorectal cancer (*e.g.*, MSI-high),
35 gastric cancer (*e.g.*, MSI-high and/or EBV+), NPC, cervical cancer, breast cancer (*e.g.*, TN breast cancer), and ovarian cancer. In some embodiments, the cancer is NSCLC, melanoma, or HNSCC. In some embodiments, the anti-PD-1 antibody is administered at a dose of, *e.g.*, 1, 3, 10, or 20 mg/kg. In other embodiments, the anti-PD-1 antibody molecule is administered at a dose of, *e.g.*, 200, 250, 300, 350, 400, 450, or 500 mg. In one embodiment, anti-PD-1 antibody molecule is administered at a dose
40 of 250 mg to 450 mg, *e.g.*, 250 mg, 300 mg, 350 mg, 400 mg or 450 mg.

5 Based on, *e.g.*, Example 4 herein, it was found that certain gastric cancers that are triple-positive for PD-L1/CD8/IFN- γ are also positive for PIK3CA. Accordingly, in some embodiments, a cancer can be treated with an anti-PD-1 antibody molecule (optionally in combination with one or more immunomodulators, *e.g.*, an anti-LAG-3 antibody molecule, an anti-TIM-3 antibody molecule, or an anti-PD-L1 antibody molecule) and an agent that inhibits PIK3CA. Exemplary agents in this category are described in Stein RC (September 2001). "Prospects for phosphoinositide 3-kinase inhibition as a cancer treatment". *Endocrine-related Cancer* 8 (3): 237–48 and Marone R, Cmiljanovic V, Giese B, Wymann MP (January 2008). "Targeting phosphoinositide 3-kinase: moving towards therapy". *Biochimica et Biophysica Acta* 1784 (1): 159–85.

15 Based on, *e.g.*, Example 4 herein, CRC, *e.g.*, a patient that has (or is identified as having) MSI-high CRC may be treated with a PD-1 antibody, optionally in combination with a therapeutic that targets one or more of LAG-3, RNF43, and BRAF. For instance, these cancers may be treated with a PD-1 antibody, optionally in combination with one or more therapeutics that target one or more of LAG-3, PD-1, RNF43, and BRAF. In embodiments, the one or more therapeutics include an immunomodulators such as an anti-LAG-3 antibody molecule, and an anti-cancer agent described in Table 7 or a publication listed in Table 7. LAG-3 inhibitors, *e.g.*, antibodies, are described herein. RNF43 can be inhibited, *e.g.*, with an antibody, small molecule (*e.g.*, 2-(2',3-dimethyl-[2,4'-bipyridin]-5-yl)-N-(5-(pyrazin-2-yl)pyridin-2-yl)acetamide (Compound A28)), siRNA, or a Rspo ligand or derivative thereof. BRAF inhibitors (*e.g.*, vemurafenib or dabrafenib) are described herein.

25 Based on, *e.g.*, Example 4 herein, a patient that has (or is identified as having) a squamous cell lung cancer may be treated with a PD-1 antibody molecule in combination with a therapeutic that targets LAG-3, *e.g.*, a LAG-3 antibody molecule, and optionally with one or more anti-cancer agents, *e.g.*, an anti-cancer agent described in Table 7 or in a publication in Table 7.

30 In some embodiments, a subject that has (or is identified as having) a squamous cell lung cancer may be treated with a PD-1 antibody, optionally in combination with a therapeutic that targets TIM-3, *e.g.*, a TIM-3 antibody. TIM-3 inhibitors, *e.g.*, antibodies, are described herein.

35 Based on, *e.g.*, Example 4 herein, a patient that has (or is identified as having) a thyroid cancer (*e.g.*, anaplastic thyroid carcinoma) may be treated with a PD-1 antibody molecule, optionally in combination with a therapeutic that targets BRAF, and optionally in combination with one or more immunomodulators, *e.g.*, an anti-LAG-3 antibody molecule, an anti-TIM-3 antibody molecule, and an anti-PD-L1 antibody molecule. BRAF inhibitors (*e.g.*, vemurafenib or dabrafenib) are described herein, *e.g.*, in Table 7 and the publications listed in Table 7.

40 In some embodiments, the therapies here can be used to treat a patient that has (or is identified as having) a cancer associated with an infection, *e.g.*, a viral or bacterial infection. Exemplary cancers include cervical cancer, anal cancer, HPV-associated head and neck squamous cell cancer, HPV-associated esophageal papillomas, HHV6-associated lymphomas, EBV-associated

5 lymphomas (including Burkitt lymphoma), Gastric MALT lymphoma, other infection-associated MALT lymphomas, HCC, and Kaposi's sarcoma.

In other embodiments, the cancer is a hematological malignancy or cancer including but is not limited to a leukemia or a lymphoma. For example, the anti-PD-1 antibody molecule can be used to treat cancers and malignancies including, but not limited to, *e.g.*, acute leukemias including but not
 10 limited to, *e.g.*, B-cell acute lymphoid leukemia ("BALL"), T-cell acute lymphoid leukemia ("TALL"), acute lymphoid leukemia (ALL); one or more chronic leukemias including but not limited to, *e.g.*, chronic myelogenous leukemia (CML), chronic lymphocytic leukemia (CLL); additional hematologic cancers or hematologic conditions including, but not limited to, *e.g.*, B cell
 15 prolymphocytic leukemia, blastic plasmacytoid dendritic cell neoplasm, Burkitt's lymphoma, diffuse large B cell lymphoma, Follicular lymphoma, Hairy cell leukemia, small cell- or a large cell-follicular lymphoma, malignant lymphoproliferative conditions, MALT lymphoma, mantle cell lymphoma, Marginal zone lymphoma, multiple myeloma, myelodysplasia and myelodysplastic syndrome, non-Hodgkin lymphoma, plasmablastic lymphoma, plasmacytoid dendritic cell neoplasm, Waldenstrom macroglobulinemia, and "preleukemia" which are a diverse collection of hematological conditions
 20 united by ineffective production (or dysplasia) of myeloid blood cells, and the like.

In one embodiment, the cancer is chosen from a lung cancer (*e.g.*, a non-small cell lung cancer (NSCLC) (*e.g.*, a NSCLC with squamous and/or non-squamous histology, or a NSCLC adenocarcinoma)), a melanoma (*e.g.*, an advanced melanoma), a renal cancer (*e.g.*, a renal cell carcinoma, *e.g.*, clear cell renal cell carcinoma), a liver cancer, a myeloma (*e.g.*, a multiple myeloma),
 25 a prostate cancer, a breast cancer (*e.g.*, a breast cancer that does not express one, two or all of estrogen receptor, progesterone receptor, or Her2/neu, *e.g.*, a triple negative breast cancer), a colorectal cancer, a pancreatic cancer, a head and neck cancer (*e.g.*, head and neck squamous cell carcinoma (HNSCC), anal cancer, gastro-esophageal cancer, thyroid cancer (*e.g.*, anaplastic thyroid carcinoma), cervical cancer, a lymphoproliferative disease (*e.g.*, a post-transplant lymphoproliferative disease) or a
 30 hematological cancer, T-cell lymphoma, a non-Hodgkin's lymphoma, or a leukemia (*e.g.*, a myeloid leukemia).

In another embodiment, the cancer is chosen from a carcinoma (*e.g.*, advanced or metastatic carcinoma), melanoma or a lung carcinoma, *e.g.*, a non-small cell lung carcinoma.

In one embodiment, the cancer is a lung cancer, *e.g.*, a non-small cell lung cancer.

35 In another embodiment, the cancer is a hepatocarcinoma, *e.g.*, an advanced hepatocarcinoma, with or without a viral infection, *e.g.*, a chronic viral hepatitis.

In another embodiment, the cancer is a prostate cancer, *e.g.*, an advanced prostate cancer.

In yet another embodiment, the cancer is a myeloma, *e.g.*, multiple myeloma.

In yet another embodiment, the cancer is a renal cancer, *e.g.*, a renal cell carcinoma (RCC)
 40 (*e.g.*, a metastatic RCC, a non-clear cell renal cell carcinoma (nccRCC), or a clear cell renal cell carcinoma).

5 In one embodiment, the cancer is a melanoma, *e.g.*, an advanced melanoma. In one
embodiment, the cancer is an advanced or unresectable melanoma that does not respond to other
therapies. In other embodiments, the cancer is a melanoma with a BRAF mutation (*e.g.*, a BRAF
V600 mutation). In some embodiments, the cancer (*e.g.*, melanoma) is present in a subject having an
elevated level of LDH in serum, compared to a reference serum LDH level. In yet other
10 embodiments, the anti-PD-1 antibody molecule is administered after treatment with an anti-CTLA-4
antibody (*e.g.*, ipilimumab) with or without a BRAF inhibitor (*e.g.*, vemurafenib or dabrafenib). In
one embodiment, the anti-PD-1 antibody molecule is administered with a BRAF inhibitor. For
example, the anti-PD-1 antibody molecule can be administered at a dose between 200 mg and 600 mg
(*e.g.*, at a dose of 400 mg), *e.g.*, once every 4 weeks or once every 8 weeks, *e.g.*, intravenously, and
15 the BRAF inhibitor or dabrafenib, can be administered at a dose between 50 mg and 250 mg (*e.g.*, at a
dose of 150 mg) twice a day, *e.g.*, orally. In one embodiment, the combination further includes a
MEK inhibitor or trametinib.

In one embodiment, the cancer is a colorectal cancer (CRC). Colorectal cancer is the third
most common cancer in the world, with approximately 1.4 million people diagnosed in 2012, and the
20 fourth most common cause of death from cancer, with 694,000 deaths (World Cancer Report 2014).
Outcomes for patients with CRC are linked to the immune infiltrate in tumors, suggesting CRC can
benefit from therapies that stimulate an immune response (Fridman *et al.* 2011 *Cancer Res.* p. 5601-
5). Without wishing to be bound by theory, it is believed that in some embodiments, combination
therapies can be more effective in treating colorectal cancer, *e.g.*, outside the mismatch repair-
25 deficient sub-population, when monotherapies are less effective (Kroemer *et al.* (2015)
OncImmunology 4:7, e1058597-1-3). For example, a combination of an inhibitor of PD-1 (*e.g.*, an
anti-PD-1 antibody molecule) and a second therapeutic agent described herein, can increase the
response rate and/or durability of response, compared to a monotherapy (*e.g.*, the inhibitor of PD-1
alone, or the second therapeutic agent alone).

30 In another embodiment, the cancer is a lung cancer, *e.g.*, a non-small cell lung cancer
(NSCLC). Lung cancer is the most common cancer in the world with approximately 1.8 million new
cases in 2012, and the most common cause of death from cancer, with 1.6 million deaths (World
Cancer Report 2014). Of these cases, approximately 85% are non-small cell lung cancer (NSCLC).
Inhibitors of the PD-1/PD-L1 interaction are used for treating NSCLC. The response rate to these
35 agents in an unselected patient population is approximately 20% after failure of first-line therapy
(Gettinger and Herbst (2014) *Cancer J.* p. 281-9; Brahmer *et al.* (2012) *N. Engl. J. Med.* p. 123-35;
Topalian *et al.* (2012) *N. Engl. J. Med.* p. 2443-54; Herbst *et al.* (2014) *Nature* p. 563-7; Borghaei *et al.*
(2015) *N. Engl. J. Med.* p. 1627-39). In some embodiments, selection for expression of PD-L1 in
tumors can enrich for response to PD-1/PD-L1 inhibitors. Without wishing to be bound by theory, it
40 is believed that in some embodiments, combination therapies may be more effective in treating lung
cancer (*e.g.*, NSCLC), compared to monotherapies. For example, a combination of an inhibitor of

5 PD-1 (*e.g.*, an anti-PD-1 antibody molecule) and a second therapeutic agent described herein, can increase the response rate and/or durability of response (*e.g.*, to broaden activity, deepen responses, and/or lead to more durable responses), compared to a monotherapy (*e.g.*, the inhibitor of PD-1 alone, or the second therapeutic agent alone).

Breast cancer is the second most common cancer in the world with approximately 1.7 million
 10 new cases in 2012 and the fifth most common cause of death from cancer, with approximately 521,000 deaths (World Cancer Report). Of these cases, approximately 15% are triple-negative, which do not express the estrogen receptor (ER), progesterone receptor (PR) or HER2. As such, these patients generally do not benefit from targeted therapies available to patients with other breast cancer subtypes. Triple-negative breast cancer (TNBC) is an aggressive disease and outcomes after therapy
 15 are poor (Foulkes *et al.* (2010) *N. Engl. J. Med.* p. 1938-48). Recent data suggest that inhibitors of PD-1 are active in some patients, with responses reported in five of 27 patients treated with pembrolizumab with metastatic TNBC in the Keynote-012 study (Buisseret *et al.* (2015) *Annals of Oncology* 26(suppl_3): p. 6-9). Without wishing to be bound by theory, it is believed that in some embodiments, combination therapies may be more effective in treating breast cancer (*e.g.*, TNBC),
 20 compared to monotherapies. For example, a combination of an inhibitor of PD-1 (*e.g.*, an anti-PD-1 antibody molecule) and a second therapeutic agent described herein, can increase the response rate and/or durability of response (*e.g.*, to increase the proportion of patients who respond to the treatment), compared to a monotherapy (*e.g.*, the inhibitor of PD-1 alone, or the second therapeutic agent alone).

25

Methods and compositions disclosed herein are useful for treating metastatic lesions associated with the aforementioned cancers.

Combination Therapies

30

Exemplary non-limiting combinations and uses of the anti-PD-1 antibody molecules are disclosed in U.S. Patent Application Publication No. 2015/0210769 (USSN 14/604,415), entitled "Antibody Molecules to PD-1 and Uses Thereof," incorporated by reference in its entirety.

In certain embodiments, the combination includes an anti-PD-1 antibody molecule in combination with a modulator of a costimulatory molecule or an inhibitory molecule, *e.g.*, a co-
 35 inhibitory ligand or receptor.

In one embodiment, the anti-PD-1 antibody molecule is administered in combination with a modulator, *e.g.*, agonist, of a costimulatory molecule. In one embodiment, the agonist of the costimulatory molecule is chosen from an agonist (*e.g.*, an agonistic antibody or antigen-binding fragment thereof, or soluble fusion) of OX40, CD2, CD27, CDS, ICAM-1, LFA-1 (CD11a/CD18),
 40 ICOS (CD278), 4-1BB (CD137), GITR, CD30, CD40, BAFFR, HVEM, CD7, LIGHT, NKG2C, SLAMF7, NKp80, CD160, B7-H3 or CD83 ligand.

5 In another embodiment, the anti-PD-1 antibody molecule is used in combination with a costimulatory molecule, *e.g.*, an agonist associated with a positive signal that includes a costimulatory domain of CD28, CD27, ICOS and GITR.

In one embodiment, the anti-PD-1 antibody molecule is administered in combination with an inhibitor of an inhibitory molecule of an immune checkpoint molecule. It will be understood by those
10 of ordinary skill in the art, that the term "immune checkpoints" means a group of molecules on the cell surface of CD4 and CD8 T cells. These molecules can effectively serve as "brakes" to down-modulate or inhibit an anti-tumor immune response. Immune checkpoint molecules include, but are not limited to, Programmed Death 1 (PD-1), Cytotoxic T-Lymphocyte Antigen 4 (CTLA-4), B7H1, B7H4, OX-40, CD137, CD40, LAG-3 and TIM-3, which directly inhibit immune cells.

15 Immunotherapeutic agents which can act as immune checkpoint inhibitors useful in the methods of the present invention, include, but are not limited to, inhibitors of PD-L1, PD-L2, CTLA-4, TIM-3, LAG-3, VISTA, BTLA, TIGIT, LAIR1, CD160, 2B4, CEACAM (*e.g.*, CEACAM-1 and/or CEACAM-5), and/or TGF beta.

In one embodiment, the inhibitor is a soluble ligand (*e.g.*, a CTLA-4-Ig or a TIM-3-Ig), or an
20 antibody or antibody fragment that binds to PD-L1, PD-L2 or CTLA-4. For example, the anti-PD-1 antibody molecule can be administered in combination with an anti-CTLA-4 antibody, *e.g.*, ipilimumab, for example, to treat a cancer (*e.g.*, a cancer chosen from: a melanoma, *e.g.*, a metastatic melanoma; a lung cancer, *e.g.*, a non-small cell lung carcinoma; or a prostate cancer). Exemplary anti-CTLA-4 antibodies include Tremelimumab (IgG2 monoclonal antibody available from Pfizer,
25 formerly known as ticilimumab, CP-675,206); and Ipilimumab (CTLA-4 antibody, also known as MDX-010, CAS No. 477202-00-9). In one embodiment, the anti-PD-1 antibody molecule is administered after treatment, *e.g.*, after treatment of a melanoma, with an anti-CTLA-4 antibody (*e.g.*, ipilimumab) with or without a BRAF inhibitor (*e.g.*, vemurafenib or dabrafenib). Exemplary doses that can be use include a dose of anti-PD-1 antibody molecule of about 1 to 10 mg/kg, *e.g.*, 3 mg/kg,
30 or 200 to 500 mg, *e.g.*, 300 mg or 400 mg), and a dose of an anti-CTLA-4 antibody, *e.g.*, ipilimumab, of about 3 mg/kg.

Immune inhibitory molecules, *e.g.*, PD-1 and LAG-3, can regulate, *e.g.*, synergistically regulate, T-cell function to promote tumoral immune escape. In another embodiment, the anti-PD-1 antibody molecule is administered in combination with an anti-LAG-3 antibody or an antigen-binding
35 fragment thereof. In another embodiment, the anti-PD-1 antibody molecule is administered in combination with an anti-TIM-3 antibody or antigen-binding fragment thereof. In yet other embodiments, the anti-PD-1 antibody molecule is administered in combination with an anti-LAG-3 antibody and an anti-TIM-3 antibody, or antigen-binding fragments thereof. The combination of antibodies recited herein can be administered separately, *e.g.*, as separate antibodies, or linked, *e.g.*, as
40 a bispecific or trispecific antibody molecule. In another embodiment, the anti-PD-1 antibody molecule is administered in combination with a CEACAM inhibitor (*e.g.*, CEACAM-1, CEACAM-3,

5 and/or CEACAM-5 inhibitor), *e.g.*, an anti-CEACAM antibody molecule. In another embodiment, the anti-PD-1 antibody molecule is administered in combination with a CEACAM-1 inhibitor, *e.g.*, an anti-CEACAM-1 antibody molecule. In another embodiment, the anti-PD-1 antibody molecule is administered in combination with a CEACAM-5 inhibitor, *e.g.*, an anti-CEACAM-5 antibody molecule. In one embodiment, a bispecific antibody that includes an anti-PD-1 antibody molecule and an anti-TIM-3 or anti-LAG-3 antibody, or antigen-binding fragment thereof, is administered. In certain embodiments, the combination of antibodies recited herein is used to treat a cancer, *e.g.*, a cancer as described herein (*e.g.*, a solid tumor). The efficacy of the aforesaid combinations can be tested in animal models known in the art. For example, the animal models to test the synergistic effect of anti-PD-1 and anti-LAG-3 are described, *e.g.*, in Woo *et al.* (2012) *Cancer Res.* 72(4):917-15 27).

In one embodiment, the inhibitor of CEACAM (*e.g.*, CEACAM-1 and/or CEACAM-5) is an anti-CEACAM antibody molecule. Without wishing to be bound by theory, CEACAM-1 has been described as a ligand and partner of TIM-3 (*see e.g.*, WO 2014/022332). Synergistic *in vivo* effect of the combination of anti-TIM-3 and anti-CEACAM-1 antibodies have been detected in xenograft cancer models (*see e.g.*, WO 2014/022332). Tumors are believed to use CEACAM-1 or CEACAM-5 to inhibit the immune system, as described in, *e.g.*, Markel *et al.* *J Immunol.* 2002 Mar 15;168(6):2803-10; Markel *et al.* *J Immunol.* 2006 Nov 1;177(9):6062-71; Markel *et al.* *Immunology.* 2009 Feb;126(2):186-200; Markel *et al.* *Cancer Immunol Immunother.* 2010 Feb;59(2):215-30; Ortenberg *et al.* *Mol Cancer Ther.* 2012 Jun;11(6):1300-10; Stern *et al.* *J Immunol.* 2005 Jun 1;174(11):6692-701; Zheng *et al.* *PLoS One.* 2010 Sep 2;5(9). pii: e12529. Thus, CEACAM inhibitors can be used with the other immunomodulators described herein (*e.g.*, anti-PD-1 or anti-TIM-3 inhibitors) to enhance an immune response against a cancer, *e.g.*, melanoma, lung cancer (*e.g.*, NSCLC), bladder, colon or ovarian cancer, or other cancers as described herein. In one embodiment, the inhibitor of CEACAM is an anti-CEACAM-1 antibody as described in WO 2010/125571, WO 2013/82366 and WO 2014/022332, *e.g.*, a monoclonal antibody 34B1, 26H7, and 5F4 or a recombinant form thereof, as described in, *e.g.*, US 2004/0047858, US 7,132,255 and WO 99/52552. In other embodiments, the anti-CEACAM antibody is an anti-CEACAM-1 and/or anti-CEACAM-5 antibody molecule as described in, *e.g.*, WO 2010/125571, WO 2013/054331 and US 2014/0271618.

In some embodiments, the PD-1 and LAG-3 immune inhibitory molecules (*e.g.*, antibody molecules) are administered in combination with each other, *e.g.*, to treat cancer. In some embodiments, the patient is a patient who progressed (*e.g.*, experienced tumor growth) during therapy with a PD-1 inhibitor (*e.g.*, an antibody molecule as described herein) and/or a PD-L1 inhibitor (*e.g.*, antibody molecule). In some embodiments, therapy with the PD-1 antibody molecule and/or PD-L1 antibody molecule is continued, and a LAG-3 immune inhibitory molecule (*e.g.*, antibody) is added to the therapy.

5 In some embodiments, the PD-1 and TIM-3 immune inhibitory molecules (*e.g.*, antibody molecules) are administered in combination with each other, *e.g.*, to treat cancer. In some
embodiments, the patient is a patient who progressed (*e.g.*, experienced tumor growth) during therapy
with a PD-1 inhibitor (*e.g.*, an antibody molecule as described herein) and/or a PD-L1 inhibitor (*e.g.*,
antibody molecule). In some embodiments, therapy with the PD-1 antibody molecule and/or PD-L1
10 antibody molecule is continued, and a TIM-3 immune inhibitory molecule (*e.g.*, antibody) is added to
the therapy.

In other embodiments, the anti-PD-1 antibody molecule is administered in combination with a
cytokine, *e.g.*, interleukin-21, interleukin-2, interleukin-12, or interleukin-15. In certain
embodiments, the combination of anti-PD-1 antibody molecule and cytokine described herein is used
15 to treat a cancer, *e.g.*, a cancer as described herein (*e.g.*, a solid tumor or melanoma).

Exemplary immunomodulators that can be used in combination with anti-PD-1 antibody
molecules include, but are not limited to, *e.g.*, afutuzumab (available from Roche®); pegfilgrastim
(Neulasta®); lenalidomide (CC-5013, Revlimid®); thalidomide (Thalomid®), actimid (CC4047); and
cytokines, *e.g.*, IL-21 or IRX-2 (mixture of human cytokines including interleukin 1, interleukin 2,
20 and interferon γ , CAS 951209-71-5, available from IRX Therapeutics).

In yet other embodiments, the anti-PD-1 antibody molecule is used in combination with an
indoleamine-pyrrole 2,3-dioxygenase (IDO) inhibitor (*e.g.*, INCB24360) in a subject with advanced
or metastatic cancer (*e.g.*, a patient with metastatic and recurrent NSCL cancer).

In other embodiments, the combinations disclosed herein, *e.g.*, the combination comprising an
25 anti-PD-1 antibody molecule, are administered to a subject in conjunction with (*e.g.*, before,
simultaneously or following) one or more of: bone marrow transplantation, T cell ablative therapy
using chemotherapy agents such as, fludarabine, external-beam radiation therapy (XRT),
cyclophosphamide, and/or antibodies such as OKT3 or CAMPATH. In one embodiment, the
combinations, *e.g.*, the combinations comprising an anti-PD-1 antibody molecule, are administered
30 following B-cell ablative therapy such as agents that react with CD20, *e.g.*, Rituxan. For example, in
one embodiment, subjects may undergo standard treatment with high dose chemotherapy followed by
peripheral blood stem cell transplantation. In certain embodiments, following the transplant, subjects
receive the combinations. In an additional embodiment, the combinations are administered before or
following surgery.

35 Another example of a combination is an anti-PD-1 antibody in combination with decarbazine
for the treatment of melanoma. Other combination therapies that may result in synergy with PD-1
blockade through cell death are radiation, surgery, and hormone deprivation. Each of these protocols
creates a source of tumor antigen in the host. Angiogenesis inhibitors may also be combined with PD-
1 blockade. Inhibition of angiogenesis leads to tumor cell death which may feed tumor antigen into
40 host antigen presentation pathways.

5 Combinations that include PD-1 blocking antibodies can also be used in combination with bispecific antibodies. Bispecific antibodies can be used to target two separate antigens. For example anti-Fc receptor/anti-tumor antigen (*e.g.*, Her-2/neu) bispecific antibodies have been used to target macrophages to sites of tumor. This targeting may more effectively activate tumor specific responses. The T cell arm of these responses would be augmented by the use of PD-1 blockade. Alternatively,
10 antigen may be delivered directly to DCs by the use of bispecific antibodies which bind to tumor antigen and a dendritic cell specific cell surface marker.

Tumors evade host immune surveillance by a large variety of mechanisms. Many of these mechanisms may be overcome by the inactivation of proteins which are expressed by the tumors and which are immunosuppressive. These include among others TGF-beta (Kehrl, J. *et al.* (1986) *J. Exp.*
15 *Med.* 163: 1037-1050), IL-10 (Howard, M. & O'Garra, A. (1992) *Immunology Today* 13: 198-200), and Fas ligand (Hahne, M. *et al.* (1996) *Science* 274: 1363-1365). Compositions disclosed herein that include anti-PD-1 antibodies can counteract the effects of the immunosuppressive agent and favor tumor immune responses by the host.

Other antibodies which may be used to activate host immune responsiveness can be used in
20 the combinations herein further in combination with an anti-PD-1 antibody molecule, *e.g.*, an anti-PD-1 antibody molecule as described herein. These include molecules on the surface of dendritic cells which activate DC function and antigen presentation. Anti-CD40 antibodies are able to substitute effectively for T cell helper activity (Ridge, J. *et al.* (1998) *Nature* 393: 474-478) and can be used in conjunction with PD-1 antibodies (Ito, N. *et al.* (2000) *Immunobiology* 201 (5) 527-40). Antibodies
25 to T cell costimulatory molecules such as CTLA-4 (*e.g.*, U.S. Pat. No. 5,811,097), OX-40 (Weinberg, A. *et al.* (2000) *Immunol* 164: 2160-2169), 4-1BB (Melero, I. *et al.* (1997) *Nature Medicine* 3: 682-685 (1997), and ICOS (Hutloff, A. *et al.* (1999) *Nature* 397: 262-266) may also provide for increased levels of T cell activation.

Additional exemplary standard of care treatments are described in the section entitled
30 "Combination Therapies" in U.S. Patent Application Publication No. 2015/0210769 (USPN 14/604,415), entitled "Antibody Molecules to PD-1 and Uses Thereof," incorporated by reference in its entirety, and below.

In all of the methods described herein, PD-1 blockade can be combined with other forms of immunotherapy such as cytokine treatment (*e.g.*, interferons, GM-CSF, G-CSF, IL-2, IL-21), or
35 bispecific antibody therapy, which provides for enhanced presentation of tumor antigens (*see e.g.*, Holliger (1993) *Proc. Natl. Acad. Sci. USA* 90:6444-6448; Poljak (1994) *Structure* 2:1121-1123).

Methods of administering the antibody molecules are known in the art and are described below. Suitable dosages of the molecules used will depend on the age and weight of the subject and the particular drug used. Dosages and therapeutic regimens of the anti-PD-1 antibody molecule can be
40 determined by a skilled artisan. In certain embodiments, the anti-PD-1 antibody molecule is administered by injection (*e.g.*, subcutaneously or intravenously) at a dose of about 1 to 30 mg/kg,

5 *e.g.*, about 5 to 25 mg/kg, about 10 to 20 mg/kg, about 1 to 5 mg/kg, or about 3 mg/kg. In some
embodiments, the anti-PD-1 antibody molecule is administered at a dose of about 1 mg/kg, about 3
mg/kg, about 5 mg/kg, about 10 mg/kg, about 20 mg/kg, about 30 mg/kg, or about 40 mg/kg. In some
embodiments, the anti-PD-1 antibody molecule is administered at a dose of about 1-3 mg/kg, or about
3-10 mg/kg. In some embodiments, the anti-PD-1 antibody molecule is administered at a dose of
10 about 0.5-2, 2-4, 2-5, 5-15, or 5-20 mg/kg. The dosing schedule can vary from *e.g.*, once a week to
once every 2, 3, or 4 weeks. In one embodiment, the anti-PD-1 antibody molecule is administered at
a dose from about 10 to 20 mg/kg every other week. In another embodiment, the anti-PD-1 antibody
molecule is administered at a dose of about 1 mg/kg once every two weeks, about 3 mg/kg once every
two weeks, 10 mg/kg once every two weeks, 3 mg/kg once every four weeks, or 5 mg/kg once every
15 four weeks.

In other embodiments, the anti-PD-1 antibody molecule is administered by injection (*e.g.*,
subcutaneously or intravenously) at a dose (*e.g.*, a flat dose) of about 200 mg to 500 mg, *e.g.*, about
250 mg to 450 mg, about 300 mg to 400 mg, about 250 mg to 350 mg, about 350 mg to 450 mg, or
about 300 mg or about 400 mg. In some embodiments, the anti-PD-1 antibody molecule is
20 administered at a dose of about 200 mg, 250 mg, 300 mg, 350 mg, 400 mg, 450 mg, or 500 mg. In
some embodiments, the anti-PD-1 antibody molecule is administered at a dose of about 250-450 mg,
or about 300-400 mg. In some embodiments, the anti-PD-1 antibody molecule is administered at a
dose of about 200-300 mg, 250-350 mg, 300-400 mg, 350-450 mg, or 400-500 mg. The dosing
schedule can vary from *e.g.*, once a week to once every 2, 3, 4, 5, or 6 weeks. In one embodiment the
25 anti-PD-1 antibody molecule is administered at a dose from about 300 mg to 400 mg once every three
or once every four weeks. In one embodiment, the anti-PD-1 antibody molecule is administered at a
dose from about 300 mg once every three weeks. In one embodiment, the anti-PD-1 antibody
molecule is administered at a dose from about 400 mg once every four weeks. In one embodiment,
the anti-PD-1 antibody molecule is administered at a dose from about 300 mg once every four weeks.
30 In one embodiment, the anti-PD-1 antibody molecule is administered at a dose from about 400 mg
once every three weeks.

The antibody molecules can be used in unconjugated forms or conjugated to a second agent,
e.g., a cytotoxic drug, radioisotope, or a protein, *e.g.*, a protein toxin or a viral protein. This method
includes: administering the antibody molecule, alone or conjugated to a cytotoxic drug, to a subject
35 requiring such treatment. The antibody molecules can be used to deliver a variety of therapeutic
agents, *e.g.*, a cytotoxic moiety, *e.g.*, a therapeutic drug, a radioisotope, molecules of plant, fungal, or
bacterial origin, or biological proteins (*e.g.*, protein toxins) or particles (*e.g.*, a recombinant viral
particles, *e.g.*, via a viral coat protein), or mixtures thereof.

5 *Additional Combination Therapies*

The combinations disclosed herein, *e.g.*, the combination comprising PD-1 blocking agents, may also be combined with a standard cancer treatment, *e.g.*, chemotherapeutic regimes. In these instances, it may be possible to reduce the dose of chemotherapeutic reagent administered (Mokyr, M. *et al.* (1998) *Cancer Research* 58: 5301-5304). In certain embodiments, the methods and

10 compositions described herein are administered in combination with one or more of other antibody molecules, chemotherapy, other anti-cancer therapy (*e.g.*, targeted anti-cancer therapies, or oncolytic drugs), cytotoxic agents, immune-based therapies (*e.g.*, cytokines), surgical and/or radiation procedures. Exemplary cytotoxic agents that can be administered in combination with include

15 antimicrotubule agents, topoisomerase inhibitors, anti-metabolites, mitotic inhibitors, alkylating agents, anthracyclines, vinca alkaloids, intercalating agents, agents capable of interfering with a signal transduction pathway, agents that promote apoptosis, proteasome inhibitors, and radiation (*e.g.*, local or whole body irradiation).

Alternatively, or in combination with the aforesaid combinations, the methods and compositions described herein can be administered in combination with one or more of: an

20 immunomodulator (*e.g.*, an activator of a costimulatory molecule or an inhibitor of an inhibitory molecule); a vaccine, *e.g.*, a therapeutic cancer vaccine; or other forms of cellular immunotherapy.

Exemplary combinations, *e.g.*, combinations comprising anti-PD-1 antibody molecules and standard of care for cancer, are disclosed in U.S. Patent Application Publication No. 2015/0210769 (USSN 14/604,415), entitled "Antibody Molecules to PD-1 and Uses Thereof," incorporated by

25 reference in its entirety, including, but not limited to, alkylating agents, anthracyclines, vinca alkaloids, proteasome inhibitors, and tyrosine kinase inhibitors (*e.g.*, a receptor tyrosine kinase (RTK) inhibitor).

Exemplary tyrosine kinase inhibitor include, but are not limited to, an epidermal growth factor (EGF) pathway inhibitor (*e.g.*, an epidermal growth factor receptor (EGFR) inhibitor), a

30 vascular endothelial growth factor (VEGF) pathway inhibitor (*e.g.*, a vascular endothelial growth factor receptor (VEGFR) inhibitor (*e.g.*, a VEGFR-1 inhibitor, a VEGFR-2 inhibitor, a VEGFR-3 inhibitor)), a platelet derived growth factor (PDGF) pathway inhibitor (*e.g.*, a platelet derived growth factor receptor (PDGFR) inhibitor (*e.g.*, a PDGFR- β inhibitor)), a RAF-1 inhibitor, a KIT inhibitor and a RET inhibitor. Selected tyrosine kinase inhibitors are chosen from sunitinib, erlotinib, gefitinib,

35 or sorafenib. Sorafenib is also known as 4-[4-[[4-chloro-3-(trifluoromethyl)phenyl]carbamoylamino]phenoxy]-N-methyl-pyridine-2-carboxamide. In certain embodiments, the combination includes sorafenib, *e.g.*, to treat a cancer described herein, *e.g.*, a liver cancer (*e.g.*, a hepatocellular carcinoma).

In certain embodiments, combinations include Vascular Endothelial Growth Factor (VEGF)

40 receptor inhibitors, *e.g.*, a VEGFR inhibitor as described herein.

5 In some embodiments, the combination includes a PI3K inhibitor, *e.g.*, a PI3K inhibitor as described herein.

In some embodiments, the combination includes an mTOR inhibitor, *e.g.*, an mTOR inhibitor as described herein.

10 In some embodiments, the combination includes a BRAF inhibitor, *e.g.*, GSK2118436, RG7204, PLX4032, GDC-0879, PLX4720, and sorafenib tosylate (Bay 43-9006). In some embodiments, the combination includes a RAF inhibitor, *e.g.*, dabrafenib or N-{3-[5-(2-aminopyrimidin-4-yl)-2-tert-butyl-1,3-thiazol-4-yl]-2-fluorophenyl}-2,6-difluorobenzenesulfonamide.

15 In some embodiments, the combination includes a MEK inhibitor. In some embodiments, the cancer treated with the combination is chosen from a melanoma, a colorectal cancer, a non-small cell lung cancer, an ovarian cancer, a breast cancer (*e.g.*, a triple negative breast cancer (TNBC), a prostate cancer, a pancreatic cancer, a hematological malignancy or a renal cell carcinoma. In certain embodiments, the cancer includes a BRAF mutation (*e.g.*, a BRAF V600E mutation), a BRAF wildtype, a KRAS wildtype or an activating KRAS mutation. The cancer may be at an early, intermediate or late stage. In one embodiment, the cancer treated with the combination is an
20 unresectable or metastatic melanoma, *e.g.*, having a BRAFV600 mutation. In certain embodiments, the cancer is chosen from a colorectal cancer (*e.g.*, a microsatellite stable colorectal cancer (MSS CRC), a lung cancer (*e.g.*, a non-small cell lung cancer), or a breast cancer (*e.g.*, a triple negative lung cancer (TNBC)).

Any MEK inhibitor can be used in combination including, but not limited to, ARRY-142886,
25 G02442104 (also known as GSK1120212), RDEA436, RDEA119/BAY 869766, AS703026, G00039805 (also known as AZD-6244 or selumetinib), BIX 02188, BIX 02189, CI-1040 (PD-184352), PD0325901, PD98059, U0126, GDC-0973 (Methanone, [3,4-difluoro-2-[(2-fluoro-4-iodophenyl)amino]phenyl][3-hydroxy-3-(25)-2-piperidinyl-1-azetidinyll-), G-38963, G02443714 (also known as AS703206), or a pharmaceutically acceptable salt or solvate thereof. Additional
30 examples of MEK inhibitors are disclosed in WO 2013/019906, WO 03/077914, WO 2005/121142, WO 2007/04415, WO 2008/024725 and WO 2009/085983, the contents of which are incorporated herein by reference.

In some embodiments, the MEK inhibitor is trametinib or N-(3-{3-Cyclopropyl-5-[(2-fluoro-4-iodophenyl)amino]-6,8-dimethyl-2,4,7-trioxo-3,4,6,7-tetrahydropyrido[4,3-d]pyrimidin-1(2H)-
35 yl}phenyl)acetamide.

In some embodiments, the MEK inhibitor or trametinib is a reversible and highly selective allosteric inhibitor of MEK1 and MEK2. MEK proteins are important components of the MAPK pathway which is commonly hyperactivated in tumor cells. Oncogenic mutations in both BRAF (a member of the RAF kinases) and RAS signal through MEK1 or MEK2. Without wishing to be bound
40 by theory, it is believed that in some embodiments, a MEK inhibitor, *e.g.*, trametinib, can increase

5 CD4+ and CD8+ tumor infiltrating lymphocytes (TILs) and/or increase the efficacy of a PD-1 inhibitor (Liu *et al.* (2014) *Clin. Cancer Res.* p. 462-8).

In some embodiments, the combination described herein includes a MEK inhibitor or trametinib, and an inhibitor of an immune checkpoint molecule, *e.g.*, an inhibitor of PD-1 (*e.g.*, an anti-PD-1 antibody molecule).

10 MAPK pathway signaling is important for tumor growth (Downward (2003) *Nat. Rev. Cancer.* p. 11-22) and trametinib is efficacious as monotherapy and in combination with dabrafenib for the treatment of BRAFV600 mutant melanoma. Trametinib achieves MEK inhibition in tumor cells at exposures achieved at the approved dose of 2 mg p.o. once a day (QD) (Infante *et al.* (2012) *Lancet Oncol.* p. 773-81). Pre-clinical data in the CT26 mouse syngeneic model demonstrates that the
15 combination of trametinib and anti-PD-L1 antibody results in increased TILs, decreased tumor growth and prolongation of survival (Liu *et al.* (2015) *Clin. Cancer Res.* p. 1639-51). The immunomodulatory effects of trametinib in combination with checkpoint inhibitor antibodies have been investigated in the CT26 murine syngeneic model *in vivo*. For example, trametinib increases the numbers of tumor infiltrating lymphocytes (TILs), and trametinib potentiates the anti-tumor effects of
20 anti-PD-1 antibody, anti-PD-L1 antibody, and anti-CTLA-4 antibody treatment. Using this model, mice were treated with control, trametinib, anti-PD-1 antibody or the combination of trametinib and anti-PD-1 antibody for seven days and then the tumors were harvested. Treatment with either trametinib or trametinib and anti-PD-1 antibody for seven days resulted in significant increases of CD4+ T cells in tumor tissue. Only treatment with the combination of trametinib and anti-PD-1
25 antibody resulted in significant increases in CD8+ T cells. In addition, in the CT26 murine model, the combination of trametinib and anti-PD-1 antibody was more effective in inhibiting tumor growth than either single agent. Treatment with the combination also prolonged survival. The schedule of drug administration can be important. Tumor growth was inhibited when trametinib and anti-PD-1 antibody were administered concurrently, or when trametinib was first given as single agent for 7
30 days prior to combination treatment. Tumor growth was not inhibited when the antibody was given first followed by combination therapy, indicating that the schedule of drug administration can be important. In some embodiments, the MEK inhibitor or trametinib enhances, or is used to enhance, an anti-tumor effect of the inhibitor of PD-1 (*e.g.*, the anti-PD-1 antibody molecule).

35 In some embodiments, the MEK inhibitor or trametinib, and the inhibitor of an immune checkpoint molecule, *e.g.*, an inhibitor of PD-1 (*e.g.*, an anti-PD-1 antibody molecule), each is administered at a dose and/or on a time schedule, that in combination, achieves a desired anti-tumor activity.

In one embodiment, the MEK inhibitor or trametinib is administered at a dose between 0.2 mg and 5 mg, *e.g.*, between 0.3 mg and 4 mg, between 0.4 mg and 3 mg, between 0.5 mg and 2 mg,
40 between 1 mg and 1.5 mg, between 1.5 mg and 2 mg, or between 0.4 mg and 0.6 mg, *e.g.*, at a dose of

5 0.2 mg, 0.5 mg, 1 mg, 1.5 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, or 5 mg, *e.g.*, twice a day, once a day, once every two days, once every three days, or once a week.

In one embodiment, the MEK inhibitor or trametinib is administered at a dose between 0.4 mg and 0.6 mg (*e.g.*, at a dose of 0.5 mg) once a day. In another embodiment, the MEK inhibitor or trametinib is administered at a dose between 1 mg and 3 mg (*e.g.*, at a dose of 2 mg) once a day. In
10 some embodiments, the MEK inhibitor or trametinib, is administered orally. In one embodiment, the MEK inhibitor or trametinib is administered at a dose between 0.4 mg and 0.6 mg (*e.g.*, at a dose of 0.5 mg), *e.g.*, once a day, *e.g.*, orally, and the PD-1 inhibitor (*e.g.*, the anti-PD-1 antibody molecule) is administered at a dose between 300 mg and 500 mg (*e.g.*, a dose of 400 mg), *e.g.*, once every 4 weeks, *e.g.*, by intravenous infusion. In one embodiment, the MEK inhibitor or
15 trametinib is administered at a dose between 1 mg and 3 mg (*e.g.*, at a dose of 2 mg), *e.g.*, once a day, *e.g.*, orally, and the PD-1 inhibitor (*e.g.*, the anti-PD-1 antibody molecule) is administered at a dose between 300 mg and 500 mg (*e.g.*, a dose of 400 mg), *e.g.*, once every 4 weeks or once every 8 weeks, *e.g.*, by intravenous infusion.

In one embodiment, the MEK inhibitor or trametinib, is administered in combination with the
20 PD-1 inhibitor (*e.g.*, the anti-PD-1 antibody molecule) to treat a melanoma (*e.g.*, a metastatic or unresectable melanoma), a colorectal cancer (CRC), a lung cancer (*e.g.*, non-small cell lung cancer (NSCLC)), or a breast cancer (*e.g.*, a triple negative breast cancer (TNBC)). In certain embodiments, the melanoma has a BRAF mutation, *e.g.*, a BRAF V600 mutation. In some embodiments, the combination further includes a BRAF inhibitor, *e.g.*, dabrafenib. In some embodiments, the
25 combination is used to treat a subject having an elevated level of LDH in serum, compared to a reference serum LDH level.

In some embodiments, the combination includes a JAK2 inhibitor, *e.g.*, CEP-701, INCB18424, CP-690550 (tasocitinib).

In some embodiments, the combination includes paclitaxel or a paclitaxel agent, *e.g.*,
30 TAXOL®, protein-bound paclitaxel (*e.g.*, ABRAXANE®).

Radiation therapy can be administered through one of several methods, or a combination of methods, including without limitation external-beam therapy, internal radiation therapy, implant radiation, stereotactic radiosurgery, systemic radiation therapy, radiotherapy and permanent or
35 temporary interstitial brachytherapy.

The combinations disclosed can be administered in combination with one or more of the existing modalities for treating cancers, including, but not limited to: surgery; radiation therapy (*e.g.*, external-beam therapy which involves three dimensional, conformal radiation therapy where the field of radiation is designed, local radiation (*e.g.*, radiation directed to a preselected target or organ), or
40 focused radiation). Focused radiation can be selected from the group consisting of stereotactic radiosurgery, fractionated stereotactic radiosurgery, and intensity-modulated radiation therapy. The

5 focused radiation can have a radiation source selected from the group consisting of a particle beam (proton), cobalt-60 (photon), and a linear accelerator (x-ray), *e.g.*, as described in WO 2012/177624.

In certain embodiments, the combinations include an antibody against a Killer-cell Immunoglobulin-like Receptors (also referred to herein as an “anti-KIR antibody”), a pan-KIR antibody, an anti-NKG2D antibody, and an anti-MICA antibody. In certain embodiments, the
10 combination of anti-PD-1 antibody molecule and anti-KIR antibody, pan-KIR antibody, or an anti-NKG2D antibody described herein is used to treat a cancer, *e.g.*, a cancer as described herein (*e.g.*, a solid tumor, *e.g.*, an advanced solid tumor).

In one embodiment, the combination includes a cellular immunotherapy (*e.g.*, Provenge (*e.g.*, Sipuleucel)), and optionally in combination with cyclophosphamide. In certain embodiments, the
15 combination of anti-PD-1 antibody molecule, Provenge and/or cyclophosphamide is used to treat a cancer, *e.g.*, a cancer as described herein (*e.g.*, a prostate cancer, *e.g.*, an advanced prostate cancer).

In another embodiment, the combination includes a vaccine, *e.g.*, a dendritic cell renal carcinoma (DC-RCC) vaccine. In certain embodiments, the combination of anti-PD-1 antibody molecule and the DC-RCC vaccine is used to treat a cancer, *e.g.*, a cancer as described herein (*e.g.*, a
20 renal carcinoma, *e.g.*, metastatic renal cell carcinoma (RCC) or clear cell renal cell carcinoma (CCRCC)).

In yet another embodiment, the anti-PD-1 antibody molecule, alone or in combination with another immunomodulator (*e.g.*, an anti-LAG-3, anti-PD-L1 or anti-TIM-3 antibody molecule), is administered in combination with chemotherapy, and/or immunotherapy. For example, the anti-PD-1
25 antibody molecule can be used to treat a myeloma, alone or in combination with one or more of: chemotherapy or other anti-cancer agents (*e.g.*, thalidomide analogs, *e.g.*, lenalidomide), an anti-TIM-3 antibody, tumor antigen-pulsed dendritic cells, fusions (*e.g.*, electrofusions) of tumor cells and dendritic cells, or vaccination with immunoglobulin idiotype produced by malignant plasma cells. In one embodiment, the anti-PD-1 antibody molecule is used in combination with an anti-TIM-3
30 antibody to treat a myeloma, *e.g.*, a multiple myeloma.

In one embodiment, the anti-PD-1 antibody molecule, alone or in combination with another immunomodulator (*e.g.*, an anti-LAG-3, anti-PD-L1 or anti-TIM-3 antibody molecule), is used in combination with chemotherapy to treat a lung cancer, *e.g.*, non-small cell lung cancer. In one
35 embodiment, the anti-PD-1 antibody molecule is used with platinum doublet therapy to treat lung cancer.

In yet another embodiment, the anti-PD-1 antibody molecule, alone or in combination with another immunomodulator (*e.g.*, an anti-LAG-3, anti-PD-L1 or anti-TIM-3 antibody molecule), is used to treat a renal cancer, *e.g.*, renal cell carcinoma (RCC) (*e.g.*, clear cell renal cell carcinoma (CCRCC), a non-clear cell renal cell carcinoma (nccRCC), or metastatic RCC. The anti-PD-1
40 antibody molecule can be administered in combination with one or more of: an immune-based strategy (*e.g.*, interleukin-2 or interferon- α), a targeted agent (*e.g.*, a VEGF inhibitor such as a

monoclonal antibody to VEGF); a VEGF tyrosine kinase inhibitor such as sunitinib, sorafenib, axitinib and pazopanib; an RNAi inhibitor), or an inhibitor of a downstream mediator of VEGF signaling, *e.g.*, an inhibitor of the mammalian target of rapamycin (mTOR), *e.g.*, everolimus and temsirolimus. In certain embodiments, the combination includes sorafenib, *e.g.*, to treat a cancer described herein, *e.g.*, a liver cancer (*e.g.*, a hepatocellular carcinoma).

An example of suitable therapeutics for use in combination with the anti-PD-1 antibody molecules described herein, alone or in combination with another immunomodulator (*e.g.*, an anti-LAG-3, anti-PD-L1 or anti-TIM-3 antibody molecule), for treatment of pancreatic cancer includes, but is not limited to, a chemotherapeutic agent, *e.g.*, paclitaxel or a paclitaxel agent (*e.g.*, a paclitaxel formulation such as TAXOL, an albumin-stabilized nanoparticle paclitaxel formulation (*e.g.*, ABRAXANE) or a liposomal paclitaxel formulation); gemcitabine (*e.g.*, gemcitabine alone or in combination with AXP107-11); other chemotherapeutic agents such as oxaliplatin, 5-fluorouracil, capecitabine, rubitecan, epirubicin hydrochloride, NC-6004, cisplatin, docetaxel (*e.g.*, TAXOTERE), mitomycin C, ifosfamide; interferon; tyrosine kinase inhibitor (*e.g.*, EGFR inhibitor (*e.g.*, erlotinib, panitumumab, cetuximab, nimotuzumab); HER2/neu receptor inhibitor (*e.g.*, trastuzumab); dual kinase inhibitor (*e.g.*, bosutinib, saracatinib, lapatinib, vandetanib); multikinase inhibitor (*e.g.*, sorafenib, sunitinib, XL184, pazopanib); VEGF inhibitor (*e.g.*, bevacizumab, AV-951, brivanib); radioimmunotherapy (*e.g.*, XR303); cancer vaccine (*e.g.*, GVAX, survivin peptide); COX-2 inhibitor (*e.g.*, celecoxib); IGF-1 receptor inhibitor (*e.g.*, AMG 479, MK-0646); mTOR inhibitor (*e.g.*, everolimus, temsirolimus); IL-6 inhibitor (*e.g.*, CNTO 328); cyclin-dependent kinase inhibitor (*e.g.*, P276-00, UCN-01); Altered Energy Metabolism-Directed (AEMD) compound (*e.g.*, CPI-613); HDAC inhibitor (*e.g.*, vorinostat); TRAIL receptor 2 (TR-2) agonist (*e.g.*, conatumumab); MEK inhibitor (*e.g.*, AS703026, selumetinib, GSK1120212); Raf/MEK dual kinase inhibitor (*e.g.*, RO5126766); Notch signaling inhibitor (*e.g.*, MK0752); monoclonal antibody-antibody fusion protein (*e.g.*, L19IL2); curcumin; HSP90 inhibitor (*e.g.*, tanespimycin, STA-9090); rIL-2; denileukin diftitox; topoisomerase 1 inhibitor (*e.g.*, irinotecan, PEP02); statin (*e.g.*, simvastatin); Factor VIIa inhibitor (*e.g.*, PCI-27483); AKT inhibitor (*e.g.*, RX-0201); hypoxia-activated prodrug (*e.g.*, TH-302); metformin hydrochloride, gamma-secretase inhibitor (*e.g.*, RO4929097); ribonucleotide reductase inhibitor (*e.g.*, 3-AP); immunotoxin (*e.g.*, HuC242-DM4); PARP inhibitor (*e.g.*, KU-0059436, veliparib); CTLA-4 inhibitor (*e.g.*, CP-675,206, ipilimumab); AdV-tk therapy; proteasome inhibitor (*e.g.*, bortezomib (Velcade), NPI-0052); thiazolidinedione (*e.g.*, pioglitazone); NPC-1C; Aurora kinase inhibitor (*e.g.*, R763/AS703569), CTGF inhibitor (*e.g.*, FG-3019); siG12D LODER; and radiation therapy (*e.g.*, tomotherapy, stereotactic radiation, proton therapy), surgery, and a combination thereof. In certain embodiments, a combination of paclitaxel or a paclitaxel agent, and gemcitabine can be used with the anti-PD-1 antibody molecules described herein.

An example of suitable therapeutics for use in combination with the anti-PD-1 antibody molecules, alone or in combination with another immunomodulator (*e.g.*, an anti-LAG-3, anti-PD-L1

5 or anti-TIM-3 antibody molecule), for treatment of small cell lung cancer includes, but is not limited to, a chemotherapeutic agent, *e.g.*, etoposide, carboplatin, cisplatin, oxaliplatin, irinotecan, topotecan, gemcitabine, liposomal SN-38, bendamustine, temozolomide, belotecan, NK012, FR901228, flavopiridol); tyrosine kinase inhibitor (*e.g.*, EGFR inhibitor (*e.g.*, erlotinib, gefitinib, cetuximab, panitumumab); multikinase inhibitor (*e.g.*, sorafenib, sunitinib); VEGF inhibitor (*e.g.*, bevacizumab, vandetanib); cancer vaccine (*e.g.*, GVAX); Bcl-2 inhibitor (*e.g.*, oblimersen sodium, ABT-263);
 10 proteasome inhibitor (*e.g.*, bortezomib (Velcade), NPI-0052), paclitaxel or a paclitaxel agent; docetaxel; IGF-1 receptor inhibitor (*e.g.*, AMG 479); HGF/SF inhibitor (*e.g.*, AMG 102, MK-0646); chloroquine; Aurora kinase inhibitor (*e.g.*, MLN8237); radioimmunotherapy (*e.g.*, TF2); HSP90 inhibitor (*e.g.*, tanespimycin, STA-9090); mTOR inhibitor (*e.g.*, everolimus); Ep-CAM-/CD3-
 15 bispecific antibody (*e.g.*, MT110); CK-2 inhibitor (*e.g.*, CX-4945); HDAC inhibitor (*e.g.*, belinostat); SMO antagonist (*e.g.*, BMS 833923); peptide cancer vaccine, and radiation therapy (*e.g.*, intensity-modulated radiation therapy (IMRT), hypofractionated radiotherapy, hypoxia-guided radiotherapy), surgery, and combinations thereof.

An example of suitable therapeutics for use in combination with the anti-PD-1 antibody
 20 molecules, alone or in combination with another immunomodulator (*e.g.*, an anti-LAG-3, anti-PD-L1 or anti-TIM-3 antibody molecule), for treatment of non-small cell lung cancer includes, but is not limited to, a chemotherapeutic agent, *e.g.*, vinorelbine, cisplatin, docetaxel, pemetrexed disodium, etoposide, gemcitabine, carboplatin, liposomal SN-38, TLK286, temozolomide, topotecan, pemetrexed disodium, azacitidine, irinotecan, tegafur-gimeracil-oteracil potassium, sapacitabine);
 25 tyrosine kinase inhibitor (*e.g.*, EGFR inhibitor (*e.g.*, erlotinib, gefitinib, cetuximab, panitumumab, necitumumab, PF-00299804, nimotuzumab, RO5083945), MET inhibitor (*e.g.*, PF-02341066, ARQ 197), PI3K kinase inhibitor (*e.g.*, XL147, GDC-0941), Raf/MEK dual kinase inhibitor (*e.g.*, RO5126766), PI3K/mTOR dual kinase inhibitor (*e.g.*, XL765), SRC inhibitor (*e.g.*, dasatinib), dual
 30 inhibitor (*e.g.*, BIBW 2992, GSK1363089, ZD6474, AZD0530, AG-013736, lapatinib, MEHD7945A, linifanib), multikinase inhibitor (*e.g.*, sorafenib, sunitinib, pazopanib, AMG 706, XL184, MGCD265, BMS-690514, R935788), VEGF inhibitor (*e.g.*, endostar, endostatin, bevacizumab, cediranib, BIBF 1120, axitinib, tivozanib, AZD2171), cancer vaccine (*e.g.*, BLP25 liposome vaccine, GVAX, recombinant DNA and adenovirus expressing L523S protein), Bcl-2 inhibitor (*e.g.*, oblimersen sodium), proteasome inhibitor (*e.g.*, bortezomib, carfilzomib, NPI-0052, MLN9708), paclitaxel or a
 35 paclitaxel agent, docetaxel, IGF-1 receptor inhibitor (*e.g.*, cixutumumab, MK-0646, OSI 906, CP-751,871, BIIB022), hydroxychloroquine, HSP90 inhibitor (*e.g.*, tanespimycin, STA-9090, AUY922, XL888), mTOR inhibitor (*e.g.*, everolimus, temsirolimus, ridaforolimus), Ep-CAM-/CD3-bispecific antibody (*e.g.*, MT110), CK-2 inhibitor (*e.g.*, CX-4945), HDAC inhibitor (*e.g.*, MS 275, LBH589, vorinostat, valproic acid, FR901228), DHFR inhibitor (*e.g.*, pralatrexate), retinoid (*e.g.*, bexarotene, tretinoin), antibody-drug conjugate (*e.g.*, SGN-15), bisphosphonate (*e.g.*, zoledronic acid), cancer
 40 vaccine (*e.g.*, belagenpumatucel-L), low molecular weight heparin (LMWH) (*e.g.*, tinzaparin,

5 enoxaparin), GSK1572932A, melatonin, talactoferrin, dimesna, topoisomerase inhibitor (*e.g.*,
 amrubicin, etoposide, karenitecin), nelfinavir, cilengitide, ErbB3 inhibitor (*e.g.*, MM-121, U3-1287),
 survivin inhibitor (*e.g.*, YM155, LY2181308), eribulin mesylate, COX-2 inhibitor (*e.g.*, celecoxib),
 pegfilgrastim, Polo-like kinase 1 inhibitor (*e.g.*, BI 6727), TRAIL receptor 2 (TR-2) agonist (*e.g.*, CS-
 1008), CNGRC peptide (SEQ ID NO: 225)-TNF alpha conjugate, dichloroacetate (DCA), HGF
 10 inhibitor (*e.g.*, SCH 900105), SAR240550, PPAR-gamma agonist (*e.g.*, CS-7017), gamma-secretase
 inhibitor (*e.g.*, RO4929097), epigenetic therapy (*e.g.*, 5-azacitidine), nitroglycerin, MEK inhibitor
 (*e.g.*, AZD6244), cyclin-dependent kinase inhibitor (*e.g.*, UCN-01), cholesterol-Fus1, antitubulin
 agent (*e.g.*, E7389), farnesyl-OH-transferase inhibitor (*e.g.*, lonafarnib), immunotoxin (*e.g.*, BB-
 10901, SS1 (dsFv) PE38), fondaparinux, vascular-disrupting agent (*e.g.*, AVE8062), PD-L1 inhibitor
 15 (*e.g.*, MDX-1105, MDX-1106), beta-glucan, NGR-hTNF, EMD 521873, MEK inhibitor (*e.g.*,
 GSK1120212), epothilone analog (*e.g.*, ixabepilone), kinesin-spindle inhibitor (*e.g.*, 4SC-205),
 telomere targeting agent (*e.g.*, KML-001), P70 pathway inhibitor (*e.g.*, LY2584702), AKT inhibitor
 (*e.g.*, MK-2206), angiogenesis inhibitor (*e.g.*, lenalidomide), Notch signaling inhibitor (*e.g.*, OMP-
 21M18), radiation therapy, surgery, and combinations thereof.

20 An example of suitable therapeutics for use in combination with the anti-PD-1 antibody
 molecules, alone or in combination with another immunomodulator (*e.g.*, an anti-LAG-3, anti-PD-L1
 or anti-TIM-3 antibody molecule), for treatment of ovarian cancer includes, but is not limited to, a
 chemotherapeutic agent (*e.g.*, paclitaxel or a paclitaxel agent; docetaxel; carboplatin; gemcitabine;
 doxorubicin; topotecan; cisplatin; irinotecan, TLK286, ifosfamide, olaparib, oxaliplatin, melphalan,
 25 pemetrexed disodium, SJG-136, cyclophosphamide, etoposide, decitabine); ghrelin antagonist (*e.g.*,
 AEZS-130), immunotherapy (*e.g.*, APC8024, oregovomab, OPT-821), tyrosine kinase inhibitor (*e.g.*,
 EGFR inhibitor (*e.g.*, erlotinib), dual inhibitor (*e.g.*, E7080), multikinase inhibitor (*e.g.*, AZD0530, JI-
 101, sorafenib, sunitinib, pazopanib), ON 01910.Na), VEGF inhibitor (*e.g.*, bevacizumab, BIBF 1120,
 cediranib, AZD2171), PDGFR inhibitor (*e.g.*, IMC-3G3), paclitaxel, topoisomerase inhibitor (*e.g.*,
 30 karenitecin, Irinotecan), HDAC inhibitor (*e.g.*, valproate, vorinostat), folate receptor inhibitor (*e.g.*,
 farletuzumab), angiopoietin inhibitor (*e.g.*, AMG 386), epothilone analog (*e.g.*, ixabepilone),
 proteasome inhibitor (*e.g.*, carfilzomib), IGF-1 receptor inhibitor (*e.g.*, OSI 906, AMG 479), PARP
 inhibitor (*e.g.*, veliparib, AG014699, iniparib, MK-4827), Aurora kinase inhibitor (*e.g.*, MLN8237,
 ENMD-2076), angiogenesis inhibitor (*e.g.*, lenalidomide), DHFR inhibitor (*e.g.*, pralatrexate),
 35 radioimmunotherapeutic agent (*e.g.*, Hu3S193), statin (*e.g.*, lovastatin), topoisomerase 1 inhibitor
 (*e.g.*, NKTR-102), cancer vaccine (*e.g.*, p53 synthetic long peptides vaccine, autologous OC-DC
 vaccine), mTOR inhibitor (*e.g.*, temsirolimus, everolimus), BCR/ABL inhibitor (*e.g.*, imatinib), ET-A
 receptor antagonist (*e.g.*, ZD4054), TRAIL receptor 2 (TR-2) agonist (*e.g.*, CS-1008), HGF/SF
 inhibitor (*e.g.*, AMG 102), EGEN-001, Polo-like kinase 1 inhibitor (*e.g.*, BI 6727), gamma-secretase
 40 inhibitor (*e.g.*, RO4929097), Wee-1 inhibitor (*e.g.*, MK-1775), antitubulin agent (*e.g.*, vinorelbine,
 E7389), immunotoxin (*e.g.*, denileukin diftitox), SB-485232, vascular-disrupting agent (*e.g.*,

5 AVE8062), integrin inhibitor (*e.g.*, EMD 525797), kinesin-spindle inhibitor (*e.g.*, 4SC-205), revlimid, HER2 inhibitor (*e.g.*, MGAH22), ErrB3 inhibitor (*e.g.*, MM-121), radiation therapy; and combinations thereof.

In one exemplary embodiment, the anti-PD-1 antibody molecule, alone or in combination with another immunomodulator (*e.g.*, an anti-LAG-3, anti-PD-L1 or anti-TIM-3 antibody molecule),
 10 is used to treat a myeloma, alone or in combination with one or more of: chemotherapy or other anti-cancer agents (*e.g.*, thalidomide analogs, *e.g.*, lenalidomide), HSCT (Cook, R. (2008) *J Manag Care Pharm.* 14(7 Suppl):19-25), an anti-TIM-3 antibody (Hallett, WHD *et al.* (2011) *J of American Society for Blood and Marrow Transplantation* 17(8):1133-145), tumor antigen-pulsed dendritic cells, fusions (*e.g.*, electrofusions) of tumor cells and dendritic cells, or vaccination with immunoglobulin
 15 idiotype produced by malignant plasma cells (reviewed in Yi, Q. (2009) *Cancer J.* 15(6):502-10).

In yet another embodiment, the anti-PD-1 antibody molecule, alone or in combination with another immunomodulator (*e.g.*, an anti-LAG-3, anti-PD-L1 or anti-TIM-3 antibody molecule), is used to treat a renal cancer, *e.g.*, a renal cell carcinoma (RCC), a non-clear cell renal cell carcinoma, or a metastatic RCC. The anti-PD-1 antibody molecule can be administered in combination with one
 20 or more of: an immune-based strategy (*e.g.*, interleukin-2 or interferon- α), a targeted agent (*e.g.*, a VEGF inhibitor such as a monoclonal antibody to VEGF, *e.g.*, bevacizumab (Rini, B.I. *et al.* (2010) *J. Clin. Oncol.* 28(13):2137-2143)); a VEGF tyrosine kinase inhibitor such as sunitinib, sorafenib, axitinib and pazopanib (reviewed in Pal. S.K. *et al.* (2014) *Clin. Advances in Hematology & Oncology* 12(2):90-99)); an RNAi inhibitor), or an inhibitor of a downstream mediator of VEGF signaling, *e.g.*,
 25 an inhibitor of the mammalian target of rapamycin (mTOR), *e.g.*, everolimus and temsirolimus (Hudes, G. *et al.* (2007) *N. Engl. J. Med.* 356(22):2271-2281, Motzer, R.J. *et al.* (2008) *Lancet* 372: 449-456).

An example of suitable therapeutics for use in the combinations described herein, *e.g.*, the combinations with the anti-PD-1 antibody molecules described herein, alone or in combination with
 30 another immunomodulator (*e.g.*, an anti-LAG-3, anti-PD-L1 or anti-TIM-3 antibody molecule), for treatment of chronic myelogenous leukemia (AML) according to the invention includes, but is not limited to, a chemotherapeutic (*e.g.*, cytarabine, hydroxyurea, clofarabine, melphalan, thiotepa, fludarabine, busulfan, etoposide, cordycepin, pentostatin, capecitabine, azacitidine, cyclophosphamide, cladribine, topotecan), tyrosine kinase inhibitor (*e.g.*, BCR/ABL inhibitor (*e.g.*,
 35 imatinib, nilotinib), ON 01910.Na, dual inhibitor (*e.g.*, dasatinib, bosutinib), multikinase inhibitor (*e.g.*, DCC-2036, ponatinib, sorafenib, sunitinib, RGB-286638)), interferon alfa, steroids, apoptotic agent (*e.g.*, omacetaxine mepesuccinat), immunotherapy (*e.g.*, allogeneic CD4+ memory Th1-like T cells/microparticle-bound anti-CD3/anti-CD28, autologous cytokine induced killer cells (CIK), AHN-12), CD52 targeting agent (*e.g.*, alemtuzumab), HSP90 inhibitor (*e.g.*, tanespimycin, STA-9090,
 40 AUY922, XL888), mTOR inhibitor (*e.g.*, everolimus), SMO antagonist (*e.g.*, BMS 833923), ribonucleotide reductase inhibitor (*e.g.*, 3-AP), JAK-2 inhibitor (*e.g.*, INCB018424),

DEMANDE OU BREVET VOLUMINEUX

LA PRÉSENTE PARTIE DE CETTE DEMANDE OU CE BREVET COMPREND PLUS D'UN TOME.

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JUMBO APPLICATIONS/PATENTS

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What is claimed is:

1. An anti-PD-1 antibody molecule for use at a dose of about 300 mg to 400 mg once every three weeks or once every four weeks in treating a cancer in a subject,

wherein the anti-PD-1 antibody molecule comprises:

5 (a) a heavy chain variable region (VH) comprising a VHCDR1 amino acid sequence of SEQ ID NO: 4, a VHCDR2 amino acid sequence of SEQ ID NO: 5, and a VHCDR3 amino acid sequence of SEQ ID NO: 3; and a light chain variable region (VL) comprising a VLCDR1 amino acid sequence of SEQ ID NO: 13, a VLCDR2 amino acid sequence of SEQ ID NO: 14, and a VLCDR3 amino acid sequence of SEQ ID NO: 33;

10 (b) a VH comprising a VHCDR1 amino acid sequence of SEQ ID NO: 1; a VHCDR2 amino acid sequence of SEQ ID NO: 2; and a VHCDR3 amino acid sequence of SEQ ID NO: 3; and a VL comprising a VLCDR1 amino acid sequence of SEQ ID NO: 10, a VLCDR2 amino acid sequence of SEQ ID NO: 11, and a VLCDR3 amino acid sequence of SEQ ID NO: 32;

15 (c) a VH comprising a VHCDR1 amino acid sequence of SEQ ID NO: 224, a VHCDR2 amino acid sequence of SEQ ID NO: 5, and a VHCDR3 amino acid sequence of SEQ ID NO: 3; and a VL comprising a VLCDR1 amino acid sequence of SEQ ID NO: 13, a VLCDR2 amino acid sequence of SEQ ID NO: 14, and a VLCDR3 amino acid sequence of SEQ ID NO: 33; or

20 (d) a VH comprising a VHCDR1 amino acid sequence of SEQ ID NO: 224; a VHCDR2 amino acid sequence of SEQ ID NO: 2; and a VHCDR3 amino acid sequence of SEQ ID NO: 3; and a VL comprising a VLCDR1 amino acid sequence of SEQ ID NO: 10, a VLCDR2 amino acid sequence of SEQ ID NO: 11, and a VLCDR3 amino acid sequence of SEQ ID NO: 32.

25 2. A method of treating a cancer in a subject, the method comprising administering to the subject an anti-PD-1 antibody molecule at a dose of about 300 mg to 400 mg once every three weeks or once every four weeks,

wherein the anti-PD-1 antibody molecule comprises:

30 (a) a heavy chain variable region (VH) comprising a VHCDR1 amino acid sequence of SEQ ID NO: 4, a VHCDR2 amino acid sequence of SEQ ID NO: 5, and a VHCDR3 amino acid sequence of SEQ ID NO: 3; and a light chain variable region (VL) comprising a VLCDR1 amino acid sequence of SEQ ID NO: 13, a VLCDR2 amino acid sequence of SEQ ID NO: 14, and a VLCDR3 amino acid sequence of SEQ ID NO: 33;

35 (b) a VH comprising a VHCDR1 amino acid sequence of SEQ ID NO: 1; a VHCDR2 amino acid sequence of SEQ ID NO: 2; and a VHCDR3 amino acid sequence of SEQ ID NO: 3; and a VL comprising a VLCDR1 amino acid sequence of SEQ ID NO: 10, a VLCDR2 amino acid sequence of SEQ ID NO: 11, and a VLCDR3 amino acid sequence of SEQ ID NO: 32;

(c) a VH comprising a VHCDR1 amino acid sequence of SEQ ID NO: 224, a VHCDR2 amino acid sequence of SEQ ID NO: 5, and a VHCDR3 amino acid sequence of SEQ ID NO: 3; and a VL comprising a VLCDR1 amino acid sequence of SEQ ID NO: 13, a VLCDR2 amino acid sequence of SEQ ID NO: 14, and a VLCDR3 amino acid sequence of SEQ ID NO: 33; or

5 (d) a VH comprising a VHCDR1 amino acid sequence of SEQ ID NO: 224; a VHCDR2 amino acid sequence of SEQ ID NO: 2; and a VHCDR3 amino acid sequence of SEQ ID NO: 3; and a VL comprising a VLCDR1 amino acid sequence of SEQ ID NO: 10, a VLCDR2 amino acid sequence of SEQ ID NO: 11, and a VLCDR3 amino acid sequence of SEQ ID NO: 32.

10 3. The antibody molecule for use of claim 1, or the method of claim 2, wherein the anti-PD-1 antibody molecule is used in combination with one or more therapeutic agents chosen from one, two, or all of the following categories (i)-(iii):

(i) an agent that enhances tumor antigen presentation chosen from one or more of: a STING agonist, a TLR agonist, an A2AR antagonist, an oncolytic virus, a TIM-3 modulator, a vascular
15 endothelial growth factor receptor (VEGFR) inhibitor, a c-Met inhibitor, a TGFb inhibitor, an IDO/TDO inhibitor, a vaccine, or a bi- or tri-specific cell engager;

(ii) an agent that enhances an effector cell response chosen from one or more of: a GITR agonist, a PD-L1 inhibitor, an inhibitor of IAP (Inhibitor of Apoptosis Protein), an inhibitor of EGFR (Epidermal Growth Factor Receptor), an inhibitor of target of rapamycin (mTOR), IL-15 or a variant
20 thereof, a CTLA-4 inhibitor, a bispecific antibody molecule that binds to CD3 and a tumor antigen, a CD40 agonist, an OX40 agonist, or a CD27 agonist; or

(iii) an agent that decreases tumor immunosuppression chosen from one or more of: a GITR agonist, an inhibitor of an immune checkpoint molecule chosen from one or more of PD-L1, LAG-3, TIM-3 or CTLA-4, a CSF-1/1R inhibitor, an IL-17 inhibitor, an IL-1 β inhibitor, a CXCR2 inhibitor,
25 an inhibitor of PI3K γ or PI3K δ , a BAFF-R inhibitor, a MALT-1/BTK inhibitor, a JAK inhibitor, a CRTH2 inhibitor, a VEGFR inhibitor, an IL-15 or a variant thereof, a CTLA-4 inhibitor, an IDO/TDO inhibitor, an A2AR antagonist, a TGFb inhibitor, or a PFKFB3 inhibitor,

4. The antibody molecule for use of claim 1 or 3, or the method of claim 2 or 3, wherein
30 the anti-PD-1 antibody molecule is used at a dose of about 300 mg once every three weeks.

5. The antibody molecule for use of claim 1 or 3, or the method of claim 2 or 3, wherein the anti-PD-1 antibody molecule is used at a dose of about 400 mg once every four weeks.

35 6. The antibody molecule for use of any of claims 1 or 3-5, or the method of any of claims 2-5, wherein the anti-PD-1 antibody molecule comprises:

- (a) a heavy chain variable domain comprising the amino acid sequence of SEQ ID NO: 38 and a light chain variable domain comprising the amino acid sequence of SEQ ID NO: 42;
- (b) a heavy chain variable domain comprising the amino acid sequence of SEQ ID NO: 38 and a light chain variable domain comprising the amino acid sequence of SEQ ID NO: 66;
- 5 (d) a heavy chain variable domain comprising the amino acid sequence of SEQ ID NO: 38 and a light chain variable domain comprising the amino acid sequence of SEQ ID NO: 70;
- (d) a heavy chain variable domain comprising the amino acid sequence of SEQ ID NO: 50 and a light chain variable domain comprising the amino acid sequence of SEQ ID NO: 70;
- (e) a heavy chain variable domain comprising the amino acid sequence of SEQ ID NO: 10 38 and a light chain variable domain comprising the amino acid sequence of SEQ ID NO: 46;
- (f) a heavy chain variable domain comprising the amino acid sequence of SEQ ID NO: 50 and a light chain variable domain comprising the amino acid sequence of SEQ ID NO: 46;
- (g) a heavy chain variable domain comprising the amino acid sequence of SEQ ID NO: 50 and a light chain variable domain comprising the amino acid sequence of SEQ ID NO: 54;
- 15 (h) a heavy chain variable domain comprising the amino acid sequence of SEQ ID NO: 38 and a light chain variable domain comprising the amino acid sequence of SEQ ID NO: 54;
- (i) a heavy chain variable domain comprising the amino acid sequence of SEQ ID NO: 38 and a light chain variable domain comprising the amino acid sequence of SEQ ID NO: 58;
- (j) a heavy chain variable domain comprising the amino acid sequence of SEQ ID NO: 20 38 and a light chain variable domain comprising the amino acid sequence of SEQ ID NO: 62;
- (k) a heavy chain variable domain comprising the amino acid sequence of SEQ ID NO: 50 and a light chain variable domain comprising the amino acid sequence of SEQ ID NO: 66;
- (l) a heavy chain variable domain comprising the amino acid sequence of SEQ ID NO: 38 and a light chain variable domain comprising the amino acid sequence of SEQ ID NO: 74;
- 25 (m) a heavy chain variable domain comprising the amino acid sequence of SEQ ID NO: 38 and a light chain variable domain comprising the amino acid sequence of SEQ ID NO: 78;
- (n) a heavy chain variable domain comprising the amino acid sequence of SEQ ID NO: 82 and a light chain variable domain comprising the amino acid sequence of SEQ ID NO: 70;
- (o) a heavy chain variable domain comprising the amino acid sequence of SEQ ID NO: 30 82 and a light chain variable domain comprising the amino acid sequence of SEQ ID NO: 66; or
- (p) a heavy chain variable domain comprising the amino acid sequence of SEQ ID NO: 86 and a light chain variable domain comprising the amino acid sequence of SEQ ID NO: 66.

7. The antibody molecule for use of any of claims 1 or 3-6, or the method of any of
35 claims 2-6, wherein the cancer is a solid tumor or a hematological cancer.

8. The antibody molecule for use of any of claims 1 or 3-7, or the method of any of claims 2-7, wherein the cancer is chosen from a lung cancer, a kidney cancer, a liver cancer, a myeloma, a prostate cancer, a breast cancer, a colorectal cancer (CRC), a gastric cancer, a pancreatic cancer, a thyroid cancer, a neuroendocrine tumor (NET), an ovarian cancer, a fallopian tube cancer, a lymphoma, a leukemia, a myelodysplastic syndrome (MDS), or a metastatic lesion of the cancer.

9. The antibody molecule for use of claim 8, or the method of claim 8, wherein the skin cancer is a Merkel cell carcinoma or a melanoma.

10. The antibody molecule for use of claim 8, or the method of claim 8, wherein the breast cancer is a triple negative breast cancer (TNBC), a HER2-negative breast cancer, or an ER+ breast cancer.

11. The antibody molecule for use of claim 8, or the method of claim 8, wherein the kidney cancer is a renal cell carcinoma.

12. The antibody molecule for use of claim 11, or the method of claim 11, wherein the renal cell carcinoma is a clear cell renal cell carcinoma (CCRCC) or a non-clear cell renal cell carcinoma (nccRCC).

13. The antibody molecule for use of claim 8, or the method of claim 8, wherein the thyroid cancer is an anaplastic thyroid carcinoma (ATC).

14. The antibody molecule for use of claim 8, or the method of claim 8, wherein the neuroendocrine tumor (NET) is an atypical pulmonary carcinoid tumor or an NET in pancreas, gastrointestinal (GI) tract, or lung.

15. The antibody molecule for use of claim 8, or the method of claim 8, wherein the lung cancer is a non-small cell lung cancer (NSCLC).

16. The antibody molecule for use of claim 15, or the method of claim 15, wherein the NSCLC is a squamous NSCLC, a non-squamous NSCLC, or a NSCLC adenocarcinoma.

17. The antibody molecule for use of claim 8, or the method of claim 8, wherein the colorectal cancer (CRC) is a microsatellite instability-high colorectal cancer (MSI-high CRC) or a microsatellite stable colorectal cancer (MSS CRC).

18. The antibody molecule for use of claim 8, or the method of claim 8, wherein the leukemia is an acute myeloid leukemia (AML).

5 19. The antibody molecule for use of claim 18, or the method of claim 18, wherein the acute myeloid leukemia (AML) is a relapsed or refractory AML or a *de novo* AML.

20. The antibody molecule for use of claim 8, or the method of claim 8, wherein the myelodysplastic syndrome (MDS) is a high risk MDS.

10 21. The antibody molecule for use of claim 8, or the method of claim 8, wherein the liver cancer is a hepatocellular carcinoma.

22. The antibody molecule for use of claim 8, or the method of claim 8, wherein the gastric cancer is an EBV+ gastric cancer.

15

23. The antibody molecule for use of claim 8, or the method of claim 8, wherein the lymphoma is a non-Hodgkin's lymphoma.

20 24. The antibody molecule for use of any of claims 1 or 3-23, or the method of any of claims 2-23, wherein the anti-PD-1 antibody molecule is used in combination with an IAP inhibitor.

25 25. The antibody molecule for use of any of claims 1 or 3-23, or the method of any of claims 2-23, wherein the anti-PD-1 antibody molecule is used in combination with an mTOR inhibitor.

25

26. The antibody molecule for use of any of claims 1 or 3-23, or the method of any of claims 2-23, wherein the anti-PD-1 antibody molecule is used in combination with a DAC inhibitor.

30 27. The antibody molecule for use of any of claims 1 or 3-23, or the method of any of claims 2-23, wherein the anti-PD-1 antibody molecule is used in combination with an IL-1 β inhibitor.

28. The antibody molecule for use of any of claims 1 or 3-23, or the method of any of claims 2-23, wherein the anti-PD-1 antibody molecule is used in combination with an IL-17 inhibitor.

35 29. The antibody molecule for use of any of claims 1 or 3-23, or the method of any of claims 2-23, wherein the anti-PD-1 antibody molecule is used in combination with a MEK inhibitor.

30. The antibody molecule for use of any of claims 1 or 3-23, or the method of any of claims 2-23, wherein the anti-PD-1 antibody molecule is used in combination with an EGFR inhibitor.

5 31. The antibody molecule for use of any of claims 24-30, or the method of any of claims 24-30, wherein the combination is used to treat a colorectal cancer, a lung cancer, or a breast cancer.

32. The antibody molecule for use of claim 31, or the method of claim 31, wherein the lung cancer is an NSCLC.

10 33. The antibody molecule for use of claim 31, or the method of claim 31, wherein the breast cancer is an NTBC.

15 34. The antibody molecule for use of any of claims 1 or 3-23, or the method of any of claims 2-23, wherein the anti-PD-1 antibody molecule is used in combination with a CSF-1/1R binding agent.

35. The antibody molecule for use of claim 34, or the method of claim 34, wherein the combination is used to treat a brain cancer, a breast cancer, or a pancreatic cancer.

20 36. The antibody molecule for use of claim 35, or the method of claim 35, wherein the brain cancer is a glioblastoma multiforme (GBM).

25 37. The antibody molecule for use of claim 35, or the method of claim 35, wherein the breast cancer is an NTBC.

38. The antibody molecule for use of any of claims 1 or 3-23, or the method of any of claims 2-23, wherein the anti-PD-1 antibody molecule is used in combination with an inhibitor of 6-phosphofructo-2-kinase/fructose-2,6-biphosphatase 3 (PFKFB3).

30 39. The antibody molecule for use of claim 38, or the method of claim 38, wherein the combination is used to treat the combination is used to treat an ovarian cancer, a fallopian tube cancer, or a colorectal cancer (CRC).

35 40. The antibody molecule for use of any of claims 1 or 3-23, or the method of any of claims 2-23, wherein the anti-PD-1 antibody molecule is used in combination with a chemotherapeutic agent, optionally, wherein the chemotherapeutic agent is a paclitaxel.

41. The antibody molecule for use of claim 40, or the method of claim 40, wherein the combination is used to treat a breast cancer.

5 42. The antibody molecule for use of claim 41, or the method of claim 41, wherein the breast cancer is a HER2-negative breast cancer.

10 43. The antibody molecule for use of any of claims 1 or 3-23, or the method of any of claims 2-23, wherein the anti-PD-1 antibody molecule is administered in combination with a BRAF inhibitor and a MEK inhibitor.

44. The antibody molecule for use of claim 43, or the method of claim 43, wherein the combination is used to treat a skin cancer.

15 45. The antibody molecule for use of claim 44, or the method of claim 44, wherein the skin cancer is a melanoma.

20 46. The antibody molecule for use of any of claims 1 or 3-23, or the method of any of claims 2-23, wherein the anti-PD-1 antibody molecule is administered in combination with a TGF- β inhibitor.

47. The antibody molecule for use of claim 46, or the method of claim 46, wherein the combination is used to treat a pancreatic cancer, a colorectal cancer, a lung cancer, a breast cancer, a liver cancer, a prostate cancer, or a kidney cancer.

25 48. The antibody molecule for use of claim 47, or the method of claim 47, wherein the colorectal cancer is a microsatellite stable colorectal cancer (MSS-CRC).

30 49. The antibody molecule for use of claim 47, or the method of claim 47, wherein the lung cancer is an NSCLC.

50. The antibody molecule for use of claim 47, or the method of claim 47, wherein the breast cancer is a TNBC.

35 51. The antibody molecule for use of claim 47, or the method of claim 47, wherein the liver cancer is a hepatocellular carcinoma.

52. The antibody molecule for use of claim 47, or the method of claim 47, wherein the kidney cancer is a clear cell renal cell carcinoma.

53. The antibody molecule for use of any of claims 1 or 3-23, or the method of any of claims 2-23, wherein the anti-PD-1 antibody molecule is administered in combination with an inhibitor of PD-L1.

54. The antibody molecule for use of claim 53, or the method of claim 53, wherein the combination is used to treat a lung cancer, a breast cancer, a uterine cancer, or a thyroid cancer.

55. The antibody molecule for use of claim 54, or the method of claim 54, wherein the lung cancer is an NSCLC.

56. The antibody molecule for use of claim 54, or the method of claim 54, wherein the breast cancer is a TNBC.

57. The antibody molecule for use of claim 54, or the method of claim 54, wherein the uterine cancer is an endometrial carcinoma.

58. The antibody molecule for use of claim 54, or the method of claim 54, wherein the thyroid cancer is an anaplastic thyroid carcinoma.

59. The antibody molecule for use of any of claims 1 or 3-23, or the method of any of claims 2-23, wherein the anti-PD-1 antibody molecule is administered in combination with a hypomethylating agent.

60. The antibody molecule for use of claim 59, or the method of claim 59, wherein the combination further comprises an inhibitor of TIM-3.

61. The antibody molecule for use of claim 59 or 60, or the method of claim 59 or 60, wherein the combination is used to treat a leukemia or a myelodysplastic syndrome (MDS).

62. The antibody molecule for use of claim 61, or the method of claim 61, wherein the leukemia is an acute myeloid leukemia (AML).

63. The antibody molecule for use of claim 61, or the method of claim 61, wherein the MDS is a high risk MDS.

64. The antibody molecule for use of any of claims 1 or 3-63, or the method of any of claims 2-63, wherein the anti-PD-1 antibody molecule is used in combination with a second inhibitor of PD-1.

5

65. A pharmaceutical composition or dose formulation comprising an anti-PD-1 antibody molecule for use in a dose of about 300 mg to 400 mg once every three weeks or once every four weeks,

wherein the anti-PD-1 antibody molecule comprises:

10

(a) a heavy chain variable region (VH) comprising a VHCDR1 amino acid sequence of SEQ ID NO: 4, a VHCDR2 amino acid sequence of SEQ ID NO: 5, and a VHCDR3 amino acid sequence of SEQ ID NO: 3; and a light chain variable region (VL) comprising a VLCDR1 amino acid sequence of SEQ ID NO: 13, a VLCDR2 amino acid sequence of SEQ ID NO: 14, and a VLCDR3 amino acid sequence of SEQ ID NO: 33;

15

(b) a VH comprising a VHCDR1 amino acid sequence of SEQ ID NO: 1; a VHCDR2 amino acid sequence of SEQ ID NO: 2; and a VHCDR3 amino acid sequence of SEQ ID NO: 3; and a VL comprising a VLCDR1 amino acid sequence of SEQ ID NO: 10, a VLCDR2 amino acid sequence of SEQ ID NO: 11, and a VLCDR3 amino acid sequence of SEQ ID NO: 32;

20

(c) a VH comprising a VHCDR1 amino acid sequence of SEQ ID NO: 224, a VHCDR2 amino acid sequence of SEQ ID NO: 5, and a VHCDR3 amino acid sequence of SEQ ID NO: 3; and a VL comprising a VLCDR1 amino acid sequence of SEQ ID NO: 13, a VLCDR2 amino acid sequence of SEQ ID NO: 14, and a VLCDR3 amino acid sequence of SEQ ID NO: 33; or

25

(d) a VH comprising a VHCDR1 amino acid sequence of SEQ ID NO: 224; a VHCDR2 amino acid sequence of SEQ ID NO: 2; and a VHCDR3 amino acid sequence of SEQ ID NO: 3; and a VL comprising a VLCDR1 amino acid sequence of SEQ ID NO: 10, a VLCDR2 amino acid sequence of SEQ ID NO: 11, and a VLCDR3 amino acid sequence of SEQ ID NO: 32.

66. The pharmaceutical composition or dose formulation of claim 65, wherein the dose is about 300 mg once every three weeks.

30

67. The pharmaceutical composition or dose formulation of claim 65, wherein the dose is about 400 mg once every four weeks.

68. The pharmaceutical composition or dose formulation of any of claims 65-67, wherein the anti-PD-1 antibody molecule comprises:

35

(a) a heavy chain variable domain comprising the amino acid sequence of SEQ ID NO: 38 and a light chain variable domain comprising the amino acid sequence of SEQ ID NO: 42;

- (b) a heavy chain variable domain comprising the amino acid sequence of SEQ ID NO: 38 and a light chain variable domain comprising the amino acid sequence of SEQ ID NO: 66;
- (d) a heavy chain variable domain comprising the amino acid sequence of SEQ ID NO: 38 and a light chain variable domain comprising the amino acid sequence of SEQ ID NO: 70;
- 5 (d) a heavy chain variable domain comprising the amino acid sequence of SEQ ID NO: 50 and a light chain variable domain comprising the amino acid sequence of SEQ ID NO: 70;
- (e) a heavy chain variable domain comprising the amino acid sequence of SEQ ID NO: 38 and a light chain variable domain comprising the amino acid sequence of SEQ ID NO: 46;
- (f) a heavy chain variable domain comprising the amino acid sequence of SEQ ID NO: 10 50 and a light chain variable domain comprising the amino acid sequence of SEQ ID NO: 46;
- (g) a heavy chain variable domain comprising the amino acid sequence of SEQ ID NO: 50 and a light chain variable domain comprising the amino acid sequence of SEQ ID NO: 54;
- (h) a heavy chain variable domain comprising the amino acid sequence of SEQ ID NO: 38 and a light chain variable domain comprising the amino acid sequence of SEQ ID NO: 54;
- 15 (i) a heavy chain variable domain comprising the amino acid sequence of SEQ ID NO: 38 and a light chain variable domain comprising the amino acid sequence of SEQ ID NO: 58;
- (j) a heavy chain variable domain comprising the amino acid sequence of SEQ ID NO: 38 and a light chain variable domain comprising the amino acid sequence of SEQ ID NO: 62;
- (k) a heavy chain variable domain comprising the amino acid sequence of SEQ ID NO: 20 50 and a light chain variable domain comprising the amino acid sequence of SEQ ID NO: 66;
- (l) a heavy chain variable domain comprising the amino acid sequence of SEQ ID NO: 38 and a light chain variable domain comprising the amino acid sequence of SEQ ID NO: 74;
- (m) a heavy chain variable domain comprising the amino acid sequence of SEQ ID NO: 38 and a light chain variable domain comprising the amino acid sequence of SEQ ID NO: 78;
- 25 (n) a heavy chain variable domain comprising the amino acid sequence of SEQ ID NO: 82 and a light chain variable domain comprising the amino acid sequence of SEQ ID NO: 70;
- (o) a heavy chain variable domain comprising the amino acid sequence of SEQ ID NO: 82 and a light chain variable domain comprising the amino acid sequence of SEQ ID NO: 66; or
- (p) a heavy chain variable domain comprising the amino acid sequence of SEQ ID NO: 30 86 and a light chain variable domain comprising the amino acid sequence of SEQ ID NO: 66.

69. The pharmaceutical composition or dose formulation of any of claims 65-68, for use in the treatment of a cancer.

- 35 70. The pharmaceutical composition or dose formulation of claim 69, wherein the cancer is chosen from a lung cancer, a kidney cancer, a liver cancer, a myeloma, a prostate cancer, a breast cancer, a colorectal cancer, a gastric cancer, a pancreatic cancer, a thyroid cancer, a neuroendocrine

tumor (NET), an ovarian cancer, a fallopian tube cancer, a lymphoma, a leukemia, a myelodysplastic syndrome (MDS), or a metastatic lesion of the cancer.

5 71. The pharmaceutical composition or dose formulation of claim 70, wherein the skin cancer is a Merkel cell carcinoma or a melanoma.

10 72. The pharmaceutical composition or dose formulation of claim 70, wherein the breast cancer is a triple negative breast cancer (TNBC), a HER2-negative breast cancer, an ER+ breast cancer.

 73. The pharmaceutical composition or dose formulation of claim 70, wherein the kidney cancer is a renal cell carcinoma.

15 74. The pharmaceutical composition or dose formulation of claim 73, wherein the renal cell carcinoma is a clear cell renal cell carcinoma (CCRCC) or a non-clear cell renal cell carcinoma (nccRCC).

20 75. The pharmaceutical composition or dose formulation of claim 70, wherein the thyroid cancer is an anaplastic thyroid carcinoma (ATC).

 76. The pharmaceutical composition or dose formulation of claim 70, wherein the neuroendocrine tumor (NET) is an atypical pulmonary carcinoid tumor or an NET in pancreas, gastrointestinal (GI) tract, or lung.

25 77. The pharmaceutical composition or dose formulation of claim 70, wherein the lung cancer is a non-small cell lung cancer (NSCLC).

30 78. The pharmaceutical composition or dose formulation of claim 77, wherein the NSCLC is a squamous NSCLC, a non-squamous NSCLC, or a NSCLC adenocarcinoma.

 79. The pharmaceutical composition or dose formulation of claim 70, wherein the colorectal cancer (CRC) is a microsatellite instability-high colorectal cancer (MSI-high CRC) or a microsatellite stable colorectal cancer (MSS CRC).

35 80. The pharmaceutical composition or dose formulation of claim 70, wherein the leukemia is an acute myeloid leukemia (AML).

81. The pharmaceutical composition or dose formulation of claim 80, wherein the acute myeloid leukemia (AML) is a relapsed or refractory AML or a *de novo* AML.

82. The pharmaceutical composition or dose formulation of claim 70, wherein the
5 myelodysplastic syndrome (MDS) is a high risk MDS.

Heavy Chain (murine IgG1)

FWH1	CDRH1	FWH2	CDRH2
QVQLQQSGSE LVRPGASVKL	SCKASGYTFT	TYWMHWVRQR PGQGLEWIGN	IYPGTGGSNF DEKFNRTSL
QVQLQQPGSE LVRPGASVKL	SCKASGYTFT	TYWMHWVRQR PGQGLEWIGN	IYPGTGGSNF DEKFNRTSL
FWH3	CDRH3	FWH4	
TVDTSSSTAY MHLASLTSED	SAVYYCTRWT	TGTGAYWGQG TLVTVSA	
TVDTSSSTAY MHLASLTSED	SAVYYCTRWT	TGTGAYWGQG TLVTVSAAKT	TPPSVYPLAP GSAA

Light Chain (murine κ)

FWL1	CDRL1	FWL2	CDRL2
DIVMTQSPSS LTVTAGEKVT	MSCKSSQSLL	DSGNQKNFLT	WYQQKPGQPP KLLIFWASTR
DIVMTQSPSS LTVTAGEKVT	MSCKSSQSLL	DSGNQKNFLT	WYQQKPGQPP KLLIFWASTR
FWL3	CDRL3	FWL4	
SGSVTDFTLT ISSVQAEDLA	VYYCONDYSY	PCTFCGGTKL	EIK
SGSVTDFTLT ISSVQAEDLA	VYYCONDYSY	PCTFCGGTKL	EIKRAD

FIGURE 1

Heavy Chain	
GL	QVQLQQPGSE LVRPGASVKL SCKASGYTFT SYWMHWVKQR HQGQLEWIGN IYPGSGSTNY
Mu mAb	-----S-----P-----T-----T-GS-F
GL	DEKFKSKGTL TVDTSSSTAY MHLSSLTSED SAVYYCTR
Mu mAb	-----NRTS-----T-----A-----WT TGTGAYWGQG TLVTVSA
Light Chain	
GL	DIVMTQSPSS LTVTAGEKVT MSCKSSQSLL NSGNQKNYLT WYQQKPGQPP KLLIYWASTR
Mu mAb	-----D-----F-----F-----
GL	ESGVPRFTG SGSGTDFTLT ISSVQAEDLA VYYCQNDYSY P
Mu mAb	-----V-----CTFGGGTKL EIK

FIGURE 2A

mAb	C	T	F	G	G	G	T	K	L	E	I	K	
mAb	g	tgc	acg	ttc	gga	ggg	ggg	acc	aag	ctg	gaa	ata	aaa
J2	-	-a-	-	-	-	-	-	-	-	-	-	-	-c
J2	y												

FIGURE 2B

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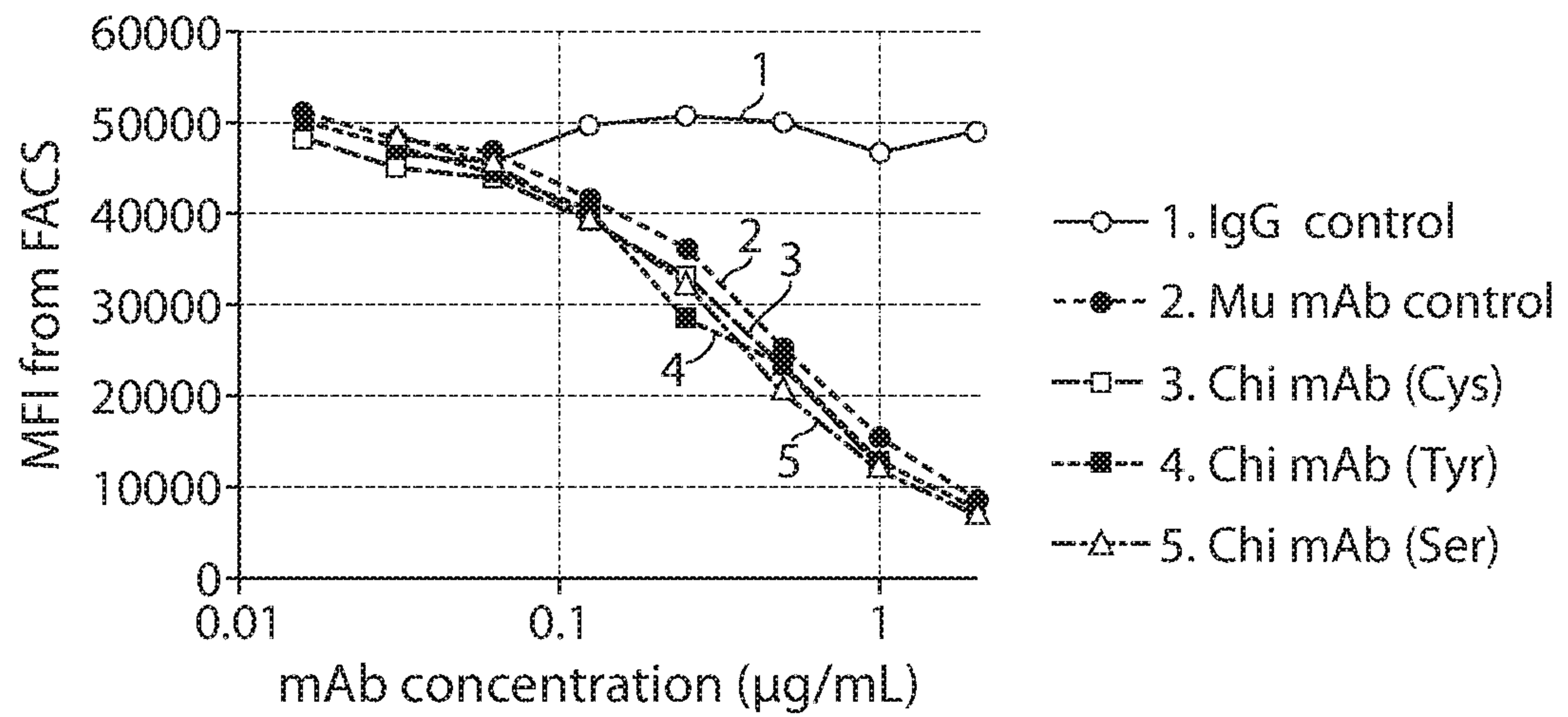


FIGURE 3A

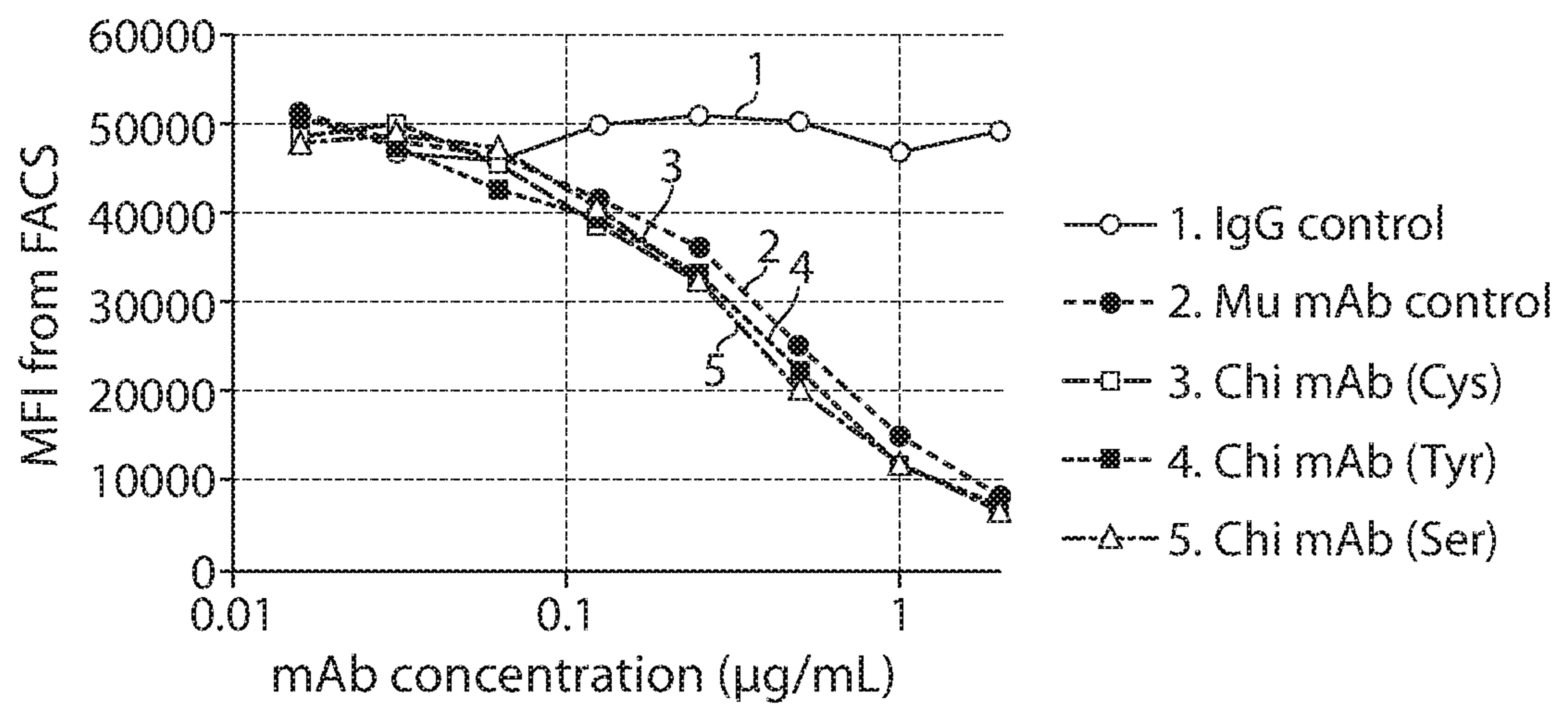


FIGURE 3B

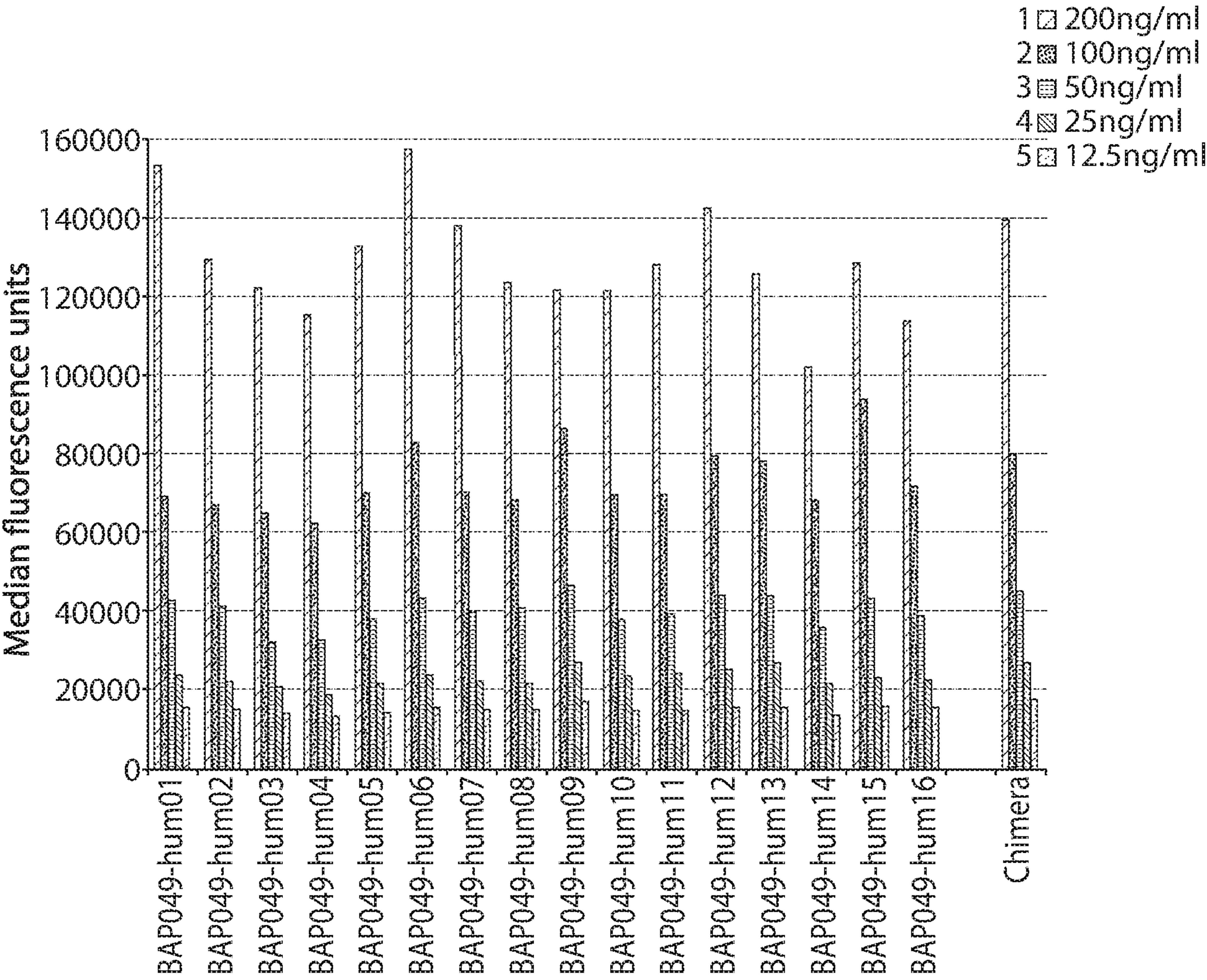


FIGURE 4

Clone No.	Concentration $\mu\text{g/mL}$	Sequence					
		HC			LC		
		FW1	FW2	FW3	FW1	FW2	FW3
		4 unique HC			9 unique LC		
1	23.3	a	a	a	b	a	c
2	45.5	a	a	a	e	a	b
3	58.4	a	b	b	e	a	b
4	52.9	a	b	b	b	b	d
5	30	a	a	a	b	b	d
6	7.9	a	a	a	c	a	a
7	24.9	a	a	a	b	b	a
8	32.8	a	b	b	a	a	a
9	16.3	a	a	a	a	a	a
10	61.5	a	b	b	b	a	a
11	31.4	a	a	a	b	a	a
12	34.8	a	a	a	e	c	a
13	8.6	a	a	a	d	b	a
14	48.4	b	b	b	b	a	a
15	20.7	b	b	b	a	a	a
16	32.8	a	c	b	a	a	a

FIGURE 5

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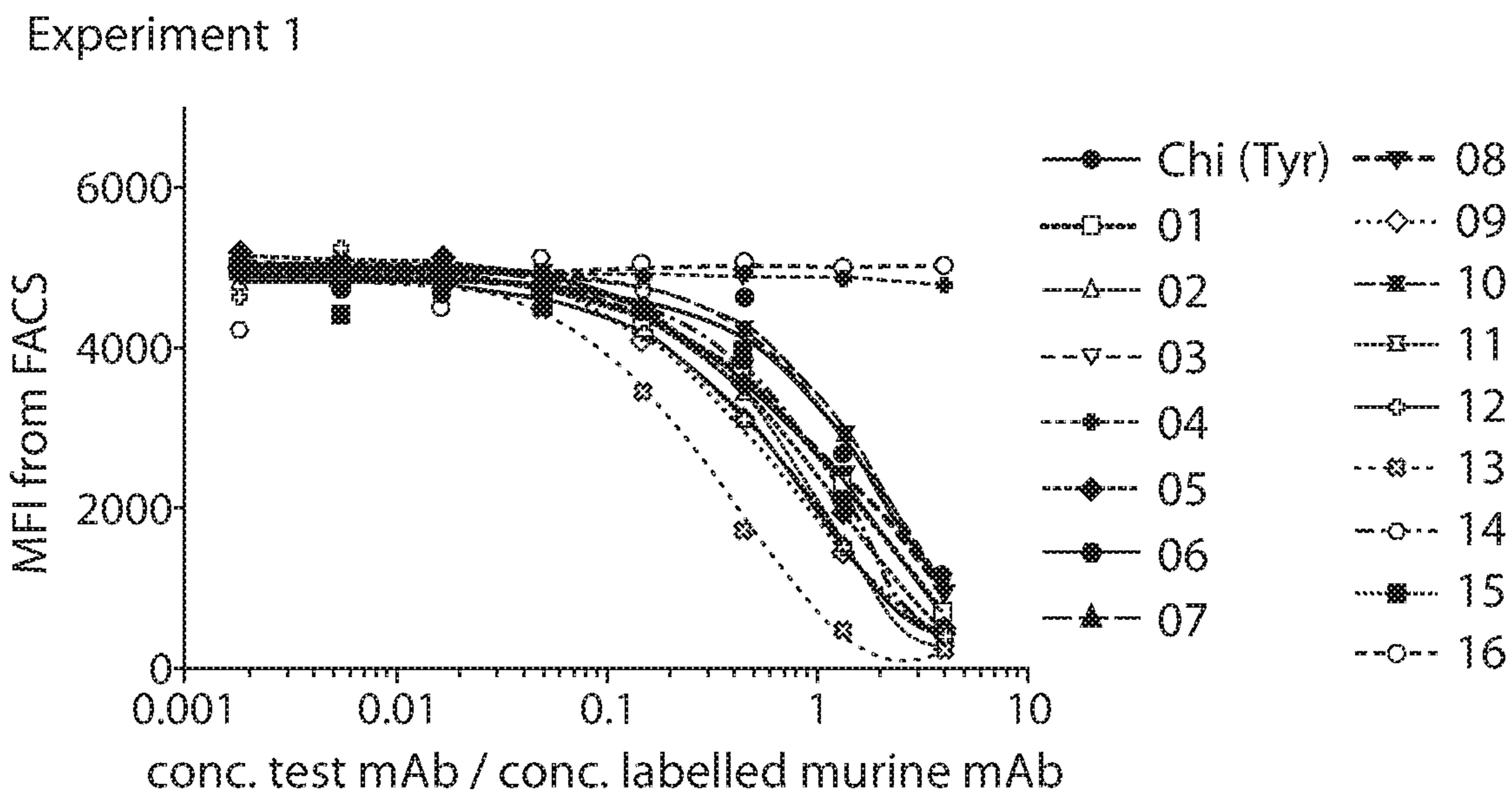


FIGURE 6A

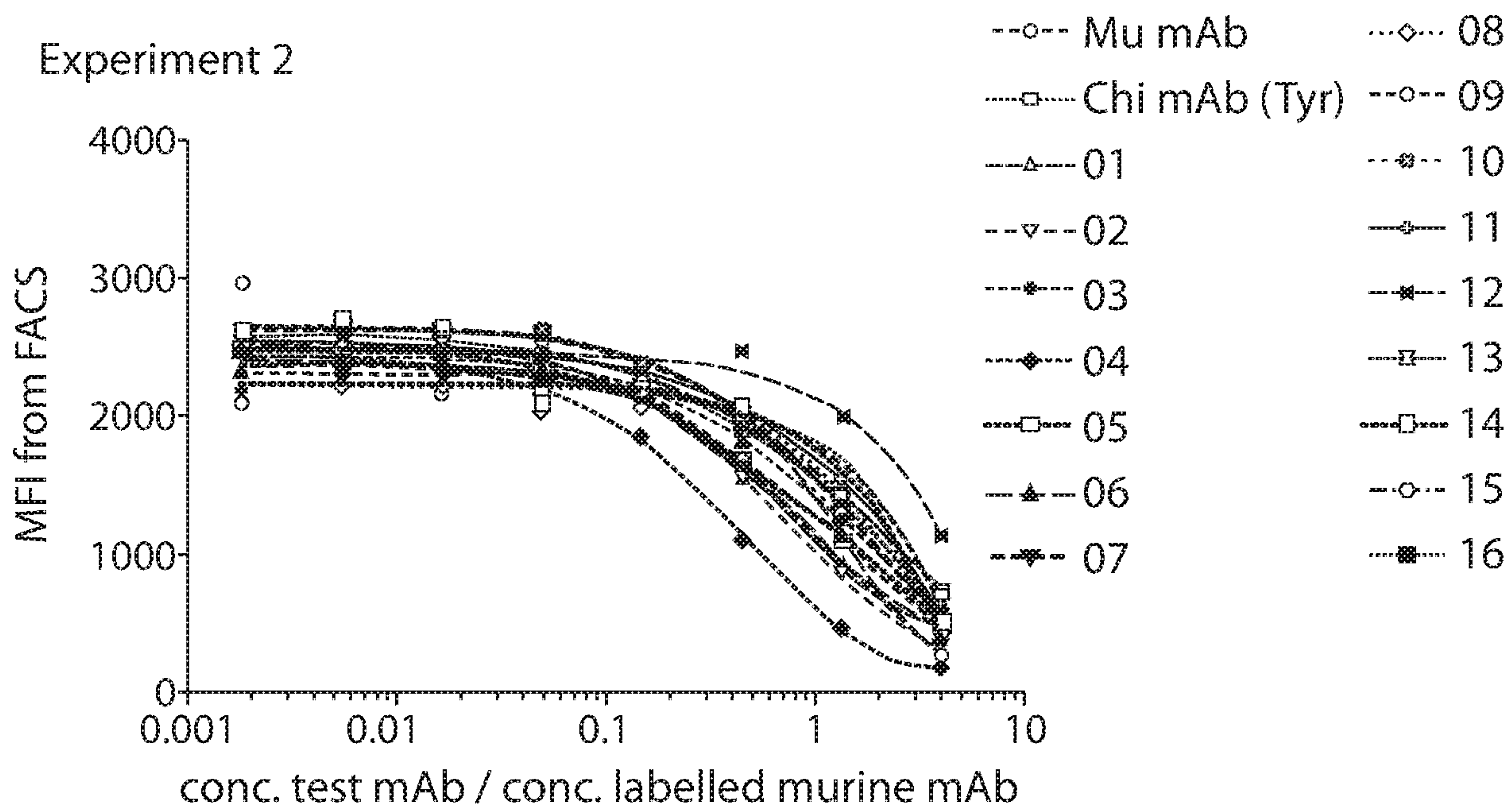


FIGURE 6B

Clone No.	Conc. $\mu\text{g/mL}$	Sequence						Ranking	Competition Binding		Ranking
		HC			LC			FACS data	1st exp.	2nd exp.*	
		FW1	FW2	FW3	FW1	FW2	FW3				
Chimeric	20.6	4 unique HC			9 unique LC						
1	23.3	a	a	a	b	a	c	2	7	2	A
2	45.5	a	a	a	e	a	b	6	3	2	D
3	58.4	a	b	b	e	a	b	7	8	14	E
4	52.9	a	b	b	b	b	d	14	15	15	B
5	30	a	a	a	b	b	d	5	5		A
6	7.9	a	a	a	c	a	a	1	7	3	D
7	24.9	a	a	a	b	b	a	4	7		D
8	32.8	a	b	b	a	a	a	7	7	4	C
9	16.3	a	a	a	a	a	a	7	2	4	B
10	61.5	a	b	b	b	a	a	7	6		C
11	31.4	a	a	a	b	a	a	6	4		B
12	34.8	a	a	a	e	c	a	3	8	16	D
13	8.6	a	a	a	d	b	a	6	1	1	D
14	48.4	b	b	b	b	a	a	16	7	15	C
15	20.7	b	b	b	a	a	a	6	7	15	C
16	32.8	a	c	b	a	a	a	15	16	15	C

*empty boxes means worse than 4

FIGURE 7

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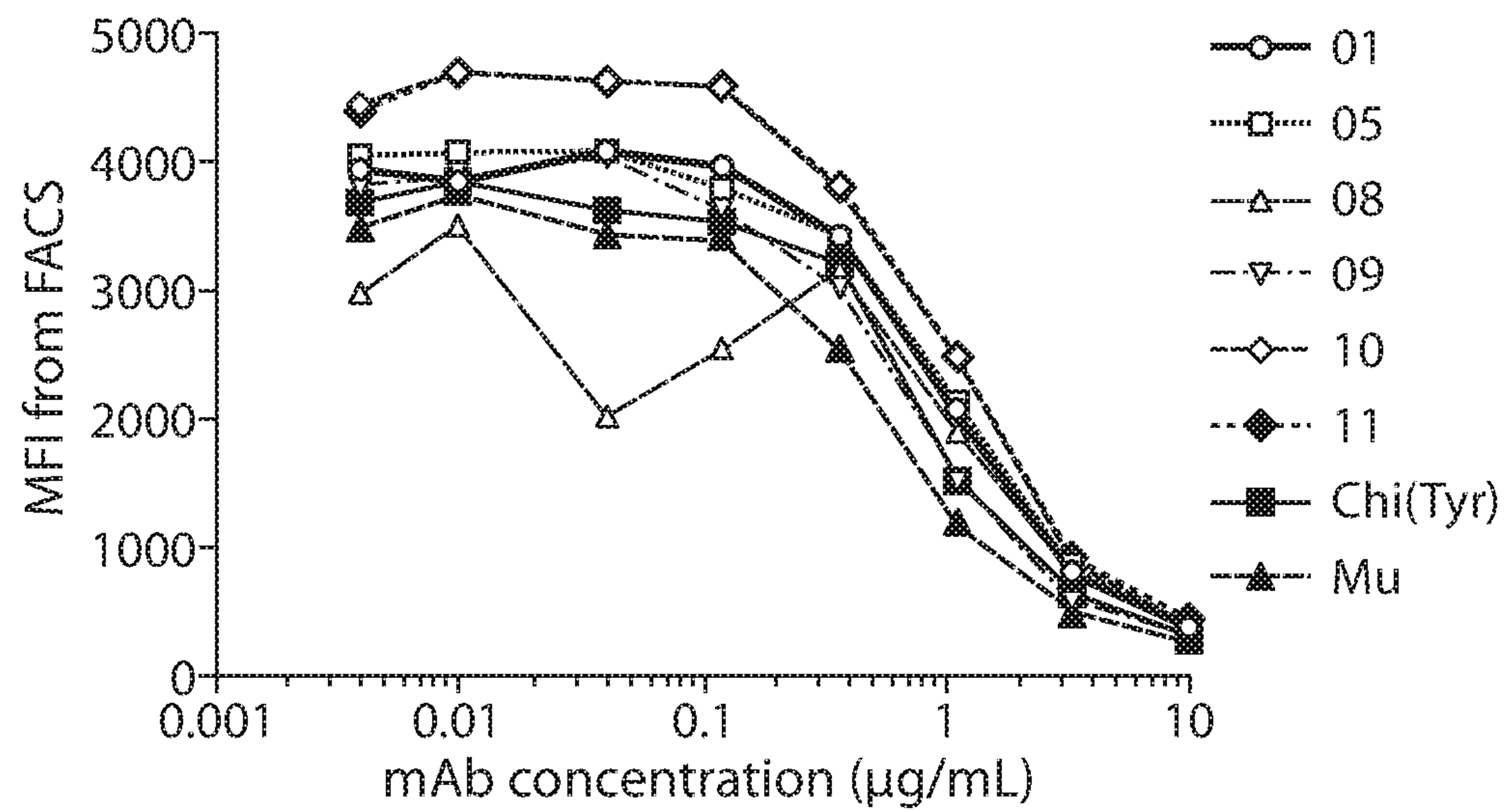


FIGURE 8A

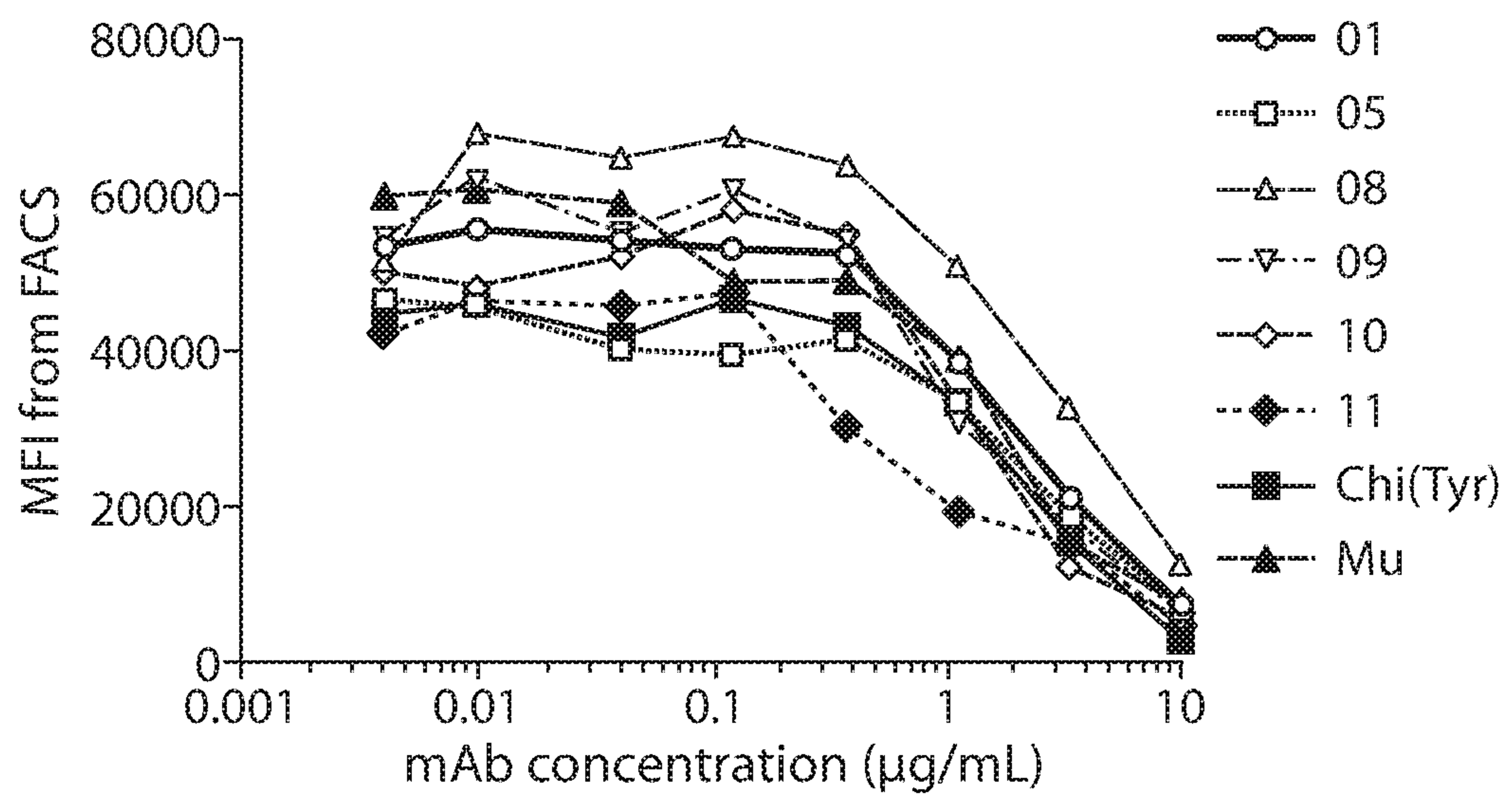


FIGURE 8B

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	10	20	30	40	50	60
						
BAP049-chi-HC	QVQLQQSGSELV	RPGLSVKLSCKAS	GYTFTTYWMHW	RQRPQGQLEW	IGNIYPGTGGS	NF
BAP049-hum01-HC	EVQLVQSGAEV	KKPGESLRISCK	SGYTFTTYWMH	WVRQATGQGLE	WMGNIYPGTG	GSNF
BAP049-hum02-HC	EVQLVQSGAEV	KKPGESLRISCK	SGYTFTTYWMH	WVRQATGQGLE	WMGNIYPGTG	GSNF
BAP049-hum05-HC	EVQLVQSGAEV	KKPGESLRISCK	SGYTFTTYWMH	WVRQATGQGLE	WMGNIYPGTG	GSNF
BAP049-hum06-HC	EVQLVQSGAEV	KKPGESLRISCK	SGYTFTTYWMH	WVRQATGQGLE	WMGNIYPGTG	GSNF
BAP049-hum07-HC	EVQLVQSGAEV	KKPGESLRISCK	SGYTFTTYWMH	WVRQATGQGLE	WMGNIYPGTG	GSNF
BAP049-hum09-HC	EVQLVQSGAEV	KKPGESLRISCK	SGYTFTTYWMH	WVRQATGQGLE	WMGNIYPGTG	GSNF
BAP049-hum11-HC	EVQLVQSGAEV	KKPGESLRISCK	SGYTFTTYWMH	WVRQATGQGLE	WMGNIYPGTG	GSNF
BAP049-hum12-HC	EVQLVQSGAEV	KKPGESLRISCK	SGYTFTTYWMH	WVRQATGQGLE	WMGNIYPGTG	GSNF
BAP049-hum13-HC	EVQLVQSGAEV	KKPGESLRISCK	SGYTFTTYWMH	WVRQATGQGLE	WMGNIYPGTG	GSNF
BAP049-hum03-HC	EVQLVQSGAEV	KKPGESLRISCK	SGYTFTTYWMH	WIRQSPSRGLE	WLGNIYPGTG	GSNF
BAP049-hum04-HC	EVQLVQSGAEV	KKPGESLRISCK	SGYTFTTYWMH	WIRQSPSRGLE	WLGNIYPGTG	GSNF
BAP049-hum08-HC	EVQLVQSGAEV	KKPGESLRISCK	SGYTFTTYWMH	WIRQSPSRGLE	WLGNIYPGTG	GSNF
BAP049-hum10-HC	EVQLVQSGAEV	KKPGESLRISCK	SGYTFTTYWMH	WIRQSPSRGLE	WLGNIYPGTG	GSNF
BAP049-hum14-HC	QVQLVQSGAEV	KKPGASVKVSC	KASGYTFTTYW	MHWIRQSPSR	GLEWLGNIYP	GTGGSNF
BAP049-hum15-HC	QVQLVQSGAEV	KKPGASVKVSC	KASGYTFTTYW	MHWIRQSPSR	GLEWLGNIYP	GTGGSNF
BAP049-hum16-HC	EVQLVQSGAEV	KKPGESLRISCK	SGYTFTTYWMH	WVRQAPQGQLE	WMGNIYPGTG	GSNF

	70	80	90	100	110
					
BAP049-chi-HC	DEKFKNRTSLT	VDTSSTAYMHLA	SLTSEDSAVYY	CTRWTTGTGAY	WGQGTTVTVSS
BAP049-hum01-HC	DEKFKNRVTIT	ADKSTSTAYMEL	SSLRSEDTAVYY	CTRWTTGTGAY	WGQGTTVTVSS
BAP049-hum02-HC	DEKFKNRVTIT	ADKSTSTAYMEL	SSLRSEDTAVYY	CTRWTTGTGAY	WGQGTTVTVSS
BAP049-hum05-HC	DEKFKNRVTIT	ADKSTSTAYMEL	SSLRSEDTAVYY	CTRWTTGTGAY	WGQGTTVTVSS
BAP049-hum06-HC	DEKFKNRVTIT	ADKSTSTAYMEL	SSLRSEDTAVYY	CTRWTTGTGAY	WGQGTTVTVSS
BAP049-hum07-HC	DEKFKNRVTIT	ADKSTSTAYMEL	SSLRSEDTAVYY	CTRWTTGTGAY	WGQGTTVTVSS
BAP049-hum09-HC	DEKFKNRVTIT	ADKSTSTAYMEL	SSLRSEDTAVYY	CTRWTTGTGAY	WGQGTTVTVSS
BAP049-hum11-HC	DEKFKNRVTIT	ADKSTSTAYMEL	SSLRSEDTAVYY	CTRWTTGTGAY	WGQGTTVTVSS
BAP049-hum12-HC	DEKFKNRVTIT	ADKSTSTAYMEL	SSLRSEDTAVYY	CTRWTTGTGAY	WGQGTTVTVSS
BAP049-hum13-HC	DEKFKNRVTIT	ADKSTSTAYMEL	SSLRSEDTAVYY	CTRWTTGTGAY	WGQGTTVTVSS
BAP049-hum03-HC	DEKFKNRFTISR	DNSKNTLYLQMN	SLRAEDTAVYY	CTRWTTGTGAY	WGQGTTVTVSS
BAP049-hum04-HC	DEKFKNRFTISR	DNSKNTLYLQMN	SLRAEDTAVYY	CTRWTTGTGAY	WGQGTTVTVSS
BAP049-hum08-HC	DEKFKNRFTISR	DNSKNTLYLQMN	SLRAEDTAVYY	CTRWTTGTGAY	WGQGTTVTVSS
BAP049-hum10-HC	DEKFKNRFTISR	DNSKNTLYLQMN	SLRAEDTAVYY	CTRWTTGTGAY	WGQGTTVTVSS
BAP049-hum14-HC	DEKFKNRFTISR	DNSKNTLYLQMN	SLRAEDTAVYY	CTRWTTGTGAY	WGQGTTVTVSS
BAP049-hum15-HC	DEKFKNRFTISR	DNSKNTLYLQMN	SLRAEDTAVYY	CTRWTTGTGAY	WGQGTTVTVSS
BAP049-hum16-HC	DEKFKNRFTISR	DNSKNTLYLQMN	SLRAEDTAVYY	CTRWTTGTGAY	WGQGTTVTVSS

FIGURE 9A

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	10	20	30	40	50	60
BAP049-chi-HC	QVQLQQSGSELV	PGASVKLSCKAS	GYTFTTYWMHW	RQRPQG	LEWIGNIYPGT	GGSNF
BAP049-hum01-HC	E...V...A.VKK..E.LRI...G.....	AT.....	M.....			
BAP049-hum02-HC	E...V...A.VKK..E.LRI...G.....	AT.....	M.....			
BAP049-hum05-HC	E...V...A.VKK..E.LRI...G.....	AT.....	M.....			
BAP049-hum06-HC	E...V...A.VKK..E.LRI...G.....	AT.....	M.....			
BAP049-hum07-HC	E...V...A.VKK..E.LRI...G.....	AT.....	M.....			
BAP049-hum09-HC	E...V...A.VKK..E.LRI...G.....	AT.....	M.....			
BAP049-hum11-HC	E...V...A.VKK..E.LRI...G.....	AT.....	M.....			
BAP049-hum12-HC	E...V...A.VKK..E.LRI...G.....	AT.....	M.....			
BAP049-hum13-HC	E...V...A.VKK..E.LRI...G.....	AT.....	M.....			
BAP049-hum03-HC	E...V...A.VKK..E.LRI...G.....	I..S.SR....	L.....			
BAP049-hum04-HC	E...V...A.VKK..E.LRI...G.....	I..S.SR....	L.....			
BAP049-hum08-HC	E...V...A.VKK..E.LRI...G.....	I..S.SR....	L.....			
BAP049-hum10-HC	E...V...A.VKK..E.LRI...G.....	I..S.SR....	L.....			
BAP049-hum14-HC	...V...A.VKK.....V.....	I..S.SR....	L.....			
BAP049-hum15-HC	...V...A.VKK.....V.....	I..S.SR....	L.....			
BAP049-hum16-HC	E...V...A.VKK..E.LRI...G.....	A.....	M.....			
	70	80	90	100	110	
BAP049-chi-HC	DEKFKNRTSLT	VDTSSTAYMHL	ASLTSEDS	AVYYCTR	WTGTGAYWG	QGTTVTVSS
BAP049-hum01-HC	VTI.A.K.TS....	E.S..R...T.....				
BAP049-hum02-HC	VTI.A.K.TS....	E.S..R...T.....				
BAP049-hum05-HC	VTI.A.K.TS....	E.S..R...T.....				
BAP049-hum06-HC	VTI.A.K.TS....	E.S..R...T.....				
BAP049-hum07-HC	VTI.A.K.TS....	E.S..R...T.....				
BAP049-hum09-HC	VTI.A.K.TS....	E.S..R...T.....				
BAP049-hum11-HC	VTI.A.K.TS....	E.S..R...T.....				
BAP049-hum12-HC	VTI.A.K.TS....	E.S..R...T.....				
BAP049-hum13-HC	VTI.A.K.TS....	E.S..R...T.....				
BAP049-hum03-HC	FTISR.N.KN.L.LQMN..	RA..T.....				
BAP049-hum04-HC	FTISR.N.KN.L.LQMN..	RA..T.....				
BAP049-hum08-HC	FTISR.N.KN.L.LQMN..	RA..T.....				
BAP049-hum10-HC	FTISR.N.KN.L.LQMN..	RA..T.....				
BAP049-hum14-HC	FTISR.N.KN.L.LQMN..	RA..T.....				
BAP049-hum15-HC	FTISR.N.KN.L.LQMN..	RA..T.....				
BAP049-hum16-HC	FTISR.N.KN.L.LQMN..	RA..T.....				

FIGURE 9B

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	10	20	30	40	50	60
						
BAP049-chi-LC	DIVMTQSPSSLTVTAGEKVTMSCKSSQSLLDSGNQKNFLTWYQQKPGQPPKLLIFWASTR					
BAP049-hum08-LC	EIVLTQSPDFQSVTPKEKVTITCKSSQSLLDSGNQKNFLTWYQQKPGQAPRLLIYWASTR					
BAP049-hum09-LC	EIVLTQSPDFQSVTPKEKVTITCKSSQSLLDSGNQKNFLTWYQQKPGQAPRLLIYWASTR					
BAP049-hum15-LC	EIVLTQSPDFQSVTPKEKVTITCKSSQSLLDSGNQKNFLTWYQQKPGQAPRLLIYWASTR					
BAP049-hum16-LC	EIVLTQSPDFQSVTPKEKVTITCKSSQSLLDSGNQKNFLTWYQQKPGQAPRLLIYWASTR					
BAP049-hum10-LC	EIVLTQSPATLSLSPGERATLSCKSSQSLLDSGNQKNFLTWYQQKPGQAPRLLIYWASTR					
BAP049-hum11-LC	EIVLTQSPATLSLSPGERATLSCKSSQSLLDSGNQKNFLTWYQQKPGQAPRLLIYWASTR					
BAP049-hum14-LC	EIVLTQSPATLSLSPGERATLSCKSSQSLLDSGNQKNFLTWYQQKPGQAPRLLIYWASTR					
BAP049-hum06-LC	DIVMTQTPLSLPVTGPGEPAISCKSSQSLLDSGNQKNFLTWYQQKPGQAPRLLIYWASTR					
BAP049-hum07-LC	EIVLTQSPATLSLSPGERATLSCKSSQSLLDSGNQKNFLTWYQQKPGKAPKLLIYWASTR					
BAP049-hum13-LC	DVVMTQSPSLPVTLGQPASISCKSSQSLLDSGNQKNFLTWYQQKPGKAPKLLIYWASTR					
BAP049-hum12-LC	DIQMTQSPSSLSASVGDRVTITCKSSQSLLDSGNQKNFLTWYQQKPGQSPQLLIYWASTR					
BAP049-hum02-LC	DIQMTQSPSSLSASVGDRVTITCKSSQSLLDSGNQKNFLTWYQQKPGQAPRLLIYWASTR					
BAP049-hum03-LC	DIQMTQSPSSLSASVGDRVTITCKSSQSLLDSGNQKNFLTWYQQKPGQAPRLLIYWASTR					
BAP049-hum01-LC	EIVLTQSPATLSLSPGERATLSCKSSQSLLDSGNQKNFLTWYQQKPGQAPRLLIYWASTR					
BAP049-hum04-LC	EIVLTQSPATLSLSPGERATLSCKSSQSLLDSGNQKNFLTWYQQKPGKAPKLLIYWASTR					
BAP049-hum05-LC	EIVLTQSPATLSLSPGERATLSCKSSQSLLDSGNQKNFLTWYQQKPGKAPKLLIYWASTR					

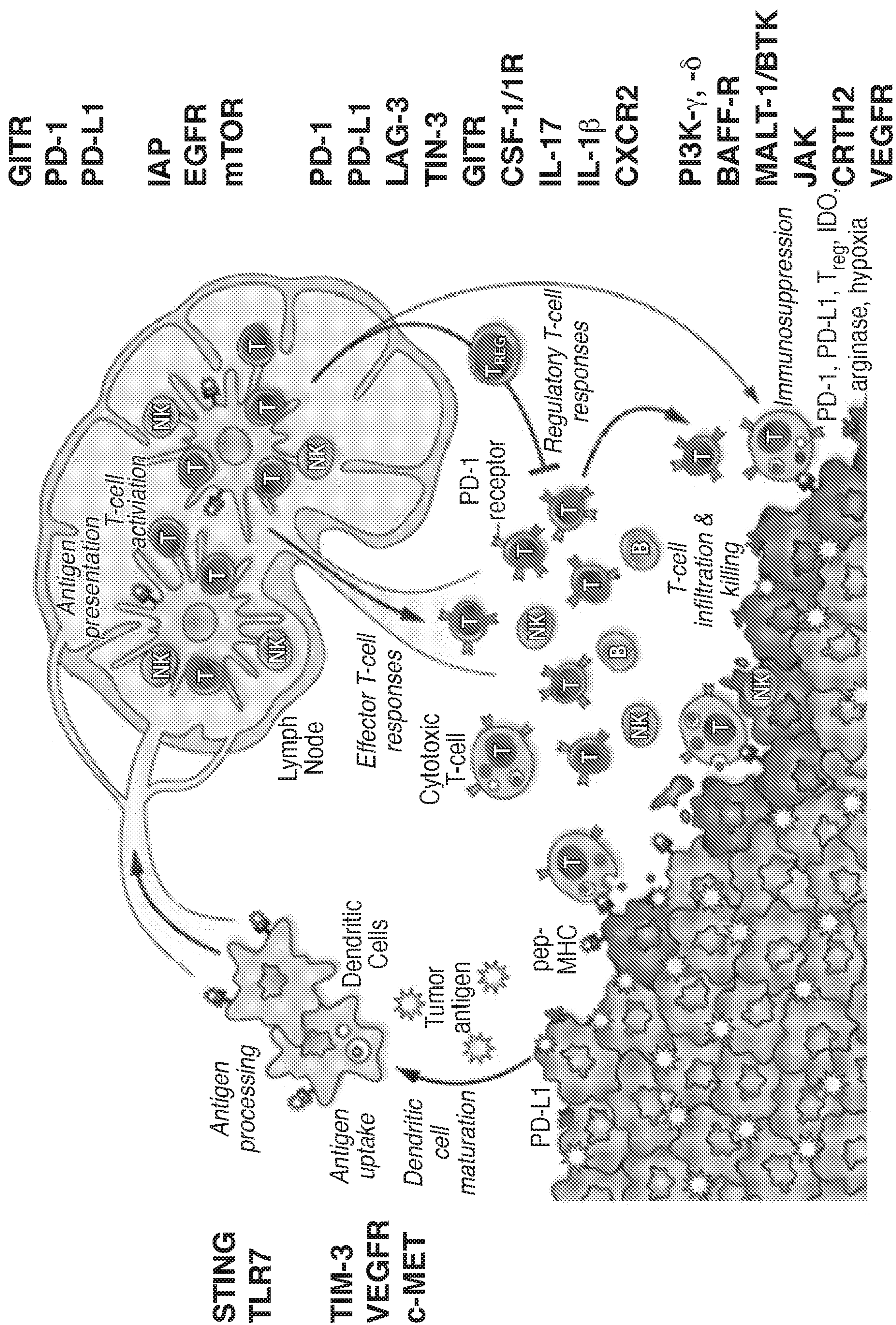
	70	80	90	100	110
					
BAP049-chi-LC	ESGVPPDRFTGSGSVTDFTLTISVQAEDLAVYYCQNDYSYPCTFGQGTKVEIK				
BAP049-hum08-LC	ESGVPSRFSGSGSGTDFTFTISSLEAEDAATYYCQNDYSYPYTFGQGTKVEIK				
BAP049-hum09-LC	ESGVPSRFSGSGSGTDFTFTISSLEAEDAATYYCQNDYSYPYTFGQGTKVEIK				
BAP049-hum15-LC	ESGVPSRFSGSGSGTDFTFTISSLEAEDAATYYCQNDYSYPYTFGQGTKVEIK				
BAP049-hum16-LC	ESGVPSRFSGSGSGTDFTFTISSLEAEDAATYYCQNDYSYPYTFGQGTKVEIK				
BAP049-hum10-LC	ESGVPSRFSGSGSGTDFTFTISSLEAEDAATYYCQNDYSYPYTFGQGTKVEIK				
BAP049-hum11-LC	ESGVPSRFSGSGSGTDFTFTISSLEAEDAATYYCQNDYSYPYTFGQGTKVEIK				
BAP049-hum14-LC	ESGVPSRFSGSGSGTDFTFTISSLEAEDAATYYCQNDYSYPYTFGQGTKVEIK				
BAP049-hum06-LC	ESGVPSRFSGSGSGTDFTFTISSLEAEDAATYYCQNDYSYPYTFGQGTKVEIK				
BAP049-hum07-LC	ESGVPSRFSGSGSGTDFTFTISSLEAEDAATYYCQNDYSYPYTFGQGTKVEIK				
BAP049-hum13-LC	ESGVPSRFSGSGSGTDFTFTISSLEAEDAATYYCQNDYSYPYTFGQGTKVEIK				
BAP049-hum12-LC	ESGVPSRFSGSGSGTDFTFTISSLEAEDAATYYCQNDYSYPYTFGQGTKVEIK				
BAP049-hum02-LC	ESGIPPRFSGSGYGTDFTLTINNIESEDAAYYFCQNDYSYPYTFGQGTKVEIK				
BAP049-hum03-LC	ESGIPPRFSGSGYGTDFTLTINNIESEDAAYYFCQNDYSYPYTFGQGTKVEIK				
BAP049-hum01-LC	ESGVPSRFSGSGSGTEFTLTISLQPDDEFATYYCQNDYSYPYTFGQGTKVEIK				
BAP049-hum04-LC	ESGVPSRFSGSGSGTDFTFTISSLQPEDIAATYYCQNDYSYPYTFGQGTKVEIK				
BAP049-hum05-LC	ESGVPSRFSGSGSGTDFTFTISSLQPEDIAATYYCQNDYSYPYTFGQGTKVEIK				

FIGURE 10A

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	10	20	30	40	50	60
BAP049-chi-LC		DIVMTQSPSSSLTVTAGEKVTMSCKSSQSLLDSGNQKNFLT	WYQQKPGQPPKLLIFW	STR		
BAP049-hum08-LC	E..L....DFQS..PK....IT.....				A.R...Y.....	
BAP049-hum09-LC	E..L....DFQS..PK....IT.....				A.R...Y.....	
BAP049-hum15-LC	E..L....DFQS..PK....IT.....				A.R...Y.....	
BAP049-hum16-LC	E..L....DFQS..PK....IT.....				A.R...Y.....	
BAP049-hum10-LC	E..L....AT.SLSP..RA.L.....				A.R...Y.....	
BAP049-hum11-LC	E..L....AT.SLSP..RA.L.....				A.R...Y.....	
BAP049-hum14-LC	E..L....AT.SLSP..RA.L.....				A.R...Y.....	
BAP049-hum06-LC	T.L..P..P..PASI.....				A.R...Y.....	
BAP049-hum07-LC	E..L....AT.SLSP..RA.L.....				KA.....Y.....	
BAP049-hum13-LC	.V.....L..P..L.QPASI.....				KA.....Y.....	
BAP049-hum12-LC	..Q.....SASV.DR..IT.....			L.....S.Q...	Y.....	
BAP049-hum02-LC	..Q.....SASV.DR..IT.....				A.R...Y.....	
BAP049-hum03-LC	..Q.....SASV.DR..IT.....				A.R...Y.....	
BAP049-hum01-LC	E..L....AT.SLSP..RA.L.....				A.R...Y.....	
BAP049-hum04-LC	E..L....AT.SLSP..RA.L.....				KA.....Y.....	
BAP049-hum05-LC	E..L....AT.SLSP..RA.L.....				KA.....Y.....	
	70	80	90	100	110	
BAP049-chi-LC		ESGVPDRFTGSGSVTDFTLT	ISSVOAEDLAVYYCOND	YSYPCTFGQGT	KVEIK	
BAP049-hum08-LC	S..S....G....F....LE...A.T.....			Y.....		
BAP049-hum09-LC	S..S....G....F....LE...A.T.....			Y.....		
BAP049-hum15-LC	S..S....G....F....LE...A.T.....			Y.....		
BAP049-hum16-LC	S..S....G....F....LE...A.T.....			Y.....		
BAP049-hum10-LC	S..S....G....F....LE...A.T.....			Y.....		
BAP049-hum11-LC	S..S....G....F....LE...A.T.....			Y.....		
BAP049-hum14-LC	S..S....G....F....LE...A.T.....			Y.....		
BAP049-hum06-LC	S..S....G....F....LE...A.T.....			Y.....		
BAP049-hum07-LC	S..S....G....F....LE...A.T.....			Y.....		
BAP049-hum13-LC	S..S....G....F....LE...A.T.....			Y.....		
BAP049-hum12-LC	S..S....G....F....LE...A.T.....			Y.....		
BAP049-hum02-LC	...I.P..S...YG.....NNIES..A.Y.F.....			Y.....		
BAP049-hum03-LC	...I.P..S...YG.....NNIES..A.Y.F.....			Y.....		
BAP049-hum01-LC	S..S....G.E.....L.PD.F.T.....			Y.....		
BAP049-hum04-LC	S..S....G....F....L.P..I.T.....			Y.....		
BAP049-hum05-LC	S..S....G....F....L.P..I.T.....			Y.....		

FIGURE 10B



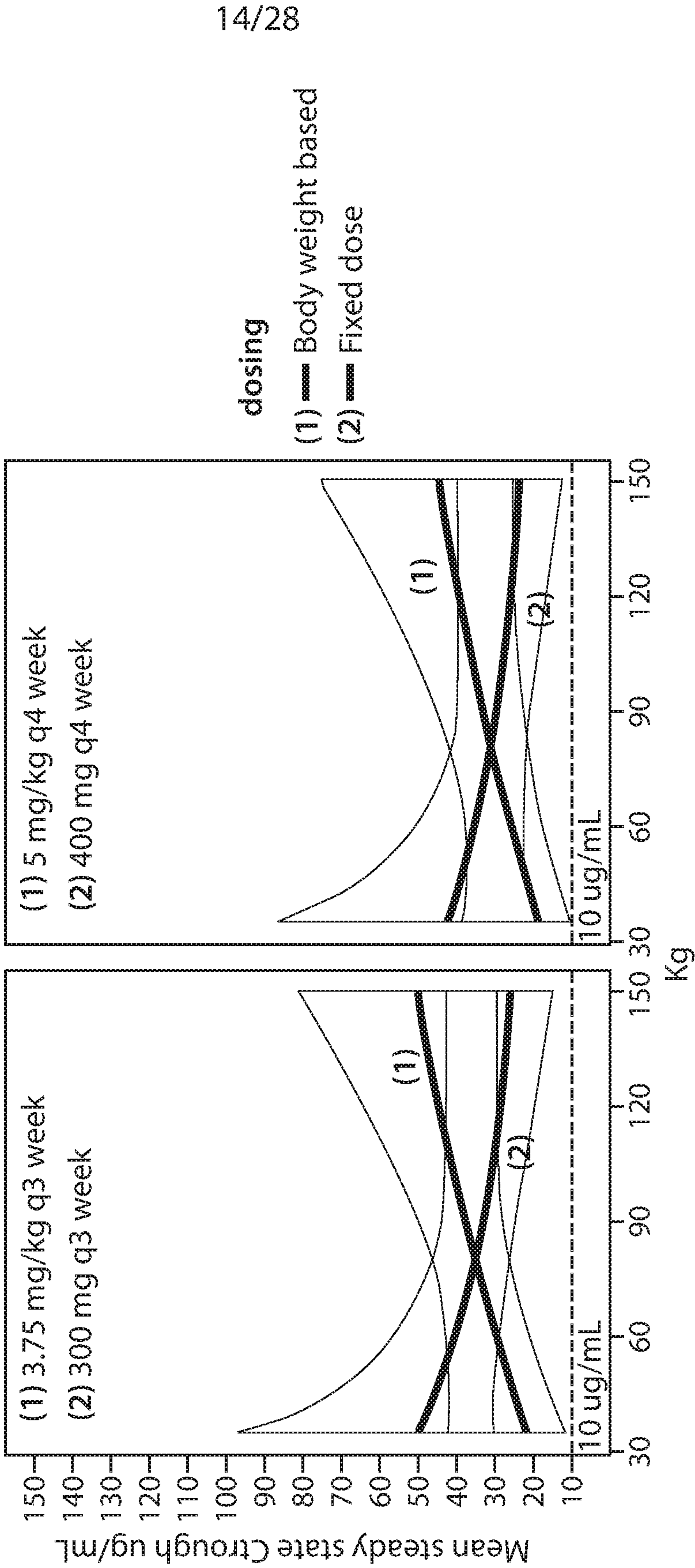


FIGURE 12

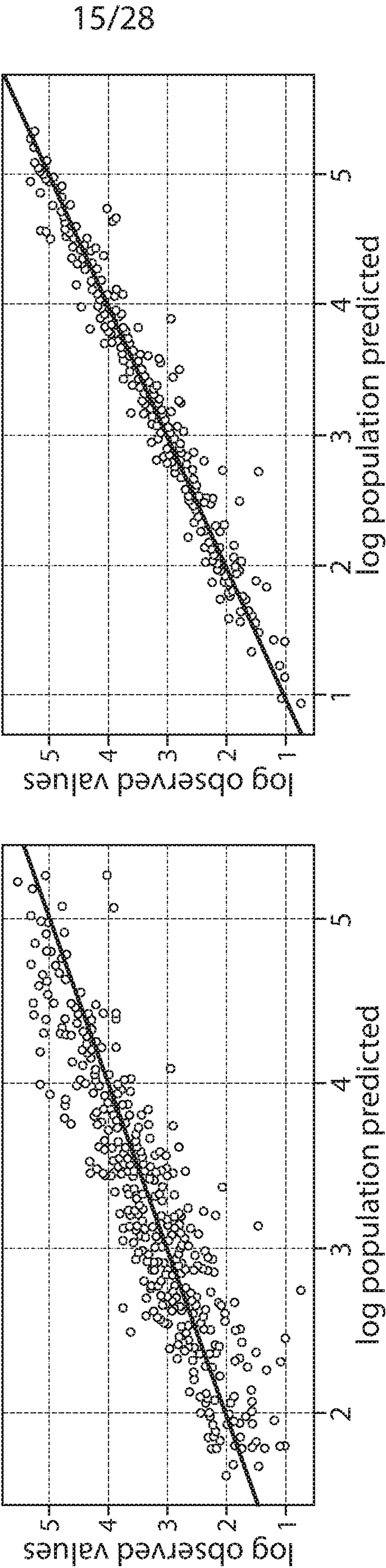


FIGURE 13

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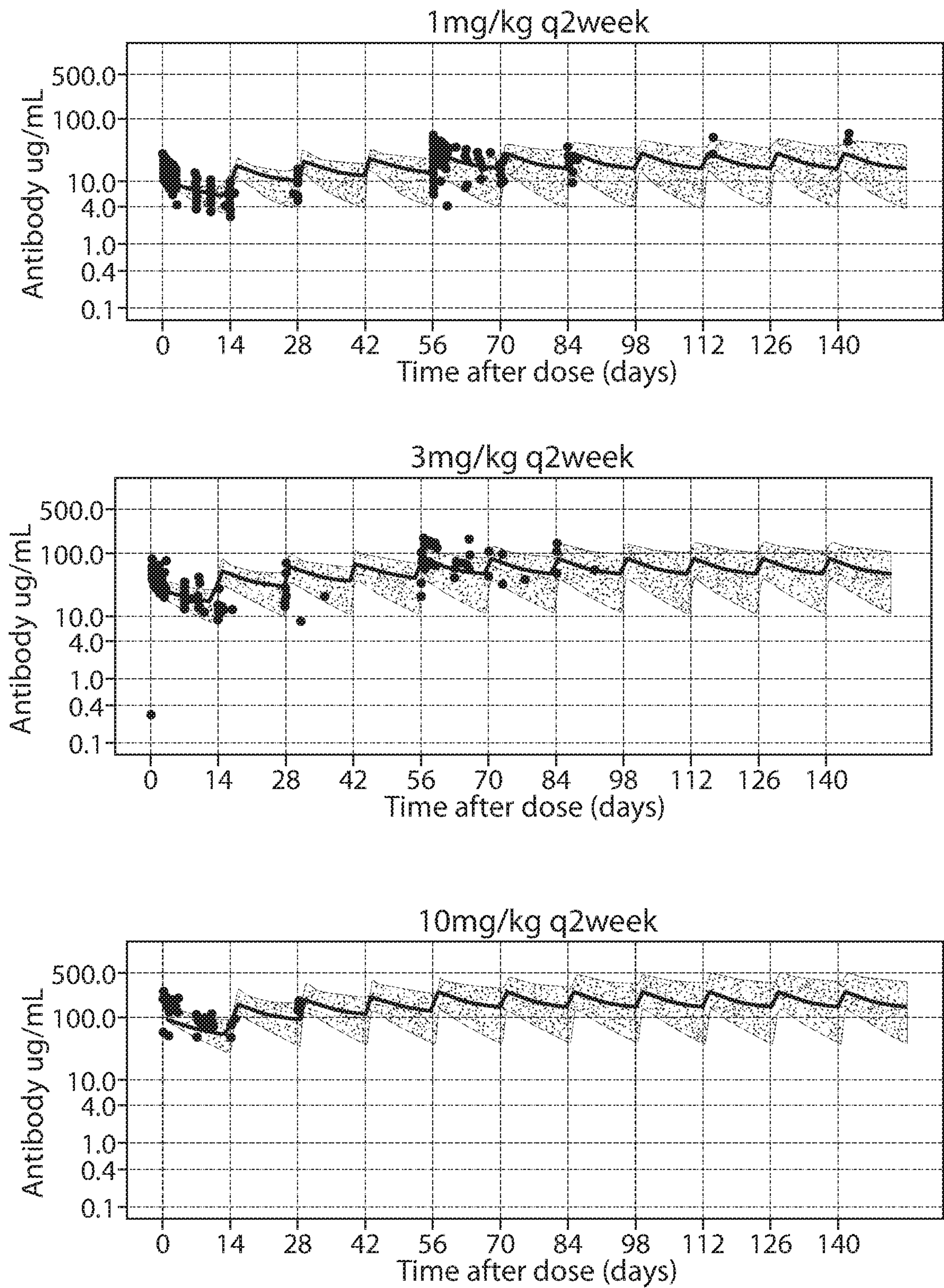


FIGURE 14A

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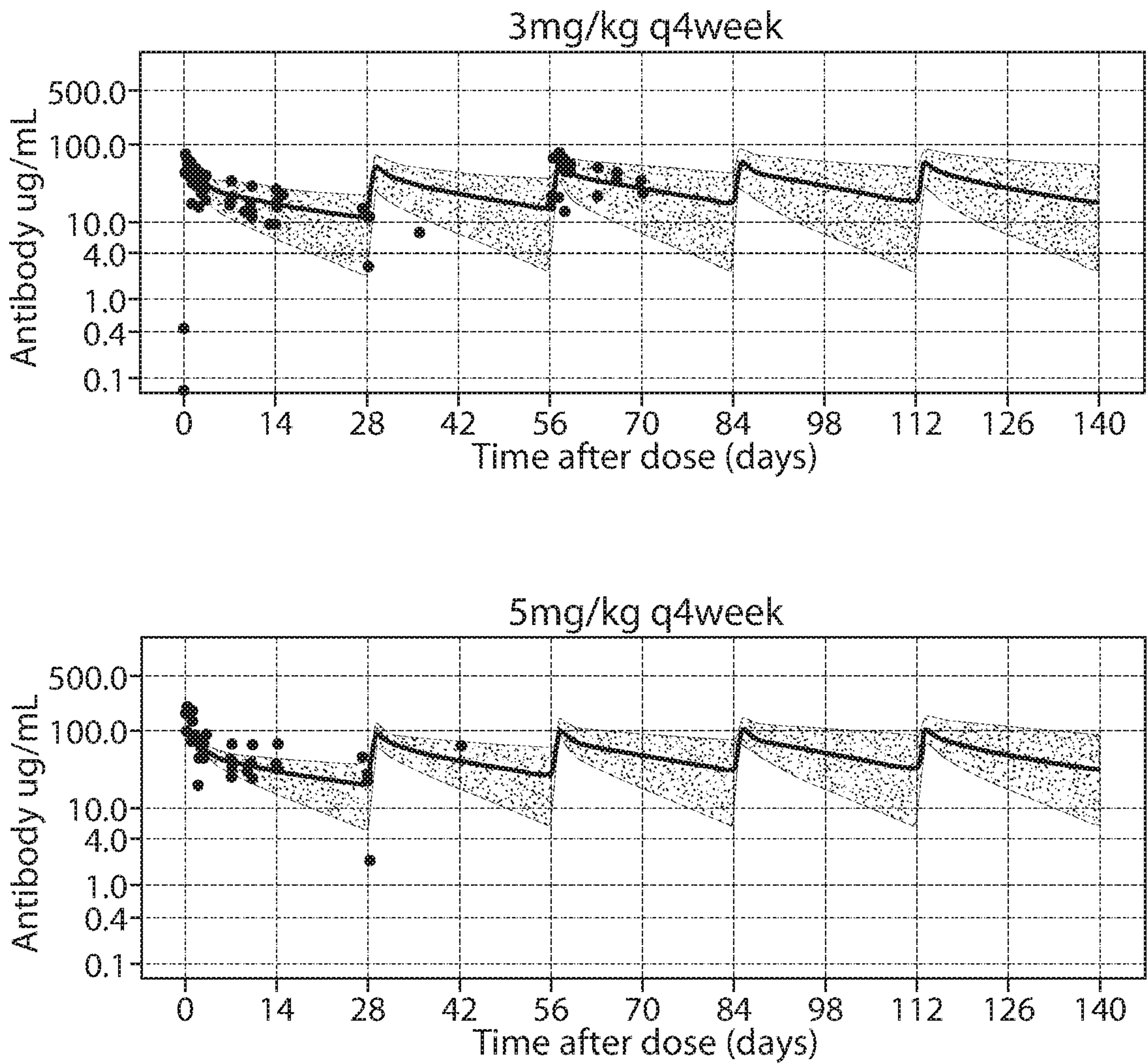


FIGURE 14B

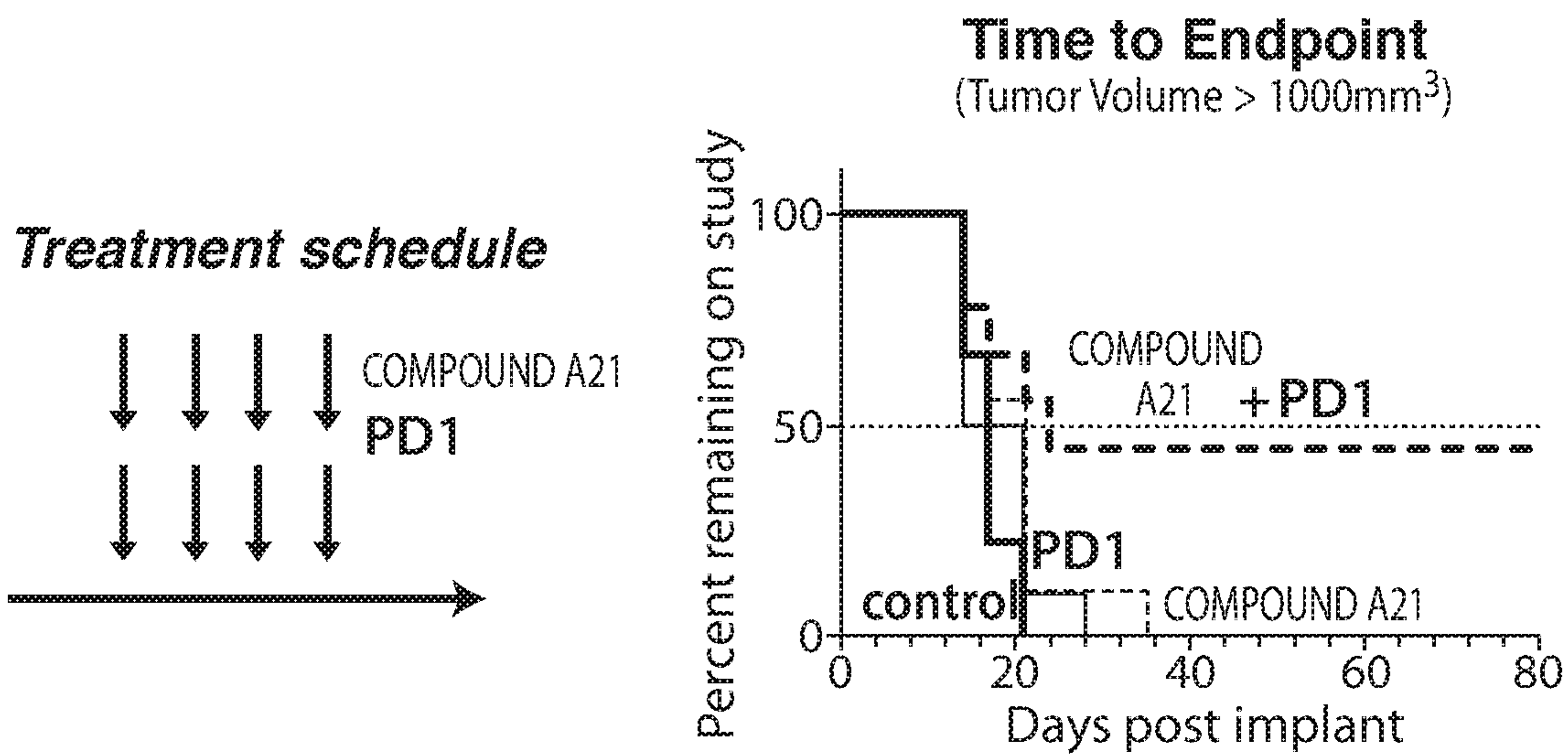


FIGURE 15

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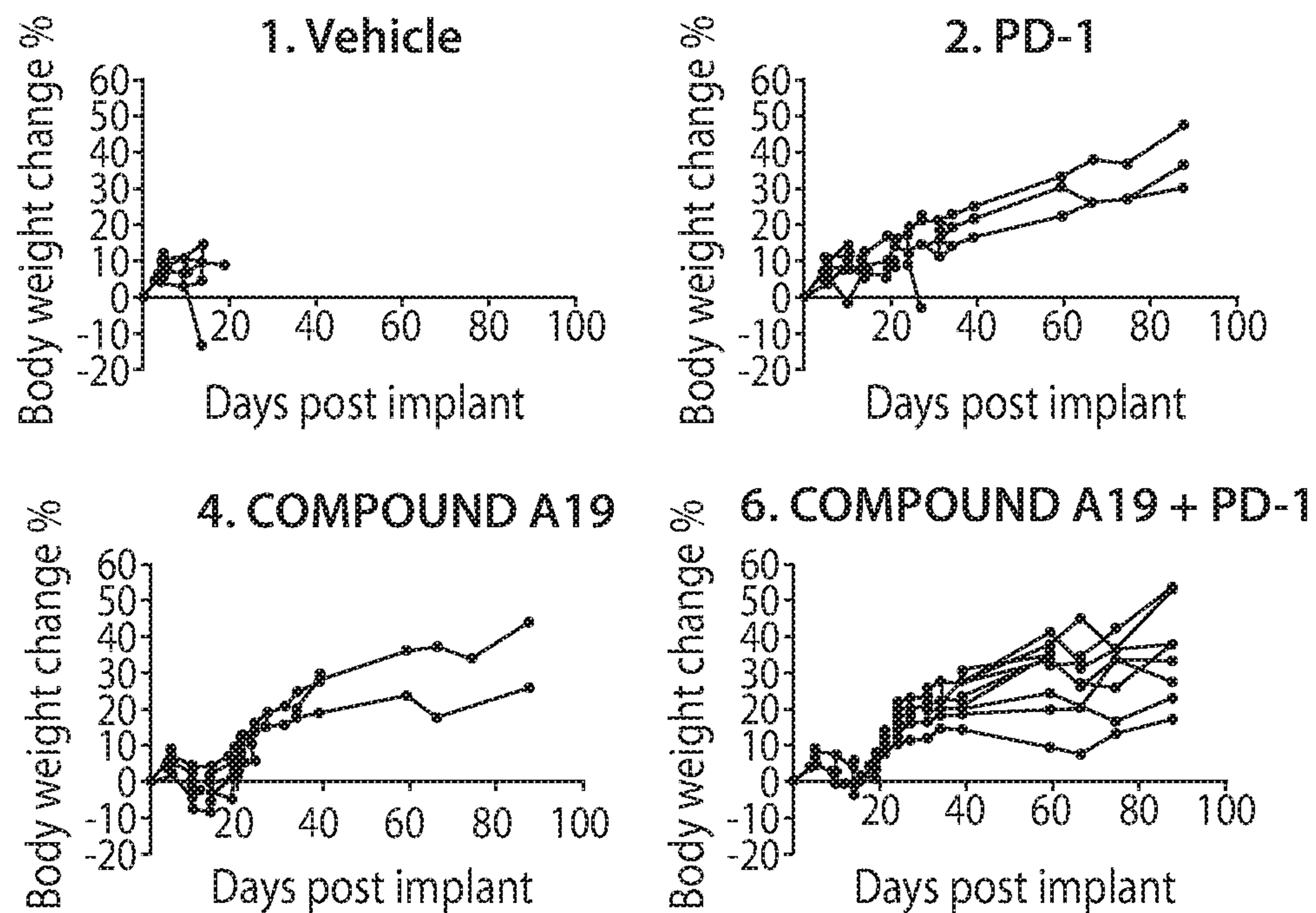


FIGURE 16A

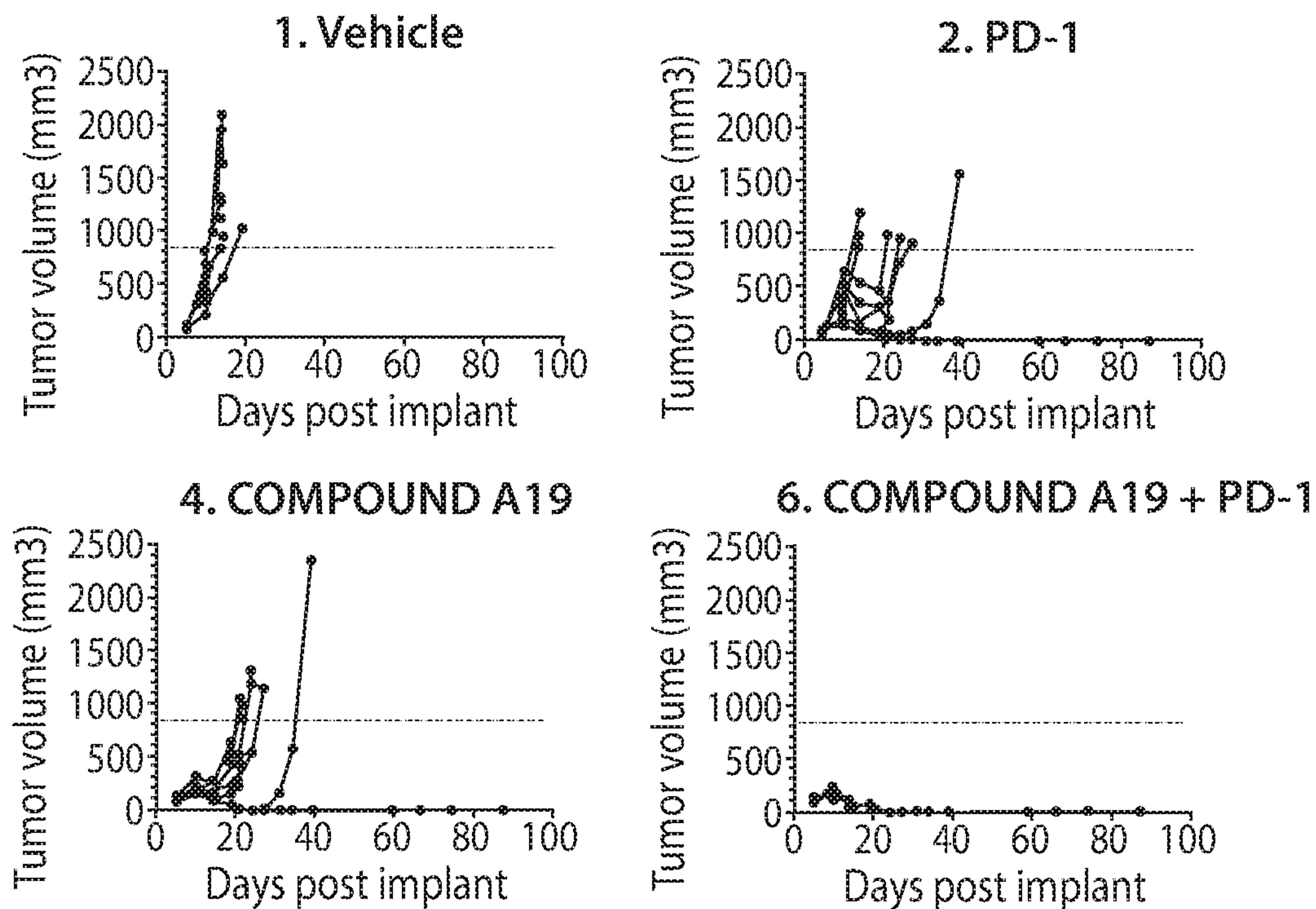
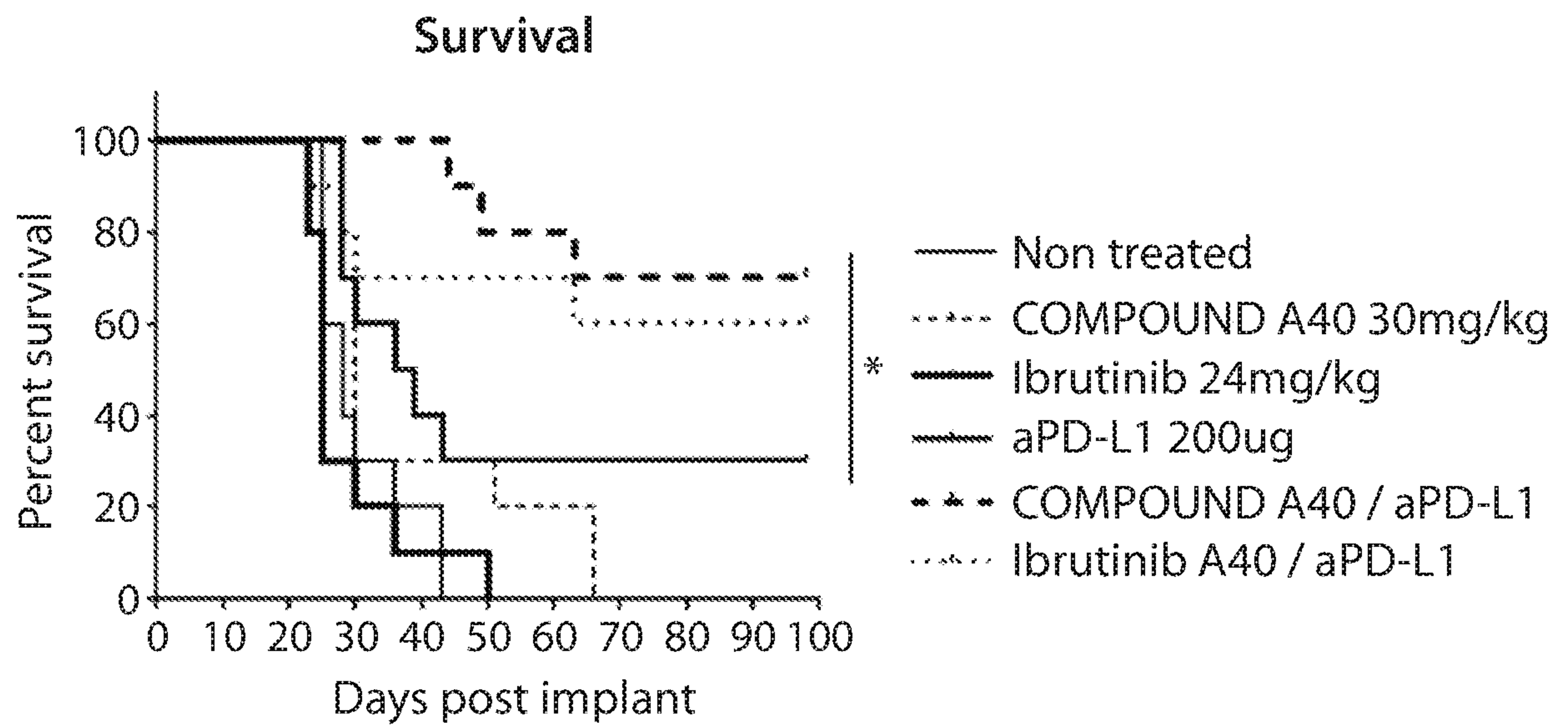


FIGURE 16B

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**FIGURE 17**

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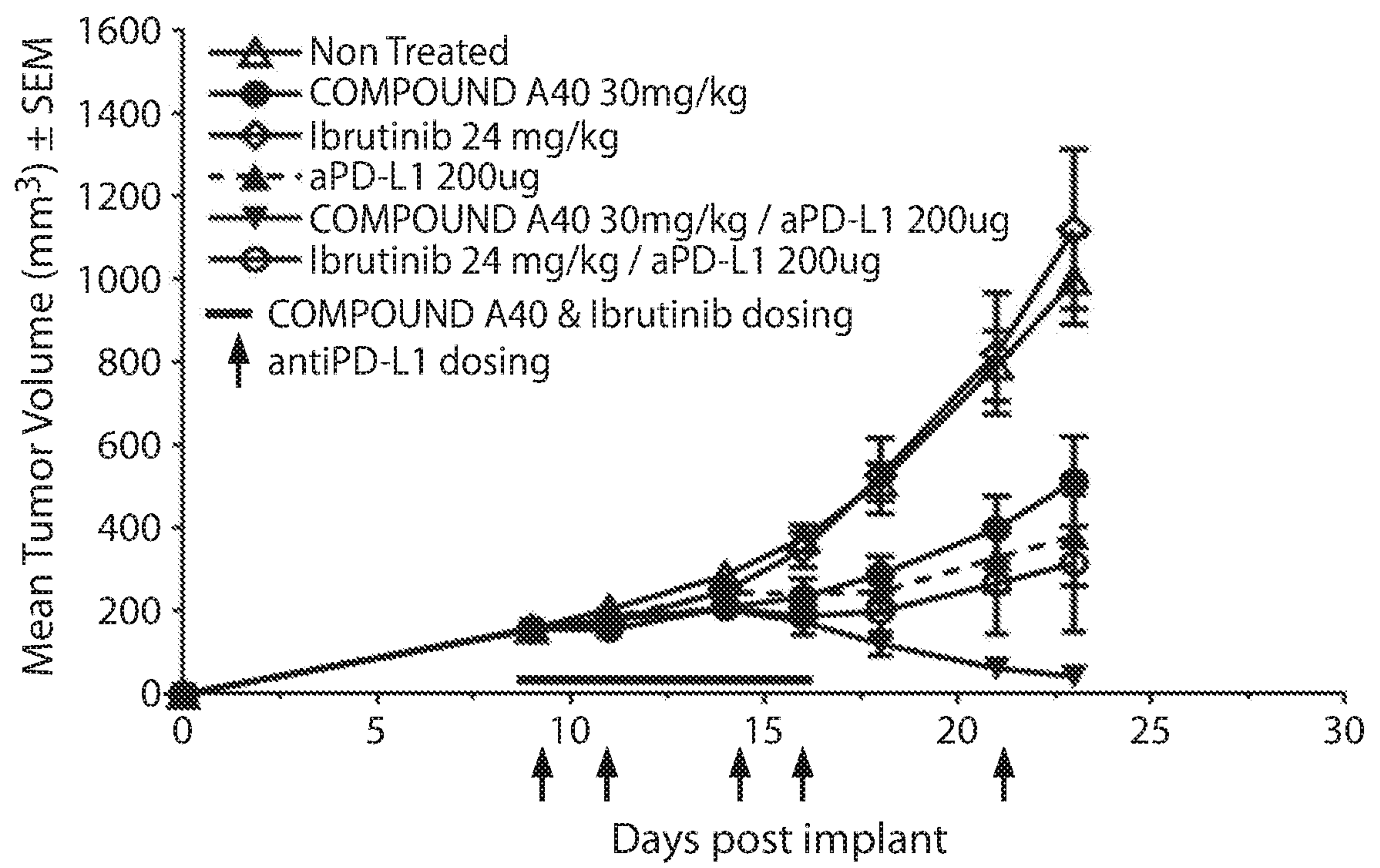


FIGURE 18

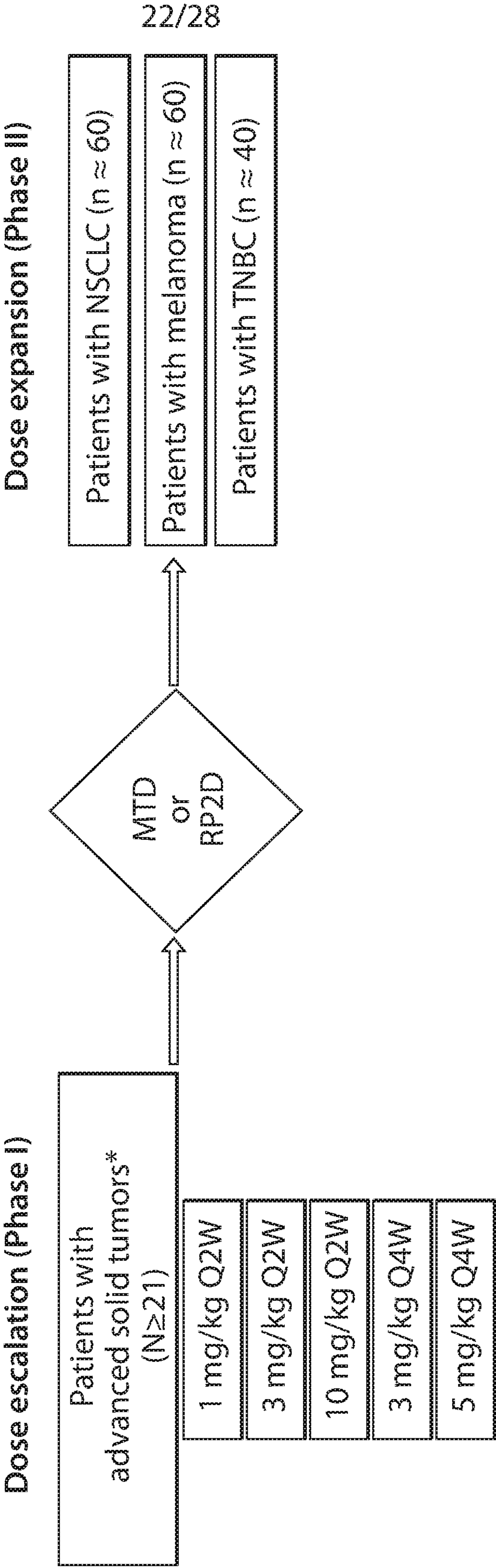


FIGURE 19

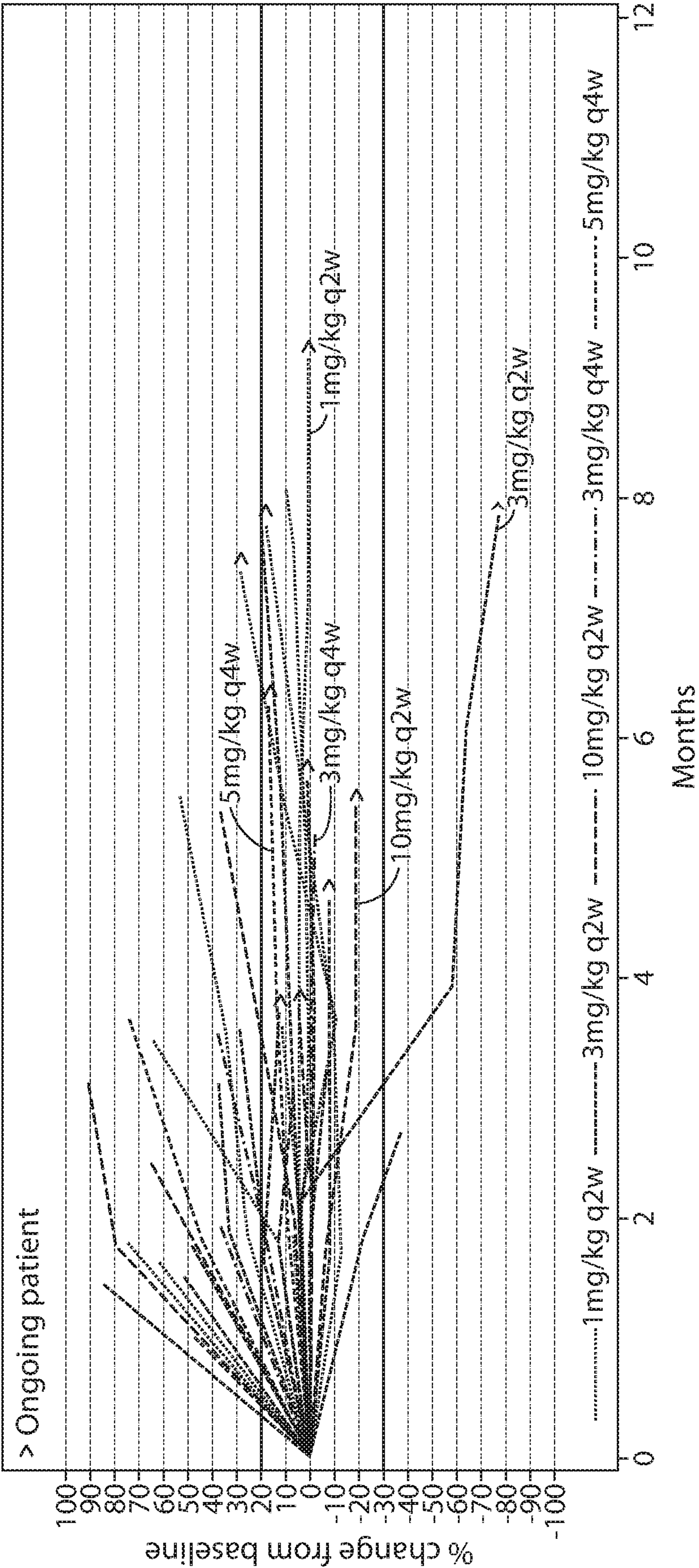


FIGURE 20

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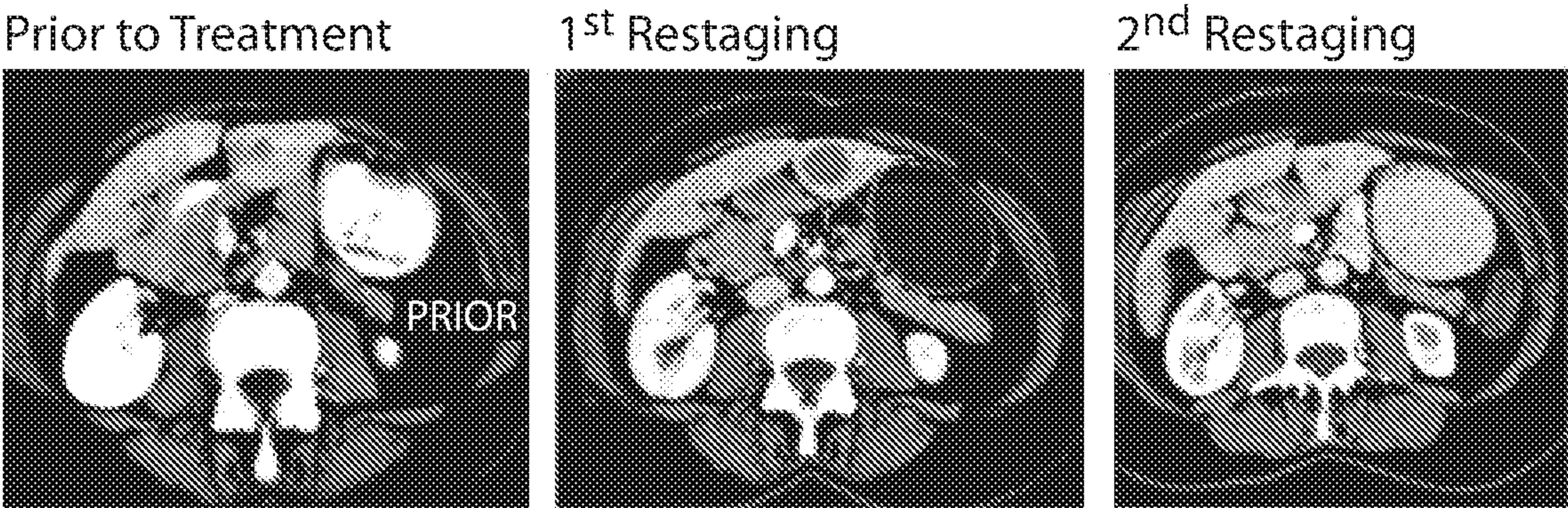


FIGURE 21A

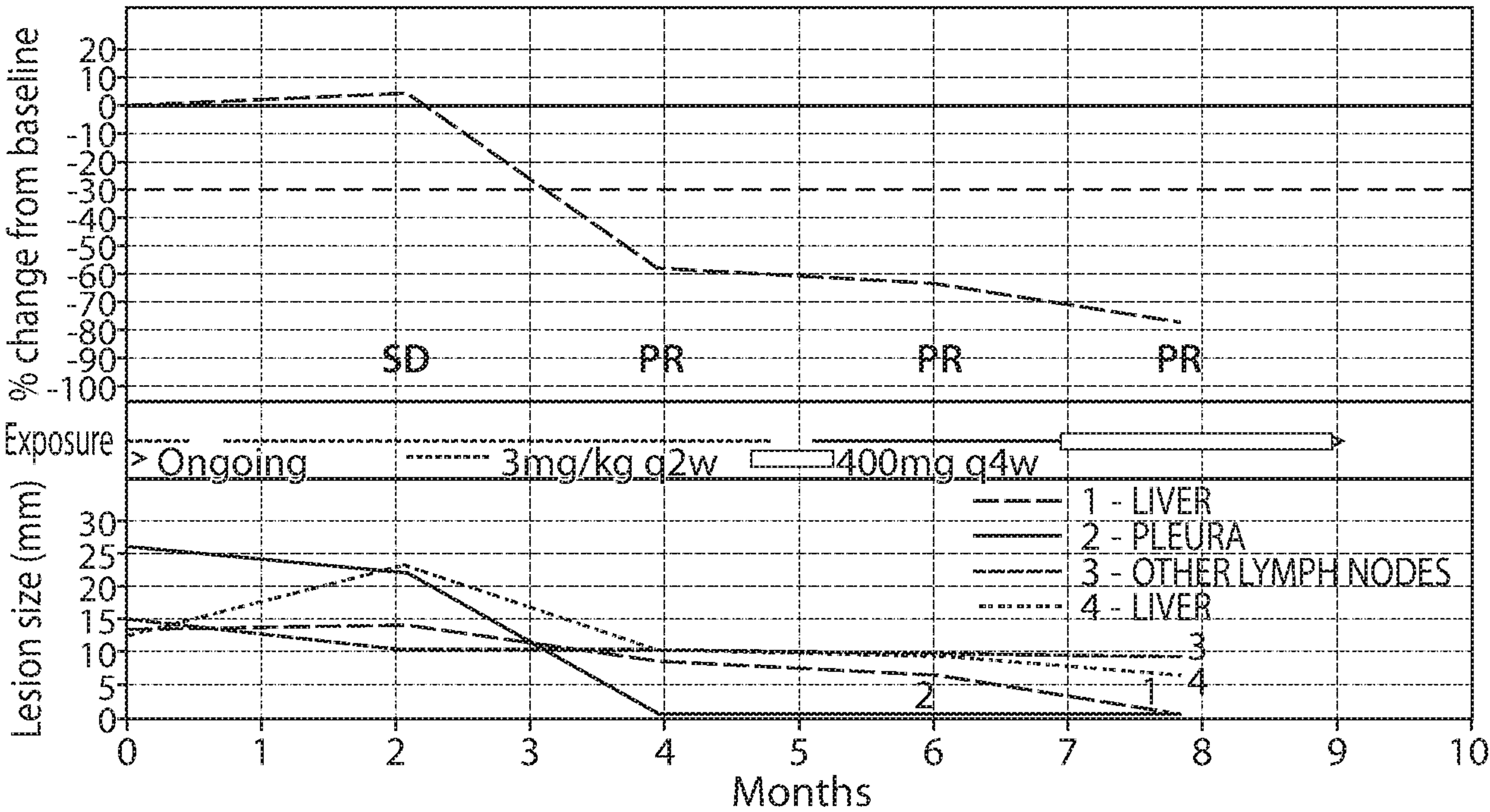


FIGURE 21B

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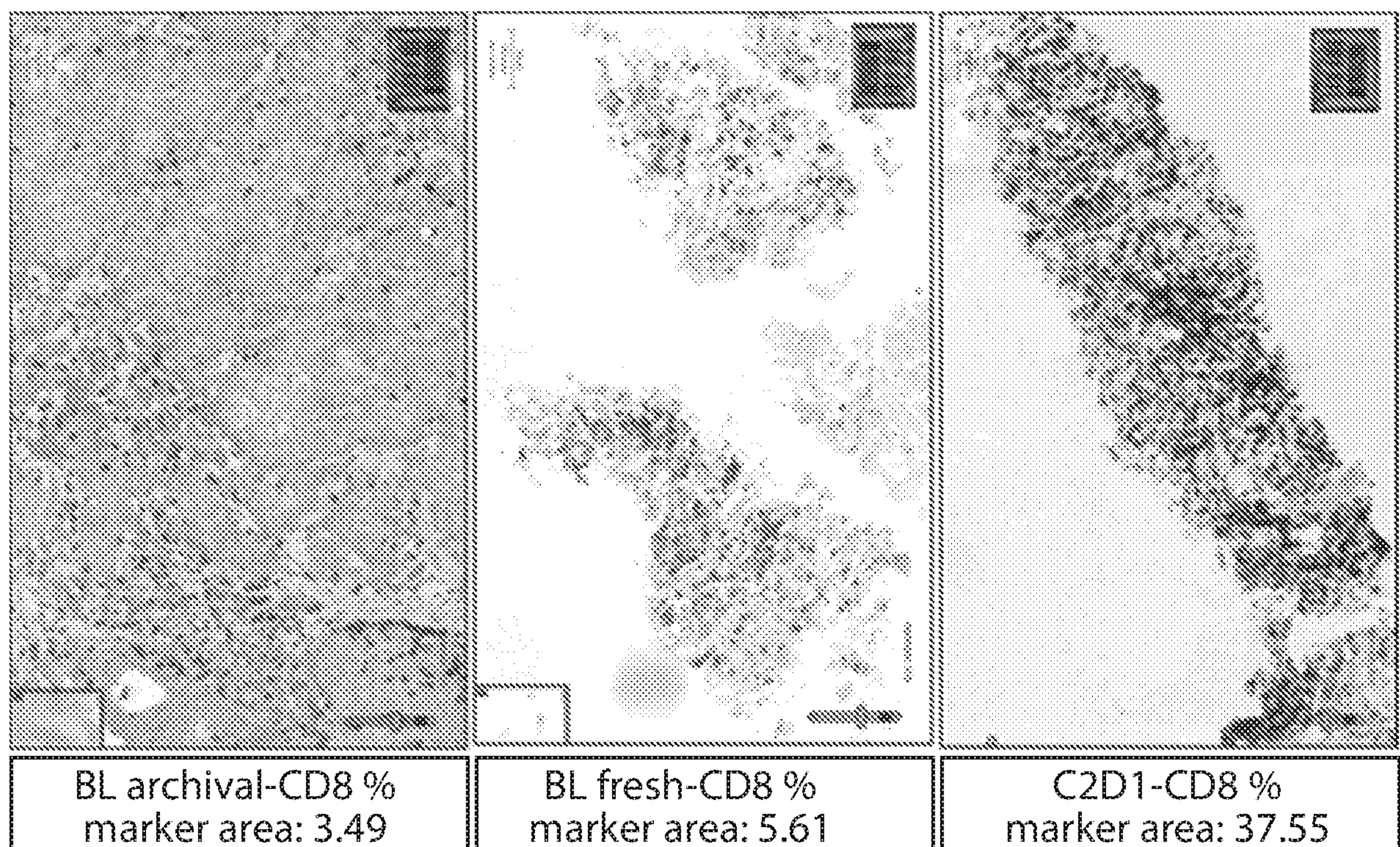


FIGURE 21C

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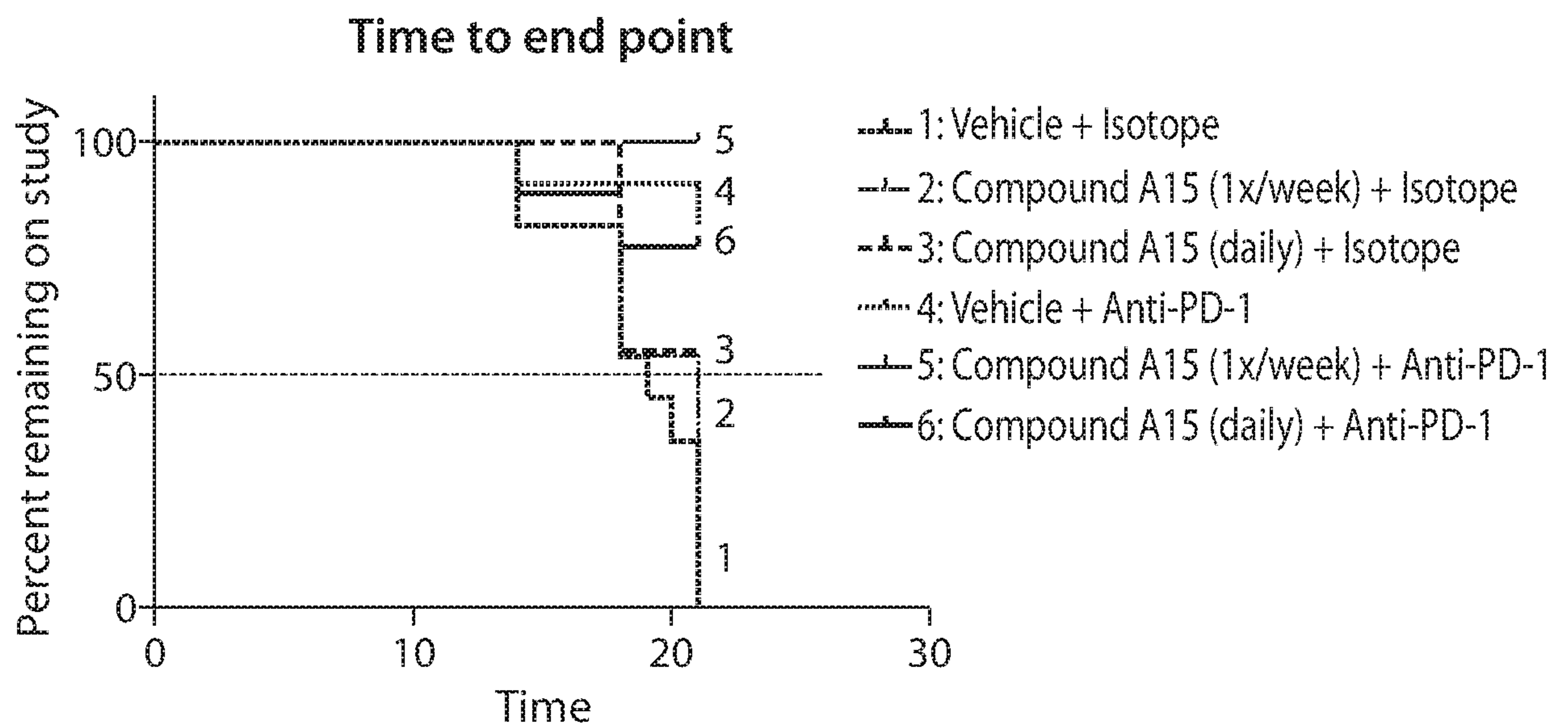


FIGURE 22A

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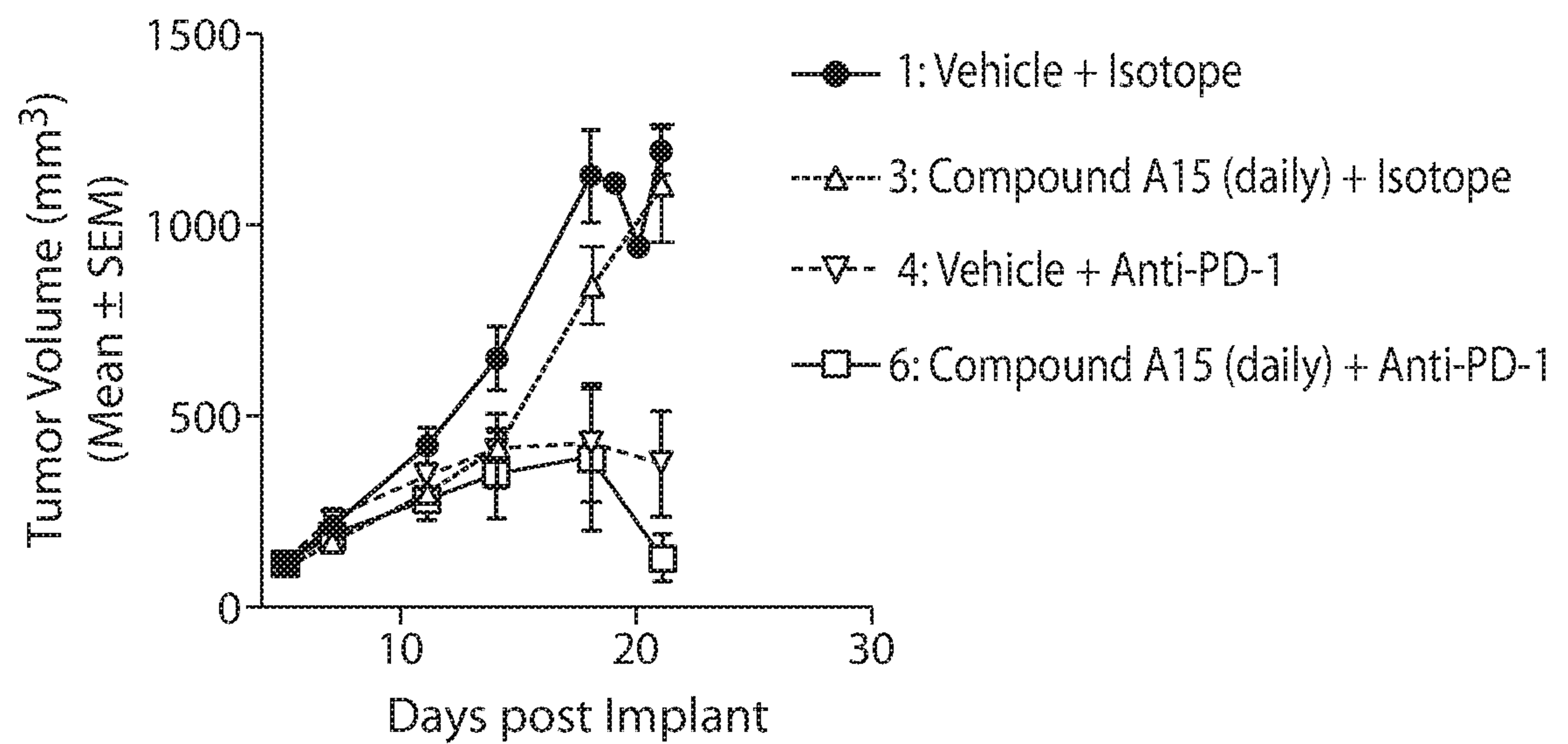


FIGURE 22B

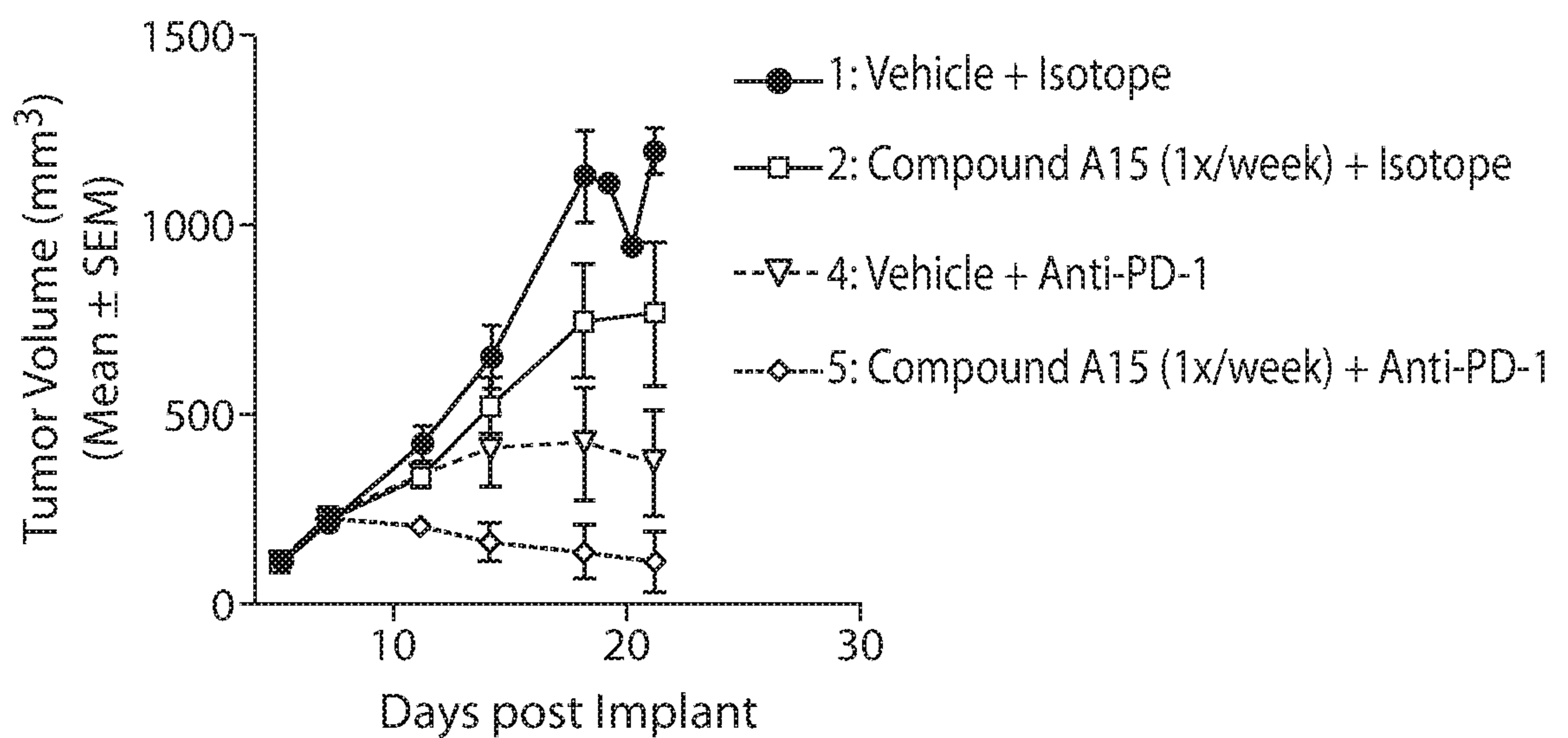


FIGURE 22C

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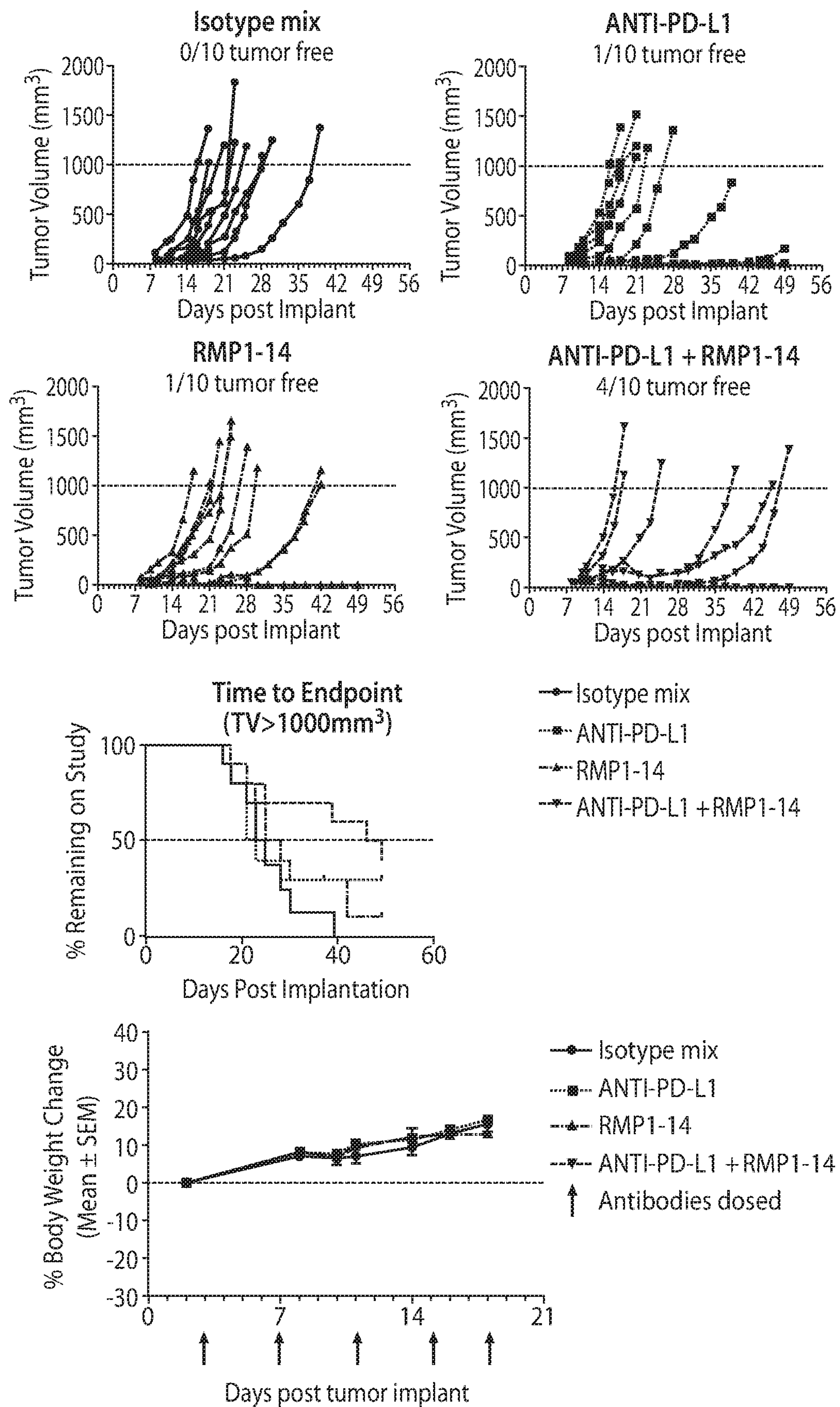


FIGURE 23