

SUMMARY-OF-THE-INVENTION

The present ~~invention~~disclosure relates to methods of treating a subject having cancer (e.g., lung cancer, e.g., NSCLC, e.g., squamous or non-squamous NSCLC, e.g., locally advanced unresectable NSCLC (e.g., Stage IIIB NSCLC), or recurrent or metastatic NSCLC (e.g., Stage IV NSCLC)) by administering a combination of an anti-TIGIT antagonist antibody (e.g., an anti-TIGIT antagonist antibody as disclosed herein, e.g., tiragolumab) and a PD-1 axis binding antagonist (e.g., an anti-PD-L1 antagonist antibody (e.g., atezolizumab)).

In one aspect, the present disclosure refers to use of tiragolumab and atezolizumab in the manufacture of a medicament for treating a subject having a lung cancer, wherein one or more dosing cycles of the medicament is to be administered to the subject, wherein the subject has been determined to have a PD-L1-positive tumor cell fraction of greater than, or equal to, 30%, and the treatment results in (a) a CR or a PR and/or (b) an increase in PFS as compared to treatment with atezolizumab without tiragolumab; and wherein:

- (i) tiragolumab is to be administered at a fixed dose of about 600 mg every three weeks and atezolizumab is to be administered at a fixed dose of about 1200 mg every three weeks,
- (ii) tiragolumab is to be administered at a fixed dose of about 420 mg every two weeks and atezolizumab is to be administered at a fixed dose of about 840 mg every two weeks, or
- (iii) tiragolumab is to be administered at a fixed dose of about 840 mg every four weeks and atezolizumab is to be administered at a fixed dose of about 1680 mg every four weeks.

In another aspect, the present disclosure refers to use of tiragolumab in the manufacture of a medicament for treating a subject having a lung cancer, wherein one or more dosing cycles of the medicament and atezolizumab are to be administered to the subject, wherein the medicament is formulated for administration of tiragolumab in combination with atezolizumab, wherein the subject has been determined to have a PD-L1-positive tumor cell fraction of greater than, or equal to, 30%, and the treatment results in (a) a CR or a PR and/or (b) an increase in PFS as compared to treatment with atezolizumab without tiragolumab, and wherein:

- (i) tiragolumab is to be administered at a fixed dose of about 600 mg every three weeks and atezolizumab is to be administered at a fixed dose of about 1200 mg every three weeks,
- (ii) tiragolumab is to be administered at a fixed dose of about 420 mg every two weeks and atezolizumab is to be administered at a fixed dose of about 840 mg every two weeks, or
- (iii) tiragolumab is to be administered at a fixed dose of about 840 mg every four weeks and atezolizumab is to be administered at a fixed dose of about 1680 mg every four weeks.

In yet another aspect, the present disclosure refers to use of atezolizumab in the manufacture of a medicament for treating a subject having a lung cancer, wherein one or more dosing cycles of the medicament and tiragolumab are to be administered to the subject, and wherein the medicament is formulated for administration of atezolizumab in combination with tiragolumab, wherein the subject has been determined to have a PD-L1-positive tumor cell fraction of greater than, or equal to, 30%, and the treatment results in (a) a CR or a PR and/or (b) an increase in PFS as compared to treatment with the atezolizumab without the tiragolumab, and wherein:

- (i) tiragolumab is to be administered at a fixed dose of about 600 mg every three weeks and atezolizumab is to be administered at a fixed dose of about 1200 mg every three weeks,

- (ii) tiragolumab is to be administered at a fixed dose of about 420 mg every two weeks and atezolizumab is to be administered at a fixed dose of about 840 mg every two weeks, or
(iii) tiragolumab is to be administered at a fixed dose of about 840 mg every four weeks and atezolizumab is to be administered at a fixed dose of about 1680 mg every four weeks.

In another aspect, the present disclosure refers to use of tiragolumab and atezolizumab in the manufacture of a medicament for treating a subject having a lung cancer, wherein one or more dosing cycles of tiragolumab and atezolizumab are to be administered to the subject, wherein the subject previously received concurrent chemoradiotherapy (cCRT) for lung cancer, wherein the subject has not had disease progression after the cCRT, and wherein:

- (i) tiragolumab is to be administered at a fixed dose of about 600 mg every three weeks and atezolizumab is to be administered at a fixed dose of about 1200 mg every three weeks,
(ii) tiragolumab is to be administered at a fixed dose of about 420 mg every two weeks and atezolizumab is to be administered at a fixed dose of about 840 mg every two weeks, or
(iii) tiragolumab is to be administered at a fixed dose of about 840 mg every four weeks and atezolizumab is to be administered at a fixed dose of about 1680 mg every four weeks.

In another aspect, the present disclosure refers to use of tiragolumab in the manufacture of a medicament for treating a subject having a lung cancer, wherein one or more dosing cycles of the medicament and atezolizumab are to be administered to the subject, wherein the medicament is formulated for administration of tiragolumab in combination with atezolizumab, wherein the subject previously received concurrent chemoradiotherapy (cCRT) for lung cancer, wherein the subject has not had disease progression after the cCRT, and wherein:

- (i) tiragolumab is to be administered at a fixed dose of about 600 mg every three weeks and atezolizumab is to be administered at a fixed dose of about 1200 mg every three weeks,
(ii) tiragolumab is to be administered at a fixed dose of about 420 mg every two weeks and atezolizumab is to be administered at a fixed dose of about 840 mg every two weeks, or
(iii) tiragolumab is to be administered at a fixed dose of about 840 mg every four weeks and atezolizumab is to be administered at a fixed dose of about 1680 mg every four weeks.

In yet another aspect, the present disclosure refers to use of atezolizumab in the manufacture of a medicament for treating a subject having a lung cancer, wherein one or more dosing cycles of the medicament and tiragolumab are to be administered to the subject, wherein the medicament is formulated for administration of atezolizumab in combination with tiragolumab, wherein the subject previously received concurrent chemoradiotherapy (cCRT) for lung cancer, wherein the subject has not had disease progression after the cCRT, and wherein:

- (i) tiragolumab is to be administered at a fixed dose of about 600 mg every three weeks and atezolizumab is to be administered at a fixed dose of about 1200 mg every three weeks,
(ii) tiragolumab is to be administered at a fixed dose of about 420 mg every two weeks and atezolizumab is to be administered at a fixed dose of about 840 mg every two weeks, or
(iii) tiragolumab is to be administered at a fixed dose of about 840 mg every four weeks and atezolizumab is to be administered at a fixed dose of about 1680 mg every four weeks.

In a first aspectexample, the inventiondisclosure features a method for treating a subject having a lung cancer comprising administering to the subject one or more dosing cycles of an anti-TIGIT antagonist antibody (e.g., at a fixed dose of between about 30 mg to about 1200 mg every three weeks, at a fixed dose of between about 300 mg to about 800 mg every two weeks, or at a fixed dose of between about 700 mg to about 1000 mg every four weeks) and a PD-1 axis binding antagonist (e.g., an anti-PD-L1 antagonist antibody) (e.g., at a fixed dose of between about 80 mg to about 1600 mg every three weeks, at a fixed dose of between about 200 mg to about 1200 mg every two weeks, or at a fixed dose of between about 400 mg to about 2000 mg every four weeks), wherein the subject has been determined to have a PD-L1-positive tumor cell fraction of greater than, or equal to, 30% (e.g., greater than, or equal to, 50%), and the treatment results in (a) a complete response (CR) or a partial response (PR) and/or (b) an increase in progression-free survival (PFS) as compared to treatment with the PD-1 axis binding antagonist (e.g., anti-PD-L1 antagonist antibody) without the anti-TIGIT antagonist antibody.

In some embodimentexamples of the first aspectexample, the method comprises administering to the subject an anti-TIGIT antagonist antibody at a fixed dose of between about 30 mg to about 600 mg every three weeks. In some embodimentexamples, the method comprises administering to the subject an anti-TIGIT antagonist antibody at a fixed dose of about 600 mg every three weeks. In some embodimentexamples of the first aspectexample, the method comprises administering to the subject an anti-TIGIT antagonist antibody at a fixed dose of between about 400 mg to about 500 mg every two weeks. In some embodimentexamples, the method comprises administering to the subject an anti-TIGIT antagonist antibody at a fixed dose of about 420 mg every two weeks. In some embodimentexample of the first aspectexample, the method comprises administering to the subject an anti-TIGIT antagonist antibody at a fixed dose of between about 800 mg to about 900 mg every two weeks. In some embodimentexamples, the method comprises administering to the subject an anti-TIGIT antagonist antibody at a fixed dose of about 840 mg every two weeks.

In some embodimentexamples of the first aspectexample, the anti-TIGIT antagonist antibody comprises the following hypervariable regions (HVRs): an HVR-H1 sequence comprising the amino acid sequence of SNSAAWN (SEQ ID NO: 1); an HVR-H2 sequence comprising the amino acid sequence of KTYRFRKWYSDYAVSVKG (SEQ ID NO: 2); an HVR-H3 sequence comprising the amino acid sequence of ESTTYDLLAGPFDY (SEQ ID NO: 3); an HVR-L1 sequence comprising the amino acid sequence of KSSQTVLYSSNNKKYLA (SEQ ID NO: 4); an HVR-L2 sequence comprising the amino acid sequence of WASTRES (SEQ ID NO: 5); and an HVR-L3 sequence comprising the amino acid sequence of QQYYSTPFT (SEQ ID NO: 6). In some embodimentexamples, the anti-TIGIT antagonist antibody further comprises the following light chain variable region framework regions (FRs): an FR-L1 comprising the amino acid sequence of DIVMTQSPDSLAVSLGERATINC (SEQ ID NO: 7); an FR-L2 comprising the

amino acid sequence of WYQQKPGQPPNLLIY (SEQ ID NO: 8); an FR-L3 comprising the amino acid sequence of GVPDRFSGSGSGTDFLTISLQAEDVAVYYC (SEQ ID NO: 9); and an FR-L4 comprising the amino acid sequence of FGPGTKVEIK (SEQ ID NO: 10). In some embodimentexamples, the anti-TIGIT antagonist antibody further comprises the following heavy chain variable region FRs: an FR-H1 comprising the amino acid sequence of X₁VQLQQSGPGLVKPSQTLTLTCAISGDSVS (SEQ ID NO: 11), wherein X₁ is Q or E; an FR-H2 comprising the amino acid sequence of WIRQSPSRGLEWLG (SEQ ID NO: 12); an FR-H3 comprising the amino acid sequence of RITINPDTSKNQFSLQLNSVTPEDTAVFYCTR (SEQ ID NO: 13); and an FR-H4 comprising the amino acid sequence of WGQGTLTVSS (SEQ ID NO: 14). In some embodimentexamples, X₁ is Q. In some embodimentexamples, X₁ is E.

In some embodimentexamples of the first aspectexample, the anti-TIGIT antagonist antibody comprises: (a) a heavy chain variable (VH) domain comprising an amino acid sequence having at least 95% sequence identity to the amino acid sequence of SEQ ID NO: 17 or 18; (b) a light chain variable (VL) domain comprising an amino acid sequence having at least 95% sequence identity to the amino acid sequence of SEQ ID NO: 19; or (c) a VH domain as in (a) and a VL domain as in (b).

In some embodimentexamples of the first aspectexample, the anti-TIGIT antagonist antibody comprises: a VH domain comprising the amino acid sequence of SEQ ID NO: 17 or 18 and a VL domain comprising the amino acid sequence of SEQ ID NO: 19.

In some embodimentexamples of the first aspectexample, the anti-TIGIT antagonist antibody is a monoclonal antibody. In some embodimentexamples, the anti-TIGIT antagonist antibody is a human antibody (e.g., a monoclonal human antibody).

In some embodimentexamples of the first aspectexample, the anti-TIGIT antagonist antibody is a full-length antibody. In some embodimentexamples of the first aspectexample, the anti-TIGIT antagonist antibody is tiragolumab.

In some embodimentexamples of the first aspectexample, the anti-TIGIT antagonist antibody is an antibody fragment that binds TIGIT selected from the group consisting of Fab, Fab', Fab'-SH, Fv, single chain variable fragment (scFv), and (Fab')₂ fragments.

In some embodimentexamples of the first aspectexample, the anti-TIGIT antagonist antibody is an IgG class antibody. In some embodimentexamples, the IgG class antibody is an IgG1 subclass antibody.

In some embodimentexamples of the first aspectexample, the method comprises administering to the subject a PD-1 axis binding antagonist (e.g., an anti-PD-L1 antibody) at a fixed dose of about 1200 mg every three weeks. In some embodimentexamples of the first aspectexample, the method comprises administering to the subject a PD-1 axis binding antagonist (e.g., an anti-PD-L1 antibody) at a fixed dose of about 840 mg every two weeks. In some embodimentexamples of the first aspectexample, the method comprises administering to the subject a PD-1 axis binding antagonist (e.g., an anti-PD-L1 antibody) at a fixed dose of about 1680 mg every four weeks.

In some embodimentexamples of the first aspectexample, the PD-1 axis binding antagonist (e.g., anti-PD-L1 antagonist antibody) is atezolizumab (MPDL3280A), MSB0010718C, MDX-1105, or MEDI4736. In some embodimentexamples, the anti-PD-L1 antagonist antibody is atezolizumab.

In some embodimentexamples of the first aspectexample, the anti-PD-L1 antagonist antibody comprises the following HVRs: an HVR-H1 sequence comprising the amino acid sequence of GFTFSDSWIH (SEQ ID

NO: 20); an HVR-H2 sequence comprising the amino acid sequence of AWISPYGGSTYYADSVKG (SEQ ID NO: 21); an HVR-H3 sequence comprising the amino acid sequence of RHWPGGFDY (SEQ ID NO: 22); an HVR-L1 sequence comprising the amino acid sequence of RASQDVSTAVA (SEQ ID NO: 23); an HVR-L2 sequence comprising the amino acid sequence of SASFLYS (SEQ ID NO: 24); and an HVR-L3 sequence comprising the amino acid sequence of QQYLYHPAT (SEQ ID NO: 25). In some

embodimentexamples, the anti-PD-L1 antagonist antibody comprises: (a) a heavy chain variable (VH) domain comprising an amino acid sequence having at least 95% sequence identity to the amino acid sequence of SEQ ID NO: 26; (b) a light chain variable (VL) domain comprising an amino acid sequence having at least 95% sequence identity to the amino acid sequence of SEQ ID NO: 27; or (c) a VH domain as in (a) and a VL domain as in (b).

In some embodimentexamples of the first aspectexample, the anti-PD-L1 antagonist antibody comprises: a VH domain comprising the amino acid sequence of SEQ ID NO: 26 and a VL domain comprising the amino acid sequence of SEQ ID NO: 27.

In some embodimentexamples of the first aspectexample, the PD-1 axis binding antagonist (e.g., anti-PD-L1 antagonist antibody) is a monoclonal antibody. In some embodimentexamples, the PD-1 axis binding antagonist (e.g., anti-PD-L1 antagonist antibody) is a humanized antibody (e.g., a monoclonal humanized antibody).

In some embodimentexamples of the first aspectexample, the PD-1 axis binding antagonist (e.g., anti-PD-L1 antagonist antibody) is a full-length antibody.

In some embodimentexamples of the first aspectexample, the PD-1 axis binding antagonist (e.g., anti-PD-L1 antagonist antibody) is an antibody fragment that binds PD-L1 selected from the group consisting of Fab, Fab', Fab'-SH, Fv, single chain variable fragment (scFv), and (Fab')₂ fragments.

In some embodimentexamples of the first aspectexample, the PD-1 axis binding antagonist (e.g., anti-PD-L1 antagonist antibody) is an IgG class antibody. In some embodimentexamples, the IgG class antibody is an IgG1 subclass antibody.

In some embodimentexamples of the first aspectexample, the method comprises administering to the subject the anti-TIGIT antagonist antibody at a fixed dose of about 600 mg every three weeks and the PD-1 axis binding antagonist (e.g., anti-PD-L1 antagonist antibody) at a fixed dose of about 1200 mg every three weeks.

In some embodimentexamples of the first aspectexample, the length of each of the one or more dosing cycles is 21 days.

In some embodimentexamples of the first aspectexample, the method comprises administering to the subject the anti-TIGIT antagonist antibody and the PD-1 axis binding antagonist (e.g., anti-PD-L1 antagonist antibody) on about Day 1 of each of the one or more dosing cycles.

In some embodimentexamples of the first aspectexample, the method comprises administering to the subject the anti-TIGIT antagonist antibody at a fixed dose of about 420 mg every two weeks and the PD-1 axis binding antagonist (e.g., anti-PD-L1 antagonist antibody) at a fixed dose of about 820 mg every two weeks. In some embodimentexamples of the first aspectexample, the length of each of the one or more dosing cycles is 28 days. In some embodimentexamples of the first aspectexample, the method comprises administering to the subject the anti-TIGIT antagonist antibody and the PD-1 axis binding antagonist (e.g., anti-PD-L1 antagonist antibody) on about Day 1 and Day 15 of each of the one or more dosing cycles.

In some embodimentexamples of the first aspectexample, the method comprises administering to the subject the anti-TIGIT antagonist antibody at a fixed dose of about 840 mg every four weeks and the PD-1 axis binding antagonist (e.g., anti-PD-L1 antagonist antibody) at a fixed dose of about 1680 mg every four weeks. In some embodimentexamples of the first aspectexample, the length of each of the one or more dosing cycles is 28 days. In some embodimentexamples of the first aspectexample, the method comprises administering to the subject the anti-TIGIT antagonist antibody and the PD-1 axis binding antagonist (e.g., anti-PD-L1 antagonist antibody) on about Day 1 of each of the one or more dosing cycles.

In some embodimentexamples of the first aspectexample, the method comprises administering to the subject the anti-TIGIT antagonist antibody before the PD-1 axis binding antagonist (e.g., anti-PD-L1 antagonist antibody). In some embodimentexamples, the method comprises a first observation period following administration of the anti-TIGIT antagonist antibody and second observation period following administration of the PD-1 axis binding antagonist (e.g., anti-PD-L1 antagonist antibody). In some embodimentexamples, the first observation period and the second observation period are each between about 30 minutes to about 60 minutes in length.

In some embodimentexamples of the first aspectexample, the method comprises administering to the subject the PD-1 axis binding antagonist (e.g., anti-PD-L1 antagonist antibody) before the anti-TIGIT antagonist antibody. In some embodimentexamples, the method comprises a first observation period following administration of the PD-1 axis binding antagonist (e.g., anti-PD-L1 antagonist antibody) and second observation period following administration of the anti-TIGIT antagonist antibody. In some embodimentexamples, the first observation period and the second observation period are each between about 30 minutes to about 60 minutes in length.

In some embodimentexamples of the first aspectexample, the method comprises administering to the subject the anti-TIGIT antagonist antibody and the PD-1 axis binding antagonist (e.g., anti-PD-L1 antagonist antibody) simultaneously.

In some embodimentexamples of the first aspectexample, the method comprises administering to the subject the anti-TIGIT antagonist antibody and PD-1 axis binding antagonist (e.g., anti-PD-L1 antagonist antibody) intravenously. In some embodimentexamples, the method comprises administering to the subject the anti-TIGIT antagonist antibody by intravenous infusion over 60 ± 10 minutes. In some embodimentexamples, the method comprises administering to the subject the PD-1 axis binding antagonist (e.g., anti-PD-L1 antagonist antibody) by intravenous infusion over 60 ± 15 minutes.

In some embodimentexamples of the first aspectexample, the PD-L1-positive tumor cell fraction has been determined by an immunohistochemical (IHC) assay. In some embodimentexamples, the IHC assay uses anti-PD-L1 antibody SP263, 22C3, SP142, or 28-8. In some embodimentexamples, the PD-L1-positive tumor cell fraction is determined by positive staining with an anti-PD-L1 antibody (e.g., SP263, 22C3, SP142, or 28-8). In some embodimentexamples, the PD-L1-positive tumor cell fraction is greater than, or equal to, 50%, as determined by positive staining with the anti-PD-L1 antibody SP263 (e.g., wherein the PD-L1-positive tumor cell fraction is calculated using the Ventana SP263 IHC assay). In some embodimentexamples, the PD-L1-positive tumor cell fraction is greater than, or equal to, 50%, as determined by positive staining with the anti-PD-L1 antibody 22C3 (e.g., wherein the PD-L1-positive tumor cell fraction is calculated using the pharmDx 22C3 IHC assay). In some embodimentexamples, the PD-L1-positive tumor cell fraction is greater than,

or equal to, 30%, as determined by positive staining with the anti-PD-L1 antibody SP142 (e.g., wherein the PD-L1-positive tumor cell fraction is calculated using the Ventana SP142 IHC assay). In some [embodimentexamples](#), the PD-L1-positive tumor cell fraction is greater than, or equal to, 50%, as determined by positive staining with the anti-PD-L1 antibody 28-8.

5 In some [embodimentexamples](#) of the first [aspectexample](#), a tumor sample obtained from the subject has been determined to have a detectable nucleic acid expression level of PD-L1. In some [embodimentexamples](#), the detectable nucleic acid expression level of PD-L1 has been determined by RNA-seq, RT-qPCR, qPCR, multiplex qPCR or RT-qPCR, microarray analysis, SAGE, MassARRAY technique, ISH, or a combination thereof.

10 In some [embodimentexamples](#) of the first [aspectexample](#), the lung cancer is a non-small cell lung cancer (NSCLC). In some [embodimentexamples](#), the NSCLC is a squamous NSCLC. In some [embodimentexamples](#), the NSCLC is a non-squamous NSCLC. In some [embodimentexamples](#), the NSCLC is a locally advanced unresectable NSCLC. In some [embodimentexamples](#), the NSCLC is a Stage IIIB NSCLC. In some [embodimentexamples](#), the NSCLC is a recurrent or metastatic NSCLC. In
15 some [embodimentexamples](#), the NSCLC is a Stage IV NSCLC. In some [embodimentexamples](#), the subject has not been previously treated for Stage IV NSCLC.

In some [embodimentexamples](#) of the first [aspectexample](#), the subject does not have a sensitizing epidermal growth factor receptor (*EGFR*) gene mutation or anaplastic lymphoma kinase (*ALK*) gene rearrangement.

20 In some [embodimentexamples](#) of the first [aspectexample](#), the subject does not have a pulmonary lymphoepithelioma-like carcinoma subtype of NSCLC.

In some [embodimentexamples](#) of the first [aspectexample](#), the subject does not have an active Epstein-Barr virus (EBV) infection or a known or suspected chronic active EBV infection. In some [embodimentexamples](#), the subject is negative for EBV IgM or negative by EBV PCR. In some
25 [embodimentexamples](#), the subject is negative for EBV IgM and negative by EBV PCR. In some [embodimentexamples](#), the subject is positive for EBV IgG or positive for Epstein-Barr nuclear antigen (EBNA). In some [embodimentexamples](#), the subject is positive for EBV IgG and positive for EBNA.

In some [embodimentexamples](#) of the first [aspectexample](#), the subject is negative for EBV IgG or negative for EBNA. In some [embodimentexamples](#), the subject is negative for EBV IgG and negative for
30 EBNA.

In some [embodimentexamples](#), the subject is likely to have an increase in the PFS of the subject as compared to a reference PFS time. In some [embodimentexamples](#), the reference PFS time is the median PFS time of a population of subjects who have received a treatment comprising an PD-1 axis binding antagonist (e.g., anti-PD-L1 antagonist antibody) without an anti-TIGIT antagonist antibody.

35 In a second [aspectexample](#), the [inventiendisclosure](#) features a method for treating a subject having a NSCLC comprising administering to the subject one or more dosing cycles of an anti-TIGIT antagonist antibody (e.g., at a fixed dose of about 600 mg every three weeks, at a fixed dose of about 420 mg every two weeks, or at a fixed dose of about 840 mg every four weeks) and a PD-1 axis binding antagonist (e.g., an anti-PD-L1 antagonist antibody) (e.g., at a fixed dose of about 1200 mg every three
40 weeks, at a fixed dose of about 840 mg every two weeks, or at a fixed dose of about 1680 mg every four weeks), wherein the anti-TIGIT antagonist antibody comprises: a VH domain comprising the amino acid sequence of SEQ ID NO: 17 or 18 and a VL domain comprising the amino acid sequence of SEQ ID NO: 19, and wherein

the subject has been determined to have a PD-L1-positive tumor cell fraction of greater than, or equal to, 30% (e.g., greater than, or equal to, 50%), and the treatment results in (a) a CR or a PR and/or (b) an increase in PFS as compared to treatment with atezolizumab without the anti-TIGIT antagonist antibody.

In a third aspectexample, the inventiondisclosure features a method for treating a subject having a NSCLC comprising (a) obtaining a tumor sample from the subject; (b) detecting the protein expression level of PD-L1 in the tumor sample by staining tumor cells from the tumor sample with anti-PD-L1 antibody SP263 and determining a PD-L1-positive tumor cell fraction therefrom, wherein the subject has been determined to have a PD-L1-positive tumor cell fraction of greater than, or equal to, 50%; and (c) administering to the subject a therapy comprising one or more dosing cycles of an anti-TIGIT antagonist antibody (e.g., at a fixed dose of 600 mg every three weeks, at a fixed dose of 420 mg every two weeks, or at a fixed dose of 840 mg every four weeks) and atezolizumab (e.g., at a fixed dose of 1200 mg every three weeks, at a fixed dose of 840 mg every two weeks, or at a fixed dose of 1680 mg every four weeks), wherein the anti-TIGIT antagonist antibody comprises: a VH domain comprising the amino acid sequence of SEQ ID NO: 17 or 18; and a VL domain comprising the amino acid sequence of SEQ ID NO: 19, and wherein the treatment results in (a) a CR or a PR and/or (b) an increase in PFS as compared to treatment with atezolizumab without the anti-TIGIT antagonist antibody.

In a fourth aspectexample, the inventiondisclosure features a method for treating a subject having a NSCLC comprising (a) obtaining a tumor sample from the subject; (b) detecting the protein expression level of PD-L1 in the tumor sample by staining tumor cells from the tumor sample with anti-PD-L1 antibody 22C3 and determining a PD-L1-positive tumor cell fraction therefrom, wherein the subject has been determined to have a PD-L1-positive tumor cell fraction of greater than, or equal to, 50%; and (c) administering to the subject a therapy comprising one or more dosing cycles of an anti-TIGIT antagonist antibody (e.g., at a fixed dose of 600 mg every three weeks, at a fixed dose of 420 mg every two weeks, or at a fixed dose of 840 mg every four weeks) and atezolizumab (e.g., at a fixed dose of 1200 mg every three weeks, at a fixed dose of 840 mg every two weeks, or at a fixed dose of 1680 mg every four weeks), wherein the anti-TIGIT antagonist antibody comprises: a VH domain comprising the amino acid sequence of SEQ ID NO: 17 or 18; and a VL domain comprising the amino acid sequence of SEQ ID NO: 19, and wherein the treatment results in (a) a CR or a PR and/or (b) an increase in PFS as compared to treatment with atezolizumab without the anti-TIGIT antagonist antibody.

In a fifth aspectexample, the inventiondisclosure features a method for treating a subject having a NSCLC comprising administering to the subject one or more dosing cycles of tiragolumab (e.g., at a fixed dose of 600 mg every three weeks, at a fixed dose of 420 mg every two weeks, or at a fixed dose of 840 mg every four weeks) and atezolizumab (e.g., at a fixed dose of 1200 mg every three weeks, at a fixed dose of 840 mg every two weeks, or at a fixed dose of 1680 mg every four weeks), wherein the subject has been determined to have a PD-L1-positive tumor cell fraction of greater than, or equal to, 30% (e.g., greater than, or equal to, 50%), and the treatment results in (a) a CR or a PR and/or (b) an increase in PFS as compared to treatment with atezolizumab without tiragolumab.

In a sixth aspectexample, the inventiondisclosure features a method for treating a subject having a NSCLC comprising (a) obtaining a tumor sample from the subject; (b) detecting the protein expression level of PD-L1 in the tumor sample by an IHC assay using anti-PD-L1 antibody SP263 and determining a PD-L1-

positive tumor cell fraction therefrom, wherein the subject has been determined to have a PD-L1-positive tumor cell fraction of greater than, or equal to, 50%; and (c) administering to the subject a therapy comprising one or more dosing cycles of an anti-TIGIT antagonist antibody (e.g., at a fixed dose of 600 mg every three weeks, at a fixed dose of 420 mg every two weeks, or at a fixed dose of 840 mg every four weeks) and atezolizumab (e.g., at a fixed dose of 1200 mg every three weeks, at a fixed dose of 840 mg every two weeks, or at a fixed dose of 1680 mg every four weeks), wherein the anti-TIGIT antagonist antibody comprises: a VH domain comprising the amino acid sequence of SEQ ID NO: 17 or 18; and a VL domain comprising the amino acid sequence of SEQ ID NO: 19, and wherein the treatment results in (a) a CR or a PR and/or (b) an increase in PFS as compared to treatment with atezolizumab without the anti-TIGIT antagonist antibody.

In a seventh ~~aspectexample~~, the ~~inventiondisclosure~~ features a method for treating a subject having a NSCLC comprising (a) obtaining a tumor sample from the subject; (b) detecting the protein expression level of PD-L1 in the tumor sample by an IHC assay using anti-PD-L1 antibody 22C3 and determining a PD-L1-positive tumor cell fraction therefrom, wherein the subject has been determined to have a PD-L1-positive tumor cell fraction of greater than, or equal to, 50%; and (c) administering to the subject a therapy comprising one or more dosing cycles of an anti-TIGIT antagonist antibody (e.g., at a fixed dose of 600 mg every three weeks, at a fixed dose of 420 mg every two weeks, or at a fixed dose of 840 mg every four weeks) and atezolizumab (e.g., at a fixed dose of 1200 mg every three weeks, at a fixed dose of 840 mg every two weeks, or at a fixed dose of 1680 mg every four weeks), wherein the anti-TIGIT antagonist antibody comprises: a VH domain comprising the amino acid sequence of SEQ ID NO: 17 or 18; and a VL domain comprising the amino acid sequence of SEQ ID NO: 19, and wherein the treatment results in (a) a CR or a PR and/or (b) an increase in PFS as compared to treatment with atezolizumab without the anti-TIGIT antagonist antibody.

In an eighth ~~aspectexample~~, the ~~inventiondisclosure~~ features an anti-TIGIT antagonist antibody and a PD-1 axis binding antagonist (e.g., anti-PD-L1 antagonist antibody) for use in a method of treating a subject having a lung cancer, the method comprising administering to the subject one or more dosing cycles of the anti-TIGIT antagonist antibody (e.g., at a fixed dose of between about 30 mg to about 1200 mg every three weeks, at a fixed dose of between about 300 mg to about 800 mg every two weeks, or at a fixed dose of between about 700 mg to about 1000 mg every four weeks) and a PD-1 axis binding antagonist (e.g., an anti-PD-L1 antagonist antibody) (e.g., at a fixed dose of between about 80 mg to about 1600 mg every three weeks, at a fixed dose of between about 200 mg to about 1200 mg every two weeks, or at a fixed dose of between about 400 mg to about 2000 mg every four weeks), wherein the subject has been determined to have a PD-L1-positive tumor cell fraction of greater than, or equal to, 30% (e.g., greater than, or equal to, 50%), and the treatment results in (a) a CR or a PR and/or (b) an increase in PFS as compared to treatment with the PD-1 axis binding antagonist (e.g., anti-PD-L1 antagonist antibody) without the anti-TIGIT antagonist antibody.

In some ~~embodimentexamples~~ of the eighth ~~aspectexample~~, the anti-TIGIT antagonist antibody is to be administered to the subject at a fixed dose of between about 30 mg to about 600 mg every three weeks. In some ~~embodimentexamples~~, the anti-TIGIT antagonist antibody is to be administered to the subject at a fixed dose of about 600 mg every three weeks. In some ~~embodimentexamples~~, the anti-TIGIT antagonist antibody is to

be administered at a fixed dose of between about 400 mg to about 500 mg every two weeks. In some [embodimentexamples](#), the anti-TIGIT antagonist antibody is to be administered at a fixed dose of about 420 mg every two weeks. In some [embodimentexample](#)s, the anti-TIGIT antagonist antibody is to be administered at a fixed dose of between about 800 mg to about 900 mg every two weeks. In some [embodimentexamples](#), the anti-TIGIT antagonist antibody is to be administered at a fixed dose of about 840 mg every two weeks.

In some [embodimentexample](#)s of the eighth [aspectexample](#), the anti-TIGIT antagonist antibody comprises the following HVRs: an HVR-H1 sequence comprising the amino acid sequence of SNSAAWN (SEQ ID NO: 1); an HVR-H2 sequence comprising the amino acid sequence of KTYRFRKWYSYAVSVKG (SEQ ID NO: 2); an HVR-H3 sequence comprising the amino acid sequence of ESTTYDLLAGPFDY (SEQ ID NO: 3); an HVR-L1 sequence comprising the amino acid sequence of KSSQTVLYSSNNKKYLA (SEQ ID NO: 4); an HVR-L2 sequence comprising the amino acid sequence of WASTRES (SEQ ID NO: 5); and an HVR-L3 sequence comprising the amino acid sequence of QQYYSTPFT (SEQ ID NO: 6). In some [embodimentexamples](#), the anti-TIGIT antagonist antibody further comprises the following light chain variable region FRs: an FR-L1 comprising the amino acid sequence of DIVMTQSPDSLAVSLGERATINC (SEQ ID NO: 7); an FR-L2 comprising the amino acid sequence of WYQQKPGQPPLLIIY (SEQ ID NO: 8); an FR-L3 comprising the amino acid sequence of GVPDRFSGSGSGTDFTLTISLQAEDVAVYYC (SEQ ID NO: 9); and an FR-L4 comprising the amino acid sequence of FGPGTKVEIK (SEQ ID NO: 10). In some [embodimentexamples](#), the anti-TIGIT antagonist antibody further comprises the following heavy chain variable region FRs: an FR-H1 comprising the amino acid sequence of X₁VQLQQSGPGLVKPSQTLSTCAISGDSVS (SEQ ID NO: 11), wherein X₁ is Q or E; an FR-H2 comprising the amino acid sequence of WIRQSPSRGLEWLG (SEQ ID NO: 12); an FR-H3 comprising the amino acid sequence of RITINPDTSKNQFSLQLNSVTPEDTAVFYCTR (SEQ ID NO: 13); and an FR-H4 comprising the amino acid sequence of WGQGTLTVSS (SEQ ID NO: 14). In some [embodimentexamples](#), X₁ is Q. In some [embodimentexamples](#), X₁ is E.

In some [embodimentexample](#)s of the eighth [aspectexample](#), the anti-TIGIT antagonist antibody comprises: (a) a heavy chain variable (VH) domain comprising an amino acid sequence having at least 95% sequence identity to the amino acid sequence of SEQ ID NO: 17 or 18; (b) a light chain variable (VL) domain comprising an amino acid sequence having at least 95% sequence identity to the amino acid sequence of SEQ ID NO: 19; or (c) a VH domain as in (a) and a VL domain as in (b).

In some [embodimentexamples](#) of the eighth [aspectexample](#), the anti-TIGIT antagonist antibody comprises: a VH domain comprising the amino acid sequence of SEQ ID NO: 17 or 18 and a VL domain comprising the amino acid sequence of SEQ ID NO: 19.

In some [embodimentexamples](#) of the eighth [aspectexample](#), the anti-TIGIT antagonist antibody is a monoclonal antibody. In some [embodimentexamples](#), the anti-TIGIT antagonist antibody is a human antibody (e.g., a monoclonal human antibody).

In some [embodimentexample](#)s of the eighth [aspectexample](#), the anti-TIGIT antagonist antibody is a full-length antibody. In some [embodimentexamples](#) of the eighteenth [aspectexample](#), the anti-TIGIT antagonist antibody is tiragolumab.

In some embodimentexamples of the eighth aspectexample, the anti-TIGIT antagonist antibody is an antibody fragment that binds TIGIT selected from the group consisting of Fab, Fab', Fab'-SH, Fv, single chain variable fragment (scFv), and (Fab')₂ fragments.

In some embodimentexamples of the eighth aspectexample, the anti-TIGIT antagonist antibody is an IgG class antibody. In some embodimentexamples, the IgG class antibody is an IgG1 subclass antibody.

In some embodimentexamples of the eighth aspectexample, the PD-1 axis binding antagonist (e.g., anti-PD-L1 antagonist antibody) is to be administered to the subject at a fixed dose of about 1200 mg every three weeks. In other embodimentexamples, the PD-1 axis binding antagonist (e.g., anti-PD-L1 antagonist antibody) is to be administered to the subject at a fixed dose of about 840 mg every two weeks. In other embodimentexamples, the PD-1 axis binding antagonist (e.g., anti-PD-L1 antagonist antibody) is to be administered to the subject at a fixed dose of about 1680 mg every four weeks.

In some embodimentexamples of the eighth aspectexample, the PD-1 axis binding antagonist is a PD-L1 binding antagonist or a PD-1 binding antagonist. In some embodimentexamples, the PD-L1 binding antagonist is an anti-PD-L1 antagonist antibody (e.g., atezolizumab (MPDL3280A), MSB0010718C, MDX-1105, or MEDI4736). In some embodimentexamples, the PD-L1 antagonist is atezolizumab. In some embodimentexamples, the PD-1 binding antagonist is an anti-PD-1 antagonist antibody (e.g., nivolumab (MDX-1106) or pembrolizumab (formerly lambrolizumab (MK-3475))). In some embodimentexamples, the PD-1 binding antagonist is AMP-224. In some embodimentexamples of the eighth aspectexample, the anti-PD-L1 antagonist antibody comprises the following HVRs: an HVR-H1 sequence comprising the amino acid sequence of GFTFSDSWIH (SEQ ID NO: 20); an HVR-H2 sequence comprising the amino acid sequence of AWISPYGGSTYYADSVKG (SEQ ID NO: 21); an HVR-H3 sequence comprising the amino acid sequence of RHWPGGFDY (SEQ ID NO: 22); an HVR-L1 sequence comprising the amino acid sequence of RASQDVSTAVA (SEQ ID NO: 23); an HVR-L2 sequence comprising the amino acid sequence of SASFLYS (SEQ ID NO: 24); and an HVR-L3 sequence comprising the amino acid sequence of QQYLYHPAT (SEQ ID NO: 25). In some embodimentexamples, the anti-PD-L1 antagonist antibody comprises: (a) a heavy chain variable (VH) domain comprising an amino acid sequence having at least 95% sequence identity to the amino acid sequence of SEQ ID NO: 26; (b) a light chain variable (VL) domain comprising an amino acid sequence having at least 95% sequence identity to the amino acid sequence of SEQ ID NO: 27; or (c) a VH domain as in (a) and a VL domain as in (b).

In some embodimentexamples of the eighth aspectexample, the anti-PD-L1 antagonist antibody comprises: a VH domain comprising the amino acid sequence of SEQ ID NO: 26 and a VL domain comprising the amino acid sequence of SEQ ID NO: 27.

In some embodimentexamples of the eighth aspectexample, the PD-1 axis binding antagonist (e.g., anti-PD-L1 antagonist antibody) is a monoclonal antibody. In some embodimentexamples, the PD-1 axis binding antagonist (e.g., anti-PD-L1 antagonist antibody) is a humanized antibody (e.g., a monoclonal humanized antibody).

In some embodimentexamples of the eighth aspectexample, PD-1 axis binding antagonist (e.g., anti-PD-L1 antagonist antibody) is a full-length antibody.

In some embodimentexamples of the eighth aspectexample, the PD-1 axis binding antagonist (e.g., anti-PD-L1 antagonist antibody) is an antibody fragment that binds PD-L1 or PD-1 selected from the group consisting of Fab, Fab', Fab'-SH, Fv, single chain variable fragment (scFv), and (Fab')₂ fragments.

In some embodimentexamples of the eighth aspectexample, the PD-1 axis binding antagonist (e.g., anti-PD-L1 antagonist antibody) is an IgG class antibody. In some embodimentexamples, the IgG class antibody is an IgG1 subclass antibody.

In some embodimentexamples of the eighth aspectexample, the anti-TIGIT antagonist antibody is to be administered to the subject at a fixed dose of about 600 mg every three weeks and the PD-1 axis binding antagonist (e.g., anti-PD-L1 antagonist antibody) is to be administered to the subject at a fixed dose of about 1200 mg every three weeks.

In some embodimentexamples of the eighth aspectexample, the length of each of the one or more dosing cycles is 21 days.

In some embodimentexamples of the eighth aspectexample, the anti-TIGIT antagonist antibody and PD-1 axis binding antagonist (e.g., anti-PD-L1 antagonist antibody) are to be administered to the subject on about Day 1 of each of the one or more dosing cycles.

In some embodimentexamples, the anti-TIGIT antagonist antibody is to be administered at a fixed dose of about 420 mg every two weeks and the PD-1 axis binding antagonist (e.g., anti-PD-L1 antagonist antibody) is to be administered at a fixed dose of about 820 mg every two weeks. In some embodimentexamples, the length of each of the one or more dosing cycles is 28 days. In some embodimentexamples, the anti-TIGIT antagonist antibody and the PD-1 axis binding antagonist (e.g., anti-PD-L1 antagonist antibody) are to be administered on about Day 1 and Day 15 of each of the one or more dosing cycles.

In some embodimentexamples, the anti-TIGIT antagonist antibody is to be administered at a fixed dose of about 840 mg every four weeks and the PD-1 axis binding antagonist (e.g., anti-PD-L1 antagonist antibody) is to be administered at a fixed dose of about 1680 mg every four weeks. In some embodimentexamples, the length of each of the one or more dosing cycles is 28 days. In some embodimentexamples, the anti-TIGIT antagonist antibody and the PD-1 axis binding antagonist (e.g., anti-PD-L1 antagonist antibody) are to be administered on about Day 1 of each of the one or more dosing cycles.

In some embodimentexamples of the eighth aspectexample, the anti-TIGIT antagonist antibody is to be administered to the subject before the PD-1 axis binding antagonist (e.g., anti-PD-L1 antagonist antibody). In some embodimentexamples, a first observation period is to follow administration of the anti-TIGIT antagonist antibody and second observation period is to follow administration of the PD-1 axis binding antagonist (e.g., anti-PD-L1 antagonist antibody). In some embodimentexamples, the first observation period and the second observation period are each between about 30 minutes to about 60 minutes in length.

In some embodimentexamples of the eighth aspectexample, the PD-1 axis binding antagonist (e.g., anti-PD-L1 antagonist antibody) is to be administered to the subject before the anti-TIGIT antagonist antibody. In some embodimentexamples, a first observation period is to follow administration of the PD-1 axis binding antagonist (e.g., anti-PD-L1 antagonist antibody) and second observation period is to follow administration of the anti-TIGIT antagonist antibody. In some embodimentexamples, the first observation period and the second observation period are each between about 30 minutes to about 60 minutes in length.

In some embodimentexamples of the eighth aspectexample, the anti-TIGIT antagonist antibody is to be administered to the subject simultaneously with the PD-1 axis binding antagonist (e.g., anti-PD-L1 antagonist antibody).

In some embodimentexamples of the eighth aspectexample, the anti-TIGIT antagonist antibody and PD-1 axis binding antagonist (e.g., anti-PD-L1 antagonist antibody) are to be administered to the subject intravenously. In some embodimentexamples, the anti-TIGIT antagonist antibody is to be administered to the subject by intravenous infusion over 60 ± 10 minutes. In some embodimentexamples, the PD-1 axis binding antagonist (e.g., anti-PD-L1 antagonist antibody) is to be administered to the subject by intravenous infusion over 60 ± 15 minutes.

In some embodimentexamples of the eighth aspectexample, the PD-L1-positive tumor cell fraction has been determined by an immunohistochemical (IHC) assay. In some embodimentexamples, the IHC assay uses anti-PD-L1 antibody SP263, 22C3, SP142, or 28-8. In some embodimentexamples, the PD-L1-positive tumor cell fraction is determined by positive staining with an anti-PD-L1 antibody (e.g., SP263, 22C3, SP142, or 28-8). In some embodimentexamples, the PD-L1-positive tumor cell fraction is greater than, or equal to, 50%, as determined by positive staining with the anti-PD-L1 antibody SP263 (e.g., wherein the PD-L1-positive tumor cell fraction is calculated using the Ventana SP263 IHC assay). In some embodimentexamples, the PD-L1-positive tumor cell fraction is greater than, or equal to, 50%, as determined by positive staining with the anti-PD-L1 antibody 22C3 (e.g., wherein the PD-L1-positive tumor cell fraction is calculated using the pharmDx 22C3 IHC assay). In some embodimentexamples, the PD-L1-positive tumor cell fraction is greater than, or equal to, 30%, as determined by positive staining with the anti-PD-L1 antibody SP142 (e.g., wherein the PD-L1-positive tumor cell fraction is calculated using the Ventana SP142 IHC assay). In some embodimentexamples, the PD-L1-positive tumor cell fraction is greater than, or equal to, 50%, as determined by positive staining with the anti-PD-L1 antibody 28-8.

In some embodimentexamples of the eighth aspectexample, the IHC assay uses anti-PD-L1 antibody SP263. In some embodimentexamples, the IHC assay uses anti-PD-L1 antibody 22C3.

In some embodimentexamples of the eighth aspectexample, a tumor sample obtained from the subject has been determined to have a detectable nucleic acid expression level of PD-L1. In some embodimentexamples, the detectable nucleic acid expression level of PD-L1 has been determined by RNA-seq, RT-qPCR, qPCR, multiplex qPCR or RT-qPCR, microarray analysis, SAGE, MassARRAY technique, ISH, or a combination thereof.

In some embodimentexamples of the eighth aspectexample, the lung cancer is a non-small cell lung cancer (NSCLC). In some embodimentexamples, the NSCLC is a squamous NSCLC. In some embodimentexamples, the NSCLC is a non-squamous NSCLC. In some embodimentexamples, the NSCLC is a locally advanced unresectable NSCLC. In some embodimentexamples, the NSCLC is a Stage IIIB NSCLC. In some embodimentexamples, the NSCLC is a recurrent or metastatic NSCLC. In some embodimentexamples, the NSCLC is a Stage IV NSCLC. In some embodimentexamples, the subject has not been previously treated for Stage IV NSCLC.

In some embodimentexamples of the eighth aspectexample, the subject does not have a sensitizing epidermal growth factor receptor (*EGFR*) gene mutation or anaplastic lymphoma kinase (*ALK*) gene rearrangement.

In some embodimentexamples of the eighth aspectexample, the subject does not have a pulmonary lymphoepithelioma-like carcinoma subtype of NSCLC.

In some embodimentexamples of the eighth aspectexample, the subject does not have an active EBV infection or a known or suspected chronic active EBV infection. In some embodimentexamples, the subject is negative for

EBV IgM or negative by EBV PCR. In some [embodimentexamples](#), the subject is negative for EBV IgM and negative by EBV PCR. In some [embodimentexamples](#), the subject is positive for EBV IgG or positive for EBNA. In some [embodimentexamples](#), the subject is positive for EBV IgG and positive for EBNA.

In some [embodimentexamples](#) of the eighth [aspectexample](#), the subject is negative for EBV IgG or negative for EBNA. In some [embodimentexamples](#), the subject is negative for EBV IgG and negative for EBNA.

In some [embodimentexamples](#) of the eighth [aspectexample](#), the PFS of the subject is increased as compared to a reference PFS time. In some [embodimentexamples](#), the reference PFS time is the median PFS time of a population of subjects who have received a treatment comprising a PD-1 axis binding antagonist (e.g., anti-PD-L1 antagonist antibody) without an anti-TIGIT antagonist antibody.

In a ninth [aspectexample](#), the [inventiondisclosure](#) features an anti-TIGIT antagonist antibody and atezolizumab for use in a method of treating a subject having a NSCLC, the method comprising administering to the subject one or more dosing cycles of an anti-TIGIT antagonist antibody (e.g., at a fixed dose of 600 mg every three weeks, at a fixed dose of 420 mg every two weeks, or at a fixed dose of 840 mg every four weeks) and atezolizumab (e.g., at a fixed dose of 1200 mg every three weeks, at a fixed dose of 840 mg every two weeks, or at a fixed dose of 1680 mg every four weeks), wherein the anti-TIGIT antagonist antibody comprises: a VH domain comprising the amino acid sequence of SEQ ID NO: 17 or 18 and a VL domain comprising the amino acid sequence of SEQ ID NO: 19., and wherein the subject has been determined to have a PD-L1-positive tumor cell fraction of greater than, or equal to, 30% (e.g., greater than, or equal to, 50%), and the treatment results in (a) a CR or a PR and/or (b) an increase in PFS as compared to treatment with atezolizumab without the anti-TIGIT antagonist antibody

In a tenth [aspectexample](#), the [inventiondisclosure](#) features tiragolumab and atezolizumab for use in a method of treating a subject having a NSCLC, the method comprising administering to the subject one or more dosing cycles of tiragolumab (e.g., at a fixed dose of 600 mg every three weeks, at a fixed dose of 420 mg every two weeks, or at a fixed dose of 840 mg every four weeks) and atezolizumab (e.g., at a fixed dose of 1200 mg every three weeks, at a fixed dose of 840 mg every two weeks, or at a fixed dose of 1680 mg every four weeks), and wherein the subject has been determined to have a PD-L1-positive tumor cell fraction of greater than, or equal to, 30% (e.g., greater than, or equal to, 50%), and the treatment results in (a) a CR or a PR and/or (b) an increase in PFS as compared to treatment with atezolizumab without tiragolumab.

In an eleventh [aspectexample](#), the [inventiondisclosure](#) features a use of an anti-TIGIT antagonist antibody and a PD-1 axis binding antagonist (e.g., anti-PD-L1 antagonist antibody) in the manufacture of a medicament for use in a method of treating a subject having a lung cancer, the method comprising administering to the subject one or more dosing cycles of the medicament, wherein the medicament is formulated for administration of the anti-TIGIT antagonist antibody (e.g., at a fixed dose of between about 30 mg to about 1200 mg every three weeks, at a fixed dose of between about 300 mg to about 800 mg every two weeks, or at a fixed dose of between about 700 mg to about 1000 mg every four weeks) and a PD-1 axis binding antagonist (e.g., an anti-PD-L1 antagonist antibody) (e.g., at a fixed dose of between about 80 mg to about 1600 mg every three weeks, at a fixed dose of between about 200 mg to about 1200 mg every two weeks, or at a fixed dose of between about 400 mg to about 2000 mg every four weeks), wherein the subject has been determined to have a PD-L1-positive tumor cell fraction of greater than, or equal to,

30% (e.g., greater than, or equal to, 50%), and the treatment results in (a) a CR or a PR and/or (b) an increase in PFS as compared to treatment with the PD-1 axis binding antagonist (e.g., anti-PD-L1 antagonist antibody) without the anti-TIGIT antagonist antibody.

In a twelfth aspectexample, the inventiondisclosure features a use of an anti-TIGIT antagonist antibody in the manufacture of a medicament for use in a method of treating a subject having lung cancer, the method comprising administering to the subject one or more dosing cycles of the medicament and a PD-1 axis binding antagonist (e.g., anti-PD-L1 antagonist antibody), wherein the medicament is formulated for administration of the anti-TIGIT antagonist antibody (e.g., at a fixed dose of between about 30 mg to about 1200 mg every three weeks, at a fixed dose of between about 300 mg to about 800 mg every two weeks, or at a fixed dose of between about 700 mg to about 1000 mg every four weeks) and a PD-1 axis binding antagonist (e.g., an anti-PD-L1 antagonist antibody) (e.g., at a fixed dose of between about 80 mg to about 1600 mg every three weeks, at a fixed dose of between about 200 mg to about 1200 mg every two weeks, or at a fixed dose of between about 400 mg to about 2000 mg every four weeks), wherein the subject has been determined to have a PD-L1-positive tumor cell fraction of greater than, or equal to, 30% (e.g., greater than, or equal to, 50%), and the treatment results in (a) a CR or a PR and/or (b) an increase in PFS as compared to treatment with the PD-1 axis binding antagonist (e.g., anti-PD-L1 antagonist antibody) without the anti-TIGIT antagonist antibody.

In a thirteenth aspectexample, the inventiondisclosure features a use of a PD-1 axis binding antagonist (e.g., anti-PD-L1 antagonist antibody) in the manufacture of a medicament for use in a method of treating a subject having lung cancer, the method comprising administering to the subject one or more dosing cycles of the medicament and an anti-TIGIT antagonist antibody, wherein the medicament is formulated for administration of the PD-1 axis binding antagonist (e.g., anti-PD-L1 antagonist antibody) (e.g., at a fixed dose of between about 80 mg to about 1600 mg every three weeks, at a fixed dose of between about 200 mg to about 1200 mg every two weeks, or at a fixed dose of between about 400 mg to about 2000 mg every four weeks) and the anti-TIGIT antagonist antibody is to be administered (e.g., at a fixed dose of between about 30 mg to about 1200 mg every three weeks, at a fixed dose of between about 300 mg to about 800 mg every two weeks, or at a fixed dose of between about 700 mg to about 1000 mg every four weeks), wherein the subject has been determined to have a PD-L1-positive tumor cell fraction of greater than, or equal to, 30% (e.g., greater than, or equal to, 50%), and the treatment results in (a) a CR or a PR and/or (b) an increase in PFS as compared to treatment with the PD-1 axis binding antagonist (e.g., anti-PD-L1 antagonist antibody) without the anti-TIGIT antagonist antibody.

In some embodimentexamples of any of the eleventh, twelfth, and thirteenth aspectexamples, the anti-TIGIT antagonist antibody is to be administered to the subject at a fixed dose of between about 30 mg to about 600 mg every three weeks. In some embodimentexamples, the anti-TIGIT antagonist antibody is to be administered to the subject at a fixed dose of about 600 mg every three weeks. In some embodimentexamples, the anti-TIGIT antagonist antibody is to be administered at a fixed dose of between about 400 mg to about 500 mg every two weeks. In some embodimentexamples, the anti-TIGIT antagonist antibody is to be administered at a fixed dose of about 420 mg every two weeks. In some embodimentexamples, the anti-TIGIT antagonist antibody is to be administered at a fixed dose of between about 800 mg to about 900 mg every

two weeks. In some [embodimentexamples](#), the anti-TIGIT antagonist antibody is to be administered at a fixed dose of about 840 mg every two weeks.

In some [embodimentexamples](#) of any of the eleventh, twelfth, and thirteenth [aspectexamples](#), the anti-TIGIT antagonist antibody comprises the following hypervariable regions (HVRs): an HVR-H1 sequence comprising the amino acid sequence of SNSAAWN (SEQ ID NO: 1); an HVR-H2 sequence comprising the amino acid sequence of KTYRFRKWYSDYAVSVKG (SEQ ID NO: 2); an HVR-H3 sequence comprising the amino acid sequence of ESTTYDLLAGPFDY (SEQ ID NO: 3); an HVR-L1 sequence comprising the amino acid sequence of KSSQTVLYSSNNKKYLA (SEQ ID NO: 4); an HVR-L2 sequence comprising the amino acid sequence of WASTRES (SEQ ID NO: 5); and an HVR-L3 sequence comprising the amino acid sequence of QQYYSTPFT (SEQ ID NO: 6). In some [embodimentexamples](#), the anti-TIGIT antagonist antibody further comprises the following light chain variable region framework regions (FRs): an FR-L1 comprising the amino acid sequence of DIVMTQSPDSLAVSLGERATINC (SEQ ID NO: 7); an FR-L2 comprising the amino acid sequence of WYQQKPGQPPLLIIY (SEQ ID NO: 8); an FR-L3 comprising the amino acid sequence of GVPDRFSGSGSGTDFTLTISLQAEDVAVYYC (SEQ ID NO: 9); and an FR-L4 comprising the amino acid sequence of FGPGTKVEIK (SEQ ID NO: 10). In some [embodimentexamples](#), the anti-TIGIT antagonist antibody further comprises the following heavy chain variable region FRs: an FR-H1 comprising the amino acid sequence of X₁VQLQQSGPGLVKPSQTLTCAISGDSVS (SEQ ID NO: 11), wherein X₁ is Q or E; an FR-H2 comprising the amino acid sequence of WIRQSPSRGLEWLG (SEQ ID NO: 12); an FR-H3 comprising the amino acid sequence of RITINPDTSKNQFSLQLNSVTPEDTAVFYCTR (SEQ ID NO: 13); and an FR-H4 comprising the amino acid sequence of WGQGTLLTVSS (SEQ ID NO: 14). In some [embodimentexamples](#), X₁ is Q. In some [embodimentexamples](#), X₁ is E.

In some [embodimentexamples](#) of any of the eleventh, twelfth, and thirteenth [aspectexamples](#), the anti-TIGIT antagonist antibody comprises: (a) a heavy chain variable (VH) domain comprising an amino acid sequence having at least 95% sequence identity to the amino acid sequence of SEQ ID NO: 17 or 18; (b) a light chain variable (VL) domain comprising an amino acid sequence having at least 95% sequence identity to the amino acid sequence of SEQ ID NO: 19; or (c) a VH domain as in (a) and a VL domain as in (b).

In some [embodimentexamples](#) of any of the eleventh, twelfth, and thirteenth [aspectexamples](#), the anti-TIGIT antagonist antibody is a monoclonal antibody. In some [embodimentexamples](#), the anti-TIGIT antagonist antibody is a human antibody (e.g., a monoclonal human antibody).

In some [embodimentexamples](#) of any of the eleventh, twelfth, and thirteenth [aspectexamples](#), the anti-TIGIT antagonist antibody is a full-length antibody. In some [embodimentexamples](#) of any of the twenty-first, twenty-second, and twenty-third [aspectexamples](#), the anti-TIGIT antagonist antibody is tiragolumab.

In some [embodimentexamples](#) of any of the eleventh, twelfth, and thirteenth [aspectexamples](#), the anti-TIGIT antagonist antibody is an antibody fragment that binds TIGIT selected from the group consisting of Fab, Fab', Fab'-SH, Fv, single chain variable fragment (scFv), and (Fab')₂ fragments.

In some [embodimentexamples](#) of any of the eleventh, twelfth, and thirteenth [aspectexamples](#), the anti-TIGIT antagonist antibody is an IgG class antibody. In some [embodimentexamples](#), the IgG class antibody is an IgG1 subclass antibody.

In some embodimentexamples of any of the eleventh, twelfth, and thirteenth aspectexamples, the PD-1 axis binding antagonist (e.g., anti-PD-L1 antagonist antibody) is to be administered to the subject at a fixed dose of about 1200 mg every three weeks. In some embodimentexamples of any of the eleventh, twelfth, and thirteenth aspectexamples, the PD-1 axis binding antagonist (e.g., anti-PD-L1 antagonist antibody) is to be administered to the subject at a fixed dose of about 840 mg every two weeks. In some embodimentexamples of any of the eleventh, twelfth, and thirteenth aspectexamples, the PD-1 axis binding antagonist (e.g., anti-PD-L1 antagonist antibody) is to be administered to the subject at a fixed dose of about 1680 mg every four weeks.

In some embodimentexamples of any of the eleventh, twelfth, and thirteenth aspectexamples, the PD-1 axis binding antagonist is a PD-L1 binding antagonist or a PD-1 binding antagonist. In some embodimentexamples, the PD-L1 binding antagonist is an anti-PD-L1 antagonist antibody (e.g., atezolizumab (MPDL3280A), MSB0010718C, MDX-1105, or MEDI4736). In some embodimentexamples, the PD-L1 antagonist is atezolizumab. In some embodimentexamples, the PD-1 binding antagonist is an anti-PD-1 antagonist antibody (e.g., nivolumab (MDX-1106) or pembrolizumab (formerly lambrolizumab (MK-3475))). In some embodimentexamples, the PD-1 binding antagonist is AMP-224.

In some embodimentexamples of any of the eleventh, twelfth, and thirteenth aspectexamples, the anti-PD-L1 antagonist antibody comprises the following HVRs: an HVR-H1 sequence comprising the amino acid sequence of GFTFSDSWIH (SEQ ID NO: 20); an HVR-H2 sequence comprising the amino acid sequence of AWISPYGGSTYYADSVKG (SEQ ID NO: 21); an HVR-H3 sequence comprising the amino acid sequence of RHWPGGFDY (SEQ ID NO: 22); an HVR-L1 sequence comprising the amino acid sequence of RASQDVSTAVA (SEQ ID NO: 23); an HVR-L2 sequence comprising the amino acid sequence of SASFLYS (SEQ ID NO: 24); and an HVR-L3 sequence comprising the amino acid sequence of QQYLYHPAT (SEQ ID NO: 25). In some embodimentexamples, the anti-PD-L1 antagonist antibody comprises: (a) a heavy chain variable (VH) domain comprising an amino acid sequence having at least 95% sequence identity to the amino acid sequence of SEQ ID NO: 26; (b) a light chain variable (VL) domain comprising an amino acid sequence having at least 95% sequence identity to the amino acid sequence of SEQ ID NO: 27; or (c) a VH domain as in (a) and a VL domain as in (b). In some embodimentexamples, the anti-PD-L1 antagonist antibody comprises: a VH domain comprising the amino acid sequence of SEQ ID NO: 26 and a VL domain comprising the amino acid sequence of SEQ ID NO: 27.

In some embodimentexamples of any of the eleventh, twelfth, and thirteenth aspectexamples, the anti-PD-L1 antagonist antibody is a monoclonal antibody. In some embodimentexamples, the PD-1 axis binding antagonist (e.g., anti-PD-L1 antagonist antibody) is a humanized antibody (e.g., a monoclonal humanized antibody).

In some embodimentexamples of any of the eleventh, twelfth, and thirteenth aspectexamples, the PD-1 axis binding antagonist (e.g., anti-PD-L1 antagonist antibody) is a full-length antibody.

In some embodimentexamples of any of the eleventh, twelfth, and thirteenth aspectexamples, the PD-1 axis binding antagonist (e.g., anti-PD-L1 antagonist antibody) is an antibody fragment that binds PD-L1 or PD-1 selected from the group consisting of Fab, Fab', Fab'-SH, Fv, single chain variable fragment (scFv), and (Fab')₂ fragments.

In some embodimentexamples of any of the eleventh, twelfth, and thirteenth aspectexamples, the PD-1 axis binding antagonist (e.g., anti-PD-L1 antagonist antibody) is an IgG class antibody. In some embodimentexamples, the IgG class antibody is an IgG1 subclass antibody.

In some embodimentexamples of any of the eleventh, twelfth, and thirteenth aspectexamples, the anti-TIGIT antagonist antibody is to be administered to the subject at a fixed dose of about 600 mg of every three weeks and the PD-1 axis binding antagonist (e.g., anti-PD-L1 antagonist antibody) is to be administered to the subject at a fixed dose of about 1200 mg every three weeks. In some embodimentexamples of any of the eleventh, twelfth, and thirteenth aspectexamples, the anti-TIGIT antagonist antibody is to be administered to the subject at a fixed dose of about 420 mg of every two weeks and the PD-1 axis binding antagonist (e.g., anti-PD-L1 antagonist antibody) is to be administered to the subject at a fixed dose of about 840 mg every two weeks. In some embodimentexamples of any of the eleventh, twelfth, and thirteenth aspectexamples, the anti-TIGIT antagonist antibody is to be administered to the subject at a fixed dose of about 840 mg of every two weeks and the PD-1 axis binding antagonist (e.g., anti-PD-L1 antagonist antibody) is to be administered to the subject at a fixed dose of about 1680 mg every three weeks.

In some embodimentexamples of any of the eleventh, twelfth, and thirteenth aspectexamples, the length of each of the one or more dosing cycles is 21 days.

In some embodimentexamples of any of the eleventh, twelfth, and thirteenth aspectexamples, the anti-TIGIT antagonist antibody and PD-1 axis binding antagonist (e.g., anti-PD-L1 antagonist antibody) are to be administered to the subject on about Day 1 of each of the one or more dosing cycles.

In some embodimentexamples of any of the eleventh, twelfth, and thirteenth aspectexamples, the anti-TIGIT antagonist antibody is to be administered to the subject before the PD-1 axis binding antagonist (e.g., anti-PD-L1 antagonist antibody). In some embodimentexamples, a first observation period is to follow administration of the anti-TIGIT antagonist antibody and second observation period is to follow administration of the PD-1 axis binding antagonist (e.g., anti-PD-L1 antagonist antibody). In some embodimentexamples, the first observation period and the second observation period are each between about 30 minutes to about 60 minutes in length.

In some embodimentexamples of any of the eleventh, twelfth, and thirteenth aspectexamples, the PD-1 axis binding antagonist (e.g., anti-PD-L1 antagonist antibody) is to be administered to the subject before the anti-TIGIT antagonist antibody. In some embodimentexamples, a first observation period is to follow administration of the PD-1 axis binding antagonist (e.g., anti-PD-L1 antagonist antibody) and second observation period is to follow administration of the anti-TIGIT antagonist antibody. In some embodimentexamples, the first observation period and the second observation period are each between about 30 minutes to about 60 minutes in length.

In some embodimentexamples of the eleventh, the anti-TIGIT antagonist antibody is to be administered to the subject simultaneously with the PD-1 axis binding antagonist (e.g., anti-PD-L1 antagonist antibody).

In some embodimentexamples of any of the eleventh, twelfth, and thirteenth aspectexamples, the anti-TIGIT antagonist antibody and PD-1 axis binding antagonist (e.g., anti-PD-L1 antagonist antibody) are to be administered to the subject intravenously. In some embodimentexamples, the anti-TIGIT antagonist antibody is to be administered to the subject by intravenous infusion over 60 ± 10 minutes. In some embodimentexamples, the

PD-1 axis binding antagonist (e.g., anti-PD-L1 antagonist antibody) is to be administered to the subject by intravenous infusion over 60 ± 15 minutes.

In some embodimentexamples of any of the eleventh, twelfth, and thirteenth aspectexamples, the anti-TIGIT antagonist antibody and PD-1 axis binding antagonist (e.g., anti-PD-L1 antagonist antibody) are to be administered to the subject subcutaneously.

In some embodimentexamples of any of the eleventh, twelfth, and thirteenth aspectexamples, the PD-L1-positive tumor cell fraction has been determined by an immunohistochemical (IHC) assay. In some embodimentexamples, the IHC assay uses anti-PD-L1 antibody SP263, 22C3, SP142, or 28-8. In some embodimentexamples, the PD-L1-positive tumor cell fraction is determined by positive staining with an anti-PD-L1 antibody (e.g., SP263, 22C3, SP142, or 28-8). In some embodimentexamples, the PD-L1-positive tumor cell fraction is greater than, or equal to, 50%, as determined by positive staining with the anti-PD-L1 antibody SP263 (e.g., wherein the PD-L1-positive tumor cell fraction is calculated using the Ventana SP263 IHC assay). In some embodimentexamples, the PD-L1-positive tumor cell fraction is greater than, or equal to, 50%, as determined by positive staining with the anti-PD-L1 antibody 22C3 (e.g., wherein the PD-L1-positive tumor cell fraction is calculated using the pharmDx 22C3 IHC assay). In some embodimentexamples, the PD-L1-positive tumor cell fraction is greater than, or equal to, 30%, as determined by positive staining with the anti-PD-L1 antibody SP142 (e.g., wherein the PD-L1-positive tumor cell fraction is calculated using the Ventana SP142 IHC assay). In some embodimentexamples, the PD-L1-positive tumor cell fraction is greater than, or equal to, 50%, as determined by positive staining with the anti-PD-L1 antibody 28-8.

In some embodimentexamples of any of the eleventh, twelfth, and thirteenth aspectexamples, the IHC assay uses anti-PD-L1 antibody SP263. In some embodimentexamples, the IHC assay uses anti-PD-L1 antibody 22C3.

In some embodimentexamples of any of the eleventh, twelfth, and thirteenth aspectexamples, a tumor sample obtained from the subject has been determined to have a detectable nucleic acid expression level of PD-L1. In some embodimentexamples, the detectable nucleic acid expression level of PD-L1 has been determined by RNA-seq, RT-qPCR, qPCR, multiplex qPCR or RT-qPCR, microarray analysis, SAGE, MassARRAY technique, ISH, or a combination thereof.

In some embodimentexamples of any of the eleventh, twelfth, and thirteenth aspectexamples, the lung cancer is a non-small cell lung cancer (NSCLC).

In some embodimentexamples of any of the ninth, tenth, eleventh, twelfth, and thirteenth aspectexamples, the NSCLC is a squamous NSCLC. In some embodimentexamples, the NSCLC is a non-squamous NSCLC. In some embodimentexamples, the NSCLC is a locally advanced unresectable NSCLC. In some embodimentexamples, the NSCLC is a Stage IIIB NSCLC. In some embodimentexamples, the NSCLC is a recurrent or metastatic NSCLC. In some embodimentexamples, the NSCLC is a Stage IV NSCLC. In some embodimentexamples, the subject has not been previously treated for Stage IV NSCLC.

In some embodimentexamples of any of the ninth, tenth, eleventh, twelfth, and thirteenth aspectexamples, the subject does not have a sensitizing epidermal growth factor receptor (*EGFR*) gene mutation or anaplastic lymphoma kinase (*ALK*) gene rearrangement.

In some embodimentexamples of any of the ninth, tenth, eleventh, twelfth, and thirteenth aspectexamples, the subject does not have a pulmonary lymphoepithelioma-like carcinoma subtype of NSCLC.

In some embodimentexamples of any of the ninth, tenth, eleventh, twelfth, and thirteenth aspectexamples, the subject does not have an active EBV infection or a known or suspected chronic active EBV infection. In some embodimentexamples, the subject is negative for EBV IgM or negative by EBV PCR. In some embodimentexamples, the subject is negative for EBV IgM and negative by EBV PCR. In some embodimentexamples, the subject is positive for EBV IgG or positive for EBNA. In some embodimentexamples, the subject is positive for EBV IgG and positive for EBNA.

In some embodimentexamples of any of the ninth, tenth, eleventh, twelfth, and thirteenth aspectexamples, the subject is negative for EBV IgG or negative for EBNA. In some embodimentexamples, the subject is negative for EBV IgG and negative for EBNA.

In some embodimentexamples of any of the eleventh, twelfth, and thirteenth aspectexamples, the PFS of the subject is increased as compared to a reference PFS time. In some embodimentexamples, the reference PFS time is the median PFS time of a population of subjects who have received a treatment comprising a PD-1 axis binding antagonist (e.g., anti-PD-L1 antagonist antibody) without an anti-TIGIT antagonist antibody.

In a fourteenth aspectexample, the inventiondisclosure features a use of an anti-TIGIT antagonist antibody and atezolizumab in the manufacture of a medicament for use in a method of treating a subject having a NSCLC, the method comprising administering to the subject one or more dosing cycles of the medicament, wherein the medicament is formulated for administration of the anti-TIGIT antagonist antibody (e.g., at a fixed dose of 600 mg every three weeks, at a fixed dose of 420 mg every two weeks, or at a fixed dose of 840 mg every four weeks) and atezolizumab (e.g., at a fixed dose of 1200 mg every three weeks, at a fixed dose of 840 mg every two weeks, or at a fixed dose of 1680 mg every four weeks), wherein the anti-TIGIT antagonist antibody comprises: a VH domain comprising the amino acid sequence of SEQ ID NO: 17 or 18 and a VL domain comprising the amino acid sequence of SEQ ID NO: 19, and wherein the subject has been determined to have a PD-L1-positive tumor cell fraction of greater than, or equal to, 30% (e.g., greater than, or equal to, 50%), and the treatment results in (a) a CR or a PR and/or (b) an increase in PFS as compared to treatment with atezolizumab without the anti-TIGIT antagonist antibody.

In a fifteenth aspectexample, the inventiondisclosure features a use of an anti-TIGIT antagonist antibody in the manufacture of a medicament for use in a method of treating a subject having a NSCLC, the method comprising administering to the subject one or more dosing cycles of the medicament and atezolizumab, wherein the medicament is formulated for administration of the anti-TIGIT antagonist antibody (e.g., at a fixed dose of 600 mg every three weeks, at a fixed dose of 420 mg every two weeks, or at a fixed dose of 840 mg every four weeks) and atezolizumab (e.g., at a fixed dose of 1200 mg every three weeks, at a fixed dose of 840 mg every two weeks, or at a fixed dose of 1680 mg every four weeks), wherein the anti-TIGIT antagonist antibody comprises: a VH domain comprising the amino acid sequence of SEQ ID NO: 17 or 18 and a VL domain comprising the amino acid sequence of SEQ ID NO: 19, and wherein the subject has been determined to have a PD-L1-positive tumor cell fraction of greater than, or equal to, 30% (e.g., greater than, or equal to, 50%), and the treatment results in (a) a CR or a PR and/or (b) an increase in PFS as compared to treatment with atezolizumab without the anti-TIGIT antagonist antibody.

In a sixteenth aspectexample, the inventiondisclosure features a use of atezolizumab in the manufacture of a medicament for use in a method of treating a subject having a NSCLC, the method comprising

administering to the subject one or more dosing cycles of the medicament and an anti-TIGIT antagonist antibody, wherein the medicament is formulated for administration of atezolizumab (e.g., at a fixed dose of 1200 mg every three weeks, at a fixed dose of 840 mg every two weeks, or at a fixed dose of 1680 mg every four weeks) and the anti-TIGIT antagonist antibody is to be administered (e.g., at a fixed dose of 600 mg every three weeks, at a fixed dose of 420 mg every two weeks, or at a fixed dose of 840 mg every four weeks) , wherein the anti-TIGIT antagonist antibody comprises: a VH domain comprising the amino acid sequence of SEQ ID NO: 17 or 18 and a VL domain comprising the amino acid sequence of SEQ ID NO: 19, and wherein the subject has been determined to have a PD-L1-positive tumor cell fraction of greater than, or equal to, 30% (e.g., greater than, or equal to, 50%), and the treatment results in (a) a CR or a PR and/or (b) an increase in PFS as compared to treatment with atezolizumab without the anti-TIGIT antagonist antibody.

In a seventeenth aspectexample, the inventiondisclosure features a use of tiragolumab and atezolizumab in the manufacture of a medicament for use in a method of treating a subject having a NSCLC, the method comprising administering to the subject one or more dosing cycles of the medicament, wherein the medicament is formulated for administration of tiragolumab (e.g., at a fixed dose of 600 mg every three weeks, at a fixed dose of 420 mg every two weeks, or at a fixed dose of 840 mg every four weeks) and atezolizumab (e.g., at a fixed dose of 1200 mg every three weeks, at a fixed dose of 840 mg every two weeks, or at a fixed dose of 1680 mg every four weeks), and wherein the subject has been determined to have a PD-L1-positive tumor cell fraction of greater than, or equal to, 30% (e.g., greater than, or equal to, 50%), and the treatment results in (a) a CR or a PR and/or (b) an increase in PFS as compared to treatment with atezolizumab without tiragolumab.

In an eighteenth aspectexample, the inventiondisclosure features a use of tiragolumab in the manufacture of a medicament for use in a method of treating a subject having a NSCLC, the method comprising administering to the subject one or more dosing cycles of the medicament and atezolizumab, wherein the medicament is formulated for administration of tiragolumab (e.g., at a fixed dose of 600 mg every three weeks, at a fixed dose of 420 mg every two weeks, or at a fixed dose of 840 mg every four weeks) and atezolizumab is to be administered (e.g., at a fixed dose of 1200 mg every three weeks, at a fixed dose of 840 mg every two weeks, or at a fixed dose of 1680 mg every four weeks), and wherein the subject has been determined to have a PD-L1-positive tumor cell fraction of greater than, or equal to, 30% (e.g., greater than, or equal to, 50%), and the treatment results in (a) a CR or a PR and/or (b) an increase in PFS as compared to treatment with atezolizumab without tiragolumab.

In a nineteenth aspectexample, the inventiondisclosure features a use of atezolizumab in the manufacture of a medicament for use in a method of treating a subject having a NSCLC, the method comprising administering to the subject one or more dosing cycles of the medicament and tiragolumab, wherein the medicament is formulated for administration of atezolizumab (e.g., at a fixed dose of 1200 mg every three weeks, at a fixed dose of 840 mg every two weeks, or at a fixed dose of 1680 mg every four weeks) and tiragolumab is to be administered (e.g., at a fixed dose of 600 mg every three weeks, at a fixed dose of 420 mg every two weeks, or at a fixed dose of 840 mg every four weeks) , and wherein the subject has been determined to have a PD-L1-positive tumor cell fraction of greater than, or equal to, 30% (e.g.,

greater than, or equal to, 50%), and the treatment results in (a) a CR or a PR and/or (b) an increase in PFS as compared to treatment with atezolizumab without tiragolumab.

In some embodimentexamples of any of the fourteenth, fifteenth, sixteenth, seventeenth, eighteenth, and nineteenth aspectexamples, the subject does not have a pulmonary lymphoepithelioma-like carcinoma subtype of NSCLC.

In some embodimentexamples of any of the fourteenth, fifteenth, sixteenth, seventeenth, eighteenth, and nineteenth aspectexamples, the subject does not have a sensitizing epidermal growth factor receptor (*EGFR*) gene mutation or anaplastic lymphoma kinase (*ALK*) gene rearrangement.

In some embodimentexamples of any of the fourteenth, fifteenth, sixteenth, seventeenth, eighteenth, and nineteenth aspectexamples, the subject does not have an active EBV infection or a known or suspected chronic active EBV infection. In some embodimentexamples, the subject is negative for EBV IgM or negative by EBV PCR. In some embodimentexamples, the subject is negative for EBV IgM and negative by EBV PCR. In some embodimentexamples, the subject is positive for EBV IgG or positive for EBNA. In some embodimentexamples, the subject is positive for EBV IgG and positive for EBNA.

In some embodimentexamples of any of the fourteenth, fifteenth, sixteenth, seventeenth, eighteenth, and nineteenth aspectexamples, the subject is negative for EBV IgG or negative for EBNA. In some embodimentexample, the subject is negative for EBV IgG and negative for EBNA.

In some embodimentexamples of any of the preceding aspectexamples, the treatment results in an increase in PFS of at least about 3.1 months (e.g., at least about 4.9 months), as compared to treatment with atezolizumab without tiragolumab.

In some embodimentexamples of any of the preceding aspectexamples, the treatment results in an increase in OS of at least about 5.7 months (e.g., at least about 9 months), as compared to treatment with atezolizumab without tiragolumab.

In a twentieth aspectexample, the inventiondisclosure features a method for treating a subject having a lung cancer, the method comprising administering to the subject one or more dosing cycles of an anti-TIGIT antagonist antibody and a PD-1 axis binding antagonist, wherein the subject previously received concurrent chemoradiotherapy (cCRT) for lung cancer, and wherein the subject has not had disease progression after the cCRT (e.g., the subject has not had radiographic disease progression after the cCRT). In some embodimentexamples, the subject previously received at least two cycles of the cCRT (e.g., at least three cycles of the cCRT, at least four cycles of the cCRT, at least five cycles of the cCRT, at least six cycles of the cCRT, or more). In some embodimentexamples, the cCRT comprises a platinum-based chemotherapy (e.g., the cCRT comprises a concurrent platinum-based CRT, e.g., a concurrent CRT comprising administration of cisplatin (e.g., cisplatin-etoposide or cisplatin-vinorelbine) or a concurrent CRT comprising administration of carboplatin (e.g., carboplatin-paclitaxel)). In some embodimentexamples, the cCRT comprises a thoracic radiotherapy. In some embodimentexamples, the radiotherapy was administered to the subject at 60-66 Gy in 30-33 fractions. In some embodimentexamples, the cCRT was administered with curative intent. In some embodimentexamples, the cCRT was administered as a consolidation therapy.

In some embodimentexamples, the anti-TIGIT antagonist antibody comprises the following hypervariable regions (HVRs): an HVR-H1 sequence comprising the amino acid sequence of SNSAAWN (SEQ ID NO: 1); an HVR-H2 sequence comprising the amino acid sequence of KTYRFRKWYSDYAVSVKG (SEQ ID

NO: 2); an HVR-H3 sequence comprising the amino acid sequence of ESTTYDLLAGPFDY (SEQ ID NO: 3); an HVR-L1 sequence comprising the amino acid sequence of KSSQTVLYSSNNKKYLA (SEQ ID NO: 4); an HVR-L2 sequence comprising the amino acid sequence of WASTRES (SEQ ID NO: 5); and an HVR-L3 sequence comprising the amino acid sequence of QQYYSTPFT (SEQ ID NO: 6). In some

5 embodimentexamples, the anti-TIGIT antagonist antibody further comprises the following light chain variable region framework regions (FRs): an FR-L1 comprising the amino acid sequence of DIVMTQSPDSLAVSLGERATINC (SEQ ID NO: 7); an FR-L2 comprising the amino acid sequence of WYQQKPGQPNNLLIY (SEQ ID NO: 8); an FR-L3 comprising the amino acid sequence of GVPDRFSGSGSGTDFTLTISSLQAEDVAVYYC (SEQ ID NO: 9); and an FR-L4 comprising the amino acid sequence of FGPGTKVEIK (SEQ ID NO: 10). In some embodimentexamples, the anti-TIGIT antagonist antibody further comprises the following heavy chain variable region FRs: an FR-H1 comprising the amino acid sequence of X₁VQLQQSGPGLVKPSQTLTLTCAISGDSVS (SEQ ID NO: 11), wherein X₁ is Q or E; an FR-H2 comprising the amino acid sequence of WIRQSPSRGLEWLG (SEQ ID NO: 12); an FR-H3 comprising the amino acid sequence of

15 RITINPDTSKNQFSLQLNSVTPEDTAVFYCTR (SEQ ID NO: 13); and an FR-H4 comprising the amino acid sequence of WGQGTLLTVSS (SEQ ID NO: 14). In some embodimentexamples, X₁ is Q. In other embodimentexamples, X₁ is E. In some embodimentexamples, the anti-TIGIT antagonist antibody comprises: (a) a heavy chain variable (VH) domain comprising an amino acid sequence having at least 95% sequence identity to the amino acid sequence of SEQ ID NO: 17 or 18; (b) a light chain variable (VL) domain comprising an amino acid sequence having at least 95% sequence identity to the amino acid sequence of SEQ ID NO: 19; or (c) a VH domain as in (a) and a VL domain as in (b). In some

20 embodimentexamples, the anti-TIGIT antagonist antibody comprises: a VH domain comprising the amino acid sequence of SEQ ID NO: 17 or 18; and a VL domain comprising the amino acid sequence of SEQ ID NO: 19.

25 In some embodimentexamples, the anti-TIGIT antagonist antibody is a monoclonal antibody. In some embodimentexamples, the anti-TIGIT antagonist antibody is a human antibody. In some embodimentexamples, the anti-TIGIT antagonist antibody is a full-length antibody. In some embodimentexamples, the anti-TIGIT antagonist antibody is tiragolumab.

30 In some embodimentexamples, the anti-TIGIT antagonist antibody is an antibody fragment that binds TIGIT selected from the group consisting of Fab, Fab', Fab'-SH, Fv, single chain variable fragment (scFv), and (Fab')₂ fragments.

In some embodimentexamples, the anti-TIGIT antagonist antibody is an IgG class antibody (e.g., an IgG1 subclass antibody).

35 In some embodimentexamples, the PD-1 axis binding antagonist is a PD-L1 binding antagonist or a PD-1 binding antagonist. In some embodimentexamples, the PD-L1 binding antagonist is an anti-PD-L1 antagonist antibody is atezolizumab (MPDL3280A), MSB0010718C, MDX-1105, or MEDI4736. In some embodimentexamples, the anti-PD-L1 antagonist antibody is atezolizumab. In some embodimentexamples, the PD-1 binding antagonist is an anti-PD-1 antagonist antibody. In some embodimentexamples, the anti-PD-1 antagonist antibody is nivolumab (MDX-1106), pembrolizumab (MK-3475). In some embodimentexamples, the PD-1 binding antagonist is AMP-224.

40

In some embodimentexamples, the anti-PD-L1 antagonist antibody comprises the following HVRs: an HVR-H1 sequence comprising the amino acid sequence of GFTFSDSWIH (SEQ ID NO: 20); an HVR-H2 sequence comprising the amino acid sequence of AWISPYGGSTYYADSVKG (SEQ ID NO: 21); an HVR-H3 sequence comprising the amino acid sequence of RHWPGGFDY (SEQ ID NO: 22); an HVR-L1 sequence comprising the amino acid sequence of RASQDVSTAVA (SEQ ID NO: 23); an HVR-L2 sequence comprising the amino acid sequence of SASFLYS (SEQ ID NO: 24); and an HVR-L3 sequence comprising the amino acid sequence of QQYLYHPAT (SEQ ID NO: 25). In some embodimentexamples, the anti-PD-L1 antagonist antibody comprises: (a) a heavy chain variable (VH) domain comprising an amino acid sequence having at least 95% sequence identity to the amino acid sequence of SEQ ID NO: 26; (b) a light chain variable (VL) domain comprising an amino acid sequence having at least 95% sequence identity to the amino acid sequence of SEQ ID NO: 27; or (c) a VH domain as in (a) and a VL domain as in (b). In some embodimentexamples, the anti-PD-L1 antagonist antibody comprises: a VH domain comprising the amino acid sequence of SEQ ID NO: 26; and a VL domain comprising the amino acid sequence of SEQ ID NO: 27.

In some embodimentexamples, the PD-1 axis binding antagonist is a monoclonal antibody. In some embodimentexamples, the PD-1 axis binding antagonist is a humanized antibody. In some embodimentexamples, the PD-1 axis binding antagonist is a full-length antibody.

In some embodimentexamples, the PD-1 axis binding antagonist is an antibody fragment that binds PD-L1 selected from the group consisting of Fab, Fab', Fab'-SH, Fv, single chain variable fragment (scFv), and (Fab')₂ fragments. In some embodimentexamples, the PD-1 axis binding antagonist is an IgG class antibody. In some embodimentexamples, the IgG class antibody is an IgG1 subclass antibody.

In some embodimentexamples, the method comprises administering to the subject the anti-TIGIT antagonist antibody at a fixed dose of between about 30 mg to about 1200 mg every three weeks, e.g., at a fixed dose of between about 30 mg to about 600 mg every three weeks, e.g., at a fixed dose of about 600 mg every three weeks. In some embodimentexamples, the method comprises administering to the subject the PD-1 axis binding antagonist at a fixed dose of between about 80 mg to about 1600 mg every three weeks, e.g., at a fixed dose of about 1200 mg every three weeks. In some embodimentexamples, the method comprises administering to the subject the anti-TIGIT antagonist antibody at a fixed dose of about 600 mg every three weeks and the PD-1 axis binding antagonist at a fixed dose of about 1200 mg every three weeks. In some embodimentexamples, the length of each of the one or more dosing cycles is 21 days. In some embodimentexamples, the method comprises administering to the subject the anti-TIGIT antagonist antibody and the PD-1 axis binding antagonist on about Day 1 of each of the one or more dosing cycles.

In some embodimentexamples, the method comprises administering to the subject the anti-TIGIT antagonist antibody at a fixed dose of between about 300 mg to about 800 mg every two weeks, e.g., at a fixed dose of between about 400 mg to about 500 mg every two weeks, e.g., at a fixed dose of about 420 mg every two weeks. In some embodimentexamples, the method comprises administering to the subject the PD-1 axis binding antagonist at a fixed dose of between about 200 mg to about 1200 mg every two weeks, e.g., at a fixed dose of about 840 mg every two weeks. In some embodimentexamples, the method comprises administering to the subject the anti-TIGIT antagonist antibody at a fixed dose of about 420 mg every two weeks and the PD-1 axis binding antagonist at a fixed dose of about 840 mg every two weeks. In some

embodimentexamples, the length of each of the one or more dosing cycles is 28 days. In some embodimentexamples, the method comprises administering to the subject the anti-TIGIT antagonist antibody and the PD-1 axis binding antagonist on about Days 1 and 15 of each of the one or more dosing cycles.

5 In some embodimentexamples, the method comprises administering to the subject the anti-TIGIT antagonist antibody at a fixed dose of between about 700 mg to about 1000 mg every four weeks, e.g., at a fixed dose of between about 800 mg to about 900 mg every four weeks, e.g., at a fixed dose of about 840 mg every four weeks. In some embodimentexamples, the method comprises administering to the subject the PD-1 axis binding antagonist at a fixed dose of between about 400 mg to about 2000 mg
10 every four weeks, e.g., at a fixed dose of about 1680 mg every four weeks. In some embodimentexamples, the method comprises administering to the subject the anti-TIGIT antagonist antibody at a fixed dose of about 840 mg every four weeks and the PD-1 axis binding antagonist at a fixed dose of about 1680 mg every four weeks. In some embodimentexamples, the length of each of the one or more dosing cycles is 28 days. In some embodimentexamples, the method comprises
15 administering to the subject the anti-TIGIT antagonist antibody and the PD-1 axis binding antagonist on about Day 1 of each of the one or more dosing cycles.

In some embodimentexamples, the method comprises administering to the subject the PD-1 axis binding antagonist before the anti-TIGIT antagonist antibody. In some embodimentexamples, the method comprises a first observation period following administration of the PD-1 axis binding antagonist and
20 second observation period following administration of the anti-TIGIT antagonist antibody. In some embodimentexamples, the first observation period and the second observation period are each between about 30 minutes to about 60 minutes in length.

In some embodimentexamples, the method comprises administering to the subject the anti-TIGIT antagonist antibody before the PD-1 axis binding antagonist. In some embodimentexamples, the method
25 comprises a first observation period following administration of the anti-TIGIT antagonist antibody and second observation period following administration of the PD-1 axis binding antagonist. In some embodimentexamples, the first observation period and the second observation period are each between about 30 minutes to about 60 minutes in length.

In some embodimentexamples, the method comprises administering to the subject the anti-TIGIT
30 antagonist antibody and the PD-1 axis binding antagonist simultaneously.

In some embodimentexamples, the method comprises administering to the subject the anti-TIGIT antagonist antibody and PD-1 axis binding antagonist intravenously, e.g., by intravenous infusion over 60
± 10 minutes. In some embodimentexamples, the method comprises administering to the subject the PD-
1 axis binding antagonist by intravenous infusion over 60 ± 15 minutes.

35 In some embodimentexamples, the method comprises administering to the subject the anti-TIGIT antagonist antibody and PD-1 axis binding antagonist subcutaneously.

In some embodimentexamples, a PD-L1-positive tumor cell fraction of the subject is determined. In some embodimentexamples, the PD-L1-positive tumor cell fraction is determined by positive staining with an anti-PD-L1 antibody, wherein the anti-PD-L1 antibody is SP263, 22C3, SP142, or 28-8. In some
40 embodimentexamples, the staining is part of an IHC assay. In some embodimentexamples, the PD-L1-positive tumor cell fraction is greater than or equal to 1% tumor cell (TC), as determined by positive staining with an anti-PD-L1 antibody SP263 or 22C3. In some embodimentexamples, the PD-L1-positive tumor cell fraction is less than 1% TC (e.g.,

from 0% to 1% TC, e.g., PD-L1-negative), as determined by positive staining with an anti-PD-L1 antibody SP263 or 22C3. In some [embodimentexamples](#), the PD-L1 expression is calculated using the Ventana SP263 IHC assay. In some [embodimentexamples](#), the PD-L1 expression is calculated using the pharmDx 22C3 IHC assay.

5 In some [embodimentexamples](#), a detectable nucleic acid expression level of PD-L1 has been determined by RNA-seq, RT-qPCR, qPCR, multiplex qPCR or RT-qPCR, microarray analysis, SAGE, MassARRAY technique, ISH, or a combination thereof.

10 In some [embodimentexamples](#), the lung cancer is a non-small cell lung cancer (NSCLC). In some [embodimentexamples](#), the NSCLC is a squamous NSCLC. In other [embodimentexamples](#), the NSCLC is a non-squamous NSCLC. In some [embodimentexamples](#), the NSCLC is a locally advanced unresectable NSCLC (e.g., a locally advanced unresectable NSCLC having a PD-L1-positive tumor cell fraction less than 1% TC or a locally advanced unresectable NSCLC having a PD-L1-positive tumor cell fraction greater than, or equal to, 1% TC). In some [embodimentexamples](#), the NSCLC is a Stage III NSCLC (e.g., Stage IIIA NSCLC, Stage IIIB NSCLC, or Stage IIIC NSCLC), e.g., a Stage III NSCLC
15 having a PD-L1-positive tumor cell fraction less than 1% TC (e.g., a Stage IIIA NSCLC having a PD-L1-positive tumor cell fraction less than 1% TC, a Stage IIIB NSCLC having a PD-L1-positive tumor cell fraction less than 1% TC, or a Stage IIIC NSCLC having a PD-L1-positive tumor cell fraction less than 1% TC) or a Stage III NSCLC having a PD-L1-positive tumor cell fraction greater than, or equal to, 1% TC (e.g., a Stage IIIA NSCLC having a PD-L1-positive tumor cell fraction greater than, or equal to, 1% TC, a
20 Stage IIIB NSCLC having a PD-L1-positive tumor cell fraction greater than, or equal to, 1% TC, or a Stage IIIC NSCLC having a PD-L1-positive tumor cell fraction greater than, or equal to, 1% TC). In some [embodimentexamples](#), the NSCLC (e.g., the squamous NSCLC, the non-squamous NSCLC, or the locally advanced unresectable NSCLC) is not a Stage IV NSCLC.

25 In some [embodimentexamples](#), the subject does not have a sensitizing epidermal growth factor receptor (*EGFR*) gene mutation or anaplastic lymphoma kinase (*ALK*) gene rearrangement. In some [embodimentexamples](#), the subject does not have an active Epstein-Barr virus (EBV) infection or a known or suspected chronic active EBV infection. In some [embodimentexamples](#), the subject is negative for EBV IgM or negative by EBV PCR. In some [embodimentexamples](#), the subject is negative for EBV IgM and negative by EBV PCR. In some [embodimentexamples](#), the subject is positive for EBV IgG or positive
30 for Epstein-Barr nuclear antigen (EBNA). In some [embodimentexamples](#), the subject is positive for EBV IgG and positive for EBNA. In some [embodimentexamples](#), the subject is negative for EBV IgG or negative for EBNA. In some [embodimentexamples](#), the subject is negative for EBV IgG and negative for EBNA.

35 In some [embodimentexamples](#), the PFS is increased as compared to a reference PFS time, e.g., the median PFS time of a population of subjects who have received a treatment comprising a PD-1 axis binding antagonist (e.g., durvalumab) without an anti-TIGIT antagonist antibody.

40 In a twenty-first [aspectexample](#), provided herein is a method for treating a subject having a NSCLC, the method comprising administering to the subject one or more dosing cycles of an anti-TIGIT antagonist antibody and atezolizumab, wherein the anti-TIGIT antagonist antibody comprises: a VH domain comprising the amino acid sequence of SEQ ID NO: 17 or 18; and a VL domain comprising the amino acid sequence of SEQ ID NO: 19, and wherein the subject previously received cCRT for lung cancer, and

wherein the subject has not had disease progression after the cCRT, and wherein the treatment results in (a) a CR or a PR and/or (b) an increase in PFS as compared to treatment with durvalumab without the anti-TIGIT antagonist antibody. In some [embodimentexamples](#), the anti-TIGIT antagonist antibody is administered at a fixed dose of 600 mg every three weeks and atezolizumab is administered at a fixed dose of 1200 mg every three weeks. In other [embodimentexamples](#), the anti-TIGIT antagonist antibody is administered at a fixed dose of 420 mg every two weeks and atezolizumab is administered at a fixed dose of 840 mg every two weeks. In other [embodimentexamples](#), the anti-TIGIT antagonist antibody is administered at a fixed dose of 840 mg every four weeks and atezolizumab is administered at a fixed dose of 1680 mg every four weeks.

In some [embodimentexamples](#), the subject previously received at least two cycles of the cCRT. In some [embodimentexamples](#), the cCRT comprises a platinum-based chemotherapy. In some [embodimentexamples](#), the cCRT comprises a thoracic radiotherapy, e.g., a thoracic radiotherapy administered to the subject at 60-66 Gy in 30-33 fractions. In some [embodimentexamples](#), the cCRT was administered with curative intent. In some [embodimentexamples](#), the cCRT was administered as a consolidation therapy.

In a twenty-second [aspectexample](#), the [inventiondisclosure](#) features a method for treating a subject having a NSCLC, the method comprising administering to the subject one or more dosing cycles of tiragolumab and atezolizumab, wherein the subject previously received cCRT for lung cancer, and wherein the subject has not had disease progression after the cCRT, and the treatment results in (a) a CR or a PR and/or (b) an increase in PFS as compared to treatment with durvalumab without tiragolumab. In some [embodimentexamples](#), tiragolumab is administered at a fixed dose of 600 mg every three weeks and atezolizumab is administered at a fixed dose of 1200 mg every three weeks. In other [embodimentexamples](#), tiragolumab is administered at a fixed dose of 420 mg every two weeks and atezolizumab is administered at a fixed dose of 840 mg every two weeks. In other [embodimentexamples](#), tiragolumab is administered at a fixed dose of 840 mg every four weeks and atezolizumab is administered at a fixed dose of 1680 mg every four weeks.

In some [embodimentexamples](#), the subject previously received at least two cycles of the cCRT. In some [embodimentexamples](#), the cCRT comprises a platinum-based chemotherapy. In some [embodimentexamples](#), the cCRT comprises a thoracic radiotherapy, e.g., a thoracic radiotherapy administered to the subject at 60-66 Gy in 30-33 fractions. In some [embodimentexamples](#), the cCRT was administered with curative intent. In some [embodimentexamples](#), the cCRT was administered as a consolidation therapy.

In a twenty-third [aspectexample](#), provided herein is an anti-TIGIT antagonist antibody and an anti-PD-L1 antagonist antibody for use in a method of treating a subject having a lung cancer, wherein the method is according to any one of the preceding [aspectexamples](#).

In a twenty-fourth [aspectexample](#), the [inventiondisclosure](#) features a use of an anti-TIGIT antagonist antibody in the manufacture of a medicament for treating a subject having a lung cancer in combination with an anti-PD-L1 antagonist antibody, wherein the treatment is according to the method of any one of the preceding [aspectexamples](#). In some [embodimentexamples](#), the anti-TIGIT antagonist antibody and the anti-PD-L1 antagonist antibody are formulated separately. In other [embodimentexamples](#), the anti-TIGIT antagonist antibody and the anti-PD-L1 antagonist antibody are formulated together.

In a twenty-fifth aspectexample, the inventiondisclosure features a use of an anti-PD-L1 antagonist antibody in the manufacture of a medicament for treating a subject having a lung cancer in combination with an anti-TIGIT antagonist antibody, wherein the treatment is according to the method of any one of the preceding aspectexamples. In some embodimentexamples, the anti-TIGIT antagonist antibody and the anti-PD-L1 antagonist antibody are formulated separately. In other embodimentexamples, the anti-TIGIT antagonist antibody and the anti-PD-L1 antagonist antibody are formulated together.

In some embodimentexamples of any of the preceding aspectexamples, the subject is a human (e.g., an adult patient).

BRIEF DESCRIPTION OF THE DRAWINGS

FIG. 1 is a schematic diagram of the study design showing the parameters for the selection of subjects, randomization into treatment arms, and treatment endpoints.

FIG. 2 is a table showing minor imbalances in sex, race, and ECOG in baseline demographics divided by TPS (TPS $\geq$ 50% and TPS 1-49%) at the interim analysis timepoint.

FIG. 3 is a table showing differences in treatment outcomes and study discontinuations across the PD-L1 TPS $\geq$ 50% and PD-L1 TPS 1-49% populations and monotherapy and combination therapy arms at the interim analysis timepoint.

FIG. 4 is a table showing the difference in best overall response (BOR) observed in the primary population (PD-L1 TPS $\geq$ 1%), the PD-L1 TPS $\geq$ 50% population, and the PD-L1 TPS 1-49% population receiving either an atezolizumab monotherapy or a combination therapy of tiragolumab and atezolizumab at the interim analysis timepoint.

FIG. 5 is a series of tables showing an improved BOR in squamous cell cancer patients in the intent-to-treat (ITT) population at the interim analysis timepoint.

FIG. 6 is a table and accompanying graph showing the relative frequency and type of adverse events recorded for patients receiving either an atezolizumab monotherapy or a combination therapy of tiragolumab and atezolizumab at the interim analysis timepoint. Adverse events with an asterisk were observed at higher frequency in the combination therapy arm than the monotherapy arm.

FIG. 7 is a table showing observed treatment-related and immune-related adverse events (AEs) were imbalanced between the treatment arms due to rash and IRR at the interim analysis timepoint.

FIGS. 8A and 8B are a pair of tables showing subgroup analysis of the objective response rate (ORR) at the primary endpoint analysis timepoint.

FIG. 9A is a table showing the difference in ORR observed in the primary population (PD-L1 TPS $\geq$ 1%) receiving either an atezolizumab monotherapy or a combination therapy of tiragolumab and atezolizumab at the primary endpoint analysis timepoint.

FIG. 9B is a pair of tables showing the difference in ORR observed in the PD-L1 TPS $\geq$ 50% population and the PD-L1 TPS 1-49% population receiving either an atezolizumab monotherapy or a combination therapy of tiragolumab and atezolizumab at the primary endpoint analysis timepoint.

FIGS. 10A and 10B are a pair of tables showing subgroup analysis of progression-free survival (PFS) at the primary endpoint analysis timepoint.

CLAIMS

WHAT IS CLAIMED IS:

~~1. A method for treating a subject having a lung cancer, the method comprising administering to the subject one or more dosing cycles of an anti-TIGIT antagonist antibody and a PD-1 axis binding antagonist, wherein the subject has been determined to have a PD-L1-positive tumor cell fraction of greater than, or equal to, 30%, and the treatment results in (a) a complete response (CR) or a partial response (PR) and/or (b) an increase in progression-free survival (PFS) as compared to treatment with the PD-1 axis binding antagonist without the anti-TIGIT antagonist antibody.~~

~~2. The method of claim 1, wherein the anti-TIGIT antagonist antibody comprises the following hypervariable regions (HVRs):~~

~~an HVR-H1 sequence comprising the amino acid sequence of SNSAAWN (SEQ ID NO: 1);
an HVR-H2 sequence comprising the amino acid sequence of KTYRFRKWYSDYAVSVKG (SEQ ID NO: 2);
an HVR-H3 sequence comprising the amino acid sequence of ESTTYDLLAGPFDY (SEQ ID NO: 3);
an HVR-L1 sequence comprising the amino acid sequence of KSSQTVLYSSNNKKYLA (SEQ ID NO: 4);
an HVR-L2 sequence comprising the amino acid sequence of WASTRES (SEQ ID NO: 5); and
an HVR-L3 sequence comprising the amino acid sequence of QQYYSTPFT (SEQ ID NO: 6).~~

~~3. The method of claim 2, wherein the anti-TIGIT antagonist antibody further comprises the following light chain variable region framework regions (FRs):~~

~~an FR-L1 comprising the amino acid sequence of DIVMTQSPDSLAVSLGERATINC (SEQ ID NO: 7);
an FR-L2 comprising the amino acid sequence of WYQQKPGQPPNLLIY (SEQ ID NO: 8);
an FR-L3 comprising the amino acid sequence of GVPDRFSGSGSGTDFTLTISSLQAEDVAVYYC (SEQ ID NO: 9); and
an FR-L4 comprising the amino acid sequence of FGPGTKVEIK (SEQ ID NO: 10).~~

~~4. The method of claim 2, wherein the anti-TIGIT antagonist antibody further comprises the following heavy chain variable region FRs:~~

~~an FR-H1 comprising the amino acid sequence of X₁VQLQQSGPGLVKPSQTLTLTCAISGDSVS (SEQ ID NO: 11), wherein X₁ is Q or E;
an FR-H2 comprising the amino acid sequence of WIRQSPSRGLEWLG (SEQ ID NO: 12);
an FR-H3 comprising the amino acid sequence of RITINPDTSKNQFSLQLNSVTPEDTAVFYCTR (SEQ ID NO: 13); and
an FR-H4 comprising the amino acid sequence of WGQGTLVTVSS (SEQ ID NO: 14).~~

~~5. The method of claim 4, wherein X₁ is Q.~~

~~6. The method of claim 4, wherein X₁ is E.~~

- ~~7. The method of any one of claims 2-6, wherein the anti-TIGIT antagonist antibody comprises:~~
~~(a) a heavy chain variable (VH) domain comprising an amino acid sequence having at least 95% sequence identity to the amino acid sequence of SEQ ID NO: 17 or 18;~~
~~(b) a light chain variable (VL) domain comprising an amino acid sequence having at least 95% sequence identity to the amino acid sequence of SEQ ID NO: 19; or~~
~~(c) a VH domain as in (a) and a VL domain as in (b).~~
- ~~8. The method of any one of claims 1-7, wherein the anti-TIGIT antagonist antibody comprises:~~
~~a VH domain comprising the amino acid sequence of SEQ ID NO: 17 or 18; and~~
~~a VL domain comprising the amino acid sequence of SEQ ID NO: 19.~~
- ~~9. The method of any one of claims 1-8, wherein the anti-TIGIT antagonist antibody is a monoclonal antibody.~~
- ~~10. The method of claim 9, wherein the anti-TIGIT antagonist antibody is a human antibody.~~
- ~~11. The method of any one of claims 1-10, wherein the anti-TIGIT antagonist antibody is a full-length antibody.~~
- ~~12. The method of any one of claims 1-4 and 6-11, wherein the anti-TIGIT antagonist antibody is tiragolumab.~~
- ~~13. The method of any one of claims 1-10, wherein the anti-TIGIT antagonist antibody is an antibody fragment that binds TIGIT selected from the group consisting of Fab, Fab', Fab'-SH, Fv, single chain variable fragment (scFv), and (Fab')₂ fragments.~~
- ~~14. The method of any one of claims 1-13, wherein the anti-TIGIT antagonist antibody is an IgG class antibody.~~
- ~~15. The method of claim 14, wherein the IgG class antibody is an IgG1 subclass antibody.~~
- ~~16. The method of any one of claims 1-15, wherein the PD-1 axis binding antagonist is a PD-L1 binding antagonist or a PD-1 binding antagonist.~~
- ~~17. The method of claim 16, wherein the PD-L1 binding antagonist is an anti-PD-L1 antagonist antibody.~~
- ~~18. The method of claim 17, wherein the anti-PD-L1 antagonist antibody is atezolizumab (MPDL3280A), MSB0010718C, MDX-1105, or MEDI4736.~~
- ~~19. The method of claim 18, wherein the anti-PD-L1 antagonist antibody is atezolizumab.~~
- ~~20. The method of claim 16, wherein the PD-1 binding antagonist is an anti-PD-1 antagonist antibody.~~

~~21. The method of claim 20, wherein the anti-PD-1 antagonist antibody is nivolumab (MDX-1106), pembrolizumab (MK-3475), MED1-0680, spartalizumab (PDR001), cemiplimab (REGN2810), BGB-108, prolgolimab, camrelizumab, sintilimab, tislelizumab, or toripalimab.~~

~~22. The method of claim 17, wherein the anti-PD-L1 antagonist antibody comprises the following HVRs:
an HVR-H1 sequence comprising the amino acid sequence of GFTFSDSWIH (SEQ ID NO: 20);
an HVR-H2 sequence comprising the amino acid sequence of AWISPYGGSTYYADSVKG (SEQ ID NO: 21);~~

~~an HVR-H3 sequence comprising the amino acid sequence of RHWPGGFDY (SEQ ID NO: 22);
an HVR-L1 sequence comprising the amino acid sequence of RASQDVSTAVA (SEQ ID NO: 23);
an HVR-L2 sequence comprising the amino acid sequence of SASFLYS (SEQ ID NO: 24); and
an HVR-L3 sequence comprising the amino acid sequence of QQYLYHPAT (SEQ ID NO: 25).~~

~~23. The method of claim 22, wherein the anti-PD-L1 antagonist antibody comprises:
(a) a heavy chain variable (VH) domain comprising an amino acid sequence having at least 95% sequence identity to the amino acid sequence of SEQ ID NO: 26;
(b) a light chain variable (VL) domain comprising an amino acid sequence having at least 95% sequence identity to the amino acid sequence of SEQ ID NO: 27; or
(c) a VH domain as in (a) and a VL domain as in (b).~~

~~24. The method of claim 23, wherein the anti-PD-L1 antagonist antibody comprises:
a VH domain comprising the amino acid sequence of SEQ ID NO: 26; and
a VL domain comprising the amino acid sequence of SEQ ID NO: 27.~~

~~25. The method of any one of claims 1-24, wherein the PD-1 axis binding antagonist is a monoclonal antibody.~~

~~26. The method of any one of claims 1-25, wherein the PD-1 axis binding antagonist is a humanized antibody.~~

~~27. The method of any one of claims 1-26, wherein the PD-1 axis binding antagonist is a full-length antibody.~~

~~28. The method of any one of claims 1-26, wherein the PD-1 axis binding antagonist is an antibody fragment that binds PD-L1 selected from the group consisting of Fab, Fab', Fab'-SH, Fv, single chain variable fragment (scFv), and (Fab')₂ fragments.~~

~~29. The method of any one of claims 1-27, wherein the PD-1 axis binding antagonist is an IgG class antibody.~~

~~30. The method of claim 29, wherein the IgG class antibody is an IgG1 subclass antibody.~~

~~31. The method of any one of claims 1-30, wherein the method comprises administering to the subject the anti-TIGIT antagonist antibody at a fixed dose of between about 30 mg to about 1200 mg every three weeks.~~

~~32. The method of claim 31, wherein the method comprises administering to the subject the anti-TIGIT antagonist antibody at a fixed dose of about 600 mg every three weeks.~~

~~33. The method of any one of claims 1-32, wherein the method comprises administering to the subject the PD-1 axis binding antagonist at a fixed dose of between about 80 mg to about 1600 mg every three weeks.~~

~~34. The method of claim 33, wherein the method comprises administering to the subject the PD-1 axis binding antagonist at a fixed dose of about 1200 mg every three weeks.~~

~~35. The method of any one of claims 1-34, wherein the method comprises administering to the subject the anti-TIGIT antagonist antibody at a fixed dose of about 600 mg every three weeks and the PD-1 axis binding antagonist at a fixed dose of about 1200 mg every three weeks.~~

~~36. The method of any one of claims 1-35, wherein the length of each of the one or more dosing cycles is 21 days.~~

~~37. The method of any one of claims 1-36, wherein the method comprises administering to the subject the anti-TIGIT antagonist antibody and the PD-1 axis binding antagonist on about Day 1 of each of the one or more dosing cycles.~~

~~38. The method of any one of claims 1-30, wherein the method comprises administering to the subject the anti-TIGIT antagonist antibody at a fixed dose of between about 300 mg to about 800 mg every two weeks.~~

~~39. The method of claim 38, wherein the method comprises administering to the subject the anti-TIGIT antagonist antibody at a fixed dose of between about 400 mg to about 500 mg every two weeks.~~

~~40. The method of claim 39, wherein the method comprises administering to the subject the anti-TIGIT antagonist antibody at a fixed dose of about 420 mg every two weeks.~~

~~41. The method of any one of claims 1-30 and 38-40, wherein the method comprises administering to the subject the PD-1 axis binding antagonist at a fixed dose of between about 200 mg to about 1200 mg every two weeks.~~

~~42. The method of claim 41, wherein the method comprises administering to the subject the PD-1 axis binding antagonist at a fixed dose of about 840 mg every two weeks.~~

~~43. The method of claim 42, wherein the method comprises administering to the subject the anti-TIGIT antagonist antibody at a fixed dose of about 420 mg every two weeks and the PD-1 axis binding antagonist at a fixed dose of about 840 mg every two weeks.~~

~~44. The method of claim 43, wherein the length of each of the one or more dosing cycles is 28 days.~~

~~45. The method of claim 44, wherein the method comprises administering to the subject the anti-TIGIT antagonist antibody and the PD-1 axis binding antagonist on about Days 1 and 15 of each of the one or more dosing cycles.~~

~~46. The method of any one of claims 1-30, wherein the method comprises administering to the subject the anti-TIGIT antagonist antibody at a fixed dose of between about 700 mg to about 1000 mg every four weeks.~~

~~47. The method of claim 46, wherein the method comprises administering to the subject the anti-TIGIT antagonist antibody at a fixed dose of between about 800 mg to about 900 mg every four weeks.~~

~~48. The method of claim 47, wherein the method comprises administering to the subject the anti-TIGIT antagonist antibody at a fixed dose of about 840 mg every four weeks.~~

~~49. The method of any one of claims 1-30 and 46-48, wherein the method comprises administering to the subject the PD-1 axis binding antagonist at a fixed dose of between about 400 mg to about 2000 mg every four weeks.~~

~~50. The method of claim 49, wherein the method comprises administering to the subject the PD-1 axis binding antagonist at a fixed dose of about 1680 mg every four weeks.~~

~~51. The method of claim 50, wherein the method comprises administering to the subject the anti-TIGIT antagonist antibody at a fixed dose of about 840 mg every four weeks and the PD-1 axis binding antagonist at a fixed dose of about 1680 mg every four weeks.~~

~~52. The method of any one of claims 1-30 and 46-51, wherein the length of each of the one or more dosing cycles is 28 days.~~

~~53. The method of claim 52, wherein the method comprises administering to the subject the anti-TIGIT antagonist antibody and the PD-1 axis binding antagonist on about Day 1 of each of the one or more dosing cycles.~~

~~54. The method of any one of claims 1-53, wherein the method comprises administering to the subject the PD-1 axis binding antagonist before the anti-TIGIT antagonist antibody.~~

~~55. The method of claim 54, wherein the method comprises a first observation period following administration of the PD-1 axis binding antagonist and second observation period following administration of the anti-TIGIT antagonist antibody.~~

~~56. The method of claim 55, wherein the first observation period and the second observation period are each between about 30 minutes to about 60 minutes in length.~~

~~57. The method of any one of claims 1-53, wherein the method comprises administering to the subject the anti-TIGIT antagonist antibody before the PD-1 axis binding antagonist.~~

~~58. The method of claim 57, wherein the method comprises a first observation period following administration of the anti-TIGIT antagonist antibody and second observation period following administration of the PD-1 axis binding antagonist.~~

~~59. The method of claim 58, wherein the first observation period and the second observation period are each between about 30 minutes to about 60 minutes in length.~~

~~60. The method of any one of claims 1-53, wherein the method comprises administering to the subject the anti-TIGIT antagonist antibody and the PD-1 axis binding antagonist simultaneously.~~

~~61. The method of any one of claims 1-60, wherein the method comprises administering to the subject the anti-TIGIT antagonist antibody and PD-1 axis binding antagonist intravenously.~~

~~62. The method of claim 61, wherein the method comprises administering to the subject the anti-TIGIT antagonist antibody by intravenous infusion over 60 ± 10 minutes.~~

~~63. The method of claim 61 or 62, wherein the method comprises administering to the subject the PD-1 axis binding antagonist by intravenous infusion over 60 ± 15 minutes.~~

~~64. The method of any one of claims 1-60, wherein the method comprises administering to the subject the anti-TIGIT antagonist antibody and PD-1 axis binding antagonist subcutaneously.~~

~~65. The method of any one of claims 1-64, wherein the PD-L1 positive tumor cell fraction has been determined by an immunohistochemical (IHC) assay.~~

~~66. The method of any one of claims 1-65, wherein the PD-L1 positive tumor cell fraction is determined by positive staining with an anti-PD-L1 antibody, wherein the anti-PD-L1 antibody is SP263, 22C3, SP142, or 28-8.~~

~~67. The method of claim 66, wherein the PD-L1 positive tumor cell fraction is greater than, or equal to, 50%, as determined by positive staining with the anti-PD-L1 antibody SP263.~~

~~68. The method of claim 67, wherein the PD-L1 positive tumor cell fraction is calculated using the Ventana SP263 IHC assay.~~

~~69. The method of claim 66, wherein the PD-L1 positive tumor cell fraction is greater than, or equal to, 50%, as determined by positive staining with the anti-PD-L1 antibody 22C3.~~

~~70. The method of claim 69, wherein the PD-L1-positive tumor cell fraction is calculated using the pharmDx 22C3 IHC assay.~~

~~71. The method of claim 66, wherein the PD-L1-positive tumor cell fraction is greater than, or equal to, 30%, as determined by positive staining with the anti-PD-L1 antibody SP142.~~

~~72. The method of claim 66, wherein the PD-L1-positive tumor cell fraction is greater than, or equal to, 50%, as determined by positive staining with the anti-PD-L1 antibody 28-8.~~

~~73. The method of any one of claims 1-72, wherein a tumor sample obtained from the subject has been determined to have a detectable nucleic acid expression level of PD-L1.~~

~~74. The method of claim 73, wherein the detectable nucleic acid expression level of PD-L1 has been determined by RNA-seq, RT-qPCR, qPCR, multiplex qPCR or RT-qPCR, microarray analysis, SAGE, MassARRAY technique, ISH, or a combination thereof.~~

~~75. The method of any one of claims 1-74, wherein the lung cancer is a non-small cell lung cancer (NSCLC).~~

~~76. The method of claim 75, wherein the NSCLC is a squamous NSCLC.~~

~~77. The method of claim 76, wherein the NSCLC is a non-squamous NSCLC.~~

~~78. The method of any one of claims 75-77, wherein the NSCLC is a locally advanced unresectable NSCLC.~~

~~79. The method of claim 78, wherein the NSCLC is a Stage IIIB NSCLC.~~

~~80. The method of any one of claims 75-77, wherein the NSCLC is a recurrent or metastatic NSCLC.~~

~~81. The method of claim 80, wherein the NSCLC is a Stage IV NSCLC.~~

~~82. The method of claim 80 or 81, wherein the subject has not been previously treated for Stage IV NSCLC.~~

~~83. The method of any one of claims 1-82, wherein the subject does not have a sensitizing epidermal growth factor receptor (*EGFR*) gene mutation or anaplastic lymphoma kinase (*ALK*) gene rearrangement.~~

~~84. The method of any one of claims 1-83, wherein the subject does not have a pulmonary lymphoepithelioma-like carcinoma subtype of NSCLC.~~

~~85. The method of any one of claims 1-84, wherein the subject does not have an active Epstein-Barr virus (EBV) infection or a known or suspected chronic active EBV infection.~~

~~86. The method of any one of claims 1-85, wherein the subject is negative for EBV IgM or negative by EBV PCR.~~

- ~~87. The method of claim 86, wherein the subject is negative for EBV IgM and negative by EBV PCR.~~
- ~~88. The method of claim 86 or 87, wherein the subject is positive for EBV IgG or positive for Epstein-Barr nuclear antigen (EBNA).~~
- ~~89. The method of claim 88, wherein the subject is positive for EBV IgG and positive for EBNA.~~
- ~~90. The method of any one of claims 1-89, wherein the subject is negative for EBV IgG or negative for EBNA.~~
- ~~91. The method of claim 90, wherein the subject is negative for EBV IgG and negative for EBNA.~~
- ~~92. The method of any one of claims 1-91, wherein the PFS is increased as compared to a reference PFS time.~~
- ~~93. The method of claim 92, wherein the reference PFS time is the median PFS time of a population of subjects who have received a treatment comprising a PD-1 axis binding antagonist without an anti-TIGIT antagonist antibody.~~
- ~~94. A method for treating a subject having a NSCLC, the method comprising administering to the subject one or more dosing cycles of an anti-TIGIT antagonist antibody and atezolizumab, wherein the anti-TIGIT antagonist antibody comprises:~~
- ~~a VH domain comprising the amino acid sequence of SEQ ID NO: 17 or 18; and~~
 - ~~a VL domain comprising the amino acid sequence of SEQ ID NO: 19, and wherein the subject has been determined to have a PD-L1-positive tumor cell fraction of greater than, or equal to, 30%, and the treatment results in (a) a CR or a PR and/or (b) an increase in PFS as compared to treatment with atezolizumab without the anti-TIGIT antagonist antibody.~~
- ~~95. The method of claim 94, wherein the anti-TIGIT antagonist antibody is administered at a fixed dose of 600 mg every three weeks and atezolizumab is administered at a fixed dose of 1200 mg every three weeks.~~
- ~~96. The method of claim 94, wherein the anti-TIGIT antagonist antibody is administered at a fixed dose of 420 mg every two weeks and atezolizumab is administered at a fixed dose of 840 mg every two weeks.~~
- ~~97. The method of claim 94, wherein the anti-TIGIT antagonist antibody is administered at a fixed dose of 840 mg every four weeks and atezolizumab is administered at a fixed dose of 1680 mg every four weeks.~~
- ~~98. A method of treating a subject having a NSCLC, the method comprising:~~
- ~~(a) obtaining a tumor sample from the subject;~~
 - ~~(b) detecting the protein expression level of PD-L1 in the tumor sample by staining tumor cells from the tumor sample with anti-PD-L1 antibody SP263 and determining a percentage of PD-L1-positive tumor cells therefrom, wherein 50% or more of the tumor cells stained with the anti-PD-L1 antibody SP263 are PD-L1-positive tumor cells; and~~

~~(c) administering to the subject a therapy comprising one or more dosing cycles of an anti-TIGIT antagonist antibody and atezolizumab, wherein the anti-TIGIT antagonist antibody comprises:
a VH domain comprising the amino acid sequence of SEQ ID NO: 17 or 18; and
a VL domain comprising the amino acid sequence of SEQ ID NO: 19, and
wherein the treatment results in (a) a CR or a PR and/or (b) an increase in PFS as compared to treatment with atezolizumab without the anti-TIGIT antagonist antibody.~~

~~99. The method of claim 98, wherein the anti-TIGIT antagonist antibody is administered at a fixed dose of 600 mg every three weeks and atezolizumab is administered at a fixed dose of 1200 mg every three weeks.~~

~~100. The method of claim 98, wherein the anti-TIGIT antagonist antibody is administered at a fixed dose of 420 mg every two weeks and atezolizumab is administered at a fixed dose of 840 mg every two weeks.~~

~~101. The method of claim 98, wherein the anti-TIGIT antagonist antibody is administered at a fixed dose of 840 mg every four weeks and atezolizumab is administered at a fixed dose of 1680 mg every four weeks.~~

~~102. A method for treating a subject having a NSCLC, the method comprising administering to the subject one or more dosing cycles of tiragolumab and atezolizumab, wherein the subject has been determined to have a PD-L1-positive tumor cell fraction of greater than, or equal to, 30%, and the treatment results in (a) a CR or a PR and/or (b) an increase in PFS as compared to treatment with atezolizumab without tiragolumab.~~

~~103. The method of claim 102, wherein tiragolumab is administered at a fixed dose of 600 mg every three weeks and atezolizumab is administered at a fixed dose of 1200 mg every three weeks.~~

~~104. The method of claim 102, wherein tiragolumab is administered at a fixed dose of 420 mg every two weeks and atezolizumab is administered at a fixed dose of 840 mg every two weeks.~~

~~105. The method of claim 102, wherein tiragolumab is administered at a fixed dose of 840 mg every four weeks and atezolizumab is administered at a fixed dose of 1680 mg every four weeks.~~

~~106. A method of treating a subject having a NSCLC, the method comprising:
(a) obtaining a tumor sample from the subject;
(b) detecting the protein expression level of PD-L1 in the tumor sample by an IHC assay using anti-PD-L1 antibody SP263 and determining a PD-L1-positive tumor cell fraction therefrom, wherein the PD-L1-positive tumor cell fraction is determined to be greater than, or equal to, 50%; and
(c) administering to the subject a therapy comprising one or more dosing cycles of an anti-TIGIT antagonist antibody and atezolizumab, wherein the anti-TIGIT antagonist antibody comprises:
a VH domain comprising the amino acid sequence of SEQ ID NO: 17 or 18; and
a VL domain comprising the amino acid sequence of SEQ ID NO: 19, and~~

wherein the treatment results in (a) a CR or a PR and/or (b) an increase in PFS as compared to treatment with atezolizumab without the anti-TIGIT antagonist antibody.

~~107. The method of claim 106, wherein the anti-TIGIT antagonist antibody is administered at a fixed dose of 600 mg every three weeks and atezolizumab is administered at a fixed dose of 1200 mg every three weeks.~~

~~108. The method of claim 106, wherein the anti-TIGIT antagonist antibody is administered at a fixed dose of 420 mg every two weeks and atezolizumab is administered at a fixed dose of 840 mg every two weeks.~~

~~109. The method of claim 106, wherein the anti-TIGIT antagonist antibody is administered at a fixed dose of 840 mg every four weeks and atezolizumab is administered at a fixed dose of 1680 mg every four weeks.~~

~~110. An anti-TIGIT antagonist antibody and a PD-1 axis binding antagonist for use in a method of treating a subject having a lung cancer, wherein the method comprises administering to the subject one or more dosing cycles of the anti-TIGIT antagonist, wherein the subject has been determined to have a PD-L1-positive tumor cell fraction of greater than, or equal to, 30%, and the treatment results in (a) a CR or a PR and/or (b) an increase in PFS as compared to treatment with the PD-1 axis binding antagonist without the anti-TIGIT antagonist antibody.~~

~~111. The anti-TIGIT antagonist antibody and PD-1 axis binding antagonist for use of claim 110, wherein the anti-TIGIT antagonist antibody comprises the following HVRs:~~

- ~~an HVR-H1 sequence comprising the amino acid sequence of SNSAAWN (SEQ ID NO: 1);~~
- ~~an HVR-H2 sequence comprising the amino acid sequence of KTYRFRKWYSDYAVSVKG (SEQ ID NO: 2);~~
- ~~an HVR-H3 sequence comprising the amino acid sequence of ESTTYDLLAGPFDY (SEQ ID NO: 3);~~
- ~~an HVR-L1 sequence comprising the amino acid sequence of KSSQTVLYSSNNKKYLA (SEQ ID NO: 4);~~
- ~~an HVR-L2 sequence comprising the amino acid sequence of WASTRES (SEQ ID NO: 5); and~~
- ~~an HVR-L3 sequence comprising the amino acid sequence of QQYYSTPFT (SEQ ID NO: 6).~~

~~112. The anti-TIGIT antagonist antibody and PD-1 axis binding antagonist for use of claim 111, wherein the anti-TIGIT antagonist antibody further comprises the following light chain variable region FRs:~~

- ~~an FR-L1 comprising the amino acid sequence of DIVMTQSPDSLAVSLGERATINC (SEQ ID NO: 7);~~
- ~~an FR-L2 comprising the amino acid sequence of WYQQKPGQPPNLLIY (SEQ ID NO: 8);~~
- ~~an FR-L3 comprising the amino acid sequence of GVPDRFSGSGSGTDFTLTISSLQAEDVAVYYC (SEQ ID NO: 9); and~~
- ~~an FR-L4 comprising the amino acid sequence of FGPGTKVEIK (SEQ ID NO: 10).~~

~~113. The anti-TIGIT antagonist antibody and PD-1 axis binding antagonist for use of claim 111, wherein the anti-TIGIT antagonist antibody further comprises the following heavy chain variable region FRs:~~

~~an FR-H1 comprising the amino acid sequence of X₁VQLQQSGPGLVKPSQTLTLTCAISGDSVS (SEQ ID NO: 11), wherein X₁ is Q or E;~~

~~an FR-H2 comprising the amino acid sequence of WIRQSPSRGLEWLG (SEQ ID NO: 12);~~

~~an FR-H3 comprising the amino acid sequence of RITINPDTSKNQFSLQLNSVTPEDTAVFYCTR (SEQ ID NO: 13); and~~

~~an FR-H4 comprising the amino acid sequence of WGQGTLVTVSS (SEQ ID NO: 14).~~

~~114. The anti-TIGIT antagonist antibody and PD-1 axis binding antagonist for use of claim 113, wherein X₁ is Q.~~

~~115. The anti-TIGIT antagonist antibody and PD-1 axis binding antagonist of claim 113, wherein X₁ is E.~~

~~116. The anti-TIGIT antagonist antibody and PD-1 axis binding antagonist for use of any one of claims 111-115, wherein the anti-TIGIT antagonist antibody comprises:~~

~~(a) a heavy chain variable (VH) domain comprising an amino acid sequence having at least 95% sequence identity to the amino acid sequence of SEQ ID NO: 17 or 18;~~

~~(b) a light chain variable (VL) domain comprising an amino acid sequence having at least 95% sequence identity to the amino acid sequence of SEQ ID NO: 19; or~~

~~(c) a VH domain as in (a) and a VL domain as in (b).~~

~~117. The anti-TIGIT antagonist antibody and PD-1 axis binding antagonist for use of any one of claims 110-116, wherein the anti-TIGIT antagonist antibody comprises:~~

~~a VH domain comprising the amino acid sequence of SEQ ID NO: 17 or 18; and~~

~~a VL domain comprising the amino acid sequence of SEQ ID NO: 19.~~

~~118. The anti-TIGIT antagonist antibody and PD-1 axis binding antagonist for use of any one of claims 110-117, wherein the anti-TIGIT antagonist antibody is a monoclonal antibody.~~

~~119. The anti-TIGIT antagonist antibody and PD-1 axis binding antagonist for use of claim 118, wherein the anti-TIGIT antagonist antibody is a human antibody.~~

~~120. The anti-TIGIT antagonist antibody and PD-1 axis binding antagonist for use of any one of claims 110-119, wherein the anti-TIGIT antagonist antibody is a full-length antibody.~~

~~121. The anti-TIGIT antagonist antibody and PD-1 axis binding antagonist for use of any one of claims 110-113 and 115-120, wherein the anti-TIGIT antagonist antibody is tiragolumab.~~

~~122. The anti-TIGIT antagonist antibody and PD-1 axis binding antagonist for use of any one of claims 110-119, wherein the anti-TIGIT antagonist antibody is an antibody fragment that binds TIGIT selected from the group consisting of Fab, Fab', Fab'-SH, Fv, single chain variable fragment (scFv), and (Fab')₂ fragments.~~

~~123. The anti-TIGIT antagonist antibody and PD-1 axis binding antagonist for use of any one of claims 110-122, wherein the anti-TIGIT antagonist antibody is an IgG class antibody.~~

~~124. The anti-TIGIT antagonist antibody and PD-1 axis binding antagonist for use of claim 123, wherein the IgG class antibody is an IgG1 subclass antibody.~~

~~125. The anti-TIGIT antagonist antibody and PD-1 axis binding antagonist for use of any one of claims 110-124, wherein the PD-1 axis binding antagonist is a PD-L1 binding antagonist or a PD-1 binding antagonist.~~

~~126. The anti-TIGIT antagonist antibody and PD-1 axis binding antagonist of claim 125, wherein the PD-L1 binding antagonist is an anti-PD-L1 antagonist antibody.~~

~~127. The anti-TIGIT antagonist antibody and PD-1 axis binding antagonist of claim 126, wherein the anti-PD-L1 antagonist antibody is atezolizumab (MPDL3280A), MSB0010718C, MDX-1105, or MEDI4736.~~

~~128. The anti-TIGIT antagonist antibody and anti-PD-L1 antagonist antibody for use of claim 127, wherein the anti-PD-L1 antagonist antibody is atezolizumab.~~

~~129. The anti-TIGIT antagonist antibody and PD-1 axis binding antagonist of claim 125, wherein the PD-1 binding antagonist is an anti-PD-1 antagonist antibody.~~

~~130. The anti-TIGIT antagonist antibody and PD-1 axis binding antagonist of claim 129, wherein the anti-PD-1 antagonist antibody is nivolumab (MDX-1106), pembrolizumab (MK-3475), MED1-0680, spartalizumab (PDR001), cemiplimab (REGN2810), BGB-108, prolgolimab, camrelizumab, sintilimab, tislelizumab, or toripalimab.~~

~~131. The anti-TIGIT antagonist antibody and PD-1 axis binding antagonist for use of claim 126, wherein the anti-PD-L1 antagonist antibody comprises the following HVRs:~~

~~an HVR-H1 sequence comprising the amino acid sequence of GFTFSDSWIH (SEQ ID NO: 20);
an HVR-H2 sequence comprising the amino acid sequence of AWISPYGGSTYYADSVKG (SEQ ID NO: 21);~~

~~an HVR-H3 sequence comprising the amino acid sequence of RHWPGGFDY (SEQ ID NO: 22);~~

~~an HVR-L1 sequence comprising the amino acid sequence of RASQDVSTAVA (SEQ ID NO: 23);~~

~~an HVR-L2 sequence comprising the amino acid sequence of SASFLYS (SEQ ID NO: 24); and~~

~~an HVR-L3 sequence comprising the amino acid sequence of QQYLYHPAT (SEQ ID NO: 25).~~

~~132. The anti-TIGIT antagonist antibody and PD-1 axis binding antagonist for use of claim 131, wherein the anti-PD-L1 antagonist antibody comprises:~~

~~(a) a heavy chain variable (VH) domain comprising an amino acid sequence having at least 95% sequence identity to the amino acid sequence of SEQ ID NO: 26;~~

~~(b) a light chain variable (VL) domain comprising an amino acid sequence having at least 95% sequence identity to the amino acid sequence of SEQ ID NO: 27; or~~

~~(c) a VH domain as in (a) and a VL domain as in (b).~~

~~133. The anti-TIGIT antagonist antibody and PD-1 axis binding antagonist for use of claim 132, wherein the anti-PD-L1 antagonist antibody comprises:~~

- ~~a VH domain comprising the amino acid sequence of SEQ ID NO: 26; and~~
- ~~a VL domain comprising the amino acid sequence of SEQ ID NO: 27.~~

~~134. The anti-TIGIT antagonist antibody and PD-1 axis binding antagonist for use of any one of claims 110-133, wherein the PD-1 axis binding antagonist is a monoclonal antibody.~~

~~135. The anti-TIGIT antagonist antibody and PD-1 axis binding antagonist for use of claim 134, wherein the PD-1 axis binding antagonist is a humanized antibody.~~

~~136. The anti-TIGIT antagonist antibody and PD-1 axis binding antagonist for use of claim 134 or 135, wherein the PD-1 axis binding antagonist is a full-length antibody.~~

~~137. The anti-TIGIT antagonist antibody and PD-1 axis binding antagonist for use of any one of claims 110-135, wherein the PD-1 axis binding antagonist is an antibody fragment that binds PD-L1 selected from the group consisting of Fab, Fab', Fab'-SH, Fv, single chain variable fragment (scFv), and (Fab')₂ fragments.~~

~~138. The anti-TIGIT antagonist antibody and PD-1 axis binding antagonist for use of any one of claims 110-136, wherein the PD-1 axis binding antagonist is an IgG class antibody.~~

~~139. The anti-TIGIT antagonist antibody and PD-1 axis binding antagonist for use of claim 138, wherein the IgG class antibody is an IgG1 subclass antibody.~~

~~140. The anti-TIGIT antagonist antibody and PD-1 axis binding antagonist for use of any one of claims 110-139, wherein the method comprises administering to the subject the anti-TIGIT antagonist antibody at a fixed dose of between about 30 mg to about 1200 mg every three weeks.~~

~~141. The anti-TIGIT antagonist antibody and PD-1 axis binding antagonist for use of claim 140, wherein the method comprises administering to the subject the anti-TIGIT antagonist antibody at a fixed dose of between about 30 mg to about 600 mg every three weeks.~~

~~142. The anti-TIGIT antagonist antibody and PD-1 axis binding antagonist for use of claim 141, wherein the method comprises administering to the subject the anti-TIGIT antagonist antibody at a fixed dose of about 600 mg every three weeks.~~

~~143. The anti-TIGIT antagonist antibody and PD-1 axis binding antagonist for use of any one of claims 110-142, wherein the method comprises administering to the subject the PD-1 axis binding antagonist at a fixed dose of between about 80 mg to about 1600 mg every three weeks.~~

~~144. The anti-TIGIT antagonist antibody and PD-1 axis binding antagonist for use of claim 143, wherein the method comprises administering to the subject the PD-1 axis binding antagonist at a fixed dose of about 1200 mg every three weeks.~~

~~145. The anti-TIGIT antagonist antibody and PD-1 axis binding antagonist for use of claim 144, wherein the anti-TIGIT antagonist antibody is to be administered to the subject at a fixed dose of about 600 mg every three weeks and the PD-1 axis binding antagonist is to be administered to the subject at a fixed dose of about 1200 mg every three weeks.~~

~~146. The anti-TIGIT antagonist antibody and PD-1 axis binding antagonist for use of any one of claims 110-145, wherein the length of each of the one or more dosing cycles is 21 days.~~

~~147. The anti-TIGIT antagonist antibody and PD-1 axis binding antagonist for use of claim 146, wherein the anti-TIGIT antagonist antibody and PD-1 axis binding antagonist are to be administered to the subject on about Day 1 of each of the one or more dosing cycles.~~

~~148. The anti-TIGIT antagonist antibody and PD-1 axis binding antagonist for use of any one of claims 110-139, wherein the method comprises administering to the subject the anti-TIGIT antagonist antibody at a fixed dose of between about 300 mg to about 800 mg every two weeks.~~

~~149. The anti-TIGIT antagonist antibody and PD-1 axis binding antagonist for use of claim 148, wherein the method comprises administering to the subject the anti-TIGIT antagonist antibody at a fixed dose of between about 400 mg to about 500 mg every two weeks.~~

~~150. The anti-TIGIT antagonist antibody and PD-1 axis binding antagonist for use of claim 149, wherein the method comprises administering to the subject the anti-TIGIT antagonist antibody at a fixed dose of about 420 mg every two weeks.~~

~~151. The anti-TIGIT antagonist antibody and PD-1 axis binding antagonist for use of any one of claims 110-139 and 148-150, wherein the method comprises administering to the subject the PD-1 axis binding antagonist at a fixed dose of between about 200 mg to about 1200 mg every two weeks.~~

~~152. The anti-TIGIT antagonist antibody and PD-1 axis binding antagonist for use of claim 151, wherein the method comprises administering to the subject the PD-1 axis binding antagonist at a fixed dose of about 840 mg every two weeks.~~

~~153. The anti-TIGIT antagonist antibody and PD-1 axis binding antagonist for use of claim 152, wherein the method comprises administering to the subject the anti-TIGIT antagonist antibody at a fixed dose of about 420 mg every two weeks and the PD-1 axis binding antagonist at a fixed dose of about 840 mg every two weeks.~~

~~154. The anti-TIGIT antagonist antibody and PD-1 axis binding antagonist for use of claim 153, wherein the length of each of the one or more dosing cycles is 28 days.~~

~~155. The anti-TIGIT antagonist antibody and PD-1 axis binding antagonist for use of claim 154, wherein the method comprises administering to the subject the anti-TIGIT antagonist antibody and the PD-1 axis binding antagonist on about Days 1 and 15 of each of the one or more dosing cycles.~~

~~156. The anti-TIGIT antagonist antibody and PD-1 axis binding antagonist for use of any one of claims 110-139, wherein the method comprises administering to the subject the anti-TIGIT antagonist antibody at a fixed dose of between about 700 mg to about 1000 mg every four weeks.~~

~~157. The anti-TIGIT antagonist antibody and PD-1 axis binding antagonist for use of claim 156, wherein the method comprises administering to the subject the anti-TIGIT antagonist antibody at a fixed dose of between about 800 mg to about 900 mg every four weeks.~~

~~158. The anti-TIGIT antagonist antibody and PD-1 axis binding antagonist for use of claim 157, wherein the method comprises administering to the subject the anti-TIGIT antagonist antibody at a fixed dose of about 840 mg every four weeks.~~

~~159. The anti-TIGIT antagonist antibody and PD-1 axis binding antagonist for use of any one of claims 110-139 and 156-158, wherein the method comprises administering to the subject the PD-1 axis binding antagonist at a fixed dose of between about 400 mg to about 2000 mg every four weeks.~~

~~160. The anti-TIGIT antagonist antibody and PD-1 axis binding antagonist for use of claim 159, wherein the method comprises administering to the subject the PD-1 axis binding antagonist at a fixed dose of about 1680 mg every four weeks.~~

~~161. The anti-TIGIT antagonist antibody and PD-1 axis binding antagonist for use of claim 160, wherein the method comprises administering to the subject the anti-TIGIT antagonist antibody at a fixed dose of about 840 mg every four weeks and the PD-1 axis binding antagonist at a fixed dose of about 1680 mg every four weeks.~~

~~162. The anti-TIGIT antagonist antibody and PD-1 axis binding antagonist for use of any one of claims 110-139 and 156-161, wherein the length of each of the one or more dosing cycles is 28 days.~~

~~163. The anti-TIGIT antagonist antibody and PD-1 axis binding antagonist for use of claim 162, wherein the method comprises administering to the subject the anti-TIGIT antagonist antibody and the PD-1 axis binding antagonist on about Day 1 of each of the one or more dosing cycles.~~

~~164. The anti-TIGIT antagonist antibody and PD-1 axis binding antagonist for use of any one of claims 110-163, wherein the PD-1 axis binding antagonist is to be administered to the subject before the anti-TIGIT antagonist antibody.~~

~~165. The anti-TIGIT antagonist antibody and PD-1 axis binding antagonist for use of claim 164, wherein a first observation period is to follow administration of the PD-1 axis binding antagonist and second observation period is to follow administration of the anti-TIGIT antagonist antibody.~~

~~166. The anti-TIGIT antagonist antibody and PD-1 axis binding antagonist for use of claim 165, wherein the first observation period and the second observation period are each between about 30 minutes to about 60 minutes in length.~~

~~167. The anti-TIGIT antagonist antibody and PD-1 axis binding antagonist for use of any one of claims 110-163, wherein the anti-TIGIT antagonist antibody is to be administered to the subject before the PD-1 axis binding antagonist.~~

~~168. The anti-TIGIT antagonist antibody and PD-1 axis binding antagonist for use of claim 167, wherein a first observation period is to follow administration of the anti-TIGIT antagonist antibody and second observation period is to follow administration of the PD-1 axis binding antagonist.~~

~~169. The anti-TIGIT antagonist antibody and PD-1 axis binding antagonist for use of claim 168, wherein the first observation period and the second observation period are each between about 30 minutes to about 60 minutes in length.~~

~~170. The anti-TIGIT antagonist antibody and PD-1 axis binding antagonist for use of any one of claims 110-163, wherein the anti-TIGIT antagonist antibody is to be administered to the subject simultaneously with the PD-1 axis binding antagonist.~~

~~171. The anti-TIGIT antagonist antibody and PD-1 axis binding antagonist for use of any one of claims 110-170, wherein the anti-TIGIT antagonist antibody and PD-1 axis binding antagonist are to be administered to the subject intravenously.~~

~~172. The anti-TIGIT antagonist antibody and PD-1 axis binding antagonist for use of claim 171, wherein the anti-TIGIT antagonist antibody is to be administered to the subject by intravenous infusion over 60 ± 10 minutes.~~

~~173. The anti-TIGIT antagonist antibody and PD-1 axis binding antagonist for use of claim 171 or 172, wherein the PD-1 axis binding antagonist is to be administered to the subject by intravenous infusion over 60 ± 15 minutes.~~

~~174. The anti-TIGIT antagonist antibody and PD-1 axis binding antagonist for use of any one of claims 110-170, wherein the anti-TIGIT antagonist antibody and PD-1 axis binding antagonist are to be administered to the subject subcutaneously.~~

~~175. The anti-TIGIT antagonist antibody and PD-1 axis binding antagonist for use of any one of claims 110-174, wherein the PD-L1-positive tumor cell fraction is determined by positive staining with an anti-PD-L1 antibody, wherein the anti-PD-L1 antibody is SP263, 22C3, SP142, or 28-8.~~

~~176. The anti-TIGIT antagonist antibody and PD-1 axis binding antagonist for use of claim 175, wherein the staining is part of an immunohistochemical (IHC) assay.~~

~~177. The anti-TIGIT antagonist antibody and PD-1 axis binding antagonist for use of claim 175 or 176, wherein the PD-L1-positive tumor cell fraction is greater than, or equal to, 50%, as determined by positive staining with the anti-PD-L1 antibody SP263, 22C3, or 28-8.~~

~~178. The anti-TIGIT antagonist antibody and PD-1 axis binding antagonist for use of claim 177, wherein the PD-L1-positive tumor cell fraction is determined by positive staining with the anti-PD-L1 antibody SP263 and using the Ventana SP263 IHC assay.~~

~~179. The anti-TIGIT antagonist antibody and PD-1 axis binding antagonist for use of claim 177, wherein the PD-L1-positive tumor cell fraction is determined by positive staining with the anti-PD-L1 antibody 22C3 and using the pharmDx 22C3 IHC assay.~~

~~180. The anti-TIGIT antagonist antibody and PD-1 axis binding antagonist for use of any one of claims 110-179, wherein a tumor sample obtained from the subject has been determined to have a detectable nucleic acid expression level of PD-L1.~~

~~181. The anti-TIGIT antagonist antibody and PD-1 axis binding antagonist for use of claim 180, wherein the detectable nucleic acid expression level of PD-L1 has been determined by RNA-seq, RT-qPCR, qPCR, multiplex qPCR or RT-qPCR, microarray analysis, SAGE, MassARRAY technique, ISH, or a combination thereof.~~

~~182. The anti-TIGIT antagonist antibody and PD-1 axis binding antagonist for use of any one of claims 110-181, wherein the subject has been determined to have a PD-L1-positive tumor cell fraction of greater than, or equal to, 50%, as determined by positive staining with the anti-PD-L1 antibody SP263, 22C3, or 28-8.~~

~~183. The anti-TIGIT antagonist antibody and PD-1 axis binding antagonist for use of any one of claims 110-182, wherein the lung cancer is a non-small cell lung cancer (NSCLC).~~

~~184. The anti-TIGIT antagonist antibody and PD-1 axis binding antagonist for use of claim 183, wherein the NSCLC is a squamous NSCLC.~~

~~185. The anti-TIGIT antagonist antibody and PD-1 axis binding antagonist for use of claim 184, wherein the NSCLC is a non-squamous NSCLC.~~

~~186. The anti-TIGIT antagonist antibody and PD-1 axis binding antagonist for use of any one of claims 183-185, wherein the NSCLC is a locally advanced unresectable NSCLC.~~

~~187. The anti-TIGIT antagonist antibody and PD-1 axis binding antagonist for use of claim 186, wherein the NSCLC is a Stage IIIB NSCLC.~~

~~188. The anti-TIGIT antagonist antibody and PD-1 axis binding antagonist for use of any one of claims 183-185, wherein the NSCLC is a recurrent or metastatic NSCLC.~~

~~189. The anti-TIGIT antagonist antibody and PD-1 axis binding antagonist for use of claim 188, wherein the NSCLC is a Stage IV NSCLC.~~

~~190. The anti-TIGIT antagonist antibody and PD-1 axis binding antagonist for use of claim 188 or 189, wherein the subject has not been previously treated for Stage IV NSCLC.~~

~~191. The anti-TIGIT antagonist antibody and PD-1 axis binding antagonist for use of any one of claims 110-190, wherein the subject does not have a sensitizing epidermal growth factor receptor (*EGFR*) gene mutation or anaplastic lymphoma kinase (*ALK*) gene rearrangement.~~

~~192. The anti-TIGIT antagonist antibody and PD-1 axis binding antagonist for use of any one of claims 110-191, wherein the subject does not have a pulmonary lymphoepithelioma-like carcinoma subtype of NSCLC.~~

~~193. The anti-TIGIT antagonist antibody and PD-1 axis binding antagonist for use of any one of claims 110-192, wherein the subject does not have an active EBV infection or a known or suspected chronic active EBV infection.~~

~~194. The anti-TIGIT antagonist antibody and PD-1 axis binding antagonist for use of any one of claims 110-193, wherein the subject is negative for EBV IgM or negative by EBV PCR.~~

~~195. The anti-TIGIT antagonist antibody and PD-1 axis binding antagonist for use of claim 194, wherein the subject is negative for EBV IgM and negative by EBV PCR.~~

~~196. The anti-TIGIT antagonist antibody and PD-1 axis binding antagonist for use of claim 194 or 195, wherein the subject is positive for EBV IgG or positive for EBNA.~~

~~197. The anti-TIGIT antagonist antibody and PD-1 axis binding antagonist for use of claim 196, wherein the subject is positive for EBV IgG and positive for EBNA.~~

~~198. The anti-TIGIT antagonist antibody and PD-1 axis binding antagonist for use of any one of claims 110-195, wherein the subject is negative for EBV IgG or negative for EBNA.~~

~~199. The anti-TIGIT antagonist antibody and PD-1 axis binding antagonist for use of claim 198, wherein the subject is negative for EBV IgG and negative for EBNA.~~

~~200. The anti-TIGIT antagonist antibody and PD-1 axis binding antagonist for use of any one of claims 110-199, wherein the PFS is increased as compared to a reference PFS time.~~

~~201. The anti-TIGIT antagonist antibody and PD-1 axis binding antagonist for use of claim 200, wherein the reference PFS time is the median PFS time of a population of subjects who have received a treatment comprising a PD-1 axis binding antagonist without an anti-TIGIT antagonist antibody.~~

~~202. An anti-TIGIT antagonist antibody and atezolizumab for use in a method of treating a subject having a NSCLC, wherein the method comprises administering to the subject one or more dosing cycles of an anti-TIGIT antagonist antibody and atezolizumab, wherein the anti-TIGIT antagonist antibody comprises:
a VH domain comprising the amino acid sequence of SEQ ID NO: 17 or 18; and~~

a VL domain comprising the amino acid sequence of SEQ ID NO: 19, and wherein the subject has been determined to have a PD-L1-positive tumor cell fraction of greater than, or equal to, 30%, and the treatment results in (a) a CR or a PR and/or (b) an increase in PFS as compared to treatment with atezolizumab without the anti-TIGIT antagonist antibody.

~~203. The anti-TIGIT antagonist antibody and atezolizumab for use of claim 202, wherein the anti-TIGIT antagonist antibody is administered at a fixed dose of 600 mg every three weeks and atezolizumab is administered at a fixed dose of 1200 mg every three weeks.~~

~~204. The anti-TIGIT antagonist antibody and atezolizumab for use of claim 202, wherein the anti-TIGIT antagonist antibody is administered at a fixed dose of 420 mg every two weeks and atezolizumab is administered at a fixed dose of 840 mg every two weeks.~~

~~205. The anti-TIGIT antagonist antibody and atezolizumab for use of claim 202, wherein the anti-TIGIT antagonist antibody is administered at a fixed dose of 840 mg every four weeks and atezolizumab is administered at a fixed dose of 1680 mg every four weeks.~~

~~206. Tiragolumab and atezolizumab for use in a method of treating a subject having a NSCLC, wherein the method comprises administering to the subject one or more dosing cycles of tiragolumab and atezolizumab, and wherein the subject has been determined to have a PD-L1-positive tumor cell fraction of greater than, or equal to, 30%, and the treatment results in (a) a CR or a PR and/or (b) an increase in PFS as compared to treatment with atezolizumab without tiragolumab.~~

~~207. The tiragolumab and atezolizumab for use of claim 206, wherein tiragolumab is administered at a fixed dose of 600 mg every three weeks and atezolizumab is administered at a fixed dose of 1200 mg every three weeks.~~

~~208. The tiragolumab and atezolizumab for use of claim 206, wherein tiragolumab is administered at a fixed dose of 420 mg every two weeks and atezolizumab is administered at a fixed dose of 840 mg every two weeks.~~

~~209. The tiragolumab and atezolizumab for use of claim 206, wherein tiragolumab is administered at a fixed dose of 840 mg every four weeks and atezolizumab is administered at a fixed dose of 1680 mg every four weeks.~~

~~2101. Use of tiragolumab an anti-TIGIT antagonist antibody and atezolizumab a PD-1 axis binding antagonist in the manufacture of a medicament for use in a method of treating a subject having a lung cancer, wherein the method comprises administering to the subject one or more dosing cycles of the medicament is to be administered to the subject, and wherein the medicament is formulated for administration of the anti-TIGIT antagonist antibody and the PD-1 axis binding antagonist, wherein the subject has been determined to have a PD-L1-positive tumor cell fraction of greater than, or equal to, 30%, and the treatment results in (a) a CR or a PR and/or (b) an increase in PFS as compared to treatment with~~

atezolizumab without tiragolumab; and wherein:the PD-1 axis binding antagonist without the anti-TIGIT antagonist antibody.

(i) tiragolumab is to be administered at a fixed dose of about 600 mg every three weeks and atezolizumab is to be administered at a fixed dose of about 1200 mg every three weeks,

(ii) tiragolumab is to be administered at a fixed dose of about 420 mg every two weeks and atezolizumab is to be administered at a fixed dose of about 840 mg every two weeks, or

(iii) tiragolumab is to be administered at a fixed dose of about 840 mg every four weeks and atezolizumab is to be administered at a fixed dose of about 1680 mg every four weeks.

211. Use of tiragolumab an anti-TIGIT antagonist antibody in the manufacture of a medicament for ~~use in a method of~~ treating a subject having a lung cancer, wherein ~~the method comprises administering to the subject~~ one or more dosing cycles of the medicament and ~~a PD-1 axis binding antagonist~~ atezolizumab are to be administered to the subject, and wherein the medicament is formulated for administration of tiragolumab in combination with atezolizumabthe anti-TIGIT antagonist antibody and the PD-1 axis binding antagonist, wherein the subject has been determined to have a PD-L1-positive tumor cell fraction of greater than, or equal to, 30%, and the treatment results in (a) a CR or a PR and/or (b) an increase in PFS as compared to treatment with atezolizumab without tiragolumab, and wherein:the PD-1 axis binding antagonist without the anti-TIGIT antagonist antibody.

(i) tiragolumab is to be administered at a fixed dose of about 600 mg every three weeks and atezolizumab is to be administered at a fixed dose of about 1200 mg every three weeks,

(ii) tiragolumab is to be administered at a fixed dose of about 420 mg every two weeks and atezolizumab is to be administered at a fixed dose of about 840 mg every two weeks, or

(iii) tiragolumab is to be administered at a fixed dose of about 840 mg every four weeks and atezolizumab is to be administered at a fixed dose of about 1680 mg every four weeks.

2123. Use of atezolizumab a PD-1 axis binding antagonist in the manufacture of a medicament for ~~use in a method of~~ treating a subject having a lung cancer, wherein ~~the method comprises administering to the subject~~ one or more dosing cycles of the medicament and ~~an anti-TIGIT antagonist antibody~~ tiragolumab are to be administered to the subject, and wherein the medicament is formulated for administration of atezolizumab in combination with tiragolumabthe PD-1 axis binding antagonist and the anti-TIGIT antagonist antibody, wherein the subject has been determined to have a PD-L1-positive tumor cell fraction of greater than, or equal to, 30%, and the treatment results in (a) a CR or a PR and/or (b) an increase in PFS as compared to treatment with the atezolizumab without the tiragolumab, and wherein:the PD-1 axis binding antagonist without the anti-TIGIT antagonist antibody.

(i) tiragolumab is to be administered at a fixed dose of about 600 mg every three weeks and atezolizumab is to be administered at a fixed dose of about 1200 mg every three weeks,

(ii) tiragolumab is to be administered at a fixed dose of about 420 mg every two weeks and atezolizumab is to be administered at a fixed dose of about 840 mg every two weeks, or

(iii) tiragolumab is to be administered at a fixed dose of about 840 mg every four weeks and atezolizumab is to be administered at a fixed dose of about 1680 mg every four weeks.

~~213. The use of any one of claims 210-212, wherein the anti-TIGIT antagonist antibody comprises the following hypervariable regions (HVRs):~~

- ~~an HVR-H1 sequence comprising the amino acid sequence of SNSAAWN (SEQ ID NO: 1);~~
- ~~an HVR-H2 sequence comprising the amino acid sequence of KTYRFRKWYSDYAVSVKG (SEQ ID NO: 2);~~
- ~~an HVR-H3 sequence comprising the amino acid sequence of ESTTYDLLAGPFDY (SEQ ID NO: 3);~~
- ~~an HVR-L1 sequence comprising the amino acid sequence of KSSQTVLYSSNNKKYLA (SEQ ID NO: 4);~~
- ~~an HVR-L2 sequence comprising the amino acid sequence of WASTRES (SEQ ID NO: 5); and~~
- ~~an HVR-L3 sequence comprising the amino acid sequence of QQYYSTPFT (SEQ ID NO: 6).~~

~~214. The use of claim 213, wherein the anti-TIGIT antagonist antibody further comprises the following light chain variable region framework regions (FRs):~~

- ~~an FR-L1 comprising the amino acid sequence of DIVMTQSPDSLAVSLGERATINC (SEQ ID NO: 7);~~
- ~~an FR-L2 comprising the amino acid sequence of WYQQKPGQPPLLIIY (SEQ ID NO: 8);~~
- ~~an FR-L3 comprising the amino acid sequence of GVPDRFSGSGSGTDFTLTISSLQAEDVAVYYC (SEQ ID NO: 9); and~~
- ~~an FR-L4 comprising the amino acid sequence of FGPGTKVEIK (SEQ ID NO: 10).~~

~~215. The use of claim 213, wherein the anti-TIGIT antagonist antibody further comprises the following heavy chain variable region FRs:~~

- ~~an FR-H1 comprising the amino acid sequence of X₁VQLQQSGPGLVKPSQTLTLTCAISGDSVS (SEQ ID NO: 11), wherein X₁ is Q or E;~~
- ~~an FR-H2 comprising the amino acid sequence of WIRQSPSRGLEWLG (SEQ ID NO: 12);~~
- ~~an FR-H3 comprising the amino acid sequence of RITINPDTSKNQFSLQLNSVTPEDTAVFYCTR (SEQ ID NO: 13); and~~
- ~~an FR-H4 comprising the amino acid sequence of WGQGTLVTVSS (SEQ ID NO: 14).~~

~~216. The use of claim 215, wherein X₁ is Q.~~

~~217. The use of claim 215, wherein X₁ is E.~~

~~218. The use of any one of claims 215-217, wherein the anti-TIGIT antagonist antibody comprises:~~
~~(a) a heavy chain variable (VH) domain comprising an amino acid sequence having at least 95% sequence identity to the amino acid sequence of SEQ ID NO: 17 or 18;~~

~~(b) a light chain variable (VL) domain comprising an amino acid sequence having at least 95% sequence identity to the amino acid sequence of SEQ ID NO: 19; or~~

~~(c) a VH domain as in (a) and a VL domain as in (b).~~

~~219. The use of any one of claims 210-218, wherein the anti-TIGIT antagonist antibody comprises:
a VH domain comprising the amino acid sequence of SEQ ID NO: 17 or 18; and
a VL domain comprising the amino acid sequence of SEQ ID NO: 19.~~

~~220. The use of any one of claims 210-219, wherein the anti-TIGIT antagonist antibody is a monoclonal antibody and/or a human antibody.~~

~~221. The use of any one of claims 210-220, wherein the anti-TIGIT antagonist antibody is a full-length antibody.~~

~~222. The use of any one of claims 210-215 and 217-221, wherein the anti-TIGIT antagonist antibody is tiragolumab.~~

~~223. The use of any one of claims 210-220, wherein the anti-TIGIT antagonist antibody is an antibody fragment that binds TIGIT selected from the group consisting of Fab, Fab', Fab'-SH, Fv, single chain variable fragment (scFv), and (Fab')₂ fragments.~~

~~224. The use of any one of claims 210-223, wherein the anti-TIGIT antagonist antibody is an IgG class antibody.~~

~~225. The use of claim 224, wherein the IgG class antibody is an IgG1 subclass antibody.~~

~~226. The use of any one of claims 223-225, wherein the PD-1 axis binding antagonist is a PD-L1 binding antagonist or a PD-1 binding antagonist.~~

~~227. The use of claim 226, wherein the PD-L1 binding antagonist is an anti-PD-L1 antagonist antibody.~~

~~228. The use of claim 227, wherein the anti-PD-L1 antagonist antibody is atezolizumab (MPDL3280A), MSB0010718C, MDX-1105, or MEDI4736.~~

~~229. The use of claim 228, wherein the anti-PD-L1 antagonist antibody is atezolizumab.~~

~~230. The use of claim 226, wherein the PD-1 binding antagonist is an anti-PD-1 antagonist antibody.~~

~~231. The use of claim 230, wherein the anti-PD-1 antagonist antibody is nivolumab (MDX-1106), pembrolizumab (MK-3475), MED1-0680, spartalizumab (PDR001), cemiplimab (REGN2810), BGB-108, prolgolimab, camrelizumab, sintilimab, tislelizumab, or toripalimab.~~

~~232. The use of claim 227, wherein the anti-PD-L1 antagonist antibody comprises the following HVRs:
an HVR-H1 sequence comprising the amino acid sequence of GFTFSDSWIH (SEQ ID NO: 20);
an HVR-H2 sequence comprising the amino acid sequence of AWISPYGGSTYYADSVKG (SEQ ID NO: 21);~~

an HVR-H3 sequence comprising the amino acid sequence of RHWPGGFDY (SEQ ID NO: 22);
an HVR-L1 sequence comprising the amino acid sequence of RASQDVSTAVA (SEQ ID NO: 23);
an HVR-L2 sequence comprising the amino acid sequence of SASFLYS (SEQ ID NO: 24); and
an HVR-L3 sequence comprising the amino acid sequence of QQYLYHPAT (SEQ ID NO: 25).

233. The use of claim 232, wherein the anti-PD-L1 antagonist antibody comprises:

- (a) a heavy chain variable (VH) domain comprising an amino acid sequence having at least 95% sequence identity to the amino acid sequence of SEQ ID NO: 26;
- (b) a light chain variable (VL) domain comprising an amino acid sequence having at least 95% sequence identity to the amino acid sequence of SEQ ID NO: 27; or
- (c) a VH domain as in (a) and a VL domain as in (b).

234. The use of claim 233, wherein the anti-PD-L1 antagonist antibody comprises:

- a VH domain comprising the amino acid sequence of SEQ ID NO: 26; and
- a VL domain comprising the amino acid sequence of SEQ ID NO: 27.

235. The use of any one of claims 210-234, wherein the PD-1 axis binding antagonist is a monoclonal antibody.

236. The use of any one of claims 210-235, wherein the PD-1 axis binding antagonist is a humanized antibody.

237. The use of any one of claims 210-236, wherein the PD-1 axis binding antagonist is a full-length antibody.

238. The use of any one of claims 210-236, wherein the PD-1 axis binding antagonist is an antibody fragment that binds PD-L1 selected from the group consisting of Fab, Fab', Fab'-SH, Fv, single chain variable fragment (scFv), and (Fab')₂ fragments.

239. The use of claim 237, wherein the PD-1 axis binding antagonist is an IgG class antibody.

240. The use of claim 239, wherein the IgG class antibody is an IgG1 subclass antibody.

241. The use of any one of claims 210-240, wherein the anti-TIGIT antagonist antibody is to be administered at a fixed dose of between about 30 mg to about 1200 mg every three weeks.

242. The use of claim 241, wherein the anti-TIGIT antagonist antibody is to be administered at a fixed dose of between about 30 mg to about 600 mg every three weeks.

243. The use of claim 242, wherein the anti-TIGIT antagonist antibody is to be administered at a fixed dose of about 600 mg every three weeks.

244. The use of any one of claims 210-243, wherein the PD-1 axis binding antagonist is to be administered at a fixed dose of between about 80 mg to about 1600 mg every three weeks.

~~245. The use of claim 244, wherein the PD-1 axis binding antagonist is to be administered at a fixed dose of about 1200 mg every three weeks.~~

~~2464. The use of any one of claims 210-2451-3, wherein tiragolumab the anti-TIGIT antagonist antibody is to be administered to the subject at a fixed dose of about 600 mg of every three weeks and atezolizumab the PD-1 axis binding antagonist is to be administered to the subject at a fixed dose of about 1200 mg every three weeks.~~

~~247. The use of any one of claims 210-246, wherein and the length of each of the one or more dosing cycles is 21 days.~~

~~2485. The use of any one of claims 210-247claim 4, wherein tiragolumab and atezolizumab the anti-TIGIT antagonist antibody and PD-1 axis binding antagonist are to be administered to the subject on about Day 1 of each of the one or more dosing cycles.~~

~~249. The use of any one of claims 210-240, wherein the anti-TIGIT antagonist antibody is to be administered at a fixed dose of between about 300 mg to about 800 mg every two weeks.~~

~~250. The use of claim 249, wherein the anti-TIGIT antagonist antibody is to be administered at a fixed dose of between about 400 mg to about 500 mg every two weeks.~~

~~251. The use of claim 250, wherein the anti-TIGIT antagonist antibody is to be administered at a fixed dose of about 420 mg every two weeks.~~

~~252. The use of any one of claims 210-240 and 249-251, wherein the PD-1 axis binding antagonist is to be administered at a fixed dose of between about 200 mg to about 1200 mg every two weeks.~~

~~253. The use of claim 252, wherein the PD-1 axis binding antagonist is to be administered at a fixed dose of about 840 mg every two weeks.~~

~~2546. The use of claim 253any one of claims 1-3, wherein tiragolumab the anti-TIGIT antagonist antibody is to be administered to the subject at a fixed dose of about 420 mg every two weeks and the atezolizumab PD-1 axis binding antagonist is to be administered to the subject at a fixed dose of about 840 mg every two weeks.~~

~~255. The use of any one of claims 210-240 and 249-254, wherein and the length of each of the one or more dosing cycles is 28 days.~~

~~2567. The use of claim 2556, wherein tiragolumab and atezolizumabthe anti-TIGIT antagonist antibody and the PD-1 axis binding antagonist are each to be administered on about Days 1 and 15 of each of the one or more dosing cycles.~~

~~257. The use of any one of claims 210-240, wherein the anti-TIGIT antagonist antibody is to be administered at a fixed dose of between about 700 mg to about 1000 mg every four weeks.~~

~~258. The use of claim 257, wherein the anti-TIGIT antagonist antibody is to be administered at a fixed dose of between about 800 mg to about 900 mg every four weeks.~~

~~259. The use of claim 258, wherein the anti-TIGIT antagonist antibody is to be administered at a fixed dose of about 840 mg every four weeks.~~

~~260. The use of any one of claims 210-240 and 257-259, wherein the PD-1 axis binding antagonist is to be administered at a fixed dose of between about 400 mg to about 2000 mg every four weeks.~~

~~261. The use of claim 260, wherein the PD-1 axis binding antagonist is to be administered at a fixed dose of about 1680 mg every four weeks.~~

~~262. The use of any one of claims 261-3, wherein tiragolumab the anti-TIGIT antagonist antibody is to be administered to the subject at a fixed dose of about 840 mg every four weeks and atezolizumab the PD-1 axis binding antagonist is to be administered to the subject at a fixed dose of about 1680 mg every four weeks.~~

~~263. The use of any one of claims 210-240 and 257-262, wherein and the length of each of the one or more dosing cycles is 28 days.~~

~~264. The use of claim 263, wherein tiragolumab and atezolizumab the anti-TIGIT antagonist antibody and the PD-1 axis binding antagonist are each to be administered on about Day 1 of each of the one or more dosing cycles.~~

~~265. The use of any one of claims 210-264, wherein the anti-TIGIT antagonist antibody is to be administered to the subject before the PD-1 axis binding antagonist.~~

~~266. The use of claim 265, wherein a first observation period is to follow administration of the PD-1 axis binding antagonist and second observation period is to follow administration of the anti-TIGIT antagonist antibody.~~

~~267. The use of claim 266, wherein the first observation period and the second observation period are each between about 30 minutes to about 60 minutes in length.~~

~~268. The use of any one of claims 210-264, wherein the anti-TIGIT antagonist antibody is to be administered to the subject before the PD-1 axis binding antagonist.~~

~~269. The use of claim 268, wherein a first observation period is to follow administration of the anti-TIGIT antagonist antibody and second observation period is to follow administration of the PD-1 axis binding antagonist.~~

~~270. The use of claim 269, wherein the first observation period and the second observation period are each between about 30 minutes to about 60 minutes in length.~~

~~271. The use of any one of claims 210-264, wherein the anti-TIGIT antagonist antibody is to be administered to the subject simultaneously with the PD-1 axis binding antagonist.~~

~~272~~10. The use of any one of claims ~~210-271~~1-9, wherein tiragolumab and atezolizumab~~the anti-TIGIT antagonist antibody and PD-1 axis binding antagonist~~ are to be administered to the subject intravenously.

~~273. The use of claim 272, wherein the anti-TIGIT antagonist antibody is to be administered to the subject by intravenous infusion over 60 ± 10 minutes.~~

~~274. The use of claim 270 or 273, wherein the PD-1 axis binding antagonist is to be administered to the subject by intravenous infusion over 60 ± 15 minutes.~~

~~275~~11. The use of any one of claims ~~210-271~~1-9, wherein tiragolumab and atezolizumab~~the anti-TIGIT antagonist antibody and PD-1 axis binding antagonist~~ are to be administered to the subject subcutaneously.

~~276. The use of any one of claims 210-275, wherein the PD-L1-positive tumor cell fraction is determined by positive staining with an anti-PD-L1 antibody, wherein the anti-PD-L1 antibody is SP263, 22C3, SP142, or 28-8.~~

~~277~~12. The use of any one of claims ~~276~~1-11, wherein the PD-L1-positive tumor cell fraction has been determined by the staining is part of an immunohistochemical (IHC) assay.

13. The use of any one of claims 1-12, wherein the PD-L1-positive tumor cell fraction is determined by positive staining with an anti-PD-L1 antibody, wherein the anti-PD-L1 antibody is SP263, 22C3, SP142, or 28-8.

~~278~~14. The use of claim ~~276 or 277~~13, wherein the PD-L1-positive tumor cell fraction is greater than, or equal to, 50%, as determined by positive staining with the anti-PD-L1 antibody SP263,~~22C3, or 28-8~~.

~~279~~15. The use of claim ~~278~~14, wherein the PD-L1-positive tumor cell fraction is ~~determined by positive staining with the anti-PD-L1 antibody SP263 and~~calculated using the Ventana SP263 IHC assay.

16. The use of claim 13, wherein the PD-L1-positive tumor cell fraction is greater than, or equal to, 50%, as determined by positive staining with the anti-PD-L1 antibody 22C3.

~~280~~17. The use of claim ~~278~~16, wherein the PD-L1-positive tumor cell fraction is ~~determined by positive staining with the anti-PD-L1 antibody 22C3 and~~calculated using the pharmDx 22C3 IHC assay.

18. The use of claim 13, wherein:

(a) the PD-L1-positive tumor cell fraction is greater than, or equal to, 30%, as determined by positive staining with the anti-PD-L1 antibody SP142; or

(b) the PD-L1-positive tumor cell fraction is greater than, or equal to, 50%, as determined by positive staining with the anti-PD-L1 antibody 28-8.

~~28419~~. The use of any one of claims ~~210-2801-11~~, wherein a tumor sample obtained from the subject has been determined to have a detectable nucleic acid expression level of PD-L1.

~~28220~~. The use of claim ~~28419~~, wherein the detectable nucleic acid expression level of PD-L1 has been determined by RNA-seq, RT-qPCR, qPCR, multiplex qPCR or RT-qPCR, microarray analysis, SAGE, MassARRAY technique, ISH, or a combination thereof.

~~28321~~. The use of any one of claims ~~210-2821-20~~, wherein the lung cancer is a non-small cell lung cancer (~~NSCLC~~).

~~28422~~. The use of claim ~~28321~~, wherein the NSCLC is a squamous NSCLC.

~~285~~. The use of claim ~~284~~, wherein the NSCLC is or a non-squamous NSCLC.

~~28623~~. The use of ~~any one of claims 283-285~~ claim 21, wherein the NSCLC is:

(a) a locally advanced unresectable NSCLC; or

(b) a recurrent or metastatic NSCLC.

~~28724~~. The use of claim ~~28623~~, wherein:

(a) the locally advanced unresectable NSCLC is a Stage IIIB NSCLC; or

~~288~~. The use of any one of claims ~~283-286~~, wherein the NSCLC is (b) a the recurrent or metastatic NSCLC.

~~289~~. The use of claim ~~288~~, wherein the NSCLC is a Stage IV NSCLC.

~~29025~~. The use of claim ~~288-23~~ or ~~28924~~, wherein the subject has not been previously treated for Stage IV NSCLC.

~~29126~~. The use of any one of claims ~~210-2901-25~~, wherein the subject does not have a sensitizing epidermal growth factor receptor (*EGFR*) gene mutation or anaplastic lymphoma kinase (*ALK*) gene rearrangement.

~~292~~. The use of any one of claims ~~210-291~~, wherein the subject does not have a pulmonary lymphoepithelioma-like carcinoma subtype of NSCLC.

~~293~~. The use of any one of claims ~~210-292~~, wherein the subject does not have an active EBV infection or a known or suspected chronic active EBV infection.

~~294~~. The use of any one of claims ~~210-293~~, wherein the subject is negative for EBV IgM or negative by EBV PCR.

~~295~~. The use of claim ~~294~~, wherein the subject is negative for EBV IgM and negative by EBV PCR.

~~296. The use of claim 294 or 295, wherein the subject is positive for EBV IgG or positive for EBNA.~~

~~297. The use of claim 296, wherein the subject is positive for EBV IgG and positive for EBNA.~~

~~298. The use of any one of claims 210-297, wherein the subject is negative for EBV IgG or negative for EBNA.~~

~~299. The use of claim 298, wherein the subject is negative for EBV IgG and negative for EBNA.~~

~~300-27.~~ The use of any one of claims ~~210-299~~1-26, wherein the PFS is increased as compared to a reference PFS time.

~~301-28.~~ The use of claim ~~300-27~~, wherein the reference PFS time is the median PFS time of a population of subjects who have received a treatment comprising ~~atezolizumab without tiragolumaban PD-1 axis-binding antagonist without an anti-TIGIT antagonist antibody.~~

~~302. Use of an anti-TIGIT antagonist antibody and atezolizumab in the manufacture of a medicament for use in a method of treating a subject having a NSCLC, wherein the method comprises administering to the subject one or more dosing cycles of the medicament, wherein the medicament is formulated for administration of the anti-TIGIT antagonist antibody and atezolizumab, wherein the anti-TIGIT antagonist antibody comprises:~~

~~a VH domain comprising the amino acid sequence of SEQ ID NO: 17 or 18; and~~

~~a VL domain comprising the amino acid sequence of SEQ ID NO: 19, and wherein the subject has been determined to have a PD-L1-positive tumor cell fraction of greater than, or equal to, 30%, and the treatment results in (a) a CR or a PR and/or (b) an increase in PFS as compared to treatment with atezolizumab without the anti-TIGIT antagonist antibody.~~

~~303. The use of claim 302, wherein the anti-TIGIT antagonist antibody is to be administered at a fixed dose of 600 mg every three weeks and atezolizumab is to be administered at a fixed dose of 1200 mg every three weeks.~~

~~304. The use of claim 302, wherein the anti-TIGIT antagonist antibody is to be administered at a fixed dose of 420 mg every two weeks and atezolizumab is to be administered at a fixed dose of 840 mg every two weeks.~~

~~305. The use of claim 302, wherein the anti-TIGIT antagonist antibody is to be administered at a fixed dose of 840 mg every four weeks and atezolizumab is to be administered at a fixed dose of 1680 mg every four weeks.~~

~~306. Use of tiragolumab and atezolizumab in the manufacture of a medicament for use in a method of treating a subject having a NSCLC, wherein the method comprises administering to the subject one or more dosing cycles of the medicament, wherein the medicament is formulated for administration of tiragolumab and atezolizumab, and wherein the subject has been determined to have a PD-L1-positive tumor cell fraction~~

of greater than, or equal to, 30%, and the treatment results in (a) a CR or a PR and/or (b) an increase in PFS as compared to treatment with atezolizumab without tiragolumab.

~~307. The use of claim 306, wherein tiragolumab is to be administered at a fixed dose of 600 mg every three weeks and atezolizumab is to be administered at a fixed dose of 1200 mg every three weeks.~~

~~308. The use of claim 306, wherein tiragolumab is to be administered at a fixed dose of 420 mg every two weeks and atezolizumab is to be administered at a fixed dose of 840 mg every two weeks.~~

~~309. The use of claim 306, wherein tiragolumab is to be administered at a fixed dose of 840 mg every four weeks and atezolizumab is to be administered at a fixed dose of 1680 mg every four weeks.~~

~~310. The method of any one of claims 1-109, the anti-TIGIT antagonist antibody of any one of claims 110-209, or the use of any one of claims 210-309, wherein the anti-TIGIT antagonist antibody is tiragolumab and the PD-1 axis binding antagonist is atezolizumab, and wherein the treatment results in an increase in PFS of at least about 3.1 months, as compared to treatment with atezolizumab without tiragolumab.~~

~~311~~29. The method-use of any one of claims ~~102-105~~1-28, the tiragolumab and atezolizumab of any one of claims ~~206-209~~, or the use of any one of claims ~~306-309~~, wherein the treatment results in an increase in PFS of at least about 3.1 months, as compared to treatment with atezolizumab without tiragolumab.

~~312. The method of any one of claims 1-109, the anti-TIGIT antagonist antibody of any one of claims 110-209, or the use of any one of claims 210-309, wherein the anti-TIGIT antagonist antibody is tiragolumab and the PD-1 axis binding antagonist is atezolizumab, and wherein the treatment results in an increase in PFS of at least about 4.9 months, as compared to treatment with atezolizumab without tiragolumab.~~

~~313. The method of any one of claims 102-105, the tiragolumab and atezolizumab of any one of claims 206-209, or the use of any one of claims 306-309, wherein the treatment results in an increase in PFS of at least about 4.9 months, as compared to treatment with atezolizumab without tiragolumab.~~

~~314. The method of any one of claims 1-109, the anti-TIGIT antagonist antibody of any one of claims 110-209, or the use of any one of claims 210-309, wherein the anti-TIGIT antagonist antibody is tiragolumab and the PD-1 axis binding antagonist is atezolizumab, and wherein the treatment results in an increase in OS of at least about 5.7 months, as compared to treatment with atezolizumab without tiragolumab.~~

~~315~~30. The method-use of any one of claims ~~102-105~~1-29, the tiragolumab and atezolizumab of any one of claims ~~206-209~~, or the use of any one of claims ~~306-309~~, wherein the treatment results in an increase in OS of at least about 5.7 months, as compared to treatment with atezolizumab without tiragolumab.

~~316. The method of any one of claims 1-109, the anti-TIGIT antagonist antibody of any one of claims 110-209, or the use of any one of claims 210-309, wherein the anti-TIGIT antagonist antibody is tiragolumab and the PD-1 axis binding antagonist is atezolizumab, and wherein the treatment results in an increase in OS of at least about 9 months, as compared to treatment with atezolizumab without tiragolumab.~~

~~317. The method of any one of claims 102-105, the tiragolumab and atezolizumab of any one of claims 206-209, or the use of any one of claims 306-309, wherein the treatment results in an increase in OS of at least about 9 months, as compared to treatment with atezolizumab without tiragolumab.~~

~~31831. Use of tiragolumab and atezolizumab in the manufacture of a medicament~~ A method for treating a subject having a lung cancer, the method comprising administering to the subject wherein one or more dosing cycles of tiragolumab and atezolizumab are to be administered to the subject an anti-TIGIT antagonist antibody and a PD-1 axis binding antagonist, wherein the subject previously received concurrent chemoradiotherapy (cCRT) for lung cancer, and wherein the subject has not had disease progression after the cCRT, and wherein:

(i) tiragolumab is to be administered at a fixed dose of about 600 mg every three weeks and atezolizumab is to be administered at a fixed dose of about 1200 mg every three weeks,

(ii) tiragolumab is to be administered at a fixed dose of about 420 mg every two weeks and atezolizumab is to be administered at a fixed dose of about 840 mg every two weeks, or

(iii) tiragolumab is to be administered at a fixed dose of about 840 mg every four weeks and atezolizumab is to be administered at a fixed dose of about 1680 mg every four weeks.

32. Use of tiragolumab in the manufacture of a medicament for treating a subject having a lung cancer, wherein one or more dosing cycles of the medicament and atezolizumab are to be administered to the subject, wherein the medicament is formulated for administration of tiragolumab in combination with atezolizumab, wherein the subject previously received concurrent chemoradiotherapy (cCRT) for lung cancer, wherein the subject has not had disease progression after the cCRT, and wherein:

(i) tiragolumab is to be administered at a fixed dose of about 600 mg every three weeks and atezolizumab is to be administered at a fixed dose of about 1200 mg every three weeks,

(ii) tiragolumab is to be administered at a fixed dose of about 420 mg every two weeks and atezolizumab is to be administered at a fixed dose of about 840 mg every two weeks, or

(iii) tiragolumab is to be administered at a fixed dose of about 840 mg every four weeks and atezolizumab is to be administered at a fixed dose of about 1680 mg every four weeks.

33. Use of atezolizumab in the manufacture of a medicament for treating a subject having a lung cancer, wherein one or more dosing cycles of the medicament and tiragolumab are to be administered to the subject, wherein the medicament is formulated for administration of atezolizumab in combination with tiragolumab, wherein the subject previously received concurrent chemoradiotherapy (cCRT) for lung cancer, wherein the subject has not had disease progression after the cCRT, and wherein:

(i) tiragolumab is to be administered at a fixed dose of about 600 mg every three weeks and atezolizumab is to be administered at a fixed dose of about 1200 mg every three weeks,

(ii) tiragolumab is to be administered at a fixed dose of about 420 mg every two weeks and atezolizumab is to be administered at a fixed dose of about 840 mg every two weeks, or

(iii) tiragolumab is to be administered at a fixed dose of about 840 mg every four weeks and atezolizumab is to be administered at a fixed dose of about 1680 mg every four weeks.

- ~~319. The method of claim 318, wherein the subject previously received at least two cycles of the cCRT.~~
- ~~320. The method of claim 318 or 319, wherein the cCRT comprises a platinum-based chemotherapy.~~
- ~~321. The method of any one of claims 318-320, wherein the cCRT comprises a thoracic radiotherapy.~~
- ~~322. The method of claim 321, wherein the thoracic radiotherapy was administered to the subject at 60-66 Gy in 30-33 fractions.~~
- ~~323. The method of any one of claims 318-322, wherein the cCRT was administered with curative intent.~~
- ~~324. The method of any one of claims 318-323, wherein the cCRT was administered as a consolidation therapy.~~
- ~~325. The method of any one of claims 318-324, wherein the anti-TIGIT antagonist antibody comprises the following hypervariable regions (HVRs):~~
- ~~an HVR-H1 sequence comprising the amino acid sequence of SNSAAWN (SEQ ID NO: 1);~~
 - ~~an HVR-H2 sequence comprising the amino acid sequence of KTYRFRKWYSDYAVSVKG (SEQ ID NO: 2);~~
 - ~~an HVR-H3 sequence comprising the amino acid sequence of ESTTYDLLAGPFDY (SEQ ID NO: 3);~~
 - ~~an HVR-L1 sequence comprising the amino acid sequence of KSSQTVLYSSNNKKYLA (SEQ ID NO: 4);~~
 - ~~an HVR-L2 sequence comprising the amino acid sequence of WASTRES (SEQ ID NO: 5); and~~
 - ~~an HVR-L3 sequence comprising the amino acid sequence of QQYYSTPFT (SEQ ID NO: 6).~~
- ~~326. The method of claim 325, wherein the anti-TIGIT antagonist antibody further comprises the following light chain variable region framework regions (FRs):~~
- ~~an FR-L1 comprising the amino acid sequence of DIVMTQSPDSLAVSLGERATINC (SEQ ID NO: 7);~~
 - ~~an FR-L2 comprising the amino acid sequence of WYQQKPGQPPNLLIY (SEQ ID NO: 8);~~
 - ~~an FR-L3 comprising the amino acid sequence of GVPDRFSGSGSGTDFTLTISSLQAEDVAVYYC (SEQ ID NO: 9); and~~
 - ~~an FR-L4 comprising the amino acid sequence of FGPGTKVEIK (SEQ ID NO: 10).~~
- ~~327. The method of claim 325, wherein the anti-TIGIT antagonist antibody further comprises the following heavy chain variable region FRs:~~
- ~~an FR-H1 comprising the amino acid sequence of X₁VQLQQSGPGLVKPSQTLTLTCAISGDSVS (SEQ ID NO: 11), wherein X₁ is Q or E;~~
 - ~~an FR-H2 comprising the amino acid sequence of WIRQSPSRGLEWLG (SEQ ID NO: 12);~~
 - ~~an FR-H3 comprising the amino acid sequence of RITINPDTSKNQFSLQLNSVTPEDTAVFYCTR (SEQ ID NO: 13); and~~
 - ~~an FR-H4 comprising the amino acid sequence of WGQGTLVTVSS (SEQ ID NO: 14).~~

- ~~328. The method of claim 327, wherein X₁ is Q.~~
- ~~329. The method of claim 327, wherein X₁ is E.~~
- ~~330. The method of any one of claims 325-329, wherein the anti-TIGIT antagonist antibody comprises:~~
~~(a) a heavy chain variable (VH) domain comprising an amino acid sequence having at least 95% sequence identity to the amino acid sequence of SEQ ID NO: 17 or 18;~~
~~(b) a light chain variable (VL) domain comprising an amino acid sequence having at least 95% sequence identity to the amino acid sequence of SEQ ID NO: 19; or~~
~~(c) a VH domain as in (a) and a VL domain as in (b).~~
- ~~331. The method of any one of claims 318-330, wherein the anti-TIGIT antagonist antibody comprises:~~
~~a VH domain comprising the amino acid sequence of SEQ ID NO: 17 or 18; and~~
~~a VL domain comprising the amino acid sequence of SEQ ID NO: 19.~~
- ~~332. The method of any one of claims 318-331, wherein the anti-TIGIT antagonist antibody is a monoclonal antibody.~~
- ~~333. The method of claim 332, wherein the anti-TIGIT antagonist antibody is a human antibody.~~
- ~~334. The method of any one of claims 318-333, wherein the anti-TIGIT antagonist antibody is a full length antibody.~~
- ~~335. The method of any one of claims 318-327 and 329-334, wherein the anti-TIGIT antagonist antibody is tiragolumab.~~
- ~~336. The method of any one of claims 318-333, wherein the anti-TIGIT antagonist antibody is an antibody fragment that binds TIGIT selected from the group consisting of Fab, Fab', Fab'-SH, Fv, single chain variable fragment (scFv), and (Fab')₂ fragments.~~
- ~~337. The method of any one of claims 318-335, wherein the anti-TIGIT antagonist antibody is an IgG class antibody.~~
- ~~338. The method of claim 337, wherein the IgG class antibody is an IgG1 subclass antibody.~~
- ~~339. The method of any one of claims 318-338, wherein the PD-1 axis binding antagonist is a PD-L1 binding antagonist or a PD-1 binding antagonist.~~
- ~~340. The method of claim 339, wherein the PD-L1 binding antagonist is an anti-PD-L1 antagonist antibody.~~
- ~~341. The method of claim 340, wherein the anti-PD-L1 antagonist antibody is atezolizumab (MPDL3280A), MSB0010718C, MDX-1105, or MEDI4736.~~

~~342. The method of claim 341, wherein the anti-PD-L1 antagonist antibody is atezolizumab.~~

~~343. The method of claim 342, wherein the PD-1 binding antagonist is an anti-PD-1 antagonist antibody.~~

~~344. The method of claim 343, wherein the anti-PD-1 antagonist antibody is nivolumab (MDX-1106), pembrolizumab (MK-3475), MED1-0680, spartalizumab (PDR001), cemiplimab (REGN2810), BGB-108, prolgolimab, camrelizumab, sintilimab, tislelizumab, or toripalimab.~~

~~345. The method of claim 340, wherein the anti-PD-L1 antagonist antibody comprises the following HVRs:~~

~~an HVR-H1 sequence comprising the amino acid sequence of GFTFSDSWIH (SEQ ID NO: 20);~~

~~an HVR-H2 sequence comprising the amino acid sequence of AWISPYGGSTYYADSVKG (SEQ ID NO: 21);~~

~~an HVR-H3 sequence comprising the amino acid sequence of RHWPGGFDY (SEQ ID NO: 22);~~

~~an HVR-L1 sequence comprising the amino acid sequence of RASQDVSTAVA (SEQ ID NO: 23);~~

~~an HVR-L2 sequence comprising the amino acid sequence of SASFLYS (SEQ ID NO: 24); and~~

~~an HVR-L3 sequence comprising the amino acid sequence of QQYLYHPAT (SEQ ID NO: 25).~~

~~346. The method of claim 345, wherein the anti-PD-L1 antagonist antibody comprises:~~

~~(a) a heavy chain variable (VH) domain comprising an amino acid sequence having at least 95% sequence identity to the amino acid sequence of SEQ ID NO: 26;~~

~~(b) a light chain variable (VL) domain comprising an amino acid sequence having at least 95% sequence identity to the amino acid sequence of SEQ ID NO: 27; or~~

~~(c) a VH domain as in (a) and a VL domain as in (b).~~

~~347. The method of claim 346, wherein the anti-PD-L1 antagonist antibody comprises:~~

~~a VH domain comprising the amino acid sequence of SEQ ID NO: 26; and~~

~~a VL domain comprising the amino acid sequence of SEQ ID NO: 27.~~

~~348. The method of any one of claims 318-347, wherein the PD-1 axis binding antagonist is a monoclonal antibody.~~

~~349. The method of any one of claims 1-348, wherein the PD-1 axis binding antagonist is a humanized antibody.~~

~~350. The method of any one of claims 1-349, wherein the PD-1 axis binding antagonist is a full-length antibody.~~

~~351. The method of any one of claims 1-349, wherein the PD-1 axis binding antagonist is an antibody fragment that binds PD-L1 selected from the group consisting of Fab, Fab', Fab'-SH, Fv, single chain variable fragment (scFv), and (Fab')₂ fragments.~~

~~352. The method of claim 350, wherein the PD-1 axis binding antagonist is an IgG class antibody.~~

~~353. The method of claim 352, wherein the IgG class antibody is an IgG1 subclass antibody.~~

~~354. The method of any one of claims 318-353, wherein the method comprises administering to the subject the anti-TIGIT antagonist antibody at a fixed dose of between about 30 mg to about 1200 mg every three weeks.~~

~~355. The method of claim 354, wherein the method comprises administering to the subject the anti-TIGIT antagonist antibody at a fixed dose of between about 30 mg to about 600 mg every three weeks.~~

~~356. The method of claim 355, wherein the method comprises administering to the subject the anti-TIGIT antagonist antibody at a fixed dose of about 600 mg every three weeks.~~

~~357. The method of any one of claims 318-356, wherein the method comprises administering to the subject the PD-1 axis binding antagonist at a fixed dose of between about 80 mg to about 1600 mg every three weeks.~~

~~358. The method of claim 357, wherein the method comprises administering to the subject the PD-1 axis binding antagonist at a fixed dose of about 1200 mg every three weeks.~~

~~359. The method of any one of claims 318-358, wherein the method comprises administering to the subject the anti-TIGIT antagonist antibody at a fixed dose of about 600 mg every three weeks and the PD-1 axis binding antagonist at a fixed dose of about 1200 mg every three weeks.~~

~~360. The method of any one of claims 318-359, wherein the length of each of the one or more dosing cycles is 21 days.~~

~~361. The method of claim 360, wherein the method comprises administering to the subject the anti-TIGIT antagonist antibody and the PD-1 axis binding antagonist on about Day 1 of each of the one or more dosing cycles.~~

~~362. The method of any one of claims 318-353, wherein the method comprises administering to the subject the anti-TIGIT antagonist antibody at a fixed dose of between about 300 mg to about 800 mg every two weeks.~~

~~363. The method of claim 362, wherein the method comprises administering to the subject the anti-TIGIT antagonist antibody at a fixed dose of between about 400 mg to about 500 mg every two weeks.~~

~~364. The method of claim 363, wherein the method comprises administering to the subject the anti-TIGIT antagonist antibody at a fixed dose of about 420 mg every two weeks.~~

~~365. The method of any one of claims 318-353 and 362-364, wherein the method comprises administering to the subject the PD-1 axis binding antagonist at a fixed dose of between about 200 mg to about 1200 mg every two weeks.~~

~~366. The method of claim 365, wherein the method comprises administering to the subject the PD-1 axis binding antagonist at a fixed dose of about 840 mg every two weeks.~~

~~367. The method of claim 366, wherein the method comprises administering to the subject the anti-TIGIT antagonist antibody at a fixed dose of about 420 mg every two weeks and the PD-1 axis binding antagonist at a fixed dose of about 840 mg every two weeks.~~

~~368. The method of any one of claims 318-353 and 362-367, wherein the length of each of the one or more dosing cycles is 28 days.~~

~~369. The method of claim 368, wherein the method comprises administering to the subject the anti-TIGIT antagonist antibody and the PD-1 axis binding antagonist on about Days 1 and 15 of each of the one or more dosing cycles.~~

~~370. The method of any one of claims 318-353, wherein the method comprises administering to the subject the anti-TIGIT antagonist antibody at a fixed dose of between about 700 mg to about 1000 mg every four weeks.~~

~~371. The method of claim 370, wherein the method comprises administering to the subject the anti-TIGIT antagonist antibody at a fixed dose of between about 800 mg to about 900 mg every four weeks.~~

~~372. The method of claim 371, wherein the method comprises administering to the subject the anti-TIGIT antagonist antibody at a fixed dose of about 840 mg every four weeks.~~

~~373. The method of any one of claims 318-353 and 370-372, wherein the method comprises administering to the subject the PD-1 axis binding antagonist at a fixed dose of between about 400 mg to about 2000 mg every four weeks.~~

~~374. The method of claim 373, wherein the method comprises administering to the subject the PD-1 axis binding antagonist at a fixed dose of about 1680 mg every four weeks.~~

~~375. The method of claim 374, wherein the method comprises administering to the subject the anti-TIGIT antagonist antibody at a fixed dose of about 840 mg every four weeks and the PD-1 axis binding antagonist at a fixed dose of about 1680 mg every four weeks.~~

~~376. The method of any one of claims 318-353 and 370-375, wherein the length of each of the one or more dosing cycles is 28 days.~~

~~377. The method of claim 376, wherein the method comprises administering to the subject the anti-TIGIT antagonist antibody and the PD-1 axis binding antagonist on about Day 1 of each of the one or more dosing cycles.~~

~~378. The method of any one of claims 318-377, wherein the method comprises administering to the subject the PD-1 axis binding antagonist before the anti-TIGIT antagonist antibody.~~

~~379. The method of claim 378, wherein the method comprises a first observation period following administration of the PD-1 axis binding antagonist and second observation period following administration of the anti-TIGIT antagonist antibody.~~

~~380. The method of claim 379, wherein the first observation period and the second observation period are each between about 30 minutes to about 60 minutes in length.~~

~~381. The method of any one of claims 318-377, wherein the method comprises administering to the subject the anti-TIGIT antagonist antibody before the PD-1 axis binding antagonist.~~

~~382. The method of claim 381, wherein the method comprises a first observation period following administration of the anti-TIGIT antagonist antibody and second observation period following administration of the PD-1 axis binding antagonist.~~

~~383. The method of claim 382, wherein the first observation period and the second observation period are each between about 30 minutes to about 60 minutes in length.~~

~~384. The method of any one of claims 318-377, wherein the method comprises administering to the subject the anti-TIGIT antagonist antibody and the PD-1 axis binding antagonist simultaneously.~~

~~385. The method of any one of claims 318-384, wherein the method comprises administering to the subject the anti-TIGIT antagonist antibody and PD-1 axis binding antagonist intravenously.~~

~~386. The method of claim 385, wherein the method comprises administering to the subject the anti-TIGIT antagonist antibody by intravenous infusion over 60 ± 10 minutes.~~

~~387. The method of claim 385 or 386, wherein the method comprises administering to the subject the PD-1 axis binding antagonist by intravenous infusion over 60 ± 15 minutes.~~

~~388. The method of any one of claims 318-384, wherein the method comprises administering to the subject the anti-TIGIT antagonist antibody and PD-1 axis binding antagonist subcutaneously.~~

~~389. The method of any one of claims 318-388, wherein a PD-L1 positive tumor cell fraction of the subject is determined.~~

~~390. The method of claim 389, wherein the PD-L1 positive tumor cell fraction is determined by positive staining with an anti-PD-L1 antibody, wherein the anti-PD-L1 antibody is SP263, 22C3, SP142, or 28-8.~~

~~391. The method of claim 389 or 390, wherein the staining is part of an IHC assay.~~

~~392. The method of claim 391, wherein the PD-L1 positive tumor cell fraction is greater than or equal to 1% tumor cell (TC), as determined by positive staining with an anti-PD-L1 antibody SP263 or 22C3.~~

~~393. The method of claim 392, wherein the PD-L1 positive tumor cell fraction is less than 1% TC, as determined by positive staining with an anti-PD-L1 antibody SP263 or 22C3.~~

~~394. The method of claim 393, wherein the PD-L1 expression is calculated using the Ventana SP263 IHC assay.~~

~~395. The method of claim 393, wherein the PD-L1 expression is calculated using the pharmDx 22C3 IHC assay.~~

~~396. The method of any one of claims 318-395, wherein a detectable nucleic acid expression level of PD-L1 has been determined by RNA-seq, RT-qPCR, qPCR, multiplex qPCR or RT-qPCR, microarray analysis, SAGE, MassARRAY technique, ISH, or a combination thereof.~~

~~397. The method of any one of claims 318-396, wherein the lung cancer is a non-small cell lung cancer (NSCLC).~~

~~398. The method of claim 397, wherein the NSCLC is a squamous NSCLC.~~

~~399. The method of claim 397, wherein the NSCLC is a non-squamous NSCLC.~~

~~400. The method of any one of claims 394-396, wherein the NSCLC is a locally advanced unresectable NSCLC.~~

~~401. The method of any one of claims 397-400, wherein the NSCLC is a Stage III NSCLC.~~

~~402. The method of any one of claims 397-401, wherein the NSCLC is not a Stage IV NSCLC.~~

~~403. The method of any one of claims 318-402, wherein the subject does not have a sensitizing epidermal growth factor receptor (EGFR) gene mutation or anaplastic lymphoma kinase (ALK) gene rearrangement.~~

~~404. The method of any one of claims 318-403, wherein the subject does not have an active Epstein-Barr virus (EBV) infection or a known or suspected chronic active EBV infection.~~

~~405. The method of any one of claims 318-404, wherein the subject is negative for EBV IgM or negative by EBV PCR.~~

~~406. The method of claim 405, wherein the subject is negative for EBV IgM and negative by EBV PCR.~~

~~407. The method of claim 405 or 406, wherein the subject is positive for EBV IgG or positive for Epstein-Barr nuclear antigen (EBNA).~~

~~408. The method of claim 407, wherein the subject is positive for EBV IgG and positive for EBNA.~~

~~409. The method of any one of claims 318-408, wherein the subject is negative for EBV IgG or negative for EBNA.~~

~~410. The method of claim 409, wherein the subject is negative for EBV IgG and negative for EBNA.~~

~~411. The method of any one of claims 318-410, wherein the PFS is increased as compared to a reference PFS time.~~

~~412. The method of claim 411, wherein the reference PFS time is the median PFS time of a population of subjects who have received a treatment comprising a PD-1 axis binding antagonist without an anti-TIGIT antagonist antibody.~~

~~413. A method for treating a subject having a NSCLC, the method comprising administering to the subject one or more dosing cycles of an anti-TIGIT antagonist antibody and atezolizumab, wherein the anti-TIGIT antagonist antibody comprises:~~

~~a VH domain comprising the amino acid sequence of SEQ ID NO: 17 or 18; and~~

~~a VL domain comprising the amino acid sequence of SEQ ID NO: 19, and wherein the subject previously received eCRT for lung cancer, and wherein the subject has not had disease progression after the eCRT, and wherein the treatment results in (a) a CR or a PR and/or (b) an increase in PFS as compared to treatment with durvalumab without the anti-TIGIT antagonist antibody.~~

~~414. The method of claim 413, wherein the anti-TIGIT antagonist antibody is administered at a fixed dose of 600 mg every three weeks and atezolizumab is administered at a fixed dose of 1200 mg every three weeks.~~

~~415. The method of claim 413, wherein the anti-TIGIT antagonist antibody is administered at a fixed dose of 420 mg every two weeks and atezolizumab is administered at a fixed dose of 840 mg every two weeks.~~

~~416. The method of claim 413, wherein the anti-TIGIT antagonist antibody is administered at a fixed dose of 840 mg every four weeks and atezolizumab is administered at a fixed dose of 1680 mg every four weeks.~~

~~417. A method for treating a subject having a NSCLC, the method comprising administering to the subject one or more dosing cycles of tiragolumab and atezolizumab, wherein the subject previously received eCRT for lung cancer, and wherein the subject has not had disease progression after the eCRT, and the treatment results in (a) a CR or a PR and/or (b) an increase in PFS as compared to treatment with durvalumab without tiragolumab.~~

~~418. The method of claim 417, wherein tiragolumab is administered at a fixed dose of 600 mg every three weeks and atezolizumab is administered at a fixed dose of 1200 mg every three weeks.~~

~~419. The method of claim 417, wherein tiragolumab is administered at a fixed dose of 420 mg every two weeks and atezolizumab is administered at a fixed dose of 840 mg every two weeks.~~

~~420. The method of claim 417, wherein tiragolumab is administered at a fixed dose of 840 mg every four weeks and atezolizumab is administered at a fixed dose of 1680 mg every four weeks.~~

~~421. The method of any one of claim 413-420, wherein the subject previously received at least two cycles of the cCRT.~~

~~422. The method of any one of claims 413-421, wherein the cCRT comprises a platinum-based chemotherapy.~~

~~423. The method of any one of claims 413-422, wherein the cCRT comprises a thoracic radiotherapy.~~

~~424. The method of claim 423, wherein the thoracic radiotherapy was administered to the subject at 60-66 Gy in 30-33 fractions.~~

~~425. The method of any one of claims 413-424, wherein the cCRT was administered with curative intent.~~

~~426. The method of any one of claims 413-425, wherein the cCRT was administered as a consolidation therapy.~~

~~427. The method of any one of claims 1-109 and 318-426, wherein the subject is a human.~~

~~428. An anti-TIGIT antagonist antibody and an anti-PD-L1 antagonist antibody for use in a method of treating a subject having a lung cancer, wherein the method is according to any one of claims 318-427.~~

~~429. Use of an anti-TIGIT antagonist antibody in the manufacture of a medicament for treating a subject having a lung cancer in combination with an anti-PD-L1 antagonist antibody, wherein the treatment is according to the method of any one of claims 318-427.~~

~~430. Use of an anti-PD-L1 antagonist antibody in the manufacture of a medicament for treating a subject having a lung cancer in combination with an anti-TIGIT antagonist antibody, wherein the treatment is according to the method of any one of claims 318-427.~~

~~431. The use of claim 429 or 430, wherein the anti-TIGIT antagonist antibody and the anti-PD-L1 antagonist antibody are formulated separately.~~

~~432. The use of claim 429 or 430, wherein the anti-TIGIT antagonist antibody and the anti-PD-L1 antagonist antibody are formulated together.~~