

What is claimed is:

1. Use of a human anti-PD-L1 antibody for manufacture of a medicament for increasing overall survival (OS) in a patient with unresectable non-small-cell lung cancer (NSCLC), wherein the patient is a stage III patient who has not progressed following definitive chemoradiation therapy; and
OS in the patient is to be increased compared to placebo.
2. The use of claim 1, wherein the OS at 12 months is to be increased by at least about 5% compared to placebo.
3. The use of claim 1, wherein the 24-month OS (OS24) is to be increased by at least about 10% compared to placebo.
4. The use of claim 1, wherein the chemoradiation therapy is platinum-based.
5. The use of claim 1, wherein the human anti-PD-L1 antibody comprises a light chain variable domain comprising the amino acid sequence of SEQ ID NO: 1 and a heavy chain variable domain comprising the amino acid sequence of SEQ ID NO: 2.
6. The use of claim 1, wherein the human anti-PD-L1 antibody comprises:
a VH CDR1 having the amino acid sequence of SEQ ID NO: 3;
a VH CDR2 having the amino acid sequence of SEQ ID NO: 4;
a VH CDR3 having the amino acid sequence of SEQ ID NO: 5;
a VL CDR1 having the amino acid sequence of SEQ ID NO: 6;
a VL CDR2 having the amino acid sequence of SEQ ID NO: 7; and
a VL CDR3 having the amino acid sequence of SEQ ID NO: 8.
7. The use of claim 1, wherein the human anti-PD-L1 antibody is durvalumab, avelumab, or atezolizumab.

8. The use of claim 1, wherein the human anti-PD-L1 antibody is to be administered 10 mg/kg, intravenously every two weeks (Q2W) to the patient.
9. Use of a human anti-PD-L1 antibody in the manufacture of a medicament for treating a patient with unresectable non-small-cell lung cancer (NSCLC):
 - a) wherein the patient is a stage III patient who has not progressed following definitive chemoradiation therapy;
 - b) overall survival (OS) in the patient is to be increased compared to placebo; and
 - c) the medicament is to achieve at least one of the following:
 - (i) progression-free survival (PFS) in the patient is to be extended compared to placebo,
 - (ii) the time to death or metastasis (TTDM) in the patient is to be increased compared to placebo, and
 - (iii) the overall response rate (ORR) in the patient is to be increased compared to placebo.
10. The use of claim 9, wherein PFS is to be extended by at least five months compared to placebo.
11. The use of claim 10, wherein PFS is to be extended by about twelve months compared to placebo.
12. The use of claim 9, wherein the TTDM is to be increased by at least four months compared to placebo.
13. The use of claim 12, wherein the TTDM is to be increased by at least about twelve months compared to placebo.
14. The use of claim 9, wherein the ORR is to be increased by at least 12% compared to placebo.

15. The use of claim 9, wherein the chemoradiation therapy is platinum-based.
16. The use of claim 9, wherein the human anti-PD-L1 antibody comprises a light chain variable domain comprising the amino acid sequence of SEQ ID NO: 1 and a heavy chain variable domain comprising the amino acid sequence of SEQ ID NO: 2.
17. The use of claim 9, wherein the human anti-PD-L1 antibody comprises:
 - a VH CDR1 having the amino acid sequence of SEQ ID NO: 3;
 - a VH CDR2 having the amino acid sequence of SEQ ID NO: 4;
 - a VH CDR3 having the amino acid sequence of SEQ ID NO: 5;
 - a VL CDR1 having the amino acid sequence of SEQ ID NO: 6;
 - a VL CDR2 having the amino acid sequence of SEQ ID NO: 7; and
 - a VL CDR3 having the amino acid sequence of SEQ ID NO: 8.
18. The use of claim 9, wherein the human anti-PD-L1 antibody is durvalumab, avelumab, or atezolizumab.
19. The use of claim 9, wherein the human anti-PD-L1 antibody is to be administered 10 mg/kg, intravenously every two weeks (Q2W) to the patient.
20. Use of durvalumab in the manufacture of a medicament for treating a patient with unresectable non-small-cell lung cancer (NSCLC):
 - a) wherein 10 mg/kg durvalumab is to be administered every two weeks (Q2W) to the patient, wherein the patient is a stage III patient who has not progressed following definitive chemoradiation therapy; and
 - b) overall survival (OS) in the patient at 12 months is to be increased by at least about 5% compared to placebo.