

CLAIMS

1. Use of an antibody that lacks an Fc domain or that has an Fc domain with minimal or no binding to CD16 and that binds a human NKG2A polypeptide and neutralizes the inhibitory activity of NKG2A in the preparation of a medicament for the treatment of a HNSCC in an individual.
2. Use according to Claim 1, in which the HNSCC is an OCSCC.
3. Use according to Claim 1, in which the HNSCC is an oropharyngeal tumor.
4. Use according to Claim 1, in which the HNSCC is a larynx tumor.
5. Use according to Claim 1, in which the HNSCC is a tumor of the hypopharynx.
6. Use according to any preceding claim, in which the individual is HPV positive.
7. Use according to any preceding claim, in which the treatment comprises:
 - (a) determining whether an individual having a HNSCC is HPV positive, and
 - (b) upon a determination that the individual is HPV positive, administering to the individual the antibody.
8. Use according to any preceding claim, in which the treatment comprises:
 - (a) determining whether HLA-E polypeptide is expressed by malignant cells from the individual having a HNSCC, and
 - (b) upon a determination that malignant cells express HLA-E polypeptide above a reference level, administering to the individual the antibody.
9. Use according to Claim 8, in which determining whether HLA-E polypeptide is expressed by malignant cells comprises obtaining from the individual a biological sample that comprises HNSCC cells, bringing the cells into contact with an antibody that binds a HLA-E polypeptide, and detecting cells that express HLA-E.
10. Use of an antibody that lacks an Fc domain or that has an Fc domain with minimal or no binding to CD16 and that binds a human NKG2A polypeptide and neutralizes the inhibitory activity of NKG2A in the preparation of a medicament for the treatment of a cancer in an individual, in which the treatment comprises:

- (a) determining the HLA-E polypeptide status of malignant cells from the individual having a cancer,
- (b) determining the EGFR polypeptide status of malignant cells from the individual having a cancer and
- 5 (c) upon a determination that HLA-E and EGFR polypeptides are expressed by malignant cells from the individual at levels that are above a reference level, administering to the individual a therapeutic regimen that comprises the antibody and an agent that binds EGFR.
- 11. Use according to Claim 10, in which the individual has an advanced HNSCC.
- 10 12. Use according to any of Claims 8 to 11, in which the antibody is administered to the individual upon a determination that malignant cells from the individual have increased HLA-E polypeptide expression compared to a reference level corresponding to a healthy individual.
- 13. Use, of an antibody that lacks an Fc domain or that has an Fc domain with minimal or no binding to CD16 and that binds a human NKG2A polypeptide and neutralizes the
- 15 inhibitory activity of NKG2A, in the preparation of a medicament for the treatment of a cancer in an individual, in which the treatment comprises:
 - (a) determining whether the individual has a cancer characterized by the presence of lymphocytes in the tumor environment; and
 - (b) upon a determination that the individual has a cancer characterized by the presence
 - 20 of lymphocytes in the tumor environment, administering to the individual the antibody.
- 14. Use according to any preceding claim, in which the antibody binds to NKGA with a KD at least 100-fold lower than to human NKG2C and/or NKG2E.
- 15. Use according to Claim 14, in which the antibody comprises a human IgG4 constant region.
- 25 16. Use according to Claim 14 or 15, in which the antibody comprises an Fc-engineered constant region comprising an amino acid modification that reduces binding to a human Fcγ receptor.

17. Use according to Claim 14 or 15, in which the anti-NKG2A antibody has heavy and light chains comprising the amino acid set out in SEQ ID NOs: 2 and 7 respectively for binding to human NKG2A.
18. Use according to any of Claims 14 to 17, in which the anti-NKG2A antibody comprises the CDR1, CDR2 and CDR3 domains of a heavy chain having the sequence set forth in SEQ ID NO: 2, and the CDR1, CDR2 and CDR3 domains of a light chain having the sequence set forth in SEQ ID NO: 7.
19. Use according to any preceding claim, in which the anti-NKG2A antibody is administered as a pharmaceutically acceptable composition comprising a therapeutically effective amount of the anti-NKG2A antibody.
20. Use according to preceding claim, in which the antibody is administered in combination treatment with one or more anti-cancer agents.
21. Use according to any preceding claim, in which the anti-NKG2A antibody is administered several times at a dosing frequency from once about every week to once about per month.
22. Use of an antibody that lacks an Fc domain or that has an Fc domain with minimal or no binding to CD16 and that binds a human NKG2A polypeptide and neutralizes the inhibitory activity of NKG2A in the preparation of a medicament for the treatment of a cancer in a human patient, in which the treatment comprises administering to the patient an effective amount of each of the antibody and an agent that binds EGFR.
23. Use according to Claim 22, in which the agent that binds EGFR inhibits the biological activity of EGFR.
24. Use according to Claim 22 or 23, in which the agent that binds EGFR is an antibody that induces ADCC toward EGFR-expressing tumor cells.
25. Use according to Claim 22 or 24, in which the agent that binds EGFR is cetuximab.
26. Use according to any of Claims 22 to 25, in which the cancer is HNSCC.
27. Use according to Claim 26 in which the HNSCC is an OCSCC.

28. Use according to any of Claims 22 to 27, in which the method comprises at least one administration cycle, in which the cycle is a period of two weeks, in which for each of the at least one cycles, one dose of the antibody that neutralizes the inhibitory activity of human NKG2A is administered and two doses of the antibody that binds EGFR are administered.
- 5 29. Use according to any of Claims 22 to 28, in which the method comprises at least one administration cycle, in which the cycle is a period of two weeks, in which for each of the at least one cycles, one dose of the antibody that neutralizes the inhibitory activity of human NKG2A are administered at a dose of 1-10 mg/kg and two doses of the antibody that binds EGFR are administered at a dose of 1-10 mg/kg.