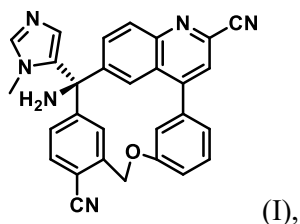


**What is claimed is:**

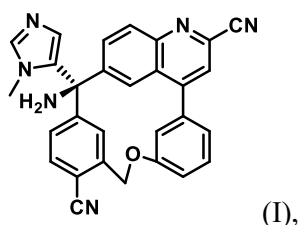
1. Use of a compound of Formula (I):



(I),

or a pharmaceutically acceptable form thereof; and  
a VEGFR inhibitor, or a pharmaceutically acceptable form thereof,  
in the manufacture of a medicament for treating an advanced solid tumor in a subject.

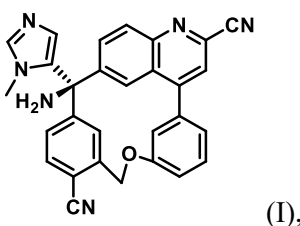
2. Use of a compound of Formula (I):



(I),

or a pharmaceutically acceptable form thereof; and  
a VEGFR inhibitor, or a pharmaceutically acceptable form thereof,  
in the manufacture of a medicament for mitigating, slowing the progression of, or overcoming drug  
resistance in an advanced solid tumor in a subject.

3. Use of a compound of Formula (I):



(I),

or a pharmaceutically acceptable form thereof; and  
a VEGFR inhibitor, or a pharmaceutically acceptable form thereof,  
in the manufacture of a medicament for preventing or delaying emergence of drug resistance in an  
advanced solid tumor in a TKI-naïve subject.

4. The use of any one of claims 1 to 3, wherein the subject has an advanced solid tumor, suffers from an advanced solid tumor, has symptoms associated with an advanced solid tumor, is diagnosed as having an advanced solid tumor, or is an advanced solid tumor subject in remission.
5. The use of any one of claims 1 to 4, wherein the advanced solid tumor is metastatic, recurrent, unresectable, relapsed, or refractory, or a combination thereof.
6. The use of any one of claims 1 to 5, wherein the solid tumor is selected from renal cell carcinoma (RCC) (optionally wherein the RCC is clear cell RCC, papillary RCC, chromophobe RCC, unclassified RCC, or RCC post-nephrectomy), thyroid cancer (optionally wherein the thyroid cancer is medullary thyroid cancer, differentiated thyroid cancer, or radioactive iodine-refractory), hepatocellular carcinoma, colorectal cancer, gastrointestinal stromal tumor (GIST) (optionally wherein the GIST is progressive on or intolerant to imatinib), soft tissue sarcoma, pancreatic neuroendocrine tumor (optionally wherein the pancreatic neuroendocrine tumor is progressive, differentiated, locally advanced, or metastatic), and endometrial carcinoma, such as wherein the solid tumor is RCC or clear cell RCC.
7. The use of claim 6, wherein the solid tumor is RCC.
8. The use of claim 7, wherein the RCC is clear cell RCC, papillary RCC, chromophobe RCC, unclassified RCC, or RCC post-nephrectomy.
9. The use of claim 7, wherein the RCC is clear cell RCC.
10. The use of claim 6, wherein the solid tumor is pancreatic neuroendocrine tumor, optionally wherein the pancreatic neuroendocrine tumor is progressive, differentiated, locally advanced, or metastatic.
11. The use of any one of claims 1 to 10, wherein the VEGFR inhibitor, or the pharmaceutically acceptable form thereof, is to be administered to the subject orally, optionally once or twice daily, optionally for one or more treatment cycles.

12. The use of any one of claims 1 to 11, wherein the VEGFR inhibitor, or the pharmaceutically acceptable form thereof, is selected from cabozantinib, lenvatinib, axitinib, regorafenib, vandetanib, pazopanib, sunitinib, sorafenib, tivozanib, fruquintinib, and zanzalintinib, or a pharmaceutically acceptable form thereof, optionally wherein the VEGFR inhibitor, or the pharmaceutically acceptable form thereof, is cabozantinib, axitinib, sunitinib, or sorafenib, or a pharmaceutically acceptable form thereof, optionally wherein the VEGFR inhibitor, or the pharmaceutically acceptable form thereof, is:

- (a) cabozantinib, or a pharmaceutically acceptable form thereof; or
- (b) zanzalintinib or fruquintinib, or a pharmaceutically acceptable form thereof.

13. The use of claim 12, wherein the VEGFR inhibitor, or the pharmaceutically acceptable form thereof, is selected from cabozantinib (S)-malate, lenvatinib mesylate, axitinib free base, regorafenib monohydrate, vandetanib free base, pazopanib hydrochloride, sunitinib (S)-malate, sorafenib tosylate, tivozanib hydrochloride hydrate, fruquintinib free base, and zanzalintinib fumarate.

14. The use of claim 12, wherein the VEGFR inhibitor, or the pharmaceutically acceptable form thereof, is cabozantinib, or a pharmaceutically acceptable form thereof, or is cabozantinib (S)-malate.

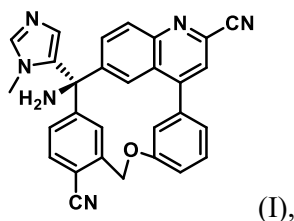
15. The use of any one of claims 1 to 14, wherein the medicament reduces or mitigates toxicities associated with the VEGFR inhibitor, improves the efficacy of the VEGFR inhibitor, delays, halts, or prevents progression of the advanced solid tumor, or increases Time to Progression (TTP), Progression-Free Survival (PFS), Event-Free survival (EFS), Overall Survival (OS), Overall Response Rate (ORR), Complete Response Rate (CR Rate), or Duration of Response (DoR), or a combination of two or more thereof relative to a comparative therapy, optionally wherein the VEGFR inhibitor, or the pharmaceutically acceptable form thereof, is cabozantinib, and optionally wherein the advanced solid tumor is renal cell carcinoma or clear cell RCC.

16. The use of any one of claims 1 to 15, wherein the compound of Formula (I), or the pharmaceutically acceptable form thereof, is to be administered as a second-line treatment or a third-line treatment for the subject.

17. The use of claim 16, wherein the subject is a VEGFR inhibitor-naïve subject.

18. The use of claim 16, wherein the subject was treated previously with a prior VEGFR inhibitor, or a pharmaceutically acceptable form thereof, optionally wherein the prior VEGFR inhibitor, or the pharmaceutically acceptable form thereof, is selected from cabozantinib, lenvatinib, axitinib, regorafenib, vandetanib, pazopanib, sunitinib, sorafenib, tivozanib, fruquintinib, and zanzalintinib, or a pharmaceutically acceptable form thereof, optionally wherein the prior VEGFR inhibitor, or the pharmaceutically acceptable form thereof is cabozantinib, or a pharmaceutically acceptable form thereof, or is cabozantinib (S)-malate, optionally wherein the subject is being treated with the prior VEGFR inhibitor, or the pharmaceutically acceptable form thereof, at the time of initiating the administering of the compound of Formula (I), or the pharmaceutically acceptable form thereof.

19. Use of a compound of Formula (I):



or a pharmaceutically acceptable form thereof,  
in the manufacture of a medicament for treating an advanced solid tumor with squamous histology and an *HRAS* amplification and/or *HRAS* overexpression, optionally in combination with an *HRAS* mutation, in a subject.

20. The use of claim 19, wherein the advanced solid tumor is a HNSCC.

21. The use of claim 19 or claim 20, wherein the advanced solid tumor with squamous histology has an *HRAS* amplification, overexpresses *HRAS*, or has an *HRAS* mutation, or a combination thereof.

22. The use of any one of claims 1 to 21, wherein the advanced solid tumor is metastatic, advanced, relapsed, unresectable, recurrent, or refractory, or a combination thereof.

23. The use of any one of claims 1 to 22, wherein the compound of Formula (I), or the pharmaceutically acceptable form thereof, is to be administered to the subject orally.

24. The use of claim 23, wherein the compound of Formula (I), or the pharmaceutically acceptable form thereof, is to be administered to the subject at a dose of 0.5 mg to 2400 mg per day.

25. The use of claim 24, wherein the dose of the compound of Formula (I), or the pharmaceutically acceptable form thereof, is selected from 0.5-2.5 mg, 0.5-5 mg, 0.5-10 mg, 0.5-25 mg, 0.5-50 mg, 0.5-75 mg, 0.5-100 mg, 0.5-300 mg, 0.5-600 mg, 0.5-1200 mg, 1-5 mg, 1-10 mg, 1-25 mg, 1-50 mg, 1-75 mg, 1-100 mg, 1-300 mg, 1-600 mg, 1-1200 mg, 1-2400 mg, 20-100 mg, 40-75 mg, 50-75 mg, 50-100 mg, 50-150 mg, 75-100 mg, 100-200 mg, 125-200 mg, 150-300 mg, 200-250 mg, 200-400 mg, 300-600 mg, 250-500 mg, 400-600 mg, 500-750 mg, 600-900 mg, 700-100 mg, 650-1000 mg, 800-1200 mg, 900-1500 mg, 1000-1600 mg, 1000-2000 mg, 1200-1600 mg, 1500-2000 mg, 1500-2400 mg, 1800-2400 mg, and 2000-2400 mg per day, or is selected from about 0.5 mg, about 0.6 mg, about 0.7 mg, about 0.8 mg, about 0.9 mg, about 1 mg, about 1.1 mg, about 1.2 mg, about 1.3 mg, about 1.4 mg, about 1.5 mg, about 1.6 mg, about 1.7 mg, about 1.8 mg, about 1.9 mg, and 2.0 mg, about 2.5 mg, about 3.0 mg, about 5 mg, about 10 mg, about 15 mg, about 20 mg, about 25 mg, about 30 mg, about 35 mg, about 40 mg, about 45 mg, about 50 mg, about 55 mg, about 60 mg, about 65 mg, about 70 mg, about 75 mg, about 80 mg, about 85 mg, about 90 mg, about 95 mg, about 100 mg, about 125 mg, about 150 mg, about 175 mg, about 200 mg, about 225 mg, about 250 mg, about 275 mg, about 300 mg, about 325 mg, about 350 mg, about 375 mg, about 400 mg, about 425 mg, about 450 mg, about 475 mg, about 500 mg, about 525 mg, about 550 mg, about 575 mg, about 600 mg, about 650 mg, about 700 mg, about 750 mg, about 800 mg, about 850 mg, about 900 mg, about 950 mg, about 1000 mg, about 1050 mg, about 1100 mg, about 1150 mg, about 1200 mg, about 1250 mg, about 1300 mg, about 1350 mg, about 1400 mg, about 1450 mg, about 1500 mg, about 1550 mg, about 1600 mg, about 1650 mg, about 1700 mg, about 1750 mg, about 1800 mg, about 1850 mg, about 1900 mg, about 1950 mg, about 2000 mg, about 2050 mg, about 2100 mg, about 2150 mg, about 2200 mg, about 2250 mg, about 2300 mg, about 2350 mg, and about 2400 mg per day.

26. The use of any one of claims 1 to 25, wherein the compound of Formula (I), or the pharmaceutically acceptable form thereof, is to be administered once or twice per day, optionally on an interval dosing schedule.

27. The use of claim 26, wherein the compound of Formula (I), or the pharmaceutically acceptable form thereof, is to be administered once per day, optionally on an interval dosing schedule.

28. The use of claim 27, wherein the compound of Formula (I), or the pharmaceutically acceptable form thereof, once per day, is to be administered on an interval dosing schedule, optionally wherein the interval dosing schedule is a one week on and one week off dosing schedule.