

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 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).

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, andwherein 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 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 WGQGLTVTVSS (SEQ ID NO: 14).

114. The anti-TIGIT antagonist antibody and PD-1 axis binding antagonist for use of claim 113, wherein X_1 is Q.

115. The anti-TIGIT antagonist antibody and PD-1 axis binding antagonist of claim 113, wherein X_1 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.

210. Use of an anti-TIGIT antagonist antibody and 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 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 the PD-1 axis binding antagonist without the anti-TIGIT antagonist antibody.

211. Use of 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, 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 the PD-1 axis binding antagonist without the anti-TIGIT antagonist antibody.

212. Use of 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, and wherein the medicament is formulated for administration of the 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 PD-1 axis binding antagonist without the anti-TIGIT antagonist antibody.

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 GVPDRFSGSGSGTDFTLTISLQAEDVAVYYC (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 WGQGTLLTVSS (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.

246. The use of any one of claims 210-245, wherein 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 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 the length of each of the one or more dosing cycles is 21 days.

248. The use of any one of claims 210-247, 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.

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.

254. The use of claim 253, wherein 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 is to be administered 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 the length of each of the one or more dosing cycles is 28 days.

256. The use of claim 255, wherein the 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 claim 261, wherein 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 is to be administered 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 the length of each of the one or more dosing cycles is 28 days.

264. The use of claim 263, wherein 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. The use of any one of claims 210-271, wherein 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. The use of any one of claims 210-271, wherein 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. The use of claim 276, wherein the staining is part of an immunohistochemical (IHC) assay.

278. The use of claim 276 or 277, 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. The use of claim 278, 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.

280. The use of claim 278, 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.

281. The use of any one of claims 210-280, wherein a tumor sample obtained from the subject has been determined to have a detectable nucleic acid expression level of PD-L1.

282. The use of claim 281, 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

283. The use of any one of claims 210-282, wherein the lung cancer is a non-small cell lung cancer.

284. The use of claim 283, wherein the NSCLC is a squamous NSCLC.

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

286. The use of any one of claims 283-285, wherein the NSCLC is a locally advanced unresectable NSCLC.

287. The use of claim 286, wherein the NSCLC is a Stage IIIB NSCLC.

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

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

290. The use of claim 288 or 289, wherein the subject has not been previously treated for Stage IV NSCLC.

291. The use of any one of claims 210-290, 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. The use of any one of claims 210-299, wherein the PFS is increased as compared to a reference PFS time.

301. The use of claim 300, wherein 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 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. 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 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. 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 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.

318. 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.

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 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 WGQGTLLTVSS (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 QQYLHPAT (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 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.

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 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.

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.