CLAIMS

1. Use of a CD47 inhibitory substance as an active ingredient in the manufacture of an agent for suppressing progression of, suppressing recurrence of, and/or treating a solid cancer, wherein the agent is to be administered in combination with a standard therapy and an immune checkpoint inhibitory substance,

wherein the CD47 inhibitory substance is Magrolimab, the immune checkpoint inhibitory substance is Nivolumab, the standard therapy is a combination therapy in which Bevacizumab or Cetuximab is added to FOLFOX therapy, and the solid cancer is colorectal cancer, preferably wherein the colorectal cancer is radically unresectable advanced or recurrent colorectal cancer,

the combination therapy in which Bevacizumab or Cetuximab is added to FOLFOX therapy includes:

(1x) 5 mg/kg (body weight) of Bevacizumab to be intravenously administered, or 400 mg/m^2 (body surface area) of Cetuximab to be intravenously administered for a first administration, and 250 mg/m^2 (body surface area) of Cetuximab to be intravenously administered for a second and subsequent administrations;

(1a) 85 mg/m^2 (body surface area) of Oxaliplatin to be intravenously administered;

(1b) 200 mg/m^2 (body surface area) of Levofolinate calcium to be intravenously administered;

(1c) 400 mg/m^2 (body surface area) of Fluorouracil to be rapidly intravenously administered; and

(1d) 2400 mg/m^2 (body surface area) of Fluorouracil to be further continuously intravenously administered after completion of the administration of Fluorouracil in (1c) above, and

a series of administrations in (1x), (1a), (1b), (1c), and (1d) above are to be performed within an interval of 2 weeks,

1 mg/kg (body weight) of Magrolimab is to be intravenously administered for a first administration, and 15 mg/kg (body weight) to 30 mg/kg (body weight) of Magrolimab in a single dose is to be intravenously administered at intervals of 1 week or 2 weeks for a second and subsequent administrations,

480 mg of Nivolumab in a single dose is to be intravenously administered at intervals of 4 weeks.

2. Use of an immune checkpoint inhibitory substance as an active ingredient in the manufacture of an agent for suppressing progression of, suppressing recurrence of, and/or

treating a solid cancer, wherein the agent is to be administered in combination with a standard therapy and a CD47 inhibitory substance,

wherein the CD47 inhibitory substance is Magrolimab, the immune checkpoint inhibitory substance is Nivolumab, the standard therapy is a combination therapy in which Bevacizumab or Cetuximab is added to FOLFOX therapy, and the solid cancer is colorectal cancer,

preferably wherein the colorectal cancer is radically unresectable advanced or recurrent colorectal cancer,

the combination therapy in which Bevacizumab or Cetuximab is added to FOLFOX therapy includes:

(1x) 5 mg/kg (body weight) of Bevacizumab to be intravenously administered, or 400 mg/m^2 (body surface area) of Cetuximab to be intravenously administered for a first administration, and 250 mg/m^2 (body surface area) of Cetuximab to be intravenously administered for a second and subsequent administrations;

(1a) 85 mg/m^2 (body surface area) of Oxaliplatin to be intravenously administered;

(1b) 200 mg/m^2 (body surface area) of Levofolinate calcium to be intravenously administered;

(1c) 400 mg/m^2 (body surface area) of Fluorouracil to be rapidly intravenously administered; and

(1d) 2400 mg/m^2 (body surface area) of Fluorouracil to be further continuously intravenously administered after completion of the administration of Fluorouracil in (1c) above, and

a series of administrations in (1x), (1a), (1b), (1c), and (1d) above are to be performed within an interval of 2 weeks,

1 mg/kg (body weight) of Magrolimab is to be intravenously administered for a first administration, and 15 mg/kg (body weight) to 30 mg/kg (body weight) of Magrolimab in a single dose is to be intravenously administered at intervals of 1 week or 2 weeks for a second and subsequent administrations,

480 mg of Nivolumab in a single dose is to be intravenously administered at intervals of 4 weeks.

3. The use according to claim 1 or 2, wherein

the combination therapy in which Bevacizumab or Cetuximab is added to FOLFOX therapy includes:

(1x) 5 mg/kg (body weight) of Bevacizumab to be intravenously administered;

(1a) 85 mg/m^2 (body surface area) of Oxaliplatin to be intravenously administered;

(1b) 200 mg/m^2 (body surface area) of Levofolinate calcium to be intravenously administered;

(1c) 400 mg/m^2 (body surface area) of Fluorouracil to be rapidly intravenously administered; and

(1d) 2400 mg/m^2 (body surface area) of Fluorouracil to be further continuously intravenously administered after completion of the administration of Fluorouracil in (1c) above, and

a series of administrations in (1x), (1a), (1b), (1c), and (1d) above are to be performed within an interval of 2 weeks.

4. The use according to claim 1 or 2, wherein

the combination therapy in which Bevacizumab or Cetuximab is added to FOLFOX therapy includes:

(1x) 400 mg/m^2 (body surface area) of Cetuximab to be intravenously administered for a first administration, and 250 mg/m^2 (body surface area) of Cetuximab to be intravenously administered for a second and subsequent administrations;

(1a) 85 mg/m^2 (body surface area) of Oxaliplatin to be intravenously administered;

(1b) 200 mg/m^2 (body surface area) of Levofolinate calcium to be intravenously administered;

(1c) 400 mg/m^2 (body surface area) of Fluorouracil to be rapidly intravenously administered; and

(1d) 2400 mg/m^2 (body surface area) of Fluorouracil to be further continuously intravenously administered after completion of the administration of Fluorouracil in (1c) above, and

a series of administrations in (1x), (1a), (1b), (1c), and (1d) above are to be performed within an interval of 2 weeks.

5. The use according to any one of claims 1 to 4, wherein the agent is to be administered in combination with the standard therapy and the immune checkpoint inhibitory substance as a primary therapy to a patient who has not been treated with a systemic anti-malignant tumor agent against radically unresectable advanced or recurrent colorectal cancer.

6. Use of a CD47 inhibitory substance as an active ingredient in the manufacture of an agent for suppressing progression of, suppressing recurrence of, and/or treating a solid cancer, wherein the agent is to be administered in combination with a standard therapy and an immune checkpoint inhibitory substance,

wherein the CD47 inhibitory substance is Magrolimab, the immune checkpoint inhibitory substance is Nivolumab, the standard therapy is a FOLFIRINOX therapy, and the solid cancer is pancreatic cancer having distant metastasis,

FOLFIRINOX therapy includes:

(2a) 85 mg/m^2 (body surface area) of Oxaliplatin to be intravenously administered;

(2b) 200 mg/m^2 (body surface area) of Levofolinate calcium to be intravenously administered;

(2c) 180 mg/m^2 (body surface area) of Irinotecan hydrochloride hydrate to be intravenously administered;

(2d) 400 mg/m^2 (body surface area) of Fluorouracil to be rapidly intravenously administered; and

(2e) 2400 mg/m^2 (body surface area) of Fluorouracil to be further continuously intravenously administered after completion of the administration of Fluorouracil in (2d) above, and

a series of administrations in (2a), (2b), (2c), (2d), and (2e) above are to be performed within an interval of 2 weeks,

1 mg/kg (body weight) of Magrolimab is to be intravenously administered for a first administration, and 15 mg/kg (body weight) to 30 mg/kg (body weight) of Magrolimab in a single dose is to be intravenously administered at intervals of 1 week or 2 weeks for a second and subsequent administrations,

480 mg of Nivolumab in a single dose is to be intravenously administered at intervals of 4 weeks.

7. Use of an immune checkpoint inhibitory substance as an active ingredient in the manufacture of an agent for suppressing progression of, suppressing recurrence of, and/or treating a solid cancer, wherein the agent is to be administered in combination with a standard therapy and a CD47 inhibitory substance,

wherein the CD47 inhibitory substance is Magrolimab, the immune checkpoint inhibitory substance is Nivolumab, the standard therapy is a FOLFIRINOX therapy, and the solid cancer is pancreatic cancer having distant metastasis,

FOLFIRINOX therapy includes:

(2a) 85 mg/m^2 (body surface area) of Oxaliplatin to be intravenously administered;

(2b) 200 mg/m^2 (body surface area) of Levofolinate calcium to be intravenously administered;

(2c) 180 mg/m^2 (body surface area) of Irinotecan hydrochloride hydrate to be intravenously administered;

(2d) 400 mg/m^2 (body surface area) of Fluorouracil to be rapidly intravenously administered; and

(2e) 2400 mg/m^2 (body surface area) of Fluorouracil to be further continuously intravenously administered after completion of the administration of Fluorouracil in (2d) above, and

a series of administrations in (2a), (2b), (2c), (2d), and (2e) above are to be performed within an interval of 2 weeks,

1 mg/kg (body weight) of Magrolimab is to be intravenously administered for a first administration, and 15 mg/kg (body weight) to 30 mg/kg (body weight) of Magrolimab in a single dose is to be intravenously administered at intervals of 1 week or 2 weeks for a second and subsequent administrations,

480 mg of Nivolumab in a single dose is to be intravenously administered at intervals of 4 weeks.

8. Use of a CD47 inhibitory substance as an active ingredient in the manufacture of an agent for suppressing progression of, suppressing recurrence of, and/or treating a solid cancer, wherein the agent is to be administered in combination with a standard therapy and an immune checkpoint inhibitory substance,

wherein the CD47 inhibitory substance is Magrolimab, the immune checkpoint inhibitory substance is Nivolumab, the standard therapy is a dose-reduced regimen of FOLFIRINOX therapy, and the solid cancer is pancreatic cancer having distant metastasis,

the dose-reduced regimen of FOLFIRINOX therapy includes:

(2a) 85 mg/m^2 (body surface area) of Oxaliplatin to be intravenously administered;

(2b) 200 mg/m^2 (body surface area) of Levofolinate calcium to be intravenously administered;

(2c) 150 mg/m^2 (body surface area) of Irinotecan hydrochloride hydrate to be intravenously administered; and

(2e) 2400 mg/m^2 (body surface area) of Fluorouracil to be continuously intravenously administered, and

a series of administrations in (2a), (2b), (2c), and (2e) above are to be performed within an interval of 2 weeks,

1 mg/kg (body weight) of Magrolimab is to be intravenously administered for a first administration, and 15 mg/kg (body weight) to 30 mg/kg (body weight) of Magrolimab in a

single dose is to be intravenously administered at intervals of 1 week or 2 weeks for a second and subsequent administrations,

480 mg of Nivolumab in a single dose is to be intravenously administered at intervals of 4 weeks.

9. Use of an immune checkpoint inhibitory substance as an active ingredient in the manufacture of an agent for suppressing progression of, suppressing recurrence of, and/or treating a solid cancer, wherein the agent is to be administered in combination with a standard therapy and a CD47 inhibitory substance,

wherein the CD47 inhibitory substance is Magrolimab, the immune checkpoint inhibitory substance is Nivolumab, the standard therapy is a dose-reduced regimen of FOLFIRINOX therapy, and the solid cancer is pancreatic cancer having distant metastasis,

the dose-reduced regimen of FOLFIRINOX therapy includes:

(2a) 85 mg/m^2 (body surface area) of Oxaliplatin to be intravenously administered;

(2b) 200 mg/m^2 (body surface area) of Levofolinate calcium to be intravenously administered;

(2c) 150 mg/m^2 (body surface area) of Irinotecan hydrochloride hydrate to be intravenously administered; and

(2e) 2400 mg/m^2 (body surface area) of Fluorouracil to be continuously intravenously administered, and

a series of administrations in (2a), (2b), (2c), and (2e) above are to be performed within an interval of 2 weeks,

1 mg/kg (body weight) of Magrolimab is to be intravenously administered for a first administration, and 15 mg/kg (body weight) to 30 mg/kg (body weight) of Magrolimab in a single dose is to be intravenously administered at intervals of 1 week or 2 weeks for a second and subsequent administrations,

480 mg of Nivolumab in a single dose is to be intravenously administered at intervals of 4 weeks.

10. The use according to any one of claims 6 to 9, wherein the agent is to be administered in combination with the standard therapy and the immune checkpoint inhibitory substance as a primary therapy to a patient who has not been treated with a systemic anti-malignant tumor agent against pancreatic cancer having distant metastasis.