about 8 mg per day. In certain examples, the urothelial carcinoma is locally advanced or metastatic.

In one aspect, there is provided a fibroblast growth factor receptor (FGFR) inhibitor and an anti-PD1 antibody or antigen binding fragment thereof for use in the treatment of urothelial carcinoma in a patient that has been diagnosed with urothelial carcinoma and harbors at least one FGFR2 genetic alteration and/or FGFR3 genetic alteration selected from R248C, S249C, G370C, Y373C, FGFR3-TACC3, FGFR3-BAIAP2L1, FGFR2-BICC1, FGFR2-CASP7, or any combination thereof, wherein the FGFR inhibitor is to be administered at a dose of about 8 mg per day, and wherein the anti-PD1 antibody or antigen binding fragment thereof is to be administered at a dose of about 240 mg or at a dose of about 360 mg or at a dose of about 480 mg, wherein the FGFR inhibitor is erdafitinib base or a pharmaceutically acceptable salt thereof, and wherein the anti-PD1 antibody or antigen binding fragment thereof is cetrelimab.

Described herein are methods of treating urothelial carcinoma comprising, for example, administering erdafitinib at a dose of about 8 mg per day, in particular orally, in combination with an anti-PD1 antibody or antigen binding fragment thereof, in particular cetrelimab, in particular cetrelimab at a dose of about 240 mg every two weeks, in particular cetrelimab at a dose of about 240 mg every two weeks IV, to a patient that has been diagnosed with urothelial carcinoma who harbors at least one FGFR2 genetic alteration and/or FGFR3 genetic alteration. In certain examples, the urothelial carcinoma is locally advanced or metastatic.

Described herein is a combination of erdafitinib at a dose of about 8 mg per day, in particular orally, and an anti-PD1 antibody or antigen binding fragment thereof, in particular cetrelimab, in particular cetrelimab at a dose of about 240 mg every two weeks, in particular cetrelimab at a dose of about 240 mg every two weeks IV, in particular for use in the treatment of urothelial carcinoma in a patient who harbors at least one FGFR2 genetic alteration and/or FGFR3 genetic alteration. In certain examples, the urothelial carcinoma is locally advanced or metastatic.

Described herein is erdafitinib for use in combination with an anti-PD1 antibody or antigen binding fragment thereof for use in the treatment of urothelial carcinoma in a patient who harbors at least one FGFR2 genetic alteration and/or FGFR3 genetic alteration, wherein erdafitinib is administered or is to be administered at a dose of about 8 mg per day, in particular orally, and wherein in a particular example the anti-PD1 antibody or antigen binding fragment thereof is cetrelimab, and wherein in a particular example cetrelimab is

administered or is to be administered at a dose of about 240 mg every two weeks IV. In certain examples, the urothelial carcinoma is locally advanced or metastatic.

Described herein is an anti-PD1 antibody or antigen binding fragment thereof for use in combination with erdafitinib for use in the treatment of urothelial carcinoma in a patient who harbors at least one FGFR2 genetic alteration and/or FGFR3 genetic alteration, wherein erdafitinib is administered or is to be administered at a dose of about 8 mg per day, in particular orally, and wherein in a particular example, the anti-PD1 antibody or antigen binding fragment thereof is cetrelimab, and wherein in a particular example cetrelimab is administered or is to be administered at a dose of about 240 mg every two weeks IV. In certain examples, the urothelial carcinoma is locally advanced or metastatic.

Described herein is the use of erdafitinib at a dose of about 8 mg per day, in particular orally, for the manufacture of a medicament for the treatment of urothelial carcinoma in a patient who harbors at least one FGFR2 genetic alteration and/or FGFR3 genetic alteration wherein erdafitinib is used or is to be used in combination with an anti-PD1 antibody or antigen binding fragment thereof, in particular cetrelimab, in particular cetrelimab at a dose of about 240 mg every two weeks IV. In certain examples, the urothelial carcinoma is locally advanced or metastatic.

Described herein is the use of an anti-PD1 antibody or antigen binding fragment thereof, in particular cetrelimab, in particular cetrelimab at a dose of about 240 mg every two weeks IV for the manufacture of a medicament for the treatment of urothelial carcinoma in a patient who harbors at least one FGFR2 genetic alteration and/or FGFR3 genetic alteration wherein the anti-PD1 antibody or antigen binding fragment thereof is used or is to be used in combination with erdafitinib at a dose of about 8 mg per day, in particular orally. In certain examples, the urothelial carcinoma is locally advanced or metastatic. In further examples, administration of the FGFR inhibitor in combination with the anti-PD1 antibody or antigen binding fragment thereof provides improved anti-tumor activity as measured by objective response rate relative to a patient that has been diagnosed with urothelial carcinoma that has not received treatment with an FGFR inhibitor and an anti-PD1 antibody or antigen binding fragment thereof. In some examples, administration of the FGFR inhibitor in combination with the anti-PD1 antibody or antigen binding fragment thereof does not result in hematological toxicity, in particular does not result in hematological toxicity of Grade 3 or higher. In still further examples, administration of the FGFR inhibitor in combination with the anti-PD1 antibody or antigen binding fragment thereof does not result in non-hematological toxicity of Grade 3 or higher.

In another aspect, there is provided a fibroblast growth factor receptor (FGFR) inhibitor and an anti-PD1 antibody or antigen binding fragment thereof for use in the treatment of urothelial carcinoma harboring at least one FGFR2 genetic alteration and/or FGFR3 genetic alteration selected from R248C, S249C, G370C, Y373C, FGFR3-TACC3, FGFR3-BAIAP2L1, FGFR2-BICC1, FGFR2-CASP7, or any combination thereof in a patient that has been diagnosed with the urothelial carcinoma, wherein the FGFR inhibitor is to be administered at a dose of about 8 mg per day, and wherein the anti-PD1 antibody or antigen binding fragment thereof is to be administered at a dose of about 240 mg or at a dose of about 360 mg or at a dose of about 480 mg, and wherein the fibroblast growth factor receptor (FGFR) inhibitor and anti-PD1 antibody or antigen binding fragment thereof are to be

administered in further combination with a platinum chemotherapy; wherein the FGFR inhibitor is erdafitinib base or a pharmaceutically acceptable salt thereof , and wherein the anti-PD1 antibody or antigen binding fragment thereof is cetrelimab.

In certain examples, the patient received at least one systemic therapy for the treatment of urothelial carcinoma prior to administration of said FGFR inhibitor and said anti-PD1 antibody or antigen binding fragment thereof. In some examples, the at least one systemic therapy for the treatment of urothelial carcinoma is platinum-containing chemotherapy. In further examples, the urothelial carcinoma progressed during or following at least one line of the platinum-containing chemotherapy. In still further examples, the platinum-containing chemotherapy is neoadjuvant platinum-containing chemotherapy or adjuvant platinum-containing chemotherapy. In even further examples, the urothelial carcinoma progressed within 12 months following at least one line of the

fragment thereof at a dose of about 360 mg (e.g. every three weeks) to a patient that has been diagnosed with urothelial carcinoma who harbors at least one FGFR2 genetic alteration and/or FGFR3 genetic alteration.

In another aspect, there is provided a fibroblast growth factor receptor (FGFR) inhibitor and an anti-PD1 antibody or antigen binding fragment thereof for use in improving objective response rate in a patient that has been diagnosed with urothelial carcinoma who harbors at least one FGFR2 genetic alteration and/or FGFR3 genetic alteration selected from R248C, S249C, G370C, Y373C, FGFR3-TACC3, FGFR3-BAIAP2L1, FGFR2-BICC1, FGFR2-CASP7, or any combination thereof relative to a patient that has been diagnosed with urothelial carcinoma who harbors at least one FGFR2 genetic alteration and/or FGFR3 genetic alteration selected from R248C, S249C, G370C, Y373C, FGFR3-TACC3, FGFR3-BAIAP2L1, FGFR2-BICC1, FGFR2-CASP7, or any combination thereof that has not received treatment with an FGFR inhibitor or an anti-PD1 antibody or antigen binding fragment thereof, wherein the FGFR inhibitor is to be administered at a dose of about 8 mg per day, and wherein the anti-PD1 antibody or antigen binding fragment thereof is to be administered at a dose of about 240 mg or at a dose of about 360 mg or at a dose of about 480 mg; wherein the FGFR inhibitor is erdafitinib base or a pharmaceutically acceptable salt thereof , and wherein the anti-PD1 antibody or antigen binding fragment thereof is cetrelimab.

In an example, the treatment further comprises a platinum chemotherapy, in particular cisplatin or carboplatin. In an example the platinum chemotherapy is administered or is to be administered every three weeks. In an example, the platinum chemotherapy is administered or is to be administered at a dose of 50 mg/m^2, or 60 mg/m^2, or at a dose for a AUC of 4 mg/mL*min, or at a dose for a AUC of 5 mg/mL*min. In an example, cisplatin is administered or is to be administered at a dose of 50 mg/m^2 or 60 mg/m^2. In an example, carboplatin is administered or is to be administered at a dose for an AUC of 4 mg/mL*min or at a dose for an AUC of 5 mg/mL*min.

Further provided herein are methods of treating urothelial carcinoma comprising: (a) evaluating a biological sample from a patient with urothelial carcinoma for the presence of one or more FGFR gene alterations, in particular FGFR2 or 3 gene alterations; and (b) administering a FGFR inhibitor at a dose of about 8 mg per day in combination with an anti-PD1 antibody or antigen binding fragment thereof at a dose of about 360 mg (e.g. every three weeks) to the patient if one or more FGFR gene alterations, in particular FGFR2 or 3 gene alterations, is present in the sample.

In an example, the treatment further comprises a platinum chemotherapy, in particular cisplatin or carboplatin. In an example the platinum chemotherapy is administered or is to be administered every three weeks. In an example, the platinum chemotherapy is administered or is to be administered at a dose of 50 mg/m^2, or 60 mg/m^2, or at a dose for a AUC of 4 mg/mL*min, or at a dose for a AUC of 5 mg/mL*min. In an example, cisplatin is administered or is to be administered at a dose of 50 mg/m^2 or 60 mg/m^2. In an example, carboplatin is administered or is to be administered at a dose for an AUC of 4 mg/mL*min or at a dose for an AUC of 5 mg/mL*min.

Further provided herein is a combination of a FGFR inhibitor at a dose of about 8 mg per day and an anti-PD1 antibody or antigen binding fragment thereof at a dose of about 360 mg (e.g. every three weeks), in particular for use in the treatment of urothelial carcinoma in a patient who harbors at least one FGFR2 genetic alteration and/or FGFR3 genetic alteration, and wherein the combination is administered or is to be administered after evaluation of a biological sample from the patient for the presence of one or more FGFR2 or 3 gene alterations and if one or more FGFR2 or 3 gene alterations is present in the sample. In an example, the treatment further comprises a platinum chemotherapy, in particular cisplatin or carboplatin. In an example the platinum chemotherapy is administered or is to

chemotherapy is administered or is to be administered every three weeks. In an example, the platinum chemotherapy is administered or is to be administered at a dose of 50 mg/m^2, or 60 mg/m^2, or at a dose for a AUC of 4 mg/mL*min, or at a dose for a AUC of 5 mg/mL*min. In an example, cisplatin is administered or is to be administered at a dose of 50 mg/m^2 or 60 mg/m^2. In an example, carboplatin is administered or is to be administered at a dose for an AUC of 4 mg/mL*min or at a dose for an AUC of 5 mg/mL*min.

In another aspect, there is provided a fibroblast growth factor receptor (FGFR) inhibitor and an anti-PD1 antibody or antigen binding fragment thereof for use in the treatment of urothelial carcinoma in a patient who harbors at least one FGFR2 genetic alteration and/or FGFR3 genetic alteration selected from R248C, S249C, G370C, Y373C, FGFR3-TACC3, FGFR3-BAIAP2L1, FGFR2-BICC1, FGFR2-CASP7, or any combination thereof, wherein the FGFR inhibitor is to be administered at a dose of about 8 mg per day, and wherein the anti-PD1 antibody or antigen binding fragment thereof is to be administered at a dose of about 240 mg or at a dose of about 360 mg or at a dose of about 480 mg; wherein the FGFR inhibitor is erdafitinib base or a pharmaceutically acceptable salt thereof , and wherein the anti-PD1 antibody or antigen binding fragment thereof is cetrelimab.

In another aspect, there is provided use of a FGFR inhibitor at a dose of about 8 mg per day in the manufacture of a medicament for the treatment of urothelial carcinoma in a patient who harbors at least one FGFR2 genetic alteration and/or FGFR3 genetic alteration selected from R248C, S249C, G370C, Y373C, FGFR3-TACC3, FGFR3-BAIAP2L1, FGFR2-BICC1, FGFR2-CASP7, or any combination thereof, wherein the FGFR inhibitor is to be used in combination with an anti-PD1 antibody or antigen binding fragment thereof at a dose of about 240 mg or at a dose of about 360 mg or at a dose of about 480 mg; wherein the FGFR inhibitor is erdafitinib base or a pharmaceutically acceptable salt thereof , and wherein the anti-PD1 antibody or antigen binding fragment thereof is cetrelimab.

In another aspect, there is provided use of an anti-PD1 antibody or antigen binding fragment thereof at a dose of about 240 mg or at a dose of about 360 mg or at a dose of about 480 mg in the manufacture of a medicament for the treatment of urothelial carcinoma in a patient who harbors at least one FGFR2 genetic alteration and/or FGFR3 genetic alteration selected from R248C, S249C, G370C, Y373C, FGFR3-TACC3, FGFR3-BAIAP2L1, FGFR2-BICC1, FGFR2-CASP7, or any combination thereof, wherein the anti-PD1 antibody or antigen binding fragment thereof is to be used in combination with a FGFR inhibitor at a dose of about 8 mg per day; wherein the FGFR inhibitor is erdafitinib base or a

pharmaceutically acceptable salt thereof , and wherein the anti-PD1 antibody or antigen binding fragment thereof is cetrelimab.

In another aspect, there is provided a combination comprising erdafitinib base or a pharmaceutically acceptable salt thereof and cetrelimab.

BRIEF DESCRIPTION OF THE DRAWINGS

The summary, as well as the following detailed description, is further understood when read in conjunction with the appended drawings. For the purpose of illustrating the disclosed methods and uses, the drawings show exemplary embodiments of the methods and uses; however, the methods and uses are not limited to the specific embodiments disclosed. In the drawings:

FIG. 1 is a study schematic for the phase 1b/2, multicenter, open-label dose escalation study to evaluate erdafitinib plus cetrelimab. ERDA stands for erdafitinib, CET stands for cetrelimab, UpT stands for uptitration, C1D1 stands for Cycle 1 Day 1, C2D2 stands for Cycle 2 Day 2, R stands for randomized, and DL stands for dose level. Footnote (a): 8 mg with or without uptitration (DL2 and DL2A) may be considered as the same dose level. Footnote (b): No UpT = no uptitration allowed. Footnote (c): UpT = uptitration of ERDA (after RP2D, uptitration of ERDA dose from 8 mg to 9 mg on C1D15 based on phosphate [PO_4] level) was permitted. Footnote (d): The RP2D was originally determined to be 8 mg ERDA UpT + CET, but after an amendment to the protocol, this was revised to 8 mg ERDA no UpT for phase 2 of the study.

FIG. 2 is a graph showing maximal percentage reduction of sum of target lesion diameters from baseline for the safety analysis population. The y-axis is maximal reduction from baseline (%) and the x-axis is patient. For a response to qualify as stable disease (SD), follow-up measurements must have met the stable disease criteria at least once at a minimum interval not less than 6 weeks after first dose of study drug. One patient was not response evaluable as they did not have measurable disease at baseline, and therefore this patient was excluded from the analysis for response. As of the time of data cutoff, 1 other patient did not have a subsequent on-study tumor assessment. To be counted as a PR, a second scan to confirm response was required. Bars are designated uPR (unconfirmed PR), SD (stable disease), PR (partial response) and NE (not evaluable).

What is claimed:

1. A fibroblast growth factor receptor (FGFR) inhibitor and an anti-PD1 antibody or antigen binding fragment thereof for use in the treatment of urothelial carcinoma in a patient that has been diagnosed with urothelial carcinoma and harbors at least one FGFR2 genetic alteration and/or FGFR3 genetic alteration selected from R248C, S249C, G370C, Y373C, FGFR3-TACC3, FGFR3-BAIAP2L1, FGFR2-BICC1, FGFR2-CASP7, or any combination thereof, wherein the FGFR inhibitor is to be administered at a dose of about 8 mg per day, and wherein the anti-PD1 antibody or antigen binding fragment thereof is to be administered at a dose of about 240 mg or at a dose of about 360 mg or at a dose of about 480 mg, wherein the FGFR inhibitor is erdafitinib base or a pharmaceutically acceptable salt thereof, and wherein the anti-PD1 antibody or antigen binding fragment thereof is cetrelimab.

2. The fibroblast growth factor receptor (FGFR) inhibitor and anti-PD1 antibody or antigen binding fragment thereof for use of claim 1, wherein further a platinum chemotherapy is to be administered.

3. The fibroblast growth factor receptor (FGFR) inhibitor and anti-PD1 antibody or antigen binding fragment thereof for use of claim 1 or 2, wherein the urothelial carcinoma is locally advanced or metastatic.

4. The fibroblast growth factor receptor (FGFR) inhibitor and anti-PD1 antibody or antigen binding fragment thereof for use of any one of the preceding claims, wherein administration of the FGFR inhibitor in combination with the anti-PD1 antibody or antigen binding fragment thereof provides improved anti-tumor activity as measured by objective response rate relative to a patient that has been diagnosed with urothelial carcinoma that has not received treatment with an FGFR inhibitor and an anti-PD1 antibody or antigen binding fragment thereof.

5. The fibroblast growth factor receptor (FGFR) inhibitor and anti-PD1 antibody or antigen binding fragment thereof for use of any one of the preceding claims, wherein administration of the FGFR inhibitor in combination with the anti-PD1 antibody or antigen binding fragment thereof does not result in hematological toxicity of Grade 3 or higher.

6. The fibroblast growth factor receptor (FGFR) inhibitor and anti-PD1 antibody or antigen binding fragment thereof for use of any one of the preceding claims, wherein the patient received at least one systemic therapy for the treatment of urothelial carcinoma prior to administration of said FGFR inhibitor and said anti-PD1 antibody or antigen binding fragment thereof.

7. The fibroblast growth factor receptor (FGFR) inhibitor and anti-PD1 antibody or antigen binding fragment thereof for use of claim 6, wherein the at least one systemic therapy for the treatment of urothelial carcinoma is platinum-containing chemotherapy.

8. The fibroblast growth factor receptor (FGFR) inhibitor and anti-PD1 antibody or antigen binding fragment thereof for use of claim 7, wherein the urothelial carcinoma progressed during or following at least one line of the platinum-containing chemotherapy.

9. The fibroblast growth factor receptor (FGFR) inhibitor and anti-PD1 antibody or antigen binding fragment thereof for use of claim 8, wherein the platinum-containing chemotherapy is neoadjuvant platinum-containing chemotherapy or adjuvant platinum-containing chemotherapy.

10. The fibroblast growth factor receptor (FGFR) inhibitor and anti-PD1 antibody or antigen binding fragment thereof for use of claim 9, wherein the urothelial carcinoma progressed within 12 months following at least one line of the neoadjuvant platinum-containing chemotherapy or adjuvant platinum-containing chemotherapy.

11. The fibroblast growth factor receptor (FGFR) inhibitor and anti-PD1 antibody or antigen binding fragment thereof for use of any one of claims 1 to 5, wherein the patient did not receive systemic therapy for the treatment of urothelial carcinoma prior to said administration of said FGFR inhibitor and said anti-PD1 antibody or antigen binding fragment thereof.

12. The fibroblast growth factor receptor (FGFR) inhibitor and anti-PD1 antibody or antigen binding fragment thereof for use of claim 11, wherein the patient is cisplatin-ineligible.

13. The fibroblast growth factor receptor (FGFR) inhibitor and anti-PD1 antibody or antigen binding fragment thereof for use of any one of the preceding claims, wherein the patient has an ECOG performance status of less than or equal to 2.

14. The fibroblast growth factor receptor (FGFR) inhibitor and anti-PD1 antibody or antigen binding fragment thereof for use of any one of the preceding claims, wherein the FGFR3 gene mutation is R248C, S249C, G370C, Y373C, or any combination thereof.

15. The fibroblast growth factor receptor (FGFR) inhibitor and anti-PD1 antibody or antigen binding fragment thereof for use of any one of claims 1 to 13, wherein the FGFR2 or FGFR3 gene fusion is FGFR3-TACC3, FGFR3-BAIAP2L1, FGFR2-BICC1, FGFR2-CASP7, or any combination thereof.

16. The fibroblast growth factor receptor (FGFR) inhibitor and anti-PD1 antibody or antigen binding fragment thereof for use of any one of the preceding claims wherein the FGFR inhibitor is erdafitinib base.

17. The fibroblast growth factor receptor (FGFR) inhibitor and anti-PD1 antibody or antigen binding fragment thereof for use of claim 16, wherein the erdafitinib is to be administered orally.

18. The fibroblast growth factor receptor (FGFR) inhibitor and anti-PD1 antibody or antigen binding fragment thereof for use of claim 16 or 17, wherein the erdafitinib is to be administered orally on a continuous daily dosing schedule.

19. The fibroblast growth factor receptor (FGFR) inhibitor and anti-PD1 antibody or antigen binding fragment thereof for use of any one of claims 16 to 18, wherein the erdafitinib is to be administered at a dose of about 8 mg once daily.

20. The fibroblast growth factor receptor (FGFR) inhibitor and anti-PD1 antibody or antigen binding fragment thereof for use of any one of claims 16 to 19, wherein erdafitinib is to be administered in a solid dosage form.

21. The fibroblast growth factor receptor (FGFR) inhibitor and anti-PD1 antibody or antigen binding fragment thereof for use of claim 20, wherein the solid dosage form is a tablet.

22. The fibroblast growth factor receptor (FGFR) inhibitor and anti-PD1 antibody or antigen binding fragment thereof for use of any one of the preceding claims, wherein the anti-PD1 antibody or antigen binding fragment thereof is to be administered at a dose of about 240 mg once every two weeks or at a dose of about 360 mg once every three weeks or at a dose of about 480 mg once every four weeks.

23. The fibroblast growth factor receptor (FGFR) inhibitor and anti-PD1 antibody or antigen binding fragment thereof for use of any one of the preceding claims, wherein the anti-PD1 antibody or antigen binding fragment thereof is to be administered at a dose of about 240 mg once every two weeks.

24. The fibroblast growth factor receptor (FGFR) inhibitor and anti-PD1 antibody or antigen binding fragment thereof for use of any one of claims 1 to 22, wherein the anti-PD1 antibody or antigen binding fragment thereof is to be administered at a dose of about 360 mg once every three weeks.

25. The fibroblast growth factor receptor (FGFR) inhibitor and anti-PD1 antibody or antigen binding fragment thereof for use of any one of claims 1 to 22, wherein the anti-PD1 antibody or antigen binding fragment thereof is to be administered at a dose of about 480 mg once every four weeks.

26. The fibroblast growth factor receptor (FGFR) inhibitor and anti-PD1 antibody or antigen binding fragment thereof for use of any one of the preceding claims, wherein the cetrelimab is to be administered by intravenous infusion.

27. The fibroblast growth factor receptor (FGFR) inhibitor and anti-PD1 antibody or antigen binding fragment thereof for use of any one of claim 2 to 11, 13 to 26 wherein the platinum chemotherapy is cisplatin.

28. The fibroblast growth factor receptor (FGFR) inhibitor and anti-PD1 antibody or antigen binding fragment thereof for use of claim 27, wherein the cisplatin is to be administered at a dose of about 50 mg/m^2.

29. The fibroblast growth factor receptor (FGFR) inhibitor and anti-PD1 antibody or antigen binding fragment thereof for use of claim 27, wherein the cisplatin is to be administered at a dose of about 60 mg/m^2.

30. The fibroblast growth factor receptor (FGFR) inhibitor and anti-PD1 antibody or antigen binding fragment thereof for use of any one of claim 2 to 26 wherein the platinum chemotherapy is carboplatin.

31. The fibroblast growth factor receptor (FGFR) inhibitor and anti-PD1 antibody or antigen binding fragment thereof for use of claim 30, wherein the carboplatin is to be administered at a dose of about AUC 4 mg/mL/min.

32. The fibroblast growth factor receptor (FGFR) inhibitor and anti-PD1 antibody or antigen binding fragment thereof for use of claim 30, wherein the carboplatin is to be administered at a dose of about AUC 5 mg/mL/min.

33. A fibroblast growth factor receptor (FGFR) inhibitor and an anti-PD1 antibody or antigen binding fragment thereof for use in the treatment of urothelial carcinoma harboring at least one FGFR2 genetic alteration and/or FGFR3 genetic alteration selected from R248C, S249C, G370C, Y373C, FGFR3-TACC3, FGFR3-BAIAP2L1, FGFR2-BICC1, FGFR2-CASP7, or any combination thereof in a patient that has been diagnosed with the urothelial carcinoma, wherein the FGFR inhibitor is to be administered at a dose of about 8 mg per day, and wherein the anti-PD1 antibody or antigen binding fragment thereof is to be administered at a dose of about 240 mg or at a dose of about 360 mg or at a dose of about 480 mg, and wherein the fibroblast growth factor receptor (FGFR) inhibitor and anti-PD1 antibody or antigen binding fragment thereof are to be administered in further combination with a platinum chemotherapy; wherein the FGFR inhibitor is erdafitinib base or a pharmaceutically acceptable salt thereof , and wherein the anti-PD1 antibody or antigen binding fragment thereof is cetrelimab.

34. A fibroblast growth factor receptor (FGFR) inhibitor and an anti-PD1 antibody or antigen binding fragment thereof for use in improving objective response rate in a patient that has been diagnosed with urothelial carcinoma who harbors at least one FGFR2 genetic alteration and/or FGFR3 genetic alteration selected from R248C, S249C, G370C, Y373C, FGFR3-TACC3, FGFR3-BAIAP2L1, FGFR2-BICC1, FGFR2-CASP7, or any combination thereof relative to a patient that has been diagnosed with urothelial carcinoma who harbors at least one FGFR2 genetic alteration and/or FGFR3 genetic alteration selected from R248C, S249C, G370C,

Y373C, FGFR3-TACC3, FGFR3-BAIAP2L1, FGFR2-BICC1, FGFR2-CASP7, or any combination thereof that has not received treatment with an FGFR inhibitor or an anti-PD1 antibody or antigen binding fragment thereof, wherein the FGFR inhibitor is to be administered at a dose of about 8 mg per day, and wherein the anti-PD1 antibody or antigen binding fragment thereof is to be administered at a dose of about 240 mg or at a dose of about 360 mg or at a dose of about 480 mg; wherein the FGFR inhibitor is erdafitinib base or a pharmaceutically acceptable salt thereof , and wherein the anti-PD1 antibody or antigen binding fragment thereof is cetrelimab.

35. A fibroblast growth factor receptor (FGFR) inhibitor and an anti-PD1 antibody or antigen binding fragment thereof for use in the treatment of urothelial carcinoma in a patient who harbors at least one FGFR2 genetic alteration and/or FGFR3 genetic alteration selected from R248C, S249C, G370C, Y373C, FGFR3-TACC3, FGFR3-BAIAP2L1, FGFR2-BICC1, FGFR2-CASP7, or any combination thereof, wherein the FGFR inhibitor is to be administered at a dose of about 8 mg per day, and wherein the anti-PD1 antibody or antigen binding fragment thereof is to be administered at a dose of about 240 mg or at a dose of about 360 mg or at a dose of about 480 mg; wherein the FGFR inhibitor is erdafitinib base or a pharmaceutically acceptable salt thereof , and wherein the anti-PD1 antibody or antigen binding fragment thereof is cetrelimab.

36. The use of a FGFR inhibitor at a dose of about 8 mg per day in the manufacture of a medicament for the treatment of urothelial carcinoma in a patient who harbors at least one FGFR2 genetic alteration and/or FGFR3 genetic alteration selected from R248C, S249C, G370C, Y373C, FGFR3-TACC3, FGFR3-BAIAP2L1, FGFR2-BICC1, FGFR2-CASP7, or any combination thereof, wherein the FGFR inhibitor is to be used in combination with an anti-PD1 antibody or antigen binding fragment thereof at a dose of about 240 mg or at a dose of about 360 mg or at a dose of about 480 mg; wherein the FGFR inhibitor is erdafitinib base or a pharmaceutically acceptable salt thereof , and wherein the anti-PD1 antibody or antigen binding fragment thereof is cetrelimab.

37. The use of an anti-PD1 antibody or antigen binding fragment thereof at a dose of about 240 mg or at a dose of about 360 mg or at a dose of about 480 mg in the manufacture of a medicament for the treatment of urothelial carcinoma in a patient

who harbors at least one FGFR2 genetic alteration and/or FGFR3 genetic alteration selected from R248C, S249C, G370C, Y373C, FGFR3-TACC3, FGFR3-BAIAP2L1, FGFR2-BICC1, FGFR2-CASP7, or any combination thereof, wherein the anti-PD1 antibody or antigen binding fragment thereof is to be used in combination with a FGFR inhibitor at a dose of about 8 mg per day; wherein the FGFR inhibitor is erdafitinib base or a pharmaceutically acceptable salt thereof , and wherein the anti-PD1 antibody or antigen binding fragment thereof is cetrelimab.

38. The fibroblast growth factor receptor (FGFR) inhibitor and an anti-PD1 antibody or antigen binding fragment thereof for use or the use of a fibroblast growth factor receptor (FGFR) inhibitor or the use of an anti-PD1 antibody or antigen binding fragment thereof of any one of claims 34-37, wherein the fibroblast growth factor receptor (FGFR) inhibitor and anti-PD1 antibody or antigen binding fragment thereof are to be administered in further combination with a platinum chemotherapy.

39. The fibroblast growth factor receptor (FGFR) inhibitor and an anti-PD1 antibody or antigen binding fragment thereof for use or the use of a fibroblast growth factor receptor (FGFR) inhibitor or the use of an anti-PD1 antibody or antigen binding fragment thereof of any one of claims 34-38, wherein the FGFR inhibitor is erdafitinib base.

40. A combination comprising erdafitinib base or a pharmaceutically acceptable salt thereof and cetrelimab.