

What is claimed is:

1. A method of extending progression-free survival (PFS) in a patient with extensive-stage small cell lung cancer (ES-SCLC), comprising treating the patient with
 - a) a human anti-PD-L1 antibody and
 - b) etoposide and a platinum-based therapeutic agent (EP).
2. The method of claim 1, wherein the platinum-based therapeutic agent comprises cisplatin and/or carboplatin.
3. The method of claim 1, wherein the human anti-PD-L1 antibody comprises a light chain variable domain comprising the amino acid sequence of SEQ ID NO: 1 and a heavy chain variable domain comprising the amino acid sequence of SEQ ID NO: 2.
4. The method of claim 1, wherein the human anti-PD-L1 antibody comprises:
a VH CDR1 having the amino acid sequence of SEQ ID NO: 3; and a VH CDR2 having the amino acid sequence of SEQ ID NO: 4; and a VH CDR3 having the amino acid sequence of SEQ ID NO: 5; and a VL CDR1 having the amino acid sequence of SEQ ID NO: 6; and a VL CDR2 having the amino acid sequence of SEQ ID NO: 7; and a VL CDR3 having the amino acid sequence of SEQ ID NO: 8.
5. The method of claim 1, wherein the human anti-PD-L1 antibody is durvalumab, avelumab, or atezolizumab.
6. The method of claim 1, wherein the human anti-PD-L1 antibody is administered as a fixed dose of 1500 mg, intravenously, every three weeks (Q3W).
7. The method of claim 1, wherein the human anti-PD-L1 antibody is administered as a dose of 20 mg/kg, intravenously, Q3W.

8. The method of either claim 6 or 7, wherein the method comprises 4 cycles of administration of the human anti-PD-L1 antibody.
9. The method of any one of claims 6-8, wherein EP is administered as a dose comprising 80-100 mg/m² etoposide and carboplatin area under the curve 5-6 mg/mL/min or cisplatin 75-80 mg/m², intravenously, per dose of human anti-PD-L1 antibody.
10. The method of any one of claims 6-9 further comprising administration of 1500 mg human anti-PD-L1 antibody, intravenously, Q4W after completion of 4 cycles of Q3W.
11. The method of any one of claims 6-9 further comprising administration of a human anti-CTLA-4 antibody, intravenously, Q3W.
12. The method of claim 11, wherein the human anti-CTLA-4 antibody is tremelimumab.
13. The method of claim 12, wherein tremelimumab is administered as a fixed dose of 75 mg.
14. The method of claim 12, wherein tremelimumab is administered as a dose of 1 mg/kg.
15. The method according to any of the preceding claims further comprising administration of prophylactic cranial irradiation to the patient.
16. The method according to any of the preceding claims further comprising treating the patient with a human anti-PD-1 antibody.
17. The method of claim 16, wherein the human anti-PD-1 antibody comprises pembrolizumab (KEYTRUDA[®]) or nivolumab (OPDIVO[®]).
18. The method of claim 1, wherein PFS is increased by at least about five months versus treatment with EP alone.

19. A method of extending overall survival (OS) in a patient with extensive-stage small cell lung cancer (ES-SCLC), comprising treating the patient with
- a) a human anti-PD-L1 antibody and
 - b) etoposide and a platinum-based therapeutic agent (EP).
20. The method of claim 19, wherein the platinum-based therapeutic agent comprises cisplatin and/or carboplatin.
21. The method of claim 19, wherein the human anti-PD-L1 antibody comprises a light chain variable domain comprising the amino acid sequence of SEQ ID NO: 1 and a heavy chain variable domain comprising the amino acid sequence of SEQ ID NO: 2.
22. The method of claim 19, wherein the human anti-PD-L1 antibody comprises:
a VH CDR1 having the amino acid sequence of SEQ ID NO: 3; and a VH CDR2 having the amino acid sequence of SEQ ID NO: 4; and a VH CDR3 having the amino acid sequence of SEQ ID NO: 5; and a VL CDR1 having the amino acid sequence of SEQ ID NO: 6; and a VL CDR2 having the amino acid sequence of SEQ ID NO: 7; and a VL CDR3 having the amino acid sequence of SEQ ID NO: 8.
23. The method of claim 19, wherein the human anti-PD-L1 antibody is durvalumab, avelumab, or atezolizumab.
24. The method of claim 19, wherein the human anti-PD-L1 antibody is administered as a fixed dose of 1500 mg, intravenously, Q3W.
25. The method of claim 19, wherein the human anti-PD-L1 antibody is administered as a dose of 20 mg/kg, intravenously, Q3W.
26. The method of either claim 24 or 25, wherein the method comprises 4 cycles of administration of the human anti-PD-L1 antibody.

27. The method of any one of claims 24-26, wherein EP is administered as a dose comprising 80-100 mg/m² etoposide and carboplatin area under the curve 5-6 mg/mL/min or cisplatin 75-80 mg/m², intravenously, per dose of human anti-PD-L1 antibody.
28. The method of any one of claims 24-27 further comprising administration of 1500 mg human anti-PD-L1 antibody, intravenously, Q4W after completion of 4 cycles of Q3W.
29. The method of any one of claims 24-27 further comprising administration of a human anti-CTLA-4 antibody, intravenously, Q3W.
30. The method of claim 29, wherein the human anti-CTLA-4 antibody is tremelimumab.
31. The method of claim 30, wherein tremelimumab is administered as a fixed dose of 75 mg.
32. The method of claim 30, wherein tremelimumab is administered as a dose of 1 mg/kg.
33. The method according to any one of claims 19-32 further comprising administration of prophylactic cranial irradiation to the patient.
34. The method according to any one of claims 19-33 further comprising treating the patient with a human anti-PD-1 antibody.
35. The method of claim 34, wherein the human anti-PD-1 antibody comprises pembrolizumab (KEYTRUDA[®]) or nivolumab (OPDIVO[®]).
36. The method of claim 19, wherein OS is extended by at least about three months versus treatment with EP alone.
37. A method of improving overall response rate (ORR) in a patient with extensive-stage small cell lung cancer (ES-SCLC), comprising treating the patient with

- a) a human anti-PD-L1 antibody and
- b) etoposide and a platinum-based therapeutic agent (EP).

38. The method of claim 37, wherein the platinum-based therapeutic agent comprises cisplatin and/or carboplatin.

39. The method of claim 37, wherein the human anti-PD-L1 antibody comprises a light chain variable domain comprising the amino acid sequence of SEQ ID NO: 1 and a heavy chain variable domain comprising the amino acid sequence of SEQ ID NO: 2.

40. The method of claim 37, wherein the human anti-PD-L1 antibody comprises:
a VH CDR1 having the amino acid sequence of SEQ ID NO: 3; and a VH CDR2 having the amino acid sequence of SEQ ID NO: 4; and a VH CDR3 having the amino acid sequence of SEQ ID NO: 5; and a VL CDR1 having the amino acid sequence of SEQ ID NO: 6; and a VL CDR2 having the amino acid sequence of SEQ ID NO: 7; and a VL CDR3 having the amino acid sequence of SEQ ID NO: 8.

41. The method of claim 37, wherein the human anti-PD-L1 antibody is durvalumab, avelumab, or atezolizumab.

42. The method of claim 37, wherein the human anti-PD-L1 antibody is administered as a fixed dose of 1500 mg, intravenously, Q3W.

43. The method of claim 37, wherein the human anti-PD-L1 antibody is administered as a dose of 20 mg/kg, intravenously, Q3W.

44. The method of either claim 42 or 43, wherein the method comprises 4 cycles of administration of the human anti-PD-L1 antibody.

45. The method of any one of claims 42-44, wherein EP is administered as a dose comprising 80-100 mg/m² etoposide and carboplatin area under the curve 5-6 mg/mL/min or cisplatin 75-80 mg/m², intravenously, per dose of human anti-PD-L1 antibody.
46. The method of any one of claims 42-45 further comprising administration of 1500 mg human anti-PD-L1 antibody, intravenously, Q4W after completion of 4 cycles of treatment.
47. The method of any one of claims 42-45 further comprising administration of a human anti-CTLA-4 antibody, intravenously, Q3W.
48. The method of claim 47, wherein the human anti-CTLA-4 antibody is tremelimumab.
49. The method of claim 48, wherein tremelimumab is administered as a fixed dose of 75 mg.
50. The method of claim 48, wherein tremelimumab is administered as a dose of 1 mg/kg.
51. The method according to any one of claims 37-50 further comprising administration of prophylactic cranial irradiation to the patient.
52. The method according to any one of claims 37-51 further comprising treating the patient with a human anti-PD-1 antibody.
53. The method of claim 52, wherein the human anti-PD-1 antibody comprises pembrolizumab (KEYTRUDA®) or nivolumab (OPDIVO®).
54. The method of claim 37, wherein ORR is increased by at least 10% versus treatment with EP alone.

55. A method of treating ES-SCLC in a patient in need thereof, comprising administering to the patient durvalumab and EP, wherein the durvalumab and EP are administered as a first-line treatment, and, optionally, administering to the patient tremelimumab.