entirety, as if each individual reference were specifically and individually indicated to be incorporated by reference.

SUMMARY ~~OF THE INVENTION~~

[0009] ~~In one aspect, p~~Provided herein is a method for treating or delaying progression of cancer in an individual comprising administering to the individual an effective amount of a human PD-1 axis binding antagonist and an anti-HER2 antibody. In one aspect, provided herein is use of a human PD-1 axis binding antagonist in the manufacture of a medicament for treating or delaying progression of cancer in an individual, wherein the human PD-1 axis binding antagonist is to be administered with an anti-HER2 antibody.

[0010] ~~In another aspect,~~Also provided herein is a method of enhancing immune function in an individual having cancer comprising administering an effective amount of a PD-1 axis binding antagonist and an anti-HER2 antibody. In one aspect, provided herein is use of a PD-1 axis binding antagonist in the manufacture of a medicament for enhancing immune function in an individual having cancer, wherein the PD-1 axis binding antagonist is to be administered with an anti-HER2 antibody.

[0011] In another aspect, provided herein is use of a human PD-1 axis binding antagonist in the manufacture of a medicament for treating or delaying progression of cancer in an individual, wherein the medicament comprises the human PD-1 axis binding antagonist and an optional pharmaceutically acceptable carrier, and wherein the treatment comprises administration of the medicament in combination with a composition comprising an anti-HER2 antibody and an optional pharmaceutically acceptable carrier.

[0012] In another aspect, provided herein is use of an anti-HER2 antibody in the manufacture of a medicament for treating or delaying progression of cancer in an individual, wherein the medicament comprises the anti-HER2 antibody and an optional pharmaceutically acceptable carrier, and wherein the treatment comprises administration of the medicament in combination with a composition comprising a human PD-1 axis binding antagonist and an optional pharmaceutically acceptable carrier.

[0013] In another aspect, provided herein is a composition comprising a human PD-1 axis binding antagonist and an optional pharmaceutically acceptable carrier for use in treating or delaying progression of cancer in an individual, wherein the treatment comprises administration of said composition in combination with a second composition, wherein the second composition comprises an anti-HER2 antibody and an optional pharmaceutically acceptable carrier.

[0014] In another aspect, provided herein is a composition comprising an anti-HER2 antibody and an optional pharmaceutically acceptable carrier for use in treating or delaying progression of cancer in an individual, wherein the treatment comprises administration of said composition in combination with a second composition, wherein the second composition comprises a human PD-1 axis binding antagonist and an optional pharmaceutically acceptable carrier.

[0027] In some embodiments of the methods, uses, compositions, and kits described above and herein, the treatment or administration of the human PD-1 axis binding antagonist and the anti-HER2 antibody results in a sustained response in the individual after cessation of the treatment. In some embodiments, the anti-HER2 antibody is administered before the PD-1 axis binding antagonist, simultaneous with the PD-1 axis binding antagonist, or after the PD-1 axis binding antagonist. In some embodiments, the PD-1 axis binding antagonist and the anti-HER2 antibody are in the same composition. In some embodiments, the PD-1 axis binding antagonist and the anti-HER2 antibody are in separate compositions.

[0028] In some embodiments of the methods, uses, compositions, and kits described above and herein, the PD-1 axis binding antagonist and/or the anti-HER2 antibody is administered intravenously, intramuscularly, subcutaneously, topically, orally, transdermally, intraperitoneally, intraorbitally, by implantation, by inhalation, intrathecally, intraventricularly, or intranasally. In some embodiments of the methods, uses, compositions, and kits described above and herein, the treatment further comprises administering a chemotherapeutic agent for treating or delaying progression of cancer in an individual. In some embodiments, the individual has been treated with a chemotherapeutic agent before the combination treatment with the PD-1 axis binding antagonist and the anti-HER2 antibody. In some embodiments, the individual treated with the combination of the PD-1 axis binding antagonist and/or the anti-HER2 antibody is refractory to a chemotherapeutic agent treatment. Some embodiments of the methods, uses, compositions, and kits described throughout the application, further comprise administering a chemotherapeutic agent for treating or delaying progression of cancer.

[0029] In some embodiments of the methods, uses, compositions and kits described above and herein, CD8 T cells in the individual have enhanced priming, activation, proliferation and/or cytolytic activity relative to prior to the administration of the combination. In some embodiments, the number of CD8 T cells is elevated relative to prior to administration of the combination. In some embodiments, the CD8 T cell is an antigen-specific CD8 T cell. In some embodiments, Treg function is suppressed relative to prior to the administration of the combination. In some embodiments, T cell exhaustion is decreased relative to prior to the administration of the combination.

[0030] It is to be understood that one, some, or all of the properties of the various embodiments described herein may be combined to form other embodiments of the present ~~invention~~disclosure. These and other aspects of the invention will become apparent to one of skill in

the art. These and other embodiments of the ~~invention~~ disclosure are further described by the detailed description that follows.

BRIEF DESCRIPTION OF THE DRAWINGS

[0031] **FIG. 1** shows the generation of a full length HER2-CD3 bispecific antibody using knobs-into-holes technology and T cell independent properties of HER2-TDB. (**A**) Amino acid substitutions were generated to C_H3 domains of the 'knob' (α-HER2 4D5) and 'hole' (α-CD3 UCHT1.v9) heavy chains, which selectively promote heterodimerization to generate bispecific full length IgG1. (**B**) Overview of the TDB purification. ProA= Protein A affinity purification, HIC = hydrophobic interaction chromatography, QC = quality control, SEC = size exclusion chromatography. (**C**) Size exclusion chromatography demonstrated low levels of aggregate or single arms. (**D**) MS analysis indicated undetectable levels of homodimeric species. (**E**) Binding to SKBR-3 was determined by competition binding of ^{125}I-trastuzumab Fab with non-labeled trastuzumab (black), trastuzumab-fab (blue) or bispecific HER2-TDB (red). Data points shown represent the mean of 3 measurements. (**F**) Direct effect on proliferation of SKBR-3 cells was analyzed after 6 days of treatment with antibodies using CellTiter-Glo® Luminescent Cell Viability Assay. Data points shown represent the mean of 3 measurements. (**G**) The ability of trastuzumab, trastuzumab produced in *E. coli*, and HER2-TDB to mediate *in vitro* ADCC by NK cells was measured using assay detecting LDH released from lysed cells. Timepoint 4h. Error bars = S.D.

[0032] **FIG. 2** shows that target dependent T cell mediated cytotoxicity of HER2-TDB. (**A**) T cell activation was detected by staining cells for CD8/CD69/Granzyme B followed by FACS analysis. Effectors CD8+ T cells, target SKBR-3, E:T ratio 3:1, time point 48h. Data presented as mean of two repeats. (**B**) Soluble granzymes and perforin were detected from the media using ELISA and cytotoxicity using LDH release assay. Effectors PBMC, target SKBR-3, E:T ratio 30:1, time point 18h, ABs 10ng/ml. (**C**) Elevated caspase activity (Caspase 3/7 glo assay) and apoptosis (Cell Death Detection ELISA^{plus} assay) corresponded with LDH-release after treatment with 1ng/ml bispecific antibody. Effectors PBMC, targets SKBR-3, E:T ratio 10:1, time point 24h. Error bar = S.D. in panels C-F. (**D**) The ability of HER2-TDB to induce killing of HER2 (red) or vector-transfected (blue) 3T3 was measured using an LDH release assay. Effectors PBMC, E:T ratio 10:1, time point 19h. (**E**) Blocking HER2-arm binding using trastuzumab Fab (1 μg/ml, black) or soluble HER2 extracellular domain (1 μg/ml, blue) efficiently inhibited cytotoxic activity of HER2-TDB. Effectors CD8+ T cells, target BT474, E:T ratio 5:1, time point 24h. Cytotoxicity was detected using

CLAIMS

WHAT IS CLAIMED IS:

1. A method for treating or delaying progression of cancer in an individual comprising administering to the individual an effective amount of a human PD-1 axis binding antagonist and an anti-HER2 antibody.

2. The method of claim 1, wherein the PD-1 axis binding antagonist is selected from the group consisting of a PD-1 binding antagonist, a PD-L1 binding antagonist and a PD-L2 binding antagonist.

3. The method of claim 2, wherein the PD-1 axis binding antagonist is a PD-1 binding antagonist.

4. The method of claim 3, wherein the PD-1 binding antagonist inhibits the binding of PD-1 to its ligand binding partners.

5. The method of claim 4, wherein the PD-1 binding antagonist inhibits the binding of PD-1 to PD-L1.

6. The method of claim 4, wherein the PD-1 binding antagonist inhibits the binding of PD-1 to PD-L2.

7. The method of claim 4, wherein the PD-1 binding antagonist inhibits the binding of PD-1 to both PD-L1 and PD-L2.

8. The method of claim 4, wherein the PD-1 binding antagonist is an antibody.

9. The method of claim 4, wherein the PD-1 binding antagonist is selected from the group consisting of MDX-1106 (nivolumab), MK-3475 (lambrolizumab), CT-011 (pidilizumab), and AMP-224.

10. The method of claim 2, wherein the PD-1 axis binding antagonist is a PD-L1 binding antagonist.

11. The method of claim 10, wherein the PD-L1 binding antagonist inhibits the binding of PD-L1 to PD-1.

12. The method of claim 10, wherein the PD-L1 binding antagonist inhibits the binding of PD-L1 to B7-1.

13. The method of claim 10, wherein the PD-L1 binding antagonist inhibits the binding of PD-L1 to both PD-1 and B7-1.

14. The method of any one of claims 11-13, wherein the PD-L1 binding antagonist is an antibody.

15. The method of claim 10, wherein the PD-L1 binding antagonist is selected from the group consisting of: YW243.55.S70, MPDL3280A, MDX-1105, and MEDI4736.

16. The method of claim 14, wherein the antibody comprises a heavy chain comprising HVR-H1 sequence of SEQ ID NO:19, HVR-H2 sequence of SEQ ID NO:20, and HVR-H3 sequence of SEQ ID NO:21; and a light chain comprising HVR-L1 sequence of SEQ ID NO:22, HVR-L2 sequence of SEQ ID NO:23, and HVR-L3 sequence of SEQ ID NO:24.

17. The method of claim 14, wherein the antibody comprises a heavy chain variable region comprising the amino acid sequence of SEQ ID NO:25 or 26 and a light chain variable region comprising the amino acid sequence of SEQ ID NO:4.

18. The method of claim 2, wherein the PD-1 axis binding antagonist is a PD-L2 binding antagonist.

19. The method of claim 18, wherein the PD-L2 binding antagonist is an antibody.

20. The method of claim 18, wherein the PD-L2 binding antagonist is an immunoadhesin.

21. The method of any one of claims 1-20, wherein the anti-HER2 antibody is trastuzumab or pertuzumab.

22. The method of any one of claims 1-20, wherein the anti-HER2 antibody comprises a heavy chain variable region comprising HVR-H1 sequence of SEQ ID NO:38, HVR-H2 sequence of SEQ ID NO:50, and HVR-H3 sequence of SEQ ID NO:40; and/or a light chain variable region comprising HVR-L1 sequence of SEQ ID NO:41, HVR-L2 sequence of SEQ ID NO:42, and HVR-L3 sequence of SEQ ID NO:43.

23. The method of any one of claims 1-20, wherein the anti-HER2 antibody comprises a heavy chain variable region comprising the amino acid sequence of SEQ ID NO:34 and/or a light chain variable region comprising the amino acid sequence of SEQ ID NO:35.

24. The method of any one of claims 1-20, wherein the anti-HER2 antibody is a multispecific antibody.

25. The method of any one of claims 1-20, wherein the anti-HER2 antibody is a bispecific antibody.

26. The method of claim 25, wherein the bispecific antibody comprises a first antigen binding domain that binds to HER2, and a second antigen binding domain that binds to CD3.

27. The method of claim 26, wherein the first antigen binding domain comprises a heavy chain variable region (V_HHER2) and a light chain variable region (V_LHER2), and the second antigen binding domain comprises a heavy chain variable region (V_HCD3) and a light chain variable region (V_LCD3).

28. The method of claim 27, wherein the first antigen binding domain comprises a heavy

chain variable region (V_HHER2) comprising HVR-H1 sequence of SEQ ID NO:38, HVR-H2 sequence of SEQ ID NO:50, and HVR-H3 sequence of SEQ ID NO:40; and/or a light chain variable region (V_LHER2) comprising HVR-L1 sequence of SEQ ID NO:41, HVR-L2 sequence of SEQ ID NO:42, and HVR-L3 sequence of SEQ ID NO:43.

29. The method of claim 28, wherein the heavy chain variable region (V_HHER2) comprises the amino acid sequence of SEQ ID NO:34 and/or a light chain variable region (V_LHER2) comprises the amino acid sequence of SEQ ID NO:35.

30. The method of any one of claims 26-29, wherein the second antigen binding domain binds to a human CD3 polypeptide.

31. The method of claim 30, wherein the CD3 polypeptide is a human CD3ε polypeptide or a human CD3γ polypeptide.

32. The method of claim 31, wherein the second antigen binding domain binds to a human CD3ε polypeptide or a human CD3 γ polypeptide in a native T-cell receptor (TCR) complex in association with other TCR subunits.

33. The method of any one of claims 25-32, wherein the bispecific antibody is a single-chain bispecific antibody comprising the first antigen binding domain and the second antigen binding domain.

34. The method of claim 33, wherein the single-chain bispecific antibody comprises variable regions, as arranged from N-terminus to C-terminus, selected from the group consisting of (1) V_HHER2-V_LHER2-V_HCD3-V_LCD3, (2) V_HCD3-V_LCD3-V_HHER2-V_LHER2, (3) V_HCD3-V_LCD3-V_LHER2-V_HHER2, (4) V_HHER2-V_LHER2-V_LCD3-V_HCD3, (5) V_LHER2-V_HHER2-V_HCD3-V_LCD3, or (6) V_LCD3-V_HCD3-V_HHER2-V_LHER2.

35. The method of any one of claims 25-32, wherein (a) the first antigen binding domain comprises one or more heavy chain constant domains, wherein the one or more heavy chain constant domains are selected from a first CH1 ($CH1_1$) domain, a first CH2 ($CH2_1$) domain, a first CH3 ($CH3_1$) domain; and (b) the second antigen binding domain comprises one or more heavy chain constant domains, wherein the one or more heavy chain constant domains are selected from a second CH1 ($CH1_2$) domain, second CH2 ($CH2_2$) domain, and a second CH3 ($CH3_2$) domain.

36. The method of claim 35, wherein at least one of the one or more heavy chain constant domains of the first antigen binding domain is paired with another heavy chain constant domain of the second antigen binding domain.

37. The method of claim 36, wherein the $CH3_1$ and $CH3_2$ domains each comprise a protuberance or cavity, and wherein the protuberance or cavity in the $CH3_1$ domain is

positionable in the cavity or protuberance, respectively, in the $CH3_2$ domain.

38. The method of claim 37, wherein the $CH3_1$ and $CH3_2$ domains meet at an interface between said protuberance and cavity.

39. The method of any one of claims 35-38, wherein the $CH2_1$ and $CH2_2$ domains each comprise a protuberance or cavity, and wherein the protuberance or cavity in the $CH2_1$ domain is positionable in the cavity or protuberance, respectively, in the $CH2_2$ domain.

40. The method of claim 39, wherein the $CH2_1$ and $CH2_2$ domains meet at an interface between said protuberance and cavity.

41. The method of any one of claims 1-40, wherein the anti-HER2 antibody comprises an aglycosylation site mutation.

42. The method of claim 41, wherein the aglycosylation site mutation is a substitution mutation.

43. The method of claim 42 wherein the substitution mutation is at amino acid residue N297, L234, L235, and/or D265 (EU numbering).

44. The method of claim 43, wherein the substitution mutation is selected from the group consisting of N297G, N297A, L234A, L235A, and D265A.

45. The method of claim 43, wherein the substitution mutation is a D265A mutation and an N297G mutation.

46. The method of any one of claims 41-45, wherein the aglycosylation site mutation reduces effector function of the anti-HER2 antibody.

47. The method of any one of claims 1-46, wherein the cancer is a HER2-positive cancer.

48. The method of claim 47, wherein the cancer is breast cancer, lung cancer, ovarian cancer, gastric cancer, bladder cancer, pancreatic cancer, endometrial cancer, colon cancer, kidney cancer, esophageal cancer, or prostate cancer.

49. The method of any one of claims 1-48, wherein the individual has cancer or has been diagnosed with cancer.

50. The method of claim 49, wherein cancer cells in the individual express PD-L1.

51. The method of claim 49 or 50, wherein the individual has cancer that is resistant to a HER2 targeted therapy.

52. The method of claim 49 or 50, wherein the individual is refractory to a HER2 targeted therapy.

53. The method of claim 51 or 52, wherein the HER2 targeted therapy is a treatment with an anti-HER2 antibody or an inhibitor of the HER2 pathway.

54. The method of claim 53, wherein the HER2 targeted therapy is a treatment with

trastuzumab, pertuzumab, ado-trastuzumab emtansine, or lapatinib.

55. The method of any one of claims 1-54, wherein the treatment results in a sustained response in the individual after cessation of the treatment.

56. The method of any one of claims 1-55, wherein the anti-HER2 antibody is administered before the PD-1 axis binding antagonist, simultaneous with the PD-1 axis binding antagonist, or after the PD-1 axis binding antagonist.

57. A method of enhancing immune function in an individual having cancer comprising administering an effective amount of a PD-1 axis binding antagonist and an anti-HER2 antibody.

58. The method of claim 57, wherein CD8 T cells in the individual have enhanced priming, activation, proliferation and/or cytolytic activity relative to prior to the administration of the PD-1 axis binding antagonist and the anti-HER2 antibody.

59. The method of claim 57, wherein the number of CD8 T cells is elevated relative to prior to administration of the combination.

60. The method of claim 59, wherein the CD8 T cell is an antigen-specific CD8 T cell.

61. The method of claim 57, wherein Treg function is suppressed relative to prior to the administration of the combination.

62. The method of claim 57, wherein T cell exhaustion is decreased relative to prior to the administration of the combination.

63. The method of any one of claims 57-62, wherein the PD-1 axis binding antagonist is selected from the group consisting of a PD-1 binding antagonist, a PD-L1 binding antagonist and a PD-L2 binding antagonist.

64. The method of claim 63, wherein the PD-1 axis binding antagonist is a PD-1 binding antagonist.

65. The method of claim 64, wherein the PD-1 binding antagonist inhibits the binding of PD-1 to its ligand binding partners.

66. The method of claim 65, wherein the PD-1 binding antagonist inhibits the binding of PD-1 to PD-L1.

67. The method of claim 65, wherein the PD-1 binding antagonist inhibits the binding of PD-1 to PD-L2.

68. The method of claim 65, wherein the PD-1 binding antagonist inhibits the binding of PD-1 to both PD-L1 and PD-L2.

69. The method of claim 65, wherein the PD-1 binding antagonist is an antibody.

70. The method of claim 65, wherein the PD-1 binding antagonist is selected from the

group consisting of MDX-1106 (nivolumab), MK-3475 (lambrolizumab), CT-011 (pidilizumab), and AMP-224.

71. The method of claim 63, wherein the PD-1 axis binding antagonist is a PD-L1 binding antagonist.

72. The method of claim 71, wherein the PD-L1 binding antagonist inhibits the binding of PD-L1 to PD-1.

73. The method of claim 71, wherein the PD-L1 binding antagonist inhibits the binding of PD-L1 to B7-1.

74. The method of claim 71, wherein the PD-L1 binding antagonist inhibits the binding of PD-L1 to both PD-1 and B7-1.

75. The method of any one of claims 71-74, wherein the PD-L1 binding antagonist is an antibody.

76. The method of claim 71, wherein the PD-L1 binding antagonist is selected from the group consisting of: YW243.55.S70, MPDL3280A, MDX-1105, and MEDI4736.

77. The method of claim 75, wherein the antibody comprises a heavy chain comprising HVR-H1 sequence of SEQ ID NO:19, HVR-H2 sequence of SEQ ID NO:20, and HVR-H3 sequence of SEQ ID NO:21; and a light chain comprising HVR-L1 sequence of SEQ ID NO:22, HVR-L2 sequence of SEQ ID NO:23, and HVR-L3 sequence of SEQ ID NO:24.

78. The method of claim 75, wherein the antibody comprises a heavy chain variable region comprising the amino acid sequence of SEQ ID NO:25 or 26 and a light chain variable region comprising the amino acid sequence of SEQ ID NO:4.

79. The method of claim 63, wherein the PD-1 axis binding antagonist is a PD-L2 binding antagonist.

80. The method of claim 79, wherein the PD-L2 binding antagonist is an antibody.

81. The method of claim 79, wherein the PD-L2 binding antagonist is an immunoadhesin.

82. The method of any one of claims 57-81, wherein the anti-HER2 antibody is trastuzumab or pertuzumab.

83. The method of any one of claims 57-81, wherein the anti-HER2 antibody comprises a heavy chain variable region comprising HVR-H1 sequence of SEQ ID NO:38, HVR-H2 sequence of SEQ ID NO:50, and HVR-H3 sequence of SEQ ID NO:40; and/or a light chain variable region comprising HVR-L1 sequence of SEQ ID NO:41, HVR-L2 sequence of SEQ ID NO:42, and HVR-L3 sequence of SEQ ID NO:43.

84. The method of any one of claims 57-81, wherein the anti-HER2 antibody comprises a heavy chain variable region comprising the amino acid sequence of SEQ ID NO:34 and/or a

light chain variable region comprising the amino acid sequence of SEQ ID NO:35.

85. The method of any one of claims 57-81, wherein the anti-HER2 antibody is a multispecific antibody.

86. The method of any one of claims 57-81, wherein the anti-HER2 antibody is a bispecific antibody.

87. The method of claim 86, wherein the bispecific antibody comprises a first antigen binding domain that binds to HER2, and a second antigen binding domain that binds to CD3.

88. The method of claim 87, wherein the first antigen binding domain comprises a heavy chain variable region (V_HHER2) and a light chain variable region (V_LHER2), and the second antigen binding domain comprises a heavy chain variable region (V_HCD3) and a light chain variable region (V_LCD3).

89. The method of claim 88, wherein the wherein the first antigen binding domain comprises a heavy chain variable region (V_HHER2) comprising HVR-H1 sequence of SEQ ID NO:38, HVR-H2 sequence of SEQ ID NO:50, and HVR-H3 sequence of SEQ ID NO:40; and/or a light chain variable region (V_LHER2) comprising HVR-L1 sequence of SEQ ID NO:41, HVR-L2 sequence of SEQ ID NO:42, and HVR-L3 sequence of SEQ ID NO:43.

90. The method of claim 88, wherein the heavy chain variable region (V_HHER2) comprises the amino acid sequence of SEQ ID NO:34 and/or the light chain variable region (V_LHER2) comprises the amino acid sequence of SEQ ID NO:35.

91. The method of any one of claims 87-90, wherein the second antigen binding domain binds to a human CD3 polypeptide.

92. The method of claim 91, wherein the CD3 polypeptide is a human CD3ε polypeptide or a human CD3γ polypeptide.

93. The method of claim 91, wherein the second antigen binding domain binds to a human CD3ε polypeptide or a human CD3 γ polypeptide in a native T-cell receptor (TCR) complex in association with other TCR subunits.

94. The method of any one of claims 87-90, wherein the bispecific antibody is a single-chain bispecific antibody comprising the first antigen binding domain and the second antigen binding domain.

95. The method of claim 94, wherein the single-chain bispecific antibody comprises variable regions, as arranged from N-terminus to C-terminus, selected from the group consisting of (1) V_HHER2-V_LHER2-V_HCD3-V_LCD3, (2) V_HCD3-V_LCD3-V_HHER2-V_LHER2, (3) V_HCD3-V_LCD3-V_LHER2-V_HHER2, (4) V_HHER2-V_LHER2-V_LCD3-V_HCD3, (5) V_LHER2-V_HHER2-V_HCD3-V_LCD3, or (6) V_LCD3-V_HCD3-V_HHER2-V_LHER2.

96. The method of any one of claims 87-93, wherein (a) the first antigen binding domain comprises one or more heavy chain constant domains, wherein the one or more heavy chain constant domains are selected from a first CH1 ($CH1_1$) domain, a first CH2 ($CH2_1$) domain, a first CH3 ($CH3_1$) domain; and (b) the second antigen binding domain comprises one or more heavy chain constant domains, wherein the one or more heavy chain constant domains are selected from a second CH1 ($CH1_2$) domain, second CH2 ($CH2_2$) domain, and a second CH3 ($CH3_2$) domain.

97. The method of claim 96, wherein at least one of the one or more heavy chain constant domains of the first antigen binding domain is paired with another heavy chain constant domain of the second antigen binding domain.

98. The method of claim 97, wherein the $CH3_1$ and $CH3_2$ domains each comprise a protuberance or cavity, and wherein the protuberance or cavity in the $CH3_1$ domain is positionable in the cavity or protuberance, respectively, in the $CH3_2$ domain.

99. The method of claim 98, wherein the $CH3_1$ and $CH3_2$ domains meet at an interface between said protuberance and cavity.

100. The method of any one of claims 96-99, wherein the $CH2_1$ and $CH2_2$ domains each comprise a protuberance or cavity, and wherein the protuberance or cavity in the $CH2_1$ domain is positionable in the cavity or protuberance, respectively, in the $CH2_2$ domain.

101. The method of claim 100, wherein the $CH2_1$ and $CH2_2$ domains meet at an interface between said protuberance and cavity.

102. The method of any one of claims 57-101, wherein the anti-HER2 antibody comprises an aglycosylation site mutation.

103. The method of claim 102, wherein the aglycosylation site mutation is a substitution mutation.

104. The method of claim 103, wherein the substitution mutation is at amino acid residue N297, L234, L235, and/or D265 (EU numbering).

105. The method of claim 104, wherein the substitution mutation is selected from the group consisting of N297G, N297A, L234A, L235A, and D265A.

106. The method of claim 104, wherein the substitution mutation is a D265A mutation and an N297G mutation.

107. The method of any one of claims 102-106, wherein the aglycosylation site mutation reduces effector function of the anti-HER2 antibody.

108. The method of any one of claims 57-107, wherein the cancer is a HER2-positive cancer.

109. The method of claim 108, wherein the cancer is breast cancer, lung cancer, ovarian cancer, gastric cancer, bladder cancer, pancreatic cancer, endometrial cancer, colon cancer, kidney cancer, esophageal cancer, or prostate cancer.

110. The method of any one of claims 57-109, wherein cancer cells in the individual express PD-L1.

111. The method of any one of claims 57-110, wherein the individual has cancer that is resistant to a HER2 targeted therapy.

112. The method of any one of claims 57-110, wherein the individual is refractory to a HER2 targeted therapy.

113. The method of claim 111 or 112, wherein the HER2 targeted therapy is a treatment with an anti-HER2 antibody or an inhibitor of the HER2 pathway.

114. The method of claim 113, wherein the HER2 targeted therapy is a treatment with trastuzumab, pertuzumab, ado-trastuzumab emtansine, or lapatinib.

115. The method of any one of claims 1-114, wherein the PD-1 axis binding antagonist and/or the anti-HER2 antibody are administered intravenously, intramuscularly, subcutaneously, topically, orally, transdermally, intraperitoneally, intraorbitally, by implantation, by inhalation, intrathecally, intraventricularly, or intranasally.

116. The method of any one of claims 1-115, further comprising administering a chemotherapeutic agent for treating or delaying progression of cancer.

117. Use of a human PD-1 axis binding antagonist in the manufacture of a medicament for treating or delaying progression of cancer in an individual, wherein the medicament comprises the human PD-1 axis binding antagonist and an optional pharmaceutically acceptable carrier, and wherein the treatment comprises administration of the medicament in combination with a composition comprising an anti-HER2 antibody and an optional pharmaceutically acceptable carrier.

118. Use of an anti-HER2 antibody in the manufacture of a medicament for treating or delaying progression of cancer in an individual, wherein the medicament comprises the anti-HER2 antibody and an optional pharmaceutically acceptable carrier, and wherein the treatment comprises administration of the medicament in combination with a composition comprising a human PD-1 axis binding antagonist and an optional pharmaceutically acceptable carrier.

119. A composition comprising a human PD-1 axis binding antagonist and an optional pharmaceutically acceptable carrier for use in treating or delaying progression of cancer in an individual, wherein the treatment comprises administration of said composition in

combination with a second composition, wherein the second composition comprises an anti-HER2 antibody and an optional pharmaceutically acceptable carrier.

120. A composition comprising an anti-HER2 antibody and an optional pharmaceutically acceptable carrier for use in treating or delaying progression of cancer in an individual, wherein the treatment comprises administration of said composition in combination with a second composition, wherein the second composition comprises a human PD-1 axis binding antagonist and an optional pharmaceutically acceptable carrier.

121. A kit comprising a medicament comprising a PD-1 axis binding antagonist and an optional pharmaceutically acceptable carrier, and a package insert comprising instructions for administration of the medicament in combination with a composition comprising an anti-HER2 antibody and an optional pharmaceutically acceptable carrier for treating or delaying progression of cancer in an individual.

122. A kit comprising a first medicament comprising a PD-1 axis binding antagonist and an optional pharmaceutically acceptable carrier, and a second medicament comprising an anti-HER2 antibody and an optional pharmaceutically acceptable carrier.

123. The kit of claim 122, wherein the kit further comprises a package insert comprising instructions for administration of the first medicament and the second medicament for treating or delaying progression of cancer in an individual.

124. A kit comprising a medicament comprising an anti-HER2 antibody and an optional pharmaceutically acceptable carrier, and a package insert comprising instructions for administration of the medicament in combination with a composition comprising a PD-1 axis binding antagonist and an optional pharmaceutically acceptable carrier for treating or delaying progression of cancer in an individual.

CLAIMS

WHAT IS CLAIMED IS:

1. Use of a human PD-1 axis binding antagonist in the manufacture of a medicament for treating or delaying progression of cancer in an individual, wherein the human PD-1 axis binding antagonist is to be administered with an anti-HER2 antibody.

2. The use of claim 1, wherein the PD-1 axis binding antagonist is selected from the group consisting of a PD-L1 binding antagonist, a PD-1 binding antagonist and a PD-L2 binding antagonist.

3. The use of claim 2, wherein the PD-1 axis binding antagonist is a PD-L1 binding antagonist.

4. The use of claim 3, wherein the PD-L1 binding antagonist inhibits the binding of PD-L1 to PD-1.

5. The use of claim 3, wherein the PD-L1 binding antagonist inhibits the binding of PD-L1 to B7-1.

6. The use of claim 3, wherein the PD-L1 binding antagonist inhibits the binding of PD-L1 to both PD-1 and B7-1.

7. The use of any one of claims 4-6, wherein the PD-L1 binding antagonist is an antibody.

8. The use of claim 3, wherein the PD-L1 binding antagonist is selected from the group consisting of: YW243.55.S70, MPDL3280A, MDX-1105, and MEDI4736.

9. The use of claim 7, wherein the antibody comprises a heavy chain comprising HVR-H1 sequence of SEQ ID NO:19, HVR-H2 sequence of SEQ ID NO:20, and HVR-H3 sequence of SEQ ID NO:21; and a light chain comprising HVR-L1 sequence of SEQ ID NO:22, HVR-L2 sequence of SEQ ID NO:23, and HVR-L3 sequence of SEQ ID NO:24.

10. The use of claim 7, wherein the antibody comprises a heavy chain variable region comprising the amino acid sequence of SEQ ID NO:25 or 26 and a light chain variable region comprising the amino acid sequence of SEQ ID NO:4.

11. The use of claim 2, wherein the PD-1 axis binding antagonist is a PD-1 binding antagonist.

12. The use of claim 11, wherein the PD-1 binding antagonist inhibits the binding of PD-1 to its ligand binding partners.

13. The use of claim 12, wherein the PD-1 binding antagonist inhibits the binding of PD-

1 to PD-L1.

14. The use of claim 12, wherein the PD-1 binding antagonist inhibits the binding of PD-1 to PD-L2.

15. The use of claim 12, wherein the PD-1 binding antagonist inhibits the binding of PD-1 to both PD-L1 and PD-L2.

16. The use of claim 12, wherein the PD-1 binding antagonist is an antibody.

17. The use of claim 12, wherein the PD-1 binding antagonist is selected from the group consisting of MDX-1106 (nivolumab), MK-3475 (lambrolizumab), CT-011 (pidilizumab), and AMP-224.

18. The use of claim 2, wherein the PD-1 axis binding antagonist is a PD-L2 binding antagonist.

19. The use of claim 18, wherein the PD-L2 binding antagonist is an antibody.

20. The use of claim 18, wherein the PD-L2 binding antagonist is an immunoadhesin.

21. The use of any one of claims 1-20, wherein the anti-HER2 antibody is trastuzumab or pertuzumab.

22. The use of any one of claims 1-20, wherein the anti-HER2 antibody comprises a heavy chain variable region comprising HVR-H1 sequence of SEQ ID NO:38, HVR-H2 sequence of SEQ ID NO:50, and HVR-H3 sequence of SEQ ID NO:40; and/or a light chain variable region comprising HVR-L1 sequence of SEQ ID NO:41, HVR-L2 sequence of SEQ ID NO:42, and HVR-L3 sequence of SEQ ID NO:43.

23. The use of any one of claims 1-20, wherein the anti-HER2 antibody comprises a heavy chain variable region comprising the amino acid sequence of SEQ ID NO:34 and/or a light chain variable region comprising the amino acid sequence of SEQ ID NO:35.

24. The use of any one of claims 1-20, wherein the anti-HER2 antibody is a multispecific antibody.

25. The use of any one of claims 1-20, wherein the anti-HER2 antibody is a bispecific antibody.

26. The use of claim 25, wherein the bispecific antibody comprises a first antigen binding domain that binds to HER2, and a second antigen binding domain that binds to CD3.

27. The use of claim 26, wherein the first antigen binding domain comprises a heavy chain variable region (V_HHER2) and a light chain variable region (V_LHER2), and the second antigen binding domain comprises a heavy chain variable region (V_HCD3) and a light chain variable region (V_LCD3).

28. The use of claim 27, wherein the first antigen binding domain comprises a heavy

chain variable region (V_HHER2) comprising HVR-H1 sequence of SEQ ID NO:38, HVR-H2 sequence of SEQ ID NO:50, and HVR-H3 sequence of SEQ ID NO:40; and/or a light chain variable region (V_LHER2) comprising HVR-L1 sequence of SEQ ID NO:41, HVR-L2 sequence of SEQ ID NO:42, and HVR-L3 sequence of SEQ ID NO:43.

29. The use of claim 28, wherein the heavy chain variable region (V_HHER2) comprises the amino acid sequence of SEQ ID NO:34 and/or a light chain variable region (V_LHER2) comprises the amino acid sequence of SEQ ID NO:35.

30. The use of any one of claims 26-29, wherein the second antigen binding domain binds to a human CD3 polypeptide.

31. The use of claim 30, wherein the CD3 polypeptide is a human CD3ε polypeptide or a human CD3γ polypeptide.

32. The use of claim 31, wherein the second antigen binding domain binds to a human CD3ε polypeptide or a human CD3 γ polypeptide in a native T-cell receptor (TCR) complex in association with other TCR subunits.

33. The use of any one of claims 25-32, wherein the bispecific antibody is a single-chain bispecific antibody comprising the first antigen binding domain and the second antigen binding domain.

34. The use of claim 33, wherein the single-chain bispecific antibody comprises variable regions, as arranged from N-terminus to C-terminus, selected from the group consisting of (1) V_HHER2-V_LHER2-V_HCD3-V_LCD3, (2) V_HCD3-V_LCD3-V_HHER2-V_LHER2, (3) V_HCD3-V_LCD3-V_LHER2-V_HHER2, (4) V_HHER2-V_LHER2-V_LCD3-V_HCD3, (5) V_LHER2-V_HHER2-V_HCD3-V_LCD3, or (6) V_LCD3-V_HCD3-V_HHER2-V_LHER2.

35. The use of any one of claims 25-32, wherein (a) the first antigen binding domain comprises one or more heavy chain constant domains, wherein the one or more heavy chain constant domains are selected from a first CH1 ($CH1_1$) domain, a first CH2 ($CH2_1$) domain, a first CH3 ($CH3_1$) domain; and (b) the second antigen binding domain comprises one or more heavy chain constant domains, wherein the one or more heavy chain constant domains are selected from a second CH1 ($CH1_2$) domain, second CH2 ($CH2_2$) domain, and a second CH3 ($CH3_2$) domain.

36. The use of claim 35, wherein at least one of the one or more heavy chain constant domains of the first antigen binding domain is paired with another heavy chain constant domain of the second antigen binding domain.

37. The use of claim 36, wherein the $CH3_1$ and $CH3_2$ domains each comprise a protuberance or cavity, and wherein the protuberance or cavity in the $CH3_1$ domain is

positionable in the cavity or protuberance, respectively, in the $CH3_2$ domain.

38. The use of claim 37, wherein the $CH3_1$ and $CH3_2$ domains meet at an interface between said protuberance and cavity.

39. The use of any one of claims 35-38, wherein the $CH2_1$ and $CH2_2$ domains each comprise a protuberance or cavity, and wherein the protuberance or cavity in the $CH2_1$ domain is positionable in the cavity or protuberance, respectively, in the $CH2_2$ domain.

40. The use of claim 39, wherein the $CH2_1$ and $CH2_2$ domains meet at an interface between said protuberance and cavity.

41. The use of any one of claims 1-40, wherein the anti-HER2 antibody comprises an aglycosylation site mutation.

42. The use of claim 41, wherein the aglycosylation site mutation is a substitution mutation.

43. The use of claim 42 wherein the substitution mutation is at amino acid residue N297, L234, L235, and/or D265 (EU numbering).

44. The use of claim 43, wherein the substitution mutation is selected from the group consisting of N297G, N297A, L234A, L235A, and D265A.

45. The use of claim 43, wherein the substitution mutation is a D265A mutation and an N297G mutation.

46. The use of any one of claims 41-45, wherein the aglycosylation site mutation reduces effector function of the anti-HER2 antibody.

47. The use of any one of claims 1-46, wherein the cancer is a HER2-positive cancer.

48. The use of claim 47, wherein the cancer is breast cancer, lung cancer, ovarian cancer, gastric cancer, bladder cancer, pancreatic cancer, endometrial cancer, colon cancer, kidney cancer, esophageal cancer, or prostate cancer.

49. The use of any one of claims 1-48, wherein the individual has cancer or has been diagnosed with cancer.

50. The use of claim 49, wherein cancer cells in the individual express PD-L1.

51. The use of claim 49 or 50, wherein the individual has cancer that is resistant to a HER2 targeted therapy.

52. The use of claim 49 or 50, wherein the individual is refractory to a HER2 targeted therapy.

53. The use of claim 51 or 52, wherein the HER2 targeted therapy is a treatment with an anti-HER2 antibody or an inhibitor of the HER2 pathway.

54. The use of claim 53, wherein the HER2 targeted therapy is a treatment with

trastuzumab, pertuzumab, ado-trastuzumab emtansine, or lapatinib.

55. The use of any one of claims 1-54, wherein the treatment results in a sustained response in the individual after cessation of the treatment.

56. The use of any one of claims 1-55, wherein the anti-HER2 antibody is to be administered before the PD-1 axis binding antagonist, simultaneous with the PD-1 axis binding antagonist, or after the PD-1 axis binding antagonist.

57. Use of a PD-1 axis binding antagonist in the manufacture of a medicament for enhancing immune function in an individual having cancer, wherein the PD-1 axis binding antagonist is to be administered with an anti-HER2 antibody.

58. The use of claim 57, wherein CD8 T cells in the individual have enhanced priming, activation, proliferation and/or cytolytic activity relative to prior to the administration of the PD-1 axis binding antagonist and the anti-HER2 antibody.

59. The use of claim 57, wherein the number of CD8 T cells is elevated relative to prior to administration of the combination.

60. The use of claim 59, wherein the CD8 T cell is an antigen-specific CD8 T cell.

61. The use of claim 57, wherein Treg function is suppressed relative to prior to the administration of the combination.

62. The use of claim 57, wherein T cell exhaustion is decreased relative to prior to the administration of the combination.

63. The use of any one of claims 57-62, wherein the PD-1 axis binding antagonist is selected from the group consisting of a PD-L1 binding antagonist, a PD-1 binding antagonist and a PD-L2 binding antagonist.

64. The use of claim 63, wherein the PD-1 axis binding antagonist is a PD-L1 binding antagonist.

65. The use of claim 64, wherein the PD-L1 binding antagonist inhibits the binding of PD-L1 to PD-1.

66. The use of claim 64, wherein the PD-L1 binding antagonist inhibits the binding of PD-L1 to B7-1.

67. The use of claim 64, wherein the PD-L1 binding antagonist inhibits the binding of PD-L1 to both PD-1 and B7-1.

68. The use of any one of claims 64-67, wherein the PD-L1 binding antagonist is an antibody.

69. The use of claim 64, wherein the PD-L1 binding antagonist is selected from the group consisting of: YW243.55.S70, MPDL3280A, MDX-1105, and MEDI4736.

70. The use of claim 68, wherein the antibody comprises a heavy chain comprising HVR-H1 sequence of SEQ ID NO:19, HVR-H2 sequence of SEQ ID NO:20, and HVR-H3 sequence of SEQ ID NO:21; and a light chain comprising HVR-L1 sequence of SEQ ID NO:22, HVR-L2 sequence of SEQ ID NO:23, and HVR-L3 sequence of SEQ ID NO:24.

71. The use of claim 68, wherein the antibody comprises a heavy chain variable region comprising the amino acid sequence of SEQ ID NO:25 or 26 and a light chain variable region comprising the amino acid sequence of SEQ ID NO:4.

72. The use of claim 63, wherein the PD-1 axis binding antagonist is a PD-1 binding antagonist.

73. The use of claim 72, wherein the PD-1 binding antagonist inhibits the binding of PD-1 to its ligand binding partners.

74. The use of claim 73, wherein the PD-1 binding antagonist inhibits the binding of PD-1 to PD-L1.

75. The use of claim 73, wherein the PD-1 binding antagonist inhibits the binding of PD-1 to PD-L2.

76. The use of claim 73, wherein the PD-1 binding antagonist inhibits the binding of PD-1 to both PD-L1 and PD-L2.

77. The use of claim 73, wherein the PD-1 binding antagonist is an antibody.

78. The use of claim 73, wherein the PD-1 binding antagonist is selected from the group consisting of MDX-1106 (nivolumab), MK-3475 (lambrolizumab), CT-011 (pidilizumab), and AMP-224.

79. The use of claim 63, wherein the PD-1 axis binding antagonist is a PD-L2 binding antagonist.

80. The use of claim 79, wherein the PD-L2 binding antagonist is an antibody.

81. The use of claim 79, wherein the PD-L2 binding antagonist is an immunoadhesin.

82. The use of any one of claims 57-81, wherein the anti-HER2 antibody is trastuzumab or pertuzumab.

83. The use of any one of claims 57-81, wherein the anti-HER2 antibody comprises a heavy chain variable region comprising HVR-H1 sequence of SEQ ID NO:38, HVR-H2 sequence of SEQ ID NO:50, and HVR-H3 sequence of SEQ ID NO:40; and/or a light chain variable region comprising HVR-L1 sequence of SEQ ID NO:41, HVR-L2 sequence of SEQ ID NO:42, and HVR-L3 sequence of SEQ ID NO:43.

84. The use of any one of claims 57-81, wherein the anti-HER2 antibody comprises a heavy chain variable region comprising the amino acid sequence of SEQ ID NO:34 and/or a

light chain variable region comprising the amino acid sequence of SEQ ID NO:35.

85. The use of any one of claims 57-81, wherein the anti-HER2 antibody is a multispecific antibody.

86. The use of any one of claims 57-81, wherein the anti-HER2 antibody is a bispecific antibody.

87. The use of claim 86, wherein the bispecific antibody comprises a first antigen binding domain that binds to HER2, and a second antigen binding domain that binds to CD3.

88. The use of claim 87, wherein the first antigen binding domain comprises a heavy chain variable region (V_HHER2) and a light chain variable region (V_LHER2), and the second antigen binding domain comprises a heavy chain variable region (V_HCD3) and a light chain variable region (V_LCD3).

89. The use of claim 88, wherein the wherein the first antigen binding domain comprises a heavy chain variable region (V_HHER2) comprising HVR-H1 sequence of SEQ ID NO:38, HVR-H2 sequence of SEQ ID NO:50, and HVR-H3 sequence of SEQ ID NO:40; and/or a light chain variable region (V_LHER2) comprising HVR-L1 sequence of SEQ ID NO:41, HVR-L2 sequence of SEQ ID NO:42, and HVR-L3 sequence of SEQ ID NO:43.

90. The use of claim 88, wherein the heavy chain variable region (V_HHER2) comprises the amino acid sequence of SEQ ID NO:34 and/or the light chain variable region (V_LHER2) comprises the amino acid sequence of SEQ ID NO:35.

91. The use of any one of claims 87-90, wherein the second antigen binding domain binds to a human CD3 polypeptide.

92. The use of claim 91, wherein the CD3 polypeptide is a human CD3ε polypeptide or a human CD3γ polypeptide.

93. The use of claim 91, wherein the second antigen binding domain binds to a human CD3ε polypeptide or a human CD3 γ polypeptide in a native T-cell receptor (TCR) complex in association with other TCR subunits.

94. The use of any one of claims 87-90, wherein the bispecific antibody is a single-chain bispecific antibody comprising the first antigen binding domain and the second antigen binding domain.

95. The use of claim 94, wherein the single-chain bispecific antibody comprises variable regions, as arranged from N-terminus to C-terminus, selected from the group consisting of (1) V_HHER2-V_LHER2-V_HCD3-V_LCD3, (2) V_HCD3-V_LCD3-V_HHER2-V_LHER2, (3) V_HCD3-V_LCD3-V_LHER2-V_HHER2, (4) V_HHER2-V_LHER2-V_LCD3-V_HCD3, (5) V_LHER2-V_HHER2-V_HCD3-V_LCD3, or (6) V_LCD3-V_HCD3-V_HHER2-V_LHER2.

96. The use of any one of claims 87-93, wherein (a) the first antigen binding domain comprises one or more heavy chain constant domains, wherein the one or more heavy chain constant domains are selected from a first CH1 ($CH1_1$) domain, a first CH2 ($CH2_1$) domain, a first CH3 ($CH3_1$) domain; and (b) the second antigen binding domain comprises one or more heavy chain constant domains, wherein the one or more heavy chain constant domains are selected from a second CH1 ($CH1_2$) domain, second CH2 ($CH2_2$) domain, and a second CH3 ($CH3_2$) domain.

97. The use of claim 96, wherein at least one of the one or more heavy chain constant domains of the first antigen binding domain is paired with another heavy chain constant domain of the second antigen binding domain.

98. The use of claim 97, wherein the $CH3_1$ and $CH3_2$ domains each comprise a protuberance or cavity, and wherein the protuberance or cavity in the $CH3_1$ domain is positionable in the cavity or protuberance, respectively, in the $CH3_2$ domain.

99. The use of claim 98, wherein the $CH3_1$ and $CH3_2$ domains meet at an interface between said protuberance and cavity.

100. The use of any one of claims 96-99, wherein the $CH2_1$ and $CH2_2$ domains each comprise a protuberance or cavity, and wherein the protuberance or cavity in the $CH2_1$ domain is positionable in the cavity or protuberance, respectively, in the $CH2_2$ domain.

101. The use of claim 100, wherein the $CH2_1$ and $CH2_2$ domains meet at an interface between said protuberance and cavity.

102. The use of any one of claims 57-101, wherein the anti-HER2 antibody comprises an aglycosylation site mutation.

103. The use of claim 102, wherein the aglycosylation site mutation is a substitution mutation.

104. The use of claim 103, wherein the substitution mutation is at amino acid residue N297, L234, L235, and/or D265 (EU numbering).

105. The use of claim 104, wherein the substitution mutation is selected from the group consisting of N297G, N297A, L234A, L235A, and D265A.

106. The use of claim 104, wherein the substitution mutation is a D265A mutation and an N297G mutation.

107. The use of any one of claims 102-106, wherein the aglycosylation site mutation reduces effector function of the anti-HER2 antibody.

108. The use of any one of claims 57-107, wherein the cancer is a HER2-positive cancer.

109. The use of claim 108, wherein the cancer is breast cancer, lung cancer, ovarian

cancer, gastric cancer, bladder cancer, pancreatic cancer, endometrial cancer, colon cancer, kidney cancer, esophageal cancer, or prostate cancer.

110. The use of any one of claims 57-109, wherein cancer cells in the individual express PD-L1.

111. The use of any one of claims 57-110, wherein the individual has cancer that is resistant to a HER2 targeted therapy.

112. The use of any one of claims 57-110, wherein the individual is refractory to a HER2 targeted therapy.

113. The use of claim 111 or 112, wherein the HER2 targeted therapy is a treatment with an anti-HER2 antibody or an inhibitor of the HER2 pathway.

114. The use of claim 113, wherein the HER2 targeted therapy is a treatment with trastuzumab, pertuzumab, ado-trastuzumab emtansine, or lapatinib.

115. The use of any one of claims 1-114, wherein the PD-1 axis binding antagonist and/or the anti-HER2 antibody are administered intravenously, intramuscularly, subcutaneously, topically, orally, transdermally, intraperitoneally, intraorbitally, by implantation, by inhalation, intrathecally, intraventricularly, or intranasally.

116. The use of any one of claims 1-115, wherein the medicament is to be administered with a chemotherapeutic agent for treating or delaying progression of cancer.

117. Use of a human PD-1 axis binding antagonist in the manufacture of a medicament for treating or delaying progression of cancer in an individual, wherein the medicament comprises the human PD-1 axis binding antagonist and an optional pharmaceutically acceptable carrier, and wherein the treatment comprises administration of the medicament in combination with a composition comprising an anti-HER2 antibody and an optional pharmaceutically acceptable carrier.

118. Use of an anti-HER2 antibody in the manufacture of a medicament for treating or delaying progression of cancer in an individual, wherein the medicament comprises the anti-HER2 antibody and an optional pharmaceutically acceptable carrier, and wherein the treatment comprises administration of the medicament in combination with a composition comprising a human PD-1 axis binding antagonist and an optional pharmaceutically acceptable carrier.

119. A composition comprising a human PD-1 axis binding antagonist and an optional pharmaceutically acceptable carrier for use in treating or delaying progression of cancer in an individual, wherein the treatment comprises administration of said composition in combination with a second composition, wherein the second composition comprises an anti-

HER2 antibody and an optional pharmaceutically acceptable carrier.

120. A composition comprising an anti-HER2 antibody and an optional pharmaceutically acceptable carrier for use in treating or delaying progression of cancer in an individual, wherein the treatment comprises administration of said composition in combination with a second composition, wherein the second composition comprises a human PD-1 axis binding antagonist and an optional pharmaceutically acceptable carrier.

121. A kit comprising a medicament comprising a PD-1 axis binding antagonist and an optional pharmaceutically acceptable carrier, and a package insert comprising instructions for administration of the medicament in combination with a composition comprising an anti-HER2 antibody and an optional pharmaceutically acceptable carrier for treating or delaying progression of cancer in an individual.

122. A kit comprising a first medicament comprising a PD-1 axis binding antagonist and an optional pharmaceutically acceptable carrier, and a second medicament comprising an anti-HER2 antibody and an optional pharmaceutically acceptable carrier.

123. The kit of claim 122, wherein the kit further comprises a package insert comprising instructions for administration of the first medicament and the second medicament for treating or delaying progression of cancer in an individual.

124. A kit comprising a medicament comprising an anti-HER2 antibody and an optional pharmaceutically acceptable carrier, and a package insert comprising instructions for administration of the medicament in combination with a composition comprising a PD-1 axis binding antagonist and an optional pharmaceutically acceptable carrier for treating or delaying progression of cancer in an individual.