

What is claimed is:

1. A method of extending progression-free survival (PFS) in a patient with, unresectable non-small-cell lung cancer (NSCLC), the method comprising treating the patient with a human anti-PD-L1 antibody, wherein the patient is a stage III patient who has not progressed following definitive chemoradiation therapy.
2. The method of claim 1, wherein the chemoradiation therapy is platinum-based.
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 treatment with the human anti-PD-L1 antibody is 10 mg/kg, intravenously Q2W.
7. The method of claim 1, wherein PFS is increased by at least five months versus placebo.
8. The method of claim 1, wherein PFS is at least 13 months.
9. The method of claim 1, wherein the patient is PD-L1(+).

10. The method of claim 1, wherein the patient is PD-L1(-).
11. The method of claim 1, wherein the patient is EGFR mutation(+).
12. The method of claim 1, wherein the patient is EGFR mutation (-) or wild type.
13. A method of increasing the overall response rate (ORR) in a patient with, unresectable NSCLC, the method comprising treating the patient with a human anti-PD-L1 antibody, wherein the patient is at a stage III patient who has not progressed following definitive chemoradiation therapy.
14. The method of claim 13, wherein the chemoradiation therapy is platinum-based.
15. The method of claim 13 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.
16. The method of claim 13, 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.
17. The method of claim 13, wherein the human anti-PD-L1 antibody is durvalumab, avelumab, or atezolizumab.

18. The method of claim 13, wherein treatment with the human anti-PD-L1 antibody is 10 mg/kg, intravenously Q2W.
19. The method of claim 13, wherein the ORR is increased by at least 12% versus placebo.
20. The method of claim 13, wherein the patient is PD-L1(+).
21. The method of claim 13, wherein the patient is PD-L1(-).
22. The method of claim 13, wherein the patient is EGFR mutation(+).
23. The method of claim 13, wherein the patient is EGFR mutation (-) or wild type.
24. A method of increasing the time to death or metastasis (TTDM) in a patient with, unresectable NSCLC, the method comprising treating the patient with a human anti-PD-L1 antibody, wherein the patient is at a stage III patient who has not progressed following definitive chemoradiation therapy.
25. The method of claim 24, wherein the chemoradiation therapy is platinum-based.
26. The method of claim 24 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.
27. The method of claim 24, 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.

28. The method of claim 24, wherein the human anti-PD-L1 antibody is durvalumab, avelumab, or atezolizumab.
29. The method of claim 24, wherein treatment with the human anti-PD-L1 antibody is 10 mg/kg, intravenously Q2W.
30. The method of claim 24, wherein the TDDM is increased by at least four months versus placebo.
31. A method of lowering incidences of brain metastasis in a patient with, unresectable NSCLC, the method comprising treating the patient with a human anti-PD-L1 antibody, wherein the patient is at a stage III patient who has not progressed following definitive chemoradiation therapy.
32. The method of claim 31, wherein the chemoradiation therapy is platinum-based.
33. The method of claim 31 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.
34. The method of claim 31, 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.
35. The method of claim 31, wherein the human anti-PD-L1 antibody is durvalumab, avelumab, or atezolizumab.

36. The method of claim 31, wherein treatment with the human anti-PD-L1 antibody is 10 mg/kg, intravenously Q2W.
37. The method of claim 31, wherein the incidences of brain metastasis is decreased by at least five months versus placebo.
38. A method treating a patient with stage III unresectable NSCLC, the method comprising treating the patient with a human anti-PD-L1 antibody, wherein the patient has not progressed following definitive chemoradiation therapy.
39. The method of claim 38, 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 38, 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 38, wherein the anti-PD-L1 antibody is durvalumab, avelumab, or atezolizumab.
42. The method of claim 38, wherein treatment with the human anti-PD-L1 antibody is 10 mg/kg, intravenously Q2W.