

CLAIMS

What is claimed is

1. Use of a therapeutically effective dose of an immunoglobulinG4 (IgG4) humanized monoclonal Programmed Death-1 Protein (PD-1) antibody in the manufacture of a medicament for treating cancer in a human, wherein the therapeutically effective dose is 500 mg once every 3 weeks (Q3W) for 4 cycles, followed by a second dose of 1000 mg once every 6 weeks (Q6W), wherein the antibody comprises an immunoglobulin heavy chain whose amino acid comprises SEQ ID NO:3 and an immunoglobulin light chain whose amino acid comprises SEQ ID NO:4.
2. The use of claim 1, wherein the medicament is to be administered intravenously.
3. The use of claim 1, wherein the medicament is to be administered by intravenous infusion.
4. The use of claim 1, wherein the cancer is recurrent or advanced.
5. The use of claim 4, wherein the cancer is a solid tumor.
6. The use of claim 4, wherein the cancer has a defective DNA mismatch repair system or has a high microsatellite instability status (MSI-H).
7. The use of claim 6, wherein the cancer is adenocarcinoma, endometrial cancer, breast cancer, ovarian cancer, cervical cancer, fallopian tube cancer, testicular cancer, primary peritoneal cancer, colon cancer, colorectal cancer, stomach cancer, small intestine cancer, squamous cell carcinoma of the anus, squamous cell carcinoma of the penis, squamous cell carcinoma of the cervix, squamous cell carcinoma of the vagina, squamous cell carcinoma of the vulva, soft tissue sarcoma, melanoma, renal cell carcinoma, lung cancer, non-small cell lung cancer, adenocarcinoma of the lung, squamous cell carcinoma of the lung, stomach cancer, bladder cancer, gall bladder cancer, liver cancer, thyroid cancer, laryngeal cancer, salivary gland cancer, esophageal cancer, head and neck cancer, squamous cell carcinoma of the head and neck, prostate cancer, pancreatic cancer, mesothelioma, Merkel cell carcinoma,

sarcoma, glioblastoma, a hematological cancer, multiple myeloma, B-cell lymphoma, T-cell lymphoma, Hodgkin's lymphoma/primary mediastinal B-cell lymphoma, chronic myelogenous leukemia, acute myeloid leukemia, acute lymphoblastic leukemia, non-Hodgkin's lymphoma, neuroblastoma, a CNS tumor, diffuse intrinsic pontine glioma (DIPG), Ewing's sarcoma, embryonal rhabdomyosarcoma, osteosarcoma, or Wilms tumor.

8. The use of claim 7, wherein the cancer is endometrial cancer.
9. The use of claim 7, wherein the cancer is non-small cell lung cancer.
10. The use of claim 7, wherein the cancer is colorectal cancer.
11. The use of claim 7, wherein the cancer is squamous cell carcinoma of the head and neck.
12. The use of any one of the preceding claims, wherein the human has been further administered or will be administered an immune checkpoint inhibitor, such that the human receives the agent and the immune checkpoint inhibitor.
13. The use of claim 12, wherein the immune checkpoint inhibitor is an agent that inhibits T cell immunoglobulin and mucin protein 3 (TIM-3), cytotoxic T-lymphocyte-associated protein 4 (CTLA-4), lymphocyte activation gene-3 (LAG-3), T cell immunoglobulin and ITIM domain (TIGIT), indoleamine 2,3-dioxygenase (IDO), or colony-stimulating factor 1 receptor (CSF1R).
14. The use of claim 13, wherein the immune checkpoint inhibitor is an agent that inhibits T cell immunoglobulin and mucin protein 3 (TIM-3), wherein the agent is an antibody.
15. The use of claim 14, wherein the antibody is TSR-022, wherein TSR-022 is to be administered at 100-1500 mg.

16. The use of any one of the preceding claims, wherein the human has further been administered or will be administered an agent that inhibits poly (ADP-ribose) polymerase (PARP).
17. The use of any one of the preceding claims, wherein the human has been previously been treated with one or more of surgery, a radiotherapy, a chemotherapy, an immunotherapy, an anti-angiogenic agent, or an anti-inflammatory.
18. The use of claim 17, wherein the human has been previously treated with a chemotherapy.
19. The use of claim 17, wherein the chemotherapy is a platinum-based chemotherapy.
20. The use of any of the preceding claims, wherein the human has previously received at least one line or at least two lines of cancer treatment.