What is claimed:

1. A method of treating urothelial carcinoma comprising administering a fibroblast growth factor receptor (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 240 mg to a patient that has been diagnosed with urothelial carcinoma and harbors at least one FGFR2 genetic alteration and/or FGFR3 genetic alteration.

2. The method of claim 1, further comprising administering a platinum chemotherapy.

3. The method of claim 1, wherein the urothelial carcinoma is locally advanced or metastatic.

4. The method 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 method 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 method 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 method of claim 6, wherein the at least one systemic therapy for the treatment of urothelial carcinoma is platinum-containing chemotherapy.

8. The method of claim 7, wherein the urothelial carcinoma progressed during or following at least one line of the platinum-containing chemotherapy.

9. The method of claim 8, wherein the platinum-containing chemotherapy is neoadjuvant platinum-containing chemotherapy or adjuvant platinum-containing chemotherapy.

10. The method 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 method 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 method of claim 11, wherein the patient is cisplatin-ineligible.

13. The method of any one of the preceding claims, wherein the patient has an ECOG performance status of less than or equal to 2.

14. The method of any one of the preceding claims, wherein the FGFR2 genetic alteration and/or FGFR3 genetic alteration is an FGFR3 gene mutation, FGFR2 gene fusion, or FGFR3 gene fusion.

15. The method of claim 14, wherein the FGFR3 gene mutation is R248C, S249C, G370C, Y373C, or any combination thereof.

16. The method of claim 14, wherein the FGFR2 or FGFR3 gene fusion is FGFR3-TACC3, FGFR3-BAIAP2L1, FGFR2-BICC1, FGFR2-CASP7, or any combination thereof.

17. The method of any one of the preceding claims, further comprising evaluating a biological sample from the patient for the presence of one or more FGFR2 genetic alteration and/or FGFR3 genetic alteration prior to administration of said FGFR inhibitor and said anti-PD1 antibody or antigen binding fragment thereof.

18. The method of claim 17, wherein the biological sample is blood, lymph fluid, bone marrow, a solid tumor sample, or any combination thereof.

19. The method of any one of the preceding claims wherein the FGFR inhibitor is erdafitinib.

20. The method of claim 19, wherein erdafitinib is administered orally.

21. The method of claim 19 or 20, wherein erdafitinib is administered orally on a continuous daily dosing schedule.

22. The method of any one of claims 19 to 21, wherein erdafitinib is administered at a dose of about 8 mg once daily.

23. The method of any one of claims 19 to 22, wherein the dose of erdafitinib is increased from 8 mg per day to 9 mg per day after initiating treatment.

24. The method of claim 23, wherein the dose of erdafitinib is increased from 8 mg per day to 9 mg per day after initiating treatment if the patient exhibits a serum phosphate (PO_4) level that is less than about 5.5 mg/dL, in particular if the patient exhibits a serum phosphate (PO_4) level that is less than about 5.5 mg/dL at 14-21 days after initiating treatment and administration of erdafitinib at 8 mg once daily resulted in no ocular disorder; or (b) administration of erdafitinib at 8 mg once daily resulted in no Grade 2 or greater adverse reaction.

25. The method of any one of claims 19 to 24, wherein erdafitinib is administered in a solid dosage form.

26. The method of claim 25, wherein the solid dosage form is a tablet.

27. The method of any one of the preceding claims, wherein the anti-PD1 antibody or antigen binding fragment thereof is administered at a dose of about 240 mg once every two weeks.

28. The method of any one of claims 1 to 26 wherein said anti-PD1 antibody or antigen binding fragment thereof is cetrelimab.

29. The method of claim 28, wherein the cetrelimab is administered by intravenous infusion.

30. The method of claim 28 or 29, wherein the cetrelimab is administered at a dose of about 240 mg:

(a) once every two weeks, once every three weeks, once every four weeks, once every five weeks or once every six weeks;

(b) once every two weeks;

(c) once every three weeks;

(d) once every four weeks;

(e) once every five weeks; or

(f) once every six weeks.

31. The method of claim 30, wherein the cetrelimab is administered at a dose of about 240 mg once every two weeks.

32. The method of any one of claim 2 to 31 wherein the platinum chemotherapy is cisplatin.

33. The method of claim 32, wherein the cisplatin is administered at a dose of about 50 mg/m^2.

34. The method of claim 32, wherein the cisplatin is administered at a dose of about 60 mg/m^2.

35. The method of any one of claim 2 to 31 wherein the platinum chemotherapy is carboplatin.

36. The method of claim 35, wherein the carboplatin is administered at a dose of about AUC 4 mg/mL/min.

37. The method of claim 35, wherein the carboplatin is administered at a dose of about AUC 5 mg/mL/min.

38. A method of treating urothelial carcinoma comprising administering a fibroblast growth factor receptor (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 240 mg and in further combination with a platinum chemotherapy to a patient that has been diagnosed with urothelial carcinoma.

39. A method of improving objective response rate in a patient that has been diagnosed with urothelial carcinoma relative to a patient that has been diagnosed with urothelial carcinoma that has not received treatment with an FGFR inhibitor or an anti-PD1 antibody or antigen binding fragment thereof, said method comprising administering a fibroblast growth factor receptor (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 240 mg to a patient that has been diagnosed with urothelial carcinoma who harbors at least one FGFR2 genetic alteration and/or FGFR3 genetic alteration.

40. A method of treating urothelial carcinoma comprising:
(a) evaluating a biological sample from a patient that has been diagnosed with urothelial carcinoma for the presence of one or more fibroblast growth factor receptor (FGFR) 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 240 mg to the patient if one or more FGFR gene alterations is present in the sample.

41. 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, 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.

42. The use of a FGFR inhibitor at a dose of about 8 mg per day 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 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.

43. The use of an anti-PD1 antibody or antigen binding fragment thereof at a dose of about 240 mg 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 to be used in combination with a FGFR inhibitor at a dose of about 8 mg per day.

44. A fibroblast growth factor receptor (FGFR) inhibitor 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 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.

45. An anti-PD1 antibody or antigen binding fragment thereof for use in combination with a fibroblast growth factor receptor (FGFR) inhibitor 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 the anti-PD1 antibody or antigen binding fragment thereof is to be administered at a dose of about 240 mg, and wherein the FGFR inhibitor is to be administered at a dose of about 8 mg per day.

46. The method or uses of any one of claims 39-45, wherein the anti-PD1 antibody or antigen binding fragment thereof is administered at a dose of about 240 mg once every two weeks.

47. The method or uses of any one of claims 39-46, for use in further combination with a platinum chemotherapy.

48. The method or uses of any one of claims 39-47, wherein the FGFR inhibitor is erdafitinib.

49. The method or uses of any one of claims 39-48, wherein the anti-PD1 antibody or antigen binding fragment thereof is cetrelimab.