What is claimed is:

1. Use of an anti-PD-1 antibody or an antigen binding fragment thereof for the manufacture of a medicament for treatment of a cancer in a subject in need thereof, wherein the cancer is a surgically resectable solid cancer, comprising:

(a) during a first treatment period the subject is to be parenterally administered a first dose of the anti-PD-1 antibody, or the antigen-binding fragment thereof, wherein the first dose of the anti-PD-1 antibody is 200 mg once every three-weeks, and wherein the anti-PD-1 antibody comprises:

(i) a V_H CDR1, V_H CDR2, and a V_H CDR3 comprising amino acid sequences as set forth in SEQ ID NOs: 31, 32 and 33, and

(ii) a V_L CDR1, V_L CDR2, and a V_L CDR3 comprising amino acid sequences as set forth in SEQ ID NOs: 34, 35 and 36;

(b) after the first treatment period, surgically resecting the cancer of the subject; and during a second treatment period after surgically resecting the cancer of the subject, the subject is to be parenterally administered a second dose of the anti-PD-1 antibody, or an antigen-binding fragment thereof, wherein the second dose of the anti-PD-1 antibody is 400 mg once every 6 weeks.

2. The use of claim 1, wherein the cancer is:

(a) an early-stage cancer;

(b) a Stage II or Stage IIIA cancer;

(c) not locally advanced or metastatic;

(d) breast, colon or a lung cancer;

(e) non-small cell lung cancer (NSCLC);

(f) squamous cell carcinoma;

(g) non-squamous cell carcinoma; or

(h) not locally advanced or metastatic.

3. The use of claim 1 or 2, wherein the heavy chain variable region of the anti-PD-1 antibody comprises the amino acid sequence of SEQ ID NO:24, and the light chain variable

region of the anti-PD-1 antibody comprises the amino acid sequence of SEQ ID NO:26, optionally wherein the anti-PD-1 antibody comprises an IgG constant region comprising an amino acid sequence of SEQ ID NO:88.

4. The use of any one of claims 1-3, wherein the anti-PD-1 antibody is to be administered intravenously, optionally wherein the administration is by IV infusion.

5. The use of any one of claims 1-4, wherein the subject has (i) not been previously treated for the cancer or the treatment is a first-line therapy, or (ii) not been previously treated with chemotherapy, radiotherapy and/or immunotherapy.

6. The use of any one of claims 1-5, wherein the first treatment period comprises 3 or 4 cycles of three-weeks each.

7. The use of any one of claims 1-6, wherein the second treatment period comprises (i) less than or equal to 8 cycles of six weeks each, or (ii) at least 8 cycles of six weeks each.

8. The use of any one of claims 1-7, wherein the second treatment period starts (i) within 8 weeks of the surgical resecting, or (ii) starts between 2 and 8 weeks after the surgical resection.

9. The use of any one of claims 1-8, wherein the surgical resecting is (i) followed by radiotherapy before the start of the second treatment period, optionally wherein the radiotherapy is to be administered 30 to 60 days after the surgical resecting, and the second treatment period starts between 7 and 30 days after the radiotherapy; or (ii) wherein the surgical resecting is not followed by radiotherapy.

10. The use of any one of claims 1-9, wherein the first treatment period further comprising a therapeutically effective amount of one or more chemotherapeutic drugs to be administered, optionally wherein the one or more chemotherapeutic drugs comprises a platinum chemotherapy drug, and optionally wherein the one or more chemotherapeutic drug is carboplatin or cisplatin.

11. The use of claim 10,
wherein the one or more chemotherapeutic drugs is carboplatin or cisplatin,

wherein the cisplatin is to be administered intravenously at about 75 mg/m^2 or the carboplatin is to be administered intravenously at about area under the plasma or serum concentration-time curve 5 (AUC5),

optionally wherein the administration is once every three-weeks (Q3W), optionally wherein the administration is by IV infusion.

12. The use of claim 10, wherein the one or more chemotherapeutic drugs further comprises pemetrexed or paclitaxel,

optionally wherein the pemetrexed is to be used when the NSCLC is a non-squamous cell carcinoma and the paclitaxel is to be used when NSCLC is a squamous cell carcinoma,

optionally wherein the pemetrexed is to be administered intravenously at about 500 mg/m^2,

optionally wherein the pemetrexed is to be administered once every three-weeks (Q3W),

optionally wherein the administration of pemetrexed is by IV infusion,

optionally when the paclitaxel is to be administered intravenously at about 175 mg/m^2,

optionally wherein the paclitaxel is to be administered is once every three-weeks (Q3W),

optionally wherein the administration of paclitaxel is by IV infusion.

13. The use of any one of claims 1-12, wherein the treatment is clinically effective or the subject is a responder to the treatment:

(a) by at least one measure of response to treatment.

(b) as measured by overall survival, progression-free or event-free survival, major pathological response ("MPR"), pathological complete response ("pCR"), overall response, partial response, duration of response, and/or tumor volume, diameter or size;

(c) as measured by MPR, optionally wherein the MPR is at least twice that observed in a control group of subjects not treated with the anti-PD-1 antibody, optionally wherein the subject has at least 25%, 35%, 40%, 45% or 50% probability of the MPR, or the treatment is effective as demonstrated by patient population MPR of at least 25%, 35%, 40%, 45% or 50%;

(d) as measured by tumor volume, size or diameter, and wherein the treatment reduces tumor volume, size or diameter in the subject by at least or more than 5%, 10%, 15%, 20%, 25%, 30%, 35%, 40%, 45%, 50%, 55%, 60%, 65%, 70%, 75%, 80%, 85%, or 90%; or

(e) as measured by pCR, optionally wherein the subject has at least 15%, 20%, 25%, 35%, or 40% probability of the pCR, or wherein the treatment is effective as demonstrated by patient population pCR of at least 15%, 20%, 25%, 35%, or 40%.

14. The use of any one of claims 1-13, wherein the subject:

(a) does not have an EGFR mutation, ROS1 mutation or an ALK gene translocation;

(b) has no known EGFR mutations or ALK rearrangements; and/or

(c) is a human, optionally wherein the human is an adult.

15. Use of an anti-PD-1 antibody, or an antigen-binding fragment thereof for the manufacture of a medicament for the treatment of a cancer in a subject in need thereof, wherein the cancer is a solid cancer, comprising the subject is to be parenterally administered the anti-PD-1 antibody, or the antigen-binding fragment thereof, wherein the anti-PD-1 antibody is to be administered:

(i) at a dose from about 50 to 800 mg, or

(ii) at a dose from about 2 mg/kg to about 5 mg/kg;

and the anti-PD-1 antibody comprises:

(a) a V_H CDR1, V_H CDR2, and a V_H CDR3 comprising amino acid sequences as set forth in SEQ ID NOs: 31, 32 and 33, and

(b) a V_L CDR1, V_L CDR2, and a V_L CDR3 comprising amino acid sequences as set forth in SEQ ID NOs: 34, 35 and 36; and

the method further comprises the administration of a therapeutically effective amount of chemotherapeutic drugs comprising (1) a platinum chemotherapy drug, or (2)(a) carboplatin, and (b) paclitaxel or nab-paclitaxel.

16. The use of claim 15, wherein the one or more chemotherapeutic drugs comprises a platinum chemotherapy drug, optionally wherein the one or more chemotherapeutic drugs comprises pemetrexed and a platinum chemotherapy drug, and optionally wherein the platinum chemotherapy drug is carboplatin or cisplatin.

17. The use of claim 15, wherein the one or more chemotherapeutic drugs comprises (a) carboplatin, and (b) paclitaxel or nab-paclitaxel.

18. The use of any one of claims 15-17, wherein the cancer is:

(a) a lung cancer, wherein the lung cancer is locally advanced or metastatic non-squamous non-small cell lung cancer (NSCLC), wherein the lung cancer is negative for epidermal growth factor receptor (EGFR) aberrations and anaplastic lymphoma kinase (ALK) genomic tumor aberrations, and the method further comprises the administration of pemetrexed and a platinum chemotherapy drug; or

(b) locally advanced or metastatic squamous non-small cell lung cancer (NSCLC), and the method further comprises the administratione (i) carboplatin, and (ii) paclitaxel or nab-paclitaxel.

19. The use of any one of claims 15-18, wherein the subject has not been previously treated for the cancer or the treatment is a first-line therapy.

20. The use of any one of claims 15-19, wherein the heavy chain variable region of the anti-PD-1 antibody comprises the amino acid sequence of SEQ ID NO:24, and the light chain variable region of the anti-PD-1 antibody comprises the amino acid sequence of SEQ ID NO:26, optionally wherein the anti-PD-1 antibody comprises an IgG constant region comprising an amino acid sequence of SEQ ID NO:88.

21. The use of any one of claims 15-20, wherein the anti-PD-1 antibody is to be administered intravenously, optionally wherein the administration is by IV infusion.

22. The use of claims 15, 16, 17, or 18, wherein the carboplatin is to be administered intravenously at about area under the plasma or serum concentration-time curve 5 (AUC5), optionally wherein the administration is once every three-weeks (Q3W), optionally wherein the administration is by IV infusion.

23. The use of claim 16, wherein the pemetrexed is to be administered intravenously at about 500 mg/m^2, optionally wherein the administration is once every three-weeks (Q3W), optionally wherein the administration is by IV infusion.

24. The use of claim 17, wherein the paclitaxel is to be administered intravenously at about 175 mg/m^2, optionally wherein the administration is once every three-weeks (Q3W), optionally wherein the administration is by IV infusion.

25. The use of any one of claims 15-24, wherein the anti-PD-1 antibody is to be administered:

(a) at a dose from about 2 mg/kg to 5 mg/kg, optionally wherein the anti-PD-1 antibody is to be administered at a dose of about 2mg/kg Q3W, 5mg/kg Q3W or 200 mg Q3W, optionally wherein the anti-PD-1 antibody is to be administered at a dose of about 400 mg, optionally wherein the anti-PD-1 antibody is to be administered at a dose of about 150 mg Q2W, optionally wherein the anti-PD-1 antibody is to be administered at a dose of about 300 mg Q4W, and optionally wherein the anti-PD-1 antibody is to be administered at a dose of about 400 mg Q6W;

(b) at a dose from about 50 to 800 mg, optionally wherein the anti-PD-1 antibody is to be administered at 100 mg, 150 mg, 200 mg, 250 mg, 300 mg, 350 mg, 400 mg, 450 mg, 500 mg, 550 mg, 600 mg, 650 mg, 700 mg, 750 mg, or 800 mg;

(c) every week, every 2 weeks, every 3 weeks, every 4 weeks, every 5 weeks, or every 6 weeks, optionally wherein the anti-PD-1 antibody is to be administered at 150 mg every two weeks, 300 mg every four weeks, or 400 mg every six weeks;

(d) prior to surgical removal of the solid cancer;

(e) after surgical removal of the solid cancer; optionally at a first dose prior to surgical removal of the solid cancer; optionally at a second dose after surgical removal of the solid cancer;

(f) at a first dose prior to surgical removal of the solid cancer, and at a second dose after surgical removal of the solid cancer

(g) intravenously, optionally wherein the administration is by IV infusion.

26. The use of any one of claims 15-25, wherein the first dose is:

(a) about 50 to 800 mg, optionally wherein the anti-PD-1 antibody is to be administered at 100 mg, 150 mg, 200, mg, 250 mg, 300 mg, 350 mg, 400 mg, 450 mg, 500 mg, 550 mg, 600 mg, 650 mg, 700 mg, 750 mg, or 800 mg, or (ii) about 2 mg/kg to about 5 mg/kg; optionally wherein the first dose is 200 mg once every three-weeks (Q3W); and/or

wherein the second dose is:

(b) about 50 to 800 mg, optionally wherein the anti-PD-1 antibody is to be administered at 100 mg, 150 mg, 200, mg, 250 mg, 300 mg, 350 mg, 400 mg, 450 mg, 500 mg, 550 mg, 600 mg, 650 mg, 700 mg, 750 mg, or 800 mg, or (ii) about 2 mg/kg to about 5 mg/kg; optionally wherein the second dose is 400 mg once every six weeks (Q6W).

27. The use of any one of claims 15-26, wherein the solid cancer is:

(a) an early-stage cancer;

(b) a Stage II or Stage IIIA cancer;

(c) not locally advanced or metastatic;

(d) breast, colon or a lung cancer;

(e) non-small cell lung cancer (NSCLC);

(f) squamous cell carcinoma;

(g) non-squamous cell carcinoma; or

(h) esophageal squamous cell carcinoma.

28. The use of any one of claims 1-27, wherein the anti-PD-1 antibody is formulated in a pharmaceutical composition comprising a histidine buffer, a surfactant, and a stabilizer, optionally wherein the surfactant is a polysorbate; and optionally wherein the stabilizer is trehalose.