CLAIMS

1. Use of an immunomodulator in the manufacture of a medicament for the treatment, reduction, inhibition or control of cancer in a patient, wherein the immunomodulator is to be administrated with a blocking agent, selected from a cell, protein, peptide, antibody or antigen binding fragment thereof, directed against CTLA-4, PD-1 PD-L1, PD-L2, LAG-3, B7-H3, B7-H4, B7-H6, A2AR, or IDO, and combinations thereof, wherein the immunomodulator comprises a whole cell, non-pathogenic heat-killed *Mycobacterium Mycobacterium* wherein the *Mycobacterium* is *M. obuense*, and wherein the immunomodulator is to be administered simultaneously, separately or sequentially with administration of the blocking agent, and further wherein the blocking agent is an antibody selected from pembrolizumab, azetolizumab, tremelimumab, and combinations thereof.

2. The use according to claim 1, wherein the blocking agent comprises a sub-therapeutic amount and/or duration of the blocking agent which is to be administered.

3. The use according to claim 2, wherein the blocking agent is pembrolizumab and wherein the patient has mismatch-repair deficient tumours associated with the cancer and/or exhibits PD-L1 expression in at least 10 %, or 20 %, or 30 %, or 40 %, or 50 % or more of tumour cells, as measured using the SP142 immunohistochemistry antibody assay.

4. The use according to claim 3, wherein the blocking agent is azetolizumab administered intravenously at a dose of at least 10 or 15 mg/kg or more every three weeks, optionally wherein the patient exhibits PD-L1 expression in at least 1 %, 5 % or 10 % or more of tumour cells and/or tumour-infiltrating immune cells selected from B-cells and NK cells, as measured using the SP142 immunohistochemistry antibody assay.

5. The use according to any one of claims 1-4, wherein the cancer is selected from prostate cancer, liver cancer, renal cancer, lung cancer, breast cancer, colorectal cancer, breast cancer, pancreatic cancer, brain cancer, hepatocellular cancer, lymphoma, leukaemia, gastric cancer, cervical cancer, ovarian cancer, thyroid cancer, melanoma, carcinoma, head and neck cancer, skin cancer and soft tissue sarcoma.

6. The use according to any one of claims 1-5, wherein the cancer is selected from pancreatic, colorectal, prostate or ovarian cancer.

7. The use according to any one of claims 1-6, wherein the cancer is metastatic.

8. The use according to any one of claims 1-7, wherein the non-pathogenic heat-killed *Mycobacterium* is preferentially the rough variant.

9. The use according to anyone of claims 1-8, wherein the non-pathogenic heat-killed *Mycobacterium* and/or blocking agent is for administration via the parenteral, oral, sublingual, nasal or pulmonary route.

10. The use according to claim 9, wherein the parenteral route is selected from subcutaneous, intradermal, subdermal, intraperitoneal, or intravenous.

11. The use according to claim 9 or claim 10, wherein the parenteral route comprises intratumoural injection.

12. The use according to any one of claims 1-11, wherein administration of the immunomodulator is prior to and/or after the administration of the blocking agent.

13. Use of: (i) a checkpoint inhibitor, selected from pembrolizumab, azetolizumab, tremelimumab, and combinations thereof, and (ii) an immunomodulator, in the manufacture of a medicament for the treatment, reduction, inhibition or control of aneoplasma, tumour or cancer in a subject wherein the immunomodulator is to administrated with a checkpoint inhibitor, and wherein the use results in enhanced therapeutic efficacy relative to administration of the checkpoint inhibitor

or immunomodulator alone, and wherein the immunomodulator comprises a whole cell, non-pathogenic heat killed *Mycobacterium* wherein the *Mycobacterium* is *M. obuense.*

14. The use according to claim 13, wherein a sub-therapeutic amount of the checkpoint inhibitor is to be administered.

15. The use according to claim 13, wherein the checkpoint inhibitor is pembrolizumab and wherein the patient has mismatch-repair deficient tumours and/or exhibits PD-L1 expression in at least 10 %, or 20 %, or 30 %, or 40 %, or 50 % or more of tumour cells, as measured using the SP142 immunohistochemistry antibody assay.

16. The use according to claim 13, wherein the checkpoint inhibitor is azetolizumamb, and wherein the azetolizumab is administered intravenously at a dose of at least 10 or 15 mg/kg or more every three weeks, optionally wherein the patient exhibits PD-L1 expression in at least 1 %, 5 % or 10 % or more of tumour cells and/or tumour-infiltrating immune cells selected from B-cells and NK cells, as measured using the SP142 immunohistochemistry antibody assay.

17. The use according to claim 13 or claim 14, wherein the neoplasia, tumour or cancer is associated with a cancer selected from prostate cancer, liver cancer, renal cancer, lung cancer, breast cancer, colorectal cancer, breast cancer, pancreatic cancer, brain cancer, hepatocellular cancer, lymphoma, leukaemia, gastric cancer, cervical cancer, ovarian cancer, thyroid cancer, melanoma, carcinoma, head and neck cancer, skin cancer and soft tissue sarcoma.

18. The use according to claim 17, wherein the neoplasia, tumour or cancer is associated with pancreatic, colorectal, prostate or ovarian cancer.

19. The use according to claim 13 or claim 14 or claim 17 or claim 18, wherein the neoplasia, tumour or cancer is metastatic.

20. The use according to claim 13 or claim 14 or any one of claims 17-19, wherein the non-pathogenic heat-killed *Mycobacterium* is the rough variant.

21. The use according to claim 20, wherein the whole cell non-pathogenic heat-killed *Mycobacterium* and/or checkpoint inhibitor is administered via the parenteral, oral, sublingual, nasal or pulmonary route.

22. The use according to claim 21, wherein the parenteral route is selected from subcutaneous, intradermal, subdermal, intraperitoneal, or intravenous.

23. The use according to claim 21 or claim 22, wherein the parenteral route comprises intratumoural injection.

24. The use according to claim 13 or claim 14 or any one of claims 17-23, wherein the amount of non-pathogenic heat-killed *Mycobacterium* administered is from 10^7 to 10^9 cells.

25. The use according to claim 13 or claim 14, wherein enhanced therapeutic efficacy is measured by increased overall survival time.

26. The use according to claim 13 or claim 14, wherein enhanced therapeutic efficacy is measured by increased progression-free survival.

27. The use according to claim 13 or claim 14, wherein enhanced therapeutic efficacy is measured by a decrease or stabilisation of tumour size.

28. The use according to claim 13 or claim 14 wherein enhanced therapeutic efficacy is measured by an improved overall response rate and/or increased quality of life.