What is claimed is:

Claim 1: A combination for use in the treatment of cervical cancer in a patient, wherein the combination comprises an anti-PD-1 binding protein or an anti-PD-L1 binding protein.

Claim 2. The combination for use of claim 1, wherein the combination further comprises a chemoradiation therapy.

Claim 3. The combination for use of either claim 1 or claim 2, wherein the cervical cancer is locally advanced cervical cancer (LACC).

Claim 4. The combination for use of any one of claims 1-3, wherein the patient has a tumor area positivity (TAP) score of $\geq$ 20% for PD-L1 expression.

Claim 5. The combination for use of any one of claims 1-4, wherein the anti-PD-1 binding protein or the anti-PD-L1 binding protein is an anti-PD-1 antibody selected from pembrolizumab, nivolumab, and cemiplimab.

Claim 6. The combination for use of any one of claims 1-4, wherein the anti-PD-1 binding protein or the anti-PD-L1 binding protein is an anti-PD-L1 antibody selected from durvalumab, avelumab, atezolizumab, and sugemalimab.

Claim 7. The combination for use of any one of claims 1-4, wherein the anti-PD-1 binding protein is a bispecific antibody, wherein the bispecific antibody is MEDI5752.

Claim 8. The combination for use of any one of claims 2-7, wherein the chemoradiation therapy comprises concurrent chemoradiation therapy.

Claim 9. The combination for use of any one of claims 2-8, wherein the chemoradiation therapy comprises external beam radiotherapy and brachytherapy.

Claim 10. The combination for use of any one of claims 2-8, wherein the chemoradiation therapy comprises a platinum-based chemotherapy.

Claim 11. The combination for use of claim 10, wherein the platinum-based chemotherapy is cisplatin or carboplatin.

Claim 12. The combination for use of any one of claims 6 or 8-11, wherein 1500 mg of the anti-PD-L1 antibody is to be administered to the patient intravenously every four weeks (Q4W).

Claim 13. The combination for use of any one of claims 6 or 8-11, wherein 1500 mg of the anti-PD-L1 antibody is to be administered to the patient intravenously every three weeks (Q3W).

Claim 14. The combination for use of either claim 12 or claim 13, wherein the anti-PD-L1 antibody is durvalumab.

Claim 15. The combination for use of any one of claims 7-11, wherein 500 mg or 750 mg of the bispecific antibody is to be administered to the patient intravenously every three weeks (Q3W).

Claim 16. The combination for use of any one of claims 7-11, wherein 500 mg or 750 mg of MEDI5752 is to be administered to the patient intravenously every three weeks (Q3W).

Claim 17. The combination for use of any one of claims 2-16, wherein the anti-PD-1 binding protein or the anti-PD-L1 binding protein, and the chemoradiation therapy are to be administered concurrently.

Claim 18. The combination for use of any one of claims 2-16, wherein the anti-PD-1 binding protein or the anti-PD-L1 binding protein is to be administered after the chemoradiation therapy.

Claim 19. The combination for use of any one of claims 1-18, wherein the combination is capable of extending progression free survival (PFS) in the patient.

Claim 20. The combination for use of any one of claims 1-18, wherein the combination is capable of increasing the overall response rate (ORR) in the patient.

Claim 21. Use of an anti-PD-1 binding protein or an anti-PD-L1 binding protein for the manufacture of a medicament for the treatment of cervical cancer in a patient.

Claim 22. The use of claim 21, wherein the medicament further comprises a chemoradiation therapy.

Claim 23. The use of either claim 21 or claim 22, wherein the cervical cancer is locally advanced cervical cancer (LACC).

Claim 24. The use of any one of claims 21-23, wherein the patient has a tumor area positivity (TAP) score of ≥ 20% for PD-L1 expression.

Claim 25. The use of any one of claims 21-24, wherein the anti-PD-1 binding protein or the anti-PD-L1 binding protein is an anti-PD-1 antibody selected from pembrolizumab, nivolumab, and cemiplimab.

Claim 26. The use of any one of claims 21-24, wherein the anti-PD-1 binding protein or the anti-PD-L1 binding protein is an anti-PD-L1 antibody selected from durvalumab, avelumab, atezolizumab, and sugemalimab.

Claim 27. The use of any one of claims 21-24, wherein the anti-PD-1 binding protein or the anti-PD-L1 binding protein is a bispecific antibody, wherein the bispecific antibody is MEDI5752.

Claim 28. The use of any one of claims 22-27, wherein the chemoradiation therapy comprises concurrent chemoradiation therapy.

Claim 29. The use of any one of claims 22-28, wherein the chemoradiation therapy comprises external beam radiotherapy and brachytherapy.

Claim 30. The use of any one of claims 22-29 wherein the chemoradiation therapy comprises a platinum-based chemotherapy.

Claim 31. The use of claim 30, wherein the platinum-based chemotherapy is cisplatin or carboplatin.

Claim 32. The use of any one of claims 26-31, wherein 1500 mg of the anti-PD-L1 antibody is to be administered to the patient intravenously every four weeks (Q4W).

Claim 33. The use of any one of claims 26-31, wherein 1500 mg of the anti-PD-L1 antibody is to be administered to the patient intravenously every three weeks (Q3W).

Claim 34. The use of either claim 32 or claim 33, wherein the anti-PD-L1 antibody is durvalumab.

Claim 35. The use of any one of claims 27-31, wherein 500 mg or 750 mg of a bispecific antibody is to be administered to the patient intravenously every three weeks (Q3W).

Claim 36. The use of claim 35, wherein the bispecific antibody is MEDI5752.

Claim 37. The use of any one of claims 22-36, wherein the anti-PD-1 binding protein or the anti-PD-L1 binding protein, and the chemoradiation therapy are to be administered concurrently.

Claim 38. The use of any one of claims 22-36, wherein the anti-PD-1 binding protein or the anti-PD-L1 binding protein is to be administered after the chemoradiation therapy.

Claim 39. The use of any one of claims 21-38, wherein the treatment is capable of extending progression free survival (PFS) in the patient.

Claim 40. The use of any one of claims 21-38, wherein the treatment is capable of increasing the overall response rate (ORR) in the patient.

Claim 41. Use of durvalumab in the manufacture of a medicament for treating locally advanced cervical cancer (LACC) in a patient, wherein 1500 mg of durvalumab is to be administered to the patient intravenously every four weeks (Q4W), wherein the patient has a tumor area positivity (TAP) score of ≥ 20% for PD-L1 expression.

Claim 42. Use of MEDI5752 in the manufacture of a medicament for treating locally advanced cervical cancer (LACC) in a patient, wherein 500 mg or 750 mg of MEDI5752 is to be administered to the patient intravenously every three weeks (Q3W), wherein the patient has a tumor area positivity (TAP) score of ≥ 20% for PD-L1 expression.

Claim 43. The use of either claim 41 or claim 42, wherein the medicament further comprises a chemoradiation therapy.

Claim 44. The use of claim 43, wherein the chemoradiation therapy comprises concurrent chemoradiation therapy.

Claim 45. The use of either claim 43 or claim 44, wherein the chemoradiation therapy comprises external beam radiotherapy and brachytherapy.

Claim 46. The use of any one of claims 43-45, wherein the chemoradiation therapy comprises a platinum-based chemotherapy.

Claim 47. The use of claim 46, wherein the platinum-based chemotherapy is cisplatin or carboplatin.

Claim 48. The use of any one of claims 43-47, wherein durvalumab or MEDI5752 and the chemoradiation therapy are to be administered concurrently.

Claim 49. The use of any one of claims 43-47, wherein durvalumab or MEDI5752 is to be administered after the chemoradiation therapy.

Claim 50. The use of any one of claims 41-49, wherein the medicament is capable of extending progression free survival (PFS) in the patient.

Claim 51. The use of any one of claims 41-49, wherein the medicament is capable of increasing the overall response rate (ORR) in the patient.

Claim 52. A combination of durvalumab and a chemoradiation therapy for the treatment of locally advanced cervical cancer (LACC) in a patient, wherein 1500 mg of durvalumab is to be administered to the patient intravenously every four weeks (Q4W), and wherein the patient has a tumor area positivity (TAP) score of ≥ 20% for PD-L1 expression.

Claim 53. A combination of MEDI5752 and a chemoradiation therapy for the treatment of locally advanced cervical cancer (LACC) in a patient, wherein 500 mg or 750 mg of MEDI5752 is to be administered to the patient intravenously every three weeks (Q3W), and wherein the patient has a tumor area positivity (TAP) score of ≥ 20% for PD-L1 expression.

Claim 54. The combination of either claim 52 or claim 53, wherein the chemoradiation therapy comprises concurrent chemoradiation therapy.

Claim 55. The combination of any one of claims 52-54, wherein the chemoradiation therapy comprises external beam radiotherapy and brachytherapy.

Claim 56. The combination of any one of claims 52-55, wherein the chemoradiation therapy comprises a platinum-based chemotherapy.

Claim 57. The combination of claim 56, wherein the platinum-based chemotherapy is cisplatin or carboplatin.

Claim 58. The combination of any one of claims 52, 53, or 55-57, wherein durvalumab or MEDI5752 is to be administered after the chemoradiation therapy.

Claim 59. The combination of any one of claims 52-58, wherein the combination is capable of extending progression free survival (PFS) in the patient.

Claim 60. The combination of any one of claims 52-58, wherein the combination is capable of increasing the overall response rate (ORR) in the patient.