What is claimed is:

1. Use of an OX40 agonist and an anti-CTLA4 antibody in the manufacture of a medicament for enhancing chemotherapy or radiotherapy efficacy in a subject having a tumor, wherein the medicament is to be administered into the subject before, during or after chemotherapy or radiotherapy.

2. Use of an OX40 agonist and an anti-CTLA4 antibody in the manufacture of a medicament for the treatment of a tumor in a subject, wherein

(a) the medicament is to be administered to the subject,

(b) a measurement of cells that indicates a reduction in macrophage differentiation in the subject is to be obtained, and

(c) chemotherapy or radiotherapy is to be administered to the subject.

3. Use of an OX40 agonist and an anti-CTLA4 antibody in the manufacture of a medicament for the treatment of a tumor in a subject, wherein

(a) the medicament is to be administered to the subject,

(b) a measurement of cells that indicates a reduction in macrophage differentiation in the subject is to be obtained, and

(c) an anti-IL4 antibody and chemotherapy or radiotherapy are to be administered to the subject.

4. Use of an OX40 agonist and an anti-CTLA4 antibody in the manufacture of a medicament for the treatment of a tumor in a subject, wherein

(a) the medicament is to be administered to the subject,

(b) a measurement of cells that indicates a reduction in macrophage differentiation in the subject is to be obtained,

(c) chemotherapy is to be administered to the subject

(d) the medicament is to be administered to the subject, and

(e) chemotherapy or radiotherapy is to be administered to the subject.

5. The use of claim 4, wherein steps (b) and (d) additionally comprise an anti-IL-4 antibody to be co-administered.

6. The use of any one of claims 1-5, wherein the subject is identified as having a chemoresistant or radiotherapy resistant tumor.

7. The use of any one of claims 1-6, wherein the use delays or reduces tumor growth, reduces tumor size, and/or enhances survival in the subject.

8. The use of any one of claims 1-7, wherein the tumor is chemoresistant or radiotherapy resistant.

9. The use of any one of claims 1-8, wherein the tumor is non-immunogenic or poorly immunogenic.

10. The use of claim 9, wherein the tumor has poor infiltration of CD8 T cells.

11. The use of any one of claims 1-10, wherein the subject has pancreatic cancer or pancreatic adenocarcinoma.

12. The use of any one of claims 1-11, wherein the tumor is a pancreatic cancer or pancreatic adenocarcinoma.

13. The use of any one of claims 1-12, wherein the chemotherapy comprises gemcitabine to be administered.

14. The use of any one of claims 1-13, wherein the OX40 agonist is an anti-OX40 antibody.

15. The use of claim 14, wherein the anti-OX40 antibody is one or more of OX86, humanized anti-OX40 antibody, and 9B12.

16. The use of any one of claims 1-15, wherein the OX40 agonist is an OX40 fusion protein.

17. The use of any one of claims 1-16, wherein the anti-CTLA4 antibody is one or more of 9D9 and tremelimumab.

18. The use of any one of claims 1-5, wherein said therapy is to be administered when immune cell differentiation is reduced in the tumor environment.

19. The use of claim 18, wherein the immune cell is one or more of a macrophage or T cell.

20. The use of claim 19, wherein a reduction in macrophage differentiation is determined by a decrease in arginase expression in a macrophage.

21. The use of any of claims 1-5, wherein the chemotherapy or radiotherapy is to be administered 1, 2, 3, 4, 5, or 6 days after administration of the medicament.

22. The use of either of claims 3 or 5, wherein the anti-IL4 antibody reduces CD4 T cell differentiation in the tumor environment.

23. The use of any one of claims 1-21, wherein the medicament, and said therapy are to be administered to the subject two or more times.

24. The use of claim 1, wherein the medicament is to be administered before chemotherapy.

25. The use of claim 1, wherein the medicament is to be administered before radiotherapy.

26. The use of any one of claims 1-11, wherein the subject has colorectal cancer.

27. Use of an anti-CTLA4 antibody in the manufacture of a medicament for enhancing chemotherapy or radiotherapy efficacy in a subject having a colorectal cancer, wherein the

medicament is to be administered to the subject before, during or after chemotherapy or radiotherapy.

28. Use of an anti-CTLA4 antibody in the manufacture of a medicament for the treatment of colorectal cancer in a subject, wherein

(a) the medicament is to be administered to the subject, and

(b) radiotherapy is to be administered to the subject.

29. The use of claim 27 or 28, wherein the anti-CTLA4 antibody is one or more of 9D9 and tremelimumab.

30. The use of any of claims 27-29, wherein the chemotherapy or radiotherapy is to be administered 1, 2, 3, 4, 5, 6, or 7 days after administration of the medicament.

31. The use of any of claims 27-29, wherein the chemotherapy or radiotherapy is to be administered 1, 2, 3, or 4 days before administration of the medicament.

32. Use of an OX40 agonist in the manufacture of a medicament for enhancing chemotherapy or radiotherapy efficacy in a subject having a tumor, wherein the medicament is to be administered into the subject before, during or after chemotherapy or radiotherapy.

33. Use of an OX40 agonist in the manufacture of a medicament for the treatment of colorectal cancer in a subject, wherein

(a) radiotherapy is to be administered to the subject, and

(b) the medicament is to be administered into the subject.

34. The use of 32 or 33, wherein the OX40 agonist is an anti-OX40 antibody.

35. The use of claim 34, wherein the anti-OX40 antibody is one or more of OX86, humanized anti-OX40 antibody, and 9B12.

36. The use of 32 or 33, wherein the OX40 agonist is an Ox40 fusion protein.

37. The use of any of claims 32-36, wherein the medicament is to be administered 1 or 2 days after administration of chemotherapy or radiotherapy.

38. The use of any of claims 27-37, wherein the subject has a colorectal tumor.

39. The use of any one of claims 27-37, wherein the use delays or reduces tumor growth, reduces tumor size, and/or enhances survival in the subject.