DOSING OF ANTIGEN BINDING MOLECULES TARGETING THYMIC STROMAL LYMPHOPOIETIN (TSLP)

RELATED APPLICATION(S)

[0001] This application claims the benefit of U.S. Provisional Application No. 63/752,476, filed on January 31, 2025, U.S. Provisional Application No.63/743,800, filed on January 10, 2025, U.S. Provisional Application No. 63/690,713, filed on September 4, 2024, and U.S. Provisional Application No. 63/556,716, filed on February 22, 2024. The entire teachings of the above applications are incorporated herein by reference.

INCORPORATION BY REFERENCE OF MATERIAL IN XML

[0002] This application incorporates by reference the Sequence Listing contained in the following eXtensible Markup Language (XML) file being submitted concurrently herewith:

a) File name: 57081089004_SL.xml; created February 21, 2025, 61,394 Bytes in size.

BACKGROUND

[0003] Thymic stromal lymphopoietin (TSLP) is a cytokine that has been implicated in the pathogenesis of a variety of inflammatory conditions. Released upon epithelial exposure to “insults” such as allergens, TSLP initiates a cascade of downstream inflammation. TSLP receptors (TSLPRs) are expressed in a wide range of cell types, including airway smooth muscle cells (ASMCs), basophils, dendritic cells, eosinophils, group 2 innate lymphoid cells (ILC2s), hematopoietic progenitor cells, lymphocytes, macrophages, mast cells and monocytes (Gauvreau et al., Thymic stromal lymphopoietin: its role and potential as a therapeutic target in asthma, Expert Opin Ther Targets 24(8):777-92 (2020)). There is compelling evidence that dysregulated TSLP expression can lead to allergic disease through the development of type 2 inflammatory responses (Ziegler et al., The biology of thymic stromal lymphopoietin (TSLP), Adv Pharmacol. 66:129-55 (2013)).

SUMMARY

[0004] There is a critical need for therapeutic agents for modulating (e.g., reducing or neutralizing) thymic stromal lymphopoietin (TSLP) binding and/or activity. The present disclosure provides methods of modulating TSLP binding and/or activity, and methods of

treating TSLP-associated diseases or conditions using an antibody as described herein, or antigen-binding fragments thereof.

[0005] In some embodiments, the present disclosure provides a method of treating an inflammatory pulmonary disease in a subject, comprising administering to the subject a therapeutically effective dose of about 10 mg to about 1000 mg of an antibody, or antigen-binding fragment thereof, that binds to TSLP at an interval of about every 3 months to about every 12 months, wherein the antibody, or antigen-binding fragment thereof, comprises: (i) a heavy chain complementarity determining region (HCDR)1 comprising the amino acid sequence of SEQ ID NO:31, a HCDR2 comprising the amino acid sequence of SEQ ID NO:35, and a HCDR3 comprising the amino acid sequence of SEQ ID NO:50, and (ii) a light chain complementarity determining region (LCDR)1 comprising the amino acid sequence of SEQ ID NO:60, a LCDR2 comprising the amino acid sequence of DDS, and a LCDR3 comprising the amino acid sequence of SEQ ID NO:71.

[0006] In some embodiments, an effective dose is about 150 mg to about 1500 mg, about 200 mg to about 1400 mg, about 250 mg to about 1300 mg, or about 300 mg to about 1200 mg (e.g., 300 mg, 600 mg, or 1200 mg).

[0007] In some embodiments, an effective dose is administered about every 3 months, about every 4 months, about every 6 months, about every 9 months, or about every 12 months. In some embodiments, an effective dose is administered about every 6 months. In some embodiments, an effective dose is administered about every 24 weeks, about every 26 weeks, or about every 28 weeks. In some embodiments, an effective dose is administered about every 26 weeks.

[0008] In some embodiments, an effective dose is administered subcutaneously, intravenously, intramuscularly, or intraperitoneally.

[0009] In some embodiments, an effective dose is administered subcutaneously as a single dose of about 10 mg, about 30 mg, about 100 mg, about 300 mg, about 600 mg, or about 1200 mg.

[0010] In some embodiments, an effective dose is administered subcutaneously as two doses of about 100 mg, two doses of about 300 mg, or two doses of about 600 mg.

[0011] In some embodiments, a method of the present disclosure provides administering an antibody disclosed herein, or antigen-binding fragment thereof, to a human subject. In some embodiments, a subject is adult.

[0012] In some embodiments, administering an effective dose of an antibody disclosed herein, or antigen-binding fragment thereof, decreases the level of eosinophils in a blood, sputum, and/or bronchoalveolar fluid sample from a subject as compared to a blood, sputum, and/or bronchoalveolar fluid sample collected from the subject prior to administering.

[0013] In some embodiments, administering an effective dose of an antibody disclosed herein, or antigen-binding fragment thereof, decreases the level of leukocytes in a blood, sputum, and/or bronchoalveolar fluid sample from the subject as compared to a blood, sputum, and/or bronchoalveolar fluid sample collected from the subject prior to administering.

[0014] In some embodiments, administering an effective dose increases the ratio of T_H2^{low} T cells to T_H2^{high} T cells in a blood, sputum, and/or bronchoalveolar fluid sample from the subject as compared to a blood, sputum, and/or bronchoalveolar fluid sample collected from the subject prior to administering.

[0015] In some embodiments, administering an effective dose of an antibody disclosed herein, or antigen-binding fragment thereof, decreases the level of one or more T_H2 cytokines in a blood, sputum, and/or bronchoalveolar fluid sample from the subject as compared to a blood, sputum, and/or bronchoalveolar fluid sample collected from the subject prior to administering. In some embodiments, one or more T_H2 cytokines comprise IL-4, IL-13, IL-5, or a combination thereof.

[0016] In some embodiments, administering an effective dose of an antibody disclosed herein, or antigen-binding fragment thereof, decreases the level of IgE in a blood and/or bronchoalveolar fluid sample from the subject as compared to a blood and/or bronchoalveolar fluid sample collected from the subject prior to administering.

[0017] In some embodiments, administering an effective dose of an antibody disclosed herein, or antigen-binding fragment thereof, decreases the level of one or more chemokine in a blood, sputum, and/or bronchoalveolar fluid sample from the subject as compared to a blood, sputum, and/or bronchoalveolar fluid sample collected from the subject prior to administering. In some embodiments, one or more chemokines comprise CCL17, CCL22, CXCL8, CCL1, CCL24, or a combination thereof.

[0018] In some embodiments, administering an effective dose of an antibody disclosed herein, or antigen-binding fragment thereof, achieves a serum half-life of the antibody, or antigen-binding fragment thereof, in a subject of about 50 to about 150 days (e.g., about 100 days).

[0019] In some embodiments, administering an effective dose of an antibody disclosed herein, or antigen-binding fragment thereof, achieves a maximum serum concentration (C_{max}) of the antibody, or antigen-binding fragment thereof, in a subject of about 1 μg/ml to about 250 μg/ml.

[0020] In some embodiments, administering an effective dose of an antibody disclosed herein, or antigen-binding fragment thereof, achieves a serum AUC_{0-7d} value of the antibody, or antigen-binding fragment thereof, in the subject of about 10 μg•day/ml to about 1500 μg•day/ml.

[0021] In some embodiments, administering an effective dose of an antibody disclosed herein, or antigen-binding fragment thereof, improves forced expiratory volume (FEV), FEV_1 reversibility, forced vital capacity (FVC), FeNO, Asthma Control Questionnaire-6 score, AQLQ(S)+12 score, or combination thereof.

[0022] In some embodiments, a method of the present disclosure comprises administering an antibody, or antigen-binding fragment thereof comprising a VH comprising an amino acid sequence of SEQ ID NO:5, and a VL comprising an amino acid sequence of SEQ ID NO:21. In some embodiments, an antibody comprises a HC comprising an amino acid sequence of SEQ ID NO:92, and a LC comprising an amino acid sequence of SEQ ID NO:120. In some embodiments, an antibody comprises a HC comprising an amino acid sequence of SEQ ID NO:106, and a LC comprising an amino acid sequence of SEQ ID NO:120.

[0023] In some embodiments, the present disclosure provides a method of treating an inflammatory pulmonary disease in a human patient, comprising administering to the patient a therapeutically effective dose of about 10 mg to about 1,200 mg of an antibody at an interval of about every 24 weeks to about every 28 weeks, wherein the antibody comprises:

a) a HC comprising an amino acid sequence of SEQ ID NO:92; and

b) a LC comprising an amino acid sequence of SEQ ID NO:120.

[0024] In some embodiments, the present disclosure provides a method of treating an inflammatory pulmonary disease in a human patient, comprising administering to the patient a therapeutically effective dose of about 10 mg to about 1,200 mg of an antibody at an interval of about every 24 weeks to about every 28 weeks, wherein the antibody comprises:

a) a HC comprising an amino acid sequence of SEQ ID NO:106; and

b) a LC comprising an amino acid sequence of SEQ ID NO:120.

[0025] In some embodiments, a method of the present disclosure comprises administering to the human patient:

a) about 10 mg of the antibody at an interval of about every 24 weeks;
b) about 10 mg of the antibody at an interval of about every 26 weeks;
c) about 10 mg of the antibody at an interval of about every 6 months;
d) about 10 mg of the antibody at an interval of about every 28 weeks;
e) about 30 mg of the antibody at an interval of about every 24 weeks;
f) about 30 mg of the antibody at an interval of about every 26 weeks;
g) about 30 mg of the antibody at an interval of about every 6 months;
h) about 30 mg of the antibody at an interval of about every 28 weeks;
i) about 100 mg of the antibody at an interval of about every 24 weeks;
j) about 100 mg of the antibody at an interval of about every 26 weeks;
k) about 100 mg of the antibody at an interval of about every 6 months;
l) about 100 mg of the antibody at an interval of about every 28 weeks;
m) about 300 mg of the antibody at an interval of about every 24 weeks;
n) about 300 mg of the antibody at an interval of about every 26 weeks;
o) about 300 mg of the antibody at an interval of about every 6 months;
p) about 300 mg of the antibody at an interval of about every 28 weeks;
q) about 600 mg of the antibody at an interval of about every 24 weeks;
r) about 600 mg of the antibody at an interval of about every 26 weeks;
s) about 600 mg of the antibody at an interval of about every 6 months;
t) about 600 mg of the antibody at an interval of about every 28 weeks;
u) about 1200 mg of the antibody at an interval of about every 24 weeks;
v) about 1200 mg of the antibody at an interval of about every 26 weeks;
w) about 1200 mg of the antibody at an interval of about every 6 months; or
x) about 1200 mg of the antibody at an interval of about every 28 weeks.

[0026] In some embodiments, a method of the present disclosure comprises administering an antibody subcutaneously.

BRIEF DESCRIPTION OF THE DRAWINGS

[0027] The foregoing will be apparent from the following more particular description of example embodiments, as illustrated in the accompanying drawings in which like reference characters refer to the same parts throughout the different views. The drawings are not necessarily to scale, emphasis instead being placed upon illustrating embodiments.

[0028] **FIGs. 1A and 1B** depict the binding of an exemplary anti-TSLP antibody of the present disclosure to human or cynomolgus TSLP. **FIG. 1A** is a line graph showing the binding of AB-2b, with and without Fc YTE substitutions, to human TSLP as measured by ELISA. **FIG. 1B** is a line graph showing the binding of AB-2b, with and without Fc YTE substitutions, to cynomolgus monkey TSLP as measured by ELISA

[0029] **FIGs. 2A-2J** depict the design and endpoints of an exemplary study assessing the efficacy of anti-TSLP antibodies of the present disclosure in a TSLP/ovalbumin (OVA)-induced model of asthma in B-hTSLP/hTSLPR mice. **FIG. 2A** is schematic illustrating an exemplary OVA and anti-TSLP antibody dosing schedule in B-hTSLP/hTSLPR mice. Mice were dosed intranasally with 40 µl of PBS containing 1 µg human recombinant TSLP and 10 µg OVA, or 10 µg OVA only (negative control) every two days. Saline, isotype control (10 mg/kg), AB-2b without Fc YTE substitutions, or Tezepelumab were administered via intraperitoneal injection on Day -1 before dosing and on Day 6. **FIG. 2B** is a bar graph showing total serum IgE levels (ng/mL) in mice treated with 0.3 mg/kg, 3 mg/kg, or 10 mg/kg of an exemplary anti-TSLP antibody of the present disclosure (AB-2b without Fc YTE), reference antibody (Tezepelumab), or isotype control (Isotype) and dosed with OVA according to the schedule depicted in **FIG. 2A**. **FIG. 2C** is a bar graph showing OVA-specific IgE serum levels (ng/mL) in mice treated with 0.3 mg/kg, 3 mg/kg, or 10 mg/kg of an exemplary anti-TSLP antibody of the present disclosure (AB-2b without Fc YTE), reference antibody (Tezepelumab), or isotype control (Isotype) and dosed with OVA according to the schedule depicted in **FIG. 2A**. **FIG. 2D** is a bar graph showing the percentage of eosinophils in the total bronchoalveolar lavage fluid (BALF) cell count of mice treated with 0.3 mg/kg, 3 mg/kg, or 10 mg/kg of an exemplary anti-TSLP antibody of the present disclosure (AB-2b without Fc YTE), reference antibody (Tezepelumab), or isotype control (Isotype) and dosed with OVA according to the schedule depicted in **FIG. 2A**. **FIG. 2E** is a bar graph showing bronchoalveolar lavage fluid (BALF) eosinophil cell counts in mice treated with 0.3 mg/kg, 3 mg/kg, or 10 mg/kg of an exemplary anti-TSLP antibody of the present disclosure (AB-2b without Fc YTE), reference antibody (Tezepelumab), or isotype control (Isotype) and dosed with OVA according to the schedule depicted in **FIG. 2A**. **FIG. 2F** is a bar graph showing BALF TARC/CCL17 concentrations (pg/mL) in mice treated with 0.3 mg/kg, 3 mg/kg, or 10 mg/kg of an exemplary anti-TSLP antibody of the present disclosure (AB-2b without Fc YTE), reference antibody (Tezepelumab), or isotype control (Isotype) and dosed with OVA according to the schedule depicted in **FIG. 2A**. **FIG.**

2G is a bar graph showing BALF IL-4 concentrations (pg/mL) in mice treated with 0.3 mg/kg, 3 mg/kg, or 10 mg/kg of an exemplary anti-TSLP antibody of the present disclosure (AB-2b without Fc YTE), reference antibody (Tezepelumab), or isotype control (Isotype) and dosed with OVA according to the schedule depicted in **FIG. 2A**. **FIG. 2H** is a bar graph showing BALF IL-13 concentrations (pg/mL) in mice treated with 0.3 mg/kg, 3 mg/kg, or 10 mg/kg of an exemplary anti-TSLP antibody of the present disclosure (AB-2b without Fc YTE), reference antibody (Tezepelumab), or isotype control (Isotype) and dosed with OVA according to the schedule depicted in **FIG. 2A**. **FIG. 2I** is a bar graph showing total BALF IgE levels (ng/mL) in mice treated with 0.3 mg/kg, 3 mg/kg, or 10 mg/kg of an exemplary anti-TSLP antibody of the present disclosure (AB-2b without Fc YTE), reference antibody (Tezepelumab), or isotype control (Isotype) and dosed with OVA according to the schedule depicted in **FIG. 2A**. **FIG. 2J** is a bar graph showing BALF OVA-specific IgE levels (ng/mL) in mice treated with 0.3 mg/kg, 3 mg/kg, or 10 mg/kg of an exemplary anti-TSLP antibody of the present disclosure (AB-2b without Fc YTE), reference antibody (Tezepelumab), or isotype control (Isotype) and dosed with OVA according to the schedule depicted in **FIG. 2A**. ns = not significant, * $p \leq 0.05$, ** $p \leq 0.01$, *** $p \leq 0.001$, **** $p \leq 0.0001$.

[0030] **FIGs. 3A-3E** depict inflammatory endpoint histological scores and representative images of lung sections collected from B-hTSLP/hTSLPR mice dosed according to the schedule depicted in **FIG. 2A**. **FIG. 3A** is a bar graph showing inflammatory cell infiltration scores in lung sections collected from B-hTSLP/hTSLPR mice treated with 0.3 mg/kg, 3 mg/kg, or 10 mg/kg of an exemplary anti-TSLP antibody of the present disclosure (AB-2b without Fc YTE), reference antibody (Tezepelumab), or isotype control (Isotype) and dosed with OVA according to the schedule depicted in **FIG. 2A**. **FIG. 3B** is a bar graph showing eosinophil infiltration scores in lung sections collected from B-hTSLP/hTSLPR mice treated with 0.3 mg/kg, 3 mg/kg, or 10 mg/kg of an exemplary anti-TSLP antibody of the present disclosure (AB-2b without Fc YTE), reference antibody (Tezepelumab), or isotype control (Isotype) and dosed with OVA according to the schedule depicted in **FIG. 2A**. **FIG. 3C** shows micrographs of hematoxylin and eosin (H&E)-stained lung sections collected from B-hTSLP/hTSLPR mice treated with 0.3 mg/kg, 3 mg/kg, or 10 mg/kg of an exemplary anti-TSLP antibody of the present disclosure (AB-2b without Fc YTE), reference antibody (Tezepelumab), or isotype control (Isotype) and dosed with OVA according to the schedule depicted in **FIG. 2A**. **FIG. 3D** is a bar graph showing mucus production (% positive area) in

lung sections collected from B-hTSLP/hTSLPR mice treated with 0.3 mg/kg, 3 mg/kg, or 10 mg/kg of an exemplary anti-TSLP antibody of the present disclosure (AB-2b without Fc YTE), reference antibody (Tezepelumab), or isotype control (Isotype) and dosed with OVA according to the schedule depicted in **FIG. 2A**. **FIG. 3E** shows micrographs of Periodic acid-Schiff (PAS)-stained lung sections collected from B-hTSLP/hTSLPR mice treated with 0.3 mg/kg, 3 mg/kg, or 10 mg/kg of an exemplary anti-TSLP antibody of the present disclosure (AB-2b without Fc YTE), reference antibody (Tezepelumab), or isotype control (Isotype) and dosed with OVA according to the schedule depicted in **FIG. 2A**. ** $p \leq 0.01$, *** $p \leq 0.001$, **** $p \leq 0.0001$.

[0031] **FIGs. 4A-4D** depict serum concentration levels of an exemplary anti-TSLP antibody of the present disclosure in male cynomolgus monkeys. **FIG. 4A** is a line graph showing the serum concentrations of AB-2b antibody over the course of 2184 hours in male cynomolgus monkeys intravenously (IV) administered with a single 2 mg/kg dose of AB-2b. **FIG. 4B** is a line graph showing the serum concentrations of AB-2b antibody over the course of 2184 hours in male cynomolgus monkeys intravenously (IV) administered with a single 10 mg/kg dose of AB-2b. **FIG. 4C** is a line graph showing the serum concentrations of AB-2b antibody over the course of 2184 hours in male cynomolgus monkeys intravenously (IV) administered with a single 25 mg/kg dose of AB-2b. **FIG. 4D** is a line graph showing the serum concentrations of AB-2b antibody over the course of 2184 hours in male cynomolgus monkeys subcutaneously administered with a single 25 mg/kg dose of AB-2b. Dose administration on day 1 is plotted as day 0.

[0032] **FIG. 5A** depicts PK of AB-2b observed in cynomolgus monkeys ($t_{1/2}$ is approximately 31-34 days). **FIGs. 5B-5D** depict predicted pharmacokinetic (PK) and physiologically-based PK (PBPK) models for an exemplary anti-TSLP antibody of the present disclosure in humans. **FIG. 5B** is a line graph showing predicted serum concentrations (μg/mL) of AB-2b in humans over the course of a month following subcutaneous administration of AB-2b (210 mg) as compared to reported concentrations of Tezepelumab. **FIG. 5C** is a line graph showing predicted TSLP suppression in human lung epithelial lining fluid across single dose levels of 10 mg, 30 mg, 100 mg, 300 mg, or 600 mg of AB-2b (AB) with a predicted half-life of 56 days as compared to an approved 210 mg subcutaneous (SC) dosage of Tezepelumab (Teze) every four weeks (Q4W), a 700 mg IV dosage administered in 3 doses Q4W, or a 280 mg subcutaneous dosage administered every two weeks (Q2W). **FIG. 5D** is a line graph showing predicted TSLP suppression in human

lung epithelial lining fluid across single dose levels of 10 mg/kg, 30 mg/kg, 100 mg/kg, 300 mg/kg, or 600 mg/kg of AB-2b (AB) with a predicted half-life of 100 days as compared to an approved 210 mg subcutaneous (SC) dosage of Tezepelumab every four weeks (Q4W), a 700 mg IV dosage administered in 3 doses Q4W, or a 280 mg subcutaneous dosage administered every two weeks (Q2W).

[0033] **FIGs. 6A-6F** are first-in-human (FIH) PK comparisons between AB-2b and monoclonal antibody AIO-001 anti-TSLP antibody (Aiolis Bio/GSK). The data supports administering AB-2b every 26 weeks (Q26W).

[0034] **FIGs. 7A-7C** depict preliminary pharmacodynamic (PD) data from AB-2b in humans. **FIGs. 7A-7B** Reductions in Eosinophils and FeNO were observed through week 25. The baseline is defined as Day 1 pre-dose or last available result available pre-dose (i.e., day –1); Y-axis represents median % change from baseline +/- median absolute deviation. **FIG. 7C.** shows accumulation of total TSLP. **FIG. 7D** shows a 20-fold increase in affinity in AB-2b compared to the reference antibody. **FIGs. 7E-7F** show dose-response data suggesting saturation of suppressive effects of treatment with AB-2b on IL-13 and IL-5, respectively.

DETAILED DESCRIPTION

[0035] A description of example embodiments follows.

[0036] The present disclosure provides anti-TSLP antibodies, or antigen-binding fragments thereof, or compositions comprising anti-TSLP antibodies, or antigen-binding fragments thereof, for use in the treatment of chronic inflammatory lung diseases in a subject.

[0037] Several aspects of the disclosure are described below, with reference to examples for illustrative purposes only. It should be understood that numerous specific details, relationships, and methods are set forth to provide a full understanding of the disclosure. One having ordinary skill in the relevant art, however, will readily recognize that the disclosure can be practiced without one or more of the specific details or practiced with other methods, protocols, reagents, cell lines and animals. The disclosure is not limited by the illustrated ordering of acts or events, as some acts may occur in different orders and/or concurrently with other acts or events. Furthermore, not all illustrated acts, steps or events are required to implement a methodology in accordance with the disclosure. Many of the techniques and procedures described, or referenced herein, are well understood and commonly employed using conventional methodology by those skilled in the art.

I. Definitions

[0038] Unless otherwise defined, all terms of art, notations and other scientific terms or terminology used herein are intended to have the meanings commonly understood by those of skill in the art to which this disclosure pertains. In some cases, terms with commonly understood meanings are defined herein for clarity and/or for ready reference, and the inclusion of such definitions herein should not necessarily be construed to represent a substantial difference over what is generally understood in the art. It will be further understood that terms, such as those defined in commonly-used dictionaries, should be interpreted as having a meaning that is consistent with their meaning in the context of the relevant art and/or as otherwise defined herein.

[0039] The terminology used herein is for the purpose of describing particular embodiments only and is not intended to be limiting.

[0040] When introducing elements disclosed herein, the articles "a," "an," "the," and "said" are intended to mean that there are one or more of the elements. Further, the one or more elements may be the same or different. For example, unless the context clearly indicates otherwise, "a polypeptide" includes a single polypeptide, and two or more polypeptides.

[0041] Throughout this specification and the claims which follow, unless the context requires otherwise, the term "comprise," and variations such as "comprises" and "comprising", will be understood to imply the inclusion of, e.g., a stated integer or step or group of integers or steps, but not the exclusion of any other integer or step or group of integer or step. When used herein, the term "comprising" can be substituted with the term "containing" or "including."

[0042] As used herein, the term "consisting of" excludes any element, step, or ingredient not specified in the claim element. When used herein, the term "consisting essentially of" does not exclude materials or steps that do not materially affect the basic and novel characteristics of the claim.

[0043] Also provided herein are corresponding embodiments for each and every embodiment featuring the term "comprising," "containing," "including," or "having," wherein those terms are replaced by the term "consisting of" and/or "consisting essentially of".

[0044] As used herein, the conjunctive term "and/or" between multiple recited elements is understood as encompassing both individual and combined options. For instance, where two elements are conjoined by "and/or," a first option refers to the applicability of the first

element without the second. A second option refers to the applicability of the second element without the first. A third option refers to the applicability of the first and second elements together. Any one of these options is understood to fall within the meaning, and, therefore, satisfy the requirement of the term "and/or" as used herein. Concurrent applicability of more than one of the options is also understood to fall within the meaning, and, therefore, satisfy the requirement of the term "and/or."

[0045] It should be understood that for all numerical bounds describing some parameter in this application, such as "about," "at least," "less than," "fewer than," and "more than," the description also necessarily encompasses any range bounded by the recited values. Accordingly, for example, the description "at least 1, 2, 3, 4, or 5" also describes, inter alia, the ranges 1-2, 1-3, 1-4, 1-5, 2-3, 2-4, 2-5, 3-4, 3-5, and 4-5, et cetera.

[0046] When a list is presented, unless stated otherwise, it is to be understood that each individual element of that list, and every combination of that list, is a separate embodiment. For example, a list of embodiments presented as "A, B, or C" is to be interpreted as including the embodiments, "A," "B," "C," "A or B," "A or C," "B or C," or "A, B, or C."

[0047] As used herein, the term "about" means within an acceptable error range for a particular value, as determined by one of ordinary skill in the art. Typically, an acceptable error range for a particular value depends, at least in part, on how the value is measured or determined, e.g., the limitations of the measurement system. For example, "about" can mean within an acceptable standard deviation, per the practice in the art. Alternatively, "about" can mean a range of ±20%, e.g., ±10%, ±5% or ±1% of a given value. It is to be understood that the term "about" can precede any particular value specified herein, except for particular values used in the Exemplification. When "about" precedes a range, as in "90-99.9%," the term "about" should be read as applying to both given values of the range, such that "about 90-99.9%" means about 90% repeats to about 99.9%.

[0048] As used herein, the term "polypeptide" refers to a polymer of at least two amino acids covalently linked by an amide bond, regardless of length or post-translational modification (e.g., glycosylation or phosphorylation). A polypeptide can comprise any suitable L- and/or D-amino acid, for example, common α-amino acids (e.g., alanine, glycine, valine), non-α-amino acids (e.g., β-alanine, 4-aminobutyric acid, 6-aminocaproic acid, sarcosine, statine), and unusual amino acids (e.g., citrulline, homocitruline, homoserine, norleucine, norvaline, ornithine). The amino, carboxyl, and/or other functional groups on a polypeptide can be free (e.g., unmodified) or protected with a suitable protecting group.

Suitable protecting groups for amino and carboxyl groups, and methods for adding or removing protecting groups are known in the art and are disclosed in, for example, Green and Wuts, "Protecting Groups in Organic Synthesis," John Wiley and Sons, 1991. The functional groups of a polypeptide can also be derivatized (e.g., alkylated) or labeled (e.g., with a detectable label, such as a fluorogen or a hapten) using methods known in the art. A polypeptide can comprise one or more modifications (e.g., amino acid linkers, acylation, acetylation, amidation, methylation, terminal modifiers (e.g., cyclizing modifications), N-methyl-α-amino group substitution), if desired. In addition, a polypeptide can be an analog of a known and/or naturally-occurring peptide, for example, a peptide analog having conservative amino acid residue substitution(s).

[0049] As used herein, a "polynucleotide" is defined as a plurality of nucleotides and/or nucleotide analogs linked together in a single molecule. In some embodiments, a polynucleotide disclosed herein comprises deoxyribonucleotides. In some embodiments, the polynucleotide comprises ribonucleotides. Non-limiting examples of polynucleotides include single-, double- or multi-stranded DNA or RNA, DNA-RNA hybrids (e.g., each "T" position may be independently substituted by a "U" or vice versa), or a polymer comprising purine and pyrimidine bases, or other natural, chemically, or biochemically modified, non-natural, or derivatized nucleotide bases. The backbone of the polynucleotide can comprise sugars and phosphate groups, modified or substituted sugar or phosphate groups, a polymer of synthetic subunits such as phosphoramidates, or a combination thereof.

[0050] As used herein, the term "sequence identity" refers to the extent to which two nucleotide sequences have the same residues at the same positions when the sequences are aligned to achieve a maximal level of identity, expressed as a percentage. For sequence alignment and comparison, typically one sequence is designated as a reference sequence, to which test sequences are compared. Sequence identity between reference and test sequences is expressed as a percentage of positions across the entire length of the reference sequence where the reference and test sequences share the same nucleotide or amino acid upon alignment of the reference and test sequences to achieve a maximal level of identity. As an example, two sequences are considered to have 70% sequence identity when, upon alignment to achieve a maximal level of identity, the test sequence has the same nucleotide residue at 70% of the same positions over the entire length of the reference sequence.

[0051] Alignment of sequences for comparison to achieve maximal levels of identity can be readily performed by a person of ordinary skill in the art using an appropriate alignment

method or algorithm. In some instances, alignment can include introduced gaps to provide for the maximal level of identity. Examples include the local homology algorithm of Smith & Waterman, Adv. Appl. Math. 2:482 (1981), the homology alignment algorithm of Needleman & Wunsch, J. Mol. Biol. 48:443 (1970), the search for similarity method of Pearson & Lipman, Proc. Nat'l. Acad. Sci. USA 85:2444 (1988), computerized implementations of these algorithms (GAP, BESTFIT, FASTA, and TFASTA in the Wisconsin Genetics Software Package, Genetics Computer Group, 575 Science Dr., Madison, Wis.), and visual inspection (see generally Ausubel et al., Current Protocols in Molecular Biology).

[0052] When using a sequence comparison algorithm, test and reference sequences are input into a computer, subsequent coordinates are designated, if necessary, and sequence algorithm program parameters are designated. The sequence comparison algorithm then calculates the percent sequence identity for the test sequence(s) relative to the reference sequence, based on the designated program parameters. A commonly used tool for determining percent sequence identity is Protein Basic Local Alignment Search Tool (BLASTP) available through National Center for Biotechnology Information, National Library of Medicine, of the United States National Institutes of Health. (Altschul et al., 1990).

[0053] As used herein, the term "substantially similar to" refers to a polypeptide disclosed herein that is substantially similar in amino acid sequence (e.g., has at least about 80%, at least about 90%, at least about 95%, at least about 96%, at least about 97%, at least about 98%, or at least about 99% of the amino acid residues amino acid sequence identity) and substantially preserves one or more functional properties of a specified polypeptide disclosed herein (e.g., AB-1). In some embodiments, the one or more functional properties are selected from, without limitation, a substantially similar binding affinity, a substantially similar binding specificity, a substantially similar inhibitory activity, a substantially similar neutralization activity, and a substantially similar self-association property.

[0054] As used herein, a "complementarity determining region (CDR)" encompasses any CDR defined by an art-recognized method for identifying the CDR residues on an antibody. See, e.g., Kabat, E. A., et al., (1991) Sequences of Proteins of Immunological Interest, Fifth Edition, U.S. Department of Health and Human Services, NIH Publication No. 91-3242, Chothia et al., (1989) Nature 342:877; Chothia, C. et al., (1987) J. Mol. Biol. 196:901-917; Al-lazikani et al., (1997) J. Molec. Biol. 273:927-948; and Almagro, J. Mol. Recognit. 17:132-143 (2004). See also hgmp.mrc.ac.uk and bioinf.org.uk/abs. Two antibodies are

determined to have the same CDR as one another with respect to a HCDR1, HCDR2, HCDR3, LCDR1, LCDR2 and/or LCDR3, when the identity of that CDR is determined for both antibodies using the same method.

[0055] The extent of the framework region and the CDRs of an antibody can be identified using one of several suitable methodologies that are well known in the art, for example, by the Kabat definition, the Chothia definition, the AbM definition, and/or the contact definition. Publicly and/or commercially available tools for identifying framework and/or CDR regions include, IgBlast (accessible at www.ncbi.nlm.nih.gov/igblast/), Scaligner (available from drugdesigntech at www.scaligner.com/), IMGT rules and/or tools (see, for example, www.imgt.org/IMGTScientificChart/Nomenclature/IMGT-FRCDRdefinition.html, also accessible at www.imgt.org/), Chothia Canonical Assignment (accessible at www.bioinforg.uk/abs/chothia.html), Antigen receptor Numbering And Receptor Classification (ANARCI, accessible at opig.stats.ox.ac.uk/webapps/newsabdab/sabpred/anarci/), or the Paratome web server (accessible at www.ofranlab.org/paratome/, or the Paratome web server (accessible at www.ofranlab.org/paratome/see Vered Kunik, et al, Nucleic Acids Research, Volume 40, Issue W1, 1 Jul. 2012, Pages W521-W524).

[0056] As used herein, all numbering is determined by EU index numbering as in Kabat, unless otherwise indicated.

[0057] As used herein, the term “paratope” refers to a set of amino acid residues in an antibody or an antigen-binding fragment thereof that contribute to a binding interaction with an epitope of a target protein. The binding interaction can be a hydrogen bond, a salt bridge, a van der Waal interaction, an ionic bond or a combination thereof. A binding interaction may be direct, or indirect, e.g., via a coordinated intermediate molecule, such as an ion or water. The residues of a paratope, in some embodiments, comprise only residues that are part of a defined CDR. In other embodiments, the residues of a paratope further comprise one or more residues that are not part of a defined CDR.

[0058] As used herein, the term “antibody mimetic” refers to polypeptides capable of mimicking an antibody's ability to bind an antigen, but structurally differ from native antibody structures. Examples of antibody mimetics include, but not limited to, Adnectins, Affibodies, Affilins, Affimers, Affitins, Alphabodies, Anticalins, Avimers, DARPins, Fynomers, Kunitz domain peptides, monobodies, nanobodies, nanoCLAMPs, and Versabodies.

[0059] As used herein the term "K_D," also referred to as "binding constant," "equilibrium dissociation constant" or "affinity constant," is a measure of the extent of a reversible association between two molecular species (e.g., antibody and target protein) and includes both the actual binding affinity as well as the apparent binding affinity. Binding affinity can be determined using methods known in the art including, for example, by measurement of surface plasmon resonance, e.g., using a Biolayer interferometry (Octet, ForteBio) or a surface plasmon resonance (Biacore) system and assay. A reference that compares various surface technologies for measuring binding affinity and kinetics is Yang, D., Singh, A., Wu, H., & Kroe-Barrett, R., Comparison of biosensor platforms in the evaluation of high affinity antibody-antigen binding kinetics, Analytical Biochemistry 508: 78-96 (2016), the contents of which are incorporated by reference herein in their entirety.

[0060] The term "subject" or "patient" refers to an animal (e.g., a mammal such as a human), diagnosed with or suspected of having a TSLP-associated disease or condition (e.g., a disease or condition associated with dysregulated TSLP expression such as, asthma or atopic dermatitis (AD)), or one at risk of developing such conditions. Diagnosis may be performed by any method or technique known in the art. One skilled in the art will understand that a subject to be treated according to the present disclosure may have been subjected to standard tests or may have been identified, without examination, as one at risk due to the presence of one or more risk factors associated with the disease or condition.

[0061] The phrase "pharmaceutically acceptable" means that the substance or composition the phrase modifies is, within the scope of sound medical judgment, suitable for use in contact with the tissues of humans and lower animals without undue toxicity, irritation, allergic response, and the like, and are commensurate with a reasonable benefit/risk ratio.

[0062] As used herein, the term "pharmaceutically acceptable salt" refers to those salts which are, within the scope of sound medical judgment, suitable for use in contact with the tissues of mammals without undue toxicity, irritation, allergic response, and the like, and are commensurate with a reasonable benefit/risk ratio. Pharmaceutically acceptable salts are well known. For example, S. M. Berge et al., describe pharmaceutically acceptable salts in detail in J. Pharmaceutical Sciences, 1977, 66, 1-19, the relevant teachings of which are incorporated herein by reference in their entirety. Pharmaceutically acceptable salts of the agents/compounds described herein include salts derived from suitable inorganic and organic acids, and suitable inorganic and organic bases.

[0063] Examples of salts derived from suitable acids include salts of an amino group formed with inorganic acids such as hydrochloric acid, hydrobromic acid, phosphoric acid, sulfuric acid and perchloric acid, or with organic acids such as acetic acid, oxalic acid, maleic acid, tartaric acid, citric acid, succinic acid or malonic acid or by using other known methods, such as ion exchange. Other pharmaceutically acceptable salts derived from suitable acids include adipate, alginate, ascorbate, aspartate, benzenesulfonate, benzoate, bisulfate, borate, butyrate, camphorate, camphorsulfonate, cinnamate, citrate, cyclopentanepropionate, digluconate, dodecylsulfate, ethanesulfonate, formate, fumarate, glucoheptonate, glycerophosphate, gluconate, glutarate, glycolate, hemisulfate, heptanoate, hexanoate, hydroiodide, hydroxybenzoate, 2-hydroxy-ethanesulfonate, hydroxymaleate, lactobionate, lactate, laurate, lauryl sulfate, malate, maleate, malonate, methanesulfonate, 2-naphthalenesulfonate, nicotinate, nitrate, oleate, oxalate, palmitate, pamoate, pectinate, persulfate, 2-phenoxybenzoate, phenylacetate, 3-phenylpropionate, phosphate, pivalate, propionate, pyruvate, salicylate, stearate, succinate, sulfate, tartrate, thiocyanate, p-toluenesulfonate, undecanoate, valerate salts, and the like.

[0064] Either the mono-, di- or tri-acid salts can be formed, and such salts can exist in either a hydrated, solvated or substantially anhydrous form.

[0065] Salts derived from appropriate bases include salts derived from inorganic bases, such as alkali metal, alkaline earth metal, and ammonium bases, and salts derived from aliphatic, alicyclic or aromatic organic amines, such as methylamine, trimethylamine and picoline, or N+((C1-C4)alkyl)4 salts. Representative alkali or alkaline earth metal salts include sodium, lithium, potassium, calcium, magnesium, barium and the like. Further pharmaceutically acceptable salts include, when appropriate, nontoxic ammonium, quaternary ammonium, and amine cations formed using counterions such as halide, hydroxide, carboxyl, sulfate, phosphate, nitrate, lower alkyl sulfonate and aryl sulfonate.

[0066] "Pharmaceutically acceptable carrier" refers to a non-toxic carrier or excipient that does not destroy the pharmacological activity of the agent with which it is formulated and is nontoxic when administered in doses sufficient to deliver a therapeutic amount of the agent. Pharmaceutically acceptable carriers that may be used in the compositions described herein include, but are not limited to, ion exchangers, alumina, aluminum stearate, lecithin, serum proteins, such as human serum albumin, buffer substances such as phosphates, glycine, sorbic acid, potassium sorbate, partial glyceride mixtures of saturated vegetable fatty acids, water, salts or electrolytes, such as protamine sulfate, disodium hydrogen phosphate, potassium

hydrogen phosphate, sodium chloride, zinc salts, colloidal silica, magnesium trisilicate, polyvinyl pyrrolidone, cellulose-based substances, polyethylene glycol, sodium carboxymethylcellulose, polyacrylates, waxes, polyethylene-polyoxypropylene-block polymers, polyethylene glycol and wool fat.

[0067] "Treating" or "treatment," as used herein, refers to taking steps to deliver a therapy to a subject, such as a mammal, in need thereof (e.g., as by administering to a mammal one or more therapeutic agents). "Treating" or "treatment" includes inhibiting the disease or condition (e.g., as by slowing or stopping its progression or causing regression of the disease or condition) and relieving the symptoms resulting from the disease or condition.

[0068] The term "treating," or "treatment" refers to the medical management of a subject with the intent to improve, ameliorate, stabilize (i.e., not worsen), prevent, or cure a disease, pathological condition, or disorder-such as the particular indications exemplified herein. This term includes active treatment (treatment directed to improve the disease, pathological condition, or disorder), causal treatment (treatment directed to the cause of the associated disease, pathological condition, or disorder), palliative treatment (treatment designed for the relief of symptoms), preventative treatment (treatment directed to minimizing or partially or completely inhibiting the development of the associated disease, pathological condition, or disorder); and supportive treatment (treatment employed to supplement another therapy). Treatment also includes diminishment of the extent of the disease or condition; preventing spread of the disease or condition; delay or slowing the progress of the disease or condition; amelioration or palliation of the disease or condition; and remission (whether partial or total), whether detectable or undetectable. "Ameliorating" or "palliating" a disease or condition means that the extent and/or undesirable clinical manifestations of the disease, disorder, or condition are lessened and/or time course of the progression is slowed or lengthened, as compared to the extent or time course in the absence of treatment. "Treatment" can also mean prolonging survival as compared to expected survival if not receiving treatment. Those in need of treatment include those already with the condition or disorder, as well as those prone to have the condition or disorder or those in which the condition or disorder is to be prevented.

[0069] A "pharmaceutical composition" refers to a formulation of one or more therapeutic agents and a medium generally accepted for delivery of a biologically active agent to subjects, e.g., humans. In some embodiments, a pharmaceutical composition may include one or more pharmaceutically acceptable excipients, diluents, or carriers. In some

embodiments, a pharmaceutical composition suitable for use in methods disclosed herein further comprises one or more pharmaceutically acceptable carriers.

[0070] "Pharmaceutically acceptable carrier, diluent, or excipient" includes any adjuvant, carrier, excipient, glidant, sweetening agent, diluent, preservative, dye/colorant, flavor enhancer, surfactant, wetting agent, dispersing agent, suspending agent, stabilizer, isotonic agent, solvent, or emulsifier which has been approved by the United States Food and Drug Administration as being acceptable for use in humans or domestic animals.

[0071] "Pharmaceutically acceptable carrier" refers to an ingredient in a pharmaceutical composition, other than an active ingredient, which is nontoxic to a subject. A pharmaceutically acceptable carrier includes, but is not limited to, a buffer, excipient, stabilizer, or preservative. In some embodiments, the carrier may be a diluent, adjuvant, excipient, or vehicle with which the agent (e.g., polynucleotide) is administered. Such vehicles may be liquids, such as water and oils, including those of petroleum, animal, vegetable or synthetic origin, such as peanut oil, soybean oil, mineral oil, sesame oil, and the like. For example, 0.4% saline and 0.3% glycine can be used. These solutions are sterile and generally free of particulate matter. They may be sterilized by conventional, well-known sterilization techniques (e.g., filtration). The compositions may contain pharmaceutically acceptable auxiliary substances as required to approximate physiological conditions such as pH adjusting and buffering agents, stabilizing, thickening, lubricating, and coloring agents, etc. The concentration of the agent in such pharmaceutical formulation may vary widely, i.e., from less than about 0.5%, to at least about 1%, or to as much as 15% or 20%, 25%, 30%, 35%, 40%, 45% or 50% by weight. The concentration will be selected primarily based on required dose, fluid volumes, viscosities, etc., according to the mode of administration. Suitable vehicles and formulations, inclusive of other human proteins, e.g., human serum albumin, are described, for example, in Remington: The Science and Practice of Pharmacy, 21st Edition, Troy, D. B. ed., Lipincott Williams and Wilkins, Philadelphia, PA 2006, Part 5, Pharmaceutical Manufacturing: 691-1092 (e.g., pages 958-89).

[0072] Non-limiting examples of pharmaceutically acceptable carriers are solvents, dispersion media, coatings, antibacterial and antifungal agents, isotonic and absorption delaying agents, and the like that are physiologically compatible, such as salts, buffers, antioxidants, saccharides, aqueous or non-aqueous carriers, preservatives, wetting agents, surfactants or emulsifying agents, or combinations thereof.

[0073] Non-limiting examples of buffers are acetic acid, citric acid, formic acid, succinic acid, phosphoric acid, carbonic acid, malic acid, aspartic acid, histidine, boric acid, Tris buffers, HEPPSO, and HEPES.

[0074] Non-limiting examples of antioxidants are ascorbic acid, methionine, cysteine hydrochloride, sodium bisulfate, sodium metabisulfite, sodium sulfite, lecithin, citric acid, ethylenediamine tetraacetic acid (EDTA), sorbitol, and tartaric acid.

[0075] Non-limiting examples of amino acids are histidine, isoleucine, methionine, glycine, arginine, lysine, L-leucine, tri-leucine, alanine, glutamic acid, L-threonine, and 2-phenylamine.

[0076] Non-limiting examples of surfactants are polysorbates (e.g., polysorbate-20 or polysorbate-80); polyoxamers (e.g., poloxamer 188); Triton; sodium octyl glycoside; lauryl-, myristyl-, linoleyl-, or stearyl-sulfobetaine; lauryl-, myristyl-, linoleyl- or stearyl-sarcosine; linoleyl-, myristyl-, or cetyl-betaine; lauroamidopropyl-, cocamidopropyl-, linoleamidopropyl-, myristamidopropyl-, palmidopropyl-, or isostearamidopropyl-betaine (e.g., lauroamidopropyl); myristamidopropyl-, palmidopropyl-, or isostearamidopropyl-dimethylamine; sodium methyl cocoyl-, or disodium methyl oleyl-taurate; and the MONAQUA™ series (Mona Industries, Inc., Paterson, N.J.), polyethyl glycol, polypropyl glycol, and copolymers of ethylene and propylene glycol (e.g., PLURONICS™, PF68, etc.).

[0077] Non-limiting examples of preservatives are phenol, m-cresol, p-cresol, o-cresol, chlorocresol, benzyl alcohol, phenylmercuric nitrite, phenoxyethanol, formaldehyde, chlorobutanol, magnesium chloride, alkylparaben (methyl, ethyl, propyl, butyl, and the like), benzalkonium chloride, benzethonium chloride, sodium dehydroacetate, and thimerosal, or mixtures thereof.

[0078] Non-limiting examples of saccharides are monosaccharides, disaccharides, trisaccharides, polysaccharides, sugar alcohols, reducing sugars, nonreducing sugars such as glucose, sucrose, trehalose, lactose, fructose, maltose, dextran, glycerin, dextran, erythritol, glycerol, arabitol, sylitol, sorbitol, mannitol, mellibiose, melezitose, raffinose, mannotriose, stachyose, maltose, lactulose, maltulose, glucitol, maltitol, lactitol, or iso-maltulose.

[0079] Non-limiting examples of salts are acid addition salts and base addition salts. Acid addition salts include those derived from nontoxic inorganic acids, such as hydrochloric, nitric, phosphoric, sulfuric, hydrobromic, hydroiodic, phosphorous, and the like, as well as from nontoxic organic acids such as aliphatic mono- and dicarboxylic acids, phenyl-substituted alkanoic acids, hydroxy alkanoic acids, aromatic acids, aliphatic and aromatic

sulfonic acids, and the like. Base addition salts include those derived from alkaline earth metals, such as sodium, potassium, magnesium, calcium, and the like, as well as from nontoxic organic amines, such as N,N′-dibenzylethylenediamine, N-methylglucamine, chloroprocaine, choline, diethanolamine, ethylenediamine, procaine, and the like. In some embodiments, the salt is sodium chloride (NaCl).

[0080] Agents (e.g., polynucleotides) described herein may be prepared in accordance with standard procedures and are administered at dosages that are selected to reduce, prevent, or eliminate, or to slow or halt progression of, a condition being treated (see, e.g., Remington's Pharmaceutical Sciences, Mack Publishing Company, Easton, PA, and Goodman and Gilman's The Pharmaceutical Basis of Therapeutics, McGraw-Hill, New York, N.Y., the contents of which are incorporated herein by reference, for a general description of methods for administering various agents for human therapy).

[0081] "Administering" or "administration," as used herein, refers to providing a compound, composition, or pharmaceutically acceptable salt thereof described herein to a subject in need of treatment or prevention. Administering can be performed, for example, once, a plurality of times, and/or over one or more extended periods. Administration includes both direct administration (including self-administration), and indirect administration (including an act of prescribing a drug or directing a subject to consume an agent). For example, as used herein, one (e.g., a physician) who instructs a subject (e.g., a human patient) to self-administer an agent (e.g., a drug), or to have an agent administered by another and/or who provides a patient with a prescription for a drug is administering an agent to a subject.

[0082] "A therapeutically effective amount," "an effective amount" or "an effective dosage" refers to an amount effective, at dosages and for periods of time necessary, to achieve a desired therapeutic result (e.g., treatment, healing, inhibition or amelioration of physiological response or condition, etc.). A full therapeutic effect does not necessarily occur by administration of one dose and may occur only after administration of a series of doses. Thus, a therapeutically effective amount may be administered in one or more administrations. A therapeutically effective amount may vary according to factors such as the disease state, age, sex, and weight of a mammal (e.g., a human patient), mode of administration, and the ability of a therapeutic or a combination of therapeutics to elicit a desired response.

[0083] Desired response or desired results include effects at the cellular level, tissue level, or clinical results. As such, "a therapeutically effective amount" or synonym thereto depends upon the context in which it is being applied. For example, in some embodiments it

is an amount of the composition sufficient to achieve a treatment response as compared to the response obtained without administration of the composition. In other embodiments, it is an amount that results in a beneficial or desired result in a subject as compared to a control.

II. Thymic Stromal Lymphopoietin (TSLP)

[0084] As used herein, TSLP includes wild-type TSLP proteins (e.g., wild-type human TSLP proteins or homologs thereof) and truncated forms thereof, mutant, and engineered versions of full-length and truncated TSLP proteins, and modified forms (e.g., post-translationally modified forms) of full-length and truncated TSLP proteins.

[0085] A non-limiting example of a human TSLP sequence is GenBank: AAK67490.1 (SEQ ID NO:1).

MFPFALLYVLSVSFRKIFILQLVGLVLTYDFTNCDFEKIKAAYLSTISKDLITYMSGTK STEFNNTVSCSNRPHCLTEIQSLTFNPTAGCASLAKEMFAMKTKAALAIWCPGYSET QINATQAMKKRRKRKVTTNKCLEQVSQLQGLWRRFNRPLLKQQ (**SEQ ID NO:1**)

[0086] A non-limiting example of a cynomolgus monkey TSLP sequence is GenBank: EHH54440.1 (SEQ ID NO:83).

MKSLGQSKKEEVSFRKFFIFQLVGLVLTYDFTNCDFQKIEADYLRTISKDLITYMSGT KSTDFNNTVSCSNRPHCLTEIQSLTFNPTPRCASLAKEMFARKTKATLALWCPGYSET QINATQAMKKRRKRKVTTNKCLEQVSQLLGLWRRFIRTLLKKQ (**SEQ ID NO:83**)

[0087] In some embodiments, an antibody of the present disclosure, or antigen-binding fragment thereof, binds to a wild-type TSLP protein (e.g., a TSLP protein having an amino acid sequence of SEQ ID NO:1, SEQ ID NO:83, or both). In some embodiments, an antibody of the present disclosure, or antigen-binding fragment thereof, binds to a TSLP protein comprising the amino acid sequence of SEQ ID NO:1. In some embodiments, an antibody of the present disclosure, or antigen-binding fragment thereof, binds to a TSLP protein comprising the amino acid sequence of SEQ ID NO: 1 and a TSLP protein comprising the amino acid sequence of SEQ ID NO:83.

[0088] In some embodiments, an antibody of the present disclosure, or antigen-binding fragment thereof, binds to a mutant or engineered TSLP protein. In some embodiments, a mutant or engineered TSLP protein comprises an amino acid sequence that has at least about 90% sequence identity to a wildtype TSLP protein, for example, at least about 91 %, at least about 92%, at least about 93%, at least about 94%, at least about 95%, at least about 96%, at least about 97%, at least about 98%, at least about 99%, at least about 99.1 %, at least about

99.2%, at least about 99.3%, at least about 99.4%, at least about 99.5%, at least about 99.6%, at least about 99.7%, at least about 99.8%, or at least about 99.9% sequence identity to a wildtype TSLP protein (e.g., SEQ ID NO:1 or SEQ ID NO:83). In some embodiments, a mutant or engineered TSLP protein comprises an amino acid sequence that has about 90 to about 99.9%, about 90 to about 99.8%, about 92 to about 99.8%, about 92 to about 99.6%, about 94 to about 99.6%, about 94 to about 99.5%, about 95 to about 99.5%, about 95 to about 99.4%, about 96 to about 99.4%, about 96 to about 99.2%, about 97 to about 99.2% or about 97 to about 99% sequence identity to a wildtype TSLP protein.

[0089] In some embodiments, an antibody of the present disclosure, or antigen-binding fragment thereof, binds to a modified TSLP protein.

[0090] In some embodiments, an antibody of the present disclosure, or antigen-binding fragment thereof, is capable of binding to one or more epitope residues in a TSLP protein (e.g., a full-length human TSLP), for example, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, or 15 epitope residues of a TSLP protein. In some embodiments, an antibody of the present disclosure, or antigen-binding fragment thereof, is capable of binding to one or more epitope residues (e.g., 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, or all 15 residues) selected from N64, N65, T66, V67, S68, C69, S70, N71, R72, H74, C75, E78, R150, F151 and R153 of SEQ ID NO:1.

[0091] In some embodiments, an antibody of the present disclosure, or antigen-binding fragment thereof, binds to one or more epitope residues of a TSLP protein (e.g., one or more epitope residues in SEQ ID NO:1). In some embodiments, an antibody of the present disclosure, or antigen-binding fragment thereof, binds to one or more epitope residues (e.g., 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, or all 15 residues) selected from N64, N65, T66, V67, S68, C69, S70, N71, R72, H74, C75, E78, R150, F151 and R153 of SEQ ID NO:1.

III. Exemplary anti-TSLP Antibodies

[0092] As used herein, the term "antibody" or “immunoglobulin” refers to a full-length antibody comprising two heavy chains (HCs) and two light chains (LCs) inter-connected by disulfide bonds or multimers thereof (for example, IgM). Each HC comprises a variable domain (VH), a heavy chain constant domain 1 (CH1), a heavy chain constant domain 2 (CH2), and a heavy chain constant domain 3 (CH3). Each LC comprises a variable domain (VL) and a light chain constant domain (CL). VH and VL domain may be further subdivided into regions of hypervariability, termed complementarity determining regions (CDRs),

interspersed within framework regions (FRs). Each VH and VL comprises three CDRs and four FRs, arranged from the amino-terminus to the carboxy-terminus in the following order: FR1, CDR1, FR2, CDR2, FR3, CDR3, and FR4.

[0093] In some embodiments, the present disclosure provides an anti-TSLP antibody, or antigen-binding fragment thereof, comprising:

a) a HCDR1 comprising an amino acid sequence of SEQ ID NO:31, a HCDR2 comprising an amino acid sequence of SEQ ID NO:35, and a HCDR3 comprising an amino acid sequence of SEQ ID NO:50; and

b) a LCDR1 comprising an amino acid sequence of SEQ ID NO:60, a LCDR2 comprising an amino acid sequence of DDS, and a LCDR3 comprising an amino acid sequence of SEQ ID NO:71.

[0094] In some embodiments, the present disclosure provides an anti-TSLP antibody, or antigen-binding fragment thereof, comprising:

a) a HCDR1 consisting of an amino acid sequence of SEQ ID NO:31, a HCDR2 consisting of an amino acid sequence of SEQ ID NO:35, and a HCDR3 consisting of an amino acid sequence of SEQ ID NO:50; and

b) a LCDR1 consisting of an amino acid sequence of SEQ ID NO:60, a LCDR2 consisting of an amino acid sequence of DDS, and a LCDR3 consisting of an amino acid sequence of SEQ ID NO:71.

[0095] In some embodiments, the present disclosure provides an anti-TSLP antibody, or antigen-binding fragment thereof, comprising:

a) a HCDR1 comprising an amino acid sequence of SEQ ID NO:130, a HCDR2 comprising an amino acid sequence of SEQ ID NO:131, and a HCDR3 comprising an amino acid sequence of SEQ ID NO:132, numbered according to Kabat; and

b) a LCDR1 comprising an amino acid sequence of SEQ ID NO:133 a LCDR2 comprising an amino acid sequence of SEQ ID NO:134, and a LCDR3 comprising an amino acid sequence of SEQ ID NO:71, numbered according to Kabat.

[0096] In some embodiments, the present disclosure provides an anti-TSLP antibody, or antigen-binding fragment thereof, comprising:

a) a HCDR1 consisting of an amino acid sequence of SEQ ID NO:130, a HCDR2 consisting of an amino acid sequence of SEQ ID NO:131, and a HCDR3

consisting of an amino acid sequence of SEQ ID NO:132, numbered according to Kabat; and

b) a LCDR1 consisting of an amino acid sequence of SEQ ID NO:133 a LCDR2 consisting of an amino acid sequence of SEQ ID NO:134, and a LCDR3 consisting of an amino acid sequence of SEQ ID NO:71, numbered according to Kabat.

[0097] In some embodiments, the present disclosure provides an anti-TSLP antibody, or antigen-binding fragment thereof, comprising:

a) a HCDR1 comprising an amino acid sequence of SEQ ID NO:135, a HCDR2 comprising an amino acid sequence of SEQ ID NO:136, and a HCDR3 comprising an amino acid sequence of SEQ ID NO:132, numbered according to Chothia; and

b) a LCDR1 comprising an amino acid sequence of SEQ ID NO:133 a LCDR2 comprising an amino acid sequence of SEQ ID NO:134, and a LCDR3 comprising an amino acid sequence of SEQ ID NO:71, numbered according to Chothia.

[0098] In some embodiments, the present disclosure provides an anti-TSLP antibody, or antigen-binding fragment thereof, comprising:

a) a HCDR1 consisting of an amino acid sequence of SEQ ID NO:135, a HCDR2 consisting of an amino acid sequence of SEQ ID NO:136, and a HCDR3 consisting of an amino acid sequence of SEQ ID NO:132, numbered according to Chothia; and

b) a LCDR1 consisting of an amino acid sequence of SEQ ID NO:133 a LCDR2 consisting of an amino acid sequence of SEQ ID NO:134, and a LCDR3 consisting of an amino acid sequence of SEQ ID NO:71, numbered according to Chothia.

[0099] In some embodiments, an antibody of the present disclosure, or antigen-binding fragment thereof, comprises:

a) a VH that is humanized, contains human framework regions, or a combination thereof; and/or

b) a VL that is humanized, contains human framework regions, or a combination thereof.

[00100] In some embodiments, an antibody of the present disclosure, or antigen-binding fragment thereof comprises:

a) a VH comprising an amino acid sequence having at least about 90%, at least about 91%, at least about 92%, at least about 93%, at least about 94%, at least about 95%, at least about 96%, at least about 97%, at least about 98%, at least about 99%, or 100% sequence identity to SEQ ID NO:5; and

b) a VL comprising an amino acid sequence having at least about 90%, at least about 91%, at least about 92%, at least about 93%, at least about 94%, at least about 95%, at least about 96%, at least about 97%, at least about 98%, at least about 99%, or 100% sequence identity SEQ ID NO:21.

[00101] In some embodiments, an antibody of the present disclosure, or antigen-binding fragment thereof comprises:

a) a VH consisting of an amino acid sequence having at least about 90%, at least about 91%, at least about 92%, at least about 93%, at least about 94%, at least about 95%, at least about 96%, at least about 97%, at least about 98%, at least about 99%, or 100% sequence identity to SEQ ID NO:5; and

b) a VL consisting of an amino acid sequence having at least about 90%, at least about 91%, at least about 92%, at least about 93%, at least about 94%, at least about 95%, at least about 96%, at least about 97%, at least about 98%, at least about 99%, or 100% sequence identity to SEQ ID NO:21.

[00102] In some embodiments, an antibody of the present disclosure, or antigen-binding fragment thereof comprises:

a) a VH comprising an amino acid sequence of SEQ ID NO:5; and

b) a VL comprising an amino acid sequence of SEQ ID NO:21.

[00103] In some embodiments, an antibody of the present disclosure, or antigen-binding fragment thereof comprises:

a) a VH consisting of an amino acid sequence of SEQ ID NO:5; and

b) a VL consisting of an amino acid sequence of SEQ ID NO:21.

[00104] In some embodiments, an antigen-binding fragment of the present disclosure comprises a single-chain fragment variable (scFv), a variable heavy domain of heavy chain (VHH), a fragment antigen binding (Fab), a Fab', or a $F(ab')_2$.

[00105] In some embodiments, an antibody of the present disclosure, or antigen-binding fragment thereof, is a human antibody, humanized antibody, a chimeric antibody, a

monoclonal antibody, a recombinant antibody, a single-chain antibody, a monomeric antibody, an IgG1 antibody, an IgG2 antibody, an IgG3 antibody, an IgG4 antibody, a diabody, a triabody, a tetrabody, an scFv, a Fab fragment, a Fab', a F(ab')2, nanobody, or camelid antibody.

[00106] In some embodiments, an antibody of the present disclosure, or antigen-binding domain thereof, comprises:

a) a CH1 domain; and

b) a CL domain.

[00107] In some embodiments, an antibody of the present disclosure, or antigen-binding fragment thereof, comprises one or more constant domain from an IgG antibody. In some embodiments, an antibody of the present disclosure, or antigen-binding fragment thereof, comprises one or more constant domain from an IgG1, IgG2, IgG3, or IgG4 antibody. In some embodiments, an antibody of the present disclosure, or antigen-binding fragment thereof, comprises a CH1, CH2, and CH3 domain of an IgG1 antibody. In some embodiments, an antibody of the present disclosure, or antigen-binding fragment thereof, comprises a CH1, CH2, and CH3 domain of an IgG2 antibody. In some embodiments, an antibody of the present disclosure, or antigen-binding fragment thereof, comprises a CH1, CH2, and CH3 domain of an IgG3 antibody. In some embodiments, an antibody of the present disclosure, or antigen-binding fragment thereof, comprises a CH1, CH2, and CH3 domain of an IgG4 antibody.

[00108] In some embodiments, an antibody heavy chain constant domain comprises one or more mutations which increase serum half-life of the antibody, or antigen-binding fragment thereof, in humans. In some embodiments, an antibody of the present disclosure, or antigen-binding fragment thereof, comprises a CH2 domain incorporating one or more substitutions relative to a wild-type human IgG CH2 domain at positions 252, 254, and/or 256, numbered according to the EU index as in Kabat. In some embodiments, an antibody of the present disclosure, or antigen-binding fragment thereof, comprises a CH2 domain incorporating one or more substitutions relative to a wild-type human IgG CH2 domain at position 252 to tyrosine, at position 254 to threonine, and/or at position 256 to glutamic acid, numbered according to the EU index as in Kabat. In some embodiments, an antibody of the present disclosure, or antigen-binding fragment thereof, comprises a CH2 domain incorporating substitutions relative to a wild-type human IgG CH2 domain at positions 252, 254, and 256, numbered according to the EU index as in Kabat. In some embodiments, an antibody of the

present disclosure, or antigen-binding fragment thereof, comprises a CH2 domain incorporating substitutions relative to a wild-type human IgG CH2 domain at position 252 to tyrosine, at position 254 to threonine, and at position 256 to glutamic acid, numbered according to the EU index as in Kabat.

[00109] In some embodiments, an antibody heavy chain constant domain comprises one or more substitutions which ablate C1q and FcγR binding. In some embodiments, an antibody heavy chain constant domain comprises one or more substitution at positions 234, 235, and/or 329, numbered according to the EU index as in Kabat. In some embodiments, an antibody heavy chain constant domain comprises substitutions at positions 234 and 235, numbered according to the EU index as in Kabat. In some embodiments, an antibody heavy chain constant domain comprises substitutions at positions 234, 235, and 329, numbered according to the EU index as in Kabat. In some embodiments, an antibody heavy chain constant domain comprises one or more substitution at residue Leu 234 to Ala, at residue Leu 235 to Ala, and/or at residue Pro 329 to Ala or Gly, numbered according to the EU index as in Kabat. In some embodiments, an antibody heavy chain constant domain comprises substitutions at residue Leu 234 to Ala and at residue Leu 235 to Ala, numbered according to the EU index as in Kabat. In some embodiments, an antibody heavy chain constant domain comprises substitutions at residue Leu 234 to Ala, at residue Leu 235 to Ala, and at residue Pro 329 to Ala or Gly, numbered according to the EU index as in Kabat.

[00110] In some embodiments, an antibody of the present disclosure comprises:

a) a HC comprising an amino acid sequence having at least about 90%, at least about 91%, at least about 92%, at least about 93%, at least about 94%, at least about 95%, at least about 96%, at least about 97%, at least about 98%, at least about 99%, or 100% sequence identity to of SEQ ID NO:92; and

b) a LC comprising an amino acid sequence having at least about 90%, at least about 91%, at least about 92%, at least about 93%, at least about 94%, at least about 95%, at least about 96%, at least about 97%, at least about 98%, at least about 99%, or 100% sequence identity to sequence of SEQ ID NO:120.

[00111] In some embodiments, an antibody of the present disclosure comprises:

a) a HC comprising an amino acid sequence of SEQ ID NO:92; and

b) a LC comprising an amino acid sequence of SEQ ID NO:120.

[00112] In some embodiments, an antibody of the present disclosure comprises:

a) a HC comprising an amino acid sequence having at least about 90%, at least about 91%, at least about 92%, at least about 93%, at least about 94%, at least about 95%, at least about 96%, at least about 97%, at least about 98%, at least about 99%, or 100% sequence identity to of SEQ ID NO:106; and

b) a LC comprising an amino acid sequence having at least about 90%, at least about 91%, at least about 92%, at least about 93%, at least about 94%, at least about 95%, at least about 96%, at least about 97%, at least about 98%, at least about 99%, or 100% sequence identity to sequence of SEQ ID NO:120.

[00113] In some embodiments, an antibody of the present disclosure comprises:

a) a HC comprising an amino acid sequence of SEQ ID NO:106; and

b) a LC comprising an amino acid sequence of SEQ ID NO:120.

[00114] In some embodiments, an antibody HC is translated in a cell with a signal sequence to target the HC for secretion. In some embodiments, a HC comprises an N-terminal signal sequence that is cleaved prior to secretion. In some embodiments, an antibody HC comprises an N-terminal signal sequence having an amino acid sequence at least about 85%, at least about 90%, at least about 91%, at least about 92%, at least about 93%, at least about 94%, at least about 95%, at least about 96%, at least about 97%, at least about 98%, at least about 99%, or 100% identical to SEQ ID NO:178. In some embodiments, an antibody HC comprising a signal sequence has an amino acid sequence at least about 85%, at least about 90%, at least about 91%, at least about 92%, at least about 93%, at least about 94%, at least about 95%, at least about 96%, at least about 97%, at least about 98%, at least about 99%, or 100% identical to SEQ ID NO:174. In some embodiments, an antibody HC comprising a signal sequence has an amino acid sequence at least about 85%, at least about 90%, at least about 91%, at least about 92%, at least about 93%, at least about 94%, at least about 95%, at least about 96%, at least about 97%, at least about 98%, at least about 99%, or 100% identical to SEQ ID NO:176.

[00115] In some embodiments, an antibody LC is translated in a cell with a signal sequence to target the LC for secretion. In some embodiments, a LC comprises an N-terminal signal sequence that is cleaved prior to secretion. In some embodiments, an antibody LC comprises an N-terminal signal sequence having an amino acid sequence at least about 85%, at least about 90%, at least about 91%, at least about 92%, at least about 93%, at least about 94%, at least about 95%, at least about 96%, at least about 97%, at least about 98%, at least about 99%, or 100% identical to SEQ ID NO:179. In some embodiments, an antibody LC

comprising a signal sequence has an amino acid sequence at least about 85%, at least about 90%, at least about 91%, at least about 92%, at least about 93%, at least about 94%, at least about 95%, at least about 96%, at least about 97%, at least about 98%, at least about 99%, or 100% identical to SEQ ID NO:175.

TABLE 1: Exemplary anti-TSLP Antibody Sequences

Sequence	Amino Acid Sequence	SEQ ID
HCDR1	GFTFRTYG	NO:31
HCDR2	VWYDGSYT	NO:35
HCDR3	ARSPQWEEIFEAMDI	NO:50
LCDR1	NIGSKS	NO:60
LCDR2	DDS	
LCDR3	QIWDSSSSLVV	NO:71
HCDR1 (Kabat)	TYGMH	NO:130
HCDR2 (Kabat)	VVWYDGSYTHYADSVKG	NO:131
HCDR3 (Kabat)	SPQWEEIFEAMDI	NO:132
LCDR1 (Kabat)	GGNNIGSKSVH	NO:133
LCDR2 (Kabat)	DDSDRPS	NO:134
LCDR3 (Kabat)	QIWDSSSSLVV	NO:71
HCDR1 (Chothia)	GFTFRTY	NO:135
HCDR2 (Chothia)	WYDGSY	NO:136
HCDR3 (Chothia)	SPQWEEIFEAMDI	NO:132
LCDR1 (Chothia)	GGNNIGSKSVH	NO:133
LCDR2 (Chothia)	DDSDRPS	NO:134
LCDR3 (Chothia)	QIWDSSSSLVV	NO:71
VH	QMQLVESGGGVVQPGRSLRLSCAASGFTFRTYGMHW VRQAPGKGLEWVAVVWYDGSYTHYADSVKGRFTITR DNSKNTLNLQMNSLRAEDTAVYYCARSPQWEEIFEAM DIWGQGTMVTVSS	NO:5
VL	SYVLTQPPSVSVAPGQTARITCGGNNIGSKSVHWYQQ KPGQAPVLVVYDDSDRPSWIPERFSGSNSGNTATLTISR GEAGDEADYYCQIWDSSSSLVVFGGGTKLTVL	NO:21
HC	QMQLVESGGGVVQPGRSLRLSCAASGFTFRTYGMHW VRQAPGKGLEWVAVVWYDGSYTHYADSVKGRFTITR DNSKNTLNLQMNSLRAEDTAVYYCARSPQWEEIFEAM DIWGQGTMVTVSSASTKGPSVFPLAPSSKSTSGGTAAL GCLVKDYFPEPVTVSWNSGALTSGVHTFPAVLQSSGL YSLSSVVTVPSSSLGTQTYICNVNHKPSNTKVDKRVEP KSCDKTHTCPPCPAPELLGGPSVFLFPPKPKDTLMISRT PEVTCVVVDVSHEDPEVKFNWYVDGVEVHNAKTKPR EEQYNSTYRVVSVLTVLHQDWLNGKEYKCKVSNKAL PAPIEKTISKAKGQPREPQVYTLPPSREEMTKNQVSLTC LVKGFYPSDIAVEWESNGQPENNYKTTPPVLDSDGSFF LYSKLTVDKSRWQQGNVFSCSVMHEALHNHYTQKSL SLSPGK	NO:92

Sequence	Amino Acid Sequence	SEQ ID
LC	SYVLTQPPSVSVAPGQTARITCGGNNIGSKSVHWYQQ KPGQAPVLVVYDDSDRPSWIPERFSGSNSGNTATLTISR GEAGDEADYYCQIWDSSSSLVVFGGGTKLTVLGQPKA APSVTLFPPSSEELQANKATLVCLISDFYPGAVTVAWK ADSSPVKAGVETTTPSKQSNNKYAASSYLSLTPEQWKS HRSYSCQVTHEGSTVEKTVAPTECS	NO:120
HC (with Fc YTE)	QMQLVESGGGVVQPGRSLRLSCAASGFTFRTYGMHW VRQAPGKGLEWVAVVWYDGSYTHYADSVKGRFTITR DNSKNTLNLQMNSLRAEDTAVYYCARSPQWEEIFEAM DIWGQGTMVTVSSASTKGPSVFPLAPSSKSTSGGTAAL GCLVKDYFPEPVTVSWNSGALTSGVHTFPAVLQSSGL YSLSSVVTVPSSSLGTQTYICNVNHKPSNTKVDKRVEP KSCDKTHTCPPCPAPELLGGPSVFLFPPKPKDTLYITRE PEVTCVVVDVSHEDPEVKFNWYVDGVEVHNAKTKPR EEQYNSTYRVVSVLTVLHQDWLNGKEYKCKVSNKAL PAPIEKTISKAKGQPREPQVYTLPPSREEMTKNQVSLTC LVKGFYPSDIAVEWESNGQPENNYKTTPPVLDSDGSFF LYSKLTVDKSRWQQGNVFSCSVMHEALHNHYTQKSL SLSPGK	NO:106
HC (with Signal Sequence)	MEWSWVFLFFLSVTTGVHSQMQLVESGGGVVQPGRS LRLSCAASGFTFRTYGMHWVRQAPGKGLEWVAVVW YDGSYTHYADSVKGRFTITRDNSKNTLNLQMNSLRAE DTAVYYCARSPQWEEIFEAMDIWGQGTMVTVSSASTK GPSVFPLAPSSKSTSGGTAALGCLVKDYFPEPVTVSWN SGALTSGVHTFPAVLQSSGLYSLSSVVTVPSSSLGTQTY ICNVNHKPSNTKVDKRVEPKSCDKTHTCPPCPAPELLG GPSVFLFPPKPKDTLMISRTPEVTCVVVDVSHEDPEVKF NWYVDGVEVHNAKTKPREEQYNSTYRVVSVLTVLHQ DWLNGKEYKCKVSNKALPAPIEKTISKAKGQPREPQV YTLPPSREEMTKNQVSLTCLVKGFYPSDIAVEWESNGQ PENNYKTTPPVLDSDGSFFLYSKLTVDKSRWQQGNVF SCSVMHEALHNHYTQKSLSLSPGK	NO:174
LC (with Signal Sequence)	MSVPTQVLGLLLLWLTDARCSYVLTQPPSVSVAPGQT ARITCGGNNIGSKSVHWYQQKPGQAPVLVVYDDSDRP SWIPERFSGSNSGNTATLTISRGEAGDEADYYCQIWDS SSSLVVFGGGTKLTVLGQPKAAPSVTLFPPSSEELQAN KATLVCLISDFYPGAVTVAWKADSSPVKAGVETTTPS KQSNNKYAASSYLSLTPEQWKSHRSYSCQVTHEGSTV EKTVAPTECS	NO:175
HC (with Fc YTE and Signal Sequence)	MEWSWVFLFFLSVTTGVHSQMQLVESGGGVVQPGRS LRLSCAASGFTFRTYGMHWVRQAPGKGLEWVAVVW YDGSYTHYADSVKGRFTITRDNSKNTLNLQMNSLRAE DTAVYYCARSPQWEEIFEAMDIWGQGTMVTVSSASTK GPSVFPLAPSSKSTSGGTAALGCLVKDYFPEPVTVSWN SGALTSGVHTFPAVLQSSGLYSLSSVVTVPSSSLGTQTY ICNVNHKPSNTKVDKRVEPKSCDKTHTCPPCPAPELLG GPSVFLFPPKPKDTLYITREPEVTCVVVDVSHEDPEVKF	NO:176

Sequence	Amino Acid Sequence	SEQ ID
	NWYVDGVEVHNAKTKPREEQYNSTYRVVSVLTVLHQ DWLNGKEYKCKVSNKALPAPIEKTISKAKGQPREPQV YTLPPSREEMTKNQVSLTCLVKGFYPSDIAVEWESNGQ PENNYKTTPPVLDSDGSFFLYSKLTVDKSRWQQGNVF SCSVMHEALHNHYTQKSLSLSPGK	
HC Signal Sequence	MEWSWVFLFFLSVTTGVHS	NO:178
LC Signal Sequence	MSVPTQVLGLLLLWLTDARC	NO:179

[00116] In some embodiments, an antibody of the present disclosure, or antigen-binding fragment thereof:

a) binds to TSLP with a K_D of about 10 pM or less (e.g., as measured by KinExA);

b) binds to the AB-loop region and C-terminal region of helix D of TSLPn;

c) binds to an epitope in TSLP (e.g., in a full-length human TSLP);

d) competes with a Reference Antibody (e.g., Tezepelumab) for binding to TSLP;

e) reduces binding of TSLP protein to TSLPR;

f) modulates (e.g., reduces, inhibits, neutralizes) against a TSLP-mediated biological
activity; or

g) a combination thereof.

[00117] In some embodiments, an antibody of the present disclosure, or antigen-binding fragment thereof, binds to TSLP (e.g., human or cynomolgus monkey TSLP) with a K_D of 10 pM or less (e.g., as measured by KinExA).

[00118] In some embodiments, an antibody of the present disclosure, or antigen-binding fragment thereof, binds to TSLP with a K_D of about 0.01 to about 10 pM, about 0.05 to about 10 pM, about 0.1 to about 10 pM, about 0.15 to about 10 pM, about 0.2 to about 10 pM, about 0.25 to about 10 pM, about 0.3 to about 10 pM, about 0.35 to about 10 pM, about 0.4 to about 10 pM, about 0.45 to about 10 pM, about 0.5 to about 10 pM, about 0.55 to about 10 pM, about 0.6 to about 10 pM, about 0.65 to about 10 pM, about 0.7 to about 10 pM, about 0.75 to about 10 pM, about 0.8 to about 10 pM, about 0.85 to about 10 pM, about 0.9 to about 10 pM, about 0.95 to about 10 pM, about 1 to about 10 pM, about 1.5 to about 10 pM, about 2 to about 10 pM, about 2.5 to about 10 pM, about 3 to about 10 pM, about 3.5 to about 10

pM, about 4 to about 10 pM, about 4.5 to about 10 pM, about 5 to about 10 pM, about 5.5 to about 10 pM, about 6 to about 10 pM, about 6.5 to about 10 pM, about 7 to about 10 pM, about 7.5 to about 10 pM, about 8 to about 10 pM, about 8.5 to about 10 pM, about 9 to about 10 pM, about 0.01 to about 8 pM, about 0.05 to about 8 pM, about 0.1 to about 8 pM, about 0.15 to about 8 pM, about 0.2 to about 8 pM, about 0.25 to about 8 pM, about 0.3 to about 8 pM, about 0.35 to about 8 pM, about 0.4 to about 8 pM, about 0.45 to about 8 pM, about 0.5 to about 8 pM, about 0.55 to about 8 pM, about 0.6 to about 8 pM, about 0.65 to about 8 pM, about 0.7 to about 8 pM, about 0.75 to about 8 pM, about 0.8 to about 8 pM, about 0.85 to about 8 pM, about 0.9 to about 8 pM, about 0.95 to about 8 pM, about 1 to about 8 pM, about 1.5 to about 8 pM, about 2 to about 8 pM, about 2.5 to about 8 pM, about 3 to about 8 pM, about 3.5 to about 8 pM, about 4 to about 8 pM, about 4.5 to about 8 pM, about 5 to about 8 pM, about 5.5 to about 8 pM, about 6 to about 8 pM, about 6.5 to about 8 pM, about 7 to about 8 pM, about 7.5 to about 8 pM, about 0.01 to about 6 pM, about 0.05 to about 6 pM, about 0.1 to about 6 pM, about 0.15 to about 6 pM, about 0.2 to about 6 pM, about 0.25 to about 6 pM, about 0.3 to about 6 pM, about 0.35 to about 6 pM, about 0.4 to about 6 pM, about 0.45 to about 6 pM, about 0.5 to about 6 pM, about 0.55 to about 6 pM, about 0.6 to about 6 pM, about 0.65 to about 6 pM, about 0.7 to about 6 pM, about 0.75 to about 6 pM, about 0.8 to about 6 pM, about 0.85 to about 6 pM, about 0.9 to about 6 pM, about 0.95 to about 6 pM, about 1 to about 6 pM, about 1.5 to about 6 pM, about 2 to about 6 pM, about 2.5 to about 6 pM, about 3 to about 6 pM, about 3.5 to about 6 pM, about 4 to about 6 pM, about 4.5 to about 6 pM, about 5 to about 6 pM, about 5.5 to about 6 pM, about 0.01 to about 4 pM, about 0.05 to about 4 pM, about 0.1 to about 4 pM, about 0.15 to about 4 pM, about 0.2 to about 4 pM, about 0.25 to about 4 pM, about 0.3 to about 4 pM, about 0.35 to about 4 pM, about 0.4 to about 4 pM, about 0.45 to about 4 pM, about 0.5 to about 4 pM, about 0.55 to about 4 pM, about 0.6 to about 4 pM, about 0.65 to about 4 pM, about 0.7 to about 4 pM, about 0.75 to about 4 pM, about 0.8 to about 4 pM, about 0.85 to about 4 pM, about 0.9 to about 4 pM, about 0.95 to about 4 pM, about 1 to about 4 pM, about 1.5 to about 4 pM, about 2 to about 4 pM, about 2.5 to about 4 pM, about 3 to about 4 pM, about 3.5 to about 4 pM, about 0.01 to about 2 pM, about 0.05 to about 2 pM, about 0.1 to about 2 pM, about 0.15 to about 2 pM, about 0.2 to about 2 pM, about 0.25 to about 2 pM, about 0.3 to about 2 pM, about 0.35 to about 2 pM, about 0.4 to about 2 pM, about 0.45 to about 2 pM, about 0.5 to about 2 pM, about 0.55 to about 2 pM, about 0.6 to about 2 pM, about 0.65 to about 2 pM, about 0.7 to about 2 pM, about 0.75 to about 2 pM, about 0.8 to about 2 pM, about 0.85 to

about 2 pM, about 0.9 to about 2 pM, about 0.95 to about 2 pM, about 1 to about 2 pM, about 1.5 to about 2 pM, about 0.01 to about 1 pM, about 0.05 to about 1 pM, about 0.1 to about 1 pM, about 0.15 to about 1 pM, about 0.2 to about 1 pM, about 0.25 to about 1 pM, about 0.3 to about 1 pM, about 0.35 to about 1 pM, about 0.4 to about 1 pM, about 0.45 to about 1 pM, about 0.5 to about 1 pM, about 0.55 to about 1 pM, about 0.6 to about 1 pM, about 0.65 to about 1 pM, about 0.7 to about 1 pM, about 0.75 to about 1 pM, about 0.8 to about 1 pM, about 0.85 to about 1 pM, about 0.9 to about 1 pM, about 0.95 to about 1 pM, about 0.01 to about 0.8 pM, about 0.05 to about 0.8 pM, about 0.1 to about 0.8 pM, about 0.15 to about 0.8 pM, about 0.2 to about 0.8 pM, about 0.25 to about 0.8 pM, about 0.3 to about 0.8 pM, about 0.35 to about 0.8 pM, about 0.4 to about 0.8 pM, about 0.45 to about 0.8 pM, about 0.5 to about 0.8 pM, about 0.55 to about 0.8 pM, about 0.6 to about 0.8 pM, about 0.65 to about 0.8 pM, about 0.7 to about 0.8 pM, about 0.75 to about 0.8 pM, about 0.01 to about 0.6 pM, about 0.05 to about 0.6 pM, about 0.1 to about 0.6 pM, about 0.15 to about 0.6 pM, about 0.2 to about 0.6 pM, about 0.25 to about 0.6 pM, about 0.3 to about 0.6 pM, about 0.35 to about 0.6 pM, about 0.4 to about 0.6 pM, about 0.45 to about 0.6 pM, about 0.5 to about 0.6 pM, about 0.55 to about 0.6 pM, about 0.01 to about 0.4 pM, about 0.05 to about 0.4 pM, about 0.1 to about 0.4 pM, about 0.15 to about 0.4 pM, about 0.2 to about 0.4 pM, about 0.25 to about 0.4 pM, about 0.3 to about 0.4 pM, about 0.35 to about 0.4 pM, about 0.01 to about 0.2 pM, about 0.05 to about 0.2 pM, about 0.1 to about 0.2 pM, about 0.15 to about 0.2 pM, or about 0.05 to about 0.1 pM. In some embodiments, an antibody of the present disclosure, or antigen-binding fragment thereof, binds to TSLP with a K_D of about 0.01 pM, about 0.02 pM, about 0.03 pM, about 0.04 pM, about 0.05 pM, about 0.06 pM, about 0.07 pM, about 0.08 pM, about 0.09 pM, about 0.1 pM, about 0.11 pM, about 0.12 pM, about 0.13 pM, about 0.14 pM, about 0.15 pM, about 0.2 pM, about 0.3 pM, about 0.4 pM, about 0.5 pM, about 0.6 pM, about 0.7 pM, about 0.8 pM, about 0.9 pM, about 1 pM, about 2.5 pM, about 5 pM, about 7.5 pM, or about 10 pM.

[00119] In some embodiments, an antibody of the present disclosure, or antigen-binding fragment thereof, binds (e.g., has a binding affinity for, has a binding specificity for) an AB-loop region and a C-terminal region of helix D of TSLP.

[00120] In some embodiments, an antibody of the present disclosure, or antigen-binding fragment thereof, is characterized as having neutralizing activity against TSLP (e.g., a full-length human TSLP). In some embodiments, an antibody of the present disclosure, or

antigen-binding fragment thereof, is characterized as having inhibitory activity against TSLP-mediated signaling.

[00121] In some embodiments, an antibody of the present disclosure, or antigen-binding fragment thereof, binds to an epitope in a TSLP protein (e.g., in a full-length human TSLP).

[00122] In some embodiments, an antibody of the present disclosure, or antigen-binding fragment thereof, competes with a Reference Antibody (e.g., Tezepelumab) for binding to TSLP. Techniques and assays for assessing competition between antibodies are known.

[00123] In some embodiments, an antibody of the present disclosure, or antigen-binding fragment thereof, reduces binding of TSLP to its cognate receptor, TSLPR (alone or in a heterodimeric complex with IL-7Ra). In some embodiments, an antibody of the present disclosure, or antigen-binding fragment thereof, reduces binding of TSLP to TSLPR with an IC_{50} of about 0.1 pM to about 500 pM, about 0.2 pM to about 500 pM, about 0.3 pM to about 500 pM, about 0.4 pM to about 500 pM, about 0.5 pM to about 500 pM, about 0.6 pM to about 500 pM, about 0.7 pM to about 500 pM, about 0.8 pM to about 500 pM, about 0.9 pM to about 500 pM, about 1 pM to about 500 pM, about 5 pM to about 500 pM, about 10 pM to about 500 pM, about 50 pM to about 500 pM, about 100 pM to about 500 pM, about 200 pM to about 500 pM, about 300 pM to about 500 pM, about 400 to about 500 pM, about 0.1 pM to about 300 pM, about 0.2 pM to about 300 pM, about 0.3 pM to about 300 pM, about 0.4 pM to about 300 pM, about 0.5 pM to about 300 pM, about 0.6 pM to about 300 pM, about 0.7 pM to about 300 pM, about 0.8 pM to about 300 pM, about 0.9 pM to about 300 pM, about 1 pM to about 300 pM, about 5 pM to about 300 pM, about 10 pM to about 300 pM, about 50 pM to about 300 pM, about 100 pM to about 300 pM, about 200 pM to about 300 pM, about 0.1 pM to about 100 pM, about 0.2 pM to about 100 pM, about 0.3 pM to about 100 pM, about 0.4 pM to about 100 pM, about 0.5 pM to about 100 pM, about 0.6 pM to about 100 pM, about 0.7 pM to about 100 pM, about 0.8 pM to about 100 pM, about 0.9 pM to about 100 pM, about 1 pM to about 100 pM, about 5 pM to about 100 pM, about 10 pM to about 100 pM, about 50 pM to about 100 pM, about 0.1 pM to about 10 pM, about 0.2 pM to about 10 pM, about 0.3 pM to about 10 pM, about 0.4 pM to about 10 pM, about 0.5 pM to about 10 pM, about 0.6 pM to about 10 pM, about 0.7 pM to about 10 pM, about 0.8 pM to about 10 pM, about 0.9 pM to about 10 pM, about 1 pM to about 10 pM, about 5 pM to about 10 pM, about 0.1 pM to about 1 pM, about 0.2 pM to about 1 pM, about 0.3 pM to about 1 pM, about 0.4 pM to about 1 pM, about 0.5 pM to about 1 pM, about 0.6 pM to about 1 pM, about 0.7 pM to about 1 pM, about 0.8 pM to about 1 pM, about 0.9 pM to about 1 pM, about

0.1 pM to about 0.5 pM, about 0.2 pM to about 0.5 pM, about 0.3 pM to about 0.5 pM, or about 0.4 pM to about 0.5 pM. In some embodiments, an antibody of the present disclosure, or antigen-binding fragment thereof, reduces binding of TSLP to TSLPR with an IC_{50} of about 0.1 pM, about 0.5 pM, about 1 pM, about 5 pM, about 10 pM, about 50 pM, about 100 pM, or about 500 pM or less.

[00124] In some embodiments, an antibody of the present disclosure, or antigen-binding fragment thereof, reduces binding of TSLP to TSLPR by about 10% to about 100%, about 15% to about 100%, about 20% to about 100%, about 25% to about 100%, about 30% to about 100%, about 35% to about 100%, about 40% to about 100%, about 45% to about 100%, about 50% to about 100%, about 55% to about 100%, about 60% to about 100%, about 65% to about 100%, about 70% to about 100%, about 75% to about 100%, about 80% to about 100%, about 85% to about 100%, about 90% to about 100%, about 95% to about 100%, about 10% to about 90%, about 15% to about 90%, about 20% to about 90%, about 25% to about 90%, about 30% to about 90%, about 35% to about 90%, about 40% to about 90%, about 45% to about 90%, about 50% to about 90%, about 55% to about 90%, about 60% to about 90%, about 65% to about 90%, about 70% to about 90%, about 75% to about 90%, about 80% to about 90%, about 85% to about 90%, about 10% to about 80%, about 15% to about 80%, about 20% to about 80%, about 25% to about 80%, about 30% to about 80%, about 35% to about 80%, about 40% to about 80%, about 45% to about 80%, about 50% to about 80%, about 55% to about 80%, about 60% to about 80%, about 65% to about 80%, about 70% to about 80%, about 75% to about 80%, about 10% to about 60%, about 15% to about 60%, about 20% to about 60%, about 25% to about 60%, about 30% to about 60%, about 35% to about 60%, about 40% to about 60%, about 45% to about 60%, about 50% to about 60%, about 55% to about 60%, about 10% to about 40%, about 15% to about 40%, about 20% to about 40%, about 25% to about 40%, about 30% to about 40%, about 35% to about 40%, about 10% to about 20%, or about 15% to about 20%. In some embodiments, an antibody of the present disclosure, or antigen-binding fragment thereof, reduces binding of TSLP to TSLPR by at least about 15%, at least about 20%, at least about 25%, at least about 30%, at least about 35%, at least about 40%, at least about 45%, at least about 50%, at least about 55%, at least about 60%, at least about 65%, at least about 70%, at least about 75%, at least about 80%, at least about 85%, at least about 90%, at least about 91 %, at least about 92%, at least about 93%, at least about 94%, at least about 95%, at least about 96%, at least about 97%, at least about 98% or at least about 99%.

[00125] In some embodiments, an antibody of the present disclosure, or antigen-binding fragment thereof, modulates *(e.g.,* reduces, inhibits, neutralizes) a TSLP-mediated biological activity. Non-limiting examples of TSLP-mediated biological activities include: TSLPR-binding; TSLP-induced signal transducer and activator of transcription 5 (STAT5) signaling; TSLP-induced STAT3 signaling; TSLP-induced nuclear factor kappa-light-chain-enhancer of activated B cells (NFκB) signaling; TSLP-induced phosphoinositide-3-kinase (PI3K) signaling; TSLP-induced mitogen-activated protein kinase (MAPK) signaling; activation of one or more genes encoding IL-4, IL-5, IL-9, IL-13, CCL17 and mitogen-activated protein kinase kinase 2 (MEK2); and dendritic cell activation. In some embodiments, a TSLP-mediated biological activity comprises one or more innate immune mechanisms of action and/or one or more adaptive immune mechanisms of action.

[00126] TSLP-mediated biological activities can be determined, for example, by measuring STAT5 reporter activity, dendritic cell activation, proliferation of cells expressing TSLPR, and CCL17 production (see, e.g., Verstraete *et al.*, Structure and antagonism of the receptor complex mediated by human TSLP in allergy and asthma, *Nat Commun.* 8: 1493 7 (2017), the contents of which are incorporated herein by reference).

[00127] In some embodiments, an antibody of the present disclosure, or antigen-binding fragment thereof, neutralizes a biological activity mediated by TSLP. In some embodiments, an antibody of the present disclosure, or antigen-binding fragment thereof, neutralizes a TSLP-mediated biological activity with an IC_{50} of about 0.1 pM to about 500 pM, about 0.2 pM to about 500 pM, about 0.3 pM to about 500 pM, about 0.4 pM to about 500 pM, about 0.5 pM to about 500 pM, about 0.6 pM to about 500 pM, about 0.7 pM to about 500 pM, about 0.8 pM to about 500 pM, about 0.9 pM to about 500 pM, about 1 pM to about 500 pM, about 5 pM to about 500 pM, about 10 pM to about 500 pM, about 50 pM to about 500 pM, about 100 pM to about 500 pM, about 200 pM to about 500 pM, about 300 pM to about 500 pM, about 400 to about 500 pM, about 0.1 pM to about 300 pM, about 0.2 pM to about 300 pM, about 0.3 pM to about 300 pM, about 0.4 pM to about 300 pM, about 0.5 pM to about 300 pM, about 0.6 pM to about 300 pM, about 0.7 pM to about 300 pM, about 0.8 pM to about 300 pM, about 0.9 pM to about 300 pM, about 1 pM to about 300 pM, about 5 pM to about 300 pM, about 10 pM to about 300 pM, about 50 pM to about 300 pM, about 100 pM to about 300 pM, about 200 pM to about 300 pM, about 0.1 pM to about 100 pM, about 0.2 pM to about 100 pM, about 0.3 pM to about 100 pM, about 0.4 pM to about 100 pM, about 0.5 pM to about 100 pM, about 0.6 pM to about 100 pM, about 0.7 pM to about 100 pM,

about 0.8 pM to about 100 pM, about 0.9 pM to about 100 pM, about 1 pM to about 100 pM, about 5 pM to about 100 pM, about 10 pM to about 100 pM, about 50 pM to about 100 pM, about 0.1 pM to about 10 pM, about 0.2 pM to about 10 pM, about 0.3 pM to about 10 pM, about 0.4 pM to about 10 pM, about 0.5 pM to about 10 pM, about 0.6 pM to about 10 pM, about 0.7 pM to about 10 pM, about 0.8 pM to about 10 pM, about 0.9 pM to about 10 pM, about 1 pM to about 10 pM, about 5 pM to about 10 pM, about 0.1 pM to about 1 pM, about 0.2 pM to about 1 pM, about 0.3 pM to about 1 pM, about 0.4 pM to about 1 pM, about 0.5 pM to about 1 pM, about 0.6 pM to about 1 pM, about 0.7 pM to about 1 pM, about 0.8 pM to about 1 pM, about 0.9 pM to about 1 pM, about 0.1 pM to about 0.5 pM, about 0.2 pM to about 0.5 pM, about 0.3 pM to about 0.5 pM, or about 0.4 pM to about 0.5 pM. In some embodiments, an antibody of the present disclosure, or antigen-binding fragment thereof, neutralizes a TSLP-mediated biological activity with an IC_{50} of about 0.1 pM, about 0.5 pM, about 1 pM, about 5 pM, about 10 pM, about 50 pM, about 100 pM, or about 500 pM or less.

[00128] In some embodiments, an antibody of the present disclosure, or antigen-binding fragment thereof, reduces a TSLP-mediated biological activity by about 10% to about 100%, about 15% to about 100%, about 20% to about 100%, about 25% to about 100%, about 30% to about 100%, about 35% to about 100%, about 40% to about 100%, about 45% to about 100%, about 50% to about 100%, about 55% to about 100%, about 60% to about 100%, about 65% to about 100%, about 70% to about 100%, about 75% to about 100%, about 80% to about 100%, about 85% to about 100%, about 90% to about 100%, about 95% to about 100%, about 10% to about 90%, about 15% to about 90%, about 20% to about 90%, about 25% to about 90%, about 30% to about 90%, about 35% to about 90%, about 40% to about 90%, about 45% to about 90%, about 50% to about 90%, about 55% to about 90%, about 60% to about 90%, about 65% to about 90%, about 70% to about 90%, about 75% to about 90%, about 80% to about 90%, about 85% to about 90%, about 10% to about 80%, about 15% to about 80%, about 20% to about 80%, about 25% to about 80%, about 30% to about 80%, about 35% to about 80%, about 40% to about 80%, about 45% to about 80%, about 50% to about 80%, about 55% to about 80%, about 60% to about 80%, about 65% to about 80%, about 70% to about 80%, about 75% to about 80%, about 10% to about 60%, about 15% to about 60%, about 20% to about 60%, about 25% to about 60%, about 30% to about 60%, about 35% to about 60%, about 40% to about 60%, about 45% to about 60%, about 50% to about 60%, about 55% to about 60%, about 10% to about 40%, about 15% to about 40%, about 20% to about 40%, about 25% to about 40%, about 30% to about 40%, about

35% to about 40%, about 10% to about 20%, or about 15% to about 20%. In some embodiments, an antibody of the present disclosure, or antigen-binding fragment thereof, reduces a TSLP-mediated biological activity by at least about 15%, at least about 20%, at least about 25%, at least about 30%, at least about 35%, at least about 40%, at least about 45%, at least about 50%, at least about 55%, at least about 60%, at least about 65%, at least about 70%, at least about 75%, at least about 80%, at least about 85%, at least about 90%, at least about 91 %, at least about 92%, at least about 93%, at least about 94%, at least about 95%, at least about 96%, at least about 97%, at least about 98% or at least about 99%.

[00129] In some embodiments, an antibody of the present disclosure, or antigen-binding fragment thereof, reduces one or more T2 innate immune responses induced by TSLP. Non-limiting examples of T2 innate immune responses include: activation of innate lymphoid cells; activation, migration and/or local differentiation of eosinophil progenitor cells (EoPs) (e.g., via upregulation of ICAM-1 and/or CD18, and/or via suppression of L-selectin surface expression); increase of eosinophil viability (e.g., via production of IL-6, eosinophil-derived neurotoxin, and chemokines (including C-X-C Motif Chemokine Ligand 8 (CXCL8), CXCL1 and chemokine (C-C motif) ligand 2 (CCL2)); basophil differentiation; production of T2 cytokines by mast cells; production of chemokine CXCL8 and/or CC1 by mast cells; and macrophage differentiation (e.g., via enhancing CD80 activation marker expression).

[00130] In some embodiments, an antibody of the present disclosure, or antigen-binding fragment thereof, reduces one or more T2 innate immune response induced by TSLP by at least about 10% to about 100%, about 15% to about 100%, about 20% to about 100%, about 25% to about 100%, about 30% to about 100%, about 35% to about 100%, about 40% to about 100%, about 45% to about 100%, about 50% to about 100%, about 55% to about 100%, about 60% to about 100%, about 65% to about 100%, about 70% to about 100%, about 75% to about 100%, about 80% to about 100%, about 85% to about 100%, about 90% to about 100%, about 95% to about 100%, about 10% to about 90%, about 15% to about 90%, about 20% to about 90%, about 25% to about 90%, about 30% to about 90%, about 35% to about 90%, about 40% to about 90%, about 45% to about 90%, about 50% to about 90%, about 55% to about 90%, about 60% to about 90%, about 65% to about 90%, about 70% to about 90%, about 75% to about 90%, about 80% to about 90%, about 85% to about 90%, about 10% to about 80%, about 15% to about 80%, about 20% to about 80%, about 25% to about 80%, about 30% to about 80%, about 35% to about 80%, about 40% to about 80%, about 45% to about 80%, about 50% to about 80%, about 55% to about 80%, about

60% to about 80%, about 65% to about 80%, about 70% to about 80%, about 75% to about 80%, about 10% to about 60%, about 15% to about 60%, about 20% to about 60%, about 25% to about 60%, about 30% to about 60%, about 35% to about 60%, about 40% to about 60%, about 45% to about 60%, about 50% to about 60%, about 55% to about 60%, about 10% to about 40%, about 15% to about 40%, about 20% to about 40%, about 25% to about 40%, about 30% to about 40%, about 35% to about 40%, about 10% to about 20%, or about 15% to about 20%. In some embodiments, an antibody of the present disclosure, or antigen-binding fragment thereof, reduces one or more T2 innate immune response induced by TSLP by at least about 15%, at least about 20%, at least about 25%, at least about 30%, at least about 35%, at least about 40%, at least about 45%, at least about 50%, at least about 55%, at least about 60%, at least about 65%, at least about 70%, at least about 75%, at least about 80%, at least about 85%, at least about 90%, at least about 91%, at least about 92%, at least about 93%, at least about 94%, at least about 95%, at least about 96%, at least about 97%, at least about 98% or at least about 99%.

[00131] In some embodiments, an antibody of the present disclosure, or antigen-binding fragment thereof, reduces one or more T2 adaptive immune responses induced by TSLP. Non-limiting examples of T2 adaptive immune responses include: increased expression of major histocompatibility complex (MHC) class II in dendritic cells; increased expression of one or more co-stimulatory molecules (e.g., CD40, CD86, CD54, CD90, CD83 and/or CD-LAMP) in dendritic cells; increased expression of one or more chemokines (e.g., CXCL8, CCL24, CCL17, CCL22 and CCL1) in dendritic cells; increased expression of OX40 ligand (OX40L); naive T-cell differentiation and/or polarization (e.g., differentiation of naive $CD4^+$ T cells into $TNF\alpha^+IL\text{-}10^-$ T helper (T_H) 2 cells); proliferation and/or differentiation of naive $CD4^+$ T cells into T_H 2 cells or memory T cells; and increased expansion of $CD8^+$ T cells upon T cell receptor (TCR) stimulation.

[00132] In some embodiments, an antibody of the present disclosure, or antigen-binding fragment thereof, reduces one or more T2 adaptive immune response induced by TSLP by at least about 10% to about 100%, about 15% to about 100%, about 20% to about 100%, about 25% to about 100%, about 30% to about 100%, about 35% to about 100%, about 40% to about 100%, about 45% to about 100%, about 50% to about 100%, about 55% to about 100%, about 60% to about 100%, about 65% to about 100%, about 70% to about 100%, about 75% to about 100%, about 80% to about 100%, about 85% to about 100%, about 90% to about 100%, about 95% to about 100%, about 10% to about 90%, about 15% to about

90%, about 20% to about 90%, about 25% to about 90%, about 30% to about 90%, about 35% to about 90%, about 40% to about 90%, about 45% to about 90%, about 50% to about 90%, about 55% to about 90%, about 60% to about 90%, about 65% to about 90%, about 70% to about 90%, about 75% to about 90%, about 80% to about 90%, about 85% to about 90%, about 10% to about 80%, about 15% to about 80%, about 20% to about 80%, about 25% to about 80%, about 30% to about 80%, about 35% to about 80%, about 40% to about 80%, about 45% to about 80%, about 50% to about 80%, about 55% to about 80%, about 60% to about 80%, about 65% to about 80%, about 70% to about 80%, about 75% to about 80%, about 10% to about 60%, about 15% to about 60%, about 20% to about 60%, about 25% to about 60%, about 30% to about 60%, about 35% to about 60%, about 40% to about 60%, about 45% to about 60%, about 50% to about 60%, about 55% to about 60%, about 10% to about 40%, about 15% to about 40%, about 20% to about 40%, about 25% to about 40%, about 30% to about 40%, about 35% to about 40%, about 10% to about 20%, or about 15% to about 20%. In some embodiments, an antibody of the present disclosure, or antigen-binding fragment thereof, reduces one or more T2 adaptive immune response induced by TSLP by at least about 15%, at least about 20%, at least about 25%, at least about 30%, at least about 35%, at least about 40%, at least about 45%, at least about 50%, at least about 55%, at least about 60%, at least about 65%, at least about 70%, at least about 75%, at least about 80%, at least about 85%, at least about 90%, at least about 91 %, at least about 92%, at least about 93%, at least about 94%, at least about 95%, at least about 96%, at least about 97%, at least about 98% or at least about 99%.

[00133] Antibodies and antigen-binding fragments thereof disclosed herein, e.g., AB-2b, are believed to have one or more beneficial properties or effects selected from: a half life of about 89 days in humans, sustained drug concentration (e.g., in vivo) for a period of about six months, target saturation (e.g., leading to a reduction in total TSLP, total IL-13, total IL-5, or a combination thereof), a reduction in eosinophils, a reduction in FeNO, good tolerability, low elicitation of anti-drug antibody (ADA) response, and no impact of ADA response on its pharmacokinetic (PK) profile.

IV. Reference Antibody

[00134] As used herein, the term "reference" or "reference antibody" refers to an antibody (e.g., immunoglobulin molecule) that specifically binds to a TSLP protein (e.g., a polypeptide

comprising an amino acid sequence of SEQ ID NO:1) and is used as a comparison for an anti-TSLP antibody disclosed herein, or antigen-binding fragment thereof.

[00135] In some embodiments, a reference antibody may be used as a comparator to characterize one or more structural differences of an anti-TSLP antibody disclosed herein, or an antigen-binding fragment thereof.

[00136] In some embodiments, a reference antibody may be used as a comparator to characterize one of more pharmacokinetic property of an anti-TSLP antibody disclosed herein, or an antigen-binding fragment thereof. In some embodiments, a reference antibody may be used as a comparator to characterize a dissociation constant (K_D) of an anti-TSLP antibody disclosed herein, or an antigen-binding fragment thereof. In some embodiments, a reference antibody may be used as a comparator to characterize a dissociation constant (K_D) of an anti-TSLP antibody disclosed herein, or an antigen-binding fragment thereof.

[00137] In some embodiments, a reference antibody may be used as a comparator to characterize an effective concentration of an anti-TSLP antibody disclosed herein, or antigen-binding fragment thereof, needed to detectably bind a TSLP polypeptide. For example, in some embodiments, a reference antibody may be used as a comparator to characterize a half-maximal effective concentration (EC_{50}) needed for an anti-TSLP antibody disclosed herein, or antigen-binding fragment thereof, to bind a TSLP polypeptide. In some embodiments, a reference antibody may be used as a comparator to characterize an 80%-maximal effective concentration (EC_{80}) needed for an anti-TSLP antibody disclosed herein, or antigen-binding fragment thereof, to bind a TSLP polypeptide. In some embodiments, a reference antibody may be used as a comparator to characterize a 90%-maximal effective concentration (EC_{90}) needed for an anti-TSLP antibody disclosed herein, or antigen-binding fragment thereof, to bind a TSLP polypeptide.

[00138] In some embodiments, a reference antibody may be used as a comparator to characterize the efficacy of an anti-TSLP antibody disclosed herein, or antigen-binding fragment thereof, in achieving a particular biological outcome in an *in vitro* assay. In some embodiments, a reference antibody may be used as a comparator to characterize the efficacy of an anti-TSLP antibody disclosed herein, to inhibit the activity of TSLP in an *in vitro* reporter assay. For example, in some embodiments, a reference antibody may be used as a comparator to characterize the half-maximal concentration (e.g., IC_{50}) of an antibody disclosed herein, or antigen-binding fragment thereof, needed to inhibit TSLP activation of a Baf/3-STAT5 luciferase assay.

[00139] In some embodiments, a reference antibody may be used as a comparator to characterize the efficacy of an anti-TSLP antibody disclosed herein, or antigen-binding fragment thereof, in achieving a particular biological outcome in an *in vitro* cell-based assay. In some embodiments, a reference antibody may be used as a comparator to characterize the efficacy of an anti-TSLP antibody disclosed herein, or antigen-binding fragment thereof, to inhibit the TSLP-activated release of one or more cytokine and/or chemokine. In some embodiments, a reference antibody may be used as a comparator to characterize the half-maximal concentration (e.g., IC_{50}) of an antibody disclosed herein, or antigen-binding fragment thereof, needed to inhibit TSLP-activated release of one or more cytokine and/or chemokine from peripheral blood mononuclear cells (PBMCs). In some embodiments, a reference antibody may be used as a comparator to characterize the half-maximal concentration (e.g., IC_{50}) of an antibody disclosed herein, or antigen-binding fragment thereof, needed to inhibit TSLP-activated release of one or more cytokine and/or chemokine from myeloid dendritic cells (DCs). In some embodiments, a reference antibody may be used as a comparator to characterize the half-maximal concentration (e.g., IC_{50}) of an antibody disclosed herein, or antigen-binding fragment thereof, needed to inhibit TSLP-activated release of Thymus and Activation-Regulated Chemokine (TARC)/CCL17 from PBMCs and/or myeloid DCs.

[00140] In some embodiments, a reference antibody may be used as a comparator to characterize the efficacy of an anti-TSLP antibody disclosed herein, or antigen-binding fragment thereof, in achieving a particular biological outcome in an *in vivo* model of a chronic inflammatory lung disease. In some embodiments, a reference antibody may be used as a comparator to characterize the efficacy of an anti-TSLP antibody disclosed herein, or antigen-binding fragment thereof, in achieving a particular biological outcome in an *in vivo* model of allergic asthma. In some embodiments, a reference antibody may be used as a comparator to characterize the efficacy of an anti-TSLP antibody disclosed herein, or antigen-binding fragment thereof, at inhibiting: total serum levels of IgE, serum levels of antigen-specific IgE (e.g., ovalbumin (OVA-specific IgE)), or a combination thereof, in a murine model of allergic asthma. In some embodiments, a reference antibody may be used as a comparator to characterize the efficacy of an anti-TSLP antibody disclosed herein, or antigen-binding fragment thereof, at inhibiting: eosinophil infiltration, the concentration of one or more chemokines (e.g., CCL17), total levels of IgE, levels of antigen-specific IgE (e.g., ovalbumin (OVA-specific IgE)), or a combination thereof, in bronchoalveolar lavage

fluid in a murine model of allergic asthma. In some embodiments, a reference antibody may be used as a comparator to characterize the efficacy of an anti-TSLP antibody disclosed herein, or antigen-binding fragment thereof, at inhibiting: inflammatory cell infiltration, eosinophil infiltration, mucus production, or a combination thereof, in lung histological samples in a murine model of allergic asthma.

[00141] In some embodiments, a reference antibody may be used as a comparator to characterize the plasma half-life of an anti-TSLP antibody disclosed herein, or antigen-binding fragment thereof. In some embodiments, a reference antibody may be used as a comparator to characterize the plasma half-life of an anti-TSLP antibody disclosed herein, or antigen-binding fragment thereof when administered (e.g., intravenously, subcutaneously, intraperitoneally, intranasally) to a subject (e.g., human, non-human primate (e.g., cynomolgus monkey)). In some embodiments, a reference antibody may be used as a comparator to characterize the pharmacokinetic and/or physiologically-based pharmacokinetic profile of an anti-TSLP antibody disclosed herein, or antigen-binding fragment thereof in an *in silico* prediction model.

[00142] In some embodiments, a reference antibody comprises:

a) a heavy chain complementarity determining region 1 (HCDR1), a heavy chain complementarity determining region 2 (HCDR2), and a heavy chain complementarity determining region 3 (HCDR3) sequence of SEQ ID NO:31, SEQ ID NO:33 and SEQ ID NO:48, respectively; and/or

b) a light chain complementarity determining region 1 (LCDR1), a light chain complementarity determining region 2 (LCDR2), and a light chain complementarity determining region 3 (LCDR3) sequence of SEQ ID NO:59, DDS, and SEQ ID NO:69, respectively.

[00143] In some embodiments, a reference antibody comprises:

a) a HCDR1, a HCDR2, and a HCDR3 sequence of SEQ ID NO:31, SEQ ID NO:33, and SEQ ID NO:48, respectively; and

b) a LCDR1, a LCDR2, and a LCDR3 sequence of SEQ ID NO:59, DDS, and SEQ ID NO:69, respectively.

[00144] In some embodiments, a reference antibody comprises:

a) an immunoglobulin heavy chain variable domain (VH) comprising the amino acid sequence of SEQ ID NO:3; and/or

b) an immunoglobulin light chain variable domain (VL) comprising the amino acid sequence of SEQ ID NO: 19.

[00145] In some embodiments, a reference antibody comprises:

a) an immunoglobulin heavy chain variable domain (VH) comprising the amino acid sequence of SEQ ID NO:3; and

b) an immunoglobulin light chain variable domain (VL) comprising the amino acid sequence of SEQ ID NO: 19.

[00146] In some embodiments, a reference antibody comprises:

a) an immunoglobulin heavy chain (HC) comprising the amino acid sequence of SEQ ID NO:81; and

b) an immunoglobulin light chain (LC) comprising the amino acid sequence of SEQ ID NO:82.

[00147] In some embodiments, a reference antibody comprises or consists of Tezepelumab.

TABLE 2: Reference anti-TSLP Antibody Sequences

Sequence	**Amino Acid Sequence**	**SEQ ID**
HCDR1	GFTFRTYG	NO:31
HCDR2	IWYDGSNK	NO:33
HCDR3	ARAPQWELVHEAFDI	NO:48
LCDR1	NLGSKS	NO:59
LCDR2	DDS	
LCDR3	QVWDSSSDHVV	NO:69
VH	QMQLVESGGGVVQPGRSLRLSCAASGFTFRTYGMHWVRQAP GKGLEWVAVIWYDGSNKHYADSVKGRFTITRDNSKNTLNLQ MNSLRAEDTAVYYCARAPQWELVHEAFDIWGQGTMVTVSS	NO:3
VL	SYVLTQPPSVSVAPGQTARITCGGNNLGSKSVHWYQQKPGQA PVLVVYDDSDRPSWIPERFSGSNSGNTATLTISRGEAGDEADY YCQVWDSSSDHVVFGGGTKLTVL	NO:19
HC	QMQLVESGGGVVQPGRSLRLSCAASGFTFRTYGMHWVRQAP GKGLEWVAVIWYDGSNKHYADSVKGRFTITRDNSKNTLNLQ MNSLRAEDTAVYYCARAPQWELVHEAFDIWGQGTMVTVSSA STKGPSVFPLAPCSRSTSESTAALGCLVKDYFPEPVTVSWNSGA LTSGVHTFPAVLQSSGLYSLSSVVTVPSSNFGTQTYTCNVDHK PSNTKVDKTVERKCCVECPPCPAPPVAGPSVFLFPPKPKDTLMI SRTPEVTCVVVDVSHEDPEVQFNWYVDGVEVHNAKTKPREE QFNSTFRVVSVLTVVHQDWLNGKEYKCKVSNKGLPAPIEKTIS KTKGQPREPQVYTLPPSREEMTKNQVSLTCLVKGFYPSDIAVE	NO:81

Sequence	Amino Acid Sequence	SEQ ID
	WESNGQPENNYKTTPPMLDSDGSFFLYSKLTVDKSRWQQGNV FSCSVMHEALHNHYTQKSLSLSPGK	
LC	SYVLTQPPSVSVAPGQTARITCGGNNLGSKSVHWYQQKPGQA PVLVVYDDSDRPSWIPERFSGSNSGNTATLTISRGEAGDEADY YCQVWDSSSDHVVFGGGTKLTVLGQPKAAPSVTLFPPSSEELQ ANKATLVCLISDFYPGAVTVAWKADSSPVKAGVETTTPSKQS NNKYAASSYLSLTPEQWKSHRSYSCQVTHEGSTVEKTVAPTE CS	NO:82

V. Nucleic Acids, Vectors, Host Cells

[00148] In some embodiments, the present disclosure provides one or more polynucleotides (e.g., DNA, RNA, or analogs thereof) encoding any antibody disclosed herein, antigen-binding fragment thereof, or polypeptide chain (e.g., HC or LC) thereof. In some embodiments, an antibody of the present disclosure, or antigen-binding fragment thereof, is encoded by a single polynucleotide. In some embodiments, an antibody of the present disclosure, or antigen-binding fragment thereof, is encoded by two or more polynucleotides.

[00149] In some embodiments, an antibody of the present disclosure, or antigen-binding fragment thereof, is encoded by one or more linear polynucleotides. In some embodiments, an antibody of the present disclosure, or antigen-binding fragment thereof, is encoded by one or more circular polynucleotides. In some embodiments, an antibody of the present disclosure, or antigen-binding fragment thereof, is encoded by one or more circular RNAs (circRNAs). In some embodiments, a circRNA comprises one or more ribozyme sequences. In some embodiments, a ribozyme sequence is activated for autocleavage in a host cell, thereby resulting in linearization of a circRNA.

[00150] In some embodiments, one or more polynucleotides (e.g., DNA, RNA, or analogs thereof) encoding an antibody of the present disclosure, antigen-binding fragment thereof, or polypeptide chain (e.g., HC or LC) thereof, incorporates one or more modified nucleotide. In some embodiments, a modified nucleotide results from a chemical modification of a nucleobase, backbone, or combination thereof. In some embodiments, a chemically modified polynucleotide (e.g., RNA, mRNA) comprises one or more anti-reverse cap analogs (ARCA): m27.3′-OGP3G, GP3G (Unmethylated Cap Analog), m7GP3G (Monomethylated Cap Analog), m32.2.7GP3G (Trimethylated Cap Analog), m5CTP (5′-methyl-cytidine

triphosphate), m6ATP (N6-methyl-adenosine-5′-triphosphate), s2UTP (2-thio-uridine triphosphate), and Ψ (pseudouridine triphosphate).

[00151] In some embodiments, one or more polynucleotides (e.g., DNA, RNA, or analogs thereof) encoding an antibody of the present disclosure, antigen-binding fragment thereof, or polypeptide chain (e.g., HC or LC) thereof, incorporates one or more nucleosides selected from dihydrouridine, inosine, 7-methylguanosine, 5-methylcytidine (5mC), 5′ Phosphate ribothymidine, 2′-O-methyl ribothymidine, 2′-O-ethyl ribothymidine, 2′-fluoro ribothymidine, C-5 propynyl-deoxycytidine (pdC), C-5 propynyl-deoxyuridine (pdU), C-5 propynyl-cytidine (pC), C-5 propynyl-uridine (pU), 5-methyl cytidine, 5-methyl uridine, 5-methyl deoxycytidine, 5-methyl deoxyuridine methoxy, 2,6-diaminopurine, 5′-Dimethoxytrityl-N4-ethyl-2′-deoxycytidine, C-5 propynyl-f-cytidine (pfC), C-5 propynyl-f-uridine (pfU), 5-methyl f-cytidine, 5-methyl f-uridine, C-5 propynyl-m-cytidine (pmC), C-5 propynyl-f-uridine (pmU), 5-methyl m-cytidine, 5-methyl m-uridine, LNA (locked nucleic acid), MGB (minor groove binder) pseudouridine (Ψ), 1-N-methylpseudouridine (1-Me-Ψ), and 5-methoxyuridine (5-MO-U). In some embodiments, a polynucleotide of the present disclosure comprises one or more locked nucleotides.

[00152] In some embodiments, one or more polynucleotides encoding an antibody of the present disclosure, antigen-binding fragment thereof, or polypeptide chain (e.g., HC or LC) thereof, comprises a sequence that is codon optimized for human expression. In some embodiments, codon optimization may be performed such that codons for which frequently occurring tRNAs are available are inserted in place of "rare codons." In some embodiments, codon-optimization may include increasing guanosine/cytosine (G/C) content of a coding region of a polyribonucleotide described herein as compared to the G/C content of the corresponding coding sequence of a wild-type or reference polyribonucleotide. In some embodiments, codon-optimization may include increasing guanosine/cytosine (G/C) content of a coding region of a polyribonucleotide described herein as compared to the G/C content of the corresponding coding sequence of a wild-type or reference polyribonucleotide, wherein the amino acid sequence encoded by the polyribonucleotide is not modified compared to the amino acid sequence. In some embodiments, a coding sequence is codon optimized for expression in a particular cell or tissue.

[00153] In some embodiments, the present disclosure provides a vector (e.g., an expression vector, including a viral-delivery vector) comprising one or more polynucleotides

encoding an antibody of the present disclosure, antigen-binding fragment thereof, or polypeptide chain (e.g., HC or LC) thereof.

[00154] As used herein, the term "expression vector" refers to a replicable nucleic acid from which one or more polypeptides can be expressed when the expression vector is transformed into a suitable expression host cell.

[00155] Various expression vectors can be employed to express a polynucleotide encoding an antibody of the present disclosure, antigen-binding fragment thereof, or polypeptide chain (e.g., HC or LC) thereof. Both viral-based and nonviral expression vectors can be used to produce antibodies in a mammalian host cell. Non-viral vectors and systems include plasmids, episomal vectors, typically with an expression cassette for expressing a protein or RNA, and human artificial chromosomes. In some embodiments, nonviral vectors useful for expression of an antibody of the present disclosure, antigen-binding fragment thereof, or polypeptide chain (e.g., HC or LC) thereof in mammalian (e.g., human) cells include pThioHis A, B & C, pcDNA3.1/His, pEBVHis A, B & C, MPSV vectors, and numerous other known vectors for protein expression. In some embodiments, viral vectors include vectors based on retroviruses, adenoviruses, adeno-associated viruses, herpes viruses, vectors based on SV40, papilloma virus, HBP Epstein Barr virus, vaccinia virus vectors and Semliki Forest virus (SFV).

[00156] In some embodiments, a vector (e.g., expression vector) further comprises an expression control polynucleotide sequence operably linked to one or more polynucleotides encoding an antibody of the present disclosure, antigen-binding fragment thereof, or polypeptide chain (e.g., HC or LC) thereof. In some embodiments, an expression control polynucleotide sequence comprises a promoter sequence, an enhancer sequence, a transcription terminator, or combination thereof. In some embodiments, an expression control polynucleotide sequence comprises an inducible promoter sequence. As used herein, the term "promoter" refers to a region of DNA to which RNA polymerase binds and initiates the transcription of a gene. As used herein, the term "operably linked" refers to a nucleic acid positioned in a recombinant polynucleotide (e.g., vector) in such a way that enables expression of a nucleic acid (e.g., a polynucleotide encoding an antibody of the present disclosure, antigen-binding fragment thereof, or polypeptide chain (e.g., HC or LC) thereof) under control of the element (*e.g.*, promoter) to which it is linked.

[00157] In some embodiments, a vector (e.g., expression vector) disclosed herein further comprises a polynucleotide sequence encoding a selectable marker. As used herein, the term

"selectable marker" refers to an element that confers a trait suitable for artificial selection of a transformed or transduced cell. In some embodiments, selectable markers can be negative or positive selection markers.

[00158] Expression vectors can include expression control sequences, such as an origin of replication, a promoter, and an enhancer, and necessary processing information sites, such as ribosome binding sites, RNA splice sites, polyadenylation sites, and transcriptional terminator sequences. These expression vectors usually contain promoters derived from genes from host cells (e.g., mammalian cells), or viral genes from viruses that target said host cells. Suitable promoters may be constitutive, cell type-specific, stage-specific, and/or modulatable or regulatable. Useful promoters include, but are not limited to, the metallothionein promoter, the constitutive adenovirus major late promoter, the dexamethasone-inducible MMTV promoter, the SV40 promoter, the MRP poIIII promoter, the constitutive MPSV promoter, the tetracycline-inducible CMV promoter (such as the human immediate-early CMV promoter), the constitutive CMV promoter, and known promoter-enhancer combinations.

[00159] In some embodiments, the present disclosure provides host cells for harboring and expressing polynucleotides encoding an antibody of the present disclosure, antigen-binding fragment thereof, or polypeptide chain (e.g., HC or LC) thereof. In some embodiments, a host cell can be prokaryotic or eukaryotic. For example, in some embodiments, *E. coli* is a prokaryotic host cell used for cloning and expressing the one or more polynucleotides encoding an antibody of the present disclosure, antigen-binding fragment thereof, or polypeptide chain (e.g., HC or LC) thereof. In some embodiments, other prokaryotic host cells are suitable for use including bacilli, such as Bacillus subtilis, and other enterobacteriaceae, such as Salmonella, Serratia, and various Pseudomonas species. In some embodiments, prokaryotic host cells can be used to propagate expression vectors, which typically contain expression control sequences compatible with a host cell (e.g., an origin of replication). In addition, any number of a variety of well-known promoters can be used, such as the lactose promoter system, a tryptophan (trp) promoter system, a beta-lactamase promoter system, or a promoter system from phage lambda. The promoters typically control expression, optionally with an operator sequence, and have ribosome binding site sequences for initiating and completing transcription and translation. In some embodiments, other cells, such as yeast (e.g., *Pichia pastoris* cells) and insect cells, can be used as host cells.

[00160] In some embodiments, mammalian cells are used as host cells to express and produce an antibody of the present disclosure, antigen-binding fragment thereof, or polypeptide chain (e.g., HC or LC) thereof. In some embodiments, a mammalian host cell can be either a hybridoma cell line expressing endogenous immunoglobulin genes or a mammalian cell line harboring an exogenous expression vector. Various suitable mammalian host cell lines have been developed that are capable of secreting intact immunoglobulins. In some embodiments, mammalian host cells used for expressing an antibody of the present disclosure, or antigen-binding fragment thereof, or polypeptide chain (e.g., HC or LC) thereof, includes Chinese hamster ovary (CHO) cells, COS cells, human embryonic kidney (HEK), HeLa cells, myeloma cell lines, transformed B-cells, and hybridomas.

VI. Compositions

[00161] In some embodiments, the present disclosure provides a composition comprising an antibody disclosed herein, or antigen-binding fragment thereof. In some embodiments, a composition is a pharmaceutical composition.

[00162] In some embodiments, a composition (e.g., a pharmaceutical composition) further comprises one or more pharmaceutically acceptable carriers, excipients, stabilizers, diluents or tonifiers (Remington's Pharmaceutical Sciences 16th edition, Osol, A. Ed. (1980)). Suitable pharmaceutically acceptable carriers, excipients, or stabilizers are non-toxic to recipients at the dosages and concentrations employed. Non-limiting examples of pharmaceutically acceptable carriers, excipients, stabilizers, diluents or tonifiers include: buffers (e.g., phosphate, citrate, histidine); antioxidants (e.g., ascorbic acid or methionine); preservatives; proteins (e.g., serum albumin, gelatin); hydrophilic polymers; amino acids; carbohydrates (e.g., monosaccharides, disaccharides, glucose, mannose or dextrins); chelating agents (e.g., EDTA); sugars (e.g., sucrose, mannitol, trehalose or sorbitol); salt-forming counter-ions (e.g., sodium); metal complexes (e.g., Zn-protein complexes); non-ionic surfactants (e.g., Tween), PLURONICS™; and polyethylene glycol (PEG).

[00163] In some embodiments, a composition (e.g., a pharmaceutical composition) is formulated for a suitable administration schedule and route. In some embodiments, a composition (e.g., a pharmaceutical composition) is formulated for parenteral administration. Non-limiting examples of administration routes include subcutaneous, intravenous, intraperitoneal, oral, rectal, intranasal, mucosal, intramuscular, etc. In some embodiments, a

composition (e.g., a pharmaceutical composition) is stored as an aqueous solution or as a dried formulation (e.g., lyophilized).

[00164] In some embodiments, a composition disclosed herein is formulated for subcutaneous administration. In some embodiments, a composition disclosed herein is formulated intravenous administration.

[00165] In some embodiments, a composition (e.g., a pharmaceutical composition) disclosed herein is provided in a dosage form, e.g., in a prefilled syringe or autoinjector.

[00166] In some embodiments, a composition (e.g., a pharmaceutical composition) comprises from about 10 mg to 1500 mg of an antibody of the present disclosure, or antigen-binding fragment thereof. In some embodiments, a composition (e.g., a pharmaceutical composition) comprises from about 10 mg to about 1500 mg, about 20 mg to about 1500 mg, about 30 mg to about 1500 mg, about 40 mg to about 1500 mg, about 50 mg to about 1500 mg, about 60 mg to about 1500 mg, about 70 mg to about 1500 mg, about 80 mg to about 1500 mg, about 90 mg to about 1500 mg, about 100 mg to about 1500 mg, about 150 mg to about 1500 mg, about 200 mg to about 1500 mg, about 250 mg to about 1500 mg, about 300 mg to about 1500 mg, about 350 mg to about 1500 mg, about 400 mg to about 1500 mg, about 450 mg to about 1500 mg, about 500 mg to about 1500 mg, about 550 mg to about 1500 mg, about 600 mg to about 1500 mg, about 650 mg to about 1500 mg, about 700 mg to about 1500 mg, about 750 mg to about 1500 mg, about 800 mg to about 1500 mg, about 850 mg to about 1500 mg, about 900 mg to about 1500 mg, about 950 mg to about 1500 mg, about 1000 mg to about 1500 mg, about 1050 mg to about 1500 mg, about 1100 mg to about 1500 mg, about 1150 mg to about 1500 mg, about 1200 mg to about 1500 mg, about 1250 mg to about 1500 mg, about 1300 mg to about 1500 mg, about 1350 mg to about 1500 mg, about 1400 mg to about 1500 mg, about 1450 mg to about 1500 mg, about 10 mg to about 1400 mg, about 20 mg to about 1400 mg, about 30 mg to about 1400 mg, about 40 mg to about 1400 mg, about 50 mg to about 1400 mg, about 60 mg to about 1400 mg, about 70 mg to about 1400 mg, about 80 mg to about 1400 mg, about 90 mg to about 1400 mg, about 100 mg to about 1400 mg, about 150 mg to about 1400 mg, about 200 mg to about 1400 mg, about 250 mg to about 1400 mg, about 300 mg to about 1400 mg, about 350 mg to about 1400 mg, about 400 mg to about 1400 mg, about 450 mg to about 1400 mg, about 500 mg to about 1400 mg, about 550 mg to about 1400 mg, about 600 mg to about 1400 mg, about 650 mg to about 1400 mg, about 700 mg to about 1400 mg, about 750 mg to about 1400 mg, about 800 mg to about 1400 mg, about 850 mg to about 1400 mg, about 900 mg to about 1400 mg,

about 950 mg to about 1400 mg, about 1000 mg to about 1400 mg, about 1050 mg to about 1400 mg, about 1100 mg to about 1400 mg, about 1150 mg to about 1400 mg, about 1200 mg to about 1400 mg, about 1250 mg to about 1400 mg, about 1300 mg to about 1400 mg, about 1350 mg to about 1400 mg, about 10 mg to about 1300 mg, 20 mg to about 1300 mg, 30 mg to about 1300 mg, 40 mg to about 1300 mg, 50 mg to about 1300 mg, about 60 mg to about 1300 mg, about 70 mg to about 1300 mg, about 80 mg to about 1300 mg, about 90 mg to about 1300 mg, about 100 mg to about 1300 mg, about 150 mg to about 1300 mg, about 200 mg to about 1300 mg, about 250 mg to about 1300 mg, about 300 mg to about 1300 mg, about 350 mg to about 1300 mg, about 400 mg to about 1300 mg, about 450 mg to about 1300 mg, about 500 mg to about 1300 mg, about 550 mg to about 1300 mg, about 600 mg to about 1300 mg, about 650 mg to about 1300 mg, about 700 mg to about 1300 mg, about 750 mg to about 1300 mg, about 800 mg to about 1300 mg, about 850 mg to about 1300 mg, about 900 mg to about 1300 mg, about 950 mg to about 1300 mg, about 1000 mg to about 1300 mg, about 1050 mg to about 1300 mg, about 1100 mg to about 1300 mg, about 1150 mg to about 1300 mg, about 1200 mg to about 1300 mg, about 1250 mg to about 1300 mg, about 10 mg to about 1200 mg, 20 mg to about 1200 mg, 30 mg to about 1200 mg, 40 mg to about 1200 mg, 50 mg to about 1200 mg, about 60 mg to about 1200 mg, about 70 mg to about 1200 mg, about 80 mg to about 1200 mg, about 90 mg to about 1200 mg, about 100 mg to about 1200 mg, about 150 mg to about 1200 mg, about 200 mg to about 1200 mg, about 250 mg to about 1200 mg, about 300 mg to about 1200 mg, about 350 mg to about 1200 mg, about 400 mg to about 1200 mg, about 450 mg to about 1200 mg, about 500 mg to about 1200 mg, about 550 mg to about 1200 mg, about 600 mg to about 1200 mg, about 650 mg to about 1200 mg, about 700 mg to about 1200 mg, about 750 mg to about 1200 mg, about 800 mg to about 1200 mg, about 850 mg to about 1200 mg, about 900 mg to about 1200 mg, about 950 mg to about 1200 mg, about 1000 mg to about 1200 mg, about 1050 mg to about 1200 mg, about 1100 mg to about 1200 mg, about 1150 mg to about 1200 mg, about 10 mg to about 1100 mg, 20 mg to about 1100 mg, 30 mg to about 1100 mg, 40 mg to about 1100 mg, 50 mg to about 1100 mg, about 60 mg to about 1100 mg, about 70 mg to about 1100 mg, about 80 mg to about 1100 mg, about 90 mg to about 1100 mg, about 100 mg to about 1100 mg, about 150 mg to about 1100 mg, about 200 mg to about 1100 mg, about 250 mg to about 1100 mg, about 300 mg to about 1100 mg, about 350 mg to about 1100 mg, about 400 mg to about 1100 mg, about 450 mg to about 1100 mg, about 500 mg to about 1100 mg, about 550 mg to about 1100 mg, about 600 mg to about 1100 mg, about 650 mg to about 1100 mg,

about 700 mg to about 1100 mg, about 750 mg to about 1100 mg, about 800 mg to about 1100 mg, about 850 mg to about 1100 mg, about 900 mg to about 1100 mg, about 950 mg to about 1100 mg, about 1000 mg to about 1100 mg, about 1050 mg to about 1100 mg, about 10 mg to about 1000 mg, about 20 mg to about 1000 mg, about 30 mg to about 1000 mg, about 40 mg to about 1000 mg, about 50 mg to about 1000 mg, about 60 mg to about 1000 mg, about 70 mg to about 1000 mg, about 80 mg to about 1000 mg, about 90 mg to about 1000 mg, about 100 mg to about 1000 mg, about 150 mg to about 1000 mg, about 200 mg to about 1000 mg, about 250 mg to about 1000 mg, about 300 mg to about 1000 mg, about 350 mg to about 1000 mg, about 400 mg to about 1000 mg, about 450 mg to about 1000 mg, about 500 mg to about 1000 mg, about 550 mg to about 1000 mg, about 600 mg to about 1000 mg, about 650 mg to about 1000 mg, about 700 mg to about 1000 mg, about 750 mg to about 1000 mg, about 800 mg to about 1000 mg, about 850 mg to about 1000 mg, about 900 mg to about 1000 mg, about 950 mg to about 1000 mg, about 10 mg to about 900 mg, about 20 mg to about 900 mg, about 30 mg to about 900 mg, about 40 mg to about 900 mg, about 50 mg to about 900 mg, about 60 mg to about 900 mg, about 70 mg to about 900 mg, about 80 mg to about 900 mg, about 90 mg to about 900 mg, about 100 mg to about 900 mg, about 150 mg to about 900 mg, about 200 mg to about 900 mg, about 250 mg to about 900 mg, about 300 mg to about 900 mg, about 350 mg to about 900 mg, about 400 mg to about 900 mg, about 450 mg to about 900 mg, about 500 mg to about 900 mg, about 550 mg to about 900 mg, about 600 mg to about 900 mg, about 650 mg to about 900 mg, about 700 mg to about 900 mg, about 750 mg to about 900 mg, about 800 mg to about 900 mg, about 850 mg to about 900 mg, about 10 mg to about 800 mg, about 20 mg to about 800 mg, about 30 mg to about 800 mg, about 40 mg to about 800 mg, about 50 mg to about 800 mg, about 60 mg to about 800 mg, about 70 mg to about 800 mg, about 80 mg to about 800 mg, about 90 mg to about 800 mg, about 100 mg to about 800 mg, about 150 mg to about 800 mg, about 200 mg to about 800 mg, about 250 mg to about 800 mg, about 300 mg to about 800 mg, about 350 mg to about 800 mg, about 400 mg to about 800 mg, about 450 mg to about 800 mg, about 500 mg to about 800 mg, about 550 mg to about 800 mg, about 600 mg to about 800 mg, about 650 mg to about 800 mg, about 700 mg to about 800 mg, about 750 mg to about 800 mg, about 10 mg to about 700 mg, about 20 mg to about 700 mg, about 30 mg to about 700 mg, about 40 mg to about 700 mg, about 50 mg to about 700 mg, about 60 mg to about 700 mg, about 70 mg to about 700 mg, about 80 mg to about 700 mg, about 90 mg to about 700 mg, about 100 mg to about 700 mg, about 150 mg to about 700 mg, about 200 mg to about 700

mg, about 250 mg to about 700 mg, about 300 mg to about 700 mg, about 350 mg to about 700 mg, about 400 mg to about 700 mg, about 450 mg to about 700 mg, about 500 mg to about 700 mg, about 550 mg to about 700 mg, about 600 mg to about 700 mg, about 650 mg to about 700 mg, about 10 mg to about 600 mg, about 20 mg to about 600 mg, about 30 mg to about 600 mg, about 40 mg to about 600 mg, about 50 mg to about 600 mg, about 60 mg to about 600 mg, about 70 mg to about 600 mg, about 80 mg to about 600 mg, about 90 mg to about 600 mg, about 100 mg to about 600 mg, about 150 mg to about 600 mg, about 200 mg to about 600 mg, about 250 mg to about 600 mg, about 300 mg to about 600 mg, about 350 mg to about 600 mg, about 400 mg to about 600 mg, about 450 mg to about 600 mg, about 500 mg to about 600 mg, about 550 mg to about 600 mg, about 10 mg to about 500 mg, about 20 mg to about 500 mg, about 30 mg to about 500 mg, about 40 mg to about 500 mg, about 50 mg to about 500 mg, about 60 mg to about 500 mg, about 70 mg to about 500 mg, about 80 mg to about 500 mg, about 90 mg to about 500 mg, about 100 mg to about 500 mg, about 150 mg to about 500 mg, about 200 mg to about 500 mg, about 250 mg to about 500 mg, about 300 mg to about 500 mg, about 350 mg to about 500 mg, about 400 mg to about 500 mg, about 450 mg to about 500 mg, about 10 mg to about 400 mg, about 20 mg to about 400 mg, about 30 mg to about 400 mg, about 40 mg to about 400 mg, about 50 mg to about 400 mg, about 60 mg to about 400 mg, about 70 mg to about 400 mg, about 80 mg to about 400 mg, about 90 mg to about 400 mg, about 100 mg to about 400 mg, about 150 mg to about 400 mg, about 200 mg to about 400 mg, about 250 mg to about 400 mg, about 300 mg to about 400 mg, about 350 mg to about 400 mg, about 10 mg to about 300 mg, about 20 mg to about 300 mg, about 30 mg to about 300 mg, about 40 mg to about 300 mg, about 50 mg to about 300 mg, about 60 mg to about 300 mg, about 70 mg to about 300 mg, about 80 mg to about 300 mg, about 90 mg to about 300 mg, about 100 mg to about 300 mg, about 150 mg to about 300 mg, about 200 mg to about 300 mg, about 250 mg to about 300 mg, about 10 mg to about 200 mg, about 20 mg to about 200 mg, about 30 mg to about 200 mg, about 40 mg to about 200 mg, about 50 mg to about 200 mg, about 60 mg to about 200 mg, about 70 mg to about 200 mg, about 80 mg to about 200 mg, about 90 mg to about 200 mg, about 100 mg to about 200 mg, about 150 mg to about 200 mg, about 10 mg to about 100 mg, about 20 mg to about 100 mg, about 30 mg to about 100 mg, about 40 mg to about 100 mg, about 50 mg to about 100 mg, about 60 mg to about 100 mg, about 70 mg to about 100 mg, about 80 mg to about 100 mg, about 90 mg to about 100 mg, about 10 mg to about 80 mg, about 20 mg to about 80 mg, about 30 mg to about 80 mg, about 40 mg to about 80 mg, about 50 mg to about

80 mg, about 60 mg to about 80 mg, about 70 mg to about 80 mg, about 10 mg to about 60 mg, about 20 mg to about 60 mg, about 30 mg to about 60 mg, about 40 mg to about 60 mg, about 50 mg to about 60 mg, about 10 mg to about 40 mg, about 20 mg to about 40 mg, about 30 mg to about 40 mg, or about 10 mg to about 20 mg of an antibody of the present disclosure, or antigen-binding fragment thereof.

[00167] In some embodiments, a composition (e.g., a pharmaceutical composition) comprises about 10 mg, about 20 mg, about 30 mg, about 40 mg, about 50 mg, about 60 mg, about 70 mg, about 80 mg, about 90 mg, about 100 mg, about 110 mg, about 120 mg, about 130 mg, about 140 mg, about 150 mg, about 160 mg, about 170 mg, about 180 mg, about 190 mg, about 200 mg, about 210 mg, about 220 mg, about 230 mg, about 250 mg, about 260 mg, about 270 mg, about 280 mg, about 290 mg, about 300 mg, about 310 mg, about 320 mg, about 330 mg, about 340 mg, about 350 mg, about 360 mg, about 370 mg, about 380 mg, about 390 mg, about 400 mg, about 410 mg, about 420 mg, about 430 mg, about 440 mg, about 450 mg, about 460 mg, about 470 mg, about 480 mg, about 490 mg, about 500 mg, about 510 mg, about 520 mg, about 530 mg, about 540 mg, about 550 mg, about 560 mg, about 570 mg, about 580 mg, about 590 mg, about 600 mg, about 610 mg, about 620 mg, about 630 mg, about 640 mg, about 650 mg, about 660 mg, about 670 mg, about 680 mg, about 690 mg, about 700 mg, about 710 mg, about 720 mg, about 730 mg, about 740 mg, about 750 mg, about 760 mg, about 770 mg, about 780 mg, about 790 mg, about 800 mg, about 810 mg, about 820 mg, about 830 mg, about 840 mg, about 850 mg, about 860 mg, about 870 mg, about 880 mg, about 890 mg, about 900 mg, about 910 mg, about 920 mg, about 930 mg, about 940 mg, about 950 mg, about 960 mg, about 970 mg, about 980 mg, about 990 mg, about 1000 mg, about 1025 mg, about 1050 mg, about 1075 mg, about 1100 mg, about 1125 mg, about 1150 mg, about 1175 mg, about 1200 mg, about 1225 mg, about 1250 mg, about 1275 mg, about 1300 mg, about 1325 mg, about 1350 mg, about 1375 mg, about 1400 mg, about 1425 mg, about 1450 mg, about 1475 mg, or about 1500 mg of an antibody of the present disclosure, or antigen-binding fragment thereof.

[00168] In some embodiments, a composition (e.g., a pharmaceutical composition) comprises about 10 mg of an antibody of the present disclosure, or antigen-binding fragment thereof. In some embodiments, a composition (e.g., a pharmaceutical composition) comprises about 30 mg of an antibody of the present disclosure, or antigen-binding fragment thereof. In some embodiments, a composition (e.g., a pharmaceutical composition) comprises about 100 mg of an antibody of the present disclosure, or antigen-binding fragment thereof. In some

embodiments, a composition (e.g., a pharmaceutical composition) comprises about 300 mg of an antibody of the present disclosure, or antigen-binding fragment thereof. In some embodiments, a composition (e.g., a pharmaceutical composition) comprises about 600 mg of an antibody of the present disclosure, or antigen-binding fragment thereof. In some embodiments, a composition (e.g., a pharmaceutical composition) comprises about 1200 mg of an antibody of the present disclosure, or antigen-binding fragment thereof.

[00169] In some embodiments, a composition (e.g., a pharmaceutical composition) comprises from about 10 mg/mL to about 1500 mg/mL of an antibody of the present disclosure, or antigen-binding fragment thereof. In some embodiments, a composition (e.g., a pharmaceutical composition) comprises from about 10 mg/mL to about 1500 mg/mL, about 20 mg/mL to about 1500 mg/mL, about 30 mg/mL to about 1500 mg/mL, about 40 mg/mL to about 1500 mg/mL, about 50 mg/mL to about 1500 mg/mL, about 60 mg/mL to about 1500 mg/mL, about 70 mg/mL to about 1500 mg/mL, about 80 mg/mL to about 1500 mg/mL, about 90 mg/mL to about 1500 mg/mL, about 100 mg/mL to about 1500 mg/mL, about 150 mg/mL to about 1500 mg/mL, about 200 mg/mL to about 1500 mg/mL, about 250 mg/mL to about 1500 mg/mL, about 300 mg/mL to about 1500 mg/mL, about 350 mg/mL to about 1500 mg/mL, about 400 mg/mL to about 1500 mg/mL, about 450 mg/mL to about 1500 mg/mL, about 500 mg/mL to about 1500 mg/mL, about 550 mg/mL to about 1500 mg/mL, about 600 mg/mL to about 1500 mg/mL, about 650 mg/mL to about 1500 mg/mL, about 700 mg/mL to about 1500 mg/mL, about 750 mg/mL to about 1500 mg/mL, about 800 mg/mL to about 1500 mg/mL, about 850 mg/mL to about 1500 mg/mL, about 900 mg/mL to about 1500 mg/mL, about 950 mg/mL to about 1500 mg/mL, about 1000 mg/mL to about 1500 mg/mL, about 1050 mg/mL to about 1500 mg/mL, about 1100 mg/mL to about 1500 mg/mL, about 1150 mg/mL to about 1500 mg/mL, about 1200 mg/mL to about 1500 mg/mL, about 1250 mg/mL to about 1500 mg/mL, about 1300 mg/mL to about 1500 mg/mL, about 1350 mg/mL to about 1500 mg/mL, about 1400 mg/mL to about 1500 mg/mL, about 1450 mg/mL to about 1500 mg/mL, about 10 mg/mL to about 1400 mg/mL, about 20 mg/mL to about 1400 mg/mL, about 30 mg/mL to about 1400 mg/mL, about 40 mg/mL to about 1400 mg/mL, about 50 mg/mL to about 1400 mg/mL, about 60 mg/mL to about 1400 mg/mL, about 70 mg/mL to about 1400 mg/mL, about 80 mg/mL to about 1400 mg/mL, about 90 mg/mL to about 1400 mg/mL, about 100 mg/mL to about 1400 mg/mL, about 150 mg/mL to about 1400 mg/mL, about 200 mg/mL to about 1400 mg/mL, about 250 mg/mL to about 1400 mg/mL, about 300 mg/mL to about 1400 mg/mL, about 350 mg/mL to about 1400

mg/mL, about 400 mg/mL to about 1400 mg/mL, about 450 mg/mL to about 1400 mg/mL, about 500 mg/mL to about 1400 mg/mL, about 550 mg/mL to about 1400 mg/mL, about 600 mg/mL to about 1400 mg/mL, about 650 mg/mL to about 1400 mg/mL, about 700 mg/mL to about 1400 mg/mL, about 750 mg/mL to about 1400 mg/mL, about 800 mg/mL to about 1400 mg/mL, about 850 mg/mL to about 1400 mg/mL, about 900 mg/mL to about 1400 mg/mL, about 950 mg/mL to about 1400 mg/mL, about 1000 mg/mL to about 1400 mg/mL, about 1050 mg/mL to about 1400 mg/mL, about 1100 mg/mL to about 1400 mg/mL, about 1150 mg/mL to about 1400 mg/mL, about 1200 mg/mL to about 1400 mg/mL, about 1250 mg/mL to about 1400 mg/mL, about 1300 mg/mL to about 1400 mg/mL, about 1350 mg/mL to about 1400 mg/mL, about 10 mg/mL to about 1300 mg/mL, about 20 mg/mL to about 1300 mg/mL, about 30 mg/mL to about 1300 mg/mL, about 40 mg/mL to about 1300 mg/mL, about 50 mg/mL to about 1300 mg/mL, about 60 mg/mL to about 1300 mg/mL, about 70 mg/mL to about 1300 mg/mL, about 80 mg/mL to about 1300 mg/mL, about 90 mg/mL to about 1300 mg/mL, about 100 mg/mL to about 1300 mg/mL, about 150 mg/mL to about 1300 mg/mL, about 200 mg/mL to about 1300 mg/mL, about 250 mg/mL to about 1300 mg/mL, about 300 mg/mL to about 1300 mg/mL, about 350 mg/mL to about 1300 mg/mL, about 400 mg/mL to about 1300 mg/mL, about 450 mg/mL to about 1300 mg/mL, about 500 mg/mL to about 1300 mg/mL, about 550 mg/mL to about 1300 mg/mL, about 600 mg/mL to about 1300 mg/mL, about 650 mg/mL to about 1300 mg/mL, about 700 mg/mL to about 1300 mg/mL, about 750 mg/mL to about 1300 mg/mL, about 800 mg/mL to about 1300 mg/mL, about 850 mg/mL to about 1300 mg/mL, about 900 mg/mL to about 1300 mg/mL, about 950 mg/mL to about 1300 mg/mL, about 1000 mg/mL to about 1300 mg/mL, about 1050 mg/mL to about 1300 mg/mL, about 1100 mg/mL to about 1300 mg/mL, about 1150 mg/mL to about 1300 mg/mL, about 1200 mg/mL to about 1300 mg/mL, about 1250 mg/mL to about 1300 mg/mL, about 10 mg/mL to about 1200 mg/mL, about 20 mg/mL to about 1200 mg/mL, about 30 mg/mL to about 1200 mg/mL, about 40 mg/mL to about 1200 mg/mL, about 50 mg/mL to about 1200 mg/mL, about 60 mg/mL to about 1200 mg/mL, about 70 mg/mL to about 1200 mg/mL, about 80 mg/mL to about 1200 mg/mL, about 90 mg/mL to about 1200 mg/mL, about 100 mg/mL to about 1200 mg/mL, about 150 mg/mL to about 1200 mg/mL, about 200 mg/mL to about 1200 mg/mL, about 250 mg/mL to about 1200 mg/mL, about 300 mg/mL to about 1200 mg/mL, about 350 mg/mL to about 1200 mg/mL, about 400 mg/mL to about 1200 mg/mL, about 450 mg/mL to about 1200 mg/mL, about 500 mg/mL to about 1200 mg/mL, about 550 mg/mL to about 1200 mg/mL, about 600

mg/mL to about 1200 mg/mL, about 650 mg/mL to about 1200 mg/mL, about 700 mg/mL to about 1200 mg/mL, about 750 mg/mL to about 1200 mg/mL, about 800 mg/mL to about 1200 mg/mL, about 850 mg/mL to about 1200 mg/mL, about 900 mg/mL to about 1200 mg/mL, about 950 mg/mL to about 1200 mg/mL, about 1000 mg/mL to about 1200 mg/mL, about 1050 mg/mL to about 1200 mg/mL, about 1100 mg/mL to about 1200 mg/mL, about 1150 mg/mL to about 1200 mg/mL, about 10 mg/mL to about 1100 mg/mL, about 20 mg/mL to about 1100 mg/mL, about 30 mg/mL to about 1100 mg/mL, about 40 mg/mL to about 1100 mg/mL, about 50 mg/mL to about 1100 mg/mL, about 60 mg/mL to about 1100 mg/mL, about 70 mg/mL to about 1100 mg/mL, about 80 mg/mL to about 1100 mg/mL, about 90 mg/mL to about 1100 mg/mL, about 100 mg/mL to about 1100 mg/mL, about 150 mg/mL to about 1100 mg/mL, about 200 mg/mL to about 1100 mg/mL, about 250 mg/mL to about 1100 mg/mL, about 300 mg/mL to about 1100 mg/mL, about 350 mg/mL to about 1100 mg/mL, about 400 mg/mL to about 1100 mg/mL, about 450 mg/mL to about 1100 mg/mL, about 500 mg/mL to about 1100 mg/mL, about 550 mg/mL to about 1100 mg/mL, about 600 mg/mL to about 1100 mg/mL, about 650 mg/mL to about 1100 mg/mL, about 700 mg/mL to about 1100 mg/mL, about 750 mg/mL to about 1100 mg/mL, about 800 mg/mL to about 1100 mg/mL, about 850 mg/mL to about 1100 mg/mL, about 900 mg/mL to about 1100 mg/mL, about 950 mg/mL to about 1100 mg/mL, about 1000 mg/mL to about 1100 mg/mL, about 1050 mg/mL to about 1100 mg/mL, about 10 mg/mL to about 1000 mg/mL, about 20 mg/mL to about 1000 mg/mL, about 30 mg/mL to about 1000 mg/mL, about 40 mg/mL to about 1000 mg/mL, about 50 mg/mL to about 1000 mg/mL, about 60 mg/mL to about 1000 mg/mL, about 70 mg/mL to about 1000 mg/mL, about 80 mg/mL to about 1000 mg/mL, about 90 mg/mL to about 1000 mg/mL, about 100 mg/mL to about 1000 mg/mL, about 150 mg/mL to about 1000 mg/mL, about 200 mg/mL to about 1000 mg/mL, about 250 mg/mL to about 1000 mg/mL, about 300 mg/mL to about 1000 mg/mL, about 350 mg/mL to about 1000 mg/mL, about 400 mg/mL to about 1000 mg/mL, about 450 mg/mL to about 1000 mg/mL, about 500 mg/mL to about 1000 mg/mL, about 550 mg/mL to about 1000 mg/mL, about 600 mg/mL to about 1000 mg/mL, about 650 mg/mL to about 1000 mg/mL, about 700 mg/mL to about 1000 mg/mL, about 750 mg/mL to about 1000 mg/mL, about 800 mg/mL to about 1000 mg/mL, about 850 mg/mL to about 1000 mg/mL, about 900 mg/mL to about 1000 mg/mL, about 950 mg/mL to about 1000 mg/mL, about 10 mg/mL to about 900 mg/mL, about 20 mg/mL to about 900 mg/mL, about 30 mg/mL to about 900 mg/mL, about 40 mg/mL to about 900 mg/mL, about 50 mg/mL to about 900 mg/mL, about 60 mg/mL to

about 900 mg/mL, about 70 mg/mL to about 900 mg/mL, about 80 mg/mL to about 900 mg/mL, about 90 mg/mL to about 900 mg/mL, about 100 mg/mL to about 900 mg/mL, about 150 mg/mL to about 900 mg/mL, about 200 mg/mL to about 900 mg/mL, about 250 mg/mL to about 900 mg/mL, about 300 mg/mL to about 900 mg/mL, about 350 mg/mL to about 900 mg/mL, about 400 mg/mL to about 900 mg/mL, about 450 mg/mL to about 900 mg/mL, about 500 mg/mL to about 900 mg/mL, about 550 mg/mL to about 900 mg/mL, about 600 mg/mL to about 900 mg/mL, about 650 mg/mL to about 900 mg/mL, about 700 mg/mL to about 900 mg/mL, about 750 mg/mL to about 900 mg/mL, about 800 mg/mL to about 900 mg/mL, about 850 mg/mL to about 900 mg/mL, about 10 mg/mL to about 800 mg/mL, 20 mg/mL to about 800 mg/mL, about 30 mg/mL to about 800 mg/mL, about 40 mg/mL to about 800 mg/mL, about 50 mg/mL to about 800 mg/mL, about 60 mg/mL to about 800 mg/mL, about 70 mg/mL to about 800 mg/mL, about 80 mg/mL to about 800 mg/mL, about 90 mg/mL to about 800 mg/mL, about 100 mg/mL to about 800 mg/mL, about 150 mg/mL to about 800 mg/mL, about 200 mg/mL to about 800 mg/mL, about 250 mg/mL to about 800 mg/mL, about 300 mg/mL to about 800 mg/mL, about 350 mg/mL to about 800 mg/mL, about 400 mg/mL to about 800 mg/mL, about 450 mg/mL to about 800 mg/mL, about 500 mg/mL to about 800 mg/mL, about 550 mg/mL to about 800 mg/mL, about 600 mg/mL to about 800 mg/mL, about 650 mg/mL to about 800 mg/mL, about 700 mg/mL to about 800 mg/mL, about 750 mg/mL to about 800 mg/mL, about 10 mg/mL to about 700 mg/mL, about 20 mg/mL to about 700 mg/mL, about 30 mg/mL to about 700 mg/mL, about 40 mg/mL to about 700 mg/mL, about 50 mg/mL to about 700 mg/mL, about 60 mg/mL to about 700 mg/mL, about 70 mg/mL to about 700 mg/mL, about 80 mg/mL to about 700 mg/mL, about 90 mg/mL to about 700 mg/mL, about 100 mg/mL to about 700 mg/mL, about 150 mg/mL to about 700 mg/mL, about 200 mg/mL to about 700 mg/mL, about 250 mg/mL to about 700 mg/mL, about 300 mg/mL to about 700 mg/mL, about 350 mg/mL to about 700 mg/mL, about 400 mg/mL to about 700 mg/mL, about 450 mg/mL to about 700 mg/mL, about 500 mg/mL to about 700 mg/mL, about 550 mg/mL to about 700 mg/mL, about 600 mg/mL to about 700 mg/mL, about 650 mg/mL to about 700 mg/mL, about 10 mg/mL to about 600 mg/mL, about 20 mg/mL to about 600 mg/mL, about 30 mg/mL to about 600 mg/mL, about 40 mg/mL to about 600 mg/mL, about 50 mg/mL to about 600 mg/mL, about 60 mg/mL to about 600 mg/mL, about 70 mg/mL to about 600 mg/mL, about 80 mg/mL to about 600 mg/mL, about 90 mg/mL to about 600 mg/mL, about 100 mg/mL to about 600 mg/mL, about 150 mg/mL to about 600 mg/mL, about 200 mg/mL to about 600 mg/mL, about 250 mg/mL

to about 600 mg/mL, about 300 mg/mL to about 600 mg/mL, about 350 mg/mL to about 600 mg/mL, about 400 mg/mL to about 600 mg/mL, about 450 mg/mL to about 600 mg/mL, about 500 mg/mL to about 600 mg/mL, about 550 mg/mL to about 600 mg/mL, about 10 mg/mL to about 500 mg/mL, about 20 mg/mL to about 500 mg/mL, about 30 mg/mL to about 500 mg/mL, about 40 mg/mL to about 500 mg/mL, about 50 mg/mL to about 500 mg/mL, about 60 mg/mL to about 500 mg/mL, about 70 mg/mL to about 500 mg/mL, about 80 mg/mL to about 500 mg/mL, about 90 mg/mL to about 500 mg/mL, about 100 mg/mL to about 500 mg/mL, about 150 mg/mL to about 500 mg/mL, about 200 mg/mL to about 500 mg/mL, about 250 mg/mL to about 500 mg/mL, about 300 mg/mL to about 500 mg/mL, about 350 mg/mL to about 500 mg/mL, about 400 mg/mL to about 500 mg/mL, about 450 mg/mL to about 500 mg/mL, about 10 mg/mL to about 400 mg/mL, about 20 mg/mL to about 400 mg/mL, about 30 mg/mL to about 400 mg/mL, about 40 mg/mL to about 400 mg/mL, about 50 mg/mL to about 400 mg/mL, about 60 mg/mL to about 400 mg/mL, about 70 mg/mL to about 400 mg/mL, about 80 mg/mL to about 400 mg/mL, about 90 mg/mL to about 400 mg/mL, about 100 mg/mL to about 400 mg/mL, about 150 mg/mL to about 400 mg/mL, about 200 mg/mL to about 400 mg/mL, about 250 mg/mL to about 400 mg/mL, about 300 mg/mL to about 400 mg/mL, about 350 mg/mL to about 400 mg/mL, about 10 mg/mL to about 300 mg/mL, about 20 mg/mL to about 300 mg/mL, about 30 mg/mL to about 300 mg/mL, about 40 mg/mL to about 300 mg/mL, about 50 mg/mL to about 300 mg/mL, about 60 mg/mL to about 300 mg/mL, about 70 mg/mL to about 300 mg/mL, about 80 mg/mL to about 300 mg/mL, about 90 mg/mL to about 300 mg/mL, about 100 mg/mL to about 300 mg/mL, about 150 mg/mL to about 300 mg/mL, about 200 mg/mL to about 300 mg/mL, about 250 mg/mL to about 300 mg/mL, about 10 mg/mL to about 200 mg/mL, about 20 mg/mL to about 200 mg/mL, about 30 mg/mL to about 200 mg/mL, about 40 mg/mL to about 200 mg/mL, about 50 mg/mL to about 200 mg/mL, about 60 mg/mL to about 200 mg/mL, about 70 mg/mL to about 200 mg/mL, about 80 mg/mL to about 200 mg/mL, about 90 mg/mL to about 200 mg/mL, about 100 mg/mL to about 200 mg/mL, about 150 mg/mL to about 200 mg/mL, about 10 mg/mL to about 100 mg/mL, about 20 mg/mL to about 100 mg/mL, about 30 mg/mL to about 100 mg/mL, about 40 mg/mL to about 100 mg/mL, about 50 mg/mL to about 100 mg/mL, about 60 mg/mL to about 100 mg/mL, about 70 mg/mL to about 100 mg/mL, about 80 mg/mL to about 100 mg/mL, about 90 mg/mL to about 100 mg/mL, about 10 mg/mL to about 80 mg/mL, about 20 mg/mL to about 80 mg/mL, about 30 mg/mL to about 80 mg/mL, about 40 mg/mL to about 80 mg/mL, about 50 mg/mL to about

80 mg/mL, about 60 mg/mL to about 80 mg/mL, about 70 mg/mL to about 80 mg/mL, about 10 mg/mL to about 60 mg/mL, about 20 mg/mL to about 60 mg/mL, about 30 mg/mL to about 60 mg/mL, about 40 mg/mL to about 60 mg/mL, about 50 mg/mL to about 60 mg/mL, about 10 mg/mL to about 40 mg/mL, about 20 mg/mL to about 40 mg/mL, about 30 mg/mL to about 40 mg/mL, or about 10 mg/mL to about 20 mg/mL of an antibody of the present disclosure, or antigen-binding fragment thereof.

[00170] In some embodiments, a composition (e.g., a pharmaceutical composition) comprises about 10 mg/mL, about 20 mg/mL, about 30 mg/mL, about 40 mg/mL, about 50 mg/mL, about 60 mg/mL, about 70 mg/mL, about 80 mg/mL, about 90 mg/mL, about 100 mg/mL, about 110 mg/mL, about 120 mg/mL, about 130 mg/mL, about 140 mg/mL, about 150 mg/mL, about 160 mg/mL, about 170 mg/mL, about 180 mg/mL, about 190 mg/mL, about 200 mg/mL, about 210 mg/mL, about 220 mg/mL, about 230 mg/mL, about 250 mg/mL, about 260 mg/mL, about 270 mg/mL, about 280 mg/mL, about 290 mg/mL, about 300 mg/mL, about 310 mg/mL, about 320 mg/mL, about 330 mg/mL, about 340 mg/mL, about 350 mg/mL, about 360 mg/mL, about 370 mg/mL, about 380 mg/mL, about 390 mg/mL, about 400 mg/mL, about 410 mg/mL, about 420 mg/mL, about 430 mg/mL, about 440 mg/mL, about 450 mg/mL, about 460 mg/mL, about 470 mg/mL, about 480 mg/mL, about 490 mg/mL, about 500 mg/mL, about 510 mg/mL, about 520 mg/mL, about 530 mg/mL, about 540 mg/mL, about 550 mg/mL, about 560 mg/mL, about 570 mg/mL, about 580 mg/mL, about 590 mg/mL, about 600 mg/mL, about 610 mg/mL, about 620 mg/mL, about 630 mg/mL, about 640 mg/mL, about 650 mg/mL, about 660 mg/mL, about 670 mg/mL, about 680 mg/mL, about 690 mg/mL, about 700 mg/mL, about 710 mg/mL, about 720 mg/mL, about 730 mg/mL, about 740 mg/mL, about 750 mg/mL, about 760 mg/mL, about 770 mg/mL, about 780 mg/mL, about 790 mg/mL, about 800 mg/mL, about 810 mg/mL, about 820 mg/mL, about 830 mg/mL, about 840 mg/mL, about 850 mg/mL, about 860 mg/mL, about 870 mg/mL, about 880 mg/mL, about 890 mg/mL, about 900 mg/mL, about 910 mg/mL, about 920 mg/mL, about 930 mg/mL, about 940 mg/mL, about 950 mg/mL, about 960 mg/mL, about 970 mg/mL, about 980 mg/mL, about 990 mg/mL, about 1000 mg/mL, about 1025 mg/mL, about 1050 mg/mL, about 1075 mg/mL, about 1100 mg/mL, about 1125 mg/mL, about 1150 mg/mL, about 1175 mg/mL, about 1200 mg/mL, about 1225 mg/mL, about 1250 mg/mL, about 1275 mg/mL, about 1300 mg/mL, about 1325 mg/mL, about 1350 mg/mL, about 1375 mg/mL, about 1400 mg/mL, about 1425 mg/mL,

about 1450 mg/mL, about 1475 mg/mL, or about 1500 mg/mL of an antibody of the present disclosure, or antigen-binding fragment thereof.

[00171] In some embodiments, a composition disclosed herein is formulated to be administered with a second therapeutic agent as a combination therapy. In some embodiments, a second therapeutic agent comprises: a corticosteroid; a beta-agonist (e.g., a long-acting beta-agonist); a muscarinic antagonist; an anti-inflammatory agent; an IL-4 and/or IL-13 antagonist (e.g., an antibody or antigen-binding fragment thereof targeting IL-13, IL-4, or IL-4R); or any combination thereof.

[00172] In some embodiments, a second therapeutic agent comprises a corticosteroid (e.g., an inhaled corticosteroid). Non-limiting examples of inhaled corticosteroids include beclomethasone dipropionate, budesonide, ciclesonide, fluticasone furoate, fluticasone propionate, mometasone, and mometasone furoate.

[00173] In some embodiments, a combination therapy comprises a beta-agonist (e.g., a long-acting beta-agonist). Non-limiting examples of long-acting beta-agonists include albuterol sulfate, formoterol fumarate, salmeterol xinafoate, arformoterol tartrate, olodaterol, and combinations thereof.

[00174] In some embodiments, a combination therapy comprises a muscarinic antagonist.

[00175] In some embodiments, a combination therapy comprises an IL-4 and/or IL-13 antagonist (e.g., for the treatment of allergic and/or asthmatic conditions). Non-limiting examples of IL-4 and/or IL-13 antagonists include: Pitrakinra; anti-IL-13 antibodies, or antigen-binding fragments thereof; anti-IL-4 antibodies, or antigen-binding fragments thereof; and anti-IL-4R antibodies, or antigen-binding fragments thereof. Non-limiting examples of antibodies or antigen-binding fragments thereof include: anti-IL-13 antibodies, or antigen-binding fragments
thereof (e.g., Lebrikizumab, Tralokinumab, and Anrukinzumab); anti-IL-4 antibodies, or antigen-binding fragments thereof (e.g., Pascolizumab (SB 240683)); and anti-IL-4R antibodies, or antigen-binding fragments thereof (e.g., Dupilumab).

[00176] In some embodiments, a composition disclosed herein is formulated to be administered with an inhaled corticosteroid (ICS), a long-acting β2-agonist (LABA), a long-acting muscarinic antagonist (LAMA), or any combination thereof.

[00177] In some embodiments, a composition (e.g., a pharmaceutical composition) of the present disclosure comprises:

a) an antibody, or antigen-binding fragment thereof, comprising,

i. a VH comprising a HCDR1 comprising an amino acid sequence of SEQ ID NO:31, a HCDR2 comprising an amino acid sequence of SEQ ID NO:35, and a HCDR3 comprising an amino acid sequence of SEQ ID NO:50; and

ii. a VL comprising a LCDR1 comprising an amino acid sequence of SEQ ID NO:60, a LCDR2 comprising an amino acid sequence of DDS, and a LCDR3 comprising an amino acid sequence of SEQ ID NO:71, and

b) a pharmaceutically acceptable carrier.

[00178] In some embodiments, a composition (e.g., a pharmaceutical composition) of the present disclosure comprises:

a) an antibody, or antigen-binding fragment thereof, comprising,

i. a VH comprising a HCDR1 consisting of an amino acid sequence of SEQ ID NO:31, a HCDR2 consisting of an amino acid sequence of SEQ ID NO:35, and a HCDR3 consisting of an amino acid sequence of SEQ ID NO:50; and

ii. a VL comprising a LCDR1 consisting of an amino acid sequence of SEQ ID NO:60, a LCDR2 consisting of an amino acid sequence of DDS, and a LCDR3 consisting of an amino acid sequence of SEQ ID NO:71, and

b) a pharmaceutically acceptable carrier.

[00179] In some embodiments, a composition (e.g., a pharmaceutical composition) of the present disclosure comprises:

a) an antibody, or antigen-binding fragment thereof, comprising,

i. a VH comprising a HCDR1 comprising an amino acid sequence of SEQ ID NO:130, a HCDR2 comprising an amino acid sequence of SEQ ID NO:131, and a HCDR3 comprising an amino acid sequence of SEQ ID NO:132, numbered according to Kabat; and

ii. a VL comprising a LCDR1 comprising an amino acid sequence of SEQ ID NO:133 a LCDR2 comprising an amino acid sequence of SEQ ID NO:134, and a LCDR3 comprising an amino acid sequence of SEQ ID NO:71, numbered according to Kabat, and

b) a pharmaceutically acceptable carrier.

[00180] In some embodiments, a composition (e.g., a pharmaceutical composition) of the present disclosure comprises:

a) an antibody, or antigen-binding fragment thereof, comprising,

i. a VH comprising a HCDR1 consisting of an amino acid sequence of SEQ ID NO:130, a HCDR2 consisting of an amino acid sequence of SEQ ID NO:131, and a HCDR3 consisting of an amino acid sequence of SEQ ID NO:132, numbered according to Kabat; and

ii. a VL comprising a LCDR1 consisting of an amino acid sequence of SEQ ID NO:133 a LCDR2 consisting of an amino acid sequence of SEQ ID NO:134, and a LCDR3 consisting of an amino acid sequence of SEQ ID NO:71, numbered according to Kabat, and

b) a pharmaceutically acceptable carrier.

[00181] In some embodiments, a composition (e.g., a pharmaceutical composition) of the present disclosure comprises:

a) an antibody, or antigen-binding fragment thereof, comprising,

i. a VH comprising a HCDR1 comprising an amino acid sequence of SEQ ID NO:135, a HCDR2 comprising an amino acid sequence of SEQ ID NO:136, and a HCDR3 comprising an amino acid sequence of SEQ ID NO:132, numbered according to Chothia; and

ii. a VL comprising a LCDR1 comprising an amino acid sequence of SEQ ID NO:133 a LCDR2 comprising an amino acid sequence of SEQ ID NO:134, and a LCDR3 comprising an amino acid sequence of SEQ ID NO:71, numbered according to Chothia, and

b) a pharmaceutically acceptable carrier.

[00182] In some embodiments, a composition (e.g., a pharmaceutical composition) of the present disclosure comprises:

a) an antibody, or antigen-binding fragment thereof, comprising,

i. a VH comprising a HCDR1 consisting of an amino acid sequence of SEQ ID NO:135, a HCDR2 consisting of an amino acid sequence of SEQ ID NO:136, and a HCDR3 consisting of an amino acid sequence of SEQ ID NO:132, numbered according to Chothia; and

ii. a VL comprising a LCDR1 consisting of an amino acid sequence of SEQ ID NO:133 a LCDR2 consisting of an amino acid sequence of

SEQ ID NO:134, and a LCDR3 consisting of an amino acid sequence of SEQ ID NO:71, numbered according to Chothia, and

b) a pharmaceutically acceptable carrier.

[00183] In some embodiments, a composition (e.g., a pharmaceutical composition) of the present disclosure comprises:

a) an antibody, or antigen-binding fragment thereof, comprising,

i. a VH comprising an amino acid sequence having at least about 90%, at least about 91%, at least about 92%, at least about 93%, at least about 94%, at least about 95%, at least about 96%, at least about 97%, at least about 98%, at least about 99%, or 100% sequence identity to SEQ ID NO:5; and

ii. a VL comprising an amino acid sequence having at least about 90%, at least about 91%, at least about 92%, at least about 93%, at least about 94%, at least about 95%, at least about 96%, at least about 97%, at least about 98%, at least about 99%, or 100% sequence identity SEQ ID NO:21, and

b) a pharmaceutically acceptable carrier.

[00184] In some embodiments, a composition (e.g., a pharmaceutical composition) of the present disclosure comprises:

a) an antibody, or antigen-binding fragment thereof, comprising,

i. a VH consisting of an amino acid sequence having at least about 90%, at least about 91%, at least about 92%, at least about 93%, at least about 94%, at least about 95%, at least about 96%, at least about 97%, at least about 98%, at least about 99%, or 100% sequence identity to SEQ ID NO:5; and

ii. a VL consisting of an amino acid sequence having at least about 90%, at least about 91%, at least about 92%, at least about 93%, at least about 94%, at least about 95%, at least about 96%, at least about 97%, at least about 98%, at least about 99%, or 100% sequence identity to SEQ ID NO:21, and

b) a pharmaceutically acceptable carrier.

[00185] In some embodiments, a composition (e.g., a pharmaceutical composition) of the present disclosure comprises:

a) an antibody, or antigen-binding fragment thereof, comprising,

i. a VH comprising an amino acid sequence of SEQ ID NO:5; and

ii. a VL comprising an amino acid sequence of SEQ ID NO:21, and

b) a pharmaceutically acceptable carrier.

[00186] In some embodiments, a composition (e.g., a pharmaceutical composition) of the present disclosure comprises:

a) an antibody, or antigen-binding fragment thereof, comprising,

i. a VH consisting of an amino acid sequence of SEQ ID NO:5; and

ii. a VL consisting of an amino acid sequence of SEQ ID NO:21, and

b) a pharmaceutically acceptable carrier.

[00187] In some embodiments, a composition (e.g., a pharmaceutical composition) of the present disclosure comprises:

a) an antibody, comprising,

i. a HC comprising an amino acid sequence having at least about 90%, at least about 91%, at least about 92%, at least about 93%, at least about 94%, at least about 95%, at least about 96%, at least about 97%, at least about 98%, at least about 99%, or 100% sequence identity to of SEQ ID NO:92; and

ii. a LC comprising an amino acid sequence having at least about 90%, at least about 91%, at least about 92%, at least about 93%, at least about 94%, at least about 95%, at least about 96%, at least about 97%, at least about 98%, at least about 99%, or 100% sequence identity to sequence of SEQ ID NO:120, and

b) a pharmaceutically acceptable carrier.

[00188] In some embodiments, a composition (e.g., a pharmaceutical composition) of the present disclosure comprises:

a) an antibody, comprising,

i. a HC comprising an amino acid sequence of SEQ ID NO:92; and

ii. a LC comprising an amino acid sequence of SEQ ID NO:120, and

b) a pharmaceutically acceptable carrier.

[00189] In some embodiments, a composition (e.g., a pharmaceutical composition) of the present disclosure comprises:

a) an antibody, comprising,

i. a HC comprising an amino acid sequence having at least about 90%, at least about 91%, at least about 92%, at least about 93%, at least about 94%, at least about 95%, at least about 96%, at least about 97%, at least about 98%, at least about 99%, or 100% sequence identity to of SEQ ID NO:106; and

ii. a LC comprising an amino acid sequence having at least about 90%, at least about 91%, at least about 92%, at least about 93%, at least about 94%, at least about 95%, at least about 96%, at least about 97%, at least about 98%, at least about 99%, or 100% sequence identity to sequence of SEQ ID NO:120, and

b) a pharmaceutically acceptable carrier.

[00190] In some embodiments, a composition (e.g., a pharmaceutical composition) of the present disclosure comprises:

a) an antibody, comprising,

i. a HC comprising an amino acid sequence of SEQ ID NO:106; and

ii. a LC comprising an amino acid sequence of SEQ ID NO:120, and

b) a pharmaceutically acceptable carrier.

VII. Dosing

[00191] Methods described herein include administering at least one dose of an antibody or antigen-binding fragment thereof, that specifically binds to TSLP.

[00192] In some embodiments, a method of the present disclosure includes administering at least one dose of an anti-TSLP antibody, or antigen-binding fragment thereof, comprising:

a) a HCDR1 comprising an amino acid sequence of SEQ ID NO:31, a HCDR2 comprising an amino acid sequence of SEQ ID NO:35, and a HCDR3 comprising an amino acid sequence of SEQ ID NO:50; and

b) a LCDR1 comprising an amino acid sequence of SEQ ID NO:60, a LCDR2 comprising an amino acid sequence of DDS, and a LCDR3 comprising an amino acid sequence of SEQ ID NO:71.

[00193] In some embodiments, a method of the present disclosure includes administering at least one dose of an anti-TSLP antibody, or antigen-binding fragment thereof, comprising:

a) a HCDR1 consisting of an amino acid sequence of SEQ ID NO:31, a HCDR2 consisting of an amino acid sequence of SEQ ID NO:35, and a HCDR3 consisting of an amino acid sequence of SEQ ID NO:50; and

b) a LCDR1 consisting of an amino acid sequence of SEQ ID NO:60, a LCDR2 consisting of an amino acid sequence of DDS, and a LCDR3 consisting of an amino acid sequence of SEQ ID NO:71.

[00194] In some embodiments, a method of the present disclosure includes administering at least one dose of an anti-TSLP antibody, or antigen-binding fragment thereof, comprising:

a) a HCDR1 comprising an amino acid sequence of SEQ ID NO:130, a HCDR2 comprising an amino acid sequence of SEQ ID NO:131, and a HCDR3 comprising an amino acid sequence of SEQ ID NO:132, numbered according to Kabat; and

b) a LCDR1 comprising an amino acid sequence of SEQ ID NO:133 a LCDR2 comprising an amino acid sequence of SEQ ID NO:134, and a LCDR3 comprising an amino acid sequence of SEQ ID NO:71, numbered according to Kabat.

[00195] In some embodiments, a method of the present disclosure includes administering at least one dose of an anti-TSLP antibody, or antigen-binding fragment thereof, comprising:

a) a) a HCDR1 consisting of an amino acid sequence of SEQ ID NO:130, a HCDR2 consisting of an amino acid sequence of SEQ ID NO:131, and a HCDR3 consisting of an amino acid sequence of SEQ ID NO:132, numbered according to Kabat; and

b) b) a LCDR1 consisting of an amino acid sequence of SEQ ID NO:133 a LCDR2 consisting of an amino acid sequence of SEQ ID NO:134, and a LCDR3 consisting of an amino acid sequence of SEQ ID NO:71, numbered according to Kabat.

[00196] In some embodiments, a method of the present disclosure includes administering at least one dose of an anti-TSLP antibody, or antigen-binding fragment thereof, comprising:

a) a) a HCDR1 comprising an amino acid sequence of SEQ ID NO:135, a HCDR2 comprising an amino acid sequence of SEQ ID NO:136, and a HCDR3 comprising an amino acid sequence of SEQ ID NO:132, numbered according to Chothia; and

b) b) a LCDR1 comprising an amino acid sequence of SEQ ID NO:133 a LCDR2 comprising an amino acid sequence of SEQ ID NO:134, and a LCDR3 comprising an amino acid sequence of SEQ ID NO:71, numbered according to Chothia.

[00197] In some embodiments, a method of the present disclosure includes administering at least one dose of an anti-TSLP antibody, or antigen-binding fragment thereof, comprising:

a) a HCDR1 consisting of an amino acid sequence of SEQ ID NO:135, a HCDR2 consisting of an amino acid sequence of SEQ ID NO:136, and a HCDR3 consisting of an amino acid sequence of SEQ ID NO:132, numbered according to Chothia; and

b) a LCDR1 consisting of an amino acid sequence of SEQ ID NO:133 a LCDR2 consisting of an amino acid sequence of SEQ ID NO:134, and a LCDR3 consisting of an amino acid sequence of SEQ ID NO:71, numbered according to Chothia.

[00198] In some embodiments, a method of the present disclosure includes administering at least one dose of an anti-TSLP antibody, or antigen-binding fragment thereof, comprising:

a) a VH that is humanized, contains human framework regions, or a combination thereof; and/or

b) a VL that is humanized, contains human framework regions, or a combination thereof.

[00199] In some embodiments, a method of the present disclosure includes administering at least one dose of an anti-TSLP antibody, or antigen-binding fragment thereof, comprising:

a) a VH comprising an amino acid sequence having at least about 90%, at least about 91%, at least about 92%, at least about 93%, at least about 94%, at least about 95%, at least about 96%, at least about 97%, at least about 98%, at least about 99%, or 100% sequence identity to SEQ ID NO:5; and

b) a VL comprising an amino acid sequence having at least about 90%, at least about 91%, at least about 92%, at least about 93%, at least about 94%, at least about 95%, at least about 96%, at least about 97%, at least about 98%, at least about 99%, or 100% sequence identity SEQ ID NO:21.

[00200] In some embodiments, a method of the present disclosure includes administering at least one dose of an anti-TSLP antibody, or antigen-binding fragment thereof, comprising:

a) a VH consisting of an amino acid sequence having at least about 90%, at least about 91%, at least about 92%, at least about 93%, at least about 94%, at least about 95%, at least about 96%, at least about 97%, at least about 98%, at least about 99%, or 100% sequence identity to SEQ ID NO:5; and

b) a VL consisting of an amino acid sequence having at least about 90%, at least about 91%, at least about 92%, at least about 93%, at least about 94%, at least about 95%, at least about 96%, at least about 97%, at least about 98%, at least about 99%, or 100% sequence identity to SEQ ID NO:21.

[00201] In some embodiments, a method of the present disclosure includes administering at least one dose of an anti-TSLP antibody, or antigen-binding fragment thereof, comprising:

a) a VH comprising an amino acid sequence of SEQ ID NO:5; and

b) a VL comprising an amino acid sequence of SEQ ID NO:21.

[00202] In some embodiments, a method of the present disclosure includes administering at least one dose of an anti-TSLP antibody, or antigen-binding fragment thereof, comprising:

a) a VH consisting of an amino acid sequence of SEQ ID NO:5; and

b) a VL consisting of an amino acid sequence of SEQ ID NO:21.

[00203] In some embodiments, a method of the present disclosure includes administering at least one dose of an anti-TSLP antibody, comprising:

a) a HC comprising an amino acid sequence having at least about 90%, at least about 91%, at least about 92%, at least about 93%, at least about 94%, at least about 95%, at least about 96%, at least about 97%, at least about 98%, at least about 99%, or 100% sequence identity to of SEQ ID NO:92; and

b) a LC comprising an amino acid sequence having at least about 90%, at least about 91%, at least about 92%, at least about 93%, at least about 94%, at least about 95%, at least about 96%, at least about 97%, at least about 98%, at least about 99%, or 100% sequence identity to sequence of SEQ ID NO:120.

[00204] In some embodiments, a method of the present disclosure includes administering at least one dose of an anti-TSLP antibody (AB-2b without Fc YTE substitutions), comprising:

a) a HC comprising an amino acid sequence of SEQ ID NO:92; and

b) a LC comprising an amino acid sequence of SEQ ID NO:120.

[00205] In some embodiments, a method of the present disclosure includes administering at least one dose of an anti-TSLP antibody, comprising:

a) a HC comprising an amino acid sequence having at least about 90%, at least about 91%, at least about 92%, at least about 93%, at least about 94%, at least about 95%, at least about 96%, at least about 97%, at least about 98%, at least about 99%, or 100% sequence identity to of SEQ ID NO:106; and

b) a LC comprising an amino acid sequence having at least about 90%, at least about 91%, at least about 92%, at least about 93%, at least about 94%, at least about 95%, at least about 96%, at least about 97%, at least about 98%, at least about 99%, or 100% sequence identity to sequence of SEQ ID NO:120.

[00206] In some embodiments, a method of the present disclosure includes administering at least one dose of an anti-TSLP antibody (AB-2b, with Fc YTE substitutions), comprising:

a) a HC comprising an amino acid sequence of SEQ ID NO:106; and

b) a LC comprising an amino acid sequence of SEQ ID NO:120.

[00207] In some embodiments, a dose of an antibody described herein (e.g., AB-2b with or without Fc YTE substitutions), or antigen-binding fragment thereof, comprises from about 10 mg to about 1500 mg of the antibody, or antigen-binding fragment thereof. In some embodiments, a dose of an antibody described herein, or antigen-binding fragment thereof, comprises from about 10 mg to about 1500 mg, about 20 mg to about 1500 mg, about 30 mg to about 1500 mg, about 40 mg to about 1500 mg, about 50 mg to about 1500 mg, about 60 mg to about 1500 mg, about 70 mg to about 1500 mg, about 80 mg to about 1500 mg, about 90 mg to about 1500 mg, about 100 mg to about 1500 mg, about 150 mg to about 1500 mg, about 200 mg to about 1500 mg, about 250 mg to about 1500 mg, about 300 mg to about 1500 mg, about 350 mg to about 1500 mg, about 400 mg to about 1500 mg, about 450 mg to about 1500 mg, about 500 mg to about 1500 mg, about 550 mg to about 1500 mg, about 600 mg to about 1500 mg, about 650 mg to about 1500 mg, about 700 mg to about 1500 mg, about 750 mg to about 1500 mg, about 800 mg to about 1500 mg, about 850 mg to about 1500 mg, about 900 mg to about 1500 mg, about 950 mg to about 1500 mg, about 1000 mg to about 1500 mg, about 1050 mg to about 1500 mg, about 1100 mg to about 1500 mg, about 1150 mg to about 1500 mg, about 1200 mg to about 1500 mg, about 1250 mg to about 1500 mg, about 1300 mg to about 1500 mg, about 1350 mg to about 1500 mg, about 1400 mg to about 1500 mg, about 1450 mg to about 1500 mg, about 10 mg to about 1400 mg, about 20 mg to about 1400 mg, about 30 mg to about 1400 mg, about 40 mg to about 1400 mg, about 50 mg to about 1400 mg, about 60 mg to about 1400 mg, about 70 mg to about 1400 mg, about 80 mg to about 1400 mg, about 90 mg to about 1400 mg, about 100 mg to about 1400 mg, about 150 mg to about 1400 mg, about 200 mg to about 1400 mg, about 250 mg to about 1400 mg, about 300 mg to about 1400 mg, about 350 mg to about 1400 mg, about 400 mg to about 1400 mg, about 450 mg to about 1400 mg, about 500 mg to about 1400 mg, about 550 mg to about 1400 mg, about 600 mg to about 1400 mg, about 650 mg to about 1400 mg,

about 700 mg to about 1400 mg, about 750 mg to about 1400 mg, about 800 mg to about 1400 mg, about 850 mg to about 1400 mg, about 900 mg to about 1400 mg, about 950 mg to about 1400 mg, about 1000 mg to about 1400 mg, about 1050 mg to about 1400 mg, about 1100 mg to about 1400 mg, about 1150 mg to about 1400 mg, about 1200 mg to about 1400 mg, about 1250 mg to about 1400 mg, about 1300 mg to about 1400 mg, about 1350 mg to about 1400 mg, about 10 mg to about 1300 mg, about 20 mg to about 1300 mg, about 30 mg to about 1300 mg, about 40 mg to about 1300 mg, about 50 mg to about 1300 mg, about 60 mg to about 1300 mg, about 70 mg to about 1300 mg, about 80 mg to about 1300 mg, about 90 mg to about 1300 mg, about 100 mg to about 1300 mg, about 150 mg to about 1300 mg, about 200 mg to about 1300 mg, about 250 mg to about 1300 mg, about 300 mg to about 1300 mg, about 350 mg to about 1300 mg, about 400 mg to about 1300 mg, about 450 mg to about 1300 mg, about 500 mg to about 1300 mg, about 550 mg to about 1300 mg, about 600 mg to about 1300 mg, about 650 mg to about 1300 mg, about 700 mg to about 1300 mg, about 750 mg to about 1300 mg, about 800 mg to about 1300 mg, about 850 mg to about 1300 mg, about 900 mg to about 1300 mg, about 950 mg to about 1300 mg, about 1000 mg to about 1300 mg, about 1050 mg to about 1300 mg, about 1100 mg to about 1300 mg, about 1150 mg to about 1300 mg, about 1200 mg to about 1300 mg, about 1250 mg to about 1300 mg, about 10 mg to about 1200 mg, about 20 mg to about 1200 mg, about 30 mg to about 1200 mg, about 40 mg to about 1200 mg, about 50 mg to about 1200 mg, about 60 mg to about 1200 mg, about 70 mg to about 1200 mg, about 80 mg to about 1200 mg, about 90 mg to about 1200 mg, about 100 mg to about 1200 mg, about 150 mg to about 1200 mg, about 200 mg to about 1200 mg, about 250 mg to about 1200 mg, about 300 mg to about 1200 mg, about 350 mg to about 1200 mg, about 400 mg to about 1200 mg, about 450 mg to about 1200 mg, about 500 mg to about 1200 mg, about 550 mg to about 1200 mg, about 600 mg to about 1200 mg, about 650 mg to about 1200 mg, about 700 mg to about 1200 mg, about 750 mg to about 1200 mg, about 800 mg to about 1200 mg, about 850 mg to about 1200 mg, about 900 mg to about 1200 mg, about 950 mg to about 1200 mg, about 1000 mg to about 1200 mg, about 1050 mg to about 1200 mg, about 1100 mg to about 1200 mg, about 1150 mg to about 1200 mg, about 10 mg to about 1100 mg, about 20 mg to about 1100 mg, about 30 mg to about 1100 mg, about 40 mg to about 1100 mg, about 50 mg to about 1100 mg, about 60 mg to about 1100 mg, about 70 mg to about 1100 mg, about 80 mg to about 1100 mg, about 90 mg to about 1100 mg, about 100 mg to about 1100 mg, about 150 mg to about 1100 mg, about 200 mg to about 1100 mg, about 250 mg to about 1100 mg, about 300 mg to about

1100 mg, about 350 mg to about 1100 mg, about 400 mg to about 1100 mg, about 450 mg to about 1100 mg, about 500 mg to about 1100 mg, about 550 mg to about 1100 mg, about 600 mg to about 1100 mg, about 650 mg to about 1100 mg, about 700 mg to about 1100 mg, about 750 mg to about 1100 mg, about 800 mg to about 1100 mg, about 850 mg to about 1100 mg, about 900 mg to about 1100 mg, about 950 mg to about 1100 mg, about 1000 mg to about 1100 mg, about 1050 mg to about 1100 mg, about 10 mg to about 1000 mg, about 20 mg to about 1000 mg, about 30 mg to about 1000 mg, about 40 mg to about 1000 mg, about 50 mg to about 1000 mg, about 60 mg to about 1000 mg, about 70 mg to about 1000 mg, about 80 mg to about 1000 mg, about 90 mg to about 1000 mg, about 100 mg to about 1000 mg, about 150 mg to about 1000 mg, about 200 mg to about 1000 mg, about 250 mg to about 1000 mg, about 300 mg to about 1000 mg, about 350 mg to about 1000 mg, about 400 mg to about 1000 mg, about 450 mg to about 1000 mg, about 500 mg to about 1000 mg, about 550 mg to about 1000 mg, about 600 mg to about 1000 mg, about 650 mg to about 1000 mg, about 700 mg to about 1000 mg, about 750 mg to about 1000 mg, about 800 mg to about 1000 mg, about 850 mg to about 1000 mg, about 900 mg to about 1000 mg, about 950 mg to about 1000 mg, about 10 mg to about 900 mg, about 20 mg to about 900 mg, about 30 mg to about 900 mg, about 40 mg to about 900 mg, about 50 mg to about 900 mg, about 60 mg to about 900 mg, about 70 mg to about 900 mg, about 80 mg to about 900 mg, about 90 mg to about 900 mg, about 100 mg to about 900 mg, about 150 mg to about 900 mg, about 200 mg to about 900 mg, about 250 mg to about 900 mg, about 300 mg to about 900 mg, about 350 mg to about 900 mg, about 400 mg to about 900 mg, about 450 mg to about 900 mg, about 500 mg to about 900 mg, about 550 mg to about 900 mg, about 600 mg to about 900 mg, about 650 mg to about 900 mg, about 700 mg to about 900 mg, about 750 mg to about 900 mg, about 800 mg to about 900 mg, about 850 mg to about 900 mg, about 10 mg to about 800 mg, about 20 mg to about 800 mg, about 30 mg to about 800 mg, about 40 mg to about 800 mg, about 50 mg to about 800 mg, about 60 mg to about 800 mg, about 70 mg to about 800 mg, about 80 mg to about 800 mg, about 90 mg to about 800 mg, about 100 mg to about 800 mg, about 150 mg to about 800 mg, about 200 mg to about 800 mg, about 250 mg to about 800 mg, about 300 mg to about 800 mg, about 350 mg to about 800 mg, about 400 mg to about 800 mg, about 450 mg to about 800 mg, about 500 mg to about 800 mg, about 550 mg to about 800 mg, about 600 mg to about 800 mg, about 650 mg to about 800 mg, about 700 mg to about 800 mg, about 750 mg to about 800 mg, about 10 mg to about 700 mg, about 20 mg to about 700 mg, about 30 mg to about 700 mg, about 40 mg to about 700 mg, about 50

mg to about 700 mg, about 60 mg to about 700 mg, about 70 mg to about 700 mg, about 80 mg to about 700 mg, about 90 mg to about 700 mg, about 100 mg to about 700 mg, about 150 mg to about 700 mg, about 200 mg to about 700 mg, about 250 mg to about 700 mg, about 300 mg to about 700 mg, about 350 mg to about 700 mg, about 400 mg to about 700 mg, about 450 mg to about 700 mg, about 500 mg to about 700 mg, about 550 mg to about 700 mg, about 600 mg to about 700 mg, about 650 mg to about 700 mg, about 10 mg to about 600 mg, about 20 mg to about 600 mg, about 30 mg to about 600 mg, about 40 mg to about 600 mg, about 50 mg to about 600 mg, about 60 mg to about 600 mg, about 70 mg to about 600 mg, about 80 mg to about 600 mg, about 90 mg to about 600 mg, about 100 mg to about 600 mg, about 150 mg to about 600 mg, about 200 mg to about 600 mg, about 250 mg to about 600 mg, about 300 mg to about 600 mg, about 350 mg to about 600 mg, about 400 mg to about 600 mg, about 450 mg to about 600 mg, about 500 mg to about 600 mg, about 550 mg to about 600 mg, about 10 mg to about 500 mg, about 20 mg to about 500 mg, about 30 mg to about 500 mg, about 40 mg to about 500 mg, about 50 mg to about 500 mg, about 60 mg to about 500 mg, about 70 mg to about 500 mg, about 80 mg to about 500 mg, about 90 mg to about 500 mg, about 100 mg to about 500 mg, about 150 mg to about 500 mg, about 200 mg to about 500 mg, about 250 mg to about 500 mg, about 300 mg to about 500 mg, about 350 mg to about 500 mg, about 400 mg to about 500 mg, about 450 mg to about 500 mg, about 10 mg to about 400 mg, about 20 mg to about 400 mg, about 30 mg to about 400 mg, about 40 mg to about 400 mg, about 50 mg to about 400 mg, about 60 mg to about 400 mg, about 70 mg to about 400 mg, about 80 mg to about 400 mg, about 90 mg to about 400 mg, about 100 mg to about 400 mg, about 150 mg to about 400 mg, about 200 mg to about 400 mg, about 250 mg to about 400 mg, about 300 mg to about 400 mg, about 350 mg to about 400 mg, about 10 mg to about 300 mg, about 20 mg to about 300 mg, about 30 mg to about 300 mg, about 40 mg to about 300 mg, about 50 mg to about 300 mg, about 60 mg to about 300 mg, about 70 mg to about 300 mg, about 80 mg to about 300 mg, about 90 mg to about 300 mg, about 100 mg to about 300 mg, about 150 mg to about 300 mg, about 200 mg to about 300 mg, about 250 mg to about 300 mg, about 10 mg to about 200 mg, about 20 mg to about 200 mg, about 30 mg to about 200 mg, about 40 mg to about 200 mg, about 50 mg to about 200 mg, about 60 mg to about 200 mg, about 70 mg to about 200 mg, about 80 mg to about 200 mg, about 90 mg to about 200 mg, about 100 mg to about 200 mg, about 150 mg to about 200 mg, about 10 mg to about 100 mg, about 20 mg to about 100 mg, about 30 mg to about 100 mg, about 40 mg to about 100 mg, about 50 mg to about 100 mg, about 60 mg to

about 100 mg, about 70 mg to about 100 mg, about 80 mg to about 100 mg, about 90 mg to about 100 mg, about 10 mg to about 80 mg, about 20 mg to about 80 mg, about 30 mg to about 80 mg, about 40 mg to about 80 mg, about 50 mg to about 80 mg, about 60 mg to about 80 mg, about 70 mg to about 80 mg, about 10 mg to about 60 mg, about 20 mg to about 60 mg, about 30 mg to about 60 mg, about 40 mg to about 60 mg, about 50 mg to about 60 mg, about 10 mg to about 40 mg, about 20 mg to about 40 mg, about 30 mg to about 40 mg, or about 10 mg to about 20 mg of an antibody of the present disclosure, or antigen-binding fragment thereof.

[00208] In some embodiments, a dose of an antibody described herein (e.g., AB-2b with or without Fc YTE substitutions), or antigen-binding fragment thereof, comprises about 10 mg, about 20 mg, about 30 mg, about 40 mg, about 50 mg, about 60 mg, about 70 mg, about 80 mg, about 90 mg, about 100 mg, about 110 mg, about 120 mg, about 130 mg, about 140 mg, about 150 mg, about 160 mg, about 170 mg, about 180 mg, about 190 mg, about 200 mg, about 210 mg, about 220 mg, about 230 mg, about 250 mg, about 260 mg, about 270 mg, about 280 mg, about 290 mg, about 300 mg, about 310 mg, about 320 mg, about 330 mg, about 340 mg, about 350 mg, about 360 mg, about 370 mg, about 380 mg, about 390 mg, about 400 mg, about 410 mg, about 420 mg, about 430 mg, about 440 mg, about 450 mg, about 460 mg, about 470 mg, about 480 mg, about 490 mg, about 500 mg, about 510 mg, about 520 mg, about 530 mg, about 540 mg, about 550 mg, about 560 mg, about 570 mg, about 580 mg, about 590 mg, about 600 mg, about 610 mg, about 620 mg, about 630 mg, about 640 mg, about 650 mg, about 660 mg, about 670 mg, about 680 mg, about 690 mg, about 700 mg, about 710 mg, about 720 mg, about 730 mg, about 740 mg, about 750 mg, about 760 mg, about 770 mg, about 780 mg, about 790 mg, about 800 mg, about 810 mg, about 820 mg, about 830 mg, about 840 mg, about 850 mg, about 860 mg, about 870 mg, about 880 mg, about 890 mg, about 900 mg, about 910 mg, about 920 mg, about 930 mg, about 940 mg, about 950 mg, about 960 mg, about 970 mg, about 980 mg, about 990 mg, about 1000 mg, about 1025 mg, about 1050 mg, about 1075 mg, about 1100 mg, about 1125 mg, about 1150 mg, about 1175 mg, about 1200 mg, about 1225 mg, about 1250 mg, about 1275 mg, about 1300 mg, about 1325 mg, about 1350 mg, about 1375 mg, about 1400 mg, about 1425 mg, about 1450 mg, about 1475 mg, or about 1500 mg of the antibody, or antigen-binding fragment thereof.

[00209] In some embodiments, a dose of an antibody described herein (e.g., AB-2b with or without Fc YTE substitutions), or antigen-binding fragment thereof, comprises about 150 mg

to about 1500 mg of the antibody, or antigen-binding fragment thereof. In some embodiments, a dose of an antibody described herein, or antigen-binding fragment thereof, comprises about 200 mg to about 1400 mg of the antibody, or antigen-binding fragment thereof. In some embodiments, a dose of an antibody described herein, or antigen-binding fragment thereof, comprises about 250 mg to about 1300 mg, or about 300 mg to about 1200 mg of the antibody, or antigen-binding fragment thereof. In some embodiments, a dose of an antibody described herein, or antigen-binding fragment thereof, comprises about 300 mg to about 1200 mg of the antibody, or antigen-binding fragment thereof. In some embodiments, a dose of an antibody described herein, or antigen-binding fragment thereof, comprises about 300 mg of the antibody, or antigen-binding fragment thereof. In some embodiments, a dose of an antibody described herein, or antigen-binding fragment thereof, comprises about 600 mg of the antibody, or antigen-binding fragment thereof. In some embodiments, a dose of an antibody described herein, or antigen-binding fragment thereof, comprises about 1200 mg of the antibody, or antigen-binding fragment thereof.

[00210] In some embodiments, a dose of an antibody described herein (e.g., AB-2b with or without Fc YTE substitutions) comprises about 10 mg of the antibody. In some embodiments, a dose of an antibody described herein (e.g., AB-2b with or without Fc YTE substitutions) comprises about 30 mg of the antibody. In some embodiments, a dose of an antibody described herein (e.g., AB-2b with or without Fc YTE substitutions) comprises about 100 mg of the antibody. In some embodiments, a dose of an antibody described herein (e.g., AB-2b with or without Fc YTE substitutions) comprises about 300 mg of the antibody. In some embodiments, a dose of an antibody described herein (e.g., AB-2b with or without Fc YTE substitutions) comprises about 600 mg of the antibody. In some embodiments, a dose of an antibody described herein (e.g., AB-2b with or without Fc YTE substitutions) comprises about 1200 mg of the antibody.

[00211] In some embodiments, an antibody of the present disclosure (e.g., AB-2b with or without Fc YTE substitutions), or antigen-binding fragment thereof, is administered to a subject in need thereof in 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, or 25 doses. In some embodiments, one or more doses of an antibody of the present disclosure, or antigen-binding fragment thereof, is administered to a subject in need thereof on a single occasion or multiple occasions. Intervals between single doses of an antibody of the present disclosure, or antigen-binding fragment thereof, can be weekly, monthly, quarterly, or yearly. Intervals between single doses of an antibody of the present

disclosure, or antigen-binding fragment thereof, can be about weekly, about monthly, about quarterly, or about yearly. Administration of doses of an antibody of the present disclosure, or antigen-binding fragment thereof, can be repeated various times. In some embodiments, doses of an antibody of the present disclosure, or antigen-binding fragment thereof, are administered at least 2 or more times. In some embodiments, doses of an antibody of the present disclosure, or antigen-binding fragment thereof, are administered at least 2 times, at least 3 times, at least 4 times, at least 5 times, at least 6 times, at least 7 times, at least 8 times, at least 9 times, at least 10 times or more. In some embodiments, doses of an antibody of the present disclosure, or antigen-binding fragment thereof, and dosing frequencies described herein are repeated indefinitely.

[00212] In some embodiments, an antibody of the present disclosure (e.g., AB-2b with or without Fc YTE substitutions), or antigen-binding fragment thereof, is administered to a subject in need thereof in one or more doses once about every 1 to about every 24 months, once about every 2 to about every 24 months, once about every 3 to about every 24 months, once about every 4 to about every 24 months, once about every 5 to about every 24 months, once about every 6 to about every 24 months, once about every 7 to about every 24 months, once about every 8 to about every 24 months, once about every 9 to about every 24 months, once about every 10 to about every 24 months, once about every 11 to about every 24 months, once about every 12 to about every 24 months, once about every 13 to about every 24 months, once about every 14 to about every 24 months, once about every 15 to about every 24 months, once about every 16 to about every 24 months, once about every 17 to about every 24 months, once about every 18 to about every 24 months, once about every 19 to about every 24 months, once about every 20 to about every 24 months, once about every 21 to about every 24 months, once about every 22 to about every 24 months, once about every 23 to about every 24 months, once about every 1 to about every 22 months, once about every 2 to about every 22 months, once about every 3 to about every 22 months, once about every 4 to about every 22 months, once about every 5 to about every 22 months, once about every 6 to about every 22 months, once about every 7 to about every 22 months, once about every 8 to about every 22 months, once about every 9 to about every 22 months, once about every 10 to about every 22 months, once about every 11 to about every 22 months, once about every 12 to about every 22 months, once about every 13 to about every 22 months, once about every 14 to about every 22 months, once about every 15 to about every 22 months, once about every 16 to about every 22 months, once about every 17 to about every

22 months, once about every 18 to about every 22 months, once about every 19 to about every 22 months, once about every 20 to about every 22 months, once about every 21 to about every 22 months, once about every 1 to about every 20 months, once about every 2 to about every 20 months, once about every 3 to about every 20 months, once about every 4 to about every 20 months, once about every 5 to about every 20 months, once about every 6 to about every 20 months, once about every 7 to about every 20 months, once about every 8 to about every 20 months, once about every 9 to about every 20 months, once about every 10 to about every 20 months, once about every 11 to about every 20 months, once about every 12 to about every 20 months, once about every 13 to about every 20 months, once about every 14 to about every 20 months, once about every 15 to about every 20 months, once about every 16 to about every 20 months, once about every 17 to about every 20 months, once about every 18 to about every 20 months, once about every 19 to about every 20 months, once about every 1 to about every 18 months, once about every 2 to about every 18 months, once about every 3 to about every 18 months, once about every 4 to about every 18 months, once about every 5 to about every 18 months, once about every 6 to about every 18 months, once about every 7 to about every 18 months, once about every 8 to about every 18 months, once about every 9 to about every 18 months, once about every 10 to about every 18 months, once about every 11 to about every 18 months, once about every 12 to about every 18 months, once about every 13 to about every 18 months, once about every 14 to about every 18 months, once about every 15 to about every 18 months, once about every 16 to about every 18 months, once about every 17 to about every 18 months, once about every 1 to about every 16 months, once about every 2 to about every 16 months, once about every 3 to about every 16 months, once about every 4 to about every 16 months, once about every 5 to about every 16 months, once about every 6 to about every 16 months, once about every 7 to about every 16 months, once about every 8 to about every 16 months, once about every 9 to about every 16 months, once about every 10 to about every 16 months, once about every 11 to about every 16 months, once about every 12 to about every 16 months, once about every 13 to about every 16 months, once about every 14 to about every 16 months, once about every 15 to about every 16 months, once about every 1 to about every 14 months, once about every 2 to about every 14 months, once about every 3 to about every 14 months, once about every 4 to about every 14 months, once about every 5 to about every 14 months, once about every 6 to about every 14 months, once about every 7 to about every 14 months, once about every 8 to about every 14 months, once about every 9 to about every 14 months, once about every 10

to about every 14 months, once about every 11 to about every 14 months, once about every 12 to about every 14 months, once about every 13 to about every 14 months, once about every 1 to about every 12 months, once about every 2 to about every 12 months, once about every 3 to about every 12 months, once about every 4 to about every 12 months, once about every 5 to about every 12 months, once about every 6 to about every 12 months, once about every 7 to about every 12 months, once about every 8 to about every 12 months, once about every 9 to about every 12 months, once about every 10 to about every 12 months, once about every 11 to about every 12 months, once about every 1 to about every 10 months, once about every 2 to about every 10 months, once about every 3 to about every 10 months, once about every 4 to about every 10 months, once about every 5 to about every 10 months, once about every 6 to about every 10 months, once about every 7 to about every 10 months, once about every 8 to about every 10 months, once about every 9 to about every 10 months, once about every 1 to about every 8 months, once about every 2 to about every 8 months, once about every 3 to about every 8 months, once about every 4 to about every 8 months, once about every 5 to about every 8 months, once about every 6 to about every 8 months, once about every 7 to about every 8 months, once about every 1 to about every 6 months, once about every 2 to about every 6 months, once about every 3 to about every 6 months, once about every 4 to about every 6 months, once about every 5 to about every 6 months, once about every 1 to about every 4 months, once about every 2 to about every 4 months, once about every 3 to about every 4 months, or once about every 1 to about every 2 months.

[00213] In some embodiments, an antibody of the present disclosure (e.g., AB-2b with or without Fc YTE substitutions), or antigen-binding fragment thereof, is administered to a subject in need thereof in one or more doses once about every 1 month, once about every 2 months, once about every 3 months, once about every 4 months, once about every 5 months, once about every 6 months, once about every 7 months, once about every 8 months, once about every 9 months, once about every 10 months, once about every 11 months, once about every 12 months, once about every 13 months, once about every 14 months, once about every 15 months, once about every 16 months, once about every 17 months, once about every 18 months, once about every 19 months, once about every 20 months, once about every 21 months, once about every 22 months, once about every 23 months, or once about every 24 months.

[00214] In some embodiments, an antibody of the present disclosure (e.g., AB-2b with or without Fc YTE substitutions), or antigen-binding fragment thereof, is administered to a

subject in need thereof in one or more doses once about every 3 months. In some embodiments, an antibody of the present disclosure (e.g., AB-2b with or without Fc YTE substitutions), or antigen-binding fragment thereof, is administered to a subject in need thereof in one or more doses once about every 6 months. In some embodiments, an antibody of the present disclosure (e.g., AB-2b with or without Fc YTE substitutions), or antigen-binding fragment thereof, is administered to a subject in need thereof in one or more doses once about every 9 months. In some embodiments, an antibody of the present disclosure (e.g., AB-2b with or without Fc YTE substitutions), or antigen-binding fragment thereof, is administered to a subject in need thereof in one or more doses once about every 12 months. In some embodiments, AB-2b (with Fc YTE substitutions) is administered to a subject in need thereof in one or more doses once about every 6 months. In some embodiments, AB-2b without Fc YTE substitutions is administered to a subject in need thereof in one or more doses once about every 6 months.

[00215] In some embodiments, an antibody of the present disclosure (e.g., AB-2b with or without Fc YTE substitutions), or antigen-binding fragment thereof, is administered to a subject in need thereof in one or more doses once about every 1 to about every 28 weeks, once about every 2 to about every 28 weeks, once about every 3 to about every 28 weeks, once about every 4 to about every 28 weeks, once about every 5 to about every 28 weeks, once about every 6 to about every 28 weeks, once about every 7 to about every 28 weeks, once about every 8 to about every 28 weeks, once about every 9 to about every 28 weeks, once about every 10 to about every 28 weeks, once about every 11 to about every 28 weeks, once about every 12 to about every 28 weeks, once about every 13 to about every 28 weeks, once about every 14 to about every 28 weeks, once about every 15 to about every 28 weeks, once about every 16 to about every 28 weeks, once about every 17 to about every 28 weeks, once about every 18 to about every 28 weeks, once about every 19 to about every 28 weeks, once about every 20 to about every 28 weeks, once about every 21 to about every 28 weeks, once about every 22 to about every 28 weeks, once about every 23 to about every 28 weeks, once about every 24 to about every 28 weeks, once about every 25 to about every 28 weeks, once about every 26 to about every 28 weeks, once about every 27 to about every 28 weeks, once about every 1 to about every 26 weeks, once about every 2 to about every 26 weeks, once about every 3 to about every 26 weeks, once about every 4 to about every 26 weeks, once about every 5 to about every 26 weeks, once about every 6 to about every 26 weeks, once about every 7 to about every 26 weeks, once about every 8 to about every 26 weeks,

once about every 9 to about every 26 weeks, once about every 10 to about every 26 weeks, once about every 11 to about every 26 weeks, once about every 12 to about every 26 weeks, once about every 13 to about every 26 weeks, once about every 14 to about every 26 weeks, once about every 15 to about every 26 weeks, once about every 16 to about every 26 weeks, once about every 17 to about every 26 weeks, once about every 18 to about every 26 weeks, once about every 19 to about every 26 weeks, once about every 20 to about every 26 weeks, once about every 21 to about every 26 weeks, once about every 22 to about every 26 weeks, once about every 23 to about every 26 weeks, once about every 24 to about every 26 weeks, once about every 25 to about every 26 weeks, once about every 1 to about every 24 weeks, once about every 2 to about every 24 weeks, once about every 3 to about every 24 weeks, once about every 4 to about every 24 weeks, once about every 5 to about every 24 weeks, once about every 6 to about every 24 weeks, once about every 7 to about every 24 weeks, once about every 8 to about every 24 weeks, once about every 9 to about every 24 weeks, once about every 10 to about every 24 weeks, once about every 11 to about every 24 weeks, once about every 12 to about every 24 weeks, once about every 13 to about every 24 weeks, once about every 14 to about every 24 weeks, once about every 15 to about every 24 weeks, once about every 16 to about every 24 weeks, once about every 17 to about every 24 weeks, once about every 18 to about every 24 weeks, once about every 19 to about every 24 weeks, once about every 20 to about every 24 weeks, once about every 21 to about every 24 weeks, once about every 22 to about every 24 weeks, once about every 23 to about every 24 weeks, once about every 1 to about every 22 weeks, once about every 2 to about every 22 weeks, once about every 3 to about every 22 weeks, once about every 4 to about every 22 weeks, once about every 5 to about every 22 weeks, once about every 6 to about every 22 weeks, once about every 7 to about every 22 weeks, once about every 8 to about every 22 weeks, once about every 9 to about every 22 weeks, once about every 10 to about every 22 weeks, once about every 11 to about every 22 weeks, once about every 12 to about every 22 weeks, once about every 13 to about every 22 weeks, once about every 14 to about every 22 weeks, once about every 15 to about every 22 weeks, once about every 16 to about every 22 weeks, once about every 17 to about every 22 weeks, once about every 18 to about every 22 weeks, once about every 19 to about every 22 weeks, once about every 20 to about every 22 weeks, once about every 21 to about every 22 weeks, once about every 1 to about every 20 weeks, once about every 2 to about every 20 weeks, once about every 3 to about every 20 weeks, once about every 4 to about every 20 weeks, once about every 5 to about every 20 weeks,

once about every 6 to about every 20 weeks, once about every 7 to about every 20 weeks, once about every 8 to about every 20 weeks, once about every 9 to about every 20 weeks, once about every 10 to about every 20 weeks, once about every 11 to about every 20 weeks, once about every 12 to about every 20 weeks, once about every 13 to about every 20 weeks, once about every 14 to about every 20 weeks, once about every 15 to about every 20 weeks, once about every 16 to about every 20 weeks, once about every 17 to about every 20 weeks, once about every 18 to about every 20 weeks, once about every 19 to about every 20 weeks, once about every 1 to about every 18 weeks, once about every 2 to about every 18 weeks, once about every 3 to about every 18 weeks, once about every 4 to about every 18 weeks, once about every 5 to about every 18 weeks, once about every 6 to about every 18 weeks, once about every 7 to about every 18 weeks, once about every 8 to about every 18 weeks, once about every 9 to about every 18 weeks, once about every 10 to about every 18 weeks, once about every 11 to about every 18 weeks, once about every 12 to about every 18 weeks, once about every 13 to about every 18 weeks, once about every 14 to about every 18 weeks, once about every 15 to about every 18 weeks, once about every 16 to about every 18 weeks, once about every 17 to about every 18 weeks, once about every 1 to about every 16 weeks, once about every 2 to about every 16 weeks, once about every 3 to about every 16 weeks, once about every 4 to about every 16 weeks, once about every 5 to about every 16 weeks, once about every 6 to about every 16 weeks, once about every 7 to about every 16 weeks, once about every 8 to about every 16 weeks, once about every 9 to about every 16 weeks, once about every 10 to about every 16 weeks, once about every 11 to about every 16 weeks, once about every 12 to about every 16 weeks, once about every 13 to about every 16 weeks, once about every 14 to about every 16 weeks, once about every 15 to about every 16 weeks, once about every 1 to about every 14 weeks, once about every 2 to about every 14 weeks, once about every 3 to about every 14 weeks, once about every 4 to about every 14 weeks, once about every 5 to about every 14 weeks, once about every 6 to about every 14 weeks, once about every 7 to about every 14 weeks, once about every 8 to about every 14 weeks, once about every 9 to about every 14 weeks, once about every 10 to about every 14 weeks, once about every 11 to about every 14 weeks, once about every 12 to about every 14 weeks, once about every 13 to about every 14 weeks, once about every 1 to about every 12 weeks, once about every 2 to about every 12 weeks, once about every 3 to about every 12 weeks, once about every 4 to about every 12 weeks, once about every 5 to about every 12 weeks, once about every 6 to about every 12 weeks, once about every 7 to about every 12 weeks,

once about every 8 to about every 12 weeks, once about every 9 to about every 12 weeks, once about every 10 to about every 12 weeks, once about every 11 to about every 12 weeks, once about every 1 to about every 10 weeks, once about every 2 to about every 10 weeks, once about every 3 to about every 10 weeks, once about every 4 to about every 10 weeks, once about every 5 to about every 10 weeks, once about every 6 to about every 10 weeks, once about every 7 to about every 10 weeks, once about every 8 to about every 10 weeks, once about every 9 to about every 10 weeks, once about every 1 to about every 8 weeks, once about every 2 to about every 8 weeks, once about every 3 to about every 8 weeks, once about every 4 to about every 8 weeks, once about every 5 to about every 8 weeks, once about every 6 to about every 8 weeks, once about every 7 to about every 8 weeks, once about every 1 to about every 6 weeks, once about every 2 to about every 6 weeks, once about every 3 to about every 6 weeks, once about every 4 to about every 6 weeks, once about every 5 to about every 6 weeks, once about every 1 to about every 4 weeks, once about every 2 to about every 4 weeks, once about every 3 to about every 4 weeks, or once about every 1 to about every 2 weeks.

[00216] In some embodiments, an antibody of the present disclosure (e.g., AB-2b with or without Fc YTE substitutions), or antigen-binding fragment thereof, is administered to a subject in need thereof in one or more doses once about every 28 weeks. In some embodiments, an antibody of the present disclosure (e.g., AB-2b with or without Fc YTE substitutions), or antigen-binding fragment thereof, is administered to a subject in need thereof in one or more doses once about every 26 weeks. In some embodiments, an antibody of the present disclosure (e.g., AB-2b with or without Fc YTE substitutions), or antigen-binding fragment thereof, is administered to a subject in need thereof in one or more doses once about every 24 weeks.

[00217] In some embodiments, an antibody of the present disclosure (e.g., AB-2b with or without Fc YTE substitutions), or antigen-binding fragment thereof, is administered to a subject in need thereof in one or more doses (e.g., subcutaneous dose) of about 10 mg, about 30 mg, about 100 mg, about 300 mg, about 600 mg, or about 1200 mg, once about every 28 weeks, about every 26 weeks, or about every 24 weeks.

[00218] In some embodiments, an antibody of the present disclosure (e.g., AB-2b with or without Fc YTE substitutions), or antigen-binding fragment thereof, is administered to a subject in need thereof in one or more doses (e.g., subcutaneous dose) of about 10 mg, about

30 mg, about 100 mg, about 300 mg, about 600 mg, or about 1200 mg, once about every 6 months.

[00219] In some embodiments, an antibody of the present disclosure (e.g., AB-2b with or without Fc YTE substitutions), or antigen-binding fragment thereof, is administered to a subject in need thereof in one or more doses (e.g., subcutaneous dose) of about 10 mg, about 30 mg, about 100 mg, about 300 mg, about 600 mg, or about 1200 mg, once about every 28 weeks. In some embodiments, an antibody of the present disclosure (e.g., AB-2b with or without Fc YTE substitutions), or antigen-binding fragment thereof, is administered to a subject in need thereof in one or more doses (e.g., subcutaneous dose) of about 10 mg, about 30 mg, about 100 mg, about 300 mg, about 600 mg, or about 1200 mg, once about every 26 weeks. In some embodiments, an antibody of the present disclosure (e.g., AB-2b with or without Fc YTE substitutions), or antigen-binding fragment thereof, is administered to a subject in need thereof in one or more doses (e.g., subcutaneous dose) of about 10 mg, about 30 mg, about 100 mg, about 300 mg, about 600 mg, or about 1200 mg, once about every 24 weeks. In some embodiments, an antibody of the present disclosure (e.g., AB-2b with or without Fc YTE substitutions), or antigen-binding fragment thereof, is administered to a subject in need thereof in one or more doses (e.g., subcutaneous dose) of about 10 mg, about 30 mg, about 100 mg, about 300 mg, about 600 mg, or about 1200 mg, once about every 6 months.

[00220] In some embodiments, an antibody of the present disclosure (e.g., AB-2b with or without Fc YTE substitutions), or antigen-binding fragment thereof, is administered to a subject in need thereof in one or more doses (e.g., subcutaneous dose) of about 10 mg once about every 28 weeks. In some embodiments, an antibody of the present disclosure (e.g., AB-2b with or without Fc YTE substitutions), or antigen-binding fragment thereof, is administered to a subject in need thereof in one or more doses (e.g., subcutaneous dose) of about 10 mg once about every 26 weeks. In some embodiments, an antibody of the present disclosure (e.g., AB-2b with or without Fc YTE substitutions), or antigen-binding fragment thereof, is administered to a subject in need thereof in one or more doses (e.g., subcutaneous dose) of about 10 mg once about every 24 weeks. In some embodiments, an antibody of the present disclosure (e.g., AB-2b with or without Fc YTE substitutions), or antigen-binding fragment thereof, is administered to a subject in need thereof in one or more doses (e.g., subcutaneous dose) of about 10 mg once about every 6 months.

[00221] In some embodiments, an antibody of the present disclosure (e.g., AB-2b with or without Fc YTE substitutions), or antigen-binding fragment thereof, is administered to a subject in need thereof in one or more doses (e.g., subcutaneous dose) of about 30 mg once about every 28 weeks. In some embodiments, an antibody of the present disclosure (e.g., AB-2b with or without Fc YTE substitutions), or antigen-binding fragment thereof, is administered to a subject in need thereof in one or more doses (e.g., subcutaneous dose) of about 30 mg once about every 26 weeks. In some embodiments, an antibody of the present disclosure (e.g., AB-2b with or without Fc YTE substitutions), or antigen-binding fragment thereof, is administered to a subject in need thereof in one or more doses (e.g., subcutaneous dose) of about 30 mg once about every 24 weeks. In some embodiments, an antibody of the present disclosure (e.g., AB-2b with or without Fc YTE substitutions), or antigen-binding fragment thereof, is administered to a subject in need thereof in one or more doses (e.g., subcutaneous dose) of about 30 mg once about every 6 months.

[00222] In some embodiments, an antibody of the present disclosure (e.g., AB-2b with or without Fc YTE substitutions), or antigen-binding fragment thereof, is administered to a subject in need thereof in one or more doses (e.g., subcutaneous dose) of about 100 mg once about every 28 weeks. In some embodiments, an antibody of the present disclosure (e.g., AB-2b with or without Fc YTE substitutions), or antigen-binding fragment thereof, is administered to a subject in need thereof in one or more doses (e.g., subcutaneous dose) of about 100 mg once about every 26 weeks. In some embodiments, an antibody of the present disclosure (e.g., AB-2b with or without Fc YTE substitutions), or antigen-binding fragment thereof, is administered to a subject in need thereof in one or more doses (e.g., subcutaneous dose) of about 100 mg once about every 24 weeks. In some embodiments, an antibody of the present disclosure (e.g., AB-2b with or without Fc YTE substitutions), or antigen-binding fragment thereof, is administered to a subject in need thereof in one or more doses (e.g., subcutaneous dose) of about 100 mg once about every 6 months.

[00223] In some embodiments, an antibody of the present disclosure (e.g., AB-2b with or without Fc YTE substitutions), or antigen-binding fragment thereof, is administered to a subject in need thereof in one or more doses (e.g., subcutaneous dose) of about 300 mg once about every 28 weeks. In some embodiments, an antibody of the present disclosure (e.g., AB-2b with or without Fc YTE substitutions), or antigen-binding fragment thereof, is administered to a subject in need thereof in one or more doses (e.g., subcutaneous dose) of about 300 mg once about every 26 weeks. In some embodiments, an antibody of the present

disclosure (e.g., AB-2b with or without Fc YTE substitutions), or antigen-binding fragment thereof, is administered to a subject in need thereof in one or more doses (e.g., subcutaneous dose) of about 300 mg once about every 24 weeks. In some embodiments, an antibody of the present disclosure (e.g., AB-2b with or without Fc YTE substitutions), or antigen-binding fragment thereof, is administered to a subject in need thereof in one or more doses (e.g., subcutaneous dose) of about 300 mg once about every 6 months.

[00224] In some embodiments, an antibody of the present disclosure (e.g., AB-2b with or without Fc YTE substitutions), or antigen-binding fragment thereof, is administered to a subject in need thereof in one or more doses (e.g., subcutaneous dose) of about 600 mg once about every 28 weeks. In some embodiments, an antibody of the present disclosure (e.g., AB-2b with or without Fc YTE substitutions), or antigen-binding fragment thereof, is administered to a subject in need thereof in one or more doses (e.g., subcutaneous dose) of about 600 mg once about every 26 weeks. In some embodiments, an antibody of the present disclosure (e.g., AB-2b with or without Fc YTE substitutions), or antigen-binding fragment thereof, is administered to a subject in need thereof in one or more doses (e.g., subcutaneous dose) of about 600 mg once about every 24 weeks. In some embodiments, an antibody of the present disclosure (e.g., AB-2b with or without Fc YTE substitutions), or antigen-binding fragment thereof, is administered to a subject in need thereof in one or more doses (e.g., subcutaneous dose) of about 600 mg once about every 6 months.

[00225] In some embodiments, an antibody of the present disclosure (e.g., AB-2b with or without Fc YTE substitutions), or antigen-binding fragment thereof, is administered to a subject in need thereof in one or more doses (e.g., subcutaneous dose) of about 1200 mg once about every 28 weeks. In some embodiments, an antibody of the present disclosure (e.g., AB-2b with or without Fc YTE substitutions), or antigen-binding fragment thereof, is administered to a subject in need thereof in one or more doses (e.g., subcutaneous dose) of about 1200 mg once about every 26 weeks. In some embodiments, an antibody of the present disclosure (e.g., AB-2b with or without Fc YTE substitutions), or antigen-binding fragment thereof, is administered to a subject in need thereof in one or more doses (e.g., subcutaneous dose) of about 1200 mg once about every 24 weeks. In some embodiments, an antibody of the present disclosure (e.g., AB-2b with or without Fc YTE substitutions), or antigen-binding fragment thereof, is administered to a subject in need thereof in one or more doses (e.g., subcutaneous dose) of about 1200 mg once about every 6 months.

[00226] In some embodiments, an antibody described herein, or antigen-binding fragment thereof, is administered to a subject in need thereof as a single subcutaneous dose of about 10 mg. In some embodiments, an antibody described herein, or antigen-binding fragment thereof, is administered to a subject in need thereof as a single subcutaneous dose of about 20 mg. In some embodiments, an antibody described herein, or antigen-binding fragment thereof, is administered to a subject in need thereof as a single subcutaneous dose of about 30 mg. In some embodiments, an antibody described herein, or antigen-binding fragment thereof, is administered to a subject in need thereof as a single subcutaneous dose of about 40 mg. In some embodiments, an antibody described herein, or antigen-binding fragment thereof, is administered to a subject in need thereof as a single subcutaneous dose of about 50 mg. In some embodiments, an antibody described herein, or antigen-binding fragment thereof, is administered to a subject in need thereof as a single subcutaneous dose of about 60 mg. In some embodiments, an antibody described herein, or antigen-binding fragment thereof, is administered to a subject in need thereof as a single subcutaneous dose of about 70 mg. In some embodiments, an antibody described herein, or antigen-binding fragment thereof, is administered to a subject in need thereof as a single subcutaneous dose of about 80 mg. In some embodiments, an antibody described herein, or antigen-binding fragment thereof, is administered to a subject in need thereof as a single subcutaneous dose of about 90 mg. In some embodiments, an antibody described herein, or antigen-binding fragment thereof, is administered to a subject in need thereof as a single subcutaneous dose of about 100 mg. In some embodiments, an antibody described herein, or antigen-binding fragment thereof, is administered to a subject in need thereof as a single subcutaneous dose of about 200 mg. In some embodiments, an antibody described herein, or antigen-binding fragment thereof, is administered to a subject in need thereof as a single subcutaneous dose of about 300 mg. In some embodiments, an antibody described herein, or antigen-binding fragment thereof, is administered to a subject in need thereof as a single subcutaneous dose of about 400 mg. In some embodiments, an antibody described herein, or antigen-binding fragment thereof, is administered to a subject in need thereof as a single subcutaneous dose of about 500 mg. In some embodiments, an antibody described herein, or antigen-binding fragment thereof, is administered to a subject in need thereof as a single subcutaneous dose of about 600 mg. In some embodiments, an antibody described herein, or antigen-binding fragment thereof, is administered to a subject in need thereof as a single subcutaneous dose of about 700 mg. In some embodiments, an antibody described herein, or antigen-binding fragment

thereof, is administered to a subject in need thereof as a single subcutaneous dose of about 800 mg. In some embodiments, an antibody described herein, or antigen-binding fragment thereof, is administered to a subject in need thereof as a single subcutaneous dose of about 900 mg. In some embodiments, an antibody described herein, or antigen-binding fragment thereof, is administered to a subject in need thereof as a single subcutaneous dose of about 1000 mg. In some embodiments, an antibody described herein, or antigen-binding fragment thereof, is administered to a subject in need thereof as a single subcutaneous dose of about 1100 mg. In some embodiments, an antibody described herein, or antigen-binding fragment thereof, is administered to a subject in need thereof as a single subcutaneous dose of about 1200 mg. In some embodiments, an antibody described herein, or antigen-binding fragment thereof, is administered to a subject in need thereof as a single subcutaneous dose of about 1300 mg. In some embodiments, an antibody described herein, or antigen-binding fragment thereof, is administered to a subject in need thereof as a single subcutaneous dose of about 1400 mg. In some embodiments, an antibody described herein, or antigen-binding fragment thereof, is administered to a subject in need thereof as a single subcutaneous dose of about 1500 mg.

[00227] In some embodiments, an antibody described herein, or antigen-binding fragment thereof, is administered to a subject in need thereof as two subcutaneous doses of about 10 mg. In some embodiments, an antibody described herein, or antigen-binding fragment thereof, is administered to a subject in need thereof as two subcutaneous doses of about 20 mg. In some embodiments, an antibody described herein, or antigen-binding fragment thereof, is administered to a subject in need thereof as two subcutaneous doses of about 30 mg. In some embodiments, an antibody described herein, or antigen-binding fragment thereof, is administered to a subject in need thereof as two subcutaneous doses of about 40 mg. In some embodiments, an antibody described herein, or antigen-binding fragment thereof, is administered to a subject in need thereof as two subcutaneous doses of about 50 mg. In some embodiments, an antibody described herein, or antigen-binding fragment thereof, is administered to a subject in need thereof as two subcutaneous doses of about 60 mg. In some embodiments, an antibody described herein, or antigen-binding fragment thereof, is administered to a subject in need thereof as two subcutaneous doses of about 70 mg. In some embodiments, an antibody described herein, or antigen-binding fragment thereof, is administered to a subject in need thereof as two subcutaneous doses of about 80 mg. In some embodiments, an antibody described herein, or antigen-binding fragment

thereof, is administered to a subject in need thereof as two subcutaneous doses of about 90 mg. In some embodiments, an antibody described herein, or antigen-binding fragment thereof, is administered to a subject in need thereof as two subcutaneous doses of about 100 mg. In some embodiments, an antibody described herein, or antigen-binding fragment thereof, is administered to a subject in need thereof as two subcutaneous doses of about 200 mg. In some embodiments, an antibody described herein, or antigen-binding fragment thereof, is administered to a subject in need thereof as two subcutaneous doses of about 300 mg. In some embodiments, an antibody described herein, or antigen-binding fragment thereof, is administered to a subject in need thereof as two subcutaneous doses of about 400 mg. In some embodiments, an antibody described herein, or antigen-binding fragment thereof, is administered to a subject in need thereof as two subcutaneous doses of about 500 mg. In some embodiments, an antibody described herein, or antigen-binding fragment thereof, is administered to a subject in need thereof as two subcutaneous doses of about 600 mg.

[00228] In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as a single subcutaneous dose of about 10 mg once every about 4 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as a single subcutaneous dose of about 10 mg once every about 8 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as a single subcutaneous dose of about 10 mg once every about 12 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as a single subcutaneous dose of about 10 mg once every about 16 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as a single subcutaneous dose of about 10 mg once every about 20 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure (e.g., AB-2b with or without Fc YTE substitutions), or antigen-binding fragment thereof, as a single subcutaneous dose of about 10 mg once every about 24 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure (e.g., AB-2b with or without Fc YTE substitutions), or antigen-binding fragment thereof, as a single subcutaneous dose of about 10 mg once every about 26 weeks. In some embodiments, the

present disclosure provides administration of an antibody of the present disclosure (e.g., AB-2b with or without Fc YTE substitutions), or antigen-binding fragment thereof, as a single subcutaneous dose of about 10 mg once every about 28 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as a single subcutaneous dose of about 10 mg once every about 32 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as a single subcutaneous dose of about 10 mg once every about 36 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as a single subcutaneous dose of about 10 mg once every about 40 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as a single subcutaneous dose of about 10 mg once every about 44 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as a single subcutaneous dose of about 10 mg once every about 48 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as a single subcutaneous dose of about 10 mg once every about 52 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure (e.g., AB-2b with or without Fc YTE substitutions), or antigen-binding fragment thereof, as a single subcutaneous dose of about 10 mg once every about 6 months.

[00229] In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as a single subcutaneous dose of about 30 mg once every about 4 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as a single subcutaneous dose of about 30 mg once every about 8 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as a single subcutaneous dose of about 30 mg once every about 12 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as a single subcutaneous dose of about 30 mg once every about 16 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as a single

subcutaneous dose of about 30 mg once every about 20 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure (e.g., AB-2b with or without Fc YTE substitutions), or antigen-binding fragment thereof, as a single subcutaneous dose of about 30 mg once every about 24 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure (e.g., AB-2b with or without Fc YTE substitutions), or antigen-binding fragment thereof, as a single subcutaneous dose of about 30 mg once every about 26 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure (e.g., AB-2b with or without Fc YTE substitutions), or antigen-binding fragment thereof, as a single subcutaneous dose of about 30 mg once every about 28 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as a single subcutaneous dose of about 30 mg once every about 32 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as a single subcutaneous dose of about 30 mg once every about 36 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as a single subcutaneous dose of about 30 mg once every about 40 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as a single subcutaneous dose of about 30 mg once every about 44 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as a single subcutaneous dose of about 30 mg once every about 48 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as a single subcutaneous dose of about 30 mg once every about 52 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure (e.g., AB-2b with or without Fc YTE substitutions), or antigen-binding fragment thereof, as a single subcutaneous dose of about 30 mg once every about 6 months.

[00230] In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as a single subcutaneous dose of about 100 mg once every about 4 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as a single subcutaneous dose of about 100 mg once every

about 8 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as a single subcutaneous dose of about 100 mg once every about 12 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as a single subcutaneous dose of about 100 mg once every about 16 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as a single subcutaneous dose of about 100 mg once every about 20 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure (e.g., AB-2b with or without Fc YTE substitutions), or antigen-binding fragment thereof, as a single subcutaneous dose of about 100 mg once every about 24 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure (e.g., AB-2b with or without Fc YTE substitutions), or antigen-binding fragment thereof, as a single subcutaneous dose of about 100 mg once every about 26 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure (e.g., AB-2b with or without Fc YTE substitutions), or antigen-binding fragment thereof, as a single subcutaneous dose of about 100 mg once every about 28 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as a single subcutaneous dose of about 100 mg once every about 32 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as a single subcutaneous dose of about 100 mg once every about 36 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as a single subcutaneous dose of about 100 mg once every about 40 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as a single subcutaneous dose of about 100 mg once every about 44 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as a single subcutaneous dose of about 100 mg once every about 48 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as a single subcutaneous dose of about 100 mg once every about 52 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure (e.g., AB-

2b with or without Fc YTE substitutions), or antigen-binding fragment thereof, as a single subcutaneous dose of about 100 mg once every about 6 months.

[00231] In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as a single subcutaneous dose of about 300 mg once every about 4 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as a single subcutaneous dose of about 300 mg once every about 8 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as a single subcutaneous dose of about 300 mg once every about 12 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as a single subcutaneous dose of about 300 mg once every about 16 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as a single subcutaneous dose of about 300 mg once every about 20 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure (e.g., AB-2b with or without Fc YTE substitutions), or antigen-binding fragment thereof, as a single subcutaneous dose of about 300 mg once every about 24 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure (e.g., AB-2b with or without Fc YTE substitutions), or antigen-binding fragment thereof, as a single subcutaneous dose of about 300 mg once every about 26 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure (e.g., AB-2b with or without Fc YTE substitutions), or antigen-binding fragment thereof, as a single subcutaneous dose of about 300 mg once every about 28 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as a single subcutaneous dose of about 300 mg once every about 32 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as a single subcutaneous dose of about 300 mg once every about 36 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as a single subcutaneous dose of about 300 mg once every about 40 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as a single

subcutaneous dose of about 300 mg once every about 44 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as a single subcutaneous dose of about 300 mg once every about 48 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as a single subcutaneous dose of about 300 mg once every about 52 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure (e.g., AB-2b with or without Fc YTE substitutions), or antigen-binding fragment thereof, as a single subcutaneous dose of about 300 mg once every about 6 months.

[00232] In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as a single subcutaneous dose of about 600 mg once every about 4 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as a single subcutaneous dose of about 600 mg once every about 8 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as a single subcutaneous dose of about 600 mg once every about 12 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as a single subcutaneous dose of about 600 mg once every about 16 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as a single subcutaneous dose of about 600 mg once every about 20 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure (e.g., AB-2b with or without Fc YTE substitutions), or antigen-binding fragment thereof, as a single subcutaneous dose of about 600 mg once every about 24 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure (e.g., AB-2b with or without Fc YTE substitutions), or antigen-binding fragment thereof, as a single subcutaneous dose of about 600 mg once every about 26 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure (e.g., AB-2b with or without Fc YTE substitutions), or antigen-binding fragment thereof, as a single subcutaneous dose of about 600 mg once every about 28 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as a single subcutaneous dose of about 600 mg once every

about 32 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as a single subcutaneous dose of about 600 mg once every about 36 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as a single subcutaneous dose of about 600 mg once every about 40 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as a single subcutaneous dose of about 600 mg once every about 44 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as a single subcutaneous dose of about 600 mg once every about 48 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as a single subcutaneous dose of about 600 mg once every about 52 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure (e.g., AB-2b with or without Fc YTE substitutions), or antigen-binding fragment thereof, as a single subcutaneous dose of about 600 mg once every about 6 months.

[00233] In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as a single subcutaneous dose of about 1200 mg once every about 4 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as a single subcutaneous dose of about 1200 mg once every about 8 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as a single subcutaneous dose of about 1200 mg once every about 12 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as a single subcutaneous dose of about 1200 mg once every about 16 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as a single subcutaneous dose of about 1200 mg once every about 20 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure (e.g., AB-2b with or without Fc YTE substitutions), or antigen-binding fragment thereof, as a single subcutaneous dose of about 1200 mg once every about 24 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure (e.g., AB-

2b with or without Fc YTE substitutions), or antigen-binding fragment thereof, as a single subcutaneous dose of about 1200 mg once every about 26 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure (e.g., AB-2b with or without Fc YTE substitutions), or antigen-binding fragment thereof, as a single subcutaneous dose of about 1200 mg once every about 28 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as a single subcutaneous dose of about 1200 mg once every about 32 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as a single subcutaneous dose of about 1200 mg once every about 36 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as a single subcutaneous dose of about 1200 mg once every about 40 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as a single subcutaneous dose of about 1200 mg once every about 44 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as a single subcutaneous dose of about 1200 mg once every about 48 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as a single subcutaneous dose of about 1200 mg once every about 52 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure (e.g., AB-2b with or without Fc YTE substitutions), or antigen-binding fragment thereof, as a single subcutaneous dose of about 1200 mg once every about 6 months.

[00234] In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as two subcutaneous doses of about 10 mg once every about 4 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as two subcutaneous doses of about 10 mg once every about 8 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as two subcutaneous doses of about 10 mg once every about 12 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as two subcutaneous doses of about 10 mg once every about 16 weeks. In some

embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as two subcutaneous doses of about 10 mg once every about 20 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure (e.g., AB-2b with or without Fc YTE substitutions), or antigen-binding fragment thereof, as two subcutaneous doses of about 10 mg once every about 24 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure (e.g., AB-2b with or without Fc YTE substitutions), or antigen-binding fragment thereof, as two subcutaneous doses of about 10 mg once every about 26 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure (e.g., AB-2b with or without Fc YTE substitutions), or antigen-binding fragment thereof, as two subcutaneous doses of about 10 mg once every about 28 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as two subcutaneous doses of about 10 mg once every about 32 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as two subcutaneous doses of about 10 mg once every about 36 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as two subcutaneous doses of about 10 mg once every about 40 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as two subcutaneous doses of about 10 mg once every about 44 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as two subcutaneous doses of about 10 mg once every about 48 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as two subcutaneous doses of about 10 mg once every about 52 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure (e.g., AB-2b with or without Fc YTE substitutions), or antigen-binding fragment thereof, as two subcutaneous doses of about 10 mg once every about 6 months.

[00235] In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as two subcutaneous doses of about 30 mg once every about 4 weeks. In some embodiments, the present

disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as two subcutaneous doses of about 30 mg once every about 8 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as two subcutaneous doses of about 30 mg once every about 12 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as two subcutaneous doses of about 30 mg once every about 16 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as two subcutaneous doses of about 30 mg once every about 20 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure (e.g., AB-2b with or without Fc YTE substitutions), or antigen-binding fragment thereof, as two subcutaneous doses of about 30 mg once every about 24 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure (e.g., AB-2b with or without Fc YTE substitutions), or antigen-binding fragment thereof, as two subcutaneous doses of about 30 mg once every about 26 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure (e.g., AB-2b with or without Fc YTE substitutions), or antigen-binding fragment thereof, as two subcutaneous doses of about 30 mg once every about 28 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as two subcutaneous doses of about 30 mg once every about 32 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as two subcutaneous doses of about 30 mg once every about 36 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as two subcutaneous doses of about 30 mg once every about 40 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as two subcutaneous doses of about 30 mg once every about 44 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as two subcutaneous doses of about 30 mg once every about 48 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as two subcutaneous doses of about 30 mg

once every about 52 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure (e.g., AB-2b with or without Fc YTE substitutions), or antigen-binding fragment thereof, as two subcutaneous doses of about 30 mg once every about 6 months.

[00236] In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as two subcutaneous doses of about 100 mg once every about 4 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as two subcutaneous doses of about 100 mg once every about 8 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as two subcutaneous doses of about 100 mg once every about 12 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as two subcutaneous doses of about 100 mg once every about 16 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as two subcutaneous doses of about 100 mg once every about 20 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure (e.g., AB-2b with or without Fc YTE substitutions), or antigen-binding fragment thereof, as two subcutaneous doses of about 100 mg once every about 24 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure (e.g., AB-2b with or without Fc YTE substitutions), or antigen-binding fragment thereof, as two subcutaneous doses of about 100 mg once every about 26 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure (e.g., AB-2b with or without Fc YTE substitutions), or antigen-binding fragment thereof, as two subcutaneous doses of about 100 mg once every about 28 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as two subcutaneous doses of about 100 mg once every about 32 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as two subcutaneous doses of about 100 mg once every about 36 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as two subcutaneous doses of about 100 mg once every about 40 weeks. In some

embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as two subcutaneous doses of about 100 mg once every about 44 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as two subcutaneous doses of about 100 mg once every about 48 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as two subcutaneous doses of about 100 mg once every about 52 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure (e.g., AB-2b with or without Fc YTE substitutions), or antigen-binding fragment thereof, as two subcutaneous doses of about 100 mg once every about 6 months.

[00237] In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as two subcutaneous doses of about 300 mg once every about 4 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as two subcutaneous doses of about 300 mg once every about 8 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as two subcutaneous doses of about 300 mg once every about 12 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as two subcutaneous doses of about 300 mg once every about 16 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as two subcutaneous doses of about 300 mg once every about 20 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure (e.g., AB-2b with or without Fc YTE substitutions), or antigen-binding fragment thereof, as two subcutaneous doses of about 300 mg once every about 24 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure (e.g., AB-2b with or without Fc YTE substitutions), or antigen-binding fragment thereof, as two subcutaneous doses of about 300 mg once every about 26 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure (e.g., AB-2b with or without Fc YTE substitutions), or antigen-binding fragment thereof, as two subcutaneous doses of about 300 mg once every about 28 weeks. In some embodiments, the present disclosure provides

administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as two subcutaneous doses of about 300 mg once every about 32 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as two subcutaneous doses of about 300 mg once every about 36 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as two subcutaneous doses of about 300 mg once every about 40 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as two subcutaneous doses of about 300 mg once every about 44 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as two subcutaneous doses of about 300 mg once every about 48 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as two subcutaneous doses of about 300 mg once every about 52 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure (e.g., AB-2b with or without Fc YTE substitutions), or antigen-binding fragment thereof, as two subcutaneous doses of about 300 mg once every about 6 months.

[00238] In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as two subcutaneous doses of about 600 mg once every about 4 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as two subcutaneous doses of about 600 mg once every about 8 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as two subcutaneous doses of about 600 mg once every about 12 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as two subcutaneous doses of about 600 mg once every about 16 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as two subcutaneous doses of about 600 mg once every about 20 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure (e.g., AB-2b with or without Fc YTE substitutions), or antigen-binding fragment thereof, as two subcutaneous doses of about 600

mg once every about 24 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure (e.g., AB-2b with or without Fc YTE substitutions), or antigen-binding fragment thereof, as two subcutaneous doses of about 600 mg once every about 26 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure (e.g., AB-2b with or without Fc YTE substitutions), or antigen-binding fragment thereof, as two subcutaneous doses of about 600 mg once every about 28 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as two subcutaneous doses of about 600 mg once every about 32 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as two subcutaneous doses of about 600 mg once every about 36 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as two subcutaneous doses of about 600 mg once every about 40 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as two subcutaneous doses of about 600 mg once every about 44 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as two subcutaneous doses of about 600 mg once every about 48 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as two subcutaneous doses of about 600 mg once every about 52 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure (e.g., AB-2b with or without Fc YTE substitutions), or antigen-binding fragment thereof, as two subcutaneous doses of about 600 mg once every about 6 months.

[00239] In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as two subcutaneous doses of about 1200 mg once every about 4 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as two subcutaneous doses of about 1200 mg once every about 8 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as two subcutaneous doses of about 1200 mg once every about 12 weeks. In some embodiments, the present disclosure

provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as two subcutaneous doses of about 1200 mg once every about 16 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as two subcutaneous doses of about 1200 mg once every about 20 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure (e.g., AB-2b with or without Fc YTE substitutions), or antigen-binding fragment thereof, as two subcutaneous doses of about 1200 mg once every about 24 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure (e.g., AB-2b with or without Fc YTE substitutions), or antigen-binding fragment thereof, as two subcutaneous doses of about 1200 mg once every about 26 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure (e.g., AB-2b with or without Fc YTE substitutions), or antigen-binding fragment thereof, as two subcutaneous doses of about 1200 mg once every about 28 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as two subcutaneous doses of about 1200 mg once every about 32 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as two subcutaneous doses of about 1200 mg once every about 36 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as two subcutaneous doses of about 1200 mg once every about 40 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as two subcutaneous doses of about 1200 mg once every about 44 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as two subcutaneous doses of about 1200 mg once every about 48 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as two subcutaneous doses of about 1200 mg once every about 52 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure (e.g., AB-2b with or without Fc YTE substitutions), or antigen-binding fragment thereof, as two subcutaneous doses of about 1200 mg once every about 6 months.

[00240] In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as a single intravenous dose of about 10 mg once every about 4 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as a single intravenous dose of about 10 mg once every about 8 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as a single intravenous dose of about 10 mg once every about 12 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as a single intravenous dose of about 10 mg once every about 16 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as a single intravenous dose of about 10 mg once every about 20 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure (e.g., AB-2b with or without Fc YTE substitutions), or antigen-binding fragment thereof, as a single intravenous dose of about 10 mg once every about 24 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure (e.g., AB-2b with or without Fc YTE substitutions), or antigen-binding fragment thereof, as a single intravenous dose of about 10 mg once every about 26 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure (e.g., AB-2b with or without Fc YTE substitutions), or antigen-binding fragment thereof, as a single intravenous dose of about 10 mg once every about 28 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as a single intravenous dose of about 10 mg once every about 32 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as a single intravenous dose of about 10 mg once every about 36 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as a single intravenous dose of about 10 mg once every about 40 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as a single intravenous dose of about 10 mg once every about 44 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or

antigen-binding fragment thereof, as a single intravenous dose of about 10 mg once every about 48 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as a single intravenous dose of about 10 mg once every about 52 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure (e.g., AB-2b with or without Fc YTE substitutions), or antigen-binding fragment thereof, as a single intravenous dose of about 10 mg once every about 6 months.

[00241] In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as a single intravenous dose of about 30 mg once every about 4 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as a single intravenous dose of about 30 mg once every about 8 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as a single intravenous dose of about 30 mg once every about 12 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as a single intravenous dose of about 30 mg once every about 16 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as a single intravenous dose of about 30 mg once every about 20 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure (e.g., AB-2b with or without Fc YTE substitutions), or antigen-binding fragment thereof, as a single intravenous dose of about 30 mg once every about 24 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure (e.g., AB-2b with or without Fc YTE substitutions), or antigen-binding fragment thereof, as a single intravenous dose of about 30 mg once every about 26 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure (e.g., AB-2b with or without Fc YTE substitutions), or antigen-binding fragment thereof, as a single intravenous dose of about 30 mg once every about 28 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as a single intravenous dose of about 30 mg once every about 32 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as a single

intravenous dose of about 30 mg once every about 36 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as a single intravenous dose of about 30 mg once every about 40 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as a single intravenous dose of about 30 mg once every about 44 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as a single intravenous dose of about 30 mg once every about 48 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as a single intravenous dose of about 30 mg once every about 52 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure (e.g., AB-2b with or without Fc YTE substitutions), or antigen-binding fragment thereof, as a single intravenous dose of about 30 mg once every about 6 months.

[00242] In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as a single intravenous dose of about 100 mg once every about 4 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as a single intravenous dose of about 100 mg once every about 8 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as a single intravenous dose of about 100 mg once every about 12 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as a single intravenous dose of about 100 mg once every about 16 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as a single intravenous dose of about 100 mg once every about 20 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure (e.g., AB-2b with or without Fc YTE substitutions), or antigen-binding fragment thereof, as a single intravenous dose of about 100 mg once every about 24 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure (e.g., AB-2b with or without Fc YTE substitutions), or antigen-binding fragment thereof, as a single intravenous dose of about 100 mg once every about 26 weeks. In some embodiments, the

present disclosure provides administration of an antibody of the present disclosure (e.g., AB-2b with or without Fc YTE substitutions), or antigen-binding fragment thereof, as a single intravenous dose of about 100 mg once every about 28 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as a single intravenous dose of about 100 mg once every about 32 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as a single intravenous dose of about 100 mg once every about 36 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as a single intravenous dose of about 100 mg once every about 40 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as a single intravenous dose of about 100 mg once every about 44 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as a single intravenous dose of about 100 mg once every about 48 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as a single intravenous dose of about 100 mg once every about 52 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure (e.g., AB-2b with or without Fc YTE substitutions), or antigen-binding fragment thereof, as a single intravenous dose of about 100 mg once every about 6 months.

[00243] In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as a single intravenous dose of about 300 mg once every about 4 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as a single intravenous dose of about 300 mg once every about 8 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as a single intravenous dose of about 300 mg once every about 12 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as a single intravenous dose of about 300 mg once every about 16 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as a single

intravenous dose of about 300 mg once every about 20 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure (e.g., AB-2b with or without Fc YTE substitutions), or antigen-binding fragment thereof, as a single intravenous dose of about 300 mg once every about 24 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure (e.g., AB-2b with or without Fc YTE substitutions), or antigen-binding fragment thereof, as a single intravenous dose of about 300 mg once every about 26 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure (e.g., AB-2b with or without Fc YTE substitutions), or antigen-binding fragment thereof, as a single intravenous dose of about 300 mg once every about 28 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as a single intravenous dose of about 300 mg once every about 32 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as a single intravenous dose of about 300 mg once every about 36 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as a single intravenous dose of about 300 mg once every about 40 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as a single intravenous dose of about 300 mg once every about 44 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as a single intravenous dose of about 300 mg once every about 48 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as a single intravenous dose of about 300 mg once every about 52 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure (e.g., AB-2b with or without Fc YTE substitutions), or antigen-binding fragment thereof, as a single intravenous dose of about 300 mg once every about 6 months.

[00244] In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as a single intravenous dose of about 600 mg once every about 4 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as a single intravenous dose of about 600 mg once every

about 8 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as a single intravenous dose of about 600 mg once every about 12 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as a single intravenous dose of about 600 mg once every about 16 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as a single intravenous dose of about 600 mg once every about 20 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure (e.g., AB-2b with or without Fc YTE substitutions), or antigen-binding fragment thereof, as a single intravenous dose of about 600 mg once every about 24 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure (e.g., AB-2b with or without Fc YTE substitutions), or antigen-binding fragment thereof, as a single intravenous dose of about 600 mg once every about 26 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure (e.g., AB-2b with or without Fc YTE substitutions), or antigen-binding fragment thereof, as a single intravenous dose of about 600 mg once every about 28 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as a single intravenous dose of about 600 mg once every about 32 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as a single intravenous dose of about 600 mg once every about 36 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as a single intravenous dose of about 600 mg once every about 40 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as a single intravenous dose of about 600 mg once every about 44 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as a single intravenous dose of about 600 mg once every about 48 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as a single intravenous dose of about 600 mg once every about 52 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure (e.g., AB-

2b with or without Fc YTE substitutions), or antigen-binding fragment thereof, as a single intravenous dose of about 600 mg once every about 6 months.

[00245] In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as a single intravenous dose of about 1200 mg once every about 4 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as a single intravenous dose of about 1200 mg once every about 8 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as a single intravenous dose of about 1200 mg once every about 12 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as a single intravenous dose of about 1200 mg once every about 16 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as a single intravenous dose of about 1200 mg once every about 20 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure (e.g., AB-2b with or without Fc YTE substitutions), or antigen-binding fragment thereof, as a single intravenous dose of about 1200 mg once every about 24 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure (e.g., AB-2b with or without Fc YTE substitutions), or antigen-binding fragment thereof, as a single intravenous dose of about 1200 mg once every about 26 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure (e.g., AB-2b with or without Fc YTE substitutions), or antigen-binding fragment thereof, as a single intravenous dose of about 1200 mg once every about 28 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as a single intravenous dose of about 1200 mg once every about 32 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as a single intravenous dose of about 1200 mg once every about 36 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as a single intravenous dose of about 1200 mg once every about 40 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as a single

intravenous dose of about 1200 mg once every about 44 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as a single intravenous dose of about 1200 mg once every about 48 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as a single intravenous dose of about 1200 mg once every about 52 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure (e.g., AB-2b with or without Fc YTE substitutions), or antigen-binding fragment thereof, as a single intravenous dose of about 1200 mg once every about 6 months.

[00246] In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as two intravenous doses of about 10 mg once every about 4 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as two intravenous doses of about 10 mg once every about 8 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as two intravenous doses of about 10 mg once every about 12 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as two intravenous doses of about 10 mg once every about 16 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as two intravenous doses of about 10 mg once every about 20 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure (e.g., AB-2b with or without Fc YTE substitutions), or antigen-binding fragment thereof, as two intravenous doses of about 10 mg once every about 24 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure (e.g., AB-2b with or without Fc YTE substitutions), or antigen-binding fragment thereof, as two intravenous doses of about 10 mg once every about 26 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure (e.g., AB-2b with or without Fc YTE substitutions), or antigen-binding fragment thereof, as two intravenous doses of about 10 mg once every about 28 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as two intravenous doses of about 10 mg once every about 32 weeks. In some embodiments,

the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as two intravenous doses of about 10 mg once every about 36 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as two intravenous doses of about 10 mg once every about 40 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as two intravenous doses of about 10 mg once every about 44 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as two intravenous doses of about 10 mg once every about 48 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as two intravenous doses of about 10 mg once every about 52 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure (e.g., AB-2b with or without Fc YTE substitutions), or antigen-binding fragment thereof, as two intravenous doses of about 10 mg once every about 6 months.

[00247] In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as two intravenous doses of about 30 mg once every about 4 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as two intravenous doses of about 30 mg once every about 8 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as two intravenous doses of about 30 mg once every about 12 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as two intravenous doses of about 30 mg once every about 16 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as two intravenous doses of about 30 mg once every about 20 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure (e.g., AB-2b with or without Fc YTE substitutions), or antigen-binding fragment thereof, as two intravenous doses of about 30 mg once every about 24 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure (e.g., AB-2b with or without Fc YTE substitutions), or antigen-binding fragment thereof, as two intravenous doses of about 30 mg

once every about 26 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure (e.g., AB-2b with or without Fc YTE substitutions), or antigen-binding fragment thereof, as two intravenous doses of about 30 mg once every about 28 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as two intravenous doses of about 30 mg once every about 32 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as two intravenous doses of about 30 mg once every about 36 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as two intravenous doses of about 30 mg once every about 40 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as two intravenous doses of about 30 mg once every about 44 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as two intravenous doses of about 30 mg once every about 48 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as two intravenous doses of about 30 mg once every about 52 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure (e.g., AB-2b with or without Fc YTE substitutions), or antigen-binding fragment thereof, as two intravenous doses of about 30 mg once every about 6 months.

[00248] In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as two intravenous doses of about 100 mg once every about 4 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as two intravenous doses of about 100 mg once every about 8 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as two intravenous doses of about 100 mg once every about 12 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as two intravenous doses of about 100 mg once every about 16 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as two intravenous doses of about 100 mg

once every about 20 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure (e.g., AB-2b with or without Fc YTE substitutions), or antigen-binding fragment thereof, as two intravenous doses of about 100 mg once every about 24 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure (e.g., AB-2b with or without Fc YTE substitutions), or antigen-binding fragment thereof, as two intravenous doses of about 100 mg once every about 26 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure (e.g., AB-2b with or without Fc YTE substitutions), or antigen-binding fragment thereof, as two intravenous doses of about 100 mg once every about 28 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as two intravenous doses of about 100 mg once every about 32 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as two intravenous doses of about 100 mg once every about 36 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as two intravenous doses of about 100 mg once every about 40 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as two intravenous doses of about 100 mg once every about 44 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as two intravenous doses of about 100 mg once every about 48 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as two intravenous doses of about 100 mg once every about 52 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure (e.g., AB-2b with or without Fc YTE substitutions), or antigen-binding fragment thereof, as two intravenous doses of about 100 mg once every about 6 months.

[00249] In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as two intravenous doses of about 300 mg once every about 4 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as two intravenous doses of about 300 mg once every about 8 weeks. In some embodiments, the present disclosure provides administration of an antibody

of the present disclosure, or antigen-binding fragment thereof, as two intravenous doses of about 300 mg once every about 12 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as two intravenous doses of about 300 mg once every about 16 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as two intravenous doses of about 300 mg once every about 20 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure (e.g., AB-2b with or without Fc YTE substitutions), or antigen-binding fragment thereof, as two intravenous doses of about 300 mg once every about 24 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure (e.g., AB-2b with or without Fc YTE substitutions), or antigen-binding fragment thereof, as two intravenous doses of about 300 mg once every about 26 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure (e.g., AB-2b with or without Fc YTE substitutions), or antigen-binding fragment thereof, as two intravenous doses of about 300 mg once every about 28 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as two intravenous doses of about 300 mg once every about 32 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as two intravenous doses of about 300 mg once every about 36 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as two intravenous doses of about 300 mg once every about 40 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as two intravenous doses of about 300 mg once every about 44 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as two intravenous doses of about 300 mg once every about 48 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as two intravenous doses of about 300 mg once every about 52 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure (e.g., AB-2b with or without Fc YTE substitutions), or antigen-binding fragment thereof, as two intravenous doses of about 300 mg once every about 6 months.

[00250] In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as two intravenous doses of about 600 mg once every about 4 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as two intravenous doses of about 600 mg once every about 8 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as two intravenous doses of about 600 mg once every about 12 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as two intravenous doses of about 600 mg once every about 16 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as two intravenous doses of about 600 mg once every about 20 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure (e.g., AB-2b with or without Fc YTE substitutions), or antigen-binding fragment thereof, as two intravenous doses of about 600 mg once every about 24 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure (e.g., AB-2b with or without Fc YTE substitutions), or antigen-binding fragment thereof, as two intravenous doses of about 600 mg once every about 26 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure (e.g., AB-2b with or without Fc YTE substitutions), or antigen-binding fragment thereof, as two intravenous doses of about 600 mg once every about 28 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as two intravenous doses of about 600 mg once every about 32 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as two intravenous doses of about 600 mg once every about 36 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as two intravenous doses of about 600 mg once every about 40 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as two intravenous doses of about 600 mg once every about 44 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as two intravenous doses of

about 600 mg once every about 48 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as two intravenous doses of about 600 mg once every about 52 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure (e.g., AB-2b with or without Fc YTE substitutions), or antigen-binding fragment thereof, as two intravenous doses of about 600 mg once every about 6 months.

[00251] In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as two intravenous doses of about 1200 mg once every about 4 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as two intravenous doses of about 1200 mg once every about 8 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as two intravenous doses of about 1200 mg once every about 12 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as two intravenous doses of about 1200 mg once every about 16 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as two intravenous doses of about 1200 mg once every about 20 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure (e.g., AB-2b with or without Fc YTE substitutions), or antigen-binding fragment thereof, as two intravenous doses of about 1200 mg once every about 24 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure (e.g., AB-2b with or without Fc YTE substitutions), or antigen-binding fragment thereof, as two intravenous doses of about 1200 mg once every about 26 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure (e.g., AB-2b with or without Fc YTE substitutions), or antigen-binding fragment thereof, as two intravenous doses of about 1200 mg once every about 28 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as two intravenous doses of about 1200 mg once every about 32 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as two intravenous doses of about 1200 mg once every about 36 weeks. In some embodiments, the present disclosure provides

administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as two intravenous doses of about 1200 mg once every about 40 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as two intravenous doses of about 1200 mg once every about 44 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as two intravenous doses of about 1200 mg once every about 48 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure, or antigen-binding fragment thereof, as two intravenous doses of about 1200 mg once every about 52 weeks. In some embodiments, the present disclosure provides administration of an antibody of the present disclosure (e.g., AB-2b with or without Fc YTE substitutions), or antigen-binding fragment thereof, as two intravenous doses of about 1200 mg once every about 6 months.

[00252] In some embodiments, administration of a dose of an antibody of the present disclosure (e.g., AB-2b with or without Fc YTE substitutions), or antigen-binding fragment thereof, achieves a serum half-life of about 50 days to about 150 days, about 60 days to about 150 days, about 70 days to about 150 days, about 80 days to about 150 days, about 90 days to about 150 days, about 100 days to about 150 days, about 110 days to about 150 days, about 120 days to about 150 days, about 130 days to about 150 days, about 140 days to about 150 days, about 50 days to about 130 days, about 60 days to about 130 days, about 70 days to about 130 days, about 80 days to about 130 days, about 90 days to about 130 days, about 100 days to about 130 days, about 110 days to about 130 days, about 120 days to about 130 days, about 50 days to about 110 days, about 60 days to about 110 days, about 70 days to about 110 days, about 80 days to about 110 days, about 90 days to about 110 days, about 100 days to about 110 days, about 50 days to about 90 days, about 60 days to about 90 days, about 70 days to about 90 days, about 80 days to about 90 days, of about 50 days to about 70 days. In some embodiments, administration of a dose of an antibody of the present disclosure, or antigen-binding fragment thereof, achieves a serum half-life of about of about 100 days.

[00253] In some embodiments, administration of a dose of an antibody of the present disclosure (e.g., AB-2b with or without Fc YTE substitutions), or antigen-binding fragment thereof, achieves a serum half-life of about 31 days to about 34 days in cynomolgus monkeys.

[00254] In some embodiments, administration of a dose of an antibody of the present disclosure (e.g., AB-2b with or without Fc YTE substitutions), or antigen-binding fragment thereof, achieves a maximum serum concentration (C_{max}) of about 1 μg/ml to about 250 μg/ml, about 10 μg/ml to about 250 μg/ml, about 20 μg/ml to about 250 μg/ml, about 30 μg/ml to about 250 μg/ml, about 40 μg/ml to about 250 μg/ml, about 50 μg/ml to about 250 μg/ml, about 60 μg/ml to about 250 μg/ml, about 70 μg/ml to about 250 μg/ml, about 80 μg/ml to about 250 μg/ml, about 90 μg/ml to about 250 μg/ml, about 100 μg/ml to about 250 μg/ml, about 125 μg/ml to about 250 μg/ml, about 150 μg/ml to about 250 μg/ml, about 175 μg/ml to about 250 μg/ml, about 200 μg/ml to about 250 μg/ml, about 225 μg/ml to about 250 μg/ml, about 1 μg/ml to about 200 μg/ml, about 10 μg/ml to about 200 μg/ml, about 20 μg/ml to about 200 μg/ml, about 30 μg/ml to about 200 μg/ml, about 40 μg/ml to about 200 μg/ml, about 50 μg/ml to about 200 μg/ml, about 60 μg/ml to about 200 μg/ml, about 70 μg/ml to about 200 μg/ml, about 80 μg/ml to about 200 μg/ml, about 90 μg/ml to about 200 μg/ml, about 100 μg/ml to about 200 μg/ml, about 125 μg/ml to about 200 μg/ml, about 150 μg/ml to about 200 μg/ml, about 175 μg/ml to about 200 μg/ml, about 1 μg/ml to about 150 μg/ml, about 10 μg/ml to about 150 μg/ml, about 20 μg/ml to about 150 μg/ml, about 30 μg/ml to about 150 μg/ml, about 40 μg/ml to about 150 μg/ml, about 50 μg/ml to about 150 μg/ml, about 60 μg/ml to about 150 μg/ml, about 70 μg/ml to about 150 μg/ml, about 80 μg/ml to about 150 μg/ml, about 90 μg/ml to about 150 μg/ml, about 100 μg/ml to about 150 μg/ml, about 125 μg/ml to about 150 μg/ml, about 1 μg/ml to about 100 μg/ml, about 10 μg/ml to about 100 μg/ml, about 20 μg/ml to about 100 μg/ml, about 30 μg/ml to about 100 μg/ml, about 40 μg/ml to about 100 μg/ml, about 50 μg/ml to about 100 μg/ml, about 60 μg/ml to about 100 μg/ml, about 70 μg/ml to about 100 μg/ml, about 80 μg/ml to about 100 μg/ml, about 90 μg/ml to about 100 μg/ml, about 1 μg/ml to about 50 μg/ml, about 10 μg/ml to about 50 μg/ml, about 20 μg/ml to about 50 μg/ml, about 30 μg/ml to about 50 μg/ml, or about 40 μg/ml to about 50 μg/ml.

[00255] In some embodiments, administration of a dose of an antibody of the present disclosure (e.g., AB-2b with or without Fc YTE substitutions), or antigen-binding fragment thereof, achieves an $AUC_{(0\text{-}7d)}$ of about 10 μg·day/ml to about 1500 μg·day/ml, about 50 μg·day/ml to about 1500 μg·day/ml, about 100 μg·day/ml to about 1500 μg·day/ml, about 150 μg·day/ml to about 1500 μg·day/ml, about 200 μg·day/ml to about 1500 μg·day/ml, about 250 μg·day/ml to about 1500 μg·day/ml, about 500 μg·day/ml to about 1500 μg·day/ml, about 750 μg·day/ml to about 1500 μg·day/ml, about 1000 μg·day/ml to about 1500 μg·day/ml, about

1250 μg·day/ml to about 1500 μg·day/ml, about 10 μg·day/ml to about 1250 μg·day/ml, about 50 μg·day/ml to about 1250 μg·day/ml, about 100 μg·day/ml to about 1250 μg·day/ml, about 150 μg·day/ml to about 1250 μg·day/ml, about 200 μg·day/ml to about 1250 μg·day/ml, about 250 μg·day/ml to about 1250 μg·day/ml, about 500 μg·day/ml to about 1250 μg·day/ml, about 750 μg·day/ml to about 1250 μg·day/ml, about 1000 μg·day/ml to about 1250 μg·day/ml, about 10 μg·day/ml to about 1000 μg·day/ml, about 50 μg·day/ml to about 1000 μg·day/ml, about 100 μg·day/ml to about 1000 μg·day/ml, about 150 μg·day/ml to about 1000 μg·day/ml, about 200 μg·day/ml to about 1000 μg·day/ml, about 250 μg·day/ml to about 1000 μg·day/ml, about 500 μg·day/ml to about 1000 μg·day/ml, about 750 μg·day/ml to about 1000 μg·day/ml, about 10 μg·day/ml to about 750 μg·day/ml, about 50 μg·day/ml to about 750 μg·day/ml, about 100 μg·day/ml to about 750 μg·day/ml, about 150 μg·day/ml to about 750 μg·day/ml, about 200 μg·day/ml to about 750 μg·day/ml, about 250 μg·day/ml to about 750 μg·day/ml, about 500 μg·day/ml to about 750 μg·day/ml, about 10 μg·day/ml to about 500 μg·day/ml, about 50 μg·day/ml to about 500 μg·day/ml, about 100 μg·day/ml to about 500 μg·day/ml, about 150 μg·day/ml to about 500 μg·day/ml, about 200 μg·day/ml to about 500 μg·day/ml, about 250 μg·day/ml to about 500 μg·day/ml, about 10 μg·day/ml to about 250 μg·day/ml, about 50 μg·day/ml to about 250 μg·day/ml, about 100 μg·day/ml to about 250 μg·day/ml, about 150 μg·day/ml to about 250 μg·day/ml, about 200 μg·day/ml to about 250 μg·day/ml, about 10 μg·day/ml to about 100 μg·day/ml, about 50 μg·day/ml to about 100 μg·day/ml, or about 10 μg·day/ml to about 50 μg·day/ml.

VIII. Methods of Use

[00256] In some embodiments, the present disclosure provides, a method of neutralizing TSLP in a subject, comprising administering to the subject an effective amount of an antibody described herein, or antigen-binding fragment thereof.

[00257] In some embodiments, neutralizing TSLP in a subject comprises administering to the subject an effective amount of an antibody, or antigen-binding fragment thereof, comprising:

a) a VH comprising a HCDR1 comprising an amino acid sequence of SEQ ID NO:31, a HCDR2 comprising an amino acid sequence of SEQ ID NO:35, and a HCDR3 comprising an amino acid sequence of SEQ ID NO:50; and

b) a VL comprising a LCDR1 comprising an amino acid sequence of SEQ ID NO:60, a LCDR2 comprising an amino acid sequence of DDS, and a LCDR3 comprising an amino acid sequence of SEQ ID NO:71.

[00258] In some embodiments, neutralizing TSLP in a subject comprises administering to the subject an effective amount of an antibody, or antigen-binding fragment thereof, comprising:

a) a VH comprising a HCDR1 consisting of an amino acid sequence of SEQ ID NO:31, a HCDR2 consisting of an amino acid sequence of SEQ ID NO:35, and a HCDR3 consisting of an amino acid sequence of SEQ ID NO:50; and

b) a VL comprising a LCDR1 consisting of an amino acid sequence of SEQ ID NO:60, a LCDR2 consisting of an amino acid sequence of DDS, and a LCDR3 consisting of an amino acid sequence of SEQ ID NO:71.

[00259] In some embodiments, neutralizing TSLP in a subject comprises administering to the subject an effective amount of an antibody, or antigen-binding fragment thereof, comprising:

a) a VH comprising a HCDR1 comprising an amino acid sequence of SEQ ID NO:130, a HCDR2 comprising an amino acid sequence of SEQ ID NO:131, and a HCDR3 comprising an amino acid sequence of SEQ ID NO:132, numbered according to Kabat; and

b) a VL comprising a LCDR1 comprising an amino acid sequence of SEQ ID NO:133 a LCDR2 comprising an amino acid sequence of SEQ ID NO:134, and a LCDR3 comprising an amino acid sequence of SEQ ID NO:71, numbered according to Kabat.

[00260] In some embodiments, neutralizing TSLP in a subject comprises administering to the subject an effective amount of an antibody, or antigen-binding fragment thereof, comprising:

a) a VH comprising a HCDR1 consisting of an amino acid sequence of SEQ ID NO:130, a HCDR2 consisting of an amino acid sequence of SEQ ID NO:131, and a HCDR3 consisting of an amino acid sequence of SEQ ID NO:132, numbered according to Kabat; and

b) a VL comprising a LCDR1 consisting of an amino acid sequence of SEQ ID NO:133 a LCDR2 consisting of an amino acid sequence of SEQ ID NO:134,

and a LCDR3 consisting of an amino acid sequence of SEQ ID NO:71, numbered according to Kabat.

[00261] In some embodiments, neutralizing TSLP in a subject comprises administering to the subject an effective amount of an antibody, or antigen-binding fragment thereof, comprising:

a) a VH comprising a HCDR1 comprising an amino acid sequence of SEQ ID NO:135, a HCDR2 comprising an amino acid sequence of SEQ ID NO:136, and a HCDR3 comprising an amino acid sequence of SEQ ID NO:132, numbered according to Chothia; and

b) a VL comprising a LCDR1 comprising an amino acid sequence of SEQ ID NO:133 a LCDR2 comprising an amino acid sequence of SEQ ID NO:134, and a LCDR3 comprising an amino acid sequence of SEQ ID NO:71, numbered according to Chothia.

[00262] In some embodiments, neutralizing TSLP in a subject comprises administering to the subject an effective amount of an antibody, or antigen-binding fragment thereof, comprising:

a) a VH comprising a HCDR1 consisting of an amino acid sequence of SEQ ID NO:135, a HCDR2 consisting of an amino acid sequence of SEQ ID NO:136, and a HCDR3 consisting of an amino acid sequence of SEQ ID NO:132, numbered according to Chothia; and

b) a VL comprising a LCDR1 consisting of an amino acid sequence of SEQ ID NO:133 a LCDR2 consisting of an amino acid sequence of SEQ ID NO:134, and a LCDR3 consisting of an amino acid sequence of SEQ ID NO:71, numbered according to Chothia.

[00263] In some embodiments, neutralizing TSLP in a subject comprises administering to the subject an effective amount of an antibody, or antigen-binding fragment thereof, comprising:

a) a VH comprising an amino acid sequence having at least about 90%, at least about 91%, at least about 92%, at least about 93%, at least about 94%, at least about 95%, at least about 96%, at least about 97%, at least about 98%, at least about 99%, or 100% sequence identity to SEQ ID NO:5; and

b) a VL comprising an amino acid sequence having at least about 90%, at least about 91%, at least about 92%, at least about 93%, at least about 94%, at least

about 95%, at least about 96%, at least about 97%, at least about 98%, at least about 99%, or 100% sequence identity SEQ ID NO:21.

[00264] In some embodiments, neutralizing TSLP in a subject comprises administering to the subject an effective amount of an antibody, or antigen-binding fragment thereof, comprising:

a) a VH consisting of an amino acid sequence having at least about 90%, at least about 91%, at least about 92%, at least about 93%, at least about 94%, at least about 95%, at least about 96%, at least about 97%, at least about 98%, at least about 99%, or 100% sequence identity to SEQ ID NO:5; and

b) a VL consisting of an amino acid sequence having at least about 90%, at least about 91%, at least about 92%, at least about 93%, at least about 94%, at least about 95%, at least about 96%, at least about 97%, at least about 98%, at least about 99%, or 100% sequence identity to SEQ ID NO:21.

[00265] In some embodiments, neutralizing TSLP in a subject comprises administering to the subject an effective amount of an antibody, or antigen-binding fragment thereof, comprising:

a) a VH comprising an amino acid sequence of SEQ ID NO:5; and

b) a VL comprising an amino acid sequence of SEQ ID NO:21.

[00266] In some embodiments, neutralizing TSLP in a subject comprises administering to the subject an effective amount of an antibody, or antigen-binding fragment thereof, comprising:

a) a VH consisting of an amino acid sequence of SEQ ID NO:5; and

b) a VL consisting of an amino acid sequence of SEQ ID NO:21.

[00267] In some embodiments, neutralizing TSLP in a subject comprises administering to the subject an effective amount of an antibody, or antigen-binding fragment thereof, comprising:

a) a HC comprising an amino acid sequence having at least about 90%, at least about 91%, at least about 92%, at least about 93%, at least about 94%, at least about 95%, at least about 96%, at least about 97%, at least about 98%, at least about 99%, or 100% sequence identity to of SEQ ID NO:92; and

b) a LC comprising an amino acid sequence having at least about 90%, at least about 91%, at least about 92%, at least about 93%, at least about 94%, at least

about 95%, at least about 96%, at least about 97%, at least about 98%, at least about 99%, or 100% sequence identity to sequence of SEQ ID NO:120.

[00268] In some embodiments, neutralizing TSLP in a subject comprises administering to the subject an effective amount of an antibody, or antigen-binding fragment thereof, comprising:

a) a HC comprising an amino acid sequence of SEQ ID NO:92; and

b) a LC comprising an amino acid sequence of SEQ ID NO:120.

[00269] In some embodiments, neutralizing TSLP in a subject comprises administering to the subject an effective amount of an antibody, or antigen-binding fragment thereof, comprising:

a) a HC comprising an amino acid sequence having at least about 90%, at least about 91%, at least about 92%, at least about 93%, at least about 94%, at least about 95%, at least about 96%, at least about 97%, at least about 98%, at least about 99%, or 100% sequence identity to of SEQ ID NO:106; and

b) a LC comprising an amino acid sequence having at least about 90%, at least about 91%, at least about 92%, at least about 93%, at least about 94%, at least about 95%, at least about 96%, at least about 97%, at least about 98%, at least about 99%, or 100% sequence identity to sequence of SEQ ID NO:120.

[00270] In some embodiments, neutralizing TSLP in a subject comprises administering to the subject an effective amount of an antibody, or antigen-binding fragment thereof, comprising:

a) a HC comprising an amino acid sequence of SEQ ID NO:106; and

b) a LC comprising an amino acid sequence of SEQ ID NO:120.

[00271] In some embodiments, a subject is a mammal selected from the group consisting of a dog, a cat, a mouse, a rat, a hamster, a guinea pig, a horse, a pig, a sheep, a cow, a chimpanzee, a macaque, a cynomolgus monkey, and a human. In some embodiments, a subject is a non-human primate. In some embodiments, a subject is a human.

[00272] In some embodiments, a subject is 18 years of age or older, for example, about 20, about 25, about 30, about 35, about 40, about 45, about 50, about 55, about 60, about 65, about 70, about 75 or about 80 years of age or older. In some embodiments, a subject is 65 years of age or older. In some embodiments, a subject is about 18 to about 80, about 20 to about 80, about 20 to about 75, about 25 to about 75, about 25 to about 70, about 30 to about 70, about 30 to about 65, about 35 to about 65, about 35 to about 60, about 40 to about 60,

about 40 to about 55, about 45 to about 55 years of age. In some embodiments, a subject is about 18 to about 65 years of age. In some embodiments, a subject is about 18 years of age or younger. In some embodiments, a subject is about 16, about 14, about 12, about 10, about 8, about 6, about 4 or about 2 years of age or older. In some embodiments, a subject is about two years of age or older, for example, about 2 to about 18, about 3 to about 18, about 3 to about 16, about 4 to about 16, about 4 to about 14, about 5 to about 14, about 5 to about 12, about 6 to about 12, about 6 to about 10 or about 8 to about 10 years of age. In some embodiments, a subject is a pediatric patient. In some embodiments, a subject is a pediatric patient who is 12 years of age or older.

[00273] In some embodiments, a subject has a blood eosinophil count of about 10 to about 1000 cells/μL, about 20 to about 1000 cells/μL, about 30 to about 1000 cells/μL, about 40 to about 1000 cells/μL, about 50 to about 1000 cells/μL, about 60 to about 1000 cells/μL, about 70 to about 1000 cells/μL, about 80 to about 1000 cells/μL, about 90 to about 1000 cells/μL, about 100 to about 1000 cells/μL, about 150 to about 1000 cells/μL, about 200 to about 1000 cells/μL, about 250 to about 1000 cells/μL, about 300 to about 1000 cells/μL, about 350 to about 1000 cells/μL, about 400 to about 1000 cells/μL, about 450 to about 1000 cells/μL, about 500 to about 1000 cells/μL, about 550 to about 1000 cells/μL, about 600 to about 1000 cells/μL, about 650 to about 1000 cells/μL, about 700 to about 1000 cells/μL, about 750 to about 1000 cells/μL, about 800 to about 1000 cells/μL, about 850 to about 1000 cells/μL, about 900 to about 1000 cells/μL, about 950 to about 1000 cells/μL, about 10 to about 800 cells/μL, about 20 to about 800 cells/μL, about 30 to about 800 cells/μL, about 40 to about 800 cells/μL, about 50 to about 800 cells/μL, about 60 to about 800 cells/μL, about 70 to about 800 cells/μL, about 80 to about 800 cells/μL, about 90 to about 800 cells/μL, about 100 to about 800 cells/μL, about 150 to about 800 cells/μL, about 200 to about 800 cells/μL, about 250 to about 800 cells/μL, about 300 to about 800 cells/μL, about 350 to about 800 cells/μL, about 400 to about 800 cells/μL, about 450 to about 800 cells/μL, about 500 to about 800 cells/μL, about 550 to about 800 cells/μL, about 600 to about 800 cells/μL, about 650 to about 800 cells/μL, about 700 to about 800 cells/μL, about 750 to about 800 cells/μL, about 10 to about 600 cells/μL, about 20 to about 600 cells/μL, about 30 to about 600 cells/μL, about 40 to about 600 cells/μL, about 50 to about 600 cells/μL, about 60 to about 600 cells/μL, about 70 to about 600 cells/μL, about 80 to about 600 cells/μL, about 90 to about 600 cells/μL, about 100 to about 600 cells/μL, about 150 to about 600 cells/μL, about 200 to about 600 cells/μL, about 250 to about 600 cells/μL, about 300 to about 600 cells/μL,

about 350 to about 600 cells/μL, about 400 to about 600 cells/μL, about 450 to about 600 cells/μL, about 500 to about 600 cells/μL, about 550 to about 600 cells/μL, about 10 to about 400 cells/μL, about 20 to about 400 cells/μL, about 30 to about 400 cells/μL, about 40 to about 400 cells/μL, about 50 to about 400 cells/μL, about 60 to about 400 cells/μL, about 70 to about 400 cells/μL, about 80 to about 400 cells/μL, about 90 to about 400 cells/μL, about 100 to about 400 cells/μL, about 150 to about 400 cells/μL, about 200 to about 400 cells/μL, about 250 to about 400 cells/μL, about 300 to about 400 cells/μL, about 350 to about 400 cells/μL, about 10 to about 200 cells/μL, about 20 to about 200 cells/μL, about 30 to about 200 cells/μL, about 40 to about 200 cells/μL, about 50 to about 200 cells/μL, about 60 to about 200 cells/μL, about 70 to about 200 cells/μL, about 80 to about 200 cells/μL, about 90 to about 200 cells/μL, about 100 to about 200 cells/μL, about 150 to about 200 cells/μL, about 10 to about 100 cells/μL, about 20 to about 100 cells/μL, about 30 to about 100 cells/μL, about 40 to about 100 cells/μL, about 50 to about 100 cells/μL, about 60 to about 100 cells/μL, about 70 to about 100 cells/μL, about 80 to about 100 cells/μL, about 90 to about 100 cells/μL, about 10 to about 50 cells/μL, about 20 to about 50 cells/μL, about 30 to about 50 cells/μL, or about 40 to about 50 cells/μL.

[00274] In some embodiments, a subject has a blood eosinophil count of greater than or equal to about 50 cells/μL, greater than or equal to about 75 cells/μL, greater than or equal to about 100 cells/μL, greater than or equal to about 125 cells/μL, greater than or equal to about 150 cells/μL, greater than or equal to about 175 cells/μL, greater than or equal to about 200 cells/μL, greater than or equal to about 225 cells/μL, or greater than or equal to about 250 cells/μL.

[00275] In some embodiments, administering an effective amount of an antibody disclosed herein, or antigen-binding fragment thereof, to a subject decreases the level of eosinophils in a blood, sputum, and/or bronchoalveolar fluid sample from the subject as compared to a blood, sputum, and/or bronchoalveolar fluid sample collected from the subject prior to administering the dose. In some embodiments, administering an effective amount of an antibody disclosed herein, or antigen-binding fragment thereof, decreases the level of eosinophils in a blood, sputum, and/or bronchoalveolar fluid sample from the subject by at least about 10%, e.g., by at least about 15%, about 20%, about 25%, about 30%, about 35%, about 40%, about 45%, about 50%, about 55%, about 60%, about 65%, about 70%, about 75%, about 80%, about 85%, about 90%, about 91%, about 92%, about 93%, about 94%, about 95%, about 96%, about 97%, about 98% or about 99% as compared to a blood, sputum,

and/or bronchoalveolar fluid sample collected from the subject prior to administering the dose. In some embodiments, administering an effective amount of an antibody disclosed herein, or antigen-binding fragment thereof, to a subject decreases the level of eosinophils in a blood, sputum, and/or bronchoalveolar fluid sample from the subject by at least about 10% to about 99%, e.g., by about 10% to about 98%, about 15% to about 98%, about 15% to about 97%, about 20% to about 97%, about 20% to about 96%, about 25% to about 96%, about 25% to about 95%, about 30% to about 95%, about 30% to about 94%, about 35% to about 94%, about 35% to about 93%, about 40% to about 93%, about 40% to about 92%, about 45% to about 92%, about 45% to about 91 %, about 50% to about 91 %, about 50% to about 90%, about 55% to about 90%, about 55% to about 85%, about 60% to about 85%, about 60% to about 80%, about 65% to about 80%, about 65% to about 75%, or about 70% to about 75% as compared to a blood, sputum, and/or bronchoalveolar fluid sample collected from the subject prior to administering the dose.

[00276] In some embodiments, administering an effective amount of an antibody disclosed herein, or antigen-binding fragment thereof, to a subject decreases the level of leukocytes in a blood, sputum, and/or bronchoalveolar fluid sample from the subject as compared to a blood, sputum, and/or bronchoalveolar fluid sample collected from the subject prior to administering the dose. In some embodiments, administering an effective amount of an antibody disclosed herein, or antigen-binding fragment thereof, to a subject decreases the level of leukocytes in a blood, sputum, and/or bronchoalveolar fluid sample from the subject by at least about 10%, e.g., by at least about 15%, about 20%, about 25%, about 30%, about 35%, about 40%, about 45%, about 50%, about 55%, about 60%, about 65%, about 70%, about 75%, about 80%, about 85%, about 90%, about 91%, about 92%, about 93%, about 94%, about 95%, about 96%, about 97%, about 98% or about 99% as compared to a blood, sputum, and/or bronchoalveolar fluid sample collected from the subject prior to administering the dose. In some embodiments, administering an effective amount of an antibody disclosed herein, or antigen-binding fragment thereof, to a subject decreases the level of leukocytes in a blood, sputum, and/or bronchoalveolar fluid sample from the subject by at least about 10% to about 99%, e.g., by about 10% to about 98%, about 15% to about 98%, about 15% to about 97%, about 20% to about 97%, about 20% to about 96%, about 25% to about 96%, about 25% to about 95%, about 30% to about 95%, about 30% to about 94%, about 35% to about 94%, about 35% to about 93%, about 40% to about 93%, about 40% to about 92%, about 45% to about 92%, about 45% to about 91%, about 50% to about 91 %, about 50% to about 90%,

about 55% to about 90%, about 55% to about 85%, about 60% to about 85%, about 60% to about 80%, about 65% to about 80%, about 65% to about 75%, or about 70% to about 75% as compared to a blood, sputum, and/or bronchoalveolar fluid sample collected from the subject prior to administering the dose.

[00277] In some embodiments, administering an effective amount of an antibody disclosed herein, or antigen-binding fragment thereof, to a subject increases the ratio of T_H2^{low} T cells to T_H2^{high} T cells in a blood, sputum, and/or bronchoalveolar fluid sample from the subject as compared to a blood, sputum, and/or bronchoalveolar fluid sample collected from the subject prior to administering the dose. In some embodiments, administering an effective amount of an antibody disclosed herein, or antigen-binding fragment thereof, to a subject increases the ratio of T_H2^{low} T cells to T_H2^{high} T cells in a blood, sputum, and/or bronchoalveolar fluid sample from the subject by at least about 10%, e.g., by at least about 15%, about 20%, about 25%, about 30%, about 35%, about 40%, about 45%, about 50%, about 55%, about 60%, about 65%, about 70%, about 75%, about 80%, about 85%, about 90%, about 91%, about 92%, about 93%, about 94%, about 95%, about 96%, about 97%, about 98% or about 99% as compared to a blood, sputum, and/or bronchoalveolar fluid sample collected from the subject prior to administering the dose. In some embodiments, administering an effective amount of an antibody disclosed herein, or antigen-binding fragment thereof, to a subject increases the ratio of T_H2^{low} T cells to T_H2^{high} T cells in a blood, sputum, and/or bronchoalveolar fluid sample from the subject by at least about 10% to about 99%, e.g., by about 10% to about 98%, about 15% to about 98%, about 15% to about 97%, about 20% to about 97%, about 20% to about 96%, about 25% to about 96%, about 25% to about 95%, about 30% to about 95%, about 30% to about 94%, about 35% to about 94%, about 35% to about 93%, about 40% to about 93%, about 40% to about 92%, about 45% to about 92%, about 45% to about 91%, about 50% to about 91 %, about 50% to about 90%, about 55% to about 90%, about 55% to about 85%, about 60% to about 85%, about 60% to about 80%, about 65% to about 80%, about 65% to about 75%, or about 70% to about 75% as compared to a blood, sputum, and/or bronchoalveolar fluid sample collected from the subject prior to administering the dose.

[00278] In some embodiments, administering an effective amount of an antibody disclosed herein, or antigen-binding fragment thereof, to a subject decreases the level of one or more T_H2 cytokines (e.g., IL-4, IL-13, IL-5) in a blood, sputum, and/or bronchoalveolar fluid sample from the subject as compared to a blood, sputum, and/or bronchoalveolar fluid sample

collected from the subject prior to administering the dose. In some embodiments, administering an effective amount of an antibody disclosed herein, or antigen-binding fragment thereof, to a subject decreases the level of one or more T_H2 cytokines (e.g., IL-4, IL-13, IL-5) in a blood, sputum, and/or bronchoalveolar fluid sample from the subject by at least about 10%, e.g., by at least about 15%, about 20%, about 25%, about 30%, about 35%, about 40%, about 45%, about 50%, about 55%, about 60%, about 65%, about 70%, about 75%, about 80%, about 85%, about 90%, about 91%, about 92%, about 93%, about 94%, about 95%, about 96%, about 97%, about 98% or about 99% as compared to a blood, sputum, and/or bronchoalveolar fluid sample collected from the subject prior to administering the dose. In some embodiments, administering an effective amount of an antibody disclosed herein, or antigen-binding fragment thereof, to a subject decreases the level of one or more T_H2 cytokines (e.g., IL-4, IL-13, IL-5) in a blood, sputum, and/or bronchoalveolar fluid sample from the subject by at least about 10% to about 99%, e.g., by about 10% to about 98%, about 15% to about 98%, about 15% to about 97%, about 20% to about 97%, about 20% to about 96%, about 25% to about 96%, about 25% to about 95%, about 30% to about 95%, about 30% to about 94%, about 35% to about 94%, about 35% to about 93%, about 40% to about 93%, about 40% to about 92%, about 45% to about 92%, about 45% to about 91 %, about 50% to about 91%, about 50% to about 90%, about 55% to about 90%, about 55% to about 85%, about 60% to about 85%, about 60% to about 80%, about 65% to about 80%, about 65% to about 75%, or about 70% to about 75% as compared to a blood, sputum, and/or bronchoalveolar fluid sample collected from the subject prior to administering the dose.

[00279] In some embodiments, administering an effective amount of an antibody disclosed herein, or antigen-binding fragment thereof, to a subject decreases the level of one or more chemokine (e.g., CCL17) in a blood, sputum, and/or bronchoalveolar fluid sample from the subject as compared to a blood, sputum, and/or bronchoalveolar fluid sample collected from the subject prior to administering the dose. In some embodiments, administering an effective amount of an antibody disclosed herein, or antigen-binding fragment thereof, to a subject decreases the level of one or more chemokine (e.g., CCL17) in a blood, sputum, and/or bronchoalveolar fluid sample from the subject by at least about 10%, e.g., by at least about 15%, about 20%, about 25%, about 30%, about 35%, about 40%, about 45%, about 50%, about 55%, about 60%, about 65%, about 70%, about 75%, about 80%, about 85%, about 90%, about 91%, about 92%, about 93%, about 94%, about 95%, about 96%, about 97%,

about 98% or about 99% as compared to a blood, sputum, and/or bronchoalveolar fluid sample collected from the subject prior to administering the dose. In some embodiments, administering an effective amount of an antibody disclosed herein, or antigen-binding fragment thereof, to a subject decreases the level of one or more chemokine (e.g., CCL17) in a blood, sputum, and/or bronchoalveolar fluid sample from the subject by at least about 10% to about 99%, e.g., by about 10% to about 98%, about 15% to about 98%, about 15% to about 97%, about 20% to about 97%, about 20% to about 96%, about 25% to about 96%, about 25% to about 95%, about 30% to about 95%, about 30% to about 94%, about 35% to about 94%, about 35% to about 93%, about 40% to about 93%, about 40% to about 92%, about 45% to about 92%, about 45% to about 91%, about 50% to about 91%, about 50% to about 90%, about 55% to about 90%, about 55% to about 85%, about 60% to about 85%, about 60% to about 80%, about 65% to about 80%, about 65% to about 75%, or about 70% to about 75% as compared to a blood, sputum, and/or bronchoalveolar fluid sample collected from the subject prior to administering the dose.

[00280] In some embodiments, administering an effective amount of an antibody disclosed herein, or antigen-binding fragment thereof, to a subject decreases the level of IgE in a serum, sputum, and/or bronchoalveolar fluid sample from the subject as compared to a blood, sputum, and/or bronchoalveolar fluid sample collected from the subject prior to administering the dose. In some embodiments, administering an effective amount of an antibody disclosed herein, or antigen-binding fragment thereof, to a subject decreases the level of IgE in a serum, sputum, and/or bronchoalveolar fluid sample from the subject by at least about 10%, e.g., by at least about 15%, about 20%, about 25%, about 30%, about 35%, about 40%, about 45%, about 50%, about 55%, about 60%, about 65%, about 70%, about 75%, about 80%, about 85%, about 90%, about 91%, about 92%, about 93%, about 94%, about 95%, about 96%, about 97%, about 98% or about 99% as compared to a blood, sputum, and/or bronchoalveolar fluid sample collected from the subject prior to administering the dose. In some embodiments, administering an effective amount of an antibody disclosed herein, or antigen-binding fragment thereof, to a subject decreases the level of IgE in a blood, sputum, and/or bronchoalveolar fluid sample from the subject by at least about 10 to about 99%, e.g., by about 10% to about 98%, about 15% to about 98%, about 15% to about 97%, about 20% to about 97%, about 20% to about 96%, about 25% to about 96%, about 25% to about 95%, about 30% to about 95%, about 30% to about 94%, about 35% to about 94%, about 35% to about 93%, about 40% to about 93%, about 40% to about 92%, about 45% to about 92%,

about 45% to about 91%, about 50% to about 91%, about 50% to about 90%, about 55% to about 90%, about 55% to about 85%, about 60% to about 85%, about 60% to about 80%, about 65% to about 80%, about 65% to about 75%, or about 70% to about 75% as compared to a blood, sputum, and/or bronchoalveolar fluid sample collected from the subject prior to administering the dose.

[00281] In some embodiments, administering an effective amount of an antibody disclosed herein, or antigen-binding fragment thereof, to a subject decreases the level of mucus production in the subject as compared to the level of mucus production from the subject prior to administering the dose. In some embodiments, administering an effective amount of an antibody disclosed herein, or antigen-binding fragment thereof, to a subject decreases the level of mucus production from the subject by at least about 10%, e.g., by at least about 15%, about 20%, about 25%, about 30%, about 35%, about 40%, about 45%, about 50%, about 55%, about 60%, about 65%, about 70%, about 75%, about 80%, about 85%, about 90%, about 91%, about 92%, about 93%, about 94%, about 95%, about 96%, about 97%, about 98% or about 99% as compared to the level of mucus production from the subject prior to administering the dose. In some embodiments, administering an effective amount of an antibody disclosed herein, or antigen-binding fragment thereof, to a subject decreases the level of mucus production from the subject by at least about 10% to about 99%, e.g., by about 10% to about 98%, about 15% to about 98%, about 15% to about 97%, about 20% to about 97%, about 20% to about 96%, about 25% to about 96%, about 25% to about 95%, about 30% to about 95%, about 30% to about 94%, about 35% to about 94%, about 35% to about 93%, about 40% to about 93%, about 40% to about 92%, about 45% to about 92%, about 45% to about 91%, about 50% to about 91%, about 50% to about 90%, about 55% to about 90%, about 55% to about 85%, about 60% to about 85%, about 60% to about 80%, about 65% to about 80%, about 65% to about 75%, or about 70% to about 75% as compared to the level of mucus production from the subject prior to administering the dose.

[00282] In some embodiments, administering an effective amount of an antibody disclosed herein, or antigen-binding fragment thereof, to a subject improves the subject's forced expiratory volume (FEV), FEV_1 reversibility, forced vital capacity (FVC), FeNO, Asthma Control Questionnaire-6 score, AQLQ(S)+12 score, or combination thereof.

[00283] In some embodiments, a subject has, or is suspected of having, a TSLP-associated disease or condition (e.g., a disease or condition associated with dysregulated TSLP expression such as overexpression of TSLP). In some embodiments, a subject has a TSLP-

associated disease or condition. In some embodiments, a subject has been diagnosed with a TSLP-associated disease or condition. In some embodiments, a subject is at risk of developing a TSLP-associated disease or condition.

[00284] In some embodiments, the present disclosure provides a method of treating a subject having, suspected of having, and/or diagnosed with a TSLP-associated disease or condition with an effective amount of an antibody as described herein, or antigen-binding fragment thereof, and where the disease or condition is selected from, but not limited to, a chronic inflammatory lung disease (e.g., asthma), alopecia areata, Alzheimer's disease, atopic dermatitis (AD), celiac disease, conjunctivitis, chronic obstructive pulmonary disease (COPD), chronic urticaria (e.g., chronic spontaneous urticaria (CSU)), nasal polyposis, rheumatoid arthritis (RA), allergic rhinitis (AR), rhinosinusitis (RS) (e.g., allergic rhinosinusitis, chronic rhinosinusitis (CRS), CRS with nasal polyps (CRSwNP), severe chronic rhinosinusitis (e.g., severe chronic rhinosinusitis with nasal polyposis)), eosinophilic esophagitis (EoE), eosinophilic granulomatosis (e.g., eosinophilic granulomatosis with polyangiitis (EGPA), also known as allergic granulomatosis), hidradenitis suppurativa, multiple sclerosis, systemic sclerosis, cancer, food-hypersensitivity reactions, and any combination of the foregoing. Non-limiting examples of TSLP-associated cancer (e.g., a cancer associated with dysregulated TSLP expression) include lymphoma, acute lymphocytic leukemia (ALL), multiple myeloma, and solid tumors (e.g., cervical, ovarian, pancreatic, gastric cancer, or colorectal cancer (e.g., colon cancer, rectal cancer, and variants thereof)).

[00285] In some embodiments, a subject has, is suspected of having, and/or is diagnosed with a chronic inflammatory lung disease. In some embodiments, a subject has, is suspected of having, and/or is diagnosed with asthma (e.g., mild asthma, moderate asthma, or severe asthma). In some embodiments, a subject has, is suspected of having, and/or is diagnosed with alopecia areata. In some embodiments, a subject has, is suspected of having, and/or is diagnosed with Alzheimer's disease. In some embodiments, a subject has, is suspected of having, and/or is diagnosed with atopic dermatitis (AD). In some embodiments, a subject has, is suspected of having, and/or is diagnosed with celiac disease. In some embodiments, a subject has, is suspected of having, and/or is diagnosed with conjunctivitis. In some embodiments, a subject has, is suspected of having, and/or is diagnosed with chronic obstructive pulmonary disease (COPD), e.g., moderate COPD or severe COPD. In some embodiments, a subject has, is suspected of having, and/or is diagnosed with chronic urticaria, e.g., chronic spontaneous urticaria (CSU). In some embodiments, a subject has, is

suspected of having, and/or is diagnosed with nasal polyposis. In some embodiments, a subject has, is suspected of having, and/or is diagnosed with rheumatoid arthritis (RA). In some embodiments, a subject has, is suspected of having, and/or is diagnosed with allergic rhinitis (AR). In some embodiments, a subject has, is suspected of having, and/or is diagnosed with rhinosinusitis (RS), e.g., allergic rhinosinusitis, chronic rhinosinusitis (CRS), CRS with nasal polyps (CRSwNP), or severe chronic rhinosinusitis (e.g., severe chronic rhinosinusitis with nasal polyposis). In some embodiments, a subject has, is suspected of having, and/or is diagnosed with eosinophilic esophagitis (EoE). In some embodiments, a subject has, is suspected of having, and/or is diagnosed with eosinophilic granulomatosis, e.g., eosinophilic granulomatosis with polyangiitis (EGPA), also known as allergic granulomatosis. In some embodiments, a subject has, is suspected of having, and/or is diagnosed with hidradenitis suppurativa. In some embodiments, a subject has, is suspected of having, and/or is diagnosed with multiple sclerosis. In some embodiments, a subject has, is suspected of having, and/or is diagnosed with systemic sclerosis. In some embodiments, a subject has, is suspected of having, and/or is diagnosed with cancer, e.g., lymphoma, acute lymphocytic leukemia (ALL), multiple myeloma, and solid tumors (e.g., cervical, ovarian, pancreatic, gastric cancer, or colorectal cancer (e.g., colon cancer, rectal cancer, and variants thereof)). In some embodiments, a subject has, is suspected of having, and/or is diagnosed with food-hypersensitivity reaction.

[00286] In some embodiments, the present disclosure provides a method of treating a subject having, suspected of having, and/or diagnosed with a TSLP-associated disease or condition with an effective amount of an antibody as described herein, or antigen-binding fragment thereof, and a pharmaceutically acceptable carrier, and where the disease or condition is an inflammatory disease or disorder (e.g., an allergic inflammatory disease disorder). In some embodiments, a subject has a pulmonary inflammatory disease or disorder. In some embodiments, a subject has a chronic pulmonary inflammatory disease or disorder. In some embodiments, a subject has an acute pulmonary inflammatory disease or disorder. In some embodiments, a subject has asthma. In some embodiments, a subject has severe asthma. In some embodiments, a subject has mild asthma. In some embodiments, a subject has moderate asthma. In some embodiments, a subject has uncontrolled asthma. In some embodiments, a subject has mild, moderate, moderate-to-severe, or severe asthma. In some embodiments, a subject has uncontrolled asthma (e.g., uncontrolled moderate asthma, uncontrolled moderate-to-severe asthma, or uncontrolled severe asthma), allergic asthma

(e.g., mild allergic asthma, moderate allergic asthma, or severe allergic asthma), oral corticosteroid dependent asthma, or any combination thereof.

[00287] In some embodiments, a subject has been previously treated with one or more therapeutic agents prior to being administered an effective amount of an antibody described herein, or antigen-binding fragment thereof, and a pharmaceutically acceptable carrier. In some embodiments, a subject previously received a therapeutic or prophylactic agent. For example, a COPD patient may have received an inhaled corticosteroid (ICS), a long-acting β2-agonist (LABA), a long-acting muscarinic antagonist (LAMA), or any combination thereof.

[00288] In some embodiments, the present disclosure provides a method for treating a TSLP-associated disease or condition in a subject comprising administering to the subject an effective amount of an antibody described herein, or an antigen-binding fragment thereof, comprising:

a) a VH comprising a HCDR1 comprising an amino acid sequence of SEQ ID NO:31, a HCDR2 comprising an amino acid sequence of SEQ ID NO:35, and a HCDR3 comprising an amino acid sequence of SEQ ID NO:50; and

b) a VL comprising a LCDR1 comprising an amino acid sequence of SEQ ID NO:60, a LCDR2 comprising an amino acid sequence of DDS, and a LCDR3 comprising an amino acid sequence of SEQ ID NO:71.

[00289] In some embodiments, the present disclosure provides a method for treating a TSLP-associated disease or condition in a subject comprising administering to the subject an effective amount of an antibody described herein, or an antigen-binding fragment thereof, comprising:

a) a VH comprising a HCDR1 consisting of an amino acid sequence of SEQ ID NO:31, a HCDR2 consisting of an amino acid sequence of SEQ ID NO:35, and a HCDR3 consisting of an amino acid sequence of SEQ ID NO:50; and

b) a VL comprising a LCDR1 consisting of an amino acid sequence of SEQ ID NO:60, a LCDR2 consisting of an amino acid sequence of DDS, and a LCDR3 consisting of an amino acid sequence of SEQ ID NO:71.

[00290] In some embodiments, the present disclosure provides a method for treating a TSLP-associated disease or condition in a subject comprising administering to the subject an effective amount of an antibody described herein, or an antigen-binding fragment thereof, comprising:

a) a VH comprising a HCDR1 comprising an amino acid sequence of SEQ ID NO:130, a HCDR2 comprising an amino acid sequence of SEQ ID NO:131, and a HCDR3 comprising an amino acid sequence of SEQ ID NO:132, numbered according to Kabat; and

b) a VL comprising a LCDR1 comprising an amino acid sequence of SEQ ID NO:133 a LCDR2 comprising an amino acid sequence of SEQ ID NO:134, and a LCDR3 comprising an amino acid sequence of SEQ ID NO:71, numbered according to Kabat.

[00291] In some embodiments, the present disclosure provides a method for treating a TSLP-associated disease or condition in a subject comprising administering to the subject an effective amount of an antibody described herein, or an antigen-binding fragment thereof, comprising:

a) a VH comprising a HCDR1 consisting of an amino acid sequence of SEQ ID NO:130, a HCDR2 consisting of an amino acid sequence of SEQ ID NO:131, and a HCDR3 consisting of an amino acid sequence of SEQ ID NO:132, numbered according to Kabat; and

b) a VL comprising a LCDR1 consisting of an amino acid sequence of SEQ ID NO:133 a LCDR2 consisting of an amino acid sequence of SEQ ID NO:134, and a LCDR3 consisting of an amino acid sequence of SEQ ID NO:71, numbered according to Kabat.

[00292] In some embodiments, the present disclosure provides a method for treating a TSLP-associated disease or condition in a subject comprising administering to the subject an effective amount of an antibody described herein, or an antigen-binding fragment thereof, comprising:

a) a VH comprising a HCDR1 comprising an amino acid sequence of SEQ ID NO:135, a HCDR2 comprising an amino acid sequence of SEQ ID NO:136, and a HCDR3 comprising an amino acid sequence of SEQ ID NO:132, numbered according to Chothia; and

b) a VL comprising a LCDR1 comprising an amino acid sequence of SEQ ID NO:133 a LCDR2 comprising an amino acid sequence of SEQ ID NO:134, and a LCDR3 comprising an amino acid sequence of SEQ ID NO:71, numbered according to Chothia.

[00293] In some embodiments, the present disclosure provides a method for treating a TSLP-associated disease or condition in a subject comprising administering to the subject an effective amount of an antibody described herein, or an antigen-binding fragment thereof, comprising:

a) a VH comprising a HCDR1 consisting of an amino acid sequence of SEQ ID NO:135, a HCDR2 consisting of an amino acid sequence of SEQ ID NO:136, and a HCDR3 consisting of an amino acid sequence of SEQ ID NO:132, numbered according to Chothia; and

b) a VL comprising a LCDR1 consisting of an amino acid sequence of SEQ ID NO:133 a LCDR2 consisting of an amino acid sequence of SEQ ID NO:134, and a LCDR3 consisting of an amino acid sequence of SEQ ID NO:71, numbered according to Chothia.

[00294] In some embodiments, the present disclosure provides a method for treating a TSLP-associated disease or condition in a subject comprising administering to the subject an effective amount of an antibody described herein, or an antigen-binding fragment thereof, comprising:

a) a VH comprising an amino acid sequence having at least about 90%, at least about 91%, at least about 92%, at least about 93%, at least about 94%, at least about 95%, at least about 96%, at least about 97%, at least about 98%, at least about 99%, or 100% sequence identity to SEQ ID NO:5; and

b) a VL comprising an amino acid sequence having at least about 90%, at least about 91%, at least about 92%, at least about 93%, at least about 94%, at least about 95%, at least about 96%, at least about 97%, at least about 98%, at least about 99%, or 100% sequence identity SEQ ID NO:21.

[00295] In some embodiments, the present disclosure provides a method for treating a TSLP-associated disease or condition in a subject comprising administering to the subject an effective amount of an antibody described herein, or an antigen-binding fragment thereof, comprising:

a) a VH consisting of an amino acid sequence having at least about 90%, at least about 91%, at least about 92%, at least about 93%, at least about 94%, at least about 95%, at least about 96%, at least about 97%, at least about 98%, at least about 99%, or 100% sequence identity to SEQ ID NO:5; and

b) a VL consisting of an amino acid sequence having at least about 90%, at least about 91%, at least about 92%, at least about 93%, at least about 94%, at least about 95%, at least about 96%, at least about 97%, at least about 98%, at least about 99%, or 100% sequence identity to SEQ ID NO:21.

[00296] In some embodiments, the present disclosure provides a method for treating a TSLP-associated disease or condition in a subject comprising administering to the subject an effective amount of an antibody described herein, or an antigen-binding fragment thereof, comprising:

a) a VH comprising an amino acid sequence of SEQ ID NO:5; and

b) a VL comprising an amino acid sequence of SEQ ID NO:21.

[00297] In some embodiments, the present disclosure provides a method for treating a TSLP-associated disease or condition in a subject comprising administering to the subject an effective amount of an antibody described herein, or an antigen-binding fragment thereof, comprising:

a) a VH consisting of an amino acid sequence of SEQ ID NO:5; and

b) a VL consisting of an amino acid sequence of SEQ ID NO:21.

[00298] In some embodiments, the present disclosure provides a method for treating a TSLP-associated disease or condition in a subject comprising administering to the subject an effective amount of an antibody described herein, or an antigen-binding fragment thereof, comprising:

a) a HC comprising an amino acid sequence having at least about 90%, at least about 91%, at least about 92%, at least about 93%, at least about 94%, at least about 95%, at least about 96%, at least about 97%, at least about 98%, at least about 99%, or 100% sequence identity to of SEQ ID NO:92; and

b) a LC comprising an amino acid sequence having at least about 90%, at least about 91%, at least about 92%, at least about 93%, at least about 94%, at least about 95%, at least about 96%, at least about 97%, at least about 98%, at least about 99%, or 100% sequence identity to sequence of SEQ ID NO:120.

[00299] In some embodiments, the present disclosure provides a method for treating a TSLP-associated disease or condition in a subject comprising administering to the subject an effective amount of an antibody described herein, or an antigen-binding fragment thereof, comprising:

a) a HC comprising an amino acid sequence of SEQ ID NO:92; and

b) a LC comprising an amino acid sequence of SEQ ID NO:120.

[00300] In some embodiments, the present disclosure provides a method for treating a TSLP-associated disease or condition in a subject comprising administering to the subject an effective amount of an antibody described herein, or an antigen-binding fragment thereof, comprising:

a) a HC comprising an amino acid sequence having at least about 90%, at least about 91%, at least about 92%, at least about 93%, at least about 94%, at least about 95%, at least about 96%, at least about 97%, at least about 98%, at least about 99%, or 100% sequence identity to of SEQ ID NO:106; and

b) a LC comprising an amino acid sequence having at least about 90%, at least about 91%, at least about 92%, at least about 93%, at least about 94%, at least about 95%, at least about 96%, at least about 97%, at least about 98%, at least about 99%, or 100% sequence identity to sequence of SEQ ID NO:120.

[00301] In some embodiments, the present disclosure provides a method for treating a TSLP-associated disease or condition in a subject comprising administering to the subject an effective amount of an antibody described herein, or an antigen-binding fragment thereof, comprising:

a) a HC comprising an amino acid sequence of SEQ ID NO:106; and

b) a LC comprising an amino acid sequence of SEQ ID NO:120.

[00302] In some embodiments, the present disclosure provides a method for treating a TSLP-associated disease or condition in a subject, wherein an antibody described herein, or antigen-binding fragment thereof, is used as a prophylactic therapy. In some embodiments, the present disclosure provides a method for treating a treating a TSLP-associated disease or condition in a subject, wherein administration of an effective amount of an antibody described herein, or antigen-binding fragment thereof, is sufficient to prevent the subject from developing the TSLP-associated disease or condition (e.g., a disease or condition associated with dysregulated TSLP expression).

[00303] In some embodiments, an effective amount of an antibody of the present disclosure, or antigen-binding fragment thereof, for treating a TSLP-associated disease or condition in a subject is sufficient to reduce TSLPR occupancy in the subject. In some embodiments, an effective amount of an antibody of the present disclosure, or antigen-binding fragment thereof, is sufficient to reduce TSLPR occupancy in a subject by at least about 10%, e.g., by at least about 15%, at least about 20%, at least about 25%, at least about

30%, at least about 35%, at least about 40%, at least about 45%, about 50%, at least about 55%, at least about 60%, at least about 65%, at least about 70%, at least about 75%, at least about 80%, at least about 85%, at least about 90%, at least about 91%, at least about 92%, at least about 93%, at least about 94%, at least about 95%, at least about 96%, at least about 97%, at least about 98% or at least about 99%. In some embodiments, an effective amount of an antibody of the present disclosure, or antigen-binding fragment thereof, is sufficient to reduce TSLPR occupancy in a subject by about 10%, e.g., by about 15%, about 20%, about 25%, about 30%, about 35%, about 40%, about 45%, about 50%, about 55%, about 60%, about 65%, about 70%, about 75%, about 80%, about 85%, about 90%, about 91%, about 92%, about 93%, about 94%, about 95%, about 96%, about 97%, about 98%, or about 99%. In some embodiments, an effective amount of an antibody of the present disclosure, or antigen-binding fragment thereof, is sufficient to reduce TSLPR occupancy in a subject by about 10% to about 99%, e.g., by about 10% to about 98%, about 15% to about 98%, about 15% to about 97%, about 20% to about 97%, about 20% to about 96%, about 25% to about 96%, about 25% to about 95%, about 30% to about 95%, about 30% to about 94%, about 35% to about 94%, about 35% to about 93%, about 40% to about 93%, about 40% to about 92%, about 45% to about 92%, about 45% to about 91%, about 50% to about 91%, about 50% to about 90%, about 55% to about 90%, about 55% to about 85%, about 60% to about 85%, about 60% to about 80%, about 65% to about 80%, about 65% to about 75%, or about 70% to about 75%.

[00304] In some embodiments, an effective amount of an antibody of the present disclosure, or antigen-binding fragment thereof, for treating a TSLP-associated disease or condition in a subject is sufficient to reduce the formation of a TSLP receptor complex in the subject. In some embodiments, an effective amount of an antibody of the present disclosure, or antigen-binding fragment thereof, is sufficient to reduce formation of a TSLP receptor complex in a subject by at least about 10%, e.g., by at least about 15%, at least about 20%, at least about 25%, at least about 30%, at least about 35%, at least about 40%, at least about 45%, at least about 50%, at least about 55%, at least about 60%, at least about 65%, at least about 70%, at least about 75%, at least about 80%, at least about 85%, at least about 90%, at least about 91%, at least about 92%, at least about 93%, at least about 94%, at least about 95%, at least about 96%, at least about 97%, at least about 98% or at least about 99%. In some embodiments, an effective amount of an antibody of the present disclosure, or antigen-binding fragment thereof, is sufficient to reduce formation of a TSLP receptor complex in a

subject by about 10%, e.g., by about 15%, about 20%, about 25%, about 30%, about 35%, about 40%, about 45%, about 50%, about 55%, about 60%, about 65%, about 70%, about 75%, about 80%, about 85%, about 90%, about 91%, about 92%, about 93%, about 94%, about 95%, about 96%, about 97%, about 98%, or about 99%. In some embodiments, an effective amount of an antibody of the present disclosure, or antigen-binding fragment thereof, is sufficient to reduce formation of a TSLP receptor complex in a subject by about 10% to about 99%, e.g., by about 10% to about 98%, by about 15% to about 98%, by about 15% to about 97%, by about 20% to about 97%, by about 20% to about 96%, by about 25% to about 96%, by about 25% to about 95%, by about 30% to about 95%, by about 30% to about 94%, by about 35% to about 94%, by about 35% to about 93%, by about 40% to about 93%, by about 40% to about 92%, by about 45% to about 92%, by about 45% to about 91%, by about 50% to about 91%, by about 50% to about 90%, by about 55% to about 90%, by about 55% to about 85%, by about 60% to about 85%, by about 60% to about 80%, by about 65% to about 80%, by about 65% to about 75%, or by about 70% to about 75%.

[00305] In some embodiments, an effective amount of an antibody of the present disclosure, or antigen-binding fragment thereof, for treating a TSLP-associated disease or condition in a subject is sufficient to reduce a biological activity of TSLP in a subject. In some embodiments, an effective amount of an antibody of the present disclosure, or antigen-binding fragment thereof, is sufficient to reduce a biological activity of TSLP in a subject by at least about 10%, e.g., by at least about 15%, at least about 20%, at least about 25%, at least about 30%, at least about 35%, at least about 40%, at least about 45%, at least about 50%, at least about 55%, at least about 60%, at least about 65%, at least about 70%, at least about 75%, at least about 80%, at least about 85%, at least about 90%, at least about 91%, at least about 92%, at least about 93%, at least about 94%, at least about 95%, at least about 96%, at least about 97%, at least about 98% or at least about 99%. In some embodiments, an effective amount of an antibody of the present disclosure, or antigen-binding fragment thereof, is sufficient to reduce a biological activity of TSLP in a subject by about 10%, e.g., by about 15%, about 20%, about 25%, about 30%, about 35%, about 40%, about 45%, about 50%, about 55%, about 60%, about 65%, about 70%, about 75%, about 80%, about 85%, about 90%, about 91%, about 92%, about 93%, about 94%, about 95%, about 96%, about 97%, about 98%, or about 99%. In some embodiments, an effective amount of an antibody of the present disclosure, or antigen-binding fragment thereof, is sufficient to reduce a biological activity of TSLP by about 10 to about 99%, e.g., by about 10% to about 98%, by about 15%

to about 98%, by about 15% to about 97%, by about 20% to about 97%, by about 20% to about 96%, by about 25% to about 96%, by about 25% to about 95%, by about 30% to about 95%, by about 30% to about 94%, by about 35% to about 94%, by about 35% to about 93%, by about 40% to about 93%, by about 40% to about 92%, by about 45% to about 92%, by about 45% to about 91%, by about 50% to about 91%, by about 50% to about 90%, by about 55% to about 90%, by about 55% to about 85%, by about 60% to about 85%, by about 60% to about 80%, by about 65% to about 80%, by about 65% to about 75%, or by about 70% to about 75%.

[00306] In some embodiments, an effective amount of an antibody of the present disclosure, or antigen-binding fragment thereof, for treating a TSLP-associated disease or condition in a subject is sufficient to reduce airway inflammation (e.g., the number and/or density of one or more types of airway submucosal inflammatory cells) in a subject. In some embodiments, an effective amount of an antibody of the present disclosure, or antigen-binding fragment thereof, is sufficient to reduce airway inflammation by at least about 10%, e.g., by at least about 15%, at least about 20%, at least about 25%, at least about 30%, at least about 35%, at least about 40%, at least about 45%, at least about 50%, at least about 55%, at least about 60%, at least about 65%, at least about 70%, at least about 75%, at least about 80%, at least about 85%, at least about 90%, at least about 91%, at least about 92%, at least about 93%, at least about 94%, at least about 95%, at least about 96%, at least about 97%, at least about 98% or at least about 99%. In some embodiments, an effective amount of an antibody of the present disclosure, or antigen-binding fragment thereof, is sufficient to reduce airway inflammation by about 10%, e.g., by about 15%, about 20%, about 25%, about 30%, about 35%, about 40%, about 45%, about 50%, about 55%, about 60%, about 65%, about 70%, about 75%, about 80%, about 85%, about 90%, about 91%, about 92%, about 93%, about 94%, about 95%, about 96%, about 97%, about 98%, or about 99%. In some embodiments, an effective amount of an antibody of the present disclosure, or antigen-binding fragment thereof, is sufficient to reduce airway inflammation in a subject by about 10% to about 99%, e.g., by about 10% to about 98%, by about 15% to about 98%, by about 15% to about 97%, by about 20% to about 97%, by about 20% to about 96%, by about 25% to about 96%, by about 25% to about 95%, by about 30% to about 95%, by about 30% to about 94%, by about 35% to about 94%, by about 35% to about 93%, by about 40% to about 93%, by about 40% to about 92%, by about 45% to about 92%, by about 45% to about 91%, by about 50% to about 91%, by about 50% to about 90%, by about 55% to about 90%, by

about 55% to about 85%, by about 60% to about 85%, by about 60% to about 80%, by about 65% to about 80%, by about 65% to about 75%, or by about 70% to about 75%. In some embodiments, airway inflammation is measured by detecting levels of pulmonary immune cell infiltration (e.g., eosinophils and/or T cells), pro-inflammatory cytokine and/or chemokines, or a combination thereof.

[00307] In some embodiments, an effective amount of an antibody of the present disclosure, or antigen-binding fragment thereof, for treating a TSLP-associated disease or condition in a subject is sufficient to reduce airway remodeling (e.g., reticular basement membrane thickening, airway epithelial integrity) in a subject. In some embodiments, an effective amount of an antibody of the present disclosure, or antigen-binding fragment thereof, is sufficient to reduce airway remodeling by at least about 10%, e.g., by at least about 15%, at least about 20%, at least about 25%, at least about 30%, at least about 35%, at least about 40%, at least about 45%, at least about 50%, at least about 55%, at least about 60%, at least about 65%, at least about 70%, at least about 75%, at least about 80%, at least about 85%, at least about 90%, at least about 91%, at least about 92%, at least about 93%, at least about 94%, at least about 95%, at least about 96%, at least about 97%, at least about 98% or at least about 99%. In some embodiments, an effective amount of an antibody of the present disclosure, or antigen-binding fragment thereof, is sufficient to reduce airway remodeling by about 10%, e.g., by about 15%, about 20%, about 25%, about 30%, about 35%, about 40%, about 45%, about 50%, about 55%, about 60%, about 65%, about 70%, about 75%, about 80%, about 85%, about 90%, about 91%, about 92%, about 93%, about 94%, about 95%, about 96%, about 97%, about 98%, or about 99%. In some embodiments, an effective amount of an antibody of the present disclosure, or antigen-binding fragment thereof, is sufficient to reduce airway remodeling in a subject by about 10% to about 99%, e.g., by about 10% to about 98%, by about 15% to about 98%, by about 15% to about 97%, by about 20% to about 97%, by about 20% to about 96%, by about 25% to about 96%, by about 25% to about 95%, by about 30% to about 95%, by about 30% to about 94%, by about 35% to about 94%, by about 35% to about 93%, by about 40% to about 93%, by about 40% to about 92%, by about 45% to about 92%, by about 45% to about 91%, by about 50% to about 91%, by about 50% to about 90%, by about 55% to about 90%, by about 55% to about 85%, by about 60% to about 85%, by about 60% to about 80%, by about 65% to about 80%, by about 65% to about 75%, or by about 70% to about 75%.

[00308] In some embodiments, an effective amount of an antibody of the present disclosure, or antigen-binding fragment thereof, for treating a TSLP-associated disease or condition in a subject is sufficient to reduce the size and/or number of nasal polyps in a subject. In some embodiments, an effective amount of an antibody of the present disclosure, or antigen-binding fragment thereof, for treating a TSLP-associated disease or condition in a subject is sufficient to reduce the size and/or number of nasal polyps by at least about 10%, e.g., by at least about 15%, at least about 20%, at least about 25%, at least about 30%, at least about 35%, at least about 40%, at least about 45%, at least about 50%, at least about 55%, at least about 60%, at least about 65%, at least about 70%, at least about 75%, at least about 80%, at least about 85%, at least about 90%, at least about 91%, at least about 92%, at least about 93%, at least about 94%, at least about 95%, at least about 96%, at least about 97%, at least about 98% or at least about 99%. In some embodiments, an effective amount of an antibody of the present disclosure, or antigen-binding fragment thereof, for treating a TSLP-associated disease or condition in a subject is sufficient to reduce the size and/or number of nasal polyps by about 10%, e.g., by about 15%, about 20%, about 25%, about 30%, about 35%, about 40%, about 45%, about 50%, about 55%, about 60%, about 65%, about 70%, about 75%, about 80%, about 85%, about 90%, about 91%, about 92%, about 93%, about 94%, about 95%, about 96%, about 97%, about 98%, or about 99%. In some embodiments, an effective amount of an antibody of the present disclosure, or antigen-binding fragment thereof, for treating a TSLP-associated disease or condition in a subject is sufficient to reduce the size and/or number of nasal polyps by about 10% to about 99%, e.g., by about 10% to about 98%, by about 15% to about 98%, by about 15% to about 97%, by about 20% to about 97%, by about 20% to about 96%, by about 25% to about 96%, by about 25% to about 95%, by about 30% to about 95%, by about 30% to about 94%, by about 35% to about 94%, by about 35% to about 93%, by about 40% to about 93%, by about 40% to about 92%, by about 45% to about 92%, by about 45% to about 91%, by about 50% to about 91%, by about 50% to about 90%, by about 55% to about 90%, by about 55% to about 85%, by about 60% to about 85%, by about 60% to about 80%, by about 65% to about 80%, by about 65% to about 75%, or by about 70% to about 75%.

[00309] In some embodiments, an effective amount of an antibody of the present disclosure, or antigen-binding fragment thereof, can be administered via one or more routes of administration, including, for example, subcutaneous, intravenous, topical, transdermal, intra-arterial, intramuscular, intradermal, or inhalation (e.g., intrabronchial, intranasal or oral

inhalation, intranasal drops). In some embodiments, an effective amount of an antibody of the present disclosure, or antigen-binding fragment thereof, is administered to a subject subcutaneously. In some embodiments, an effective amount of an antibody of the present disclosure, or antigen-binding fragment thereof, is administered to a subject intravenously.

[00310] In some embodiments, an effective amount of an antibody of the present disclosure, or antigen-binding fragment thereof, can be administered locally or systemically.

[00311] In some embodiments, an effective amount of an antibody of the present disclosure, or antigen-binding fragment thereof, can be administered to a subject as a monotherapy. In some embodiments, an effective amount of an antibody of the present disclosure, or antigen-binding fragment thereof, can be administered to a subject in combination with one or more additional therapeutic agents (e.g., concurrently, or sequentially with one or more additional therapeutic agents) or prophylactic agents (e.g., concurrently, or sequentially with one or more prophylactic agents).

[00312] In some embodiments, treating a TSLP-associated disease or condition using an antibody disclosed herein, or antigen-binding fragment thereof, further comprises administering a therapeutically effective amount of one or more additional therapeutic agents to a subject at the same time as, or following administration of the antibody, or antigen-binding fragment thereof. In some embodiments, treating a TSLP-associated disease or condition further comprises administering a therapeutically effective amount of one or more prophylactic agents to a subject before, at the same time as, or following administration of an antibody disclosed herein, or antigen-binding fragment thereof.

[00313] In some embodiments, administration of two or more therapeutic agents encompasses co-administration of the therapeutic agents in a substantially simultaneous manner, such as in a pharmaceutical combination. Alternatively, such administration encompasses co-administration in multiple containers, or separate containers (e.g., capsules, powders, and liquids) for each therapeutic agent. Such administration also encompasses use of each type of therapeutic agent in a sequential manner, either at approximately the same time or at different times. In some embodiments, an antibody disclosed herein, or antigen-binding fragment thereof, and a second therapeutic agent can be administered via the same administration route or via different administration routes.

[00314] In some embodiments, the present disclosure provides a method for treating a chronic inflammatory pulmonary disease in a subject comprising administering to the subject

an effective amount of an antibody of the present disclosure, or antigen-binding fragment thereof, comprising:

a) a VH comprising a HCDR1 comprising an amino acid sequence of SEQ ID NO:31, a HCDR2 comprising an amino acid sequence of SEQ ID NO:35, and a HCDR3 comprising an amino acid sequence of SEQ ID NO:50; and

b) a VL comprising a LCDR1 comprising an amino acid sequence of SEQ ID NO:60, a LCDR2 comprising an amino acid sequence of DDS, and a LCDR3 comprising an amino acid sequence of SEQ ID NO:71.

[00315] In some embodiments, the present disclosure provides a method for treating a chronic inflammatory pulmonary disease in a subject comprising administering to the subject an effective amount of an antibody of the present disclosure, or antigen-binding fragment thereof, comprising:

a) a VH comprising a HCDR1 consisting of an amino acid sequence of SEQ ID NO:31, a HCDR2 consisting of an amino acid sequence of SEQ ID NO:35, and a HCDR3 consisting of an amino acid sequence of SEQ ID NO:50; and

b) a VL comprising a LCDR1 consisting of an amino acid sequence of SEQ ID NO:60, a LCDR2 consisting of an amino acid sequence of DDS, and a LCDR3 consisting of an amino acid sequence of SEQ ID NO:71.

[00316] In some embodiments, the present disclosure provides a method for treating a chronic inflammatory pulmonary disease in a subject comprising administering to the subject an effective amount of an antibody of the present disclosure, or antigen-binding fragment thereof, comprising:

a) a VH comprising a HCDR1 comprising an amino acid sequence of SEQ ID NO:130, a HCDR2 comprising an amino acid sequence of SEQ ID NO:131, and a HCDR3 comprising an amino acid sequence of SEQ ID NO:132, numbered according to Kabat; and

b) a VL comprising a LCDR1 comprising an amino acid sequence of SEQ ID NO:133 a LCDR2 comprising an amino acid sequence of SEQ ID NO:134, and a LCDR3 comprising an amino acid sequence of SEQ ID NO:71, numbered according to Kabat.

[00317] In some embodiments, the present disclosure provides a method for treating a chronic inflammatory pulmonary disease in a subject comprising administering to the subject

an effective amount of an antibody of the present disclosure, or antigen-binding fragment thereof, comprising:

a) a VH comprising a HCDR1 consisting of an amino acid sequence of SEQ ID NO:130, a HCDR2 consisting of an amino acid sequence of SEQ ID NO:131, and a HCDR3 consisting of an amino acid sequence of SEQ ID NO:132, numbered according to Kabat; and

b) a VL comprising a LCDR1 consisting of an amino acid sequence of SEQ ID NO:133 a LCDR2 consisting of an amino acid sequence of SEQ ID NO:134, and a LCDR3 consisting of an amino acid sequence of SEQ ID NO:71, numbered according to Kabat.

[00318] In some embodiments, the present disclosure provides a method for treating a chronic inflammatory pulmonary disease in a subject comprising administering to the subject an effective amount of an antibody of the present disclosure, or antigen-binding fragment thereof, comprising:

a) a VH comprising a HCDR1 comprising an amino acid sequence of SEQ ID NO:135, a HCDR2 comprising an amino acid sequence of SEQ ID NO:136, and a HCDR3 comprising an amino acid sequence of SEQ ID NO:132, numbered according to Chothia; and

b) a VL comprising a LCDR1 comprising an amino acid sequence of SEQ ID NO:133 a LCDR2 comprising an amino acid sequence of SEQ ID NO:134, and a LCDR3 comprising an amino acid sequence of SEQ ID NO:71, numbered according to Chothia.

[00319] In some embodiments, the present disclosure provides a method for treating a chronic inflammatory pulmonary disease in a subject comprising administering to the subject an effective amount of an antibody of the present disclosure, or antigen-binding fragment thereof, comprising:

a) a VH comprising a HCDR1 consisting of an amino acid sequence of SEQ ID NO:135, a HCDR2 consisting of an amino acid sequence of SEQ ID NO:136, and a HCDR3 consisting of an amino acid sequence of SEQ ID NO:132, numbered according to Chothia; and

b) a VL comprising a LCDR1 consisting of an amino acid sequence of SEQ ID NO:133 a LCDR2 consisting of an amino acid sequence of SEQ ID NO:134,

and a LCDR3 consisting of an amino acid sequence of SEQ ID NO:71, numbered according to Chothia.

[00320] In some embodiments, the present disclosure provides a method for treating a chronic inflammatory pulmonary disease in a subject comprising administering to the subject an effective amount of an antibody of the present disclosure, or antigen-binding fragment thereof, comprising:

a) a VH comprising an amino acid sequence having at least about 90%, at least about 91%, at least about 92%, at least about 93%, at least about 94%, at least about 95%, at least about 96%, at least about 97%, at least about 98%, at least about 99%, or 100% sequence identity to SEQ ID NO:5; and

b) a VL comprising an amino acid sequence having at least about 90%, at least about 91%, at least about 92%, at least about 93%, at least about 94%, at least about 95%, at least about 96%, at least about 97%, at least about 98%, at least about 99%, or 100% sequence identity SEQ ID NO:21.

[00321] In some embodiments, the present disclosure provides a method for treating a chronic inflammatory pulmonary disease in a subject comprising administering to the subject an effective amount of an antibody of the present disclosure, or antigen-binding fragment thereof, comprising:

a) a VH consisting of an amino acid sequence having at least about 90%, at least about 91%, at least about 92%, at least about 93%, at least about 94%, at least about 95%, at least about 96%, at least about 97%, at least about 98%, at least about 99%, or 100% sequence identity to SEQ ID NO:5; and

b) a VL consisting of an amino acid sequence having at least about 90%, at least about 91%, at least about 92%, at least about 93%, at least about 94%, at least about 95%, at least about 96%, at least about 97%, at least about 98%, at least about 99%, or 100% sequence identity to SEQ ID NO:21.

[00322] In some embodiments, the present disclosure provides a method for treating a chronic inflammatory pulmonary disease in a subject comprising administering to the subject an effective amount of an antibody of the present disclosure, or antigen-binding fragment thereof, comprising:

a) a VH comprising an amino acid sequence of SEQ ID NO:5; and

b) a VL comprising an amino acid sequence of SEQ ID NO:21.

[00323] In some embodiments, the present disclosure provides a method for treating a chronic inflammatory pulmonary disease in a subject comprising administering to the subject an effective amount of an antibody of the present disclosure, or antigen-binding fragment thereof, comprising:

a) a VH consisting of an amino acid sequence of SEQ ID NO:5; and

b) a VL consisting of an amino acid sequence of SEQ ID NO:21.

[00324] In some embodiments, the present disclosure provides a method for treating a chronic inflammatory pulmonary disease in a subject comprising administering to the subject an effective amount of an antibody of the present disclosure, or antigen-binding fragment thereof, comprising:

a) a HC comprising an amino acid sequence having at least about 90%, at least about 91%, at least about 92%, at least about 93%, at least about 94%, at least about 95%, at least about 96%, at least about 97%, at least about 98%, at least about 99%, or 100% sequence identity to of SEQ ID NO:92; and

b) a LC comprising an amino acid sequence having at least about 90%, at least about 91%, at least about 92%, at least about 93%, at least about 94%, at least about 95%, at least about 96%, at least about 97%, at least about 98%, at least about 99%, or 100% sequence identity to sequence of SEQ ID NO:120.

[00325] In some embodiments, the present disclosure provides a method for treating a chronic inflammatory pulmonary disease in a subject comprising administering to the subject an effective amount of an antibody of the present disclosure, or antigen-binding fragment thereof, comprising:

a) a HC comprising an amino acid sequence of SEQ ID NO:92; and

b) a LC comprising an amino acid sequence of SEQ ID NO:120.

[00326] In some embodiments, the present disclosure provides a method for treating a chronic inflammatory pulmonary disease in a subject comprising administering to the subject an effective amount of an antibody of the present disclosure, or antigen-binding fragment thereof, comprising:

a) a HC comprising an amino acid sequence having at least about 90%, at least about 91%, at least about 92%, at least about 93%, at least about 94%, at least about 95%, at least about 96%, at least about 97%, at least about 98%, at least about 99%, or 100% sequence identity to of SEQ ID NO:106; and

b) a LC comprising an amino acid sequence having at least about 90%, at least about 91%, at least about 92%, at least about 93%, at least about 94%, at least about 95%, at least about 96%, at least about 97%, at least about 98%, at least about 99%, or 100% sequence identity to sequence of SEQ ID NO:120.

[00327] In some embodiments, the present disclosure provides a method for treating a chronic inflammatory pulmonary disease in a subject comprising administering to the subject an effective amount of an antibody of the present disclosure, or antigen-binding fragment thereof, comprising:

a) a HC comprising an amino acid sequence of SEQ ID NO:106; and

b) a LC comprising an amino acid sequence of SEQ ID NO:120.

[00328] In some embodiments, the present disclosure provides a method for treating a chronic inflammatory pulmonary disease in a subject comprising administering to the subject an effective amount of an antibody of the present disclosure, or antigen-binding fragment thereof, wherein the chronic inflammatory pulmonary diseases is asthma, severe asthma, uncontrolled asthma, moderate asthma, moderate-to-severe asthma, mild asthma, eosinophilic asthma, non-eosinophilic asthma, or low eosinophilic asthma.

[00329] In some embodiments, the present disclosure provides a method for reducing the frequency of asthma exacerbation in a subject comprising administering to the subject an effective amount of an antibody as disclosed herein, or an antigen-binding fragment thereof. As used herein, the term "asthma exacerbation" refers to a worsening of asthma leading to the use of systemic corticosteroids and/or inpatient hospitalization. In some embodiments, a reduction in the frequency of asthma exacerbation in a subject is characterized as a reduction in the annualized asthma exacerbation rate (AER) in the subject as compared to an AER in the subject prior to administering an effective amount of an antibody of the present disclosure, or antigen-binding fragment thereof.

[00330] In some embodiments, administering an effective amount of an antibody of the present disclosure, or antigen-binding fragment thereof, to a subject reduces the AER in the subject by at least about 10%, e.g., by at least about 15%, about at least about 20%, about at least about 25%, about at least about 30%, about at least about 35%, about at least about 40%, about at least about 45%, about at least about 50%, about at least about 55%, about at least about 60%, about at least about 65%, about at least about 70%, about at least about 75%, about at least about 80%, about at least about 85%, about at least about 90%, about at least about 91%, about at least about 92%, about at least about 93%, about at least about

94%, about at least about 95%, about at least about 96%, about at least about 97%, about at least about 98%, or about at least about 99% as compared to the AER in the subject prior to administering the antibody, or antigen-binding fragment thereof. In some embodiments, administering an effective amount of an antibody of the present disclosure, or antigen-binding fragment thereof, reduces the AER in the subject by about 10%, by about 15%, about 20%, about 25%, about 30%, about 35%, about 40%, about 45%, about 50%, about 55%, about 60%, about 65%, about 70%, about 75%, about 80%, about 85%, about 90%, about 91%, about 92%, about 93%, about 94%, about 95%, about 96%, about 97%, about 98%, or about 99%, as compared to the AER in the subject prior to administering the antibody, or antigen-binding fragment thereof. In some embodiments, administering an effective amount of an antibody of the present disclosure, or antigen-binding fragment thereof, reduces the AER in a subject by about 10% to about 99%, e.g., by about 10% to about 98%, by about 15% to about 98%, by about 15% to about 97%, by about 20% to about 97%, by about 20% to about 96%, by about 25% to about 96%, by about 25% to about 95%, by about 30% to about 95%, by about 30% to about 94%, by about 35% to about 94%, by about 35% to about 93%, by about 40% to about 93%, by about 40% to about 92%, by about 45% to about 92%, by about 45% to about 91%, by about 50% to about 91%, by about 50% to about 90%, by about 55% to about 90%, by about 55% to about 85%, by about 60% to about 85%, by about 60% to about 80%, by about 65% to about 80%, by about 65% to about 75%, or by about 70% to about 75%, as compared to the AER in the subject prior to administering the antibody, or antigen-binding fragment thereof.

IX. Kits

[00331] Provided herein, among other things, are kits comprising at least one antibody or antigen-binding fragment thereof described herein, and instructions for use and/or administration. In some embodiments, a kit comprises least one antibody or antigen-binding fragment thereof described herein and a pharmaceutically acceptable carrier, and instructions for use and/or administration.

[00332] Also provided are kits for use in the various methods disclosed herein. In some embodiments, a kit comprises instructions for use in any method described herein. Instructions can comprise a description of administration of a first and second pharmaceutical composition to a subject to achieve an intended activity in a subject. A kit may further comprise a description of selecting a human suitable for treatment based on identifying

whether the human is in need of the treatment. In some embodiments, the instructions comprise a description of administering at least one antibody or antigen-binding fragment thereof described herein to a subject.

[00333] Instructions relating to administering a dose comprising at least one antibody or antigen-binding fragment thereof described herein generally include information as to dosage, dosing schedule, and route of administration for the intended treatment. Containers may be unit doses, bulk packages (e.g., multi-dose packages), or sub-unit doses. Instructions supplied in kits as described herein are typically written instructions on a label or package insert. A label or package insert indicates that pharmaceutical compositions are used for treating an inflammatory pulmonary disease in a subject.

[00334] Kits provided herein are in suitable packaging. Suitable packaging includes, but is not limited to, vials, bottles, jars, flexible packaging, and the like. In some embodiments, a kit comprises one or more vials containing an antibody of the present disclosure, or antigen-binding fragment thereof (e.g., one, two, three, four, five, six, seven, eight, nine or ten vials). In some embodiments, a vial contains a single 10 mg dose of an antibody of the present disclosure (e.g., AB-2b with or without Fc YTE substitutions), or antigen-binding fragment thereof. In some embodiments, a vial contains a single 30 mg dose of an antibody of the present disclosure (e.g., AB-2b with or without Fc YTE substitutions), or antigen-binding fragment thereof. In some embodiments, a vial contains a single 50 mg dose of an antibody of the present disclosure (e.g., AB-2b with or without Fc YTE substitutions), or antigen-binding fragment thereof. In some embodiments, a vial contains a single 75 mg dose of an antibody of the present disclosure (e.g., AB-2b with or without Fc YTE substitutions), or antigen-binding fragment thereof. In some embodiments, a vial contains a single 100 mg dose of an antibody of the present disclosure (e.g., AB-2b with or without Fc YTE substitutions), or antigen-binding fragment thereof. In some embodiments, a vial contains a single 150 mg dose of an antibody of the present disclosure (e.g., AB-2b with or without Fc YTE substitutions), or antigen-binding fragment thereof. In some embodiments, a vial contains a single 200 mg dose of an antibody of the present disclosure (e.g., AB-2b with or without Fc YTE substitutions), or antigen-binding fragment thereof. In some embodiments, a vial contains a single 250 mg dose of an antibody of the present disclosure (e.g., AB-2b with or without Fc YTE substitutions), or antigen-binding fragment thereof. In some embodiments, a vial contains a single 300 mg dose of an antibody of the present disclosure (e.g., AB-2b with or without Fc YTE substitutions), or antigen-binding fragment thereof. In some embodiments, the contents

of two or more vials are administered to a subject to achieve an effective dose. In some embodiments, two vials each containing 300 mg of an antibody of the present disclosure (e.g., AB-2b with or without Fc YTE substitutions), or antigen-binding fragment thereof, are administered to a subject to achieve an effective dose (i.e., 600 mg total). In some embodiments, three vials each containing 300 mg of an antibody of the present disclosure (e.g., AB-2b with or without Fc YTE substitutions), or antigen-binding fragment thereof, are administered to a subject to achieve an effective dose (i.e., 900 mg total). In some embodiments, three vials each containing 300 mg of an antibody of the present disclosure (e.g., AB-2b with or without Fc YTE substitutions), or antigen-binding fragment thereof, are administered to a subject to achieve an effective dose (i.e., 1200 mg total).

[00335] Also contemplated are packages for use in combination with a specific device, such as an infusion device. A kit may have a sterile access port (for example, the container may be an intravenous solution bag or a vial having a stopper pierce able by a hypodermic injection needle). A container may also have a sterile access port.

[00336] Kits optionally may provide additional components such as buffers and interpretive information. Normally, a kit can include a container and a label or package insert(s) on or associated with the container. In some embodiment, provided herein are articles of manufacture comprising contents of kits described herein.

EXAMPLES

Example 1. *In Vitro* Pharmacodynamic Characterization of Exemplary Anti-TSLP Antibodies

[00337] The present example describes in vitro experiments characterizing the pharmacodynamic properties of an exemplary anti-TSLP antibody (AB-2b) with and without Fc domain substitutions at positions 252, 254, and 256 (the "YTE" substitutions).

AB-2b (with and without Fc YTE) binds to human and cynomolgus monkey TSLP

[00338] The binding affinity of anti-TSLP monoclonal antibodies to human TSLP was assessed using an indirect ELISA assay. In brief, a 96-well half area plate was coated with 2 µg/mL of recombinant human TSLP (BioLegend, San Diego, CA) overnight. The next day, the plate was washed three times with ELISA Wash Buffer (PBS-Tween 0.5%), then blocked with Ix ELISA assay diluent (BioLegend) for one hour. Plates were then washed three times with ELISA Wash Buffer, followed by addition of the anti-TSLP antibodies at various concentrations and incubation at 37° C for one hour. The plate was washed three times with

ELISA Wash Buffer, and horseradish peroxidase (HRP)-conjugated anti-human IgG Fc secondary antibody (Promega, Madison, WI) at 1:2000 dilution in 1x ELISA assay diluent was added to detect binding of the primary antibody to the antigen. The plate was incubated for 30 minutes at 37°C with the secondary detection antibody, then the plate was washed and developed with tetramethyl benzidine (TMB) substrate solution (Thermo Fisher Scientific, Waltham, MA). The HRP enzymatic reaction was stopped after about 1 minute with acidic stop solution (Thermo Fisher Scientific), and the absorbance at 450 nm was determined using a standard plate reader. The EC50 values were calculated by fitting a four-parameter non-linear regression line to the average of two technical replicates per concentration.

[00339] To determine the binding profile of anti-TSLP antibodies, a binding ELISA against recombinant human TSLP was performed. ELISA assay plates were coated with human TSLP (hTSLP), and subsequently serial dilutions of anti-TSLP antibodies were plated. After one hour of incubation, the plates were washed and the binding of anti-TSLP antibodies to hTSLP was detected with anti-human IgG Fe conjugated to HRP and developed with TMB substrate.

[00340] The indirect TSLP binding ELISA assay protocol as described above was similarly used to determine species cross-reactivity of anti-TSLP antibodies to cynomolgus monkey TSLP (cynoTSLP) (ACROBiosystems, Newark, DE). EC50 values for primary antibodies binding cyno TSLP and human TSLP were compared.

[00341] To determine the binding profile of anti-TSLP antibodies, a binding ELISA against recombinant cynoTSLP was performed. ELISA assay plates were coated with cynoTSLP and subsequently serial dilutions of anti-TSLP antibodies were plated. After one hour of incubation, the plates were washed and the binding of anti-TSLP antibodies to cynoTSLP was detected with anti-human IgG Fc conjugated to HRP and developed with TMB substrate.

[00342] **FIG. 1A** and **FIG. 1B** show the binding profiles of exemplary anti-TSLP antibody, AB-2b, with and without Fc YTE substitutions against human and cynomolgus monkey TSLP, respectively. **TABLE 3** and **TABLE 4** present the corresponding EC_{50}, EC_{80}, and EC_{90}, values of AB-2b (with and without Fc YTE) binding to human and cynomolgus monkey TSLP, respectively.

TABLE 3: ELISA EC_{50}, EC_{80}, and EC_{90}, values of AB-2b to human TSLP

*N=4 independent experiments with 3 technical replicates	AB-2b (without Fc YTE)	AB-2b	Human IgG1 Isotype
EC_{50} (µg/mL) (95% confidence intervals)	0.03 (0.03 to 0.04)	0.03 (0.02 to 0.05)	N/A
EC_{80} (µg/mL) (95% confidence intervals)	0.09 (0.06 to 0.13)	0.09 (0.06 to 0.19)	N/A
EC_{90} (µg/mL) (95% confidence intervals)	0.15 (0.08 to 0.27)	0.15 (0.09 to 0.45)	N/A

TABLE 4: ELISA EC_{50}, EC_{80}, and EC_{90}, values of AB-2b to cynomolgus monkey TSLP

*N=3 independent experiments with 3 technical replicates	AB-2b (without Fc YTE)	AB-2b	Human IgG1 Isotype
EC_{50} (µg/mL) (95% confidence intervals)	0.04 (0.03 to 0.04)	0.04 (0.03 to 0.04)	N/A
EC_{80} (µg/mL) (95% confidence intervals)	0.10 (0.07 to 0.13)	0.10 (0.08 to 0.14)	N/A
EC_{90} (µg/mL) (95% confidence intervals)	0.17 (0.11 to 0.26)	0.19 (0.13 to 0.29)	N/A

AB-2b binds to human TSLP with higher affinity than to cynomolgus monkey TSLP

[00343] KinExA technology was used to measure the affinity (K_D) and binding kinetics (k_{on} and k_{off}) of AB-2B (with and without Fc YTE) to hTSLP and cynoTSLP as compared to Tezepelumab.

[00344] All analyses were performed using a KinExA 3200 instrument equipped with an autosampler (Sapidyne Instruments, Boise, ID, USA) at 25°C, and all samples were prepared in 1x phosphate-buffered saline (PBS) filtered buffer supplemented with 1 mg/mL bovine serum albumin (BSA) and 0.02% sodium azide. hTSLP and cynoTSLP were covalently immobilized onto azlactone beads. To a 50 mg aliquot of azlactone beads, 20 µg of hTSLP or 20 µg of cynoTSLP diluted in 1 mL of coating solution (50 mM sodium carbonate, 0.5 M sodium citrate, pH 9.0) was added to the azlactone beads and rocked for 2 hours. The beads were washed with blocking buffer (1 M Tris supplemented with 10 mg/mL BSA, pH 8.0) and rocked for 1 hour.

[00345] The sample injection volumes and flow rates were varied depending upon the antibody tested. Fixed concentrations of antibody (referred to as the constant binding partner or CBP) were incubated with two-fold serial dilutions of hTSLP or cynoTSLP (referred to as the titrant) to generate two equilibrium titration curves. The samples containing hTSLP or cynoTSLP were equilibrated for at least 36 hours under constant rocking before measuring the unbound antibody on KinExA 3200. The antibody bound to hTSLP or cynoTSLP coated azlactone beads was detected using Alexa Fluor647 AffiniPure goat anti-human IgG (H+L) secondary antibody. The concentration, volume and flow rate of the secondary antibody were varied to achieve a signal at less than 1.0 V.

[00346] For each antibody-TSLP interaction, multiple curves from independent experiments were analyzed using the N-curve analysis tool to obtain K_D values and CBP activities with 95% confidence intervals from K_D-controlled and concentration-controlled curves, respectively. A 1:1 binding equilibrium model was used with the titrant selected as the reference concentration. The drift correction option was used where appropriate.

[00347] The k_a of each antibody-TSLP interaction was measured using the direct method. Fixed concentrations of antibody were mixed with the hTSLP or cynoTSLP concentration that bound approximately 80% of the CBP in the solution equilibrium binding experiments, and the concentration of free CBP present in the sample was repeatedly measured over time using the hTSLP or cynoTSLP coated azlactone beads. The resulting exponential curve of unbound antibody as a function of time was fitted to calculate the k_a of the antibody-TSLP interaction. The k_d was determined by multiplying the k_a value measured from the direct method by the K_D value obtained from the solution equilibrium binding experiment.

[00348] **TABLE 5** summarizes the binding affinity of AB-2b without Fc YTE to human and cynomolgus monkey TSLP as compared to Tezepelumab.

[00349] AB-2b (without Fc YTE) exhibits a binding K_D of 0.106 pM to human TSLP and an on rate of 2.41 x 10^7 1/Ms. Tezepelumab exhibits a binding K_D of 2.24 pM to human TSLP with an on rate of 1.28 x10^7. The observed Tezepelumab binding affinity by KinExA is approximately 7-fold lower than the reported value of 15.8 pM (Hoy, 2022). AB-2b (without Fc YTE) binds human TSLP with 20-fold higher affinity than Tezepelumab.

[00350] AB-2b (without Fc YTE) exhibits a binding K_D of 1.25 pM to cynoTSLP and an on rate of 5.25 x10^7 1/Ms. Tezepelumab exhibits a binding K_D of 9.05 pM to cynoTSLP with an on rate of 9.8 x10^6 1/Ms. AB-2b (without Fc YTE) binds human TSLP with 11.79-fold higher affinity than cyno TSLP.

TABLE 5: Summary of KinExA Binding

	Tezepelumab	**AB-2b (without Fc YTE)**
KinExA K_D (pM) hTSLP	2.25	0.106
Fold Texepelumab K_D/ Tezepelumab K_D		20.3
KinExA k_a (1/Ms) hTSLP	1.54×10^7	2.41×10^7
KinExA k_d (1/s) hTSLP	3.30×10^{-5}	2.55×10^{-6}
Cynomolgus K_D Fold/Human K_D	4.20	11.79
KinExA K_D (pM) CynoTSLP	9.05	1.25

AB-2b blocks TSLP signaling

[00351] TSLP is known to activate STAT5 by signaling through TSLPR and IL-7Ra. A cell-based Ba/F3-STAT5-luciferase experiment was used to: 1) assess the ability of AB-2b (with and without Fc YTE) to functionally block human and cynomolgus TSLP from inducing STAT5 signaling through the TSLPR-IL-7Ra complex; and 2) compare the activity of AB-2b and AB-2b without Fc YTE.

[00352] Generation of the Ba/F3-STAT5-Luciferase-hTSLRPR/hIL-7R cell line was previously described in US 2024/0034780, herein incorporated by reference in its entirety.

[00353] To perform the luciferase assay, a 96-well maxi-sorp (Thermo Fisher Scientific) plate, serial dilutions of anti-TSLP antibodies in 25 µl of Assay Media (RPMI-1640 + 10% FBS) were pre-incubated with 25 µl of 4 ng/mL hTSLP cytokine (BioLegend) at 37°C for 30 minutes. After incubation, 20,000 Ba/F3-STAT5-hTSLPR/hIL-7R-Luc cells in 50 µl of cell media were plated and incubated with antibodies and TSLP cytokine for four hours. After four hours, 100 µl of luciferase reagent (BPS Bioscience Inc., San Diego, CA) was added to each well of the plate and rocked gently for 15 minutes at room temperature, protected from light. Luminescence was measured with a luminometer within one hour of luciferase reagent addition.

[00354] As shown in **TABLE 6**, AB-2b (with and without Fc YTE) functionally blocked human and cynomolgus TSLP from signaling through its receptor complex (TSLPR/ILRa). The presence or absence of Fc YTE substitutions had no detectable impact on this *in vitro* effect.

TABLE 6: IC_{50} values of AB-2b blocking of TSLP-induced STAT5 signaling

*N=3 independent experiments with 3 technical replicates	**AB-2b (without Fc YTE)**	**AB-2b**	**IgG1 Isotype**
IC_{50} (µg/mL) hTSLP (95% confidence intervals)	0.02 (0.004 to 0.12)	0.03 (0.006 to 0.18)	N/A
IC_{50} (µg/mL) cynoTSLP (95% confidence intervals)	0.03 (0.01 to 0.07)	0.04 (0.02 to 0.07)	N/A

AB-2b blocks TSLP signaling in human primary mDCs and PBMCs

[00355] Binding of TSLP to its receptor initiates a cascade of signaling pathways, leading to the induction of a variety of cytokines and chemokines, including thymus activation regulated chemokine (TARC, also known as CCL17). TARC is an inflammatory chemokine that is primarily produced by antigen presenting cells and its secretion is elicited upon stimulation.

[00356] AB-2b (without Fc YTE) was tested for its ability to block TSLP-mediated TARC/CCL17 secretion in isolated myeloid dendritic cells (mDCs) isolated from the peripheral blood of five healthy human donors.

[00357] In brief, peripheral blood mononuclear cells (PBMCs) were isolated from fresh whole blood by Ficoll-Paque density centrifugation from five independent donors and cryopreserved in medium containing 90% fetal bovine serum and 10% DMSO. PBMCs were thawed into PBS containing 5 mM EDTA and 2% FBS, counted and mDCs were isolated using StemCell Technologies EasySep Human Myeloid DC Enrichment Kit. In a 96-well maxi-sorp (Thermo Fisher Scientific) plate, serial dilutions of AB-2b (without Fc YTE) in 25 µl of Assay Media (RPMI-1640 + 10% FBS) were pre-incubated with 25 µl of 1 ng/ml hTSLP (BioLegend) at 37°C for 30 minutes. After incubation 1 x 10^5 mDCs were plated and incubated with the antibodies and TSLP for forty-eight hours at 37°C. Media were collected, and the concentrations of TARC/CCL17 were measured on an MSD instrument.

[00358] As summarized in **TABLE 7**, AB-2b (without Fc YTE) exhibited an average IC_{50} of 0.038 µg/mL.

TABLE 7: IC_{50} values of AB-2b blocking of TARC/CCL17 secretion in mDCs

*N=2 at each concentration	**AB-2b (without Fc YTE) IC_{50} (µg/mL)**
Donor 1	0.033
Donor 2	0.050

Donor 3	0.028
Donor 4	0.023
Donor 5	0.054

[00359] Neutralization activity of AB-2b (without Fc YTE) was also tested in PBMCs stimulated with recombinant TSLP. As summarized in **TABLE 8**, AB-2b (without Fc YTE) effectively blocked TARC/CCL17 production from PBMCs with an IC_{50} of 0.03 µg/ml.

TABLE 8: $IC_{50/90}$ values of AB-2b blocking of TARC/CCL17 secretion in PBMCs

	AB-2b (without Fc YTE) IC_{50} (µg/mL)	**AB-2b (without Fc YTE) IC_{90} (µg/mL)**
Mean (± SEM of 3 donors)	0.03 ± 0.002	0.39 ± 0.08

AB-2b blocks TSLP signaling in human whole blood matrix

[00360] Phosphorylated STAT5 (pSTAT5) was assessed as a downstream marker of TSLPR activation. AB-2b (with and without Fc YTE) was tested for its ability to block TSLP-mediated STAT5 phosphorylation in mDCs within whole blood matrix as determined by intracellular staining with anti-pSTAT5 antibody and subsequent flow cytometry analysis.

[00361] In brief, PBMCs were isolated from whole blood samples and enriched for mDCs. 10 µl of 1 x 105 mDC's was combined with 80 µl of whole blood (collected from two donors) and 10 µl of serial half-log dilutions of IgG1 isotype control, Tezepelumab, AB-2b, or AB-2b (without Fc YTE) in 0.5% PBS/BSA, or 0.5% PBS/BSA control. Samples were incubated for 15 minutes at 37°C, then stimulated with TSLP at a final concentration of 2 ng/mL and incubated for an additional 15 minutes at 37°C. Samples were mixed with red blood cell lysing buffer and fixative, blocked, and stained with an antibody cocktail including: CD45RA-AlexFluor™488 (BioLegend); CD11c-Brilliant Violet™421 (BioLegend); HLADR-Brilliant Violet™605 (BioLegend); CD123-Brilliant Violet™785 (BioLegend); CD19-AlexaFluor™700 (BioLegend); CD14-Brilliant Ultra Violet™395 (BD Biosciences); CD4-Brilliant Ultra Violet™496 (BD Biosciences); and CD16-Brilliant Ultra Violet™805 (BD Biosciences). Following a 30 minute incubation at 4°C, samples were washed, permeabilized with pre-cooled methanol, washed, blocked and stained with a second antibody cocktail including: CD3-PerCP (BioLegend); phospho-STAT5-AlexaFluor™647 (BD Biosciences; pY694); TSLPR-PE (BD Biosciences); CD15-PECy7 (BioLegend). Samples were washed, resuspended in 0.5% PBS/BSA and analyzed on a BD LSRFortessa

flow cytometer and CellEngine software. Gating of relevant populations were based off of Fluorescence Minus One (FMO) controls combined with respective isotype controls ("FMO+Iso" control). Curve fit analyses and calculations of IC50s were performed in TIBCO Spotfire version 12.5.0.83.

[00362] As shown in **TABLE 9**, both AB-2b with and without Fc YTE reduced pSTAT5 levels in TSLP-stimulated mDCs to nearly unstimulated levels within whole blood matrix and with similar potencies.

TABLE 9: IC_{50} values of AB-2b blocking of STAT5 phosphorylation in whole blood matrix mDCs

	AB-2b (without Fc YTE) IC_{50} (µg/mL)	**AB-2b IC_{50} (µg/mL)**
Donor 2	1.23	1.38
Donor 3	4.27	5.89
Donor 4	6.17	5.13
Donor 5	2.00	1.32
Donor 6	6.03	9.12

AB-2b blocks TSLP-induced CCL22 release from cynomolgus monkey PBMCs

[00363] AB-2b was tested for cross-species activity. Macrophage-derived chemokine (CCL22) is a chemokine that serves as a mediator in lung inflammation and in the development of T_H2-dominated allergen-induced asthma.

[00364] As shown in **TABLE 10**, AB-2b suppressed MDC release from cynomolgus monkey PMBCs stimulated with 400 pg/mL of cynoTSLP (e.g., EC_{90} dose).

TABLE 10: IC_{50} values of AB-2b blocking of CCL22 release from cynomolgus monkey PBMCs

** N= 4 donors*	**AB-2b IC_{50} (µg/mL)**
Cyno 1	0.059
Cyno 2	0.12
Cyno 3	0.018
Cyno 4	0.023
Average	0.055
Std. Dev.	0.047

Example 2. Primary *in vivo* Pharmacodynamic Assessments

[00365] The present example describes *in vivo* experiments characterizing the pharmacodynamic characteristics of an exemplary anti-TSLP antibody (AB-2b) in a murine model of asthma.

[00366] The *in vivo* efficacies of AB-2b without Fc YTE substitutions and Tezepelumab were assessed in a TSLP/ovalbumin (OVA)-induced asthma model using B-hTSLP/hTSLPR mice. Without wishing to be bound by any particular theory, Fc YTE substitutions do not confer half-life extension in mice and so AB-2b without Fc YTE substitutions was used for these *in vivo* experiments.

[00367] In B-hTSLP/hTSLPR mice, the endogenous mouse TSLP and TSLPR genes were replaced with their corresponding human sequences. As shown in **FIG. 2A**, to establish the asthma model, mice were treated intranasally with 40 µL of PBS containing 1 µg TSLP and 10 µg OVA every two days. Negative control mice received 40 µL of PBS containing only 10 µg OVA. To evaluate drug efficacy, saline and isotype control (10 mg/kg) were administered to the negative and positive control groups, respectively. AB-2b without Fc YTE substitutions and Tezepelumab were administered via intraperitoneal injection on the day before dosing (Day -1) and on Day 6, at doses of 0.3 mg/kg, 3 mg/kg, or 10 mg/kg. The general condition and body weight of the mice were monitored on a daily basis throughout the duration of the experiment. On day 14, blood, bronchoalveolar lavage fluid (BALF), and lung tissue samples were collected for cytokine/chemokine assays, flow cytometry analysis, and/or histopathology analysis.

[00368] As shown in **FIG. 2B** and **FIG. 2C**, the levels of total serum IgE and OVA-specific IgE, respectively, were elevated in the TSLP/OVA-induced, isotype-treated group as compared to those in the vehicle control group and were significantly reduced with treatment of AB-2b and Tezepelumab at all doses. Similarly, as shown in **FIG. 2D**, **FIG. 2E**, **FIG. 2F**, **FIG. 2G**, **FIG. 2H**, **FIG. 2I**, and **FIG. 2J**, the percent of white blood cells that are eosinophils, eosinophil cell counts, TARC/CCL17 levels, IL-4 levels, IL-13 levels, IgE levels, and OVA-specific IgE levels, respectively, were elevated in the BALF samples from the OVA-induced group as compared to those in the vehicle control group. The levels of eosinophils, TARC/CCL17, IgE, and OVA-specific IgE in BALF samples of OVA-induced mice treated with AB-2b were significantly reduced at 3 mg/kg and 10 mg/kg doses. Directionally similar findings were observed in mice treated with Tezepelumab.

[00369] As also shown in **FIG. 3A, FIG. 3B** (and corresponding micrographs shown in **FIG. 3C**), and **FIG. 3D** (and corresponding micrographs shown in **FIG. 3E**), levels of inflammatory cell lung infiltration, eosinophil lung infiltration, and mucus production were elevated in lung tissue samples collected from the TSLP/OVA-induced group as compared to those in the vehicle group. The levels of inflammatory cell lung infiltration, eosinophil lung infiltration, and mucus production in lung tissue samples collected from mice treated with AB-2b were significantly reduced at 3 mg/kg and 10 mg/kg doses. Directionally similar findings were observed in mice treated with Tezepelumab.

[00370] Collectively, these data suggest that AB-2b can reduce the concentration of key biomarkers associated with asthma to levels comparable to Tezepelumab.

Example 3. Secondary *in vivo* Pharmacodynamic Assessments

[00371] The present example describes *in vivo* experiments characterizing the off-target and cross-reactive pharmacodynamic characteristics of an exemplary anti-TSLP antibody (AB-2b) in normal human cells.

[00372] The Retrogenix Cell Microarray Technology was used to screen for specific off-target binding of AB-2b. AB-2b was screened for binding against fixed human HEK293 cells, individually expressing 6052 full-length human plasma membrane proteins, secreted and cell surface tethered human secreted proteins, plus a further 397 human heterodimers. Specific interactions for AB-2b were only identified with TSLP

[00373] The cross-reactivity of AB-2b was assessed in a panel of normal human tissues using immunohistochemical techniques. AB-2b and a human IgG1 isotype control were conjugated with Alexa-488 and identified as AB-2b-AF488 and IgG1-AF488, respectively. A suitable staining method was developed to stain cryo-sections from human TSLP protein preparation (positive control material), native *E. coli* beta-galactosidase (negative control material), and a panel of 39 normal human tissues (n=3 donors/tissue). The positive and negative controls met acceptance criteria. Multiple concentrations of AB-2b-AF488 and IgG1-AF488 were selected for use in the tissue titration, which showed no AB-2b-AF488 positive staining in any of the human tissues examined.

Example 4. Safety Pharmacology of Exemplary Anti-TSLP Antibodies in Cynomolgus Monkeys

[00374] The present example describes *in vivo* experiments characterizing the pharmacological safety of an exemplary anti-TSLP antibody (AB-2b) in cynomolgus monkeys.

[00375] Assessments of neurobehavioral, respiration, electrocardiogram (ECG) measurements were incorporated into the design of a 4-week repeat-dose toxicology study in cynomolgus monkeys. AB-2b was administered once weekly for 4 weeks (total of 4 doses) to cynomolgus monkeys by subcutaneous (SC) injection at 20, 60, and 200 mg/kg/dose, or by intravenous (IV) bolus injection at 200 mg/kg/dose. A control group of cynomolgus monkeys was dosed with formulation buffer by SC and IV administration. Neurobehavioral (standard observation battery), qualitative respiratory, and ECG assessments were conducted on unanesthetized animals once during the pre-dose phase and on Days 1 and 22 of the dosing phase; during the dosing phase, observations were conducted prior to dosing and 2 (IV) and 48 (SC) hours post-dose. ECGs were recorded using eight leads for qualitative (rhythm abnormalities and disturbances) and single lead for quantitative evaluations; heart rate-corrected QT interval was calculated using Bazett's method. No AB-2b-related neurologic, respiratory, or ECG effects were noted when administered by SC or IV injection up to the highest dose evaluated of 200 mg/kg/dose. On Day 22, the corresponding mean sex combined C_{max} at 200 mg/kg/dose was 10300 µg/mL at 1.04 hours post-IV dosing and 5980 µg/mL at 48 hours post-SC dosing.

Example 5. Pharmacokinetic Analysis of Exemplary Anti-TSLP Antibodies in Cynomolgus Monkeys

[00376] The present example describes *in vivo* experiments characterizing the pharmacokinetic profile and tolerability of an exemplary anti-TSLP antibody (AB-2b) after a single subcutaneous (SC) or intravenous (IV) dose in cynomolgus monkeys.

[00377] The plasma pharmacokinetics (PK) of AB-2b was evaluated in cynomolgus monkeys following a single IV dose of 2 mg/kg, 10 mg/kg, and 25 mg/kg, or a single subcutaneous (SC) dose of 25 mg/kg (n=3/dose level). PK samples were collected through 91 days post-dosing and AB-2b plasma concentrations were determined using a qualified liquid chromatography-coupled tandem mass spectrometry (LC-MS/MS) method.

[00378] Non-compartmental PK analysis was conducted on serum concentration-time data from each animal and used to determine the PK of AB-2b. The PK parameter estimates (mean standard deviation [SD]) for AB-2b in cynomolgus monkeys are shown in **TABLE 11**.

[00379] Group mean (SD) plasma concentration time profiles are shown for subjects administered with a single IV dose of 2 mg/kg (**FIG. 4A**), 10 mg/kg (**FIG. 4B**), 25 mg/kg (**FIG. 4C**), or a single SC dose of 25 mg/kg (**FIG. 4D**) of AB-2b.

TABLE 11: Non-compartmental Mean (SD) PK Parameters of AB-2b in Cynomolgus Monkeys

Dose Group	Dose (mg/kg)	Dose Route	C_0 (µg/mL)	C_{max} (µg/mL)	T_{max} (D)	AUC_{0-t} (D*µg/mL)	$t_{1/2}$ (D)	V_{SS} (mL/kg)	CL (mL/D/kg)
1	2	IV	67.5 (15.5)	69.9 (12.5)	0.0301 (0.0461)	1240 (79.0)	31.2 (4.88)	61.4 (4.67)	1.40 (0.155)
2	10	IV	350 (17.9)	349 (14.7)	0.0301 (0.0461)	6160 (278)	34.1 (5.97)	65.7 (NA)	1.44 (NA)
3	25	IV	804 (63.5)	874 (112)	0.0833 (0.00)	13600 (2710)	33.4 (5.36)	70.5 (NA)	1.81 (NA)
4	25	SC	NR	317 (50.9)	2.00 (0.00)	11300 (2070)	34.0 (8.30)	91.3 (18.4)[a]	1.91 (0.417)[b]

D = Days; IV = Intravenous, given as a bolus dose; NA = Not Applicable for n=2. Vss and CL cannot be estimated for one animal due to lack of enough terminal phase; NR = Not Reportable; SC = Subcutaneous

a. PK parameter is reported as Vz/F

b. PK parameter is reported as CL/F

c. C0: Back-extrapolated concentration at time 0 for IV group only; Cmax Maximum observed concentration; Tmax :Time of maximum observed concentration using hours and days; AUC0-t: Area under the curve from time 0 to the time of the last measurable concentration; t1/2 :Elimination half-life; CL/F: Apparent clearance (SC only) ; Vz/F:Apparent volume of distribution (SC only); CL :Clearance; Vss:Volume of distribution at steady state; Vz:Volume of distribution in the terminal phase

[00380] Following a single IV dose of 2 mg/kg, 10 mg/kg, or 25 mg/kg, AB-2b plasma concentration-time profiles followed biphasic disposition, with a fast distribution phase followed by a slower elimination phase. AB-2b PK was dose proportional across the dose range of 2 mg/kg to 25 mg/kg. Group mean clearance was 1.40 to 1.81 mL/day/kg and group mean half-life was 31.2 to 34.1 days following an IV administration. Group mean apparent clearance was 1.91 mL/day/kg and group mean t1/2 was 34.0 days following a single SC dose of 25 mg/kg in cynomolgus monkeys with SC absolute bioavailability as 83.1%. These PK characteristics are consistent with those expected for a recombinant human IgG1 with YTE mutation in cynomolgus monkeys in the linear PK range (Haraya, *Biodrugs,* 2023). Although no anti-drug antibody samples were analyzed, the individual AB-2b PK profiles were consistent with PK profiles without confounding anti-drug antibodies.

Example 6. Toxicokinetic Analysis of an Exemplary Anti-TSLP Antibody in Cynomolgus Monkeys

[00381] The present example describes the evaluation of the toxicity and toxicokinetics of AB-2b when administered via IV (slow bolus) injection and/or SC injection to cynomolgus monkeys for 4 weeks (total of 4 doses) and to assess the reversibility of any effects after a 12-week recovery phase.

[00382] 19 male and 19 female cynomolgus monkeys were randomized into each of five groups. Animals in Group 1 received AB-2b vehicle by IV and SC injection once weekly for 4 weeks, for a total of 4 doses. Animals in Groups 2, 3, and 4 received SC doses of AB-2b at 20, 60, and 200 mg/kg/dose, respectively, once weekly for 4 weeks, for a total of 4 doses. Animals in Groups 5 received IV doses of AB-2b at 200 mg/kg/dose once weekly for 4 weeks, for a total of 4 doses. 3 males and 3 females were randomized into each of five groups in the main study. 2 males and 2 females were randomized into Groups 1 and 5 (200 mg/kg/dose, SC) in the recovery phase with a 12-week recovery phase.

Toxicokinetic Data

[00383] Toxicokinetic (TK) samples were collected post each weekly dose at various time points with intensive sampling collected post the first (Day 1 / week 1) and the fourth (Day 22 / week 4) dose, and from recovery animals on Recovery Days 15, 29, 43, 57, 71, and 85. AB-2b plasma concentrations were determined using a validated ELISA method. On Days 1 and 22, the exposure to AB-2b, as defined by C_{max} and $AUC_{0\text{-}7d}$, increased as dose level increased in an approximately dose-proportional manner over the dose range tested (20 to 200 mg/kg/dose) after SC administration in males and females (**TABLE 12** and **TABLE 13**). Across all dose levels in males and females, mean $AUC_{0\text{-}7d}$ of AB-2b increased by approximately 2- to 4-fold on Day 22 when compared to $AUC_{0\text{-}7d}$ on Day 1, suggesting accumulation after repeated SC and IV dosing (**TABLE 13**).

[00384] In animals given SC doses of AB-2b at 20, 60, or 200 mg/kg/dose, combined-sex mean $AUC_{0\text{-}7d}$ values were approximately dose proportional with values of 1180, 3040 and 12000 d*µg/mL, respectively, post Day 1, and 4930, 13000 and 36400 d*µg/mL, respectively, post Day 22. The mean accumulation ratios (RAUC) for $AUC_{0\text{-}7d}$ in male and female groups across five groups ranged from 2.47 to 4.32. No gender differences were observed in AB-2b exposure across all dose levels on Days 1 and 22, with gender ratios (female/male) of $AUC_{0\text{-}7d}$ ranging from 0.625 to 1.02.

TABLE 12: Mean (±SD) Toxicokinetic Parameters* for AB-2b in Cynomolgus Monkey Plasma Post TK Day 0

Group	Dose Level (mg/kg/dose)	Dose Route	C_{max} (µg/mL)	C_{max}/Dose (µg/mL)/(mg/kg)	AUC_{0-7d} (d · µg/mL)	AUC_{0-7d}/Dose (d · µg/mL)
2 (N=6)	20	SC	196 ± 14.6	9.79 ± 0.732	1180 ± 91.6	58.8 ± 4.58
3 (N=6)	60	SC	504 ± 92.3	8.40 ± 1.54	3040 ± 512	50.7 ± 8.54
4 (N=10)	200	SC	2060 ± 325	10.3 ± 1.62	12000 ± 1720	59.8 ± 8.59
5 (N=6)	200	IV	5680 ± 644	28.4 ± 3.22	19000 ± 1520	95.2 ± 7.60

Cmax = the maximum observed concentration measured after dosing; Cmax/Dose= the Cmax divided by the dose administered; AUC0-7day= the area under the concentration versus time curve from the start of dose administration to day 7 post dosing (i.e., one dosing interval); AUC0-7d/Dose = the AUC0-7d divided by the dose administered; TK = toxicokinetic; TK Day 0= study Day 1.
* reported as combined-sex

TABLE 13: Mean (±SD) Toxicokinetic Parameters* for AB-2b in Cynomolgus Monkey Plasma Post TK Day 21

Group	Dose Level (mg/kg/dose)	Dose Route	C_{max} (µg/mL)	C_{max}/Dose (µg/mL)/(mg/kg)	AUC_{0-7d} (d·µg/mL)	AUC_{0-7d} / Dose (d·µg/mL) / (mg/kg)	R_{AUC} based on AUC_{0-7d}
2 (N=6)	20	SC	759 ± 239	37.9 ± 11.9	4930 ± 1520	246 ± 75.9	4.18 ± 1.16
3 (N=6)	60	SC	2040 ± 311	34.1 ± 5.19	13000 ± 1670	217 ± 27.9	4.32 ± 0.447
4 (N=10)	200	SC	5980 ± 1140	29.9 ± 5.71	364000 ± 7350	182 ± 36.8	3.04 ± 0.336
5 (N=6)	200	IV	10300 ± 1910	51.5 ± 9.57	47000 ± 5230	235 ± 26.2	2.47 ± 0.247

Cmax = the maximum observed concentration measured after dosing; Cmax/Dose= the Cmax divided by the dose administered; AUC0-7day= the area under the concentration versus time curve from the start of dose administration to day 7 post dosing (i.e., one dosing interval); AUC0-7d/Dose = the AUC0-7d divided by the dose administered; RAUC = the AUC0-7d on Day 22 divided by the AUC0-7d during the initial dosing interval; TK = toxicokinetic; TK Day 21 = study Day 22.

[00385] The no-observed adverse effect level (NOAEL) under the conditions of the study was determined to be 200 mg/kg/dose SC and IV. The combined-sex exposures at 200 mg/kg/dose SC corresponded to a C_{max} of 2060 µg/mL and an AUC_{0-7d} of 12000 d·µg/mL on

Day 1, and a C_{max} of 5980 µg/mL, and an AUC_{0-7d} of 36400 hr•µg/mL on Day 22. The combined-sex exposures at 200 mg/kg/dose IV corresponded to a C_{max} of 5680 µg/mL and an AUC_{0-7d} of 19000 d•µg/mL on Day 1, and a C_{max} of 10300 µg/mL and an AUC_{0-7d} of 47000 d•µg/mL on Day 22. The combined-sex AUC_{0-28d} for 200 mg/kg/dose IV is projected to be 139038 d*µg/mL.

[00386] There was a low to moderate incidence of ADAs that had no clear effect on AB-2b concentrations whether administered by SC or IV injection. The incidence of ADA to AB-2b was 1 out of 10 animals (1/10) at 0 mg/kg/dose IV and SC, 0/6 at 20 mg/kg/dose SC, 0/6 at 60 mg/kg/dose SC, 4/10 at 200 mg/kg/dose SC, and 2/6 at 200 mg/kg/dose IV.

Prediction of Human PK

[00387] Since AB-2b had linear and non-specific clearance mechanisms dominating PK in cynomolgus monkeys, PK data from the PK/tolerability study in cynomolgus monkeys were used to project target-independent PK in humans using the allometric scaling up method (Dedrick, 1973). In this method, the observed individual monkey PK profile was fit to a 2-compartment model with $1/y^{\wedge 2}$ weighting to estimate monkey PK parameters (WinNonlin® Model 7, Pharsight version 8.0). The mean monkey PK parameters were then allometrically scaled up to human. A volume exponent of 1 (Vexponent) and clearance exponent of 0.85 ($CL_{exponent}$) has been suggested for mAbs based on a publication of interspecies scaling for therapeutic antibodies (Deng, *mAbs,* 2011). Based on these exponents, clearance of AB-2b in humans was projected to be 0.87 mL/day/kg and $t_{1/2}$ was projected to be ~56 days. However, clinical PK data with romlusevimab (Haraya, *Biodrugs 2023*), another mAb with YTE substitutions and a similarly, long half-life in cynomolgus monkeys as AB-2b, suggests allometric coefficients of 0.59 for CL, 0.62 for Q, 0.96 for Vc and 0.88 for Vp. Based on these exponents, clearance of AB-2b in humans was projected to be 0.36 mL/day/kg and $t_{1/2}$ was projected to be 100 days. The projected half-life of 100 days is comparable to clinically reported half-life for other mAbs with YTE substitutions (Haraya, *Biodrugs* 2023).

Toxicology

[00388] AB-2b was well tolerated in cynomolgus monkeys by SC and IV injection at single doses of up to 25 mg/kg, and in a repeat-dose 4-week toxicology study dosed up to 200 mg/kg/dose, QW. After 4 weeks of dosing, the only AB-2b-related microscopic changes were non-adverse kidney findings at the highest dose level evaluated in the study, with no effect on kidney function. Therefore, the NOAEL is 200 mg/kg/dose, QW, by the SC and IV routes of administration. In addition, no AB-2b-related injection site findings were observed in a rabbit

local tolerance study following SC and IV injection of a 150.0 mg/mL formulation of AB-2b (data not shown).

Single-Dose PK/Tolerability

[00389] The PK and tolerability of a single SC or IV dose of AB-2b were evaluated in male cynomolgus monkeys. AB-2b was administered by IV bolus injection at 2, 10 and 25 mg/kg or by SC injection at 25 mg/kg using a formulation concentration of up to 20.4 mg/mL. AB-2b was well tolerated up to the highest dose level evaluated, with no AB-2b-related clinical observations, dermal injection site, or effects on body weight or clinical pathology endpoints (hematology, clinical chemistry, coagulation).

Repeat-Dose Toxicity

[00390] The repeat-dose toxicity of AB-2b was evaluated in a 4-week toxicology study in cynomolgus monkeys that comprised 5 groups, including a vehicle control group. AB-2b was dosed to male and female monkeys (2 to 4 years old at dosing initiation) once weekly for 4 weeks (total of 4 doses) by SC injection at 20, 60, and 200 mg/kg/dose, or at 200 mg/kg/dose by IV bolus injection, at a maximum AB-2b concentration of 50 mg/mL. Formulation buffer was dosed by SC and IV injection to a vehicle control group. Each group contained 6 animals per group (3 males and 3 females), with an additional 4 animals/group (2 males and 2 females) in the control and 200 mg/kg/dose SC groups to assess reversibility of any effects following a 12-week non-dosing period.

[00391] AB-2b was well tolerated with no AB-2b-related effects noted on body weight, food consumption, dermal injection site, ophthalmologic, neurologic, respiratory, ECG, or clinical pathology parameters (hematology, clinical chemistry, coagulation), and no AB-2b-related organ weight or macroscopic findings. AB-2b-related kidney findings were noted of moderately increased peritubular cellularity, minimal thrombus, and slight hypertrophy of the glomerulus in one male administered 200 mg/kg/dose SC, and minimally increased peritubular cellularity in one female administered 200 mg/kg/dose IV. The kidney findings were considered non-adverse because they were not associated with tubular necrosis, or any correlating clinical pathology effects to suggest impaired kidney function, and occurred at a low incidence (2 out of a total of 12 monkeys in the 200 mg/kg/dose SC and IV groups). After the 12-week non-dosing period, no kidney findings were observed at 200 mg/kg/dose SC which suggested that the findings had fully reversed. Based on the study results, the NOAEL is 200 mg/kg/dose, QW, by the SC and IV routes of administration. The corresponding mean combined-sex Cmax and AUC0-7d on Day 22 at 200 mg/kg/dose SC

were 5980 µg/mL and 36400 d*µg/mL, and at 200 mg/kg/dose IV were 10300 µg/mL and 47000 d*µg/mL (**TABLE 13**).

Local Tolerance

[00392] The local tolerance of SC and IV-administered AB-2b was evaluated in cynomolgus monkeys and in rabbits.

[00393] No AB-2b-related SC or IV injection site findings (dermal, macroscopic or microscopic examinations) were observed in the repeat-dose 4-week toxicity in cynomolgus monkeys when dosed up to a maximum AB-2b concentration of 50 mg/mL in a formulation of 20 mM L-histidine / L-histidine-hydrochloride, 120 mM sucrose, 60 mM L-arginine-hydrochloride, 10 mM L-methionine, 0.02% (w/v) polysorbate 80, pH 6.0. In addition, no AB-2b-related SC or IV injection site findings (dermal, macroscopic or microscopic examinations) were observed in a local tolerance study in rabbits when 150.0 mg/mL of AB-2b was dosed in a formulation of 20 mM L-histidine/L-histidine hydrochloride, 90 mM sucrose, 60 mM L-arginine-hydrochloride, 10 mM L-methionine, 0.06% (w/v) polysorbate 80, pH 6.0.

Example 7. Phase 1, Randomized, Double-blinded, Placebo-controlled, Single Ascending Dose and Multiple Ascending Dose Study of an Exemplary Anti-TSLP Antibody AB-2b in Adults with Mild to Moderate Asthma or Single Ascending Dose Study in Adults with Moderate to Severe Chronic Obstructive Pulmonary Disease (COPD)

[00394] The present example describes a two-part study to assess safety, tolerability, pharmacokinetics, pharmacodynamics, and immunogenicity of a single ascending dose (SAD) or multiple ascending dose (MAD) of AB-2b in adults with mild to moderate asthma or moderate to severe chronic obstructive pulmonary disease (COPD).

[00395] Seventy-six participants with mild to moderate asthma are enrolled into one of the 5 SAD (Part A) cohorts or 2 MAD (Part B) cohorts, and 40 adults with moderate to severe COPD are enrolled in two single dose (Part C) cohorts. An overview of the Phase 1 trial design is provided in **TABLE 14**. The dosing is based on the totality of the toxicology and PK data from AB-2b nonclinical studies, modeling of TSLP target engagement, as well as lack of any notable safety concerns with long-term suppression of TSLP with the clinical benchmark, Tezepelumab, in humans (Corren, *N Engl J Med* 2017; Menzies-Gow, *N Engl J Med* 2021).

[00396] To facilitate the investigation of the effect of AB-2b on asthma or COPD biomarkers, all eligible participants will have a blood eosinophil count of ≥ 150 cells/μL (asthma) or ≥200 cells/μL (COPD) at screening, a population expected to display a more pronounced blood eosinophil reduction following AB-2b administration.

TABLE 14: Overview of Phase I Trial
Part A: Single ascending dose study design in adults with mild to moderate asthma.

Cohort	Planned Dose Level (mg)	Duration
A1	10	Single SC dose
A2	30	Single SC dose
A3	100	Single SC dose
A4	300	Single SC dose
A5	600	Single SC dose
A6	1200	Single SC dose

Part B: Multiple ascending dose study design in adults with mild to moderate asthma.

Cohort	Planned Dose Level (mg)	Duration
B1	100	Two SC doses (Q12W)
B2	300	Two SC doses (Q12W)
B3	600	Two SC doses (Q12W)

Part C: Single ascending dose study design in adults with moderate to severe COPD.

Cohort	Planned Dose Level (mg)	Duration
C1	300	Single SC dose
C2	600	Single SC dose

Maximum recommended starting dose

[00397] In the 4-week repeat-dose toxicology study, cynomolgus monkeys were dosed 4 times at once weekly intervals by IV or SC injection at up to 200 mg/kg/dose, for a total administered dose of up to 800 mg/kg. No adverse findings were identified. Therefore, the NOAEL was determined to be 200 mg/kg/dose for both the IV and SC routes of administration. Based on the NOAEL of 200 mg/kg/dose, the human equivalent dose (HED) is estimated to be 64 mg/kg using the scaling factor of 0.32 (FDA Guidance for Industry, 2005). Using a safety factor of 10, MRSD is estimated to be 6.4 mg/kg or 448 mg. The planned starting dose of 10 mg is ~45-fold lower than MRSD (assuming 70 kg human). No AB-2b-related injection site findings were observed in the repeat-dose cynomolgus monkey

toxicology study at the highest SC and IV concentration administration of 50 mg/mL, in a formulation of 20 mM L-histidine / L-histidine-hydrochloride, 120 mM sucrose, 60 mM L-arginine hydrochloride, 10 mM L-methionine, 0.02% (w/v) polysorbate 80, pH 6.0. In addition, no AB-2b-related injection site findings were observed in a rabbit local tolerance study following SC and IV injection of a 150.0 mg/mL formulation of AB-2b in 20 mM L-histidine / L-histidine hydrochloride, 90 mM sucrose, 60 mM L-arginine hydrochloride, 10 mM L-methionine, 0.06% (w/v) polysorbate 80, pH 6.0. These results support the safety of the formulation up to a maximum concentration of 150.0 mg/mL AB-2b by the SC and IV routes of administration.

Exposure multiples

[00398] Estimation of exposure multiples requires prediction of human AB-2b PK by allometric scaling of cyno PK data and an accounting for applicable differences in affinity and potency of AB-2b between humans and cynomolgus monkeys. Using allometric exponents commonly applied for monoclonal antibodies (mAb) in the linear PK range (CL and Q: 0.85; Vc and Vp: 1), the predicted clearance of AB-2b in human is 0.87 mL/day/kg and the predicted elimination half-life is ~56 days. However, clinical PK data with romlusevimab, another mAb with YTE substitutions, and long half-life in cynomolgus monkeys (half-life of ~27 days in cynomolgus monkeys compared to half-life in human ~75 days), suggests allometric coefficients of 0.59 for CL, 0.62 for Q, 0.96 for Vc and 0.88 for Vp (Haraya, *Biodrugs* 2023). Based on these exponents, predicted clearance of AB-2b in humans is 0.36 mL/day/kg and the elimination half-life is 100 days. The projected half-life of 100 days is within the range of the clinically reported half-life for other mAbs with YTE substitutions (Haraya, *Biodrugs* 2023; Robbie, *Antimicrob Agents Chemother* 2013). The exposure multiples were calculated corresponding to the PK parameters leading to the conservative half-life prediction of ~100 days in human. Furthermore, a conservative SC bioavailability of 0.9 was assumed for human PK projections.

[00399] AB-2b binds to cynomolgus and human TSLP with very high affinity: K_D ~1.25 pM for cynoTSLP and ~0.1 pM for hTSLP. Directly correcting exposures in the toxicologic species (i.e., cynomolgus monkeys) by dividing by the relative affinity difference (11.79-fold) is not considered an appropriate approach, as it does not account for the non-linear relationship between affinity differences and target engagement, which drives downstream pharmacology (Kenakin, *Br J Clin Pharmacol* 2016). This non-linearity is particularly relevant for mAbs, such as AB-2b, which display very high affinity to both the human and

cynomolgus monkey target. Using systemic exposure and affinity of AB-2b in cyno (~1.25 pM), the systemic target engagement was predicted to be >99.99% throughout the treatment period across all doses tested in the GLP repeat-dose toxicology study. A 11.79-fold tighter affinity of ~0.1 pM also results in target engagement >99.99%. Thus, the 11.79-fold affinity difference between cynomolgus and human leads to a negligible change (<0.01%) in target engagement with the exposures achieved in the 4-week toxicology study. Since the affinity difference of AB-2b between cynomolgus monkey and human is not expected to meaningfully impact target engagement at the exposures tested in the toxicology study, and the potency of AB-2b in cell-based assays was similar between monkey and human, the exposure multiples for the human study shown in **TABLE 15** were derived by directly comparing exposures in the toxicology study and predicted exposures in humans. This approach does factor in the shorter half-life of AB-2b in cynomolgus monkeys (~31-34 days) compared to the predicted half-life in humans (~100 days). The planned starting dose of 10 mg provides exposure multiples of 3542-fold for C_{max}, 2956-fold for $AUC_{0\text{-}7days}$ and 2138-fold for $AUC_{0\text{-}28\ days}$. The exposure margin is also calculated for the NOAEL based on total exposure in cynomolgus monkeys over a 4-week dosing period of the study, compared to the predicted $AUC_{0\text{-}inf}$ for a single dose in humans providing a multiple of 353-fold at 10 mg. The planned highest dose of 600 mg is predicted to provide exposure multiples of 59-fold for C_{max}, 49-fold for $AUC_{0\text{-}7days}$, 36-fold for $AUC0_{\text{-}28\ days}$, and 6-fold for $AUC_{0\text{-}inf}$.

TABLE 15: Exposure Margin Calculated by Comparing Cynomolgus NOAEL Exposures administered IV with Predicted Human Exposures at the Planned Human (Single) Doses of AB-2b Administered SC

FIH subcutaneous doses and predicted C_{max} and AUC*					
Dose (mg)	**Dose (mg/kg)**	**Predicted C_{max} (µg/mL)**	**Predicted $AUC_{0\text{-}7d}$ (µg*day/mL)**	**Predicted $AUC_{0\text{-}28d}$ (µg*day/mL)**	**Predicted $AUC_{0\text{-}inf}$ (µg*day/mL)**
10	0.14	2.91	15.90	65.03	393.39
30	0.43	8.73	47.71	195.09	1180.18
100	1.43	29.08	159.02	650.31	3933.94
300	4.29	87.25	477.07	1950.93	11801.82
600	8.57	174.50	954.14	3901.86	23603.64

Dose Multiple	**C_{max} Multiple (µg/mL)**	**$AUC_{0\text{-}7d}$ Multiple (µg*day/mL)**	**$AUC_{0\text{-}28d}$ Multiple (µg*day/mL)**	**$AUC_{0\text{-}inf}$ Multiple (µg*day/mL)**

(mg/kg)				
1400	3542	2956	2137	353
466.7	1181	985	712	118
140	354	296	214	35
46.7	118	99	71	12
23.3	59	49	36	6

NOAEL dose = 200 mg/kg/dose IV QW x 4 doses, corresponding to Cmax of 10300 µg/mL and AUC0-7d of 47000 d*µg/mL (mean of both sexes), and projected AUC0-28d of 139038 d*µg/mL.
Dose multiple = Cynomolgus monkey NOAEL dose (200 mg/kg)/Human dose (mg/kg)
Cmax multiple = (Cynomolgus monkey Cmax after 4 administrations of NOAEL dose)/(Predicted human Cmax at FIH dose level)
AUC 0-7d multiple = (Cynomolgus monkey AUC 0-7d at NOAEL dose on Day 22)/(Predicted human AUC 0-7d at FIH dose level)
AUC 0-28d multiple = (Cynomolgus monkey AUC 0-28d at NOAEL dose)/(Predicted human AUC 0-28d at FIH dose level)
AUC 0-inf multiple = (Cynomolgus monkey AUC 0-28d at NOAEL dose)/(Predicted human AUC 0-inf at FIH dose level)
Assuming 70 kg human

Therapeutic dose range and regimen

[00400] The planned doses in a human study of AB-2b are chosen, based on physiology-based target engagement modeling, to achieve comparable suppression of TSLP in lung epithelial lining fluid (intended site of action) over an extended duration with a single dose of AB-2b versus multiple doses of the approved dose and regimen of tezepelumab (210 mg Q4W SC) (EMEA/CHMP/SWP/28367/07 Rev. 1; van Gerven, *Br J Clin Pharmacol* 2018).

[00401] Considering that airway epithelial cells are the key source of TSLP (Rochman, *J. Immunol* 2008), the therapeutic benefit of AB-2b is expected to be driven by binding to TSLP in lung epithelial lining fluid (lung ELF). Thus, for target engagement modeling, a fit-for-purpose mechanistic site-of-action model is developed by extending a 2 compartment (central and peripheral) PK model to include a site of action compartment (i.e., lung ELF), mechanistic interactions of the drug and target (e.g., binding/unbinding of an anti-TSLP mAb to TSLP and mAb-TSLP complex clearance) in all compartments, and properties of the target (Kapitanov, *Front Bioinform*, 2021).

[00402] **FIGs. 5B-5D** show the predicted TSLP suppression in human lung epithelial lining fluid across the single dose levels proposed in a Phase 1 study. Model predictions are done with a predicted AB-2b's half-life of either 56 (**FIG. 5C**) or 100 days (**FIG. 5D**) and the in-vitro K_D of AB-2b for human TSLP (~0.1 pM). For comparison, predicted TSLP

suppression for Tezepelumab (observed human $t_{1/2}$ ~ 26 days and in vitro K_D ~ 2.15 pM) are shown for the approved regimen (210 mg SC Q4W), and two higher dose regimens: 280 mg SC Q2W, which was tested in Phase 2b and not advanced due to a similar safety and efficacy profile as 210 mg SC Q4W, and 700 mg IV Q4W x 3 doses tested in an early Phase 2a proof of concept trial (Corren, *N Engl J Med* 2017; Gauvreau, *N Engl J Med* 2014).

[00403] **FIG. 5A** depicts PK of AB-2b in cynomolgus monkeys ($t_{1/2}$ is approximately 31-34 days). **FIG. 5B** depicts predicted PK of AB-2b and reported PK of Tezepelumab in humans (SC administration). The half-life of AB-2b in humans is predicted to be approximately 4-fold longer than that of Tezepelumab, and SC bioavailability is consistent with other mAbs in cynomolgus monkeys. These data, together with high affinity of AB-2b, suggest that SC dosing regimen with a prolonged dosing interval (e.g., Q26W) is clinically feasible.

[00404] Based on **FIGs. 5B-5D**, the starting AB-2b dose of 10 mg shows some TSLP suppression in human lung epithelial lining fluid suggesting that this dose level is expected to be pharmacologically active; however maximal TSLP suppression is of short duration and more than 10-fold lower than that achieved by Tezepelumab at steady state. The highest dose of 600 mg achieves TSLP suppression which numerically exceeds that achieved by Tezepelumab's clinical doses. However, such numerical differences result in very low levels of free TSLP, e.g., 0.2-1 pg/mL (or ~ 0.015 – 0.070 pM, i.e., comparable to TSLP levels in healthy subjects; Pham, *J Allerg Clin Immunol* 2020) and are not expected to be pharmacology meaningful considering these levels are much lower than the affinity of TSLP with TSLP receptor (K_D = 32 nM; Verstraete, 2017).

[00405] With a half-life of 100 days, the model predicts that a single dose of 100-300 mg AB-2b can achieve TSLP suppression in lung epithelial lining fluid in human up to ~6 months comparable to multiple SC doses of 210 mg tezepelumab administered Q4W. However, 300-600 mg of AB-2b will be needed to cover the same interval if its half-life is 56 days. Therefore, the highest doses of AB-2b in the planned human study are chosen to inform selection of an efficacious dose with a convenient SC regimen for patients.

[00406] To further characterize clinical pharmacokinetic/pharmacodynamic (PK/PD) relationship over the expected efficacious exposure range of AB-2b, the MAD part of the study will investigate 100 mg SC Q12W (two doses) and 300 mg SC Q12W (two doses).

[00407] **FIGs. 6A-6F** show a first-in-human (FIH) PK comparison between AB-2b and monoclonal antibody AIO-001. The PK data, from ongoing Phase 1 study of AB-2b after SC

administration in mild-moderate asthma patients, supports administering AB-2b every 26 weeks (Q26W).

[00408] **FIGs. 7A-7B** show preliminary PD data from AB-2b in humans, which demonstrates sustained reductions in Eosinophils and FeNO. Reductions in Eosinophils and FeNO were observed through week 25. See Tables 16 and 17 for weekly N size for data points in FIGs. 7A and 7B, respectively. N represents subjects with baseline and at least one post-baseline visit measurements available in each cohort.

Table 16. Weekly N Size for FIG. 7A

			Week						
		Baseline	2	4	8	12	17	21	25
	Placebo	23	21	22	21	15	14	12	7
AB-2b	10 mg	7	7	7	7	6	7	7	7
	30 mg	7	7	7	7	6	6	6	5
	100 mg	13	13	13	12	7	7	7	7
	300 mg	13	11	13	13	13	7	7	--
	600 mg	10	9	8	77	7	7	--	--
	1200 mg	7	7	7	7	--	--	--	--

Table 17. Weekly N Size for FIG. 7B

			Week						
		Baseline	2	4	8	12	17	21	25
	Placebo	23	22	23	21	16	14	12	9
AB-2b	10 mg	7	7	7	7	7	7	7	7
	30 mg	7	7	7	7	7	7	6	6
	100 mg	13	13	13	13	7	7	7	7
	300 mg	13	13	13	13	13	7	7	--
	600 mg	10	9	8	7	7	7	--	--
	1200 mg	7	7	7	7	--	--	--	--

[00409] FIG. 7C shows accumulation of total TSLP. Binding of mAb to a soluble target resulted in accumulation of mAb-target complex, measured as total TSLP. Accumulation of total TSLP provides evidence of *in vivo* target engagement in humans. The dose-response trend in total TSLP data suggests that binding of AB-2b to circulating TSLP reaches

saturation at approximately 30 mg to approximately 100 mg. The data is consistent with site-of-action PK-PD modeling analysis of target engagement, providing further confidence in Q26W regimen. See Table 18 for weekly N size for data points in FIG. 7C.

Table 18. Weekly N Size for FIG. 7C

		Baseline	Week 4	Week 8	Week 12	Week 17	Week 21
AB-2b	10 mg	7	7	7	7	7	7
	30 mg	7	7	7	7	7	/
	100 mg	7	7	7	2	/	/
	300 mg	7	7	3	/	/	/

[00410] **FIG. 7D** shows a 20-fold increase in affinity in AB-2b compared to the reference antibody. **FIGs. 7E-7F** show dose-response data suggesting saturation of suppressive effects of treatment with AB-2b on IL-13 and IL-5, respectively. See Table 19 and Table 20 for weekly N size for data points in FIGs. 7E and 7F, respectively.

Table 19. Weekly N Size for FIG. 7E

			Week						
		Baseline	2	4	8	12	17	21	25
	Placebo	21	17	18	14	13	11	9	6
AB-2b	10 mg	7	6	7	7	7	7	7	7
	30 mg	7	7	7	7	7	7	6	5
	100 mg	13	12	13	7	7	7	7	--
	300 mg	12	11	12	8	6	3	--	--
	600 mg	8	7	7	5	3	--	--	--
	1200 mg	7	5	4	--	--	--	--	--

Table 20. Weekly N Size for FIG. 7F

			Week						
		Baseline	2	4	8	12	17	21	25
	Placebo	23	21	19	15	13	11	9	6
AB-2b	10 mg	7	6	7	6	6	7	6	7
	30 mg	7	7	7	6	7	7	6	6
	100 mg	13	13	13	7	7	7	7	--

	300 mg	12	11	12	8	5	5	--	--
	600 mg	8	8	7	7	5	--	--	--
	1200 mg	7	6	6	--	--	--	--	--

Clinical safety profile

[00411] Tezepelumab has shown an excellent safety profile with clinically tested SC doses of 210 mg Q4W and 280 mg Q2W for 52 weeks, and 700 mg Q4W for 3 doses (Corren, *N Engl J Med* 2017; Gauvreau, *N Engl J Med* 2014). In a large phase 3 trial (NAVIGATOR), Tezepelumab reduced annualized asthma exacerbation rates by 56% in patients with severe asthma (Menzies-Gow, *N Engl J Med* 2021). Adverse events in the treatment and placebo arms were similar supporting an excellent safety profile of chronic TSLP suppression. A similar reassuring safety profile was observed with a higher dose of tezepelumab in Phase 2b (280 mg Q2W SC), suggesting that depth of TSLP suppression beyond the approved regimen is well tolerated. As compared to Tezepelumab, and without wishing to be bound by any particular theory, it is hypothesized that the duration of TSLP suppression can be extended with AB-2b due to its unique combination of increased half-life and high target affinity.

[00412] Taken together, the planned doses in the AB-2b Phase 1 trial will inform the PK/PD relationship in asthma and/or COPD patients to select optimal dose and regimen of AB-2b for further development. The doses are supported by exposures at the NOAEL in the AB-2b toxicology study and by a comparison of predicted target suppression across the AB-2b planned dose levels to those obtained by tezepelumab across a range of well tolerated doses in the clinic.

[00413] Without being bound by theory, the results disclosed herein suggest that AB-2b may be an effective therapy for asthma (e.g., mild to moderate asthma), COPD (e.g., moderate to severe COPD), and other TSLP-associated diseases or conditions.

EQUIVALENTS

[00414] Those skilled in the art will recognize, or be able to ascertain using no more than routine experimentation, many equivalents to the specific embodiments of technologies described herein. The scope of the present disclosure is not intended to be limited to the above Detailed Description, but rather is as set forth in the following claims.

CLAIMS

What is claimed is:

1. A method of treating an inflammatory pulmonary disease in a subject, comprising:
administering to the subject a therapeutically effective dose of about 10 mg to about 1500 mg of an antibody, or antigen-binding fragment thereof, that binds to thymic stromal lymphopoietin (TSLP) at an interval of about every 3 months to about every 12 months,
wherein the antibody, or antigen-binding fragment thereof, comprises,
a) a heavy chain complementarity determining region (HCDR)1 comprising the amino acid sequence of SEQ ID NO:31, a HCDR2 comprising the amino acid sequence of SEQ ID NO:35, and a HCDR3 comprising the amino acid sequence of SEQ ID NO:50,
b) a light chain complementarity determining region (LCDR)1 comprising the amino acid sequence of SEQ ID NO:60, a LCDR2 comprising the amino acid sequence of DDS, and a LCDR3 comprising the amino acid sequence of SEQ ID NO:71.

2. The method of claim 1, wherein the effective dose is about 150 mg to about 1500 mg.

3. The method of claim 1 or 2, wherein the effective dose is about 200 mg to about 1400 mg.

4. The method of any one of claims 1 to 3, wherein the effective dose is about 250 mg to about 1300 mg.

5. The method of any one of claims 1 to 4, wherein the effective dose is about 300 mg to about 1200 mg.

6. The method of any one of claims 1 to 5, wherein the effective dose is about 300 mg.

7. The method of any one of claims 1 to 5, wherein the effective dose is about 600 mg.

8. The method of any one of claims 1 to 5, wherein the effective dose is about 1200 mg.

9. The method of any one of claims 1 to 8, wherein the effective dose is administered about every 3 months.

10. The method of any one of claims 1 to 8, wherein the effective dose is administered about every 4 months.

11. The method of any one of claims 1 to 8, wherein the effective dose is administered about every 6 months.

12. The method of any one of claims 1 to 8, wherein the effective dose is administered about every 9 months.

13. The method of any one of claims 1 to 8, wherein the effective dose is administered about every 12 months.

14. The method of any one of claims 1 to 8, wherein the effective dose is administered about every 24 weeks.

15. The method of any one of claims 1 to 8, wherein the effective dose is administered about every 26 weeks.

16. The method of any one of claims 1 to 8, wherein the effective dose is administered about every 28 weeks.

17. The method of any one of claims 1 to 16, wherein the effective dose is administered subcutaneously, intravenously, intramuscularly, or intraperitoneally.

18. The method of claim 17, wherein the effective dose is administered subcutaneously.

19. The method of any one of claims 1-18, wherein the effective dose is administered as a single 10 mg dose subcutaneously.

20. The method of any one of claims 1-18, wherein the effective dose is administered as a single 30 mg dose subcutaneously.

21. The method of any one of claims 1-18, wherein the effective dose is administered as a single 100 mg dose subcutaneously.

22. The method of any one of claims 1-18, wherein the effective dose is administered as a single 300 mg dose subcutaneously.

23. The method of any one of claims 1-18, wherein the effective dose is administered as a single 600 mg dose subcutaneously.

24. The method of any one of claims 1-18, wherein the effective dose is administered as a single 1200 mg dose subcutaneously.

25. The method of any one of claims 1-18, wherein the effective dose is administered as two 100 mg doses subcutaneously.

26. The method of any one of claims 1-18, wherein the effective dose is administered as two 300 mg doses subcutaneously.

27. The method of any one of claims 1-18, wherein the effective dose is administered as two 600 mg doses subcutaneously.

28. The method of any one of claims 1-18, wherein the effective dose is administered as two 1200 mg doses subcutaneously.

29. The method of any one of claims 1 to 28, wherein the inflammatory pulmonary disease is chronic.

30. The method of any one of claims 1 to 29, wherein the inflammatory pulmonary disease comprises asthma.

31. The method of any one of claims 1 to 30, wherein the inflammatory pulmonary disease comprises severe asthma.

32. The method of any one of claims 1 to 30, wherein the inflammatory pulmonary disease comprises eosinophilic or non-eosinophilic asthma.

33. The method of any one of claims 1 to 30, wherein the inflammatory pulmonary disease comprises low eosinophil asthma.

34. The method of any one of claims 1 to 33, wherein the subject is human.

35. The method of any one of claims 1 to 34, wherein the subject is an adult.

36. The method of any one of claims 1 to 35, wherein administering the effective dose decreases the level of eosinophils in a blood, sputum, and/or bronchoalveolar fluid sample from the subject as compared to a blood, sputum, and/or bronchoalveolar fluid sample collected from the subject prior to administering.

37. The method of any one of claims 1 to 36, wherein administering the effective dose decreases the level of leukocytes in a blood, sputum, and/or bronchoalveolar fluid sample from the subject as compared to a blood, sputum, and/or bronchoalveolar fluid sample collected from the subject prior to administering.

38. The method of any one of claims 1 to 37, wherein administering the effective dose increases the ratio of T_H2^{low} T cells to T_H2^{high} T cells in a blood, sputum, and/or bronchoalveolar fluid sample from the subject as compared to a blood, sputum, and/or bronchoalveolar fluid sample collected from the subject prior to administering.

39. The method of any one of claims 1 to 38, wherein administering the effective dose decreases the level of one or more T_H2 cytokines in a blood, sputum, and/or bronchoalveolar fluid sample from the subject as compared to a blood, sputum, and/or bronchoalveolar fluid sample collected from the subject prior to administering.

40. The method of claim 39, wherein the one or more T_H2 cytokines comprise IL-4, IL-13, IL-5, or a combination thereof.

41. The method of any one of claims 1 to 40, wherein administering the effective dose decreases the level of IgE in a blood and/or bronchoalveolar fluid sample from the subject as compared to a blood and/or bronchoalveolar fluid sample collected from the subject prior to administering.

42. The method of any one of claims 1 to 41, wherein administering the effective dose decreases the level of one or more chemokines in a blood, sputum, and/or bronchoalveolar fluid sample from the subject as compared to a blood, sputum, and/or bronchoalveolar fluid sample collected from the subject prior to administering.

43. The method of claim 42, wherein the one or more chemokines comprise CCL17, CCL22, CXCL8, CCL1, CCL24, or a combination thereof.

44. The method of any one of claims 1 to 43, wherein administering the effective dose to the subject achieves a serum half-life of the antibody, or antigen-binding fragment thereof, in the subject of about 50 to about 150 days.

45. The method of claim 44, wherein the serum half-life of the antibody, or antigen-binding fragment thereof, in the subject is about 100 days.

46. The method of any one of claims 1 to 45, wherein administering the effective dose to the subject achieves a maximum serum concentration (C_{max}) of the antibody, or antigen-binding fragment thereof, in the subject of about 1 µg/ml to about 250 µg/ml.

47. The method of any one of claims 1 to 46, wherein administering the effective dose to the subject achieves a serum AUC_{0-7d} value of the antibody, or antigen-binding fragment thereof, in the subject of about 10 µg·day/ml to about 1500 µg·day/ml.

48. The method of any one of claims 1 to 47, wherein administering the effective dose improves forced expiratory volume (FEV), FEV_1 reversibility, forced vital capacity (FVC), FeNO, Asthma Control Questionnaire-6 score, AQLQ(S)+12 score, or combination thereof.

49. The method of any one of claims 1 to 48, wherein the antibody, or antigen-binding fragment thereof comprises:
    a) a VH comprising an amino acid sequence of SEQ ID NO:5; and
    b) a VL comprising an amino acid sequence of SEQ ID NO:21.

50. The method of any one of claims 1 to 49, wherein the antibody is a human IgG1 isotype antibody.

51. The method any one of claims 1 to 50, wherein the antibody comprises:
    a) a HC comprising an amino acid sequence of SEQ ID NO:92; and
    b) a LC comprising an amino acid sequence of SEQ ID NO:120.

52. The method any one of claims 1 to 50, wherein the antibody comprises:
    a) a HC comprising an amino acid sequence of SEQ ID NO:106; and
    b) a LC comprising an amino acid sequence of SEQ ID NO:120.

53. A method of treating an inflammatory pulmonary disease in a human patient, comprising

administering to the patient a therapeutically effective dose of about 10 mg to about 1200 mg of an antibody at an interval of about every 24 weeks to about every 28 weeks,

wherein the antibody comprises:

a) a HC comprising an amino acid sequence of SEQ ID NO:92; and

b) a LC comprising an amino acid sequence of SEQ ID NO:120.

54. The method of claim 53, comprising administering to the human patient:

a) about 10 mg of the antibody at an interval of about every 24 weeks;

b) about 10 mg of the antibody at an interval of about every 26 weeks;

c) about 10 mg of the antibody at an interval of about every 6 months;

d) about 10 mg of the antibody at an interval of about every 28 weeks;

e) about 30 mg of the antibody at an interval of about every 24 weeks;

f) about 30 mg of the antibody at an interval of about every 26 weeks;

g) about 30 mg of the antibody at an interval of about every 6 months;

h) about 30 mg of the antibody at an interval of about every 28 weeks;

i) about 100 mg of the antibody at an interval of about every 24 weeks;

j) about 100 mg of the antibody at an interval of about every 26 weeks;

k) about 100 mg of the antibody at an interval of about every 6 months;

l) about 100 mg of the antibody at an interval of about every 28 weeks;

m) about 300 mg of the antibody at an interval of about every 24 weeks;

n) about 300 mg of the antibody at an interval of about every 26 weeks;

o) about 300 mg of the antibody at an interval of about every 6 months;

p) about 300 mg of the antibody at an interval of about every 28 weeks;

q) about 600 mg of the antibody at an interval of about every 24 weeks;

r) about 600 mg of the antibody at an interval of about every 26 weeks;

s) about 600 mg of the antibody at an interval of about every 6 months;

t) about 600 mg of the antibody at an interval of about every 28 weeks;

u) about 1200 mg of the antibody at an interval of about every 24 weeks;

v) about 1200 mg of the antibody at an interval of about every 26 weeks;

w) about 1200 mg of the antibody at an interval of about every 6 months; or

x) about 1200 mg of the antibody at an interval of about every 28 weeks.

55. The method of claim 53 or 54, wherein the antibody is administered subcutaneously.

56. A method of treating an inflammatory pulmonary disease in a human patient, comprising:
administering to the patient a therapeutically effective dose of about 10 mg to about 1200 mg of an antibody at an interval of about every 24 weeks to about every 28 weeks,
wherein the antibody comprises,
a) a HC comprising an amino acid sequence of SEQ ID NO:106; and
b) a LC comprising an amino acid sequence of SEQ ID NO:120.

57. The method of claim 56, comprising administering to the human patient:
a) about 10 mg of the antibody at an interval of about every 24 weeks;
b) about 10 mg of the antibody at an interval of about every 26 weeks;
c) about 10 mg of the antibody at an interval of about every 6 months;
d) about 10 mg of the antibody at an interval of about every 28 weeks;
e) about 30 mg of the antibody at an interval of about every 24 weeks;
f) about 30 mg of the antibody at an interval of about every 26 weeks;
g) about 30 mg of the antibody at an interval of about every 6 months;
h) about 30 mg of the antibody at an interval of about every 28 weeks;
i) about 100 mg of the antibody at an interval of about every 24 weeks;
j) about 100 mg of the antibody at an interval of about every 26 weeks;
k) about 100 mg of the antibody at an interval of about every 6 months;
l) about 100 mg of the antibody at an interval of about every 28 weeks;
m) about 300 mg of the antibody at an interval of about every 24 weeks;
n) about 300 mg of the antibody at an interval of about every 26 weeks;
o) about 300 mg of the antibody at an interval of about every 6 months;
p) about 300 mg of the antibody at an interval of about every 28 weeks;
q) about 600 mg of the antibody at an interval of about every 24 weeks;
r) about 600 mg of the antibody at an interval of about every 26 weeks;
s) about 600 mg of the antibody at an interval of about every 6 months;
t) about 600 mg of the antibody at an interval of about every 28 weeks;

u) about 1200 mg of the antibody at an interval of about every 24 weeks;

v) about 1200 mg of the antibody at an interval of about every 26 weeks;

w) about 1200 mg of the antibody at an interval of about every 6 months; or

x) about 1200 mg of the antibody at an interval of about every 28 weeks.

58. The method of claim 56 or 57, wherein the antibody is administered subcutaneously.

59. The method of any one of claims 1-58, wherein the inflammatory pulmonary disease comprises chronic obstructive pulmonary disease (COPD).

60. The method of any one of claims 1-58, wherein the inflammatory pulmonary disease comprises moderate to severe COPD.