CLAIMS

1. Use of crizanlizumab or a P-selectin binding fragment thereof for the manufacture of a medicament for the prevention of a sickle cell pain crisis, wherein the antibody is to be first provided in a loading phase, during which the subject receives two loading doses of the antibody at an amount of between 2.5 mg/kg to 5 mg/kg or 2.5 mg/kg to 7.5 mg/kg and wherein the time interval between the two loading doses is 2 weeks +/-3 days, and then to be further provided in a maintenance phase, during which the subject receives a plurality of maintenance doses of the antibody at an amount of between 2.5 mg/kg to 5 mg/kg or 2.5 mg/kg to 7.5 mg/kg and wherein the time interval between the plurality of maintenance doses is 4 weeks +/-3 days.

2. Use of crizanlizumab or a P-selectin binding fragment thereof for the manufacture of a medicament for the prevention of a sickle cell pain crisis according to claim 1, wherein the antibody is to be first provided in a loading phase, during which the subject receives two loading doses of the antibody at an amount of 5 mg/kg and wherein the time interval between the two loading doses is 2 weeks +/-3 days, and then to be further provided in a maintenance phase, during which the subject receives a plurality of maintenance doses of the antibody at an amount of 5 mg/kg and wherein the time interval between the plurality of maintenance doses is 4 weeks +/-3 days.

3. Use of crizanlizumab or a P-selectin binding fragment thereof for the manufacture of a medicament for the prevention of a sickle cell pain crisis according to claim 1, wherein the antibody is to be first provided in a loading phase, during which the subject receives two loading doses of the antibody at an amount of 7.5 mg/kg and wherein the time interval between the two loading doses is 2 weeks +/-3 days, and then to be further provided in a maintenance phase, during which the subject receives a plurality of maintenance doses of the antibody at an amount of 7.5 mg/kg and wherein the time interval between the plurality of maintenance doses is 4 weeks +/-3 days.

4. Use of crizanlizumab or P-selectin binding fragment thereof for the manufacture of a medicament according to any one of the claims 1-3 further in combination with hydroxyurea.

5. Use of crizanlizumab or P-selectin binding fragment thereof for the manufacture of a medicament according to any one of the claims 1 to 4, wherein crizanlizumab or P-selectin binding fragment thereof is to be provided to the subject by an intravenous route.

6. Use of crizanlizumab for the manufacture of a medicament for reducing the frequency of sickle cell-related vaso-occlusive crises in a subject in need thereof, wherein the first two doses of said antibody is to be provided 2 weeks +/-3 days apart followed by further doses to be provided every 4 weeks +/-3 days, wherein each dose is 5 mg/kg.

7. Use of crizanlizumab for the manufacture of a medicament for reducing the frequency of sickle cell-related vaso-occlusive crises in a subject in need thereof, wherein the first two doses of said antibody is to be provided 2 weeks +/-3 days apart followed by further doses to be provided every 4 weeks +/-3 days, wherein each dose is 7.5 mg/kg.

8. Use of crizanlizumab for the manufacture of a medicament according to claim 6 or 7, wherein the antibody is to be provided to the subject by an intravenous route.

9. Use of crizanlizumab for the manufacture of a medicament according to claim 8, wherein the antibody is to be provided over a delivery time of 30 minutes.

10. Use of crizanlizumab for the manufacture of a medicament according to any one of claims 6-9, wherein said doses are to be provided for a period of at least 3 months.

11. Use of crizanlizumab for the manufacture of a medicament according to any one of claims 6-10, wherein said doses are to be provided for a period of at least 12 months.

12. Use of crizanlizumab for the manufacture of a medicament according to any one of claims 6-11, wherein the annual rate of sickle cell pain crises is reduced by on average at least 30% up to 70% as compared to the annual rate of sickle cell pain crises in the same patient had prior to receiving crizanlizumab treatment.