CLAIMS:

1. A method of reducing the decline in functional or cognitive capacity in a patient diagnosed with early or mild to moderate Alzheimer's Disease (AD) comprising administering to a patient suffering from early or mild to moderate AD a humanized monoclonal anti-amyloid beta (Aβ) antibody that binds within residues 13 and 24 of amyloid β (1-42)(SEQ ID NO:1) in an amount effective to slow the decline in functional or cognitive capacity in the patient.

2. The method of **claim 1**, wherein the antibody is capable of binding oligomeric and monomeric forms of amyloid β.

3. The method of **claim 1**, wherein the antibody is an IgG4 antibody.

4. The method of **claim 2 or 3**, wherein the antibody comprises six hypervariable regions (HVRs), wherein:

(i) HVR-H1 is SEQ ID NO:2;

(ii) HVR-H2 is SEQ ID NO:3;

(iii) HVR-H3 is SEQ ID NO:4;

(iv) HVR-L1 is SEQ ID NO:6;

(v) HVR-L2 is SEQ ID NO:7; and

(vi) HVR-L3 is SEQ ID NO:8.

5. The method of **claim 4**, wherein the antibody comprises a heavy chain having the amino acid sequence of SEQ ID NO:5 and a light chain having the amino acid sequence of SEQ ID NO:9.

6. The method of **claim 5**, wherein the antibody is crenezumab.

7. The method of **any one of the preceding claims**, wherein decline in cognitive capacity is assessed by determining the patient's score before and after administration of said antibody using a 12-item Alzheimer's Disease Assessment Scale – Cognition (ADAS-Cog12), 13-item Alzheimer's Disease Assessment Scale – Cognition (ADAS-Cog13), or 14-item Alzheimer's Disease Assessment Scale – Cognition (ADAS-Cog12) test, optionally wherein the reduction in cognitive decline as measured by ADAS-Cog is at least 30%, at least 35%, at least 40%, or at least 45% relative to placebo.

8. The method of **claim 7**, wherein the patient is ApoE4 positive.

9. The method of **claim 7**, wherein the patient is suffering from mild AD.

10. The method of **claim 7**, wherein the patient is suffering from early AD.

11. The method of **any one of claims 1 to 8**, wherein the patient has an MMSE score of at least 20, between 20 and 30, between 20 and 26, between 24 and 30, between 21 and 26, between 22 and 26, between 22 and 28, between 23 and 26, between 24 and 26, or between 25 and 26 before initiation of treatment.

12. The method of **claim 11**, wherein the patient has an MMSE between 22 and 26.

13. The method of **any one of the preceding claims**, wherein the antibody is administered at a dose of 10 mg/kg to 100 mg/kg of patient body weight.

14. The method of **claim 13**, wherein the antibody is administered at a dose of at least 15 mg/kg.

15. The method of **claim 14**, wherein the antibody is administered at a dose of 15 mg/kg, 30 mg/kg, 45 mg/kg, 50 mg/kg, or 60 mg/kg.

16. The method of **claim 13 or 14**, wherein the antibody is administered via intravenous injection.

17. The method of **any one of claims 13 to 16**, wherein the antibody is administered every 2 weeks, every 4 weeks, every month, every two months, or every six months.

18. A method of treating early or mild to moderate AD without increasing the risk of an adverse event comprising administering to a patient diagnosed with early or mild to moderate AD an amount of a humanized monoclonal anti-Aβ antibody that binds within residues 13 and 24 of amyloid β (1-42)(SEQ ID NO:1) that is effective to treat the AD without increasing the risk of a treatment emergent adverse event, wherein the adverse event is selected from: (i) Amyloid-Related Imaging Abnormality—Edema (ARIA-E) and (ii) Amyloid-Related Imaging Abnormality—Hemorrhage (ARIA-H).

19. The method of **claim 18**, wherein the antibody is capable of binding oligomeric and monomeric forms of amyloid β.

20. The method of **claim 18**, wherein the antibody is an IgG4 antibody.

21. The method of **claim 19**, wherein the antibody comprises six hypervariable regions (HVRs), wherein:

(i) HVR-H1 is SEQ ID NO:2;

(ii) HVR-H2 is SEQ ID NO:3;

(iii) HVR-H3 is SEQ ID NO:4;

(iv) HVR-L1 is SEQ ID NO:6;

(v) HVR-L2 is SEQ ID NO:7; and

(vi) HVR-L3 is SEQ ID NO:8.

22. The method of **claim 21**, wherein the antibody comprises a heavy chain having the amino acid sequence of SEQ ID NO:5 and a light chain having the amino acid sequence of SEQ ID NO:9.

23. The method of **claim 22**, wherein the antibody is crenezumab.

24. The method of any one of claims **18 to 23**, wherein the patient is ApoE4 positive.

25. The method of **any one of claims 18 to 23**, wherein the adverse event is ARIA-E.

26. The method of **claim 25**, wherein if a treatment emergent ARIA-E is detected, administration of the antibody is halted and, optionally, treatment for ARIA-E is administered.

27. The method of **claim 26**, further comprising resuming administration of said antibody after the ARIA-E is resolved, wherein the antibody is administered at a lower dose than before administration was halted.

28. The method of **claim 18**, wherein if one or more new ARIA-Es is detected in the patient during treatment with said antibody, no more antibody is administered, and, optionally, a corticosteroid is administered to the patient.

29. The method of **claim 28**, wherein the patient is ApoE4 positive.

30. A method of reducing the decline in functional or cognitive capacity in a patient diagnosed with early or mild to moderate Alzheimer's Disease (AD) comprising administering to an ApoE4 positive patient suffering from early or mild to moderate AD a humanized monoclonal anti-amyloid beta (Aβ) antibody that binds within residues 13 and 24

of amyloid β (1-42)(SEQ ID NO:1) in an amount effective to slow the decline in functional or cognitive capacity in the patient.

31. The method of **claim 30**, wherein the antibody is capable of binding oligomeric and monomeric forms of amyloid β.

32. The method of **claim 30**, wherein the antibody is an IgG4 antibody.

33. The method of **claim 31 or 32**, wherein the antibody comprises six hypervariable regions (HVRs), wherein:

(i) HVR-H1 is SEQ ID NO:2;

(ii) HVR-H2 is SEQ ID NO:3;

(iii) HVR-H3 is SEQ ID NO:4;

(iv) HVR-L1 is SEQ ID NO:6;

(v) HVR-L2 is SEQ ID NO:7; and

(vi) HVR-L3 is SEQ ID NO:8.

34. The method of **claim 33**, wherein the antibody comprises a heavy chain having the amino acid sequence of SEQ ID NO:5 and a light chain having the amino acid sequence of SEQ ID NO:9.

35. The method of **claim 34**, wherein the antibody is crenezumab.

36. The method of **any one of claims 30 to 35**, wherein decline in cognitive capacity is assessed by determining the patient's score before and after administration of said antibody using an ADAS-Cog12, ADAS-Cog13, or ADAS-Cog14 test, optionally wherein the reduction in cognitive decline as measured by ADAS-Cog is at least 30%, at least 35%, at least 40%, or at least 45% relative to placebo.

37. The method of **claim 36**, wherein the patient has mild AD.

38. The method of **claim 36**, wherein the patient has early AD.

39. The method of **any one of claims 30 to 37**, wherein the patient has an MMSE score of at least 20, between 20 and 30, between 20 and 26, between 24 and 30, between 21 and 26, between 22 and 26, between 22 and 28, between 23 and 26, between 24 and 26, or between 25 and 26 before initiation of treatment.

40. The method of **claim 39**, wherein the patient has an MMSE score between 22 and 26.

41. The method of **any one of claims 30 to 39**, wherein the antibody is administered at a dose of 10 mg/kg to 100 mg/kg of patient body weight.

42. The method of **claim 41**, wherein the antibody is administered at a dose of at least 15 mg/kg.

43. The method of **claim 42**, wherein the antibody is administered at a dose of 15 mg/kg, 30 mg/kg, 45 mg/kg, 50 mg/kg, or 60 mg/kg.

44. The method of **claim 41 or 42**, wherein the antibody is administered via intravenous injection.

45. The method of **any one of claims 41 to 44**, wherein the antibody is administered every 2 weeks, every 4 weeks, every month, every two months, or every six months.

46. A method of treating early or mild to moderate AD without increasing the risk of an adverse event comprising administering to an ApoE4 positive patient diagnosed with early or mild to moderate AD an amount of a humanized monoclonal anti-Aβ antibody that binds within residues 13 and 24 of amyloid β (1-42)(SEQ ID NO:1) that is effective to treat the AD without increasing the risk of a treatment emergent adverse event, wherein the adverse event is selected from: (i) Amyloid-Related Imaging Abnormality—Edema (ARIA-E) and (ii) Amyloid-Related Imaging Abnormality—Hemorrhage (ARIA-H).

47. The method of **claim 46**, wherein the antibody is capable of binding oligomeric and monomeric forms of amyloid β.

48. The method of **claim 46**, wherein the antibody is an IgG4 antibody.

49. The method of **claim 47**, wherein the antibody comprises six hypervariable regions (HVRs), wherein:

(i) HVR-H1 is SEQ ID NO:2;

(ii) HVR-H2 is SEQ ID NO:3;

(iii) HVR-H3 is SEQ ID NO:4;

(iv) HVR-L1 is SEQ ID NO:6;

(v) HVR-L2 is SEQ ID NO:7; and

(vi) HVR-L3 is SEQ ID NO:8.

50. The method of **claim 49**, wherein the antibody comprises a heavy chain having the amino acid sequence of SEQ ID NO:5 and a light chain having the amino acid sequence of SEQ ID NO:9.

51. The method of **claim 50**, wherein the antibody is crenezumab.

52. The method of **any one of claims 46 to 51**, wherein the adverse event is ARIA-E.

53. The method of **claim 52**, wherein if a treatment emergent ARIA-E is detected, administration of the antibody is halted and, optionally, treatment for ARIA-E is administered.

54. The method of **claim 53**, further comprising resuming administration of said antibody after the ARIA-E is resolved, optionally comprising resuming administration of said antibody at a lower dose than before administration was halted.

55. The method of **claim 46**, wherein if one or more new ARIA-Es is detected in the patient during treatment with said antibody, no more antibody is administered, and, optionally, a corticosteroid is administered to the patient.

56. The method of **any one of the preceding claims**, wherein the patient is concurrently treated with one or more agents selected from the group consisting of: a therapeutic agent that specifically binds to a target; a cholinesterase inhibitor; an NMDA receptor antagonist; a monoamine depletor; an ergoloid mesylate; an anticholinergic antiparkinsonism agent; a dopaminergic antiparkinsonism agent; a tetrabenazine; an anti-inflammatory agent; a hormone; a vitamin; a dimebolin; a homotaurine; a serotonin receptor activity modulator; an interferon, and a glucocorticoid; an anti-Abeta antibody other than crenezumab; an antibiotic; an anti-viral agent.

57. The method of **claim 56**, wherein the agent is a cholinesterase inhibitor.

58. The method of **claim 57**, wherein the cholinesterase inhibitor is selected from the group consisting of galantamine, donepezil, rivastigmine and tacrine.

59. The method of **claim 56**, wherein the agent is an NMDA receptor antagonist.

60. The method of **claim 59**, wherein the NMDA receptor antagonist is memantine or a salt thereof.

61. The method of **claim 56**, wherein the agent is a therapeutic agent that specifically binds to a target and the target is selected from the group consisting of beta secretase, tau, presenilin, amyloid precursor protein or portions thereof, amyloid beta peptide or oligomers or fibrils thereof, death receptor 6 (DR6), receptor for advanced glycation endproducts (RAGE), parkin, and huntingtin.

62. The method of **claim 56**, wherein the agent is a monoamine depletory, optionally tetrabenazine.

63. The method of **claim 56**, wherein the agent is an anticholinergic antiparkinsonism agent selected from the group consisting of procyclidine, diphenhydramine, trihexylphenidyl, benztropine, biperiden and trihexyphenidyl.

64. The method of **claim 56**, wherein the agent is a dopaminergic antiparkinsonism agent selected from the group consisting of: entacapone, selegiline, pramipexole, bromocriptine, rotigotine, selegiline, ropinirole, rasagiline, apomorphine, carbidopa, levodopa, pergolide, tolcapone and amantadine.

65. The method of **claim 56**, wherein the agent is an anti-inflammatory agent selected from the group consisting of: a nonsteroidal anti-inflammatory drug and indomethacin.

66. The method of **claim 56**, wherein the agent is a hormone selected from the group consisting of: estrogen, progesterone and leuprolide.

67. The method of **claim 56**, wherein the agent is a vitamin selected from the group consisting of: folate and nicotinamide.

68. The method of **claim 56**, wherein the agent is a homotaurine, which is 3-aminopropanesulfonic acid or 3APS.

69. The method of **claim 56**, wherein the agent is xaliproden.

70. A method of slowing clinical decline in a patient diagnosed with early or mild to moderate Alzheimer's Disease (AD) comprising administering to a patient suffering from early or mild to moderate AD a humanized monoclonal anti-amyloid beta (Aβ) antibody that binds within residues 13 and 24 of amyloid β (1-42)(SEQ ID NO:1) in an amount effective to slow the decline in the patient.

71. The method of **claim 70**, wherein the antibody is capable of binding oligomeric and monomeric forms of amyloid β.

72. The method of **claim 70**, wherein the antibody is an IgG4 antibody.

73. The method of **claim 71 or 72**, wherein the antibody comprises six hypervariable regions (HVRs), wherein:

(i) HVR-H1 is SEQ ID NO:2;

(ii) HVR-H2 is SEQ ID NO:3;

(iii) HVR-H3 is SEQ ID NO:4;

(iv) HVR-L1 is SEQ ID NO:6;

(v) HVR-L2 is SEQ ID NO:7; and

(vi) HVR-L3 is SEQ ID NO:8.

74. The method of **claim 73**, wherein the antibody comprises a heavy chain having the amino acid sequence of SEQ ID NO:5 and a light chain having the amino acid sequence of SEQ ID NO:9.

75. The method of **claim 74**, wherein the antibody is crenezumab.

76. The method of **any one of claims 70 to 75**, further comprising slowing a decline in cognitive capacity, wherein the decline in cognitive capacity is assessed by determining the patient's score before and after administration of said antibody using a 12-item Alzheimer's Disease Assessment Scale – Cognition (ADAS-Cog12), a 13-item Alzheimer's Disease Assessment Scale – Cognition (ADAS-Cog13), or a 14-item Alzheimer's Disease Assessment Scale – Cognition (ADAS-Cog12) test, optionally wherein the reduction in cognitive decline as measured by ADAS-Cog is at least 30%, at least 35%, at least 40%, or at least 45% relative to placebo.

77. The method of **claim 76**, wherein the patient is ApoE4 positive.

78. The method of **claim 76**, wherein the patient is suffering from mild AD.

79. The method of **claim 76**, wherein the patient is suffering from early AD.

80. The method of **any one of claims 70 to 78**, wherein the patient has an MMSE score of at least 20, between 20 and 30, between 20 and 26, between 24 and 30, between 21 and 26, between 22 and 26, between 22 and 28, between 23 and 26, between 24 and 26, or between 25 and 26 before initiation of treatment.

81. The method of **claim 80**, wherein the patient has an MMSE score between 22 and 26.

82. The method of **any one of claims 70 to 80**, wherein the antibody is administered at a dose of 10 mg/kg to 100 mg/kg of patient body weight.

83. The method of **claim 82**, wherein the antibody is administered at a dose of at least 15 mg/kg.

84. The method of **claim 83**, wherein the antibody is administered at a dose of 15 mg/kg, 30 mg/kg, 45 mg/kg, 50 mg/kg, or 60 mg/kg.

85. The method of **claim 82 or 83**, wherein the antibody is administered via intravenous injection.

86. The method of **any one of claims 82 to 85**, wherein the antibody is administered every 2 weeks, every 4 weeks, every month, every two months, or every six months.

87. A method of treating early or mild AD in a subject, comprising administering to a patient suffering from early or mild AD a humanized monoclonal anti-amyloid beta (Aβ) antibody that binds within residues 13 and 24 of amyloid β (1-42)(SEQ ID NO:1) in an amount effective to treat the AD.

88. The method of **claim 87**, wherein the antibody is capable of binding oligomeric and monomeric forms of amyloid β.

89. The method of **claim 87**, wherein the antibody is an IgG4 antibody.

90. The method of **claim 88 or 89**, wherein the antibody comprises six hypervariable regions (HVRs), wherein:

(i) HVR-H1 is SEQ ID NO:2;

(ii) HVR-H2 is SEQ ID NO:3;

(iii) HVR-H3 is SEQ ID NO:4;

(iv) HVR-L1 is SEQ ID NO:6;

(v) HVR-L2 is SEQ ID NO:7; and

(vi) HVR-L3 is SEQ ID NO:8.

91. The method of **claim 90**, wherein the antibody comprises a heavy chain having the amino acid sequence of SEQ ID NO:5 and a light chain having the amino acid sequence of SEQ ID NO:9.

92. The method of **claim 91**, wherein the antibody is crenezumab.

93. The method of **any one of claims 87 to 92**, wherein the amount is effective to reduce decline in cognitive capacity assessed by determining the patient's score before and after administration of said antibody using a 12-item Alzheimer's Disease Assessment Scale – Cognition (ADAS-Cog12)), a 13-item Alzheimer's Disease Assessment Scale – Cognition (ADAS-Cog13), or a 14-item Alzheimer's Disease Assessment Scale – Cognition (ADAS-Cog12) test, optionally wherein the reduction in cognitive decline as measured by ADAS-Cog is at least 30%, at least 35%, at least 40%, or at least 45% relative to placebo.

94. The method of **claim 93**, wherein the patient is ApoE4 positive.

95. The method of **any one of claims 87 to 94**, wherein the patient has an MMSE score of at least 20, between 20 and 30, between 20 and 26, between 24 and 30, between 21 and 26, between 22 and 26, between 22 and 28, between 23 and 26, between 24 and 26, or between 25 and 26 before initiation of treatment.

96. The method of **claim 95**, wherein the patient has an MMSE score between 22 and 26.

97. The method of **any one of claims 87 to 95**, wherein the antibody is administered at a dose of 10 mg/kg to 100 mg/kg of patient body weight.

98. The method of **claim 97**, wherein the antibody is administered at a dose of at least 15 mg/kg.

99. The method of **claim 98**, wherein the antibody is administered at a dose of 15 mg/kg, 30 mg/kg, 45 mg/kg, 50 mg/kg, or 60 mg/kg.

100. The method of **claim 97 or 98**, wherein the antibody is administered via intravenous injection.

101. The method of **any one of claims 97 to 100**, wherein the antibody is administered every 2 weeks, every 4 weeks, every month, every two months, or every six months.

102. The method of **any one of claims 70 to 101**, wherein the patient is concurrently treated with one or more agents selected from the group consisting of: a therapeutic agent that

specifically binds to a target; a cholinesterase inhibitor; an NMDA receptor antagonist; a monoamine depletor; an ergoloid mesylate; an anticholinergic antiparkinsonism agent; a dopaminergic antiparkinsonism agent; a tetrabenazine; an anti-inflammatory agent; a hormone; a vitamin; a dimebolin; a homotaurine; a serotonin receptor activity modulator; an interferon, and a glucocorticoid; an anti-Abeta antibody; an antibiotic; an anti-viral agent.

103. The method of **claim 102**, wherein the agent is a cholinesterase inhibitor.

104. The method of **claim 103**, wherein the cholinesterase inhibitor is selected from the group consisting of galantamine, donepezil, rivastigmine and tacrine.

105. The method of **claim 102**, wherein the agent is an NMDA receptor antagonist.

106. The method of **claim 105**, wherein the NMDA receptor antagonist is memantine or a salt thereof.

107. The method of **claim 102**, wherein the agent is a therapeutic agent that specifically binds to a target and the target is selected from the group consisting of beta secretase, tau, presenilin, amyloid precursor protein or portions thereof, amyloid beta peptide or oligomers or fibrils thereof, death receptor 6 (DR6), receptor for advanced glycation endproducts (RAGE), parkin, and huntingtin.

108. The method of **claim 102**, wherein the agent is a monoamine depletory, optionally tetrabenazine.

109. The method of **claim 102**, wherein the agent is an anticholinergic antiparkinsonism agent selected from the group consisting of procyclidine, diphenhydramine, trihexylphenidyl, benztropine, biperiden and trihexyphenidyl.

110. The method of **claim 102**, wherein the agent is a dopaminergic antiparkinsonism agent selected from the group consisting of: entacapone, selegiline, pramipexole, bromocriptine, rotigotine, selegiline, ropinirole, rasagiline, apomorphine, carbidopa, levodopa, pergolide, tolcapone and amantadine.

111. The method of **claim 102**, wherein the agent is an anti-inflammatory agent selected from the group consisting of: a nonsteroidal anti-inflammatory drug and indomethacin.

112. The method of **claim 102**, wherein the agent is a hormone selected from the group consisting of: estrogen, progesterone and leuprolide.

113. The method of **claim 102**, wherein the agent is a vitamin selected from the group consisting of: folate and nicotinamide.

114. The method of **claim 102**, wherein the agent is a homotaurine, which is 3-aminopropanesulfonic acid or 3APS.

115. The method of **claim 102**, wherein the agent is xaliproden.

116. The method of of **claim 102**, wherein the agent is an anti-Abeta antibody other than crenezumab.

CLAIMS

1. Use of a humanized monoclonal anti-amyloid beta (Aβ) antibody that binds within residues 13 and 24 of amyloid β (1-42)(SEQ ID NO:1) in the manufacture of a medicament for reducing the decline in functional or cognitive capacity in a patient diagnosed with early or mild to moderate Alzheimer's Disease (AD).

2. Use of a humanized monoclonal anti-amyloid beta (Aβ) antibody that binds within residues 13 and 24 of amyloid β (1-42)(SEQ ID NO:1) in the manufacture of a medicament for reducing the decline in functional or cognitive capacity in an ApoE4 positive patient diagnosed with early or mild to moderate Alzheimer's Disease (AD).

3. Use of a humanized monoclonal anti-amyloid beta (Aβ) antibody that binds within residues 13 and 24 of amyloid β (1-42)(SEQ ID NO:1) in the manufacture of a medicament for slowing clinical decline in a patient diagnosed with early or mild to moderate Alzheimer's Disease (AD).

4. Use of a humanized monoclonal anti-amyloid beta (Aβ) antibody that binds within residues 13 and 24 of amyloid β (1-42)(SEQ ID NO:1) in the manufacture of a medicament for treating early or mild AD in a patient.

5. The use of **claim 3 or claim 4**, wherein the patient is ApoE4 positive.

6. The use of **any one of claims 1 to 5**, wherein the antibody is capable of binding oligomeric, fibril, and monomeric forms of amyloid β.

7. The use of **any one of claims 1 to 5**, wherein the antibody is an IgG4 antibody.

8. The use of **any one of claims 1 to 7**, wherein the antibody comprises six hypervariable regions (HVRs), wherein:

(i) HVR-H1 is SEQ ID NO:2;

(ii) HVR-H2 is SEQ ID NO:3;

(iii) HVR-H3 is SEQ ID NO:4;

(iv) HVR-L1 is SEQ ID NO:6;

(v) HVR-L2 is SEQ ID NO:7; and

(vi) HVR-L3 is SEQ ID NO:8.

9. The use of **claim 8**, wherein the antibody comprises a heavy chain having the amino acid sequence of SEQ ID NO:5 and a light chain having the amino acid sequence of SEQ ID NO:9.

10. The use of **claim 9**, wherein the antibody is crenezumab.

11. The use of **any one of claims 1 to 10**, wherein decline in cognitive capacity is assessed by determining the patient's score before and after administration of said medicament using a 12-item Alzheimer's Disease Assessment Scale – Cognition (ADAS-Cog12), 13-item Alzheimer's Disease Assessment Scale – Cognition (ADAS-Cog13), or 14-item Alzheimer's Disease Assessment Scale – Cognition (ADAS-Cog14) test, optionally wherein the reduction in cognitive decline as measured by ADAS-Cog is at least 30%, at least 35%, at least 40%, or at least 45% relative to placebo.

12. The use of **claim 11**, wherein the patient is suffering from mild AD.

13. The use of **claim 11**, wherein the patient is suffering from early AD.

14. The use of **any one of claims 1 to 11**, wherein the patient has an MMSE score of at least 20, between 20 and 30, between 20 and 26, between 24 and 30, between 21 and 26, between 22 and 26, between 22 and 28, between 23 and 26, between 24 and 26, or between 25 and 26 before initiation of treatment.

15. The use of **claim 14**, wherein the patient has an MMSE between 22 and 26.

16. The use of **any one of claims 1 to 15**, wherein the medicament is formulated for administration to the patient at a dose of 10 mg antibody/kg of patient body weight to 100 mg antibody/kg of patient body weight.

17. The use of **claim 16**, wherein the medicament is formulated for administration to the patient at a dose of at least 15 mg antibody/kg of patient body weight.

18. The use of **claim 17**, wherein the medicament is formulated for administration to the patient at a dose of 15 mg antibody /kg of patient body weight, 30 mg antibody /kg of patient body weight, 45 mg antibody /kg of patient body weight, 50 mg antibody /kg of patient body weight, or 60 mg/kg of patient body weight.

19. The use of **claim 16 or 17**, wherein the medicament is formulated for intravenous injection.

20. The use of **any one of claims 16 to 19**, wherein the medicament is formulated for administration every 2 weeks, every 4 weeks, every month, every two months, or every six months.

21. Use of a humanized monoclonal anti-Aβ antibody that binds within residues 13 and 24 of amyloid β (1-42)(SEQ ID NO:1) in the manufacture of a medicament for use in a method of treating early or mild to moderate AD without increasing the risk of an adverse event in a patient diagnosed with early or mild to moderate AD, wherein the adverse event is selected from: (i) Amyloid-Related Imaging Abnormality—Edema (ARIA-E) and (ii) Amyloid-Related Imaging Abnormality—Hemorrhage (ARIA-H).

22. Use of a humanized monoclonal anti-Aβ antibody that binds within residues 13 and 24 of amyloid β (1-42)(SEQ ID NO:1) in the manufacture of a medicament for use in a method of treating early or mild to moderate AD without increasing the risk of an adverse event in an ApoE4 positive patient diagnosed with early or mild to moderate AD, wherein the adverse event is selected from: (i) Amyloid-Related Imaging Abnormality—Edema (ARIA-E) and (ii) Amyloid-Related Imaging Abnormality—Hemorrhage (ARIA-H).

23. The use of **claim 21 or 22**, wherein the antibody is capable of binding oligomeric, fibril, and monomeric forms of amyloid β.

24. The use of **claim 21 or 22**, wherein the antibody is an IgG4 antibody.

25. The use of **any one of claims 21 to 24**, wherein the antibody comprises six hypervariable regions (HVRs), wherein:

(i) HVR-H1 is SEQ ID NO:2;

(ii) HVR-H2 is SEQ ID NO:3;

(iii) HVR-H3 is SEQ ID NO:4;

(iv) HVR-L1 is SEQ ID NO:6;

(v) HVR-L2 is SEQ ID NO:7; and

(vi) HVR-L3 is SEQ ID NO:8.

26. The use of **claim 25**, wherein the antibody comprises a heavy chain having the amino acid sequence of SEQ ID NO:5 and a light chain having the amino acid sequence of SEQ ID NO:9.

27. The use of **claim 26**, wherein the antibody is crenezumab.

28. The use of **any one of claims 21 to 27**, wherein the adverse event is ARIA-E.

29. The use of **claim 28**, wherein if a treatment emergent ARIA-E is detected, the method comprises halting administration of the medicament and, optionally, administering treatment for ARIA-E.

30. The use of **claim 29**, wherein the method further comprises resuming administration of said medicament after the ARIA-E is resolved, and wherein the medicament is administered at a lower dose than before administration was halted.

31. The use of **claim 21 or 22**, wherein if one or more new ARIA-Es is detected in the patient during treatment with said medicament, the method comprises administering no more medicament, and, optionally, administering a corticosteroid.

32. The use of **any one of claims 1 to 31**, wherein the patient is being concurrently treated with one or more agents selected from the group consisting of: a therapeutic agent that specifically binds to a target; a cholinesterase inhibitor; an NMDA receptor antagonist; a monoamine depletor; an ergoloid mesylate; an anticholinergic antiparkinsonism agent; a dopaminergic antiparkinsonism agent; a tetrabenazine; an anti-inflammatory agent; a hormone; a vitamin; a dimebolin; a homotaurine; a serotonin receptor activity modulator; an interferon; a glucocorticoid; an anti-Abeta antibody other than crenezumab; an antibiotic; and an anti-viral agent.

33. The use of **claim 32**, wherein the agent is a cholinesterase inhibitor.

34. The use of **claim 33**, wherein the cholinesterase inhibitor is selected from the group consisting of galantamine, donepezil, rivastigmine and tacrine.

35. The use of **claim 32**, wherein the agent is an NMDA receptor antagonist.

36. The use of **claim 35**, wherein the NMDA receptor antagonist is memantine or a salt thereof.

37. The use of **claim 32**, wherein the agent is a therapeutic agent that specifically binds to a target and the target is selected from the group consisting of beta secretase, tau, presenilin, amyloid precursor protein or portions thereof, amyloid beta peptide or oligomers or fibrils

thereof, death receptor 6 (DR6), receptor for advanced glycation end products (RAGE), parkin, and huntingtin.

38. The use of **claim 32**, wherein the agent is a monoamine depletor, optionally tetrabenazine.

39. The use of **claim 32**, wherein the agent is an anticholinergic antiparkinsonism agent selected from the group consisting of procyclidine, diphenhydramine, trihexylphenidyl, benztropine, biperiden and trihexyphenidyl.

40. The use of **claim 32**, wherein the agent is a dopaminergic antiparkinsonism agent selected from the group consisting of: entacapone, selegiline, pramipexole, bromocriptine, rotigotine, selegiline, ropinirole, rasagiline, apomorphine, carbidopa, levodopa, pergolide, tolcapone and amantadine.

41. The use of **claim 32**, wherein the agent is an anti-inflammatory agent selected from the group consisting of: a nonsteroidal anti-inflammatory drug and indomethacin.

42. The use of **claim 32**, wherein the agent is a hormone selected from the group consisting of: estrogen, progesterone and leuprolide.

43. The use of **claim 32**, wherein the agent is a vitamin selected from the group consisting of: folate and nicotinamide.

44. The use of **claim 32**, wherein the agent is a homotaurine, which is 3-aminopropanesulfonic acid or 3APS.

45. The use of **claim 32**, wherein the agent is xaliproden.

46. The use of **claim 32**, wherein the agent is an anti-Abeta antibody other than crenezumab.

47. The use of **claim 46**, wherein the anti-Abeta antibody other than crenezumab is selected from the group consisting of solanezumab, bapineuzumab, aducanumab, and gantenerumab.