CLAIMS

1. Use of crenezumab in the manufacture of a medicament for reducing decline in functional or cognitive capacity or for slowing clinical decline in a patient with a Mini-Mental State Examination (MMSE) score of 20 or above, wherein the crenezumab is formulated for administration at a dose of 15 mg/kg to 100 mg/kg of the patient's body weight, said dose being administered every 2 weeks, every 3 weeks, every 4 weeks, every month, every two months, or every six months.

2. The use of **claim 1**, wherein the medicament is for reducing decline in functional or cognitive capacity in a patient with an MMSE score of 20 or above.

3. The use of **claim 1**, wherein the medicament is for slowing clinical decline in a patient with an MMSE score of 20 or above.

4. The use of **claim 1 or 2**, wherein the 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.

5. The use of **claim 4**, 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.

6. The use of **claim 4 or 5**, wherein the patient is suffering from mild AD, wherein mild AD is characterized by an MMSE score of 20 to 26.

7. The use of **claim 4 or 5**, wherein the patient has mild cognitive impairment.

8. Use of crenezumab in the manufacture of a medicament for treating Alzheimer's Disease (AD) comprising delaying the development of AD or slowing the progression of AD in a patient with a Mini-Mental State Examination (MMSE) score of 20 or above, wherein the crenezumab is formulated for administration at a dose of 15 mg/kg to 100 mg/kg of the patient's body weight, said dose being administered every 2 weeks, every 3 weeks, every 4 weeks, every month, every two months, or every six months.

9. Use of crenezumab in the manufacture of a medicament for use in a method of treating Alzheimer's Disease (AD) comprising delaying the development of AD or slowing

the progression of AD without increasing the risk of an adverse event in a patient with a Mini-Mental State Examination (MMSE) score of 20 or above, wherein the adverse event is selected from: (i) Amyloid-Related Imaging Abnormality—Edema (ARIA-E) and (ii) Amyloid-Related Imaging Abnormality—Hemorrhage (ARIA-H), wherein the crenezumab is formulated for administration at a dose of 15 mg/kg to 100 mg/kg of the patient's body weight, said dose being administered every 2 weeks, every 3 weeks, every 4 weeks, every month, every two months, or every six months.

10. The use of **claim 9**, wherein the adverse event is ARIA-E.

11. The use of **claim 10**, wherein if a treatment emergent ARIA-E is detected, administration of the medicament is to be halted.

12. The use of **claim 10**, wherein if a treatment emergent ARIA-E is detected, administration of the medicament is to be halted and treatment for ARIA-E is to be administered.

13. The use of **claim 11 or 12**, wherein the method further comprises resuming administration of said medicament after the ARIA-E is resolved, and wherein the medicament is to be administered at a lower dose than before administration was halted.

14. The use of **claim 9**, wherein if one or more new ARIA-Es is detected in the patient during treatment with said medicament, administration of the medicament is to be halted.

15. The use of **claim 9**, wherein if one or more new ARIA-Es is detected in the patient during treatment with said medicament, administration of the medicament is to be halted, and a corticosteroid is to be administered.

16. The use of **any one of claims 1 to 15**, wherein the crenezumab is formulated for administration at a dose of 60 mg/kg of the patient's body weight.

17. The use of **any one of claims 1 to 16**, wherein the patient is ApoE4 positive.

18. The use of **any one of claims 1 to 17**, wherein the patient has an MMSE score of 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.

19. The use of **claim 18**, wherein the patient has an MMSE between 22 and 26.

20. The use of **any one of claims 1 to 19**, wherein the medicament is formulated for intravenous injection.

21. The use of **any one of claims 1 to 20**, wherein the medicament is to be administered to a patient being concurrently treated with one or more agents selected from the group consisting of: a therapeutic agent that specifically binds to a target, wherein 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; 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.

22. The use of **claim 21**, wherein the agent is a cholinesterase inhibitor.

23. The use of **claim 22**, wherein the cholinesterase inhibitor is selected from the group consisting of galantamine, donepezil, rivastigmine and tacrine.

24. The use of **claim 21**, wherein the agent is an NMDA receptor antagonist.

25. The use of **claim 24**, wherein the NMDA receptor antagonist is memantine or a salt thereof.

26. The use of **claim 21**, wherein the agent is a monoamine depletor.

27. The use of **claim 26,** wherein the monoamine depletor is tetrabenazine.

28. The use of **claim 21**, wherein the agent is an anticholinergic antiparkinsonism agent selected from the group consisting of procyclidine, diphenhydramine, trihexylphenidyl, benztropine, biperiden and trihexyphenidyl.

29. The use of **claim 21**, 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.

30. The use of **claim 21**, wherein the agent is an anti-inflammatory agent selected from the group consisting of: a nonsteroidal anti-inflammatory drug and indomethacin.

31. The use of **claim 21**, wherein the agent is a hormone selected from the group consisting of: estrogen, progesterone and leuprolide.

32. The use of **claim 21**, wherein the agent is a vitamin selected from the group consisting of: folate and nicotinamide.

33. The use of **claim 21**, wherein the agent is a homotaurine, which is 3-aminopropanesulfonic acid or 3APS.

34. The use of **claim 21**, wherein the agent is xaliproden.

35. The use of **claim 21**, wherein the agent is an anti-Abeta antibody other than crenezumab.

36. The use of **claim 35**, wherein the anti-Abeta antibody other than crenezumab is selected from the group consisting of solanezumab, bapineuzumab, aducanumab, and gantenerumab.

37. The use of **any one of claims 1 to 36**, wherein the patient is amyloid positive.