CLAIMS

1. An anti-IL-33 therapeutic agent for use in a method of treating kidney injury in a subject, wherein the anti-IL-33 therapeutic agent is to be administered to the subject to attenuate or inhibit IL-33-mediated ST2 signalling and IL-33-mediated RAGE signaling.
2. The anti-IL-33 therapeutic agent for use according to claim 1, wherein the IL-33-mediated RAGE signaling is IL-33-mediated RAGE-EGFR signaling.
3. The anti-IL-33 therapeutic agent for use according to claim 1, wherein the anti-IL-33 therapeutic agent attenuates or inhibits activity of reduced IL-33 protein (redIL-33) and thereby inhibits ST2 signalling.
4. The anti-IL-33 therapeutic agent for use according to any of claims 1 to 3, wherein the anti-IL-33 therapeutic agent attenuates or inhibits activity of oxidised IL-33 protein (oxIL-33) and thereby inhibits RAGE signaling.
5. The anti-IL-33 therapeutic agent for use according to any one of claims 1 to 4, wherein the kidney injury comprises inflammation, wherein optionally the kidney injury is an inflammatory kidney injury.
6. The anti-IL-33 therapeutic agent for use according to claim 5, wherein the kidney injury is selected from diabetic kidney disease, fibrosis, glomerulonephritis (for example non-proliferative (such as minimal change glomerulonephritis, membrane glomerulonephritis, focal segmental glomerulosclerosis) or prolative (such as IgA nephropathy, membranoproliferative glomerulonephritis, post infectious glomerulonephritis, and rapidly progressive glomerulonephritis [such as Goodpastures syndrome and vasculitic disorders {which includes Wegners granulomatosis and microscopic polyangiitis}]), systemic lupus erythematosus, albuminuria, unilateral ureteral obstruction, Alport syndrome, polycystic kidney disease (PCKD), hypertensive glomerulosclerosis, chronic glomerulosclerosis, chronic obstructive uropathy, chronic tubulo-interstitial nephritis and ischemic nephropathy.
7. The anti-IL-33 therapeutic agent for use according to any one of claims 1 to 6, wherein the kidney injury is diabetic kidney disease.
8. The anti-IL-33 therapeutic agent for use according to any preceding claim, wherein the therapeutic agent comprises an antibody or antigen-binding fragment thereof, wherein optionally the antibody or antigen-binding fragment thereof binds specifically to IL-33.
9. The anti-IL-33 therapeutic agent for use according to claim 8, wherein the antibody or antigen-binding fragment thereof specifically binds to redIL-33 and attenuates or inhibits activity of redIL-33, thereby inhibiting ST2 signalling.
10. The anti-IL-33 therapeutic agent for use according to claim 8 or claim 9, wherein the antibody or antigen-binding fragment thereof prevents binding of oxidised IL-33 to RAGE, thereby inhibiting RAGE-EGFR signalling.

11. The anti-IL-33 therapeutic agent for use according to any one of claims 8 to 10, wherein the antibody or antigen-binding fragment comprises a VHCDR1 having the sequence of SEQ ID NO: 37, a VHCDR2 having the sequence of SEQ ID NO: 38, a VHCDR3 having the sequence of SEQ ID NO: 39, a VLCDR1 having the sequence of SEQ ID NO: 40, a VLCDR2 having the sequence of SEQ ID NO: 41, and a VLCDR3 having the sequence of SEQ ID NO: 42.
12. The anti-IL-33 therapeutic agent for use according to any one of claims 8 to 11, wherein the VH and VL of said antibody or antigen-binding fragment thereof comprise amino acid sequences at least 85%, 90%, 95%, 96%, 97%, 98%, 99% or 100% identical to SEQ ID NO: 1 and SEQ ID NO: 19, respectively.
13. The anti-IL-33 therapeutic agent for use of any of claims 2 to 12, wherein inhibition or attenuation of RAGE-EGFR signaling down-regulates or inhibits RAGE-EGFR mediated effects.
14. The anti-IL-33 therapeutic agent for use according to claim 13, wherein the RAGE-EGFR mediated effect comprises:
    a. abnormal epithelium physiology, such as abnormal epithelium remodelling; or
    b. abnormal mesangial expansion, wherein optionally abnormal mesangial expansion comprises abnormal mesangial cell proliferation.
15. The anti-IL-33 therapeutic agent for use according to any one of claims 1 to 14, wherein inhibition or attenuation of ST2 signalling down-regulates or inhibits ST2 mediated effects, wherein optionally the ST2 mediated effect is abnormal inflammation in the kidney, optionally in the endothelium or the glomeruli.
16. Use of an anti-IL-33 therapeutic agent in the manufacture of a medicament for treating kidney injury in a subject, wherein the anti-IL-33 therapeutic agent is to be administered to the subject to attenuate or inhibit IL-33-mediated ST2 signalling and IL-33-mediated RAGE signaling.
17. The use of claim 16, wherein the IL-33-mediated RAGE signaling is IL-33-mediated RAGE-EGFR signaling.
18. The use of claim 16, wherein the anti-IL-33 therapeutic agent attenuates or inhibits activity of reduced IL-33 protein (redIL-33) and thereby inhibits ST2 signalling.
19. The use of any of claims 16 to 18, wherein the anti-IL-33 therapeutic agent attenuates or inhibits activity of oxidised IL-33 protein (oxIL-33) and thereby inhibits RAGE signaling.
20. The use of any one of claims 16 to 19, wherein the kidney injury comprises inflammation, wherein optionally the kidney injury is an inflammatory kidney injury.
21. The use of claim 20, wherein the kidney injury is selected from diabetic kidney disease, fibrosis, glomerulonephritis (for example non-proliferative (such as minimal change glomerulonephritis, membrane glomerulonephritis, focal segmental glomerulosclerosis) or prolative (such as IgA nephropathy, membranoproliferative glomerulonephritis, post

infectious glomerulonephritis, and rapidly progressive glomerulonephritis [such as Goodpastures syndrome and vasculitic disorders {which includes Wegners granulomatosis and microscopic polyangiitis}]), systemic lupus erythematosus, albuminuria, unilateral ureteral obstruction, Alport syndrome, polycystic kidney disease (PCKD), hypertensive glomerulosclerosis, chronic glomerulosclerosis, chronic obstructive uropathy, chronic tubulo-interstitial nephritis and ischemic nephropathy.

22. The use of any one of claims 16 to 21, wherein the kidney injury is diabetic kidney disease.
23. The use of any one of claims 16 to 22, wherein the therapeutic agent comprises an antibody or antigen-binding fragment thereof, wherein optionally the antibody or antigen-binding fragment thereof binds specifically to IL-33.
24. The use of claim 23, wherein the antibody or antigen-binding fragment thereof specifically binds to redIL-33 and attenuates or inhibits activity of redIL-33, thereby inhibiting ST2 signalling.
25. The use of claim 23 or claim 24, wherein the antibody or antigen-binding fragment thereof prevents binding of oxidised IL-33 to RAGE, thereby inhibiting RAGE-EGFR signalling.
26. The use of any one of claims 23 to 25, wherein the antibody or antigen-binding fragment comprises a VHCDR1 having the sequence of SEQ ID NO: 37, a VHCDR2 having the sequence of SEQ ID NO: 38, a VHCDR3 having the sequence of SEQ ID NO: 39, a VLCDR1 having the sequence of SEQ ID NO: 40, a VLCDR2 having the sequence of SEQ ID NO: 41, and a VLCDR3 having the sequence of SEQ ID NO: 42.
27. The use of any one of claims 23 to 26, wherein the VH and VL of said antibody or antigen-binding fragment thereof comprise amino acid sequences at least 85%, 90%, 95%, 96%, 97%, 98%, 99% or 100% identical to SEQ ID NO: 1 and SEQ ID NO: 19, respectively.
28. The use of any of claims 17 to 27, wherein inhibition or attenuation of RAGE-EGFR signaling down-regulates or inhibits RAGE-EGFR mediated effects.
29. The use of claim 28, wherein the RAGE-EGFR mediated effect comprises:
    a. abnormal epithelium physiology, such as abnormal epithelium remodelling; or
    b. abnormal mesangial expansion, wherein optionally abnormal mesangial expansion comprises abnormal mesangial cell proliferation.
30. The use according to any one of claims 16 to 29, wherein inhibition or attenuation of ST2 signalling down-regulates or inhibits ST2 mediated effects, wherein optionally the ST2 mediated effect is abnormal inflammation in the kidney, optionally in the endothelium or the glomeruli.